# NOTICE OF A REGULAR MEETING OF THE CALOPTIMA BOARD OF DIRECTORS' QUALITY ASSURANCE COMMITTEE

**WEDNESDAY, SEPTEMBER 8, 2021**
**3:00 P.M.**

**505 CITY PARKWAY WEST, SUITE 108-N**
**ORANGE, CALIFORNIA 92868**

BOARD OF DIRECTORS' QUALITY ASSURANCE COMMITTEE
Mary Giammona, M.D., Chair
Nancy Shivers, R.N.
Trieu Tran, M.D.

| CHIEF EXECUTIVE OFFICER | CHIEF COUNSEL | CLERK OF THE BOARD |
|---|---|---|
| Richard Sanchez | Gary Crockett | Sharon Dwiers |

This agenda contains a brief description of each item to be considered. Except as provided by law, no action shall be taken on any item not appearing on the agenda. To speak on an item, complete a Public Comment Request Form(s) identifying the item(s) and submit to Clerk of the Board. To speak on a matter not appearing on the agenda, but within the subject matter jurisdiction of the Board of Directors' Quality Assurance Committee, you may do so during Public Comments. Public Comment Request Forms must be submitted prior to the beginning of the Consent Calendar, the reading of the individual agenda items, and/or the beginning of Public Comments. When addressing the Committee, it is requested that you state your name for the record. Address the Committee as a whole through the Chair. Comments to individual Committee Members or staff are not permitted. Speakers are limited to three (3) minutes per item.

In compliance with the Americans with Disabilities Act, those requiring accommodations for this meeting should notify the Clerk of the Board's Office at (714) 246-8806, at least 72 hours prior to the meeting.

*The Board of Directors' Quality Assurance Committee Meeting Agenda and supporting documentation is available for review at CalOptima, 505 City Parkway West, Orange, CA 92868, 8 a.m. – 5:00 p.m., Monday-Friday, and online at www.caloptima.org*
*Committee meeting audio is streamed live on the CalOptima website at www.caloptima.org.*

**To ensure public safety and compliance with emergency declarations and orders related to the COVID-19 pandemic, individuals are encouraged not to attend the meeting in person. As an alternative, members of the public may:**

1) **Listen to the live audio at or (213) 929-4212 Access Code: 207-866-639**
2) **Participate via Webinar at** https://attendee.gotowebinar.com/register/3226914212816424459 rather than attending in person. Webinar instructions are provided below.

**CALL TO ORDER**
Pledge of Allegiance
Establish Quorum

**PUBLIC COMMENTS**
*At this time, members of the public may address the Committee on matters not appearing on the agenda, but under the jurisdiction of the Board of Directors' Quality Assurance Committee. Speakers will be limited to three (3) minutes.*

**MANAGEMENT REPORTS**

**CONSENT CALENDAR**
1. Approve Minutes of the May 19, 2021 Regular Meeting of the CalOptima Board of Directors' Quality Assurance Committee

**REPORTS**
2. Consider Recommending Board of Directors Approval to extend the Behavioral Health Applied Behavior Analysis Pay for Value Performance Program for Calendar Year 2022

**INFORMATION ITEMS**
3. 2021 Virtual Care Strategy Update

4. HEDIS Measurement Year 2020 Results

5. 2021 Population Needs Assessment

6. Program of All-Inclusive Care for the Elderly Member Advisory Committee Update

7. Quarterly Reports to the Quality Assurance Committee
   a. Quality Improvement Committee Report
   b. Program of All-Inclusive Care for the Elderly Report
   c. Member Trend Report

**COMMITTEE MEMBER COMMENTS**

**ADJOURNMENT**

## How to Join

1. Please register for Regular Meeting of the CalOptima Board of Directors' Quality Assurance Committee on September 8, 2021 3:00 PM PDT at: https://attendee.gotowebinar.com/register/3226914212816424459

2. After registering, you will **receive a confirmation email containing a link to join** the webinar at the specified time and date.

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# MINUTES

## REGULAR MEETING
## OF THE
## CALOPTIMA BOARD OF DIRECTORS'
## QUALITY ASSURANCE COMMITTEE

## CALOPTIMA
## 505 CITY PARKWAY WEST
## ORANGE, CALIFORNIA

**May 19, 2021**

A Regular Meeting of the CalOptima Board of Directors' Quality Assurance Committee was held on May 19, 2021 at CalOptima, 505 City Parkway West, Orange, California and via teleconference (Go-to-Webinar) in light of the COVID-19 public health emergency and consistent with Governor Newsom's executive orders EO-N-25-20 and EO-N-29-20, which temporarily relax the teleconferencing limitations of the Brown Act.

Chair Mary Giammona, M.D., called the meeting to order at 3:01 p.m. and welcomed Director Nancy Shivers to the Quality Assurance Committee (QAC) as its newest member. Director Shivers led the Pledge of Allegiance.

**PUBLIC COMMENTS**
There were no requests for public comment.

**CALL TO ORDER**

**Members Present:** Mary Giammona, M.D., Chair; Nancy Shivers, R.N.; Trieu Tran, M.D. (at 3:07 p.m.) (all members participated via teleconference)

**Members Absent:** None

**Others Present:** Richard Sanchez, Chief Executive Officer; Gary Crockett, Chief Counsel, Ladan Khamseh, Chief Operating Officer; Emily Fonda, M.D., Chief Medical Officer; Sharon Dwiers, Clerk of the Board

**CONSENT CALENDAR**

1. Approve the Minutes of the February 25, 2021 Special Meeting of the CalOptima Board of Directors' Quality Assurance Committee

***Action:*** ***On motion of Director Shivers, seconded and carried, the Committee approved the Consent Calendar as presented. (Motion carried 3-0-0)***

**REPORTS**

2. Consider Recommending the Continued Use of the Methodology Previously Approved for the Distribution of OneCare Connect Quality Withhold Payments to Contracted Health Networks in Demonstration Years 2 Through 5 for Distribution of Such Payment for Demonstration Years 6 Through 8

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Kelly Rex-Kimmet, Director, Quality Analytics introduced this item.

***Action:*** ***On motion of Director Tran, seconded and carried, the Committee recommended Board of Directors approval of the continued use of the methodology previously approved for the distribution of OneCare Connect quality withhold payments to contracted Health Networks (including the CalOptima Community Network (CCN)) in Demonstration Years (DY) 2-5 (Calendar Years 2016-2019) for the distribution of such payment for DY 6-8 (Calendar Years 2020-2022). (Motion carried 3-0-0)***

3. Consider Recommending Authorization of a Diabetes Mellitus Program to Improve Health Care Quality for Medi-Cal Members with Poorly Controlled Diabetics

Emily Fonda, M.D., Chief Medical Officer, presented an overview of the proposed Diabetes Mellitus (DM) Program. Dr. Fonda noted that, based on the Centers for Disease Control and Prevention's 2017 data, diabetes is the most expensive chronic health condition in the United States, and the total annual expenditures on diabetes care was $327 billion in that year. Mirroring this national trend, she noted that CalOptima is seeing the high cost of diabetes for our CCN Medi-Cal members. Based on claims data from July 2019 through June 2020, approximately $247 million was spent on diabetic care for these members.

Food insecurity is "a lack of consistent access to enough food for an active, healthy life." This is an issue that touches people of all ages with all types of diabetes. With the proposed DM program, CalOptima will offer a $25 gift incentive to encourage CalOptima CCN Medi-Cal Members with diabetes to complete HbA1c tests on an annual basis. For those members with poorly controlled HbA1c levels, staff recommends providing $50 health rewards for reducing HbA1c levels by a full percentage point, for example, from HbA1c 10 to 9 (eligible twice a year, totaling up to $100 for qualifying members). For the 6,270 CalOptima CCN Medi-Cal members who have not had a HbA1c test, an estimated 9% (564) of this population may be identified as having poorly controlled diabetes.

The Committee recommended revising the target number of poorly controlled diabetes from greater than 8 on the HbA1c test rather than 9 to broaden the impact of the DM Program. The Committee also had several other suggestions for staff to include prior to bringing the proposed DM Program to the full Board for consideration.

Dr. Fonda clarified that the proposed DM Program includes a contract with a vendor to deliver fresh produce to qualifying members to encourage them to make healthier meal choices that will directly assist them in controlling their diabetes. Dr. Fonda also noted that staff may need to come back to the Board to request additional funding for the DM Program, if it is highly successful and larger than anticipated numbers of qualifying members participate.

***Action:*** ***On motion of Director Shivers, seconded and carried, the Committee recommended that the Board of Directors: 1.) Authorize the Chief Executive Officer (CEO), with the assistance of Legal Counsel, to implement a two-year pilot Multidisciplinary Approach to Improving Care in Poorly Controlled Diabetics, hereinafter referred to as "the diabetes mellitus (DM) program," for CalOptima Community Network (CCN) Medi-Cal members; 2.) Authorize the allocation of Intergovernmental Transfer (IGT) 10 funds in***

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***an amount not to exceed $3.6 million for program expenses for the DM program; 3.) Authorize funding for staffing resources and program design expenses for the DM program prior to CalOptima's receipt of IGT 10 funds from the State of California; and 4.) Authorize the CEO, with the assistance of Legal Counsel, to execute a contract with a selected vendor through the Request for Proposal process to provide fresh produce delivery services. (Motion carried 3-0-0)***

**INFORMATION ITEMS**

4. Pay for Value Program Overview

Ms. Rex-Kimmet, Director, Quality Analytics, responded to the Committee member questions regarding payment amounts health networks receive for the various levels of performance under CalOptima's Pay for Value Program, noting that at the highest level of performance, a health network would receive an additional $5 per member per month.

5. PACE Member Advisory Committee Update

Monica Macias, PACE Director, provided a brief overview the PACE Member Advisory Committee (PMAC) activities.

The following items were accepted as presented.

6. Quarterly Reports to the Quality Assurance Committee
   a. Quality Improvement Committee Report
   b. Program of All-Inclusive Care for the Elderly Report
   c. Member Trend Report

**COMMITTEE MEMBER COMMENTS**

The Committee members thanked staff for their work.

**ADJOURNMENT**

Hearing no further business, Chair Giammona adjourned the meeting at 4:06 p.m.

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Sharon Dwiers
Clerk of the Board

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# CALOPTIMA BOARD ACTION AGENDA REFERRAL

**Action To Be Taken September 8, 2021**
**Regular Meeting of the CalOptima Board of Directors'**
**Quality Assurance Committee**

## Report Item

2. Consider Recommending Board of Directors Approval to extend the Behavioral Health Applied Behavior Analysis Pay for Value Performance Program for Calendar Year 2022

## Contacts

Emily Fonda, M.D., MMM, CHCQM, Chief Medical Officer, (714) 246-8887
Donald Sharps, M.D., Medical Director, Behavioral Health Integration, (714) 246-8737

## Recommended Action

Recommend that the Board of Directors extend the approved Behavioral Health Applied Behavior Analysis (ABA) Pay for Value (P4V) Program for the calendar year January 1, 2022–December 31, 2022.

## Background

During the October 2020 Board of Directors Meeting, the Board approved the "Report Item #22 — Consider Recommending Board of Directors' Approval of the Calendar Year 2021 Behavioral Health Applied Behavior Analysis (ABA) Pay for Value (P4V) Performance Program (Attachment 1).

The program targets ABA services by incentivizing ABA providers to improve quality outcomes by focusing on supervision and utilization of one-on-one (1:1) services. The Behavioral Health Integration (BHI) department completed the implementation design for the program and launched the program in January 2021. The baseline period for the program metrics is calendar year (CY) January 1–December 31, 2020, and the measurement period is from January 1–December 31, 2021. The ABA provider groups' incentive payout is targeted for the end of Quarter 1 2022. CalOptima is utilizing a report card style format to send the ABA provider groups their individual monthly results for each performance metric:

- Metric 1 — ABA Utilization (ABAU): Percentage of 1:1 hours utilized vs. authorized
- Metric 2 — ABA Supervision Hours (ABAH): Percentage of supervision hours completed by a Board Certified Behavior Analyst (BCBA) or a Behavior Management Consultant (BMC)

## Discussion

The ABA P4V Program was designed to improve quality of care, result in better individualized treatment recommendations, consistent treatment delivery, and decrease member grievances. To fully evaluate the performances comprehensively, the program requires additional time to mature and be analyzed for program continuance. The BHI department has received ABA provider support for the program. As anticipated, ABA providers will continue to provide valuable feedback as they use their internal systems to track their performance.

The current trend reflects the measurement period year-to-date:

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| | CY 2020 (Baseline) | YTD 2021 (Measurement period) |
|---|---|---|
| Metric ABAU | 59.33% | 34.66% |
| Metric ABAH | 50.38% | 49.51% |

To earn the incentive, during the first year (CY 2021), the ABA provider group needed a baseline for calendar year 2020. During the program's second year (CY 2022), new ABA provider groups who did not have a baseline for 2020, must have a baseline for 2021. The incentive payout for the first year of the program is planned for end of Quarter 1 2022.

When the incentives are calculated, the ABA provider groups will need to have reached the target goals for each performance metric set at four incentive levels. The maximum combined incentive for the two-performance metrics will be no more than 4% of the provider's annual claims payment. The incentive will be calculated based on the level they reach, with a corresponding percent of annual claim paid amount:

- Level 1 — 0.5% of annual claims paid incentive payout
- Level 2 — 1.0% of annual claims paid incentive payout
- Level 3 — 1.5% of annual claims paid incentive payout
- Level 4 — 2.0% of annual claims paid incentive payout

A report card was designed to send to each ABA provider group to monitor their progress. The frequency to send report cards to the ABA provider groups will change from monthly to quarterly beginning January 2022.

**Fiscal Impact**
The recommended action to extend the approved Behavioral Health Applied Behavior Analysis (ABA) Pay for Value (P4V) Program for CY 2022 is a budgeted item under the CalOptima Fiscal Year 2021–22 Operating Budget approved by the CalOptima Board of Directors on June 3, 2021. Funding is estimated not to exceed $1.5 million.

**Rationale for Recommendation**
By selecting two measurable performance metrics, the BHI P4V program will reflect improvement in quality by incentivizing ABA providers to:

1. Increase BCBA supervision of ABA services and move toward a two-tier supervision model.
2. Increase the percentage of necessary and authorized ABA hours that members receive.

**Concurrence**
Gary Crockett, Chief Counsel

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**Attachments**

1. Board Action Dated October 1, 2020: Consider Recommending Board of Directors' Approval of the Calendar Year 2021 Behavioral Health Applied Behavior Analysis (ABA) Pay for Value (P4V) Performance Program
2. Presentation: Behavioral Health Applied Behavior Analysis Pay for Value Performance Program Update

*/s/ Richard Sanchez* *09/01/2021*

**Authorized Signature** **Date**

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# CALOPTIMA BOARD ACTION AGENDA REFERRAL

**Action To Be Taken October 1, 2020**
**Regular Meeting of the CalOptima Board of Directors**

**Report Item**
22. Consider Approval of the Calendar Year 2021 Behavioral Health Applied Behavior Analysis Pay for Value Performance Program

**Contacts**
David Ramirez, M.D., Chief Medical Officer, (714) 246-8400
Betsy Ha, R.N., Executive Director, Quality and Population Health Management, (714) 246-8400
Edwin Poon, Ph.D., Director, Behavioral Health Services, (Integration) (714) 246-8400

**Recommended Action**
Recommend Approval of the Behavioral Health Applied Behavior Analysis (ABA) Pay for Value (P4V) Program for the Measurement Period effective January 1, 2021 through December 31, 2021.

**Background**
Behavioral Health Treatment (BHT) is a Medi-Cal covered service under the Early and Periodic Screening, Diagnostic and Treatment (EPSDT) benefit for members under 21 years of age. From 2014 to 2017, CalOptima Medi-Cal Behavioral Health (BH) benefits, including BHT services, were delegated to a Managed Behavioral Health Organization (MBHO). In 2018, CalOptima integrated Medi-Cal BH benefits within CalOptima internal operations. Currently, approximately 3,000 CalOptima Medi-Cal members receive BHT services each year.

Applied Behavior Analysis (ABA) is a type of BHT service. It has been identified as an evidenced-based approach for preventing or minimizing the adverse effects of behaviors that interfere with learning and social interaction. ABA therapy is intense, with treatment hours averaging 9 to 10 per week. The course of treatment can last for several years or longer. Most of the direct services are rendered by paraprofessionals who are unlicensed and require ongoing supervision. The education requirements for paraprofessionals are high school diploma, a minimum of 40 hours of training, and a demonstrated competency in implementing ABA intervention.

Since the Department of Health Care Services (DHCS) implemented the BHT benefit in 2014, CalOptima has followed the State Plan Amendment (SPA 14-026) regarding the types of providers allowed to supervise paraprofessionals:

1. Board Certified Behavior Analyst (BCBA)
2. Behavior Management Consultant (BMC)
3. Behavior Management Assistant (BMA)
4. Board Certified Assistant Behavior Analyst (BCaBA)

BCBA and BMC are considered the top tier supervisor types, while BMA and BCaBA fall under the mid-tier level. When a paraprofessional is supervised by a mid-tier provider, a BCBA or BMC is still required to oversee the work to ensure quality of care.

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In 2018, CalOptima proposed to phase out the mid-tier level (BMAs and BCaBAs) within a one-year period. The rationale for phasing out mid-tier was to raise the overall quality of care and align our approach with most commercial insurance plans and the Regional Center of Orange County. At that time, ABA providers expressed concerns over lack of available BCBAs and the associated cost. As a result, CalOptima has continued to maintain the 3-Tier model approach. Currently, approximately 50% of supervisions are conducted by the mid-tier level supervisors.

During the 2019 DHCS medical audit, file review showed some ABA providers were not providing the hours as stated in individual members' treatment plans. DHCS noted that when ABA providers insufficiently deliver direct service hours, members may not receive effective treatment and consequently, the quality of care may be compromised. DHCS recommended that CalOptima update and implement policies and procedures to monitor and ensure that ABA providers are providing BHT services based upon approved treatment plans, including providing direct service hours as authorized. Since then, CalOptima has developed a monitoring tool to track utilization of ABA direct services. Data reports show that the recommended hours authorized are not being fully utilized. Currently, on average, approximately 41% of authorized hours are being utilized. The DHCS medical audit findings also support the assumption that utilizing only top-tier level for supervision and monitoring of the ABA providers will help promote member and family-centered treatment planning, ensure appropriate utilization of direct service hours, and improve member experience with the ABA services. Currently there are no HEDIS or standardized measures for the quality of BHI ABA services

**Discussion**

In an effort to improve the quality of ABA services, CalOptima staff proposes to implement a Pay for Value (P4V) program designed to address the quality issues mentioned above. CalOptima has had good success with P4V programs targeting medical care both at the Health Network (HN) and individual provider levels. With CalOptima directly managing BH Services, there is an opportunity to leverage the same P4V program success to improve ABA services.

CalOptima has implemented a comprehensive Health Network P4V Performance Measurement Program consisting of recognizing outstanding performance and supporting ongoing improvement that strengthens CalOptima's mission of providing members with access to quality health care. Annually, CalOptima staff conducts a review of the current measures and their performance over time. A part of this analysis includes evaluating both the overall performance of the measure and the level of improvement left to achieve. In addition, staff analyzes the difficulty of improving a measure due to the size of the eligible population or difficulty in data gathering. Finally, staff evaluates any changes to the specifications of the measures that are important to CalOptima's NCQA Accreditation status and/or overall Health Plan Rating.

The purpose of CalOptima's P4V program for the Health Networks, including the CalOptima Community Network (CCN), is consistent with the P4V programs of the previous years, which remains:

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1. To recognize and reward Health Networks and their physicians for demonstrating quality performance;
2. To provide comparative information for members, providers, and the public on CalOptima's performance; and
3. To provide industry benchmarks and data-driven feedback to Health Networks and physicians on their quality improvement efforts.

With CalOptima directly managing BH services, there is an opportunity to leverage the same P4V program success to improve ABA services.

The BHI ABA P4V Program is designed to improve quality of care, result in better individualized treatment recommendations, consistent treatment delivery, and decrease member grievances. Since there are currently no HEDIS or standardized measures for the quality of BHI ABA services, staff recommends that the program focus on two measurable objectives associated with quality of care:

1. Increase in the percentage of BCBAs supervising ABA services.
2. Increase in the percentage of authorized hours that members receive.

The baseline period will be January 1, 2020 to December 31, 2020 and the measurement period will be January 1, 2021 to December 31, 2021, with providers to be paid within 90 days of the close of the measurement year, by the end of March 2022. To earn the incentive, ABA providers will need to reach the target goals for each measure, which are set at four levels. The incentive will be calculated based on the level they reach, with a corresponding percent of annual claim paid amount. The maximum combined incentive will be no more than 4% of the provider's annual claims payment. Each ABA provider will receive a monthly report during the measurement year to evaluate their progress. Below are the specifications of the two proposed measures:

Measure 1

$$\%\text{ of supervision hours completed by BCBA/BMC} = \frac{\text{Total H0032* HO** hours per month}}{\text{Total H0032 per month}}$$

* H0032 is the CPT code for supervision
** HO is the modifier code for BCBA

| **Incentive Level** | 1 | 2 | 3 | 4 |
|---|---|---|---|---|
| **Measure Target Goal** | 50.00% | 65.00% | 80.00% | 95.00% |
| **Incentive by annual claims paid** | 0.50% | 1.00% | 1.50% | 2.00% |

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Measure 2

% of authorized 1:1 hours provided = $\frac{\text{Total number of 1:1 claims paid}}{\text{Total number of authorized 1:1 hours}}$

| **Incentive Level** | 1 | 2 | 3 | 4 |
|---|---|---|---|---|
| **Measure Target Goal** | See Table below | | | |
| **Incentive by annual claims paid** | 0.50% | 1.00% | 1.50% | 2.00% |

| | | | 1 | 2 | 3 | 4 |
|---|---|---|---|---|---|---|
| **Baseline rate** | | | **Target Goal** | | | |
| 70% | and | up | 72.50% | 75.00% | 77.50% | 80.00% |
| 65% | to | 69% | 68.75% | 72.50% | 76.25% | 80.00% |
| 60% | to | 64% | 65.00% | 70.00% | 75.00% | 80.00% |
| 55% | to | 59% | 61.25% | 67.50% | 73.75% | 80.00% |
| 50% | to | 54% | 57.50% | 65.00% | 72.50% | 80.00% |
| 45% | to | 49% | 53.75% | 62.50% | 71.25% | 80.00% |
| 40% | to | 44% | 50.00% | 60.00% | 70.00% | 80.00% |
| 0% | to | 39% | 46.25% | 57.50% | 68.75% | 80.00% |

**Incentive Payout Examples**:

**Provider A:** Achieves Measure 1 and 2 target goals

| | Measure 1 | Measure 2 |
|---|---|---|
| Y2020 Baseline Rate | 40% | 38% |
| Y2021 Measurement Rate | 50% | 46.25% |
| Incentive by Annual Claims Paid | **0.50%** (Level 1) | **0.50%** (Level 1) |

Provider qualifies for a total of **1%** incentive based on their Y2021 claims $400,000 = payout $4,000 Q1 2022

**Provider B:** Achieves only one target goal

| | Measure 1 | Measure 2 |
|---|---|---|
| Y2020 Baseline Rate | 30% | 60% |
| Y2021 Measurement Rate | 48% | 72% |
| Incentive by Annual Claims Paid | 0% (did not meet target minimum) | **1.00%** (Level 2) |

Provider qualifies for a total of **1%** incentive based on their Y2021 claims $400,000 = payout $4,000 Q1 2022

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**Fiscal Impact**
The recommended action to approve the Behavioral Health Applied Behavior Analysis (ABA) Pay for Value (P4V) Program is a budgeted item under the Board-approved Fiscal Year 2020-21 Operating Budget and is estimated not to exceed $600k for the six months of January through June 2021. Management will include expenses related to the remainder of the measurement period in future operating budgets.

**Rationale for Recommendation**
Based on two measurable performance metrics, the proposed behavioral health P4V program is intended to improve quality by incentivizing applied behavioral analysis (ABA) providers to increase BCBA/BMC supervision of the delivery of ABA services and move toward a two tier supervision model, and ensure that members receive the appropriate number of necessary and authorized ABA hours.

**Concurrence**
Gary Crockett, Chief Counsel
Board of Directors' Quality Assurance Committee

**Attachments**
1. ABA P4V Presentation 9/16/2020

*/s/ Richard Sanchez* *09/23/2020*
**Authorized Signature** **Date**

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# Behavioral Health Applied Behavior Analysis Pay for Value Performance Program

Quality Assurance Committee Meeting

September 16, 2020

Edwin Poon, Ph.D., Director, Behavioral Health Integration

Donald Sharps, M.D., Medical Director, Behavioral Health Integration

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# Agenda

- Activities and Timeline
- Background
- Discussion
- Proposed Performance Measures and Rationale
- Framework and Fiscal Impact
- Oversight and Stakeholder Engagement

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# Activities and Timeline

- Finance Review — Completed May 26
- P4V Steering Group — Completed June 29
- Executive Staff Meeting — Completed July 14
- Stakeholder Meeting — Completed August 7
- QIC Meeting — August 11
- QAC Meeting — September 16
- BOD Meeting — October 1

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# Background

- Behavioral Health Treatment (BHT) includes Applied Behavior Analysis (ABA).
  - Under 21 years of age
  - 2014 — Only if diagnosed with Autism Spectrum Disorder (ASD)
  - 2017 — Included non-ASD (typically intellectual disability)
- Board Certified Behavioral Analyst (BCBA) conducts Functional Behavioral Assessment (FBA) and develops treatment plan.
- Paraprofessionals conduct in-home training and behavior intervention services.
- ABA service is an intensive and long-term therapy.
- Service is renewed every six months.

# Discussion: Supervision

- Follows the State Plan Amendment (SPA 14-026)
- Types of supervisors:
  - Board Certified Behavior Analyst (BCBA)
  - Behavior Management Consultant (BMC)
  - Behavior Management Assistant (BMA)
  - Board Certified Assistant Behavior Analyst (BCaBA)
- Supervision Models: 2-Tier vs. 3-Tier
  - 9 of 10 Medi-Cal managed care plans allow 3-tier
  - Three of six commercial plans allow 3-tier

# Discussion: Supervision (cont.)

- Initially proposed 100% supervision by BCBA or BMC (2-Tier Model)
  - CalOptima accepted 3-Tier Model, if BCBA supervises all cases

| 2-Tier | 3-Tier |
|---|---|
| BCBA or BMC | BCBA or BMC |
| Paraprofessional | BMA or BCaBA (mid-tier) |
| | Paraprofessional |

# Discussion: Under Utilization

- ABA Utilization vs. Authorization

**All ABA Providers**

*Authorization Start Date : 2019-06 to 2019-11*
*Claim Date of Service : 01/01/2018 and onwards*

| Diagnosis | ABA Code Category | Procedure Code | Modifier | Avg. Auth Units Requested | Avg. Auth Units Authorized | Avg. Auth Units Utilized | % of Units Utlilized |
|---|---|---|---|---|---|---|---|
| non-ASD Dx | One-on-One | H2019 | | 561 | 561 | 242 | 43% |
| | | | HM | 672 | 672 | 0 | 0% |
| | | | HO | 957 | 957 | 826 | 86% |
| ASD Dx | One-on-One | H2019 | | 684 | 684 | 373 | 54% |
| | | | HM | 1,207 | 1,207 | 234 | 19% |
| | | | HO | 877 | 877 | 394 | 45% |
| Average Total | | | | 826 | 826 | 345 | 41% |

ABA Code Category
- [ ] FBA
- [x] One-on-One
- [ ] Parent Consultation
- [ ] Social Skills
- [ ] Supervision

Diagnosis
- [x] ASD Dx
- [x] non-ASD Dx

FROM_Auth Start Date (... 2019-06

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# Proposed Performance Measures

- **Metrics**
  - **% of supervision hours completed by BCBAs/BMCs**
  - **% of 1:1 hours provided vs recommended**
- We want to make sure the highest quality of supervision is being provided.
- Data show intervention recommendations and what is delivered are not equivalent.

# Rationale for Recommendation

- Metric #1: To increase percentage of BCBAs/BMCs supervising cases
  - ABA providers do use 100% BCBAs for other commercial plans that require this.
  - They may increase number of BCBAs supervising CalOptima cases with incentive.
  - Improve quality, decrease impairments and comply with state plan amendment (SPA).

# Rationale for Recommendation (cont.)

- Metric #2: To increase percentage of hours utilized vs authorized
  - ABA providers may increase/maintain paraprofessional staffing as this has been reason given for not utilizing hours authorized.
  - They may more individualize the treatment recommendations rather than literature-based numbers.

# ABA P4V Framework

- 81 contracted ABA providers*
- Framework: 4 Tier of Payout
- Measurement year: CY2021
- Payout: Q1 2022

**Projected Percent of ABA Cases per Tier**

| Tier | % of Cases | Payout by Tier | Total Payout |
|---|---|---|---|
| Tier 1 | 40% | 1% | 0.4% |
| Tier 2 | 30% | 2% | 0.6% |
| Tier 3 | 20% | 3% | 0.6% |
| Tier 4 | 10% | 4% | 0.4% |
| **TOTAL** | | | **2.0%** |

*Exception Kaiser

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# ABA P4V Framework (cont.)

- Metric #1: % of supervision hours completed by BCBA/BMC

| Annual Percentage P4V | | | |
|---|---|---|---|
| 0.5% | 1.0% | 1.5% | 2.0% |
| Goal rate for P4V | | | |
| 50.00% | 65.00% | 80.00% | 95.00% |

- Metric #2: % of 1:1 hours provided vs. recommended

Annual Percentage P4V

| Base rate | | | 0.5% | 1.0% | 1.5% | 2.0% | Increase to reach next level |
|---|---|---|---|---|---|---|---|
| | | | Goal rate for P4V | | | | |
| 70% | and | up | 72.50% | 75.00% | 77.50% | 80.00% | 2.50% |
| 65% | to | 69% | 68.75% | 72.50% | 76.25% | 80.00% | 3.75% |
| 60% | to | 64% | 65.00% | 70.00% | 75.00% | 80.00% | 5.00% |
| 55% | to | 59% | 61.25% | 67.50% | 73.75% | 80.00% | 6.25% |
| 50% | to | 54% | 57.50% | 65.00% | 72.50% | 80.00% | 7.50% |
| 45% | to | 49% | 53.75% | 62.50% | 71.25% | 80.00% | 8.75% |
| 40% | to | 44% | 50.00% | 60.00% | 70.00% | 80.00% | 10.00% |
| 0% | to | 39% | 46.25% | 57.50% | 68.75% | 80.00% | 11.25% |

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# ABA P4V Incentive Payout — Example

- Provider A — Achieves Measures 1 and 2 target goals

| | Measure 1 | Measure 2 |
|---|---|---|
| Y2020 Baseline Rate | 40% | 38% |
| Y2021 Measurement Rate | 50% | 46.25% |
| Incentive by Annual Claims Paid | 0.50% (Level 1) | 0.50% (Level 1) |
| Provider qualifies for a total of **1%** incentive based on their Y2021 claims $400,000 = payout $4,000 Q1 2022 | | |

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# ABA P4V Incentive Payout — Example (cont.)

- Provider B — Achieves only one target goal

| | Measure 1 | Measure 2 |
|---|---|---|
| Y2020 Baseline Rate | 30% | 60% |
| Y2021 Measurement Rate | 48% | 72% |
| Incentive by Annual Claims Paid | 0% (did not meet target minimum) | 1.00% (Level 2) |
| Provider qualifies for a total of **1%** incentive based on their Y2021 claims $400,000 = payout $4,000 Q1 2022 | | |

# Preliminary Fiscal Impact

| | |
|---|---|
| MAX | 4.0% |
| Projected Payout (of 4%) | 50.0% |
| Annual ABA Spend (~) | $48,000,000 |
| Annual P4V Spend | $960,000 |
| **FY21 (6-months Jan–Jun ’21)** | **$480,000** |

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# Oversight and Stakeholder Engagement

- Oversight:
  - ABA P4V performance monitoring will fall under the same structure currently designed for Pay for Value
    - Generated Prospective Rate Reports (Dashboard)
    - Providers will be able to track their progress on each Pay for Value measure during performance measuring period.
  - Next steps
    - Determine delivery method and frequency
    - Support for provider inquiries
- Stakeholder Engagement:
  - August 7 — ABA Council
    - Feedback received
  - Q4 ABA Council — TBD

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# Behavioral Health Applied Behavior Analysis Pay for Value Performance Update

Quality Assurance Committee Meeting

September 8, 2021

Donald Sharps, M.D., Medical Director, Behavioral Health

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# Agenda

- Program Background
- Performance Metrics
- Report Card
- Metric Calculations
- Preliminary Data/Outcomes
- Next Steps

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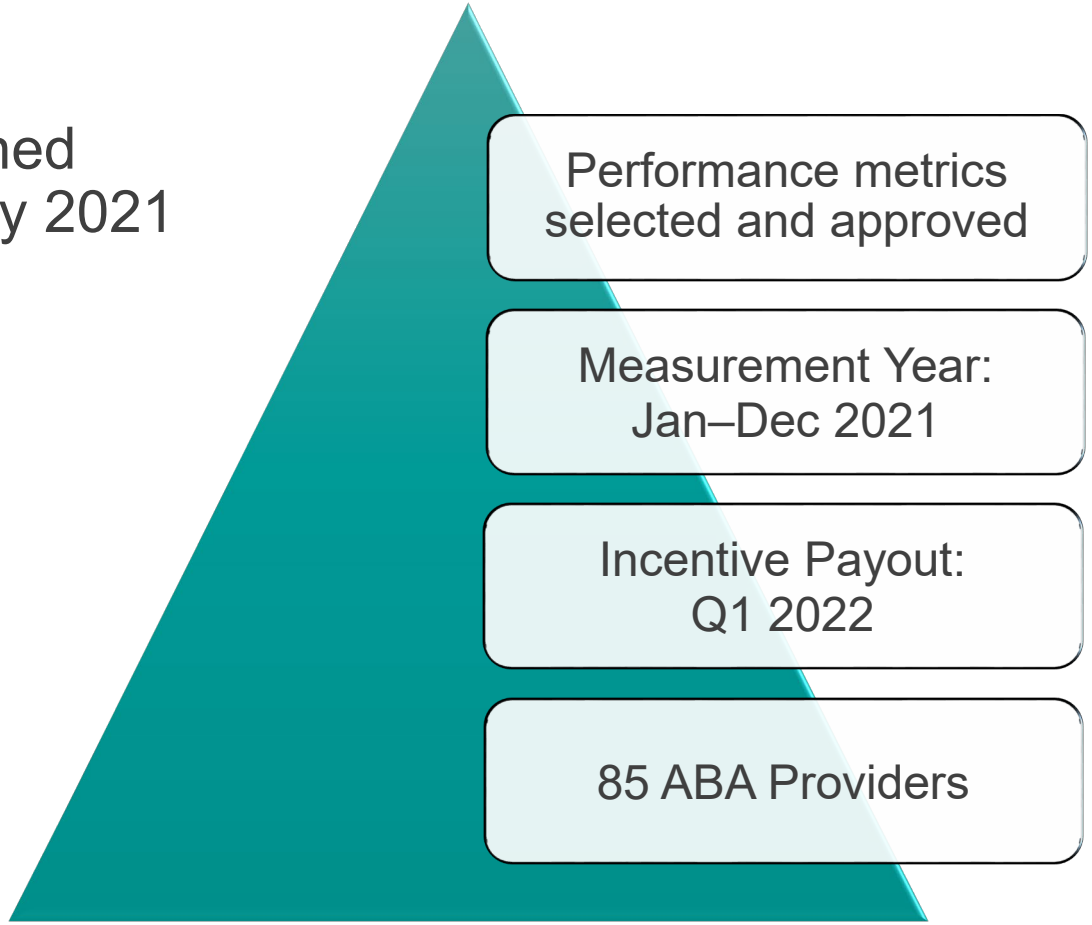
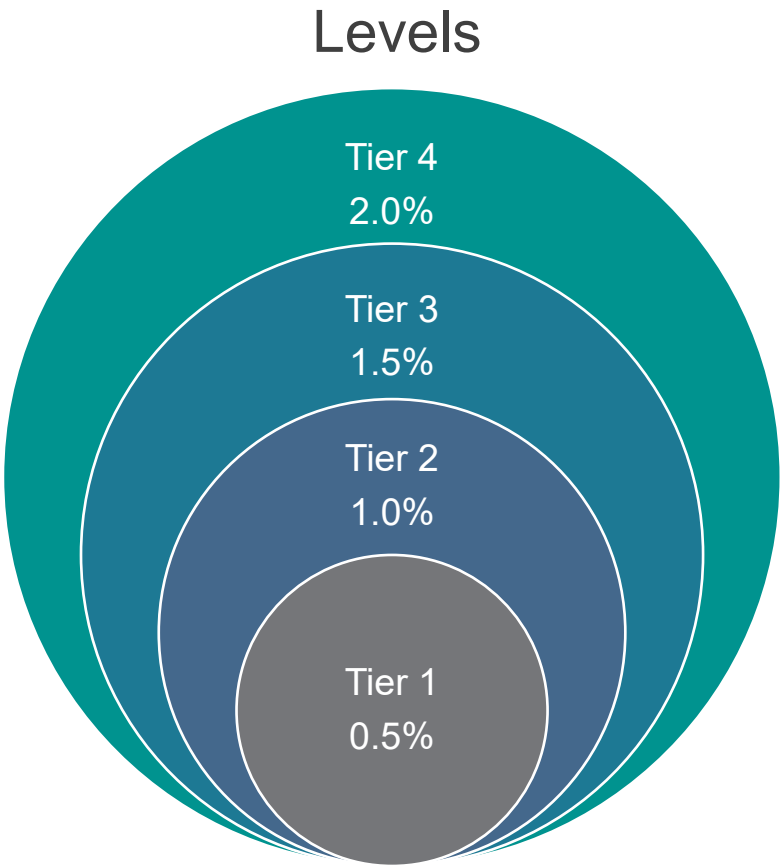
# Background: ABA P4V Program

- Launched January 2021



# Background: Program Scope

- Each metric required 2020 utilization data to calculate baseline/rate
- To earn the incentive, the ABA provider group needs to reach the target goals for each metric, which are set at four levels
- The maximum combined incentive for the two metrics will be no more than 4% of the provider group's annual claims payment

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# Program Performance Metrics

- **Metric 1: ABAU**
  - % of 1:1 hours utilized vs. authorized

| | | | Annual Percentage P4V | | | |
|---|---|---|---|---|---|---|
| | | | 0.5% | 1.0% | 1.5% | 2.0% |
| Base rate | | | Goal rate for P4V | | | |
| 70% | and | up | 72.50% | 75.00% | 77.50% | 80.00% |
| 65% | to | 69% | 68.75% | 72.50% | 76.25% | 80.00% |
| 60% | to | 64% | 65.00% | 70.00% | 75.00% | 80.00% |
| 55% | to | 59% | 61.25% | 67.50% | 73.75% | 80.00% |
| 50% | to | 54% | 57.50% | 65.00% | 72.50% | 80.00% |
| 45% | to | 49% | 53.75% | 62.50% | 71.25% | 80.00% |
| 40% | to | 44% | 50.00% | 60.00% | 70.00% | 80.00% |
| 0% | to | 39% | 46.25% | 57.50% | 68.75% | 80.00% |

- **Metric 2: ABAH**
  - % of supervision hours completed by BCBA /BMC

| Annual Percentage P4V | | | |
|---|---|---|---|
| 0.5% | 1.0% | 1.5% | 2.0% |
| Goal rate for P4V | | | |
| 50.00% | 65.00% | 80.00% | 95.00% |

ABAU – Applied Behavior Analysis Utilization
ABAH – Applied Behavior Analysis Supervision hours

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# Program Report Card

- Each ABA provider group receives a report card during the measurement periods

**Provider Group: NAME**

**Tax ID: #**

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**ABA P4V Monthly Reporting**

| Metrics | Baseline 2020 | Jan-21 | Feb-21 | Mar-21 | Apr-21 | May-21 | Jun-21 | Jul-21 | Aug-21 | Sep-21 | Oct-21 | Nov-21 | Dec-21 |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| ABAU | | | | | | | | | | | | | |
| ABAH | | | | | | | | | | | | | |

*Disclaimer: Due to claims lag percentages will adjust as claims are processed*

ABAU — 1:1 hours utilized vs. authorized
ABAH — Supervision hours completed by BCBA/BMC

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# Program Metric Calculations

- ABAU: The percentage of 1:1 hours utilized vs. authorized
  - SUM of claim units for that month divided by the SUM of total auth units for that month
- ABAH: The percentage of supervision hours completed by Board Certified Behavior Analyst and/or Behavior Management Consultant
  - Total units billed of H0032-HO divided by the units billed of procedure code H0032

# Program Preliminary Data/Outcomes

- Year-to-date

| | CY 2020 (Baseline) | YTD 2021 (Measurement Period) |
|---|---|---|
| **Metric ABAU** | 59.33% | 34.66% |
| **Metric ABAH** | 50.38% | 49.51% |

- Example of an ABA Provider Group Reporting

2020 Provider Baseline

| Provider Name (By Group) | | |
|---|---|---|
| [redacted] | ABAU | 52.74% |
| | ABAH | 31.05% |

2021 Provider Metric (By Month)

| Provider Name (By Group) | | January | February | March | April | May |
|---|---|---|---|---|---|---|
| [redacted] | ABAU (Monthly) | 30.93% | 36.62% | 41.47% | 43.29% | 20.10% |
| | ABAH | 33.84% | 31.58% | 32.82% | 32.40% | 32.27% |

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# Program Next Steps

- Recommendation to extend program
  - Program is already budgeted
  - Allows the program to mature
  - Ample evaluation period to assess ABA providers' metrics performance
  - Conclude whether to modify the program (e.g., select different metrics)
  - Provides an opportunity window to certify the metrics' logic and reporting are sustainable

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# 2021 Virtual Care Strategy Update

Quality Assurance Committee Meeting

September 8, 2021

Marie J. Jeannis, RN, MSN, CCM

Executive Director, Quality & Population Health Management

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# Agenda

- Virtual Care Guiding Principles
- Roadmap Milestone Updates
- Achievements
- Next Steps

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# Virtual Care Guiding Principles

- Promote the availability and use of virtual modes of service delivery for CalOptima members to facilitate access to care
- Leverage existing delivery model where possible
- Be proactive in seeking out innovative opportunities
- Provide technology-agnostic solutions

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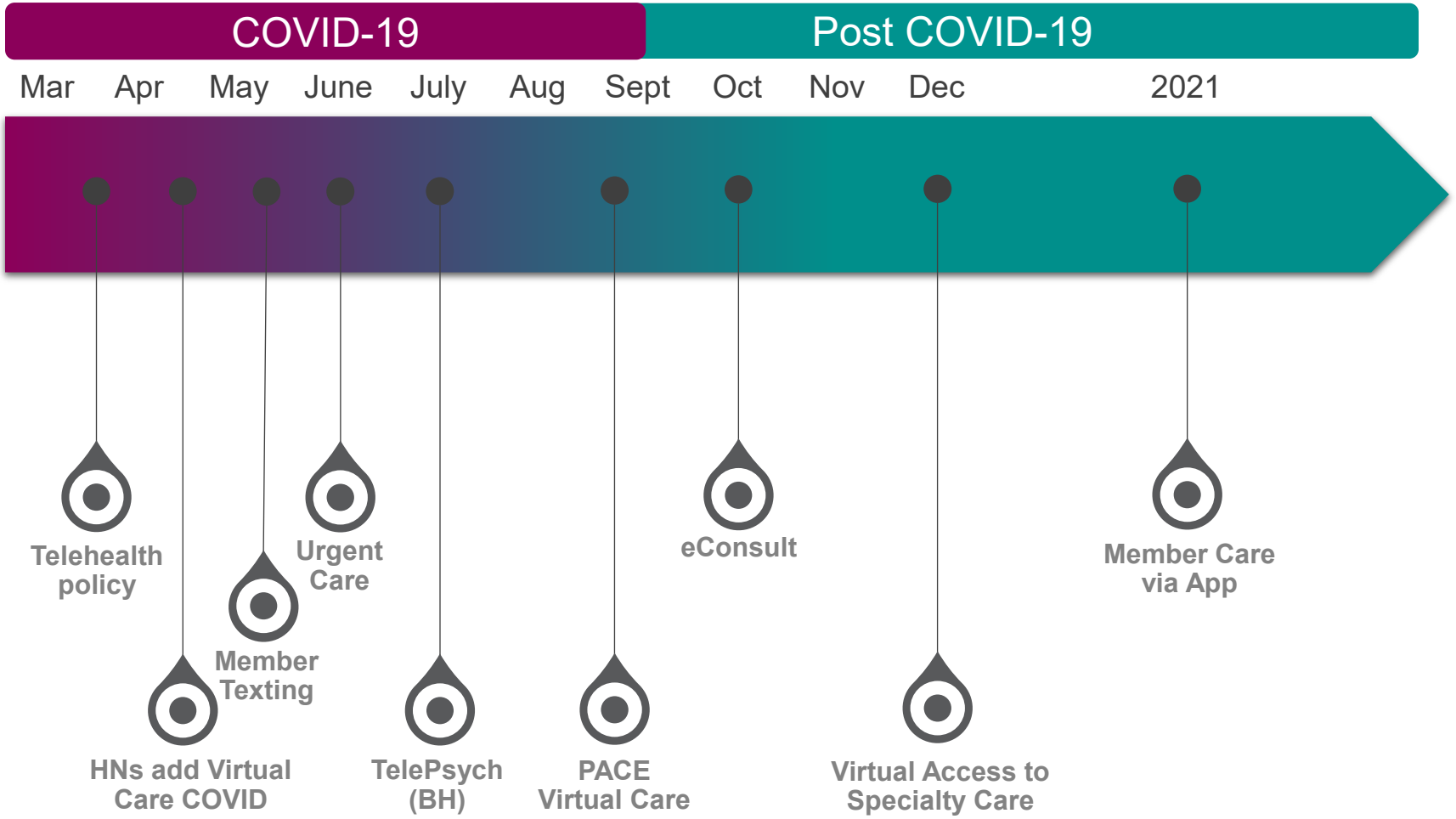
# High Level Virtual Care Roadmap (Baseline)

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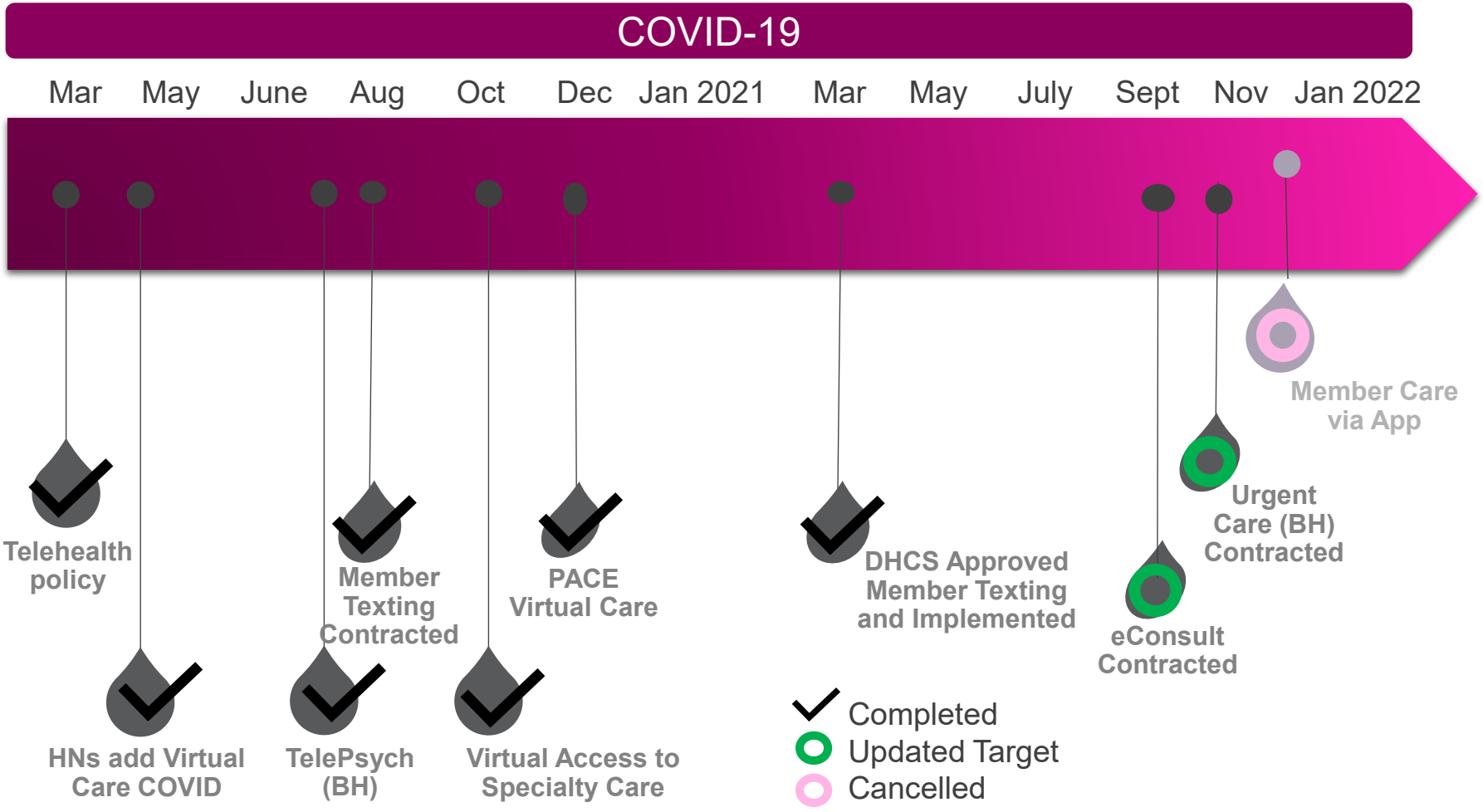
# High Level Virtual Care Roadmap (September 2021 Update)

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# Achievements

- Established an ongoing cross-functional Virtual Care Strategy Team
- Member engagement through virtual modalities
  - Member texting campaigns for COVID-19 immunization
  - Member Portal was updated with COVID-19 education
- Member access to virtual care options
  - Collaborated with health networks and CCN providers to allow members to access covered services via video and/or telephonic modalities
  - Implemented technical platform (VSee) to allow PACE Center participants access to virtual visits with PACE clinicians

Proceed to Remaining Items
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# Achievements (cont.)

- Member access to virtual care options (cont.)
  - Contracted with Behavioral Health (BH) provider (Bright Heart) to allow members to receive regularly scheduled behavioral health services virtually
- Developed a telehealth policy
- Obtained member Telephone Consumer Protection Act (TCPA) consents for robo-calling and texting campaigns
- Provided provider education and support regarding provision of telehealth services during the COVID-19 pandemic

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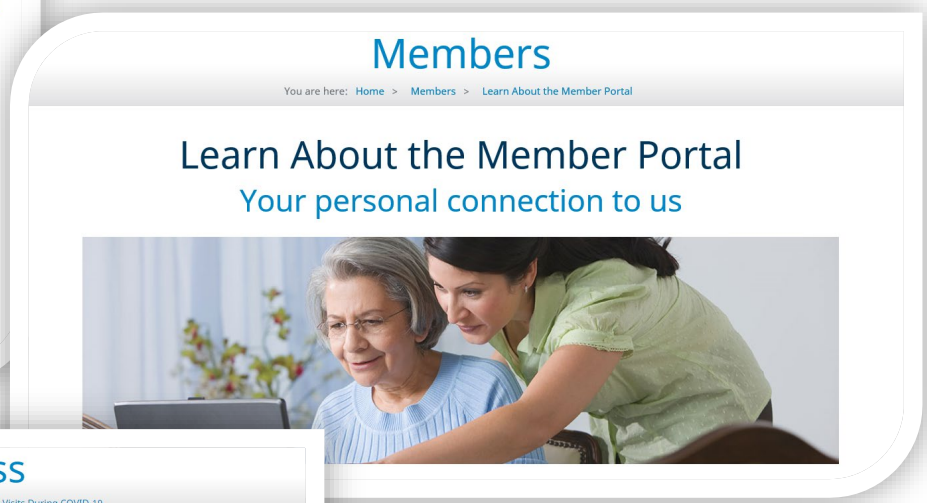
# Member Access Via Virtual Modalities



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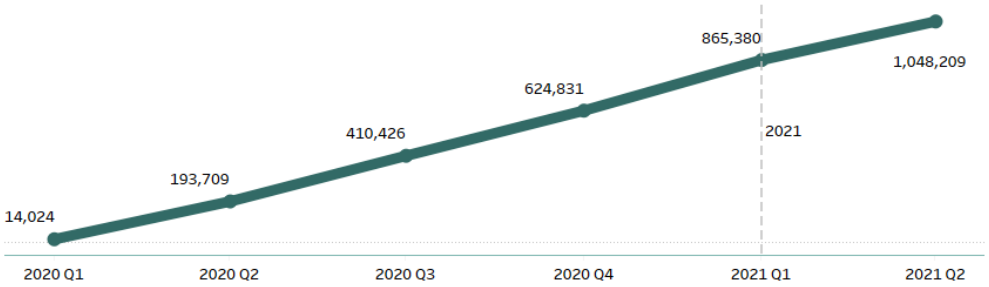
# Telehealth Analysis by Specialty

## Telehealth Analysis by Specialty

January 2020 to June 2021

### Total CalOptima Telehealth Services to Date




### Telehealth by Medical and Behavioral Health

| | Med Visits | BH Visits | Grand Total |
|---|---|---|---|
| 2020 | 367,908 | 256,923 | 624,831 |
| 2021 | 227,644 | 195,734 | 423,378 |
| Grand Total | 595,552 | 452,657 | 1,048,209 |

### Top 15 Medical Specialties by Visit Count

| | 2020 | 2021 |
|---|---|---|
| **Grand Total** | 367,908 | 227,644 |
| Family Medicine | 97,321 | 61,665 |
| Miscellaneous | 62,482 | 35,984 |
| Internal Medicine | 44,467 | 25,997 |
| Pediatrics | 42,227 | 27,927 |
| Speech Therapy | 16,854 | 11,175 |
| UNKNOWN | 10,330 | 8,464 |
| Speech Pathology | 8,576 | 4,894 |
| General Practice | 5,040 | 5,678 |
| Pain Medicine | 7,214 | 3,428 |
| Gastroenterology | 5,447 | 3,285 |
| Neurology | 4,951 | 2,500 |
| Endocrinology, Diabetes and Me | 4,633 | 2,808 |
| Group (mixed specialty) | 4,033 | 2,811 |
| Physician Assistant | 3,131 | 3,364 |
| Obstetrics & Gynecology | 3,862 | 2,290 |

### Top BH Specialties by Visit Count

| | 2020 | 2021 |
|---|---|---|
| **Grand Total** | 256,923 | 195,734 |
| Behavior Analyst | 121,013 | 85,018 |
| Psychiatry | 42,763 | 38,746 |
| Counselor Marriage & Family | 42,136 | 29,253 |
| Behavioral Health Services | 18,080 | 20,493 |
| Psychology | 20,699 | 14,649 |
| Clinic (mixed specialty) - BH | 10,293 | 6,045 |
| Psychiatry Neurology (DO only) | 1,297 | 994 |
| Child & Adolescent Psychiatry | 582 | 493 |
| Developmental- Behavioral Peds | 60 | 43 |

Using Data Standard Workgroup approved (10/6/2020) logic which Includes claims and encounters where one of these criteria were present:
Facility Claims: Revenue code = 078%/Telemedicine
Professional Claims: Place of Service Code = 02/Telehealth services AND Atleast one of the three modifiers below
Modifier = GT/service was performed via interactive audio and video telecommunications systems
Modifier = GQ/service was performed via asynchronous telecommunications system
Modifier = 95/Synchronous telemedicine service rendered via a real-time interactive audio and video telecommunications system

# Next Steps

- Current virtual care initiatives
  - eConsult (provider to provider)
    - Finalize contract negotiations with selected vendors
    - Prepare COBAR and obtain Board approval
    - Execute contract and plan implementation
  - Virtual Visit (member to provider) - BH Urgent Care
    - Finalize Request for Proposal (RFP) Scope of Work and contract items
    - Issue new RFP in October
    - Prepare COBAR and obtain Board approval
    - Execute contract and plan implementation
- Ongoing review of the Virtual Care Roadmap
  - Compliance with regulatory requirements
  - Improved member experience and access

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# Our Mission

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# HEDIS® Measurement Year 2020 Results

Quality Assurance Committee Meeting
September 8, 2021

Kelly Rex-Kimmet, Director, Quality Analytics
Paul Jiang, Manager, Quality Analytics

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# HEDIS and Regulatory Requirements

- Department of Health Care Services (DHCS)
  - Managed Care Accountability Set (MCAS) — select measures must achieve minimum performance level (MPL), which is the national Medicaid 50th percentile
  - Financial sanctions or corrective action plans will not be imposed for Measurement Year (MY) 2020 measures but quality improvement projects for measure results below MPL are required
- NCQA
  - Health Plan Ratings (HPR) — 2021 ratings will display the better of the Overall Rating score between HPR 2019 and HPR 2021
  - Accreditation
- Centers for Medicare & Medicaid Services (CMS)
  - Star Ratings
  - Quality withhold payment

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# COVID-19 Public Health Emergency (PHE)

- In 2020, the COVID-19 PHE and global pandemic continued throughout the year
- The COVID-19 PHE adversely impacted the utilization of health care services, especially outpatient and preventive care services
- Many rates for all programs show a drop in performance compared to previous years
- The impact of the COVID-19 PHE must be kept in mind as the plan level HEDIS rates for MY2020 are reviewed

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# Medi-Cal Summary

- Overall, rates related to prevention, screening, lab testing, and office visits were lower in MY2020 as a result of the COVID-19 PHE
- There were two measures that did not achieve the MPL set by DHCS:
  - Cervical Cancer Screening
  - Diabetes Screening for People with Schizophrenia or Bipolar Disorder
- Health Plan Rating (HPR) — projected to maintain 4.0 rating
  - Of 34 HEDIS measures, 5 are statistically higher than last year
  - Of 34 HEDIS measures, 11 are statistically lower than last year

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# Medicare Summary

- Rates related to Star measures were lower in MY2020 as a result of the COVID-19 PHE
- Consumer Assessment of Healthcare Providers and Systems (CAHPS) weight increase doubled for MY2020 and then was increased to 4X for MY2021
- The Member Experience team is aware of the increased focus on OneCare (OC) and OneCare Connect (OCC) member satisfaction and is refocusing efforts based on best practices employed by other Medicare plans
- The Star rating can not be estimated at this time as the rating includes other performance metrics besides HEDIS and CAHPS

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# Top Opportunities: Medi-Cal

- Measures that did not meet the MPL
  - Cervical Cancer Screening
  - Diabetes Screening for People with Schizophrenia or Bipolar Disorder who are using Antipsychotic medications
- Controlling High-Blood Pressure (due to triple weight in HPR set)
- Individual HPR measures that scored below 3.0
  - Avoidance of Antibiotic Treatment for Adults with Acute Bronchitis (rating = 2)
  - Follow up After ED visit for Mental Illness (rating = 2)
  - Follow-up Care for Children Prescribed ADHD Medication (rating = 2)

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# Top Opportunities: Medicare

- Low performance
  - Care for Older Adults — Functional status assessment (1 star)
  - Statin Therapy for Patients with Cardiovascular Disease — treatment (1 star)
- Star measure for MY2021 and 3x weight for MY2022
  - Controlling of blood pressure
- Transitions of Care
  - Medication Reconciliation

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# Next Steps

- Results will be used to calculate:
  - Health Network (HN) provider Pay for Value (P4V) program incentives
  - HN quality rating results
- Starting to see performance improvements in some rates for MY 2021
  - Initiatives are underway to encourage members to return to preventive care visits
  - Trainings for providers on the HEDIS MY 2021 specifications highlighting documentation requirements to close gaps on telehealth visits

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# Member Experience Survey Overview

- CalOptima fields annual member experience surveys for the Medi-Cal adult and pediatric populations
- CAHPS Survey
- CAHPS Methodology
  - Fielding period: February–May 2021
  - Sample size: 1350/adult; 1650/child
  - Methodology change: No phone follow up; call centers were closed due to the COVID-19 PHE
  - Response Rate: 17.45%/adult; 18.88%/child
    - Approximately 20% decrease in response rate for both surveys
  - Due to COVID-19 PHE, trends in scores should be viewed with caution

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# CAHPS Survey Measures

| Measures | Survey Questions |
|---|---|
| Rating of Health Care | • How would you rate your (child's) health care? |
| Rating of Personal Doctor | • How would you rate your (child's) personal doctor? |
| Rating of Specialist | • How would you rate your (child's) specialist seen most often? |
| Getting Needed Care | • Usually or always easy to get appointments with specialist as soon as you needed<br>• Usually or always easy to get the care, tests or treatment you thought you needed |
| Getting Care Quickly | • Usually or always got urgent care as soon as you needed<br>• Usually or always got appointment for check-up or routine care as soon as you needed |
| Coordination of Care | • (Child's) personal doctor seemed informed about care received from other doctors or providers |
| Customer Service | • Usually or always gave needed information or help<br>• Usually or always treated you with courtesy and respect |

# Member Experience Survey Results Summary

- Response rates were lower likely due to the COVID-19 PHE
  - Trends in scores should be viewed with caution
- Results (percentage) improved from last year but not statistically significant
- Higher percentiles were achieved this year, but all measures remain at or below the 33rd percentile (with 2 measures below the 10th percentile)
- Multiple measures have a denominator less than 100
  - CalOptima plans to oversample in the next survey cycle

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# HEDIS® Measurement Year 2020 Results - Appendix

Quality Assurance Committee Meeting
September 8, 2021

Kelly Rex-Kimmet, Director, Quality Analytics
Paul Jiang, Manager, Quality Analytics

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# Appendix: Medi-Cal Measure Results Benchmarks: NCQA

National Medicaid MY 2019 Percentiles

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# Pediatric Prevention Measures

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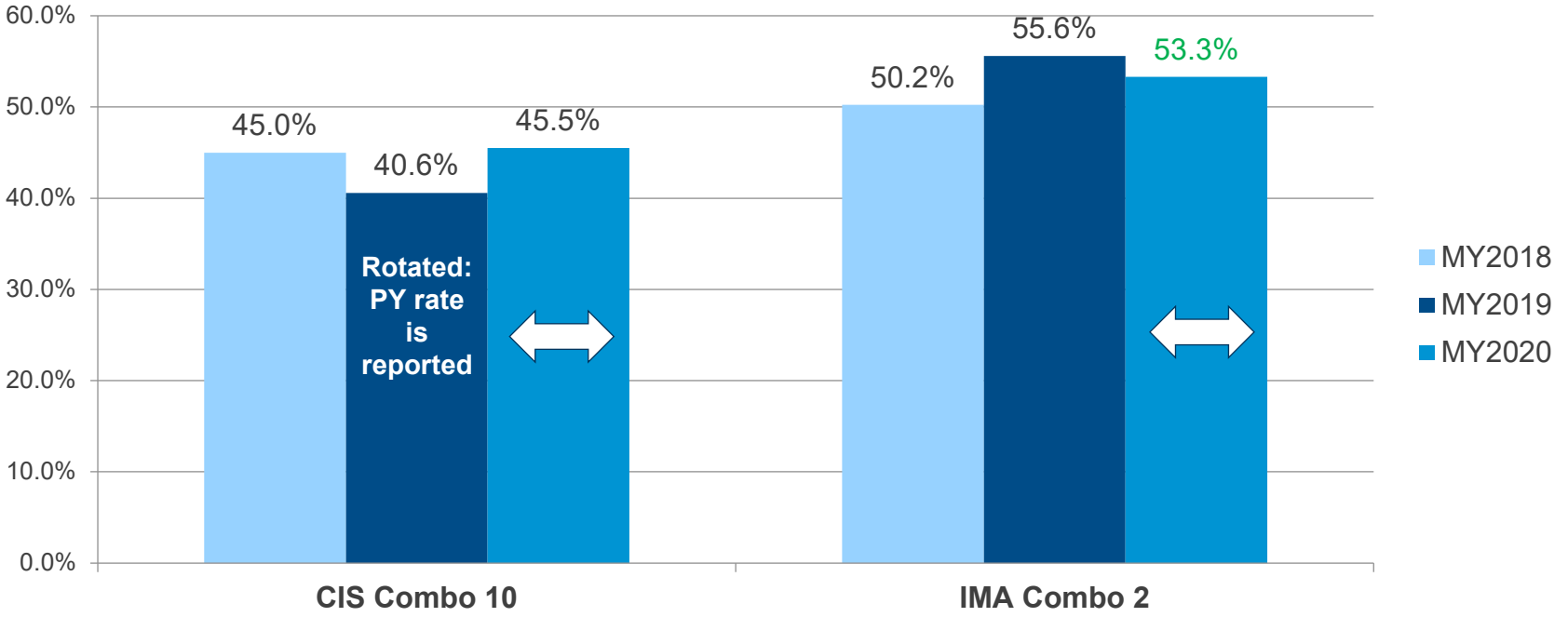
# HEDIS MY2020 Results: Medi-Cal Immunizations




| HEDIS Measure | QC 33rd Percentile | QC 66th Percentile | QC 90th Percentile | Goal | Reporting Requirements** |
|---|---|---|---|---|---|
| Childhood Immunization Status (CIS) - combo10 ++ | 32.60% | 42.82% | 52.07% | 48.42% | HPR, MPL, P4V |
| Immunizations for Adolescents (IMA) - Combo 2++ | 33.58% | 40.85% | 50.85% | 50.85% | HPR, MPL, P4V |

*Red = less than 33rd percentile; Green= met goal, MPL met, ++ measure triple weighted for Health Plan Ratings ↑ ↓ statistically higher or lower ↔ statistically no difference **HPR=Health plan ratings, MPL=DHCS Minimum Performance Level, P4V=Pay for Value

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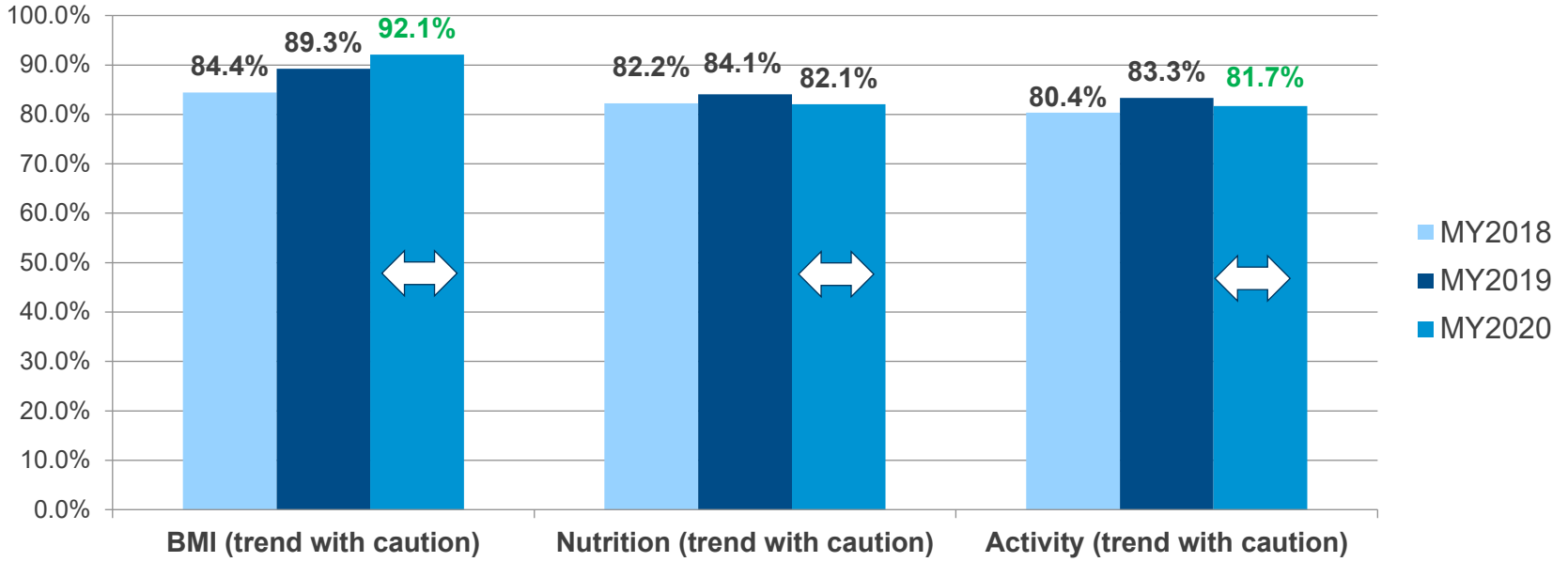
# HEDIS MY2020 Results: Medi-Cal Weight Assessment and Counseling




| HEDIS Measure | QC 33rd Percentile | QC 66th Percentile | QC 90th Percentile | Goal | Reporting Requirements* * |
|---|---|---|---|---|---|
| BMI Percentile (WCC) | 75.67% | 84.91% | 90.77% | 90.77% | HPR, MPL, P4V |
| Counseling for Nutrition (WCC) | 65.45% | 76.89% | 85.16% | 85.16% | MPL, P4V |
| Counseling for Physical Activity (WCC) | 60.73% | 72.61% | 81.02% | 81.02% | MPL, P4V |

*Red = less than 33rd percentile; Green= met goal, MPL met, ++ measure triple weighted for Health Plan Ratings ↑ ↓ statistically higher or lower ↔ statistically no difference **HPR=Health plan ratings, MPL=DHCS Minimum Performance Level, P4V=Pay for Value

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# Prevention: Women's Reproductive Health

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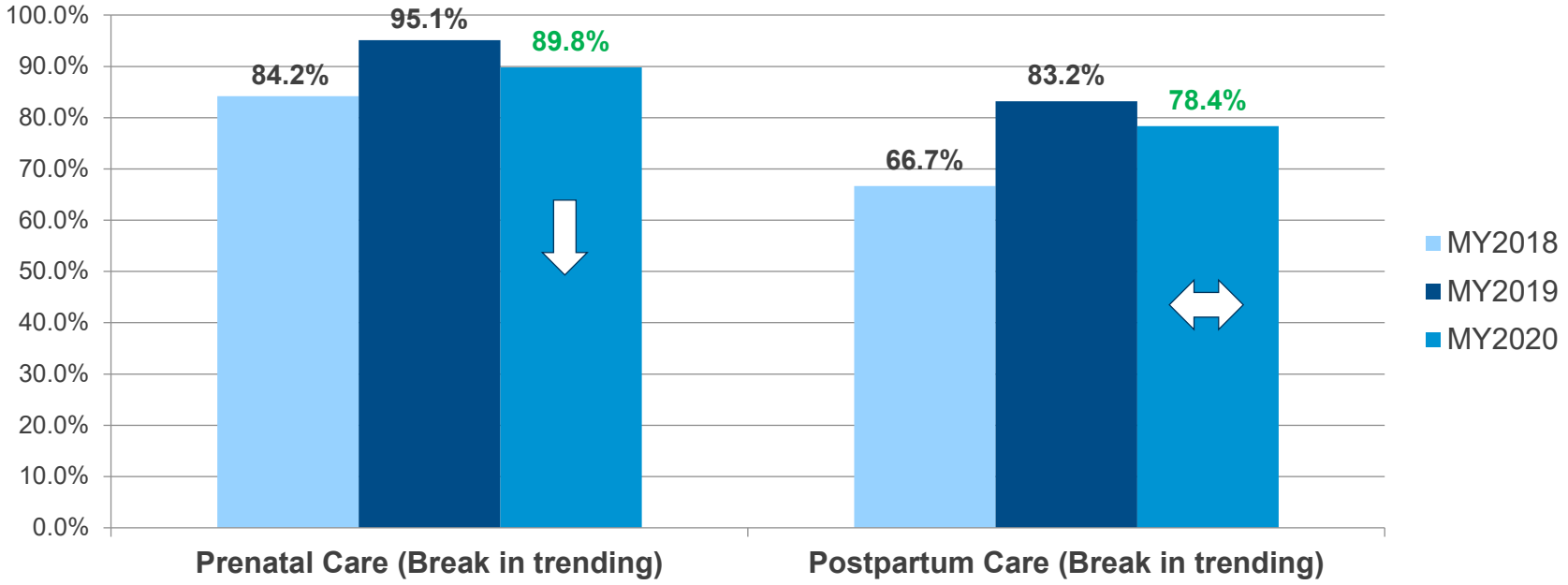
# HEDIS MY2020 Results: Medi-Cal Prenatal and Postpartum Care




| HEDIS Measure | QC 33rd Percentile | QC 66th Percentile | QC 90th Percentile | Goal | Reporting Requirements** |
|---|---|---|---|---|---|
| Prenatal Care | 86.86% | 91.73% | 95.86% | 89.05% | HPR, MPL, P4V |
| Postpartum Care | 73.72% | 79.32% | 84.18% | 76.40% | HPR, MPL, P4V |

*Red = less than 33rd percentile; Green= met goal, MPL met, ++ measure triple weighted for Health Plan Ratings ↑ ↓ statistically higher or lower ↔ statistically no difference **HPR=Health plan ratings, MPL=DHCS Minimum Performance Level, P4V=Pay for Value

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# Prevention:
# Cancer Screening

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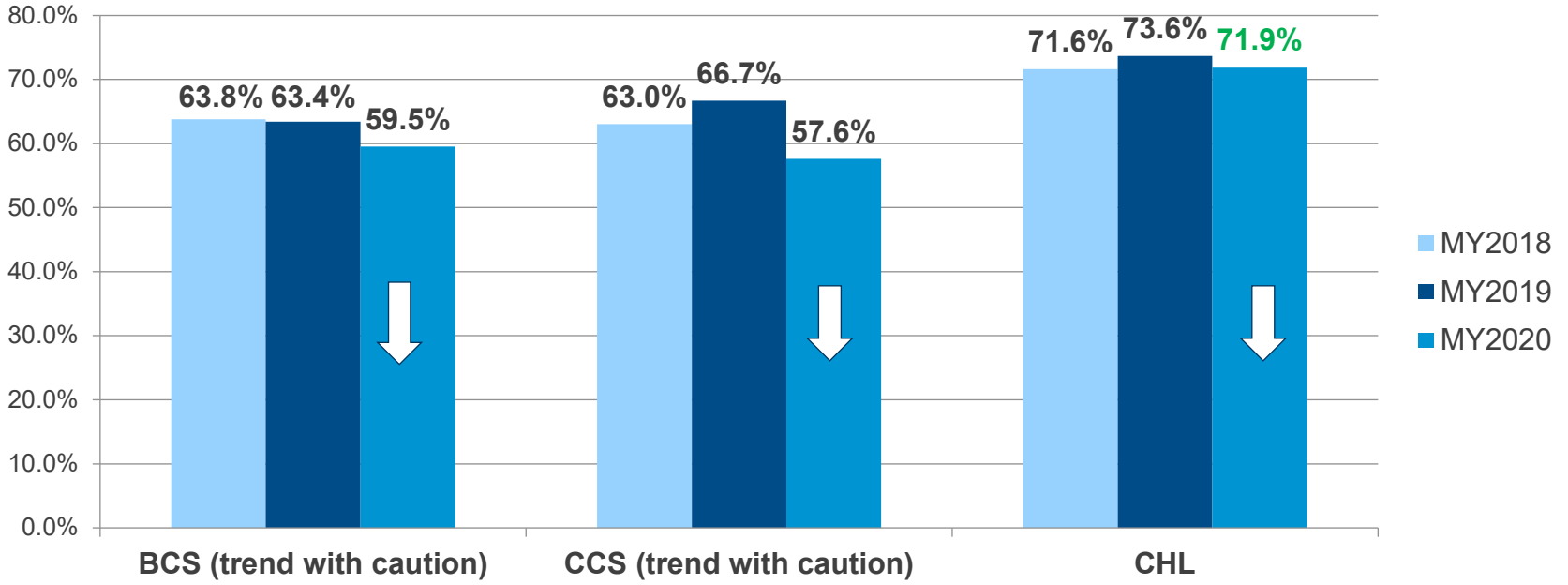
# HEDIS MY2020 Results: Medi-Cal Women's Health Cancer Screenings




| HEDIS Measure | QC 33rd Percentile | QC 66th Percentile | QC 90th Percentile | Goal | Reporting Requirements** |
|---|---|---|---|---|---|
| Breast Cancer Screening (BCS) | 55.08% | 61.84% | 69.22% | 58.82% | HPR, MPL, P4V |
| Cervical Cancer Screening (CCS) | 57.42% | 65.69% | 72.68% | 61.31% | HPR, MPL, P4V |
| Chlamydia Screening in Women (CHL) | 53.52% | 63.53% | 71.42% | 71.42% | MPL, P4V |

*Red = less than 33rd percentile; Green= met goal, MPL met, ++ measure triple weighted for Health Plan Ratings ↑ ↓ statistically higher or lower ↔ statistically no difference **HPR=Health plan ratings, MPL=DHCS Minimum Performance Level, P4V=Pay for Value

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# Treatment: Respiratory Conditions

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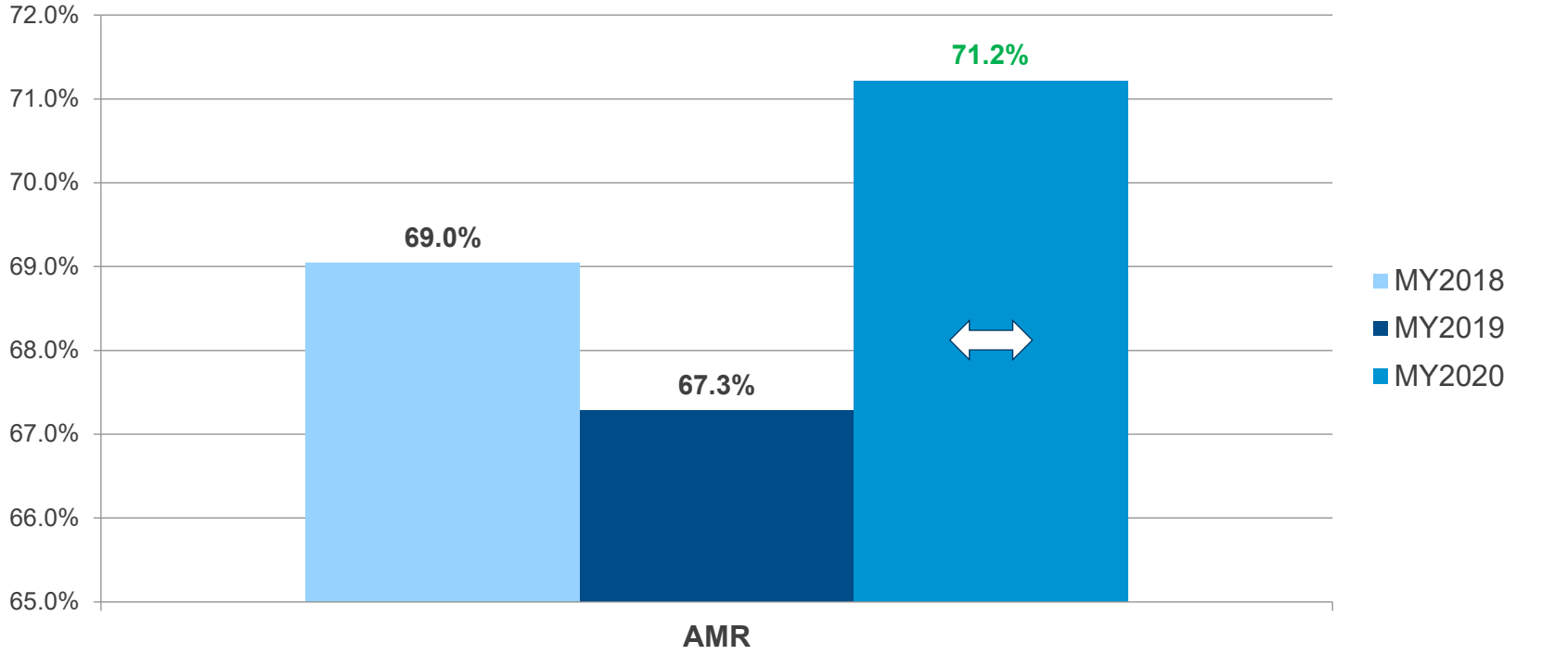
# HEDIS MY2020 Results: Medi-Cal Asthma Treatment




| HEDIS Measure | QC 33rd Percentile | QC 66th Percentile | QC 90th Percentile | Goal | Reporting Requirements* * |
|---|---|---|---|---|---|
| Asthma Medication Ratio >50% (AMR) 5 to 64 years | 59.93% | 65.78% | 73.38% | 68.13% | HPR, MPL, P4V |

*Red = less than 33rd percentile; Green= met goal, MPL met, ++ measure triple weighted for Health Plan Ratings ↑ ↓ statistically higher or lower ↔ statistically no difference **HPR=Health plan ratings, MPL=DHCS Minimum Performance Level, P4V=Pay for Value

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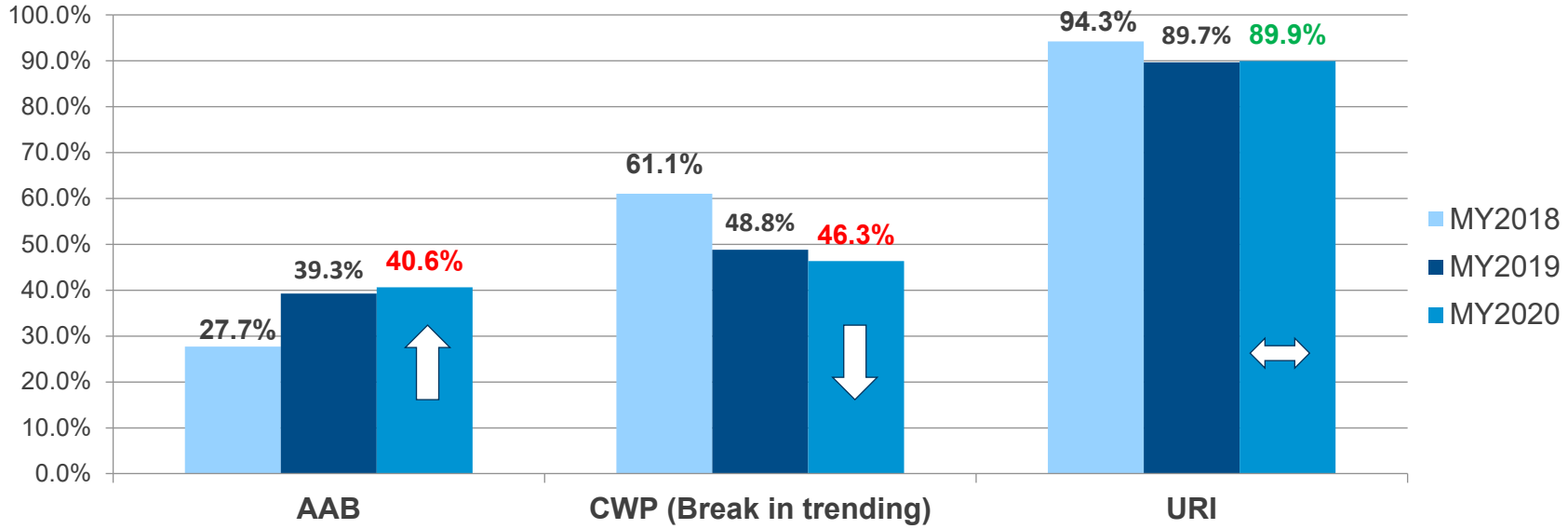
# HEDIS MY2020 Results: Medi-Cal Respiratory Conditions




| HEDIS Measure | QC 33rd Percentile | QC 66th Percentile | QC 90th Percentile | Goal | Reporting Requirements** |
|---|---|---|---|---|---|
| Avoidance of Antibiotic Treatment in Adults with Acute Bronchitis (AAB) | 47.16% | 55.95% | 65.32% | 45.14% | HPR |
| Appropriate Testing for Children with Pharyngitis (CWP) | 73.35% | 81.34% | 86.81% | 71.01% | HPR |
| Appropriate Treatment for Children with Upper Respiratory Infection (URI) | 86.18% | 89.96% | 95.53% | 89.95% | HPR |

***Red = less than 33rd percentile; Green= met goal, MPL met, ++ measure triple weighted for Health Plan Ratings ↑ ↓ statistically higher or lower ↔ statistically no difference **HPR=Health plan ratings, MPL=DHCS Minimum Performance Level, P4V=Pay for Value**

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# Treatment: Diabetes

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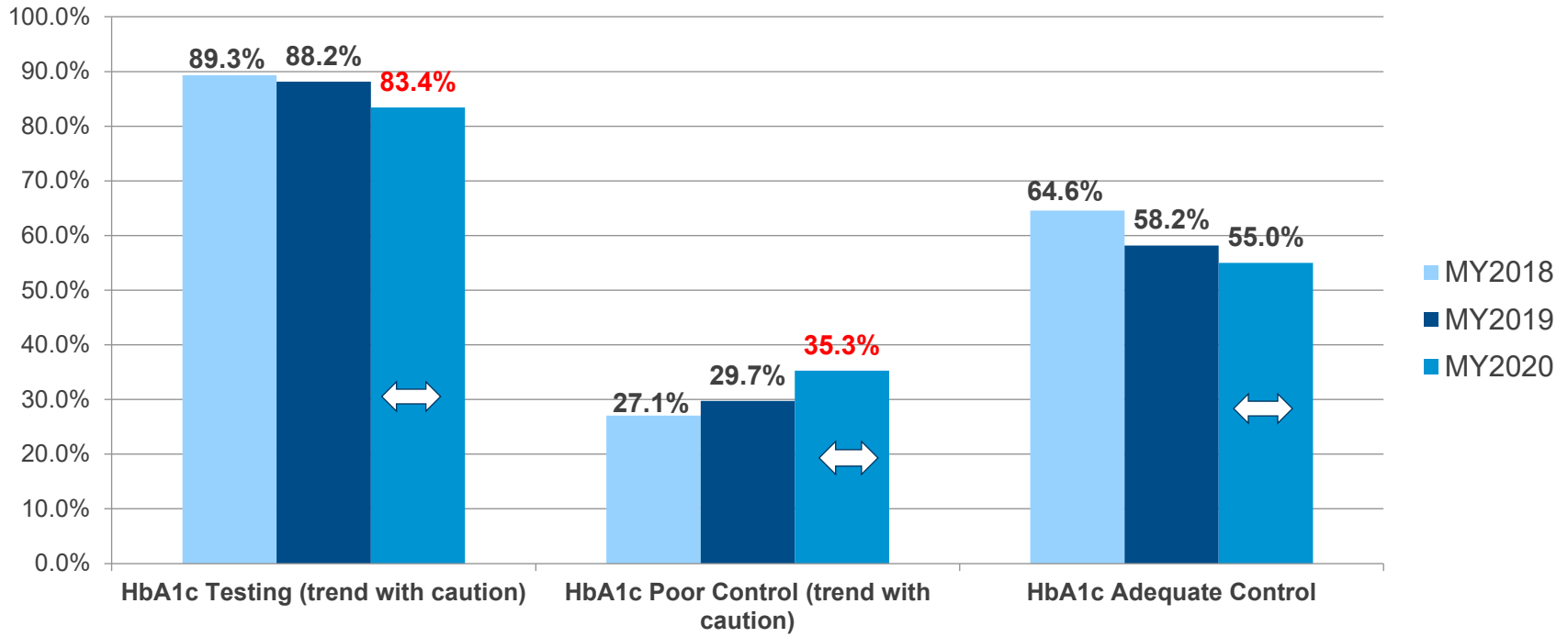
# HEDIS MY2020 Results: Medi-Cal Comprehensive Diabetes Care — HbA1C




| HEDIS Measure | QC 33rd Percentile | QC 66th Percentile | QC 90th Percentile | Goal | Reporting Requirements** |
|---|---|---|---|---|---|
| HbA1C Testing | 86.86% | 90.27% | 92.70% | 88.79% | |
| HbA1C Poor Control (>9.0%) (Lower is better) | 42.58% | 33.80% | 27.98% | 37.47% | MPL, P4V |
| HbA1C Adequate Control (<8.0%) ++ | 47.69% | 54.26% | 60.77% | 58.37% | HPR |

*Red = less than 33rd percentile; Green= met goal, MPL met, ++ measure triple weighted for Health Plan Ratings ↑ ↓ statistically higher or lower ↔ statistically no difference **HPR=Health plan ratings, MPL=DHCS Minimum Performance Level, P4V=Pay for Value

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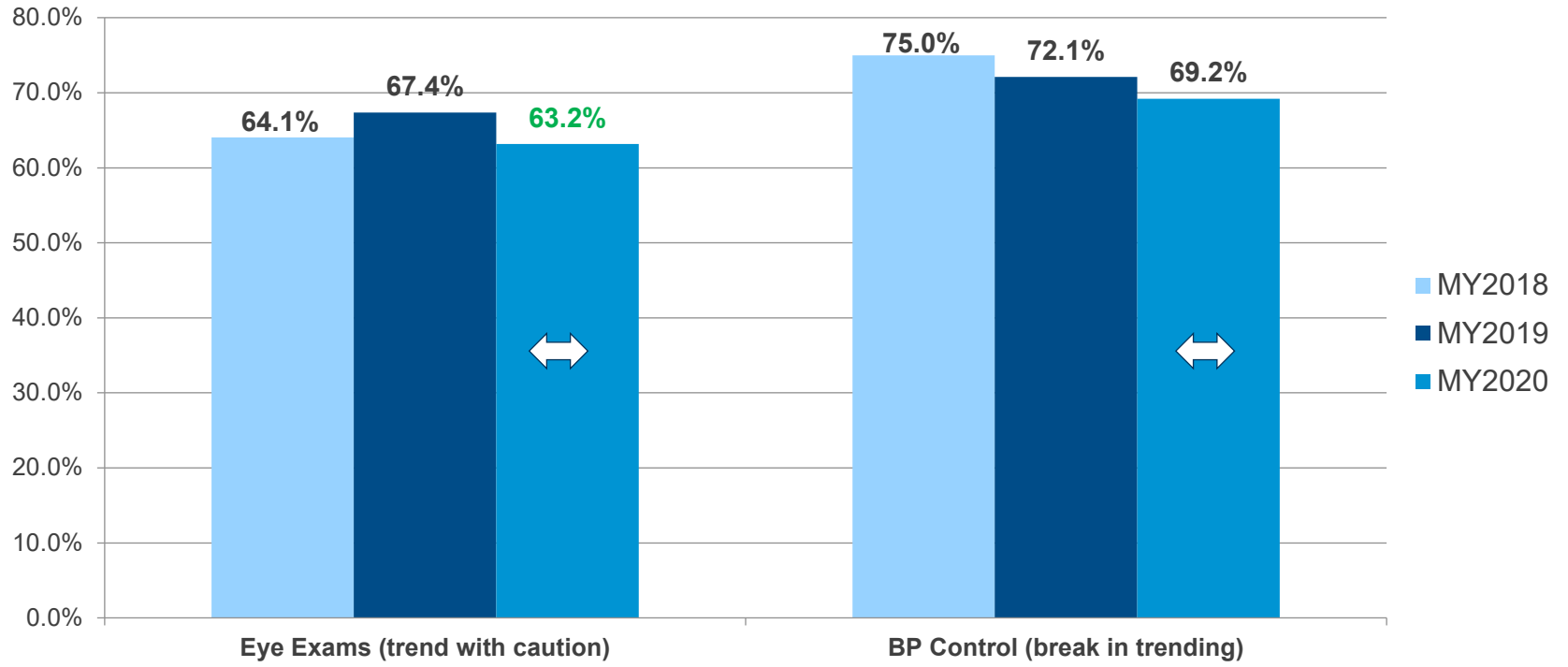
# HEDIS MY2020 Results: Medi-Cal Comprehensive Diabetes Care




| HEDIS Measure | QC 33rd Percentile | QC 66th Percentile | QC 90th Percentile | Goal | Reporting Requirements** |
|---|---|---|---|---|---|
| Eye Exams | 54.55% | 61.56% | 69.59% | 58.64% | HPR |
| BP Control (<140/90) ++ | 58.64% | 68.37% | 76.40% | 73.73% | HPR |

***Red = less than 33rd percentile; Green= met goal, MPL met, ++ measure triple weighted for Health Plan Ratings ↑ ↓ statistically higher or lower ↔ statistically no difference **HPR=Health plan ratings, MPL=DHCS Minimum Performance Level, P4V=Pay for Value**

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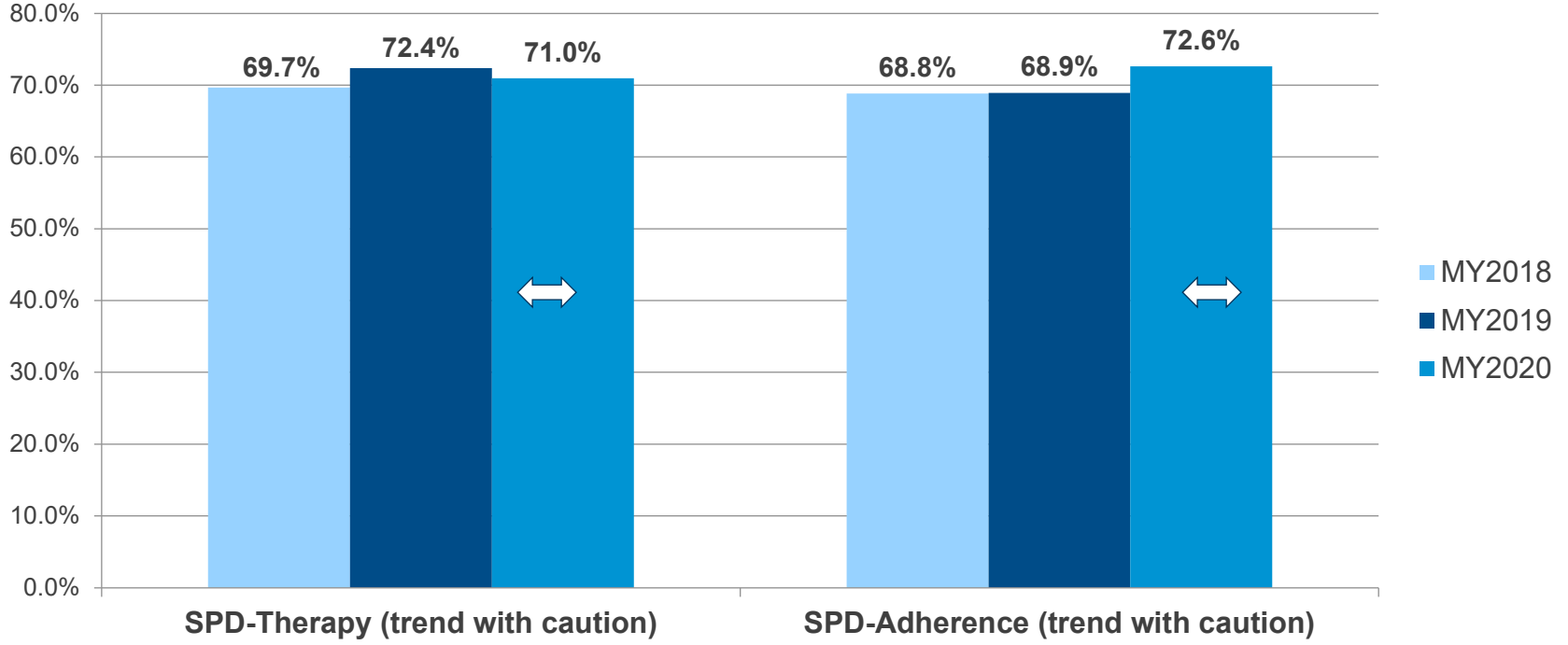
# HEDIS MY2020 Results: Medi-Cal Diabetes Conditions




| HEDIS Measure | QC 33rd Percentile | QC 66th Percentile | QC 90th Percentile | Goal | Reporting Requirements** |
|---|---|---|---|---|---|
| Statin Therapy for Patients with Diabetes (SPD) — therapy | 63.45% | 67.59% | 71.82% | 71.82% | HPR |
| Statin Therapy for Patients with Diabetes (SPD) — adherence | 60.81% | 67.43% | 75.72% | 69.58% | HPR |

***Red = less than 33rd percentile; Green= met goal, MPL met, ++ measure triple weighted for Health Plan Ratings ↑ ↓ statistically higher or lower ↔ statistically no difference **HPR=Health plan ratings, MPL=DHCS Minimum Performance Level, P4V=Pay for Value**

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# Treatment: Cardiovascular Conditions

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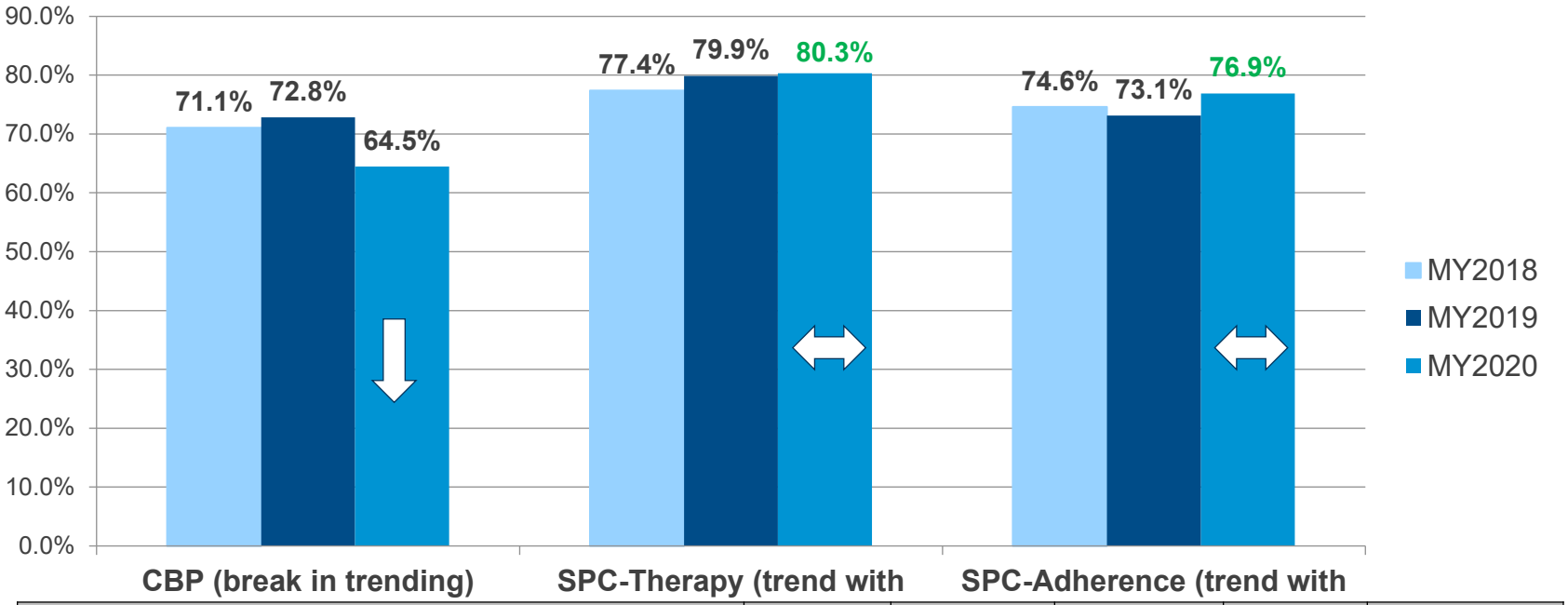
# HEDIS MY2020 Results: Medi-Cal Cardiovascular Conditions




| HEDIS Measure | QC 33rd Percentile | QC 66th Percentile | QC 90th Percentile | Goal | Reporting Requirements** |
|---|---|---|---|---|---|
| Controlling High-Blood Pressure (CBP) ++ | 58.15% | 65.69% | 72.75% | 72.75% | HPR, MPL, P4V |
| Statin Therapy for Patients with Cardiovascular Disease (SPC) — Therapy | 77.56% | 82.02% | 85.71% | 79.94% | HPR |
| Statin Therapy for Patients with Cardiovascular Disease (SPC) — Adherence | 64.59% | 70.81% | 78.12% | 75.59% | HPR |

***Red = less than 33rd percentile; Green= met goal, MPL met, ++ measure triple weighted for Health Plan Ratings ↑ ↓ statistically higher or lower ↔ statistically no difference **HPR=Health plan ratings, MPL=DHCS Minimum Performance Level, P4V=Pay for Value**

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# Treatment:
# Behavioral Health (BH)

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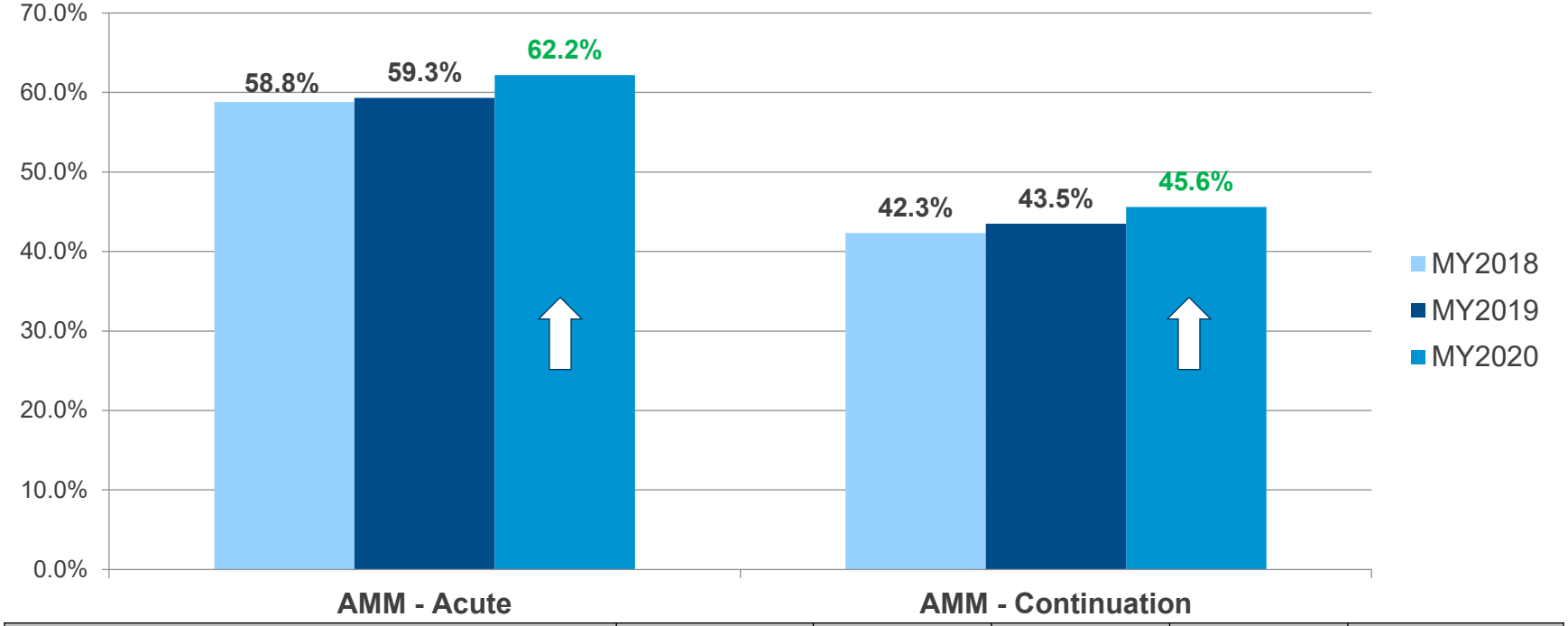
# HEDIS MY2020 Results: Medi-Cal BH Antidepressant Medication Management




| HEDIS Measure | QC 33rd Percentile | QC 66th Percentile | QC 90th Percentile | Goal | Reporting Requirements** |
|---|---|---|---|---|---|
| Antidepressant Medications Management (AMM) - Acute Phase Treatment | 51.47% | 56.85% | 64.29% | 61.61% | MPL, P4V |
| Antidepressant Medications Management (AMM) - Continuation Phase Treatment | 35.76% | 41.17% | 49.37% | 38.18% | HPR, MPL, P4V |

*Red = less than 33rd percentile; Green= met goal, MPL met, ++ measure triple weighted for Health Plan Ratings ↑ ↓ statistically higher or lower ↔ statistically no difference **HPR=Health plan ratings, MPL=DHCS Minimum Performance Level, P4V=Pay for Value

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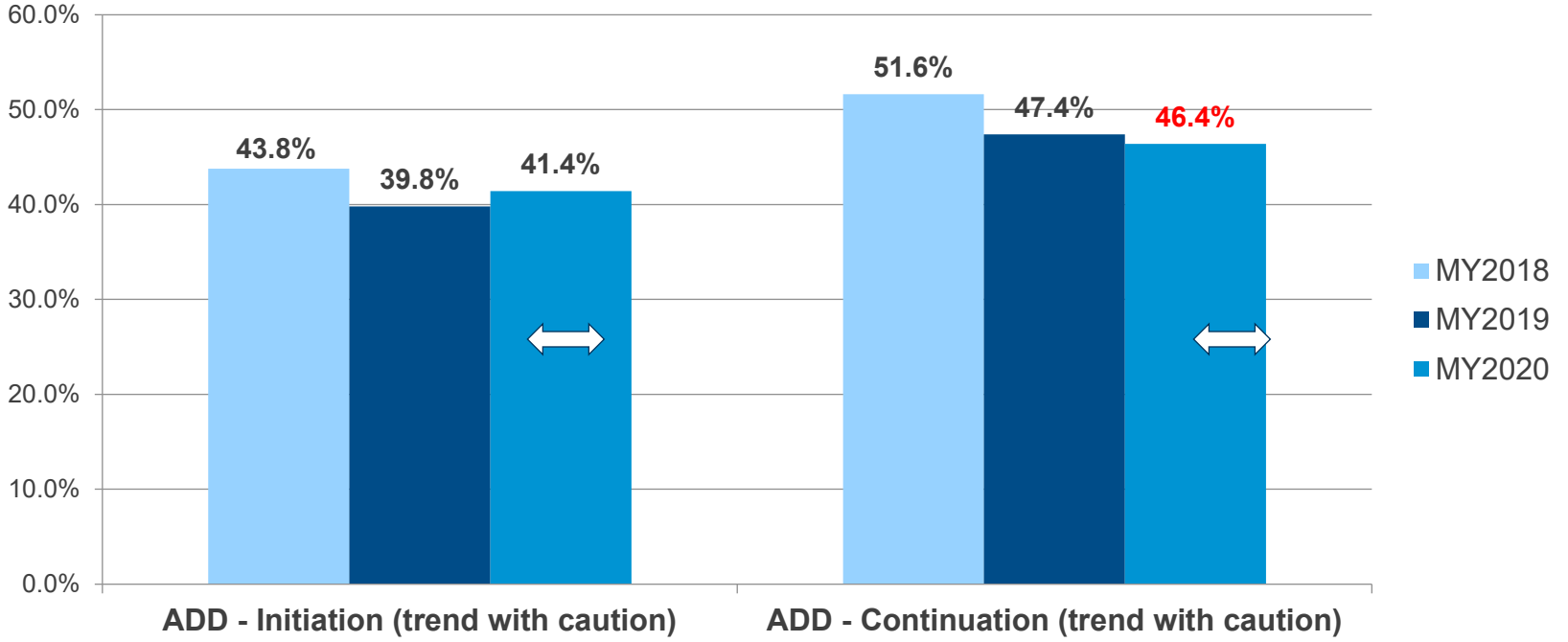
# HEDIS MY2020 Results: Medi-Cal BH Attention Deficit Disorder




| HEDIS Measure | QC 33rd Percentile | QC 66th Percentile | QC 90th Percentile | Goal | Reporting Requirements** |
|---|---|---|---|---|---|
| Follow-up Care for Children Prescribed ADHD Medication (ADD) — Initiation Phase | 38.18% | 46.53% | 55.33% | 42.95% | |
| Follow-up Care for Children Prescribed ADHD Medication (ADD) — Continuation Phase | 48.65% | 58.76% | 67.98% | 54.73% | HPR |

***Red = less than 33rd percentile; Green= met goal, MPL met, ++ measure triple weighted for Health Plan Ratings ↑ ↓ statistically higher or lower ↔ statistically no difference **HPR=Health plan ratings, MPL=DHCS Minimum Performance Level, P4V=Pay for Value**

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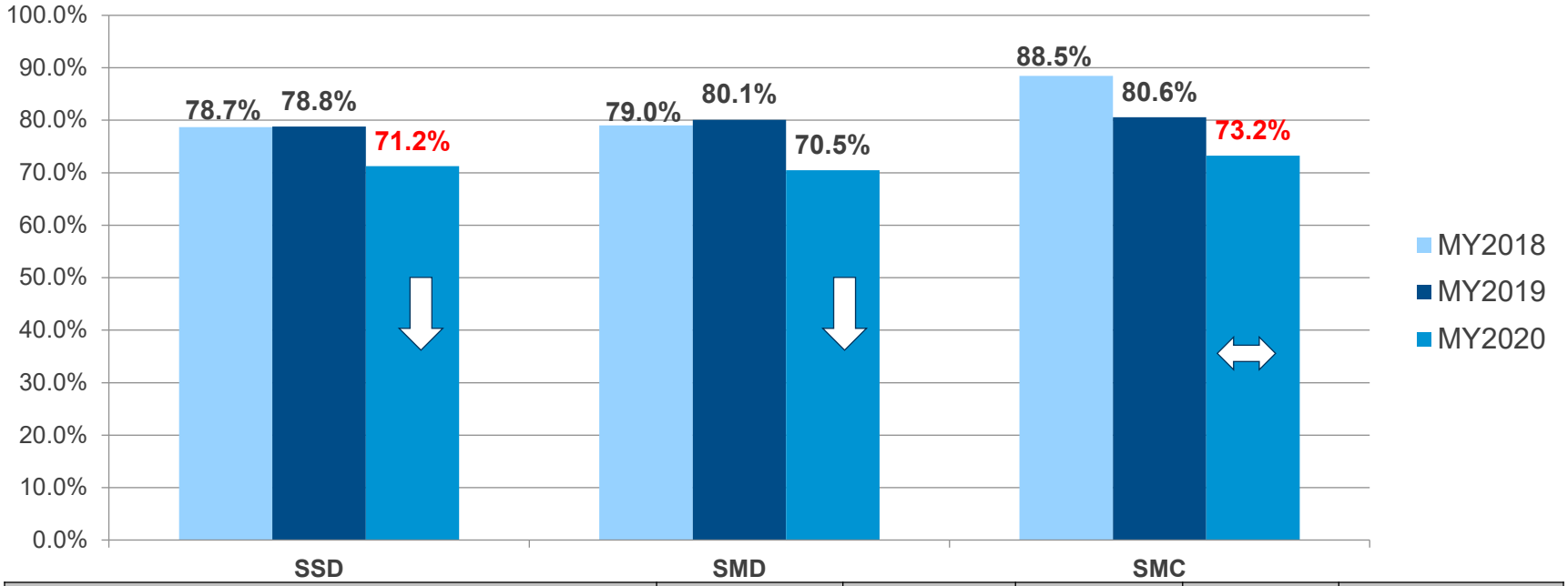
# HEDIS MY2020 Results: Medi-Cal BH Schizophrenia or Bipolar Disorder




| HEDIS Measure | QC 33rd Percentile | QC 66h Percentile | QC 90th Percentile | Goal | Reporting Requirements** |
|---|---|---|---|---|---|
| Diabetes Screening for People with Schizophrenia or Bipolar Disorder who are using Antipsychotic medications (SSD) | 79.58% | 83.97% | 87.91% | 82.09% | HPR, MPL, P4V |
| Diabetes Monitoring for People with Diabetes and Schizophrenia (SMD) | 68.24% | 74.06% | 81.25% | 81.25% | |
| Cardiovascular Monitoring for People with Cardiovascular and Schizophrenia (SMC) | 73.56% | 80.90% | 88.89% | 80.90% | |

***Red = less than 33rd percentile; Green= met goal, MPL met, ++ measure triple weighted for Health Plan Ratings ↑ ↓ statistically higher or lower ↔ statistically no difference **HPR=Health plan ratings, MPL=DHCS Minimum Performance Level, P4V=Pay for Value**

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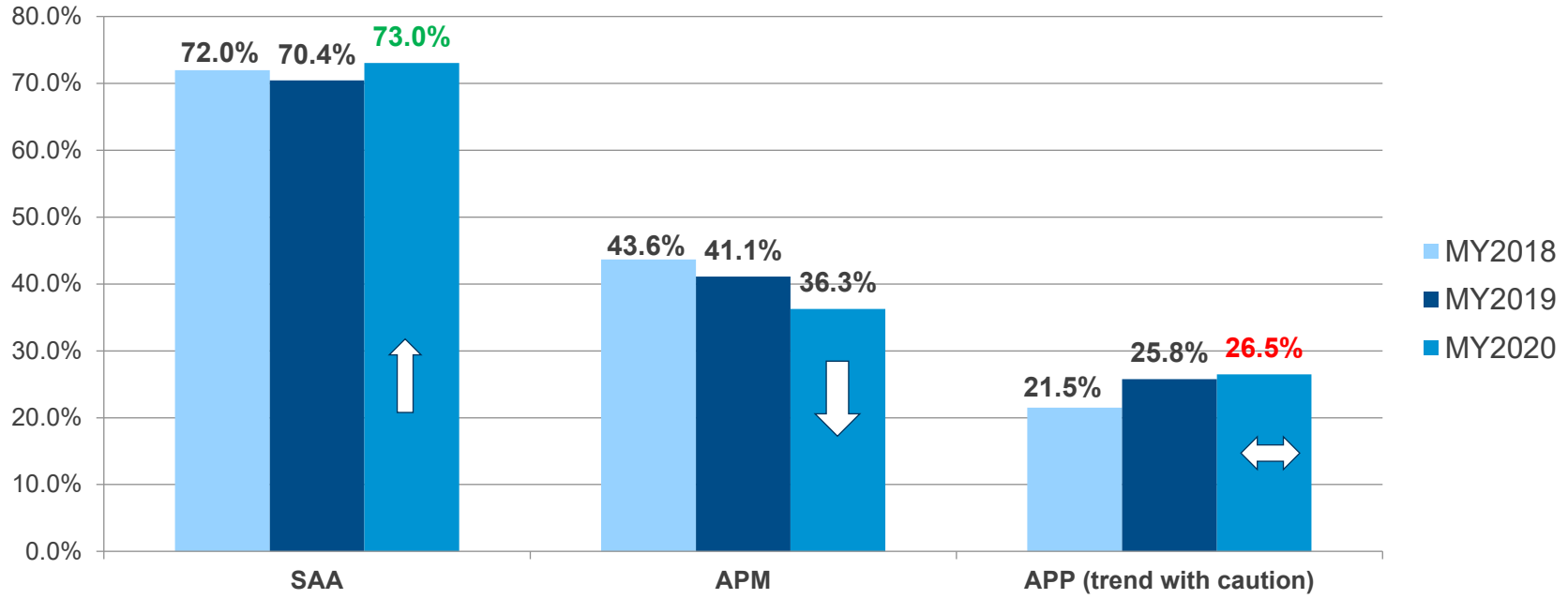
# HEDIS MY2020 Results: Medi-Cal BH Antipsychotic Medications




| HEDIS Measure | QC 33rd Percentile | QC 66th Percentile | QC 90th Percentile | Goal | Reporting Requirements** |
|---|---|---|---|---|---|
| Adherence to Antipsychotic Medications for Individuals with Schizophrenia (SAA) | 58.45% | 65.35% | 72.36% | 72.36% | HPR |
| Metabolic Monitoring for Children and Adolescents on Antipsychotics (APM) | 31.12% | 40.00% | 56.34% | 44.30% | HPR, MPL, P4V |
| Use of First-Line Psychosocial Care for Children and Adolescents on Antipsychotics (APP) | 57.69% | 68.46% | 79.37% | 53.93% | HPR |

*Red = less than 33rd percentile; Green= met goal, MPL met, ++ measure triple weighted for Health Plan Ratings ↑ ↓ statistically higher or lower ↔ statistically no difference **HPR=Health plan ratings, MPL=DHCS Minimum Performance Level, P4V=Pay for Value

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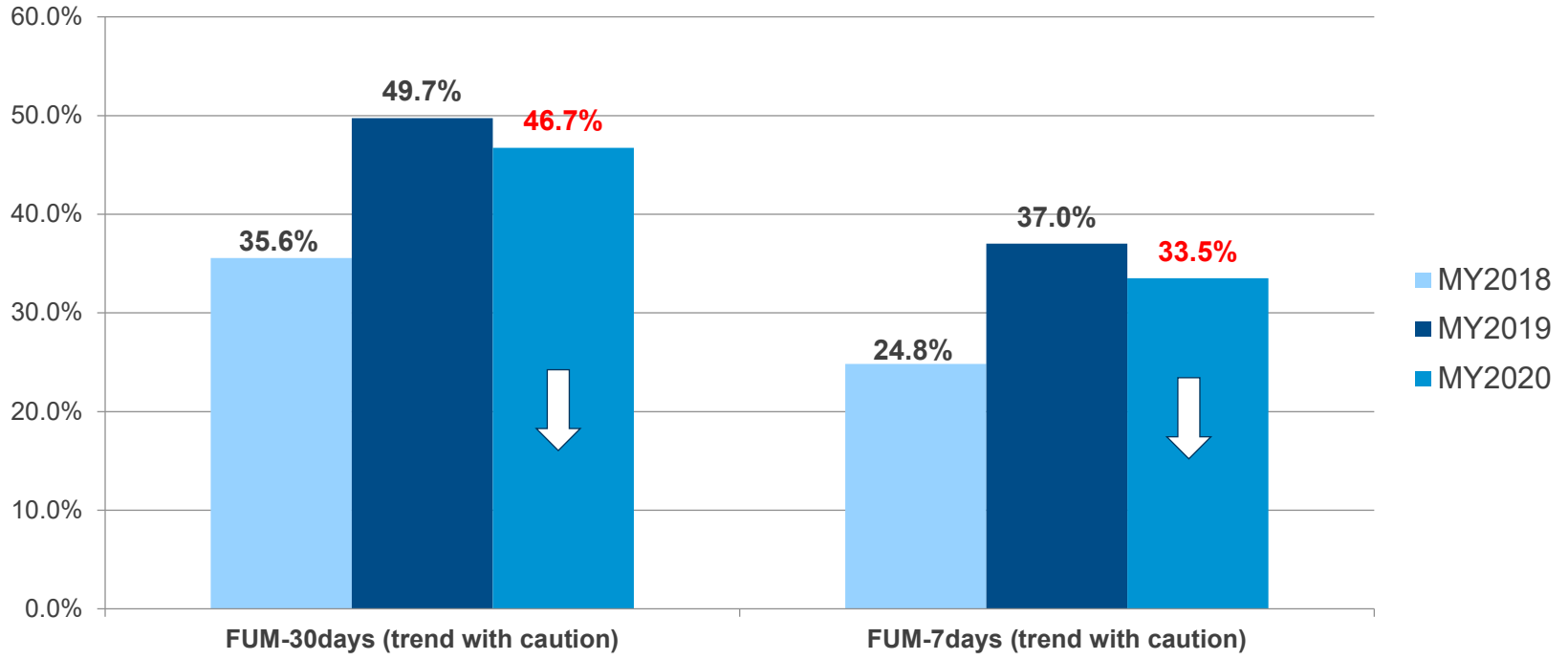
# HEDIS MY2020 Results: Medi-Cal BH Follow up after ED Visits




| HEDIS Measure | QC 33rd Percentile | QC 66th Percentile | QC 90th Percentile | Goal | Reporting Requirements** |
|---|---|---|---|---|---|
| Follow-up After ED visit for Mental Illness (FUM 30-day) | 49.86% | 61.60% | 75.56% | 55.19% | |
| Follow-up After ED visit for Mental Illness (FUM 7-day) | 33.81% | 45.21% | 64.93% | 39.09% | HPR |

***Red = less than 33rd percentile; Green= met goal, MPL met, ++ measure triple weighted for Health Plan Ratings ↑ ↓ statistically higher or lower ↔ statistically no difference **HPR=Health plan ratings, MPL=DHCS Minimum Performance Level, P4V=Pay for Value**

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# OneCare (OC) Results

Benchmarks — NCQA National Medicare HEDIS MY 2018 Percentile and CMS Medicare 2021 Part C & D Star Ratings Technical Notes 10/01/2020 Update

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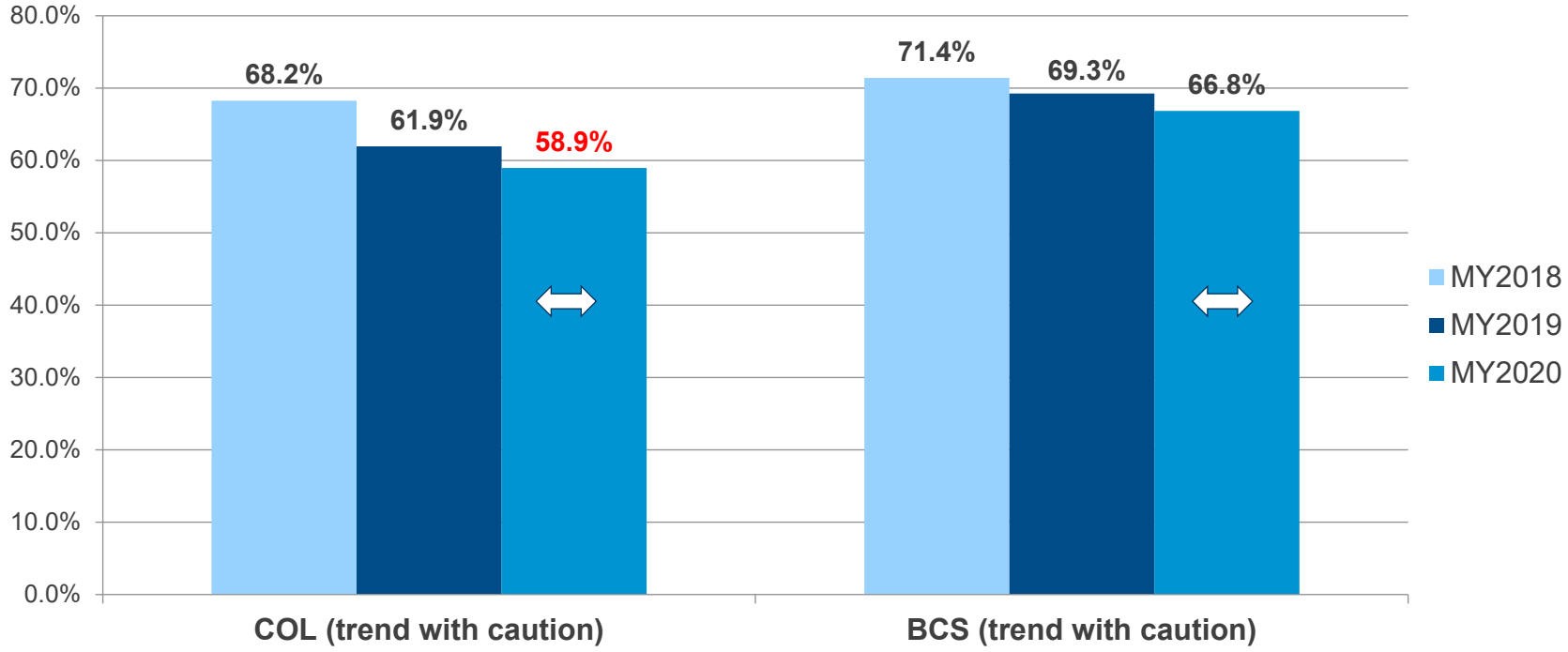
# HEDIS MY2020 Results: OC Prevention and Screening




| HEDIS Measure | Projected 3-Star** | Projected 4-Star** | Projected 5-Star** | Goal | Reporting Requirements** |
|---|---|---|---|---|---|
| Colorectal Cancer Screening (COL) | 62% | 73% | 80% | 73% | Star |
| Breast Cancer Screening (BCS) | 66% | 76% | 83% | 76% | Star |

*Red = less than 3-Star or 50th percentile, Green= met the goal **Star cut points are previous year

↑ ↓ statistically higher or lower ↔ statistically no difference

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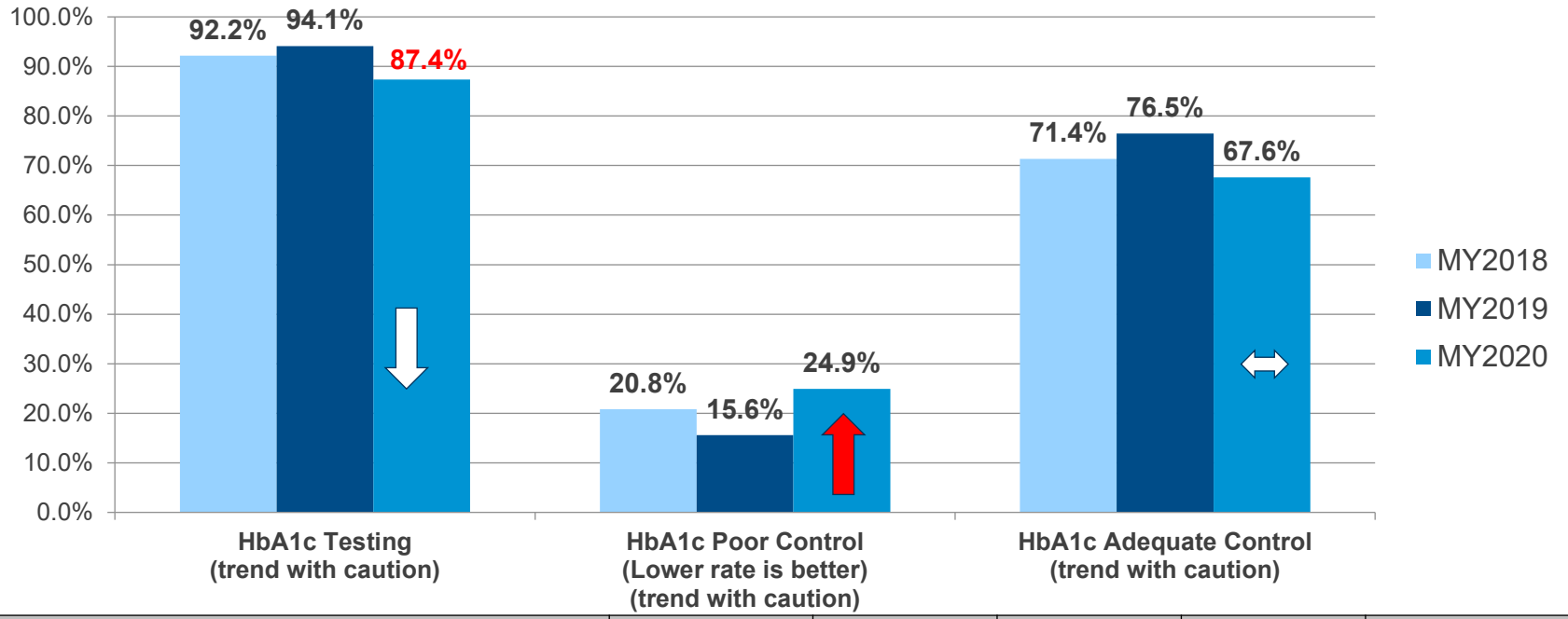
# HEDIS MY2020 Results: OC
## Comprehensive Diabetes Care — HbA1C




| HEDIS Measure | 3-Star/ 33rd percentile | 4-Star/ 66th percentile | 5-Star/ 90th percentile | Goal | Reporting Requirements** |
|---|---|---|---|---|---|
| Comprehensive Diabetes Care (CDC) - HbA1C Testing | 93.75% | 95.82% | 97.32% | 94.89% | CMS |
| Comprehensive Diabetes Care (CDC) - HbA1C Poor Control (>9.0%) # | 39% | 28% | 15% | 15% | Star |
| Comprehensive Diabetes Care (CDC) - HbA1C Adequate Control (<8.0%) | 63.26% | 71.97% | 77.78% | 77.78% | CMS |

***Red = less than 3-Star or 33rd percentile, Green= met goal** **Star cut points are previous year**

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

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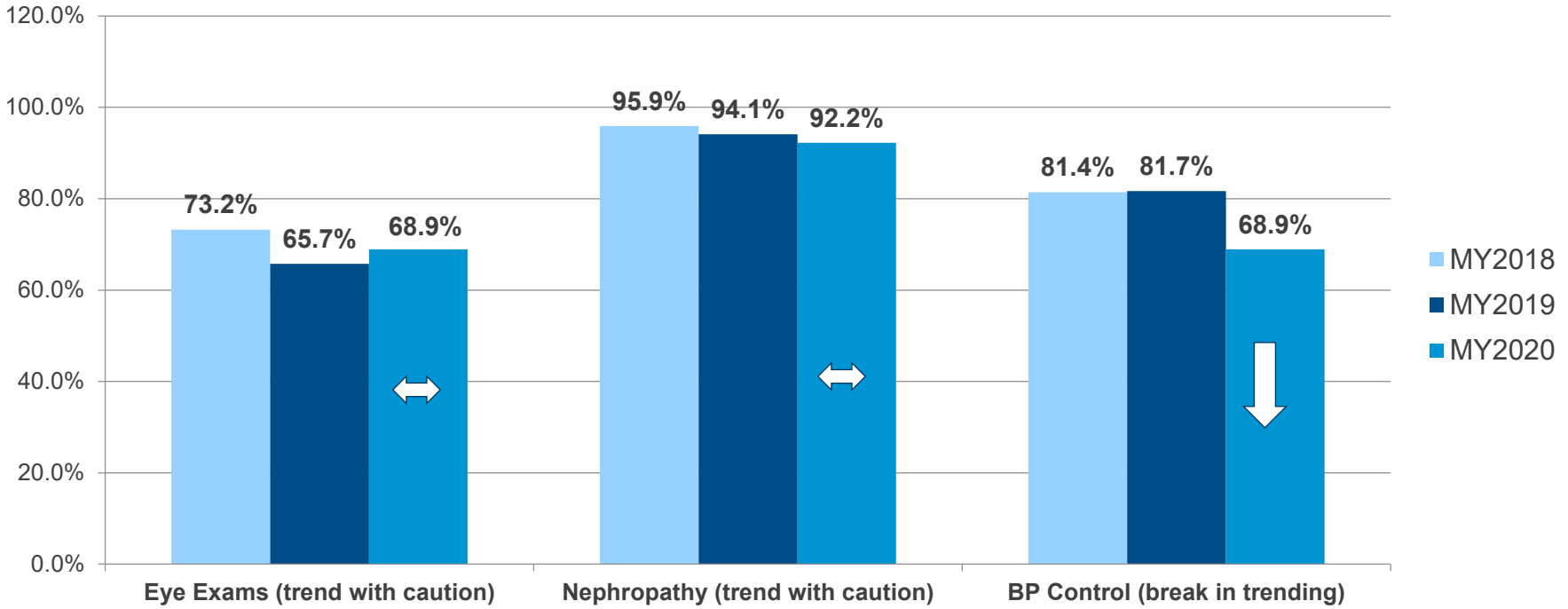
# HEDIS MY2020 Results: OC Comprehensive Diabetes Care




| HEDIS Measure | 3-Star/ 33rd percentile | 4-Star/ 66th percentile | 5-Star/ 90th percentile | Goal | Reporting Requirements** |
|---|---|---|---|---|---|
| Comprehensive Diabetes Care (CDC) - Eye Exams | 69% | 73% | 78% | 78% | Star |
| Comprehensive Diabetes Care (CDC) - Nephropathy Monitoring | 80% | 95% | 97% | 97% | Star |
| Comprehensive Diabetes Care (CDC) - BP Control (<140/90) | 66.67% | 74.12% | 81.50% | 81.50% | CMS |

*Red = less than 3-Star or 50th percentile, Green= met the goal **Star cut points are previous year

↑ ↓ statistically higher or lower ↔ statistically no difference

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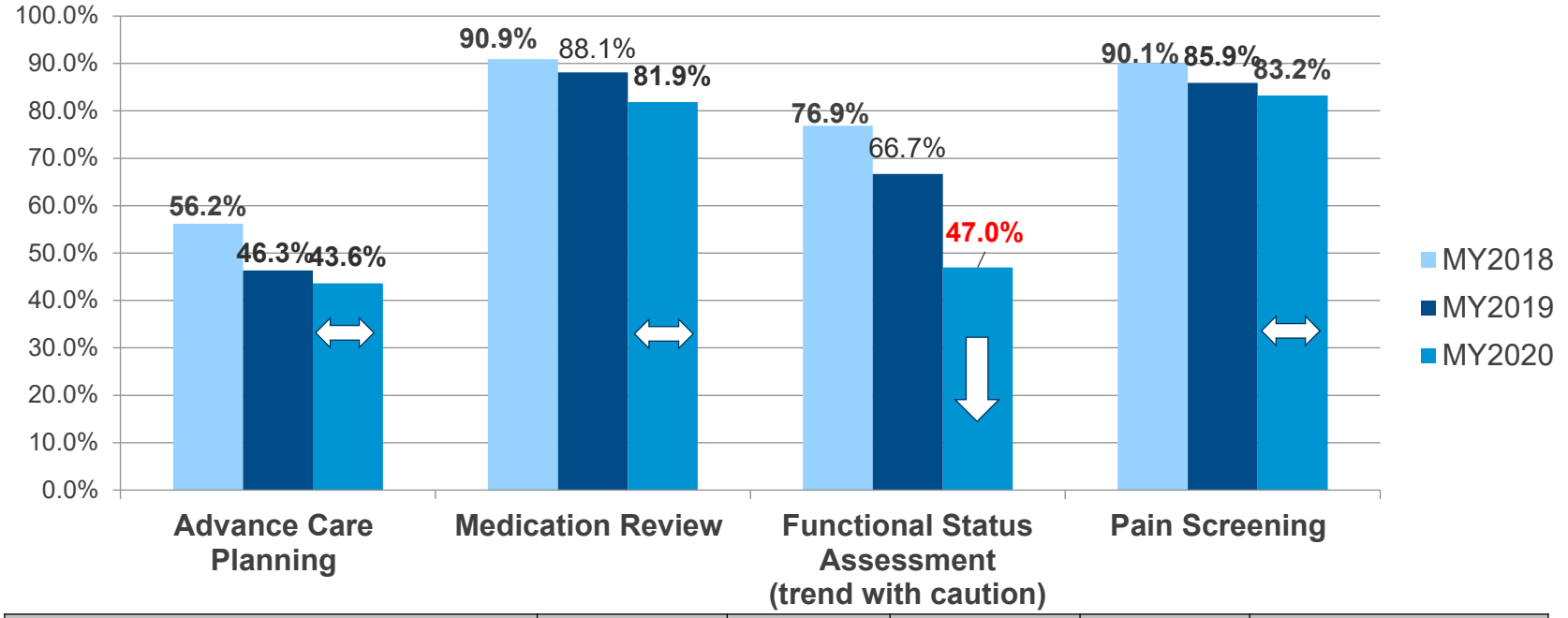
# HEDIS MY2020 Results: OC Care for Older Adults




| HEDIS Measure | Projected 3-Star** | Projected 4-Star** | Projected 5-Star** | Goal | Reporting Requirements** |
|---|---|---|---|---|---|
| Care for Older Adults (COA) | | | | | |
| 1. Advance Care Planning | No benchmarks | | | | CMS |
| 2. Medication Review | 77% | 87% | 95% | 95% | Star |
| 3. Functional Status Assessment | 71% | 85% | 93% | 85% | Star |
| 4. Pain Screening | 81% | 86% | 94% | 94% | Star |

*Red = less than 3-Star or 50th percentile, Green= met the goal **Star cut points are previous year

↑ ↓ statistically higher or lower ↔ statistically no difference

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# OneCare Connect (OCC) Results

Benchmarks — NCQA National Medicare HEDIS MY 2018 Percentile and CMS Medicare 2021 Part C & D Star Ratings Technical Notes 10/01/2020 Update

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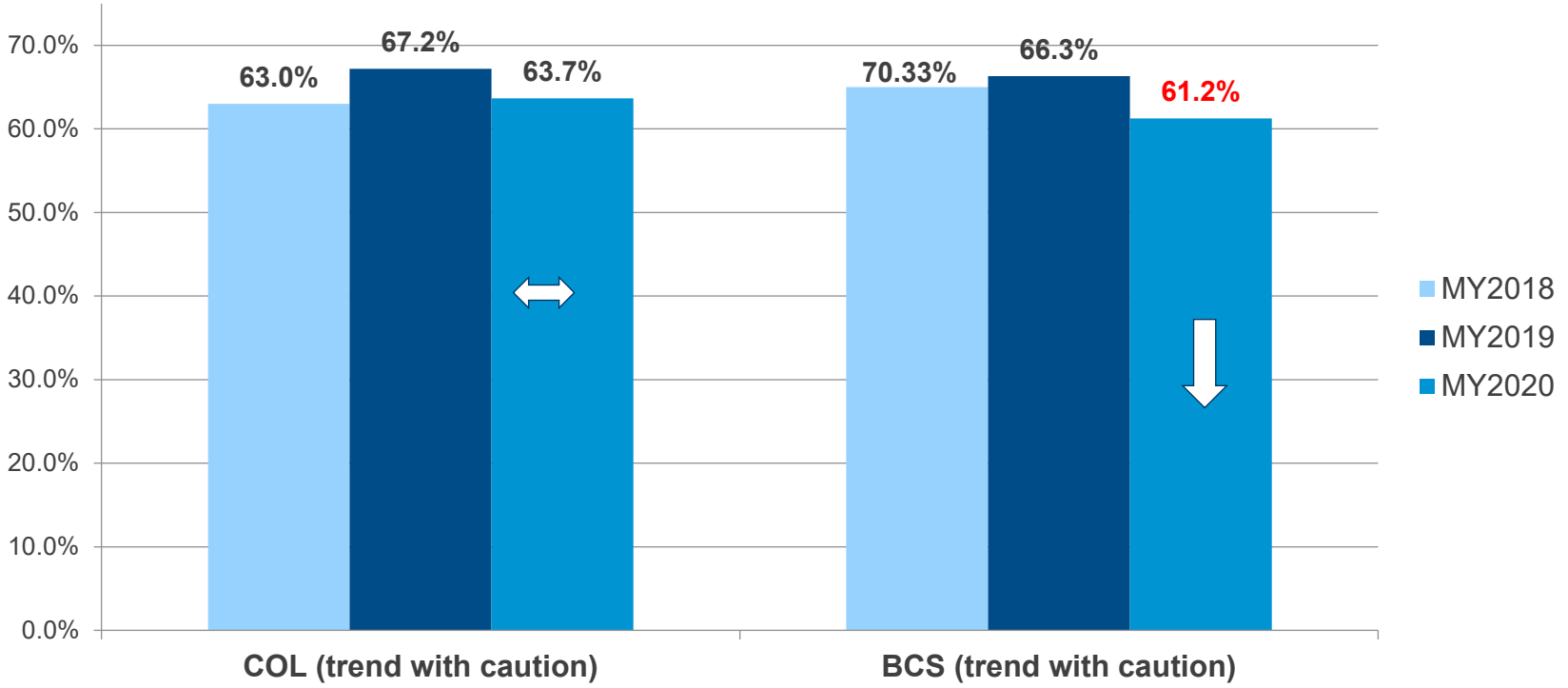
# HEDIS MY2020 Results: OCC Prevention and Screening




| HEDIS Measure | Projected 3-Star** | Projected 4-Star** | Projected 5-Star** | Goal | Reporting Requirements** |
|---|---|---|---|---|---|
| Colorectal Cancer Screening (COL) | **62%** | **73%** | **80%** | 73% | **Star, P4V** |
| Breast Cancer Screening (BCS) | **66%** | **76%** | **83%** | 76% | **Star, P4V** |

***Red = less than 3-Star or 50th percentile, Green= met the goal** ****Star cut points are previous year**

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

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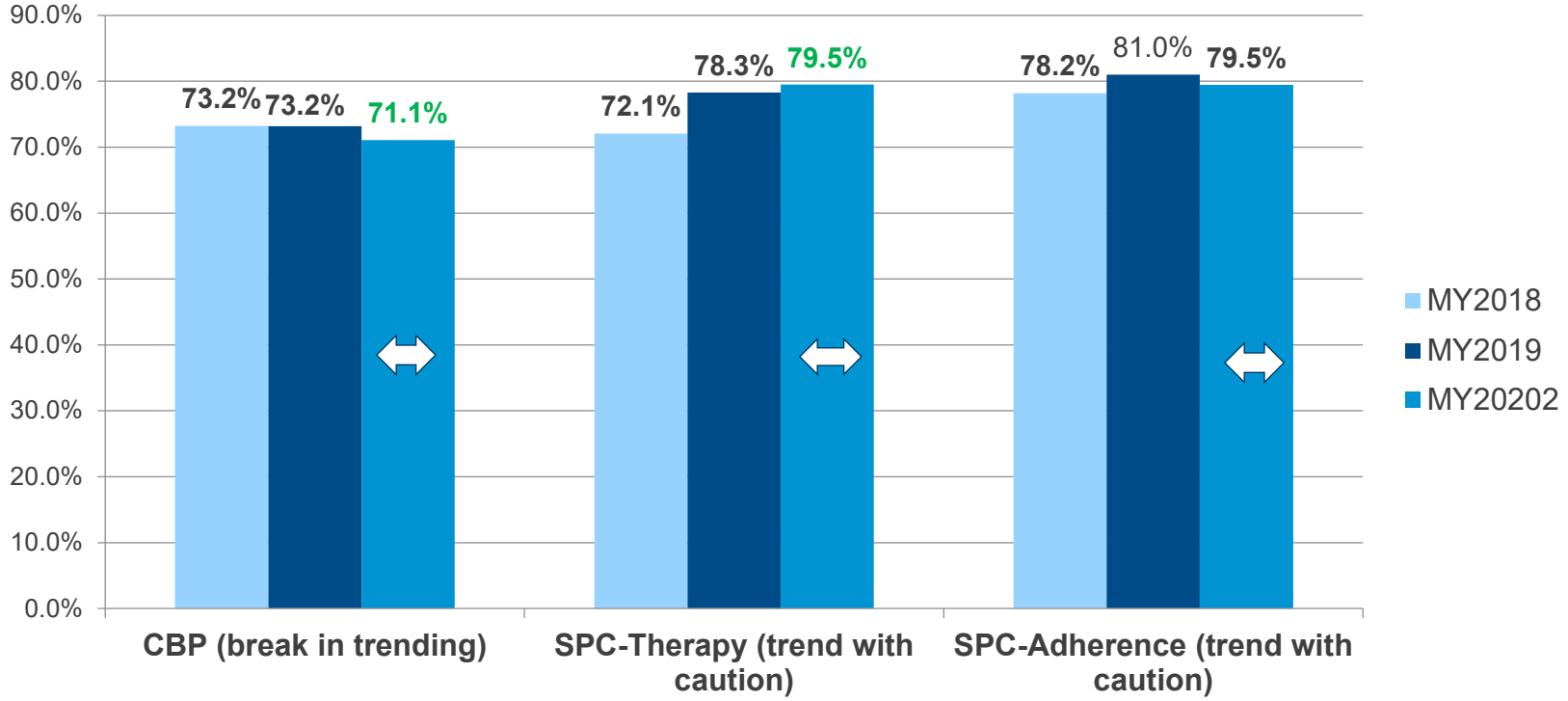
# HEDIS MY2020 Results: OCC Cardiovascular




| HEDIS Measure | 3-Star/ 33rd percentile | 4-Star/ 66th percentile | 5-Star/ 90th percentile | Goal | Reporting Requirements** |
|---|---|---|---|---|---|
| Controlling High-Blood Pressure (CBP) | 66.67% | 73.97% | 81.27% | 71% | Withhold |
| Statin Therapy for Patients with Cardiovascular Disease (SPC) — Therapy | 79% | 83% | 87% | 79% | Star |
| Statin Therapy for Patients with Cardiovascular Disease (SPC) —Adherence | 77.43% | 83.33% | 88.11% | 80.82% | CMS |

***Red = less than 3-Star or 50th percentile, Green= met the goal** **Star cut points are previous year**

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

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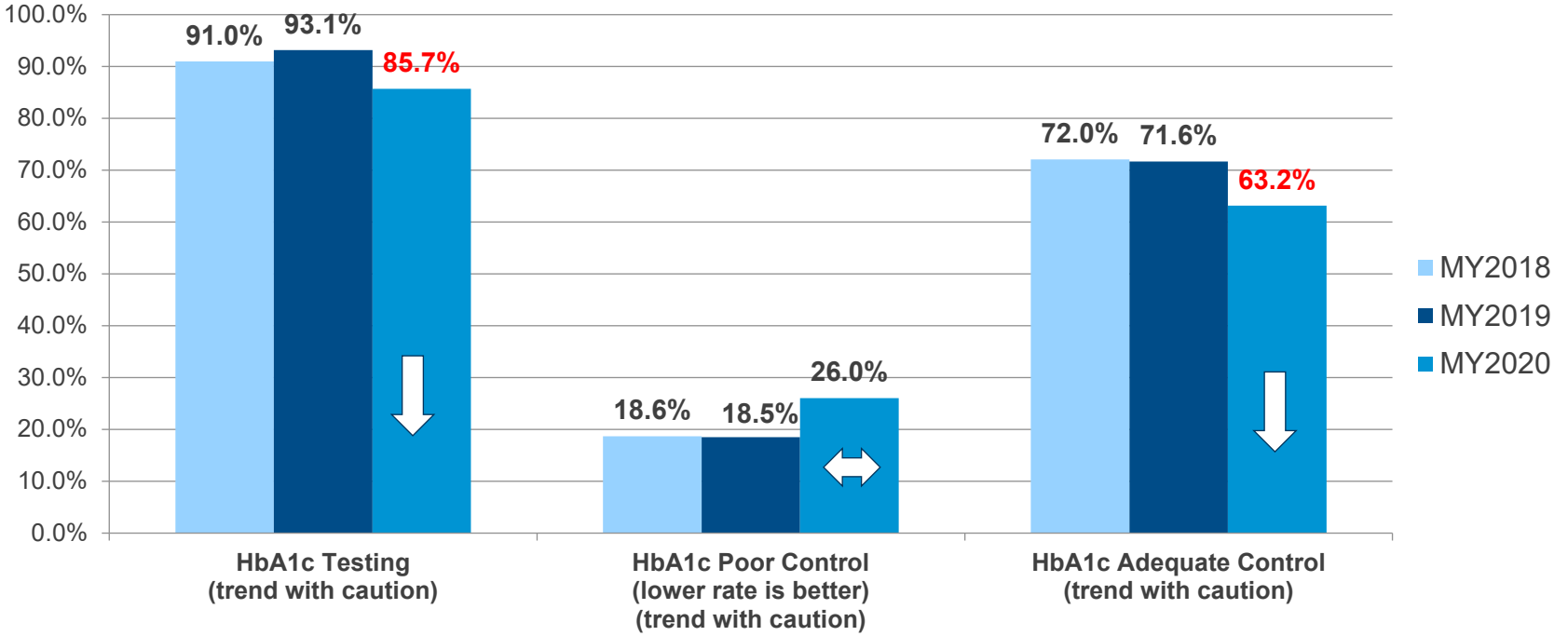
# HEDIS MY2020 Results: OCC Comprehensive Diabetes Care — HbA1C




| HEDIS Measure | 3-Star/ 33rd percentile | 4-Star/ 66th percentile | 5-Star/ 90th percentile | Goal | Reporting Requirements** |
|---|---|---|---|---|---|
| Comprehensive Diabetes Care (CDC) - HbA1C Testing | 93.75% | 95.82% | 97.32% | 94.89% | CMS |
| Comprehensive Diabetes Care (CDC) - HbA1C Poor Control (>9.0%) ** | 39% | 28% | 15% | 15% | Star, P4V |
| Comprehensive Diabetes Care (CDC) - HbA1C Adequate Control (<8.0%) | 63.26% | 71.97% | 77.78% | 71.97% | CMS |

*Red = less than 3-Star or 50th percentile, Green= met the goal **Star cut points are previous year

↑ ↓ statistically higher or lower ↔ statistically no difference

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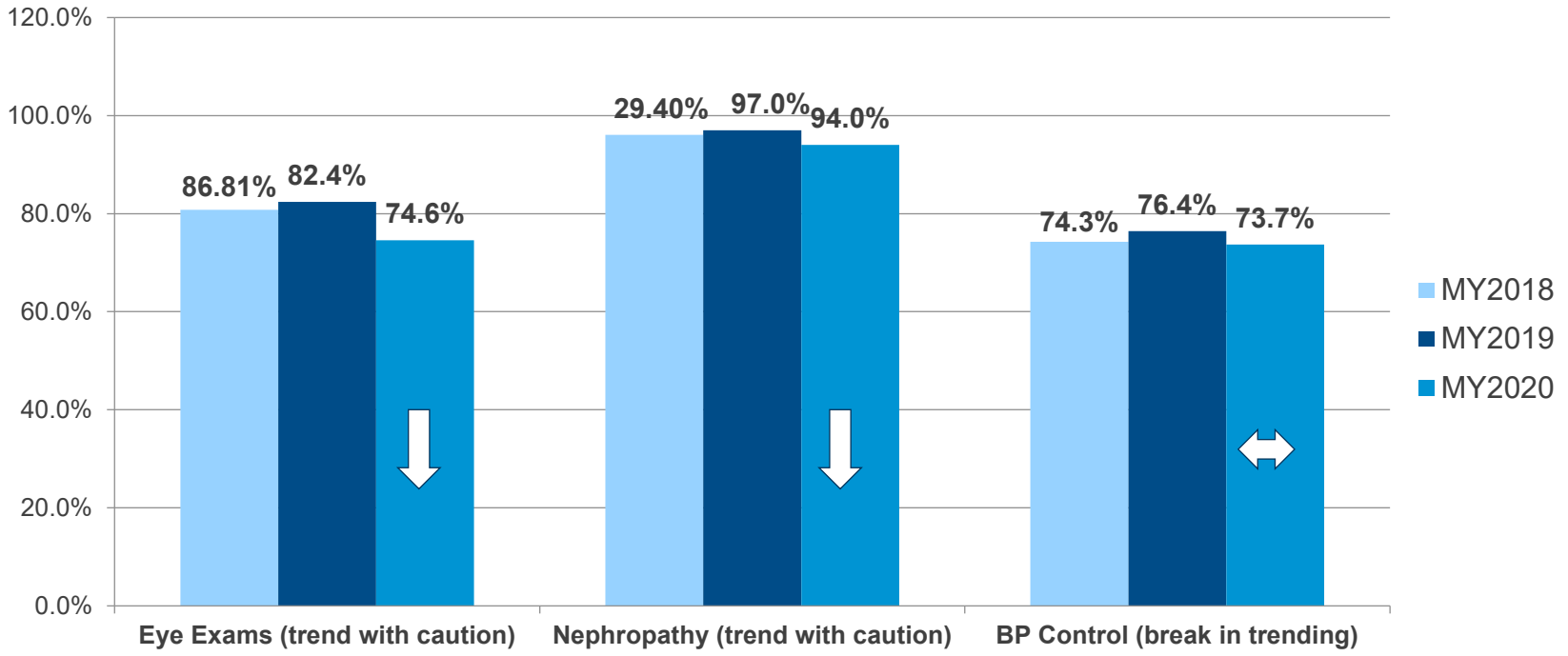
# HEDIS MY2020 Results: OCC Comprehensive Diabetes Care




| HEDIS Measure | 3-Star/ 33rd percentile | 4-Star/ 66th percentile | 5-Star/ 90th percentile | Goal | Reporting Requirements** |
|---|---|---|---|---|---|
| Comprehensive Diabetes Care (CDC) - Eye Exams | 69% | 73% | 78% | 78% | Star, P4V |
| Comprehensive Diabetes Care (CDC) - Nephropathy Monitoring | 80% | 95% | 97% | 97% | Star |
| Comprehensive Diabetes Care (CDC) - BP Control (<140/90) | 66.67% | 74.12% | 81.50% | 76.56% | CMS |

***Red = less than 3-Star or 50th percentile, Green= met the goal** ****Star cut points are previous year**

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

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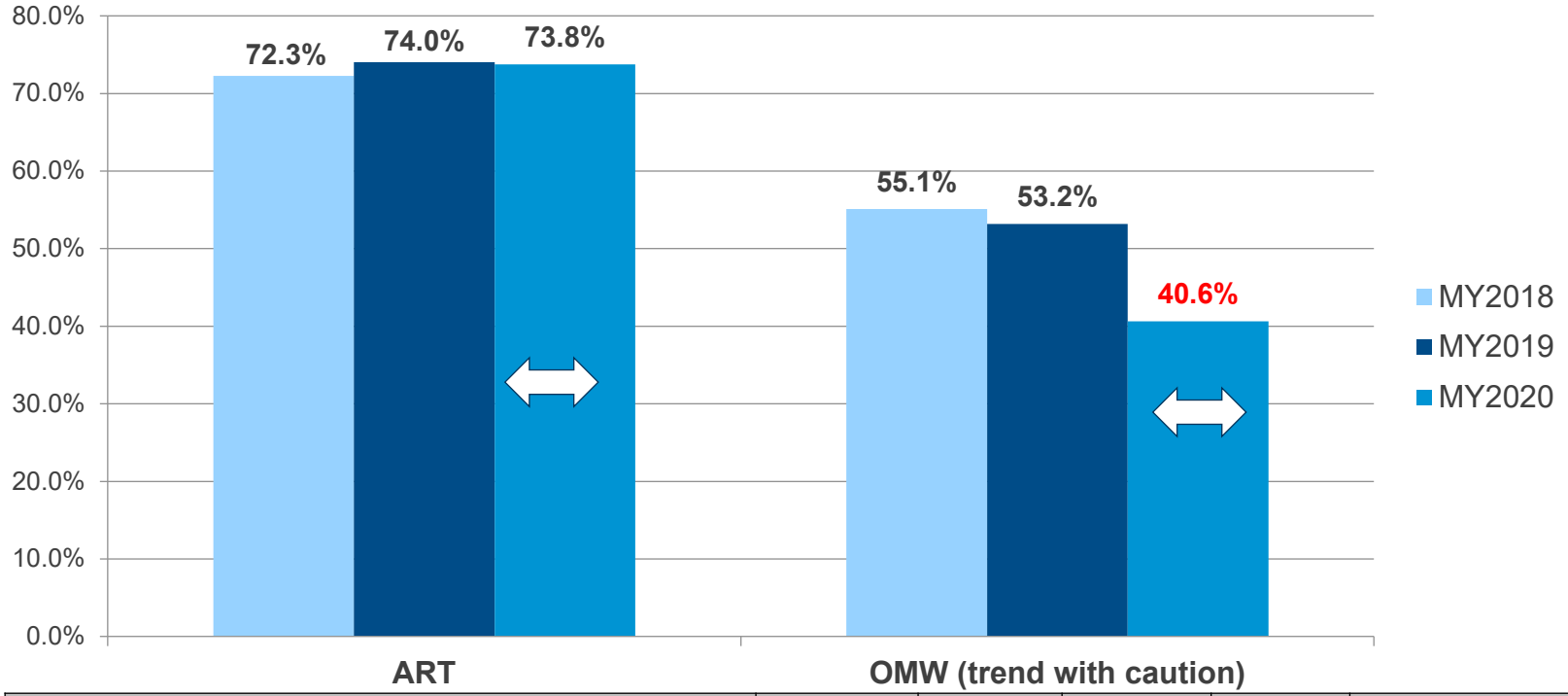
# HEDIS MY2020 Results: OCC Musculoskeletal Conditions




| HEDIS Measure | 3-Star | 4-Star | 5-Star | Goal | Reporting Requirements** |
|---|---|---|---|---|---|
| DMARD Therapy in Rheumatoid Arthritis (ART) | 74% | 79% | 84% | 79% | Star |
| Osteoporosis Management in Women Who Had a Fracture (OMW) | 41% | 50% | 67% | 67% | Star |

***Red = less than 3-Star or 50th percentile, Green= met the goal** ****Star cut points are previous year**

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

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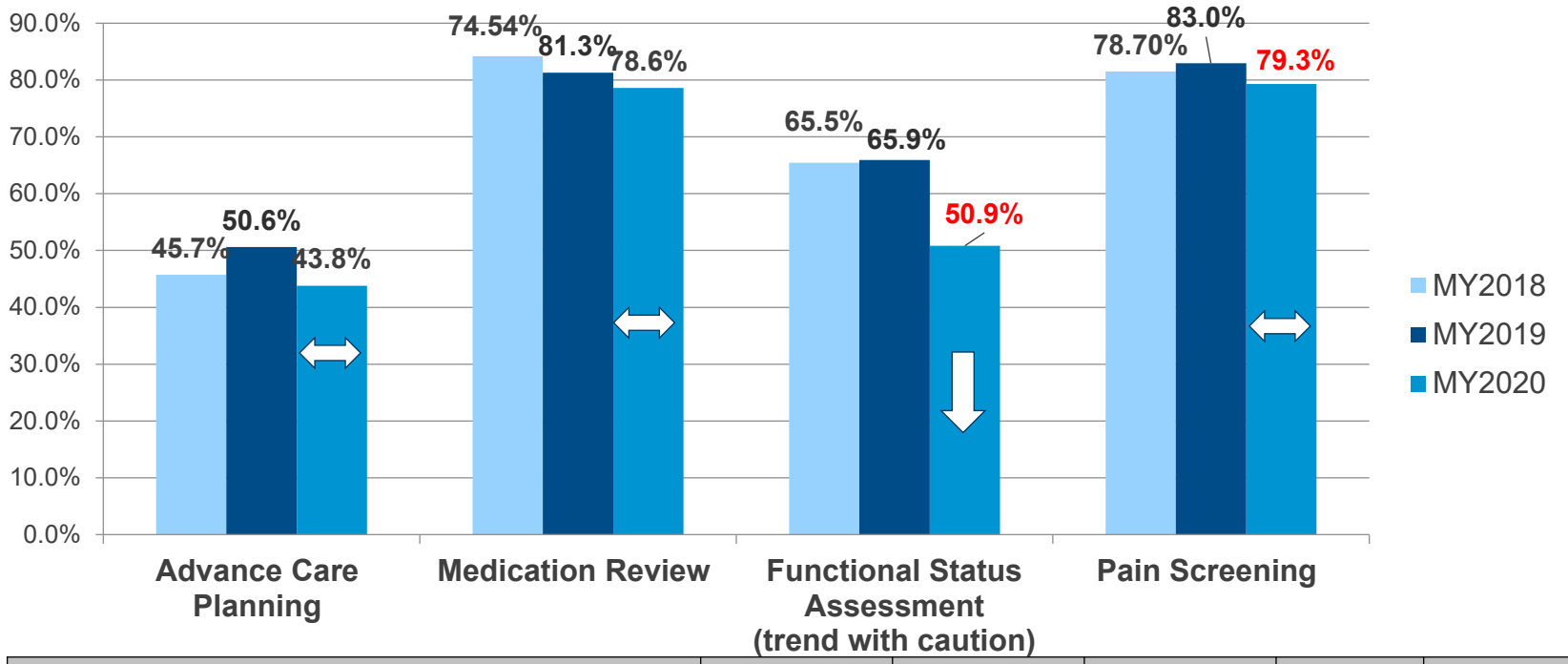
# HEDIS MY2020 Results: OCC Care for Older Adults




| HEDIS Measure | Projected 3-Star** | Projected 4-Star** | Projected 5-Star** | Goal | Reporting Requirements** |
|---|---|---|---|---|---|
| Care for Older Adults — Advance Care Planning | No Benchmarks | | | | CMS |
| Care for Older Adults — Medication Review | 77% | 87% | 95% | 87% | Star |
| Care for Older Adults — Functional Status Assessment | 71% | 85% | 93% | 71% | Star |
| Care for Older Adults — Pain Screening | 81% | 86% | 94% | 86% | Star |

*Red = less than 3-Star or 50th percentile, Green= met the goal **Star cut points are previous year

↑ ↓ statistically higher or lower ↔ statistically no difference

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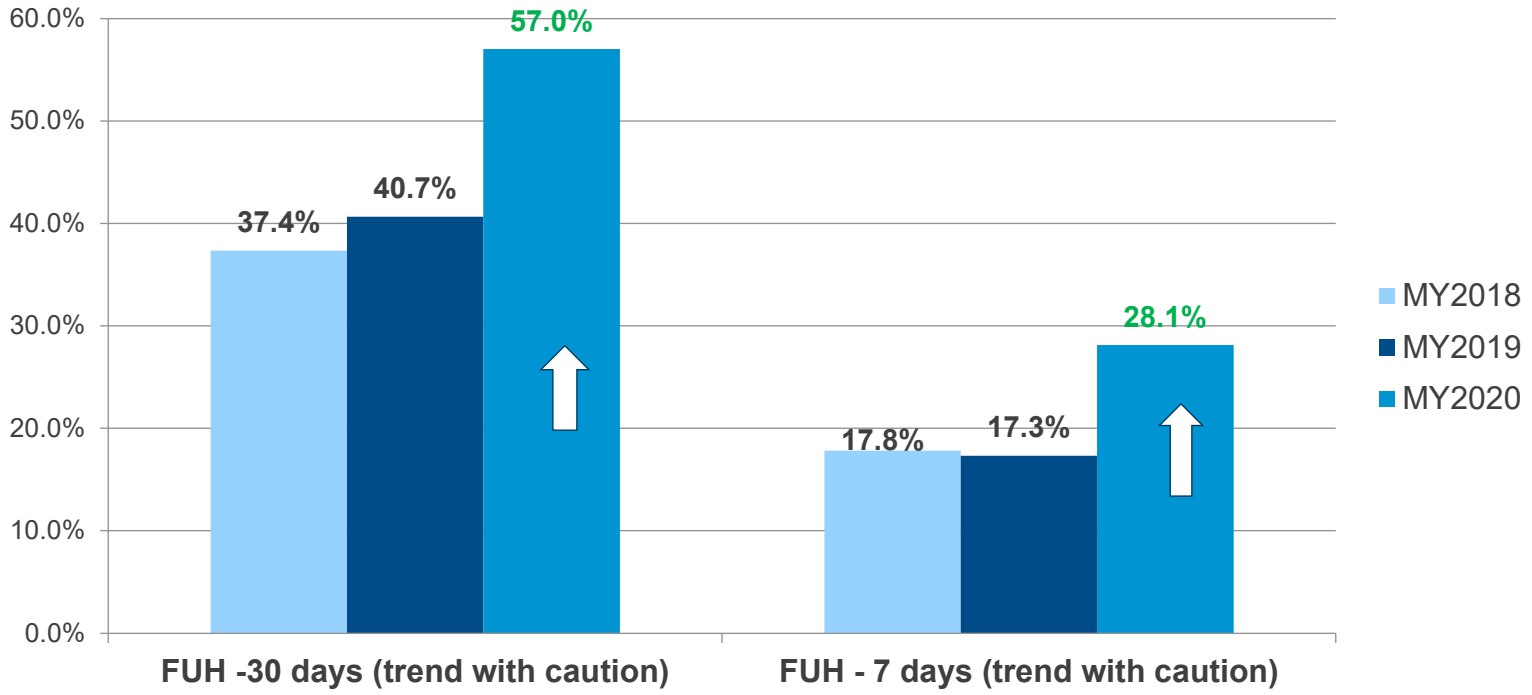
# HEDIS MY2020 Results: OCC Behavioral Health




| HEDIS Measure | QC 33rd Percentile | QC 66th Percentile | QC 90th Percentile | Goal | Reporting Requirements** |
|---|---|---|---|---|---|
| Follow-Up After Hospitalization for Mental Illness (FUH) - 30 days | 40.16% | 53.85% | 71.43% | 56% | Withhold |
| Follow-Up After Hospitalization for Mental Illness (FUH) - 7 days ++ | 20.98% | 30.77% | 45.62% | 18.20% | CMS |

*Red = less than 3-Star or 50th percentile, Green= met the goal **Star cut points are previous year

↑ ↓ statistically higher or lower ↔ statistically no difference

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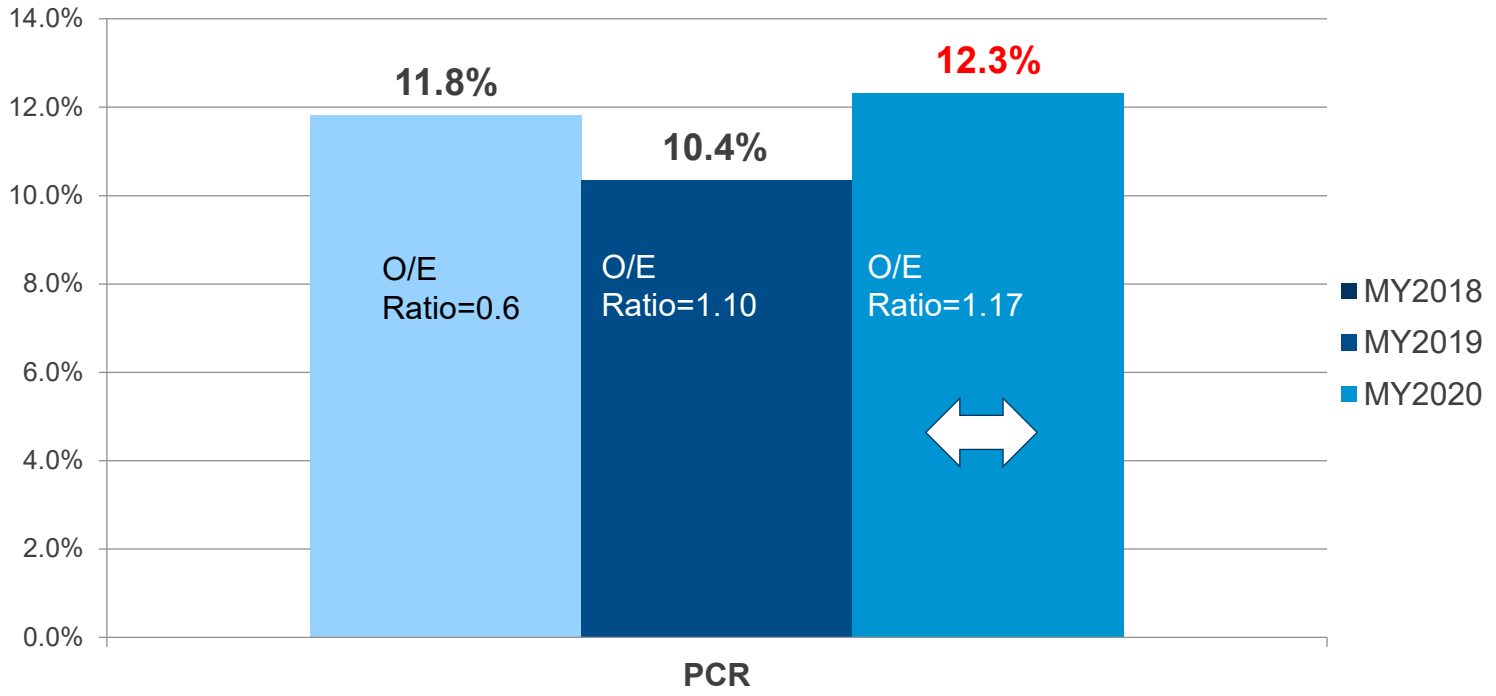
# HEDIS 2020 Results: OCC Plan All-Cause Readmissions — 65+




| HEDIS Measure | QC 33rd Percentile | QC 66th Percentile | QC 90th Percentile | Goal | Reporting Requirements** |
|---|---|---|---|---|---|
| Plan All-Cause readmissions - 65+ (PCR) O/E Ratio | 0.7573 | 0.6715 | 0.5242 | 1.0 | P4V, Withhold |

***Red = less than 3-Star or 50th percentile, Green= met the goal** ****Star cut points are previous year**
↑ ↓ **statistically higher or lower** ↔ **statistically no difference**

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# Our Mission

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

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# Board of Directors' Quality Assurance Committee

# September 8, 2021

# HEDIS Measurement Year 2020 Results

# Executive Summary

**HEDIS 2020 Results Introduction:**

These are CalOptima plan level results based on performance in 2020. HEDIS reporting is required by DHCS and CMS and is also an important part of our National Committee for Quality Assurance (NCQA) health plan rating.

The Healthcare Effectiveness Data and Information Set (HEDIS) results for all lines of business are annually audited by NCQA certified HEDIS auditors. All measures fully passed audit and are fully reportable. Last year, telehealth codes were added for several measures. This year, the list of measures that permitted telehealth visits was increased by NCQA.

The COVID-19 public health emergency (PHE) had an adverse impact on several rates across all LOBs. The impact of the COVID-19 PHE should be kept in mind when reviewing trended results provided in your packet.

**Key Summary Results by LOB:**

**Medi-Cal**

- Two DHCS minimum performance level (MPL) measures did not achieve the MPL. The MPL is the 50th percentile of the National Medicaid Benchmarks compiled by the NCQA.
    - Cervical Cancer Screening
    - Diabetes Screening for People with Schizophrenia or Bipolar Disorder on Antipsychotics
- Due to the COVID-19 PHE, DHCS will not financially sanction plans for failure to achieve the MPL for 2020 performance. However, DHCS is expected to reinstate financial sanctions in 2021.
- Managed care plans will be required to complete an improvement plan for measures that fell below the MPL.
- Despite the pandemic, chart review retrieval and completion for select HEDIS measures was excellent at 99%. We thank our health networks and providers for their support and cooperation during the chart review portion of HEDIS data collection.

- Many measures had no statistically significant improvement compared to the prior year, but despite the COVID-19 PHE, many measures did not perform worse compared to the prior year and some measures did show statistically significant improvement.
- We anticipate maintaining our 4.0 Health Plan Rating from NCQA, but this will not be confirmed until NCQA releases the official ratings later in September.

**Opportunities for Improvement:**

- Women's Health:
  - Breast and Cervical Cancer Screening
- Chronic Conditions:
  - Controlling Blood Pressure
- Behavioral Health:
  - Diabetes Screening for People with Schizophrenia or Bipolar Disorder on Anti-Psychotics
  - Antidepressant Medication Management
  - Follow-up after ED visit for mental illness
- Member Experience
  - Getting Needed Care
  - Getting Care Quickly
  - Care Coordination

**Medicare:**

- OneCare and OneCare Connect rates were also adversely impacted by the COVD-19 PHE.
- STAR Rating is not yet available
- Opportunities for improvement:
  - Care for Older Adults, functional status assessment
  - Medication Reconciliation
  - Statin Therapy for Patients with Cardiovascular Disease
  - Member Experience (now weighted 4 times more than clinical outcomes measures)

**NCQA Health Plan Ratings**

- Scores publicly announced 6 p.m. EST September 15, 2021

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# 2021 Population Needs Assessment

Board of Directors' Quality Assurance Committee Meeting
September 8, 2021

Pshyra Jones, MPH
Director, Population Health Management

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# Population Needs Assessment (PNA) Overview

- PNA is a Department of Health Care Services (DHCS) requirement for managed care health plans (MCPs) to identify and address Medi-Cal member needs.
- PNA identifies member health status and behaviors, member health education and Cultural &Linguistic needs, health disparities, and gaps in services related to these issues. The goal of the PNA is to improve health outcomes for members and ensure that MCPs are meeting the needs of all their Medi-Cal members.
- PNA data are also used to assess resources, readjust staffing, select health tools/resources and build partnerships to fulfill planned activities.

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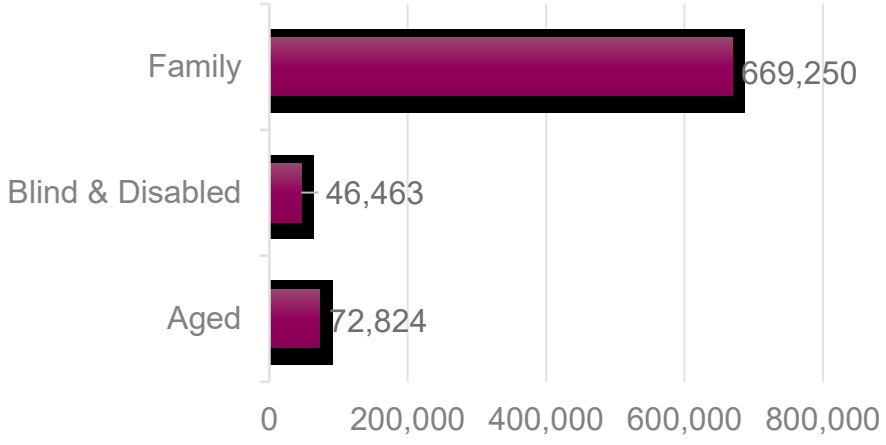
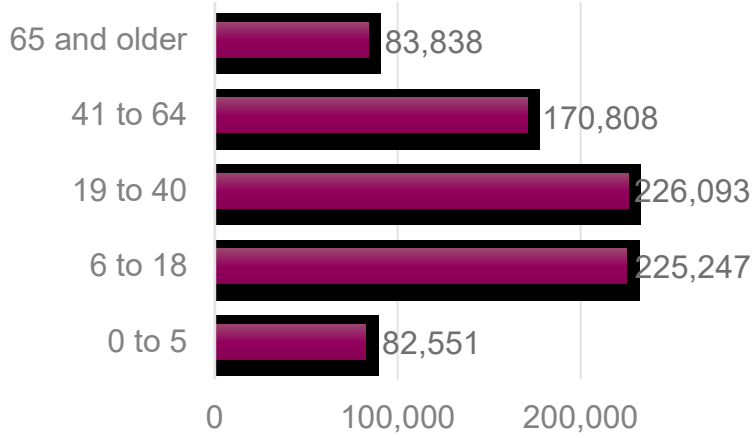
# Member Profile

CalOptima has a diverse membership of 788,536 Medi-Cal members. Our member distribution includes low-income families (85%), members who are blind and disabled (6%) and members who qualify by age (9%). The age distribution among members is composed of 39% children and adolescents (0–18), 51% adults (19–64) and 11% seniors (65+).

**Population Distribution (Aid Code)**



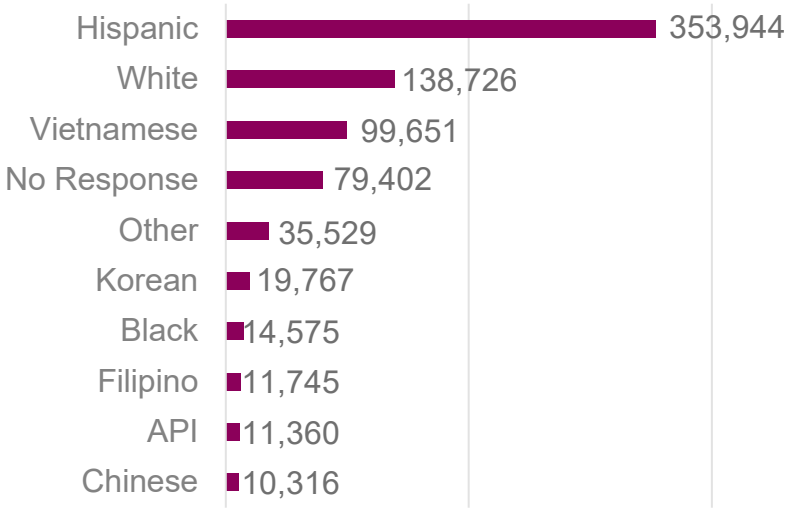

**Medi-Cal Membership by Age**



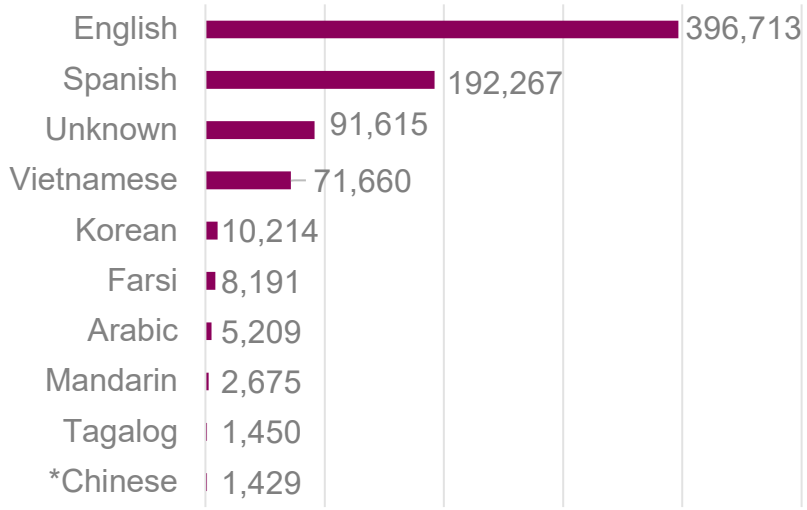
# Member Profile (cont.)

Most members identify as Hispanic (45%), followed by White (18%) and Vietnamese (13%). Of CalOptima's 7 threshold languages, most members reported speaking English (50%), Spanish (24%) or Vietnamese (9%) as a primary language.

## Top 10 Member Ethnicities




## Top 10 Member Languages




Enterprise Analytics Membership Dashboard – 12/2020

*Chinese includes all other dialects (i.e., Non-Mandarin)

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# PNA Analysis

- MCPs are required to complete an Annual Needs Assessment, an Action Plan and Strategies. As part of DHCS requirements, Population Health Management analyzed the following areas to develop the Action Plan:
  - Interpretation Service Trends
  - Medical Conditions
  - Access to Care
    - CAHPS Adult Member Survey
    - CAHPS Child Member Survey
  - Quality Initiatives – HEDIS 2020 Results
    - Comprehensive Diabetes Care
    - Childhood and Adolescent Immunizations
    - Women's Health Cancer Screening
  - Quality Initiatives - Health Disparities

Refer to Attachment 1 - 2021 Population Needs Assessment – Graphical Slides for details.

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# 2021 Action Plan

| | | |
|---|---|---|
| ACCESS TO CARE (CAHPS) | **OBJECTIVE 1:** | Improve Member Experience measures (i.e., “getting needed care” and “getting care quickly”) from 25th percentile to exceed 50th percentile by December 31, 2021. |
| QUALITY INITIATIVES (HEDIS) | **OBJECTIVE 2:** | Increase the Comprehensive Diabetes Care (CDC) Screening rates for HbA1c testing to 88.79% and Eye Exams to 69.59% by December 31, 2021. |
| | **OBJECTIVE 3:** | Increase overall immunizations for child/toddler Combo 10 (CIS-10) to 45.65% and immunizations for adolescent (IMA) to 47.20% by December 31, 2021. |
| | **OBJECTIVE 4:** | Increase blood lead screening (LSC) rates to 73.11% by December 31, 2021. |
| | **OBJECTIVE 5:** | Achieve COVID-19 vaccine adherence of at least 30% for eligible members by December 31, 2021. |
| HEALTH DISPARITIES | **OBJECTIVE 6:** | Increase Breast Cancer Screening (BCS) rate of Chinese and Korean subgroup ethnicities to 64.06% by December 31, 2021. |

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# Action Plan Strategies

| ACCESS TO CARE (CAHPS) | | |
|---|---|---|
| | **OBJECTIVE 1:** | Improve Member Experience measures (i.e., “getting needed care” and “getting care quickly”) from 25th percentile to exceed 50th percentile by December 31, 2021. |
| | **STRATEGIES:** | Continue virtual care initiatives.<br><br>Monitor PCP panel sizes, and close panels exceeding capacity.<br><br>Monitor Time and Distance Standards by Health Network.<br><br>Member portal enhancements.<br><br>Provider outreach and education to providers not meeting timely access standards. Escalation process and corrective action plan, freezing panels, sanctions, etc. |

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# Action Plan Strategies (cont.)

| QUALITY INITIATIVES (HEDIS) | | |
|---|---|---|
| | **OBJECTIVE 2:** | Increase the Comprehensive Diabetes Care (CDC) Screening rates for HbA1c testing to 88.79% and Eye Exams to 69.59% by December 31, 2021. |
| | **OBJECTIVE 3:** | Increase overall immunizations for child/toddler Combo 10 (CIS-10) to 45.65% and immunizations for adolescent (IMA) to 47.20% by December 31, 2021. |
| | **OBJECTIVE 4:** | Increase blood lead screening (LSC) rates to 73.11% by December 31, 2021. |
| | **OBJECTIVE 5:** | Achieve COVID-19 vaccine adherence of at least 30% for eligible members by December 31, 2021. |
| | **STRATEGIES:** | Member Health Rewards<br><br>Mobile Texting Campaigns<br><br>Social Media Campaigns<br><br>Community events in geographic hubs for subgroups, ethnic groups or low utilizers |

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# Action Plan Strategies (cont.)

| | | |
|---|---|---|
| HEALTH DISPARITIES | **OBJECTIVE 6:** | Increase Breast Cancer Screening (BCS) rate of Chinese and Korean subgroup ethnicities to 64.06% by December 31, 2021. |
| | **STRATEGIES:** | Member Health Rewards<br><br>Mobile Texting Campaigns<br><br>Social Media Campaigns<br><br>Community events in geographic hubs for subgroups, ethnic groups or low utilizers |

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# 2021–22 Member Outreach Events

- **CalOptima Diaper Days**
  - In partnership with OC Community Action Partnership, quarterly events that provide OC families with diapers, education and access to resources.
  - Goal — to reach 500 families per event
- **Mobile Mammography Events**
  - No-cost breast cancer screening (BCS) events with health education services, access to community resources and offering $25 Health Reward to eligible members.
  - Goals — to increase BCS among Korean and Chinese members
- **Escape the Vape (Great American SmokeOut)**
  - In collaboration with the American Cancer Society and Tobacco and Vape Free OC Coalition, annual event that offers tobacco prevention education to school-age children and families.
  - Goal — to reach 500 participants
- **CalOptima Vaccination Events**
  - Events will be held by Aug 2021 to provide students with “catch up” vaccines before the new school year.
  - Goal — to increase vaccinations among school aged children

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# Our Mission

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

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# Attachment 1_2021 Population Needs Assessment – Appendix

Board of Directors' Quality Assurance Committee Meeting
September 8, 2021

Pshyra Jones, MPH
Director, Population Health Management

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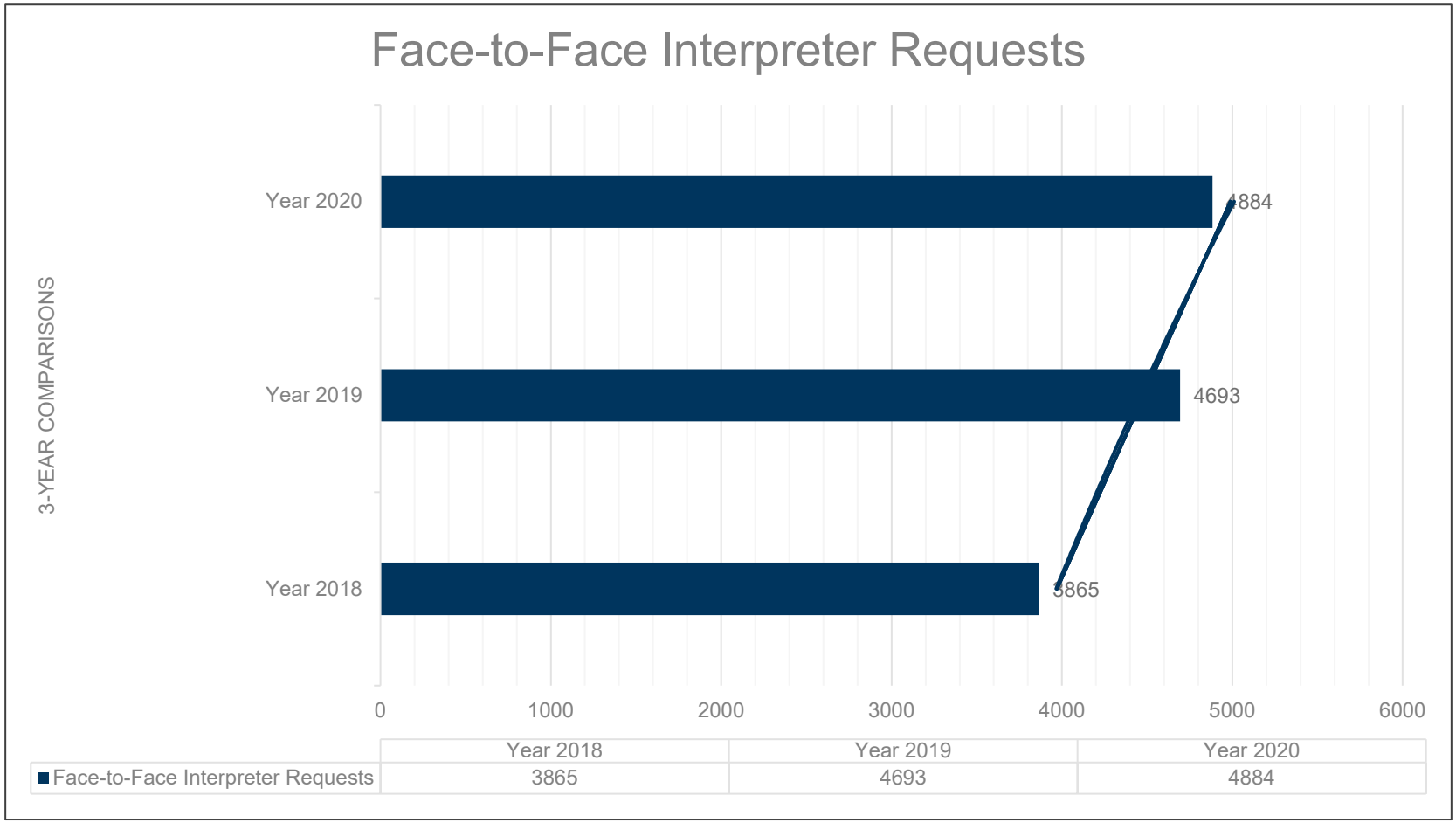
# Interpretation Service Trends

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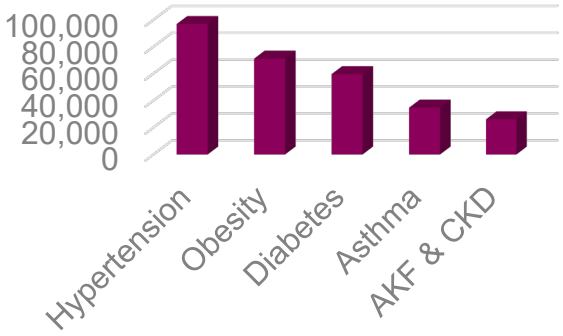
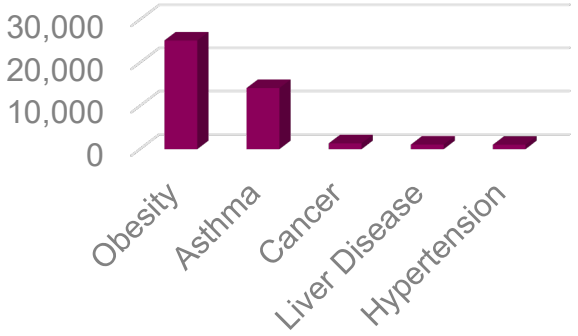
# Medical Conditions

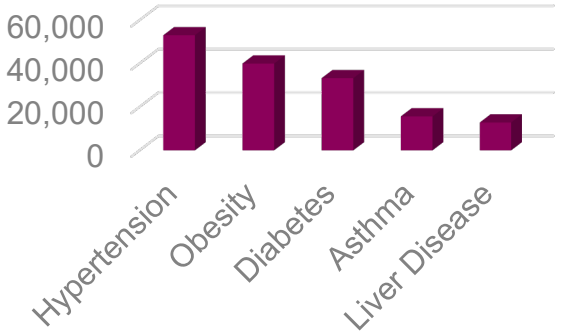
## Medical Diagnoses by Population



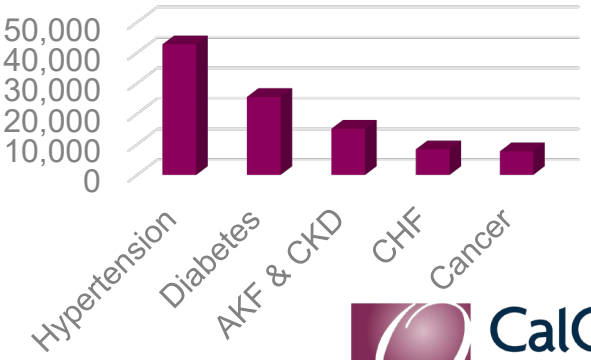

## Medical Diagnoses (Ages 2–19)




## Medical Diagnoses (Ages 20–64)




## Medical Diagnoses of (Ages 65+)

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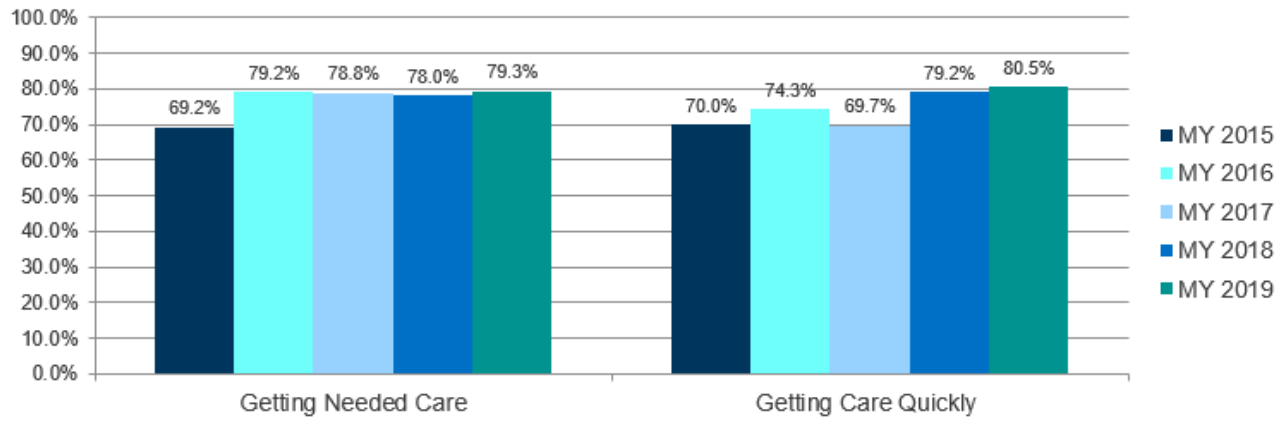
# Access to Care

## CAHPS Adult Member Survey Results




| National Quality Compass | CalOptima MY 2019 | MY 2019 Percentile | MY 2019 25th Percentile | MY 2019 50th Percentile | MY 2019 75th Percentile | MY 2019 90th Percentile |
|---|---|---|---|---|---|---|
| Getting Needed Care | 79.3% | <25th | 81.00% | 83.42% | 86.19% | 88.35% |
| Getting Care Quickly | 80.5% | 25th | 79.94% | 83.45% | 86.05% | 87.07% |

**Red = less than 25th percentile. CAHPS data from CalOptima vendor issued Data Stat Reports.**

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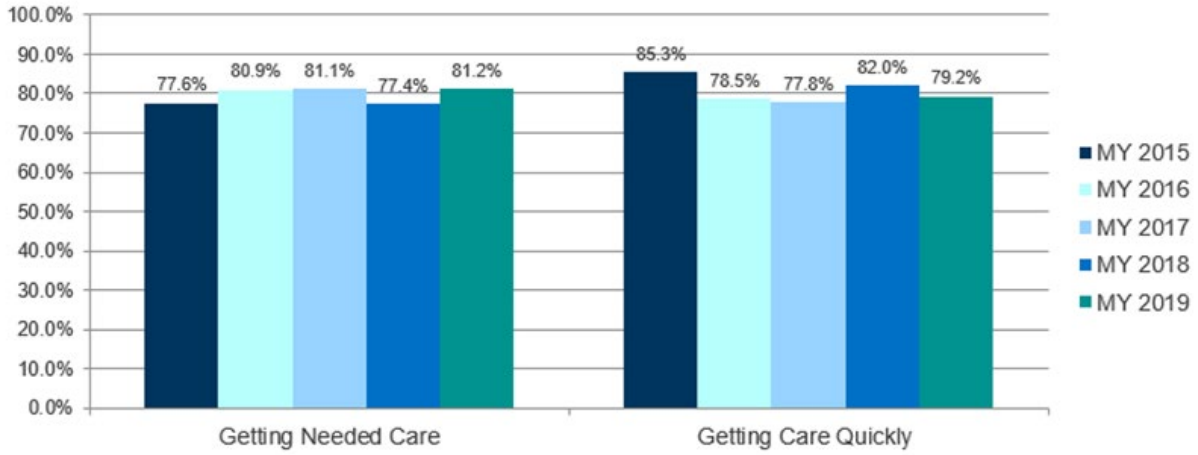
# Access to Care (cont.)

## CAHPS Child Member Survey Results

### (Parents' Satisfaction with Their Child's Care)




| National Quality Compass | CalOptima MY 2019 | MY 2019 Percentile | MY 2019 25th Percentile | MY 2019 50th Percentile | MY 2019 75th Percentile | MY 2019 90th Percentile |
|---|---|---|---|---|---|---|
| Getting Needed Care | 81.2% | <25th | 83.67% | 86.50% | 88.95% | 90.95% |
| Getting Care Quickly | 79.2% | <25th | 88.29% | 91.55% | 93.43% | 94.97% |

**Red = less than 25th percentile. MY 2016-2019 CAHPS data comes from CalOptima vendor issued (Data Stat) reports, MY 2015 CAHPS data comes from NCQA report.**

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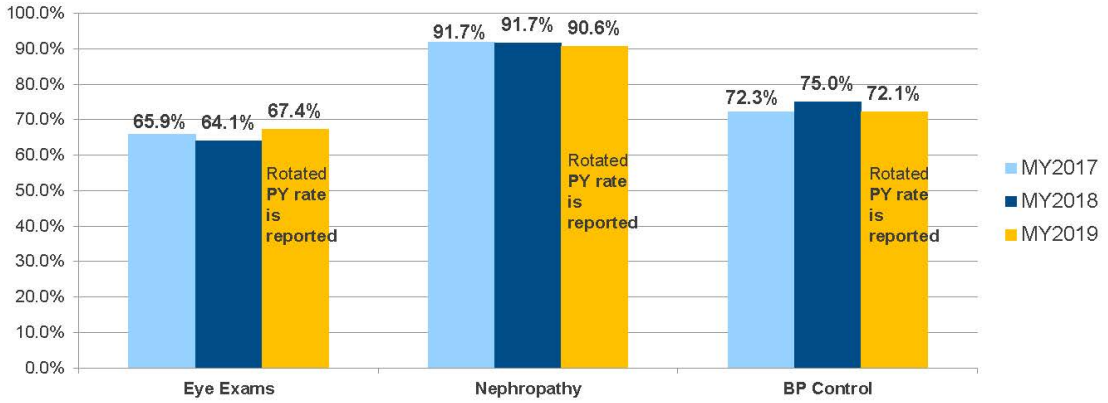
# Quality Initiatives

## HEDIS 2020 Results: Medi-Cal Comprehensive Diabetes Care




| HEDIS Measure | QC 50th Percentile | QC 75th Percentile | QC 90th Percentile | Goal | Reporting Requirements* |
|---|---|---|---|---|---|
| Eye Exams | 57.88% | 64.23% | 68.61% | 64.72% | ACC, RS, P4V |
| Nephropathy Monitoring | 90.51% | 92.05% | 93.43% | 91.85% | |
| BP Control (<140/90) ++ | 63.02% | 70.76% | 77.5% | 77.17% | ACC, RS |

*Red = less 50th percentile, Green = met goal, MPL met
++ measure triple weighted for Health Plan Ratings
↑ ↓ statistically higher or lower ↔ statistically no difference
*RS = Health Plan Rating, MPL = DHCS Minimum Performance Level
ACC = NCQA Accreditation, P4V = Pay for Value

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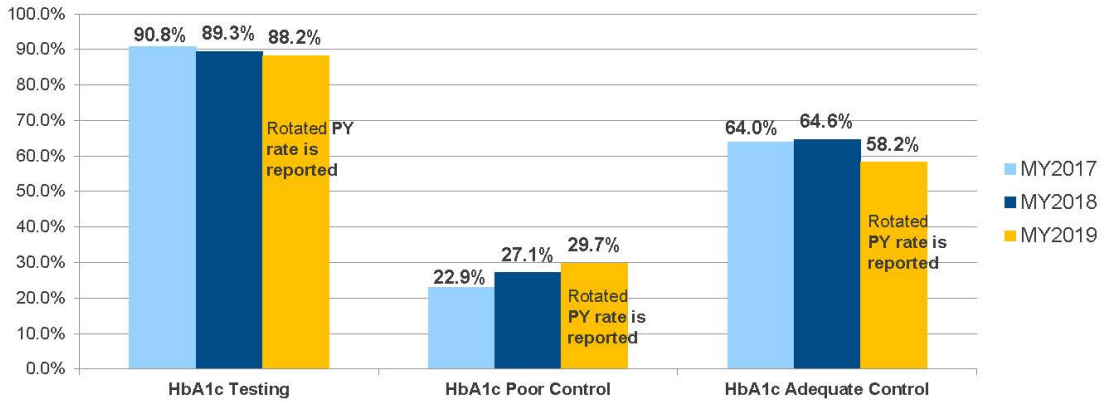
# Quality Initiatives (cont.)

## HEDIS 2020 Results: Medi-Cal Comprehensive Diabetes Care – HbA1c




| HEDIS Measure | QC 50th Percentile | QC 75th Percentile | QC 90th Percentile | Goal | Reporting Requirements* |
|---|---|---|---|---|---|
| HbA1c Testing | 88.55% | 90.51% | 92.94% | 89.78% | MPL |
| HbA1c Poor Control (>9.0%) (Lower is better) | 38.52% | 32.85% | 27.98% | 27.98% | MPL |
| HbA1c Adequate Control (<8.0%) ++ | 50.97% | 55.96% | 60.77% | 60.77% | ACC, RS, P4V |

*Red = less 50th percentile, Green= met goal, MPL met
++ measure triple weighted for Health Plan Ratings
↑ ↓ statistically higher or lower ↔ statistically no difference
*RS = Health Plan Rating, MPL = DHCS Minimum Performance Level
ACC = NCQA Accreditation, P4V = Pay for Value

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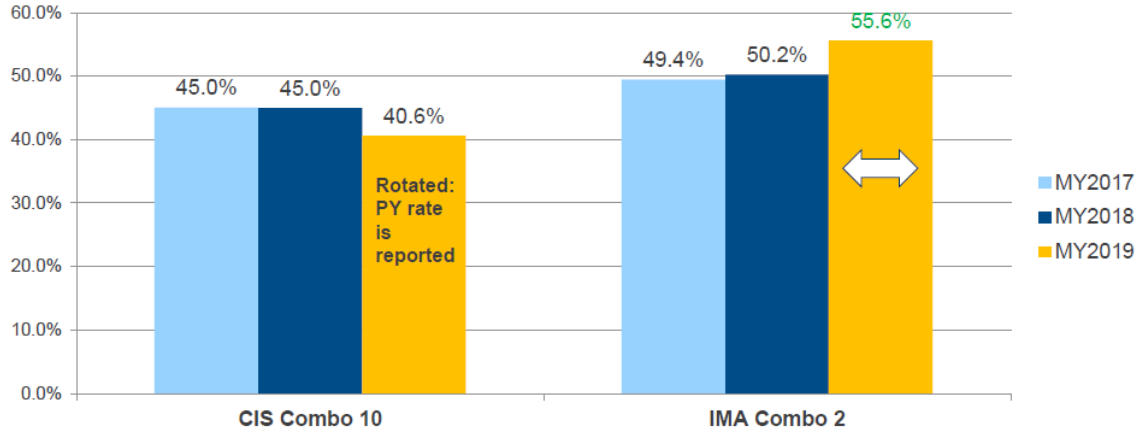
# Quality Initiatives (cont.)

## HEDIS 2020 Results: Medi-Cal Child and Adolescent Immunizations




| HEDIS Measure | QC 50th Percentile | QC 75th Percentile | QC 90th Percentile | Goal | Reporting Requirements** |
|---|---|---|---|---|---|
| Childhood Immunization Status (CIS) - combo10 ++ | 34.79% | 42.02% | 49.27% | 45.65% | ACC, P4V, RS, MPL |
| Immunizations for Adolescents (IMA) - Combo 2 | 34.43% | 40.39% | 47.2% | 47.20% | ACC, RS, MPL |

*Red = less than 50th percentile; Green = met goal, MPL met
++ measure triple weighted for Health Plan Ratings
↑↓ statistically higher or lower ↔ statistically no difference
**RS = Health plan ratings, MPL= DHCS Minimum Performance Level
ACC = NCQA Accreditation, P4V = Pay for Value

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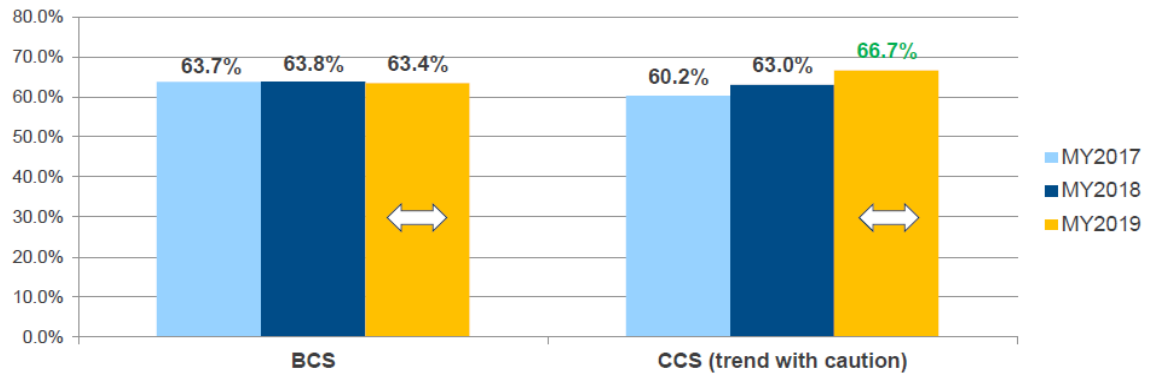
# Quality Initiatives (cont.)

## HEDIS 2020 Results: Medi-Cal Women's Health Cancer Screenings




| HEDIS Measure | QC 50th Percentile | QC 75th Percentile | QC 90th Percentile | Goal | Reporting Requirements* |
|---|---|---|---|---|---|
| Breast Cancer Screening (BCS) | 58.67% | 63.98% | 69.23% | 63.98% | ACC, RS, MPL, P4V |
| Cervical Cancer Screening (CCS) | 60.65% | 66.49% | 72.02% | 63.99% | ACC, RS, MPL, P4V |

*Red = less than 50th percentile, Green = met goal, MPL met
↑ ↓ statistically higher or lower ↔ statistically no difference
**RS = Health plan rating, MPL = DHCS Minimum Performance Level
ACC = NCQA Accreditation, P4V = Pay for Value

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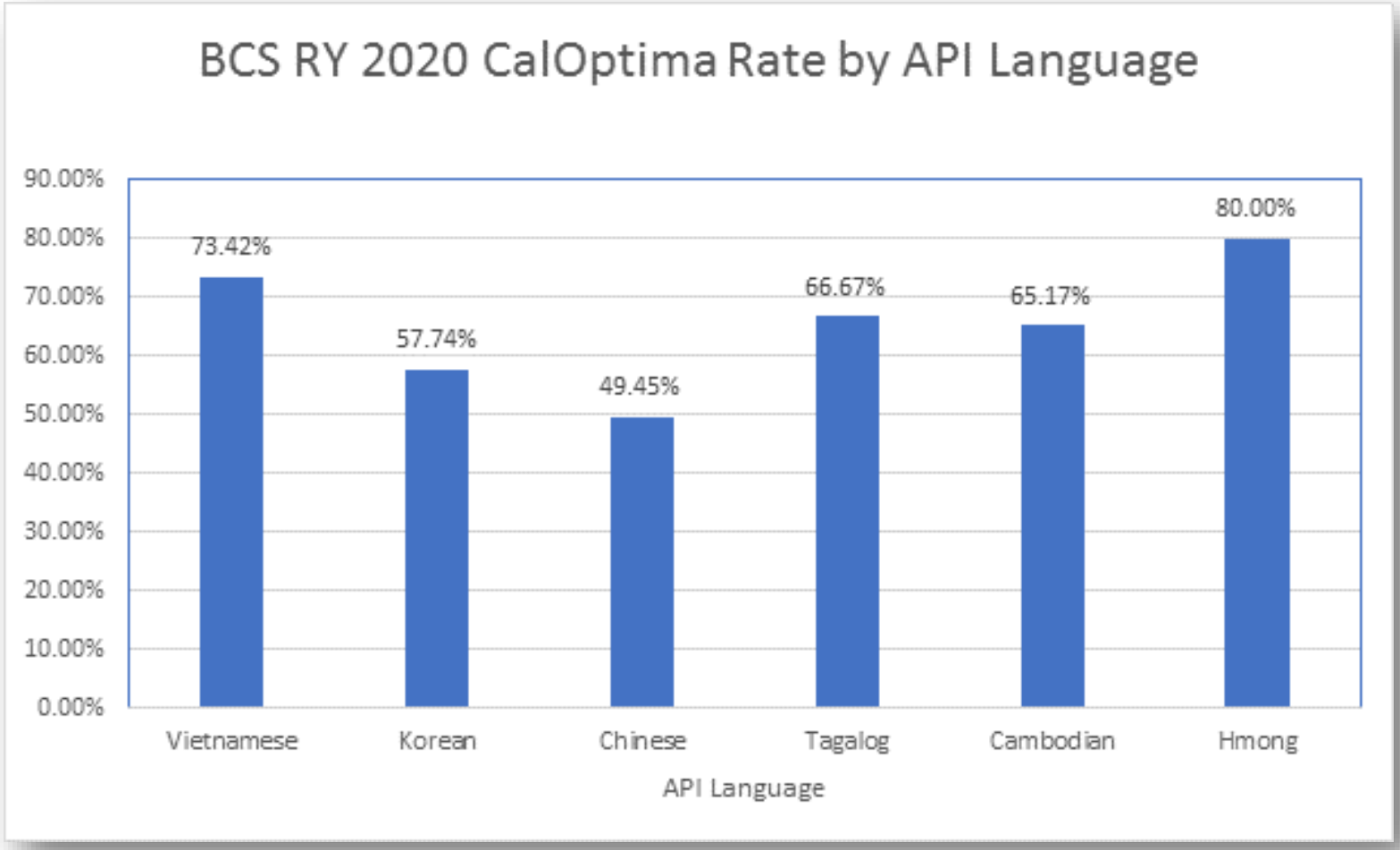
# Quality Initiatives — Health Disparities

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# Board of Directors'
# Quality Assurance Committee Meeting
# September 8, 2021

## PACE Member Advisory Committee Update

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**Committee Overview**
The PACE Member Advisory Committee (PMAC) meets quarterly to share information and engage PACE participants in a discussion on recommendations to inform CalOptima PACE leadership on the PACE care delivery system. PACE participants comprise the majority of the committee.

**PMAC Meeting June 16, 2021**

**Updates from the Director**
Director Monica Macias thanked PMAC members for joining the fourth virtual committee meeting and announced her permanent role as PACE Director. Participants received an update on the current status of the program. The PACE center continues to be closed to visitors but remains open Monday through Friday for clinic and skilled rehabilitation appointments. Services are slowly starting to increase. Delivery of wellness kits continues to participant residences —one to two times per month. Director Monica Macias announced that she is active recruiting a Center Manager.

**COVID-19 Updates**
QI Manager Eva Elser provided updates related to COVID-19 pandemic. She shared that California reopened on June 15, and that fully vaccinated individuals are not required to wear masks. However, mask mandates will still be in effect in public transit, schools, and health care and public facilities. PACE will continue with mask mandates and temperature checks. PACE currently has 92% of its participants fully vaccinated.

**PMAC Member Forum**

- A participant shared how wonderful PACE is and how much he appreciates what has been done for him.
- Another participant expressed being pleased that the phone system issue was addressed and resolved. His calls are always answered within the first ring, and he appreciates the multiple languages included.
- A participant suggested adding transportation as an option to the phone triage as this department is one that is often needed. Monica Macias will explore the ability to add transportation to the phone triage system. This topic will be added to the next PMAC meeting agenda.
- Monica Macias thanked the PMAC participants for sharing and making suggestions to improve systems.

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# Board of Directors' Quality Assurance Committee Meeting
# September 8, 2021

## Quality Improvement Committee Second Quarter 2021 Report

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**Summary**

- Quality Improvement Committee (QIC) met on April 13, May 11, and June 15, 2021.
- The following subcommittees reported to QIC in Quarter 2 (Q2):
  - Utilization Management Committee (UMC)
  - Whole-Child Model Clinical Advisory Committee (WCM CAC)
  - Credentialing and Peer Review Committee (CPRC)
  - Member Experience Committee (MEMX)
  - Grievance & Appeals Resolution Services Committee (GARS)
- Accepted and filed the following:
  - List of AMR Board Certified Consultants
- Accepted and filed minutes and QI Work Plan from the following committees and subcommittees:
  - UMC meeting minutes: February 25, 2021
  - BMSC meeting minutes: October 28, 2020, and December 23, 2020
  - WCM CAC meeting minutes: February 9, 2021
  - MEMX meeting minutes: March 31, 2021, April 29, 2021, and June 3, 2021
  - GARS meeting minutes: December 2, 2020
  - 2021 Quality Improvement (QI) Work Plan Q1

**QIC Quarter 2 Highlights**

- **Chief Medical Officer (CMO) Updates —** Each month at QIC, the CMO provides an update on COVID-19 related activities and CalOptima statistics and updates. These presentations are usually presented at Quality Assurance Committee (QAC) and Board of Directors (BOD). In June, Dr. Fonda invited Dr. Mayorga of UCI to present COVID-19 related activities implemented at UCI.
- **Population Health Management (PHM)**
  - **Outreach Strategy** — CalOptima, in collaboration with Orange County Health Care Agency (HCA), health networks, Federally Qualified Health Centers (FQHCs) and community-based organizations (CBOs), partnered to create vaccine events to vaccinate CalOptima members in hard-to-reach communities.
  - **Communication Strategy** — Awareness campaign launched in February 2021 with print, outdoor, radio, digital and social media, direct mail and virtual events. Materials were developed for members and providers. Community outreach was held with panel

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discussions and town halls. Media was pitched through newspapers, television and radio. The Community Relations team updated the committee on CalOptima efforts and other available resources in the community.

- **Member Health Rewards Program** — In January 2021, CalOptima's Board of Directors approved the COVID-19 Vaccine Member Health Rewards program, awarding a $25 gift card for each COVID-19 dose received. As of April 2021, 15,600 incentives have been processed and mailed to eligible members.
- **Vaccine Equity Pilot Program (VEPP)** — A partnership between CalOptima and HCA working to provide 1,000 COVID-19 vaccines a day allocated directly to providers who can reach CalOptima's vulnerable senior members. As of February 2021, nearly 21,000 doses were allocated to community health centers and health network providers. Total VEPP is expected to target about 20,000 seniors.
- **Vaccine Clinic at PACE** — Collaboration continues between CalOptima PACE, HCA, Mercy Pharmacy Group and Othena. Two COVID-19 clinics were held at the CalOptima PACE Center in Garden Grove. There were 277 PACE participates and 55 staff vaccinated.
- **COVID-19 Initial Quality Improvement Plan (QIP)** — Department of Health Care Services (DHCS) required all managed care organizations to submit a COVID-19 QIP by July 2020. CalOptima submitted three interventions: 1) Access to behavioral health services during the pandemic; 2) Extending pre-existing authorizations for CalOptima members; and 3) PHM health reward programs. The interventions were implemented throughout the COVID-19 public health emergency (PHE) and provided access and care to our members.
- **Health Equity** — According to Centers for Disease Control and Prevention[1], health equity is achieved when an individual has the opportunity to "attain his or her full health potential" and no one is "disadvantaged from achieving this potential because of social position or other socially determined circumstances." CalOptima is implementing a Health Equity framework to identify opportunities to proactively address health disparities and promote health equity for CalOptima members. The framework objective is to ensure that all CalOptima members receive the supports they need while developing structure and processes in CalOptima's programs and services. This year, the QI Work Plan includes the strategic goal of addressing disparities and improving health equity for our members. Priorities for 2021 include developing a Health Equity Framework and an evaluation of structure and process to support health equity work across programs. CalOptima is committed to continue identifying and addressing health inequities while developing the framework.
- **Quality Improvement Projects** for Medi-Cal, OneCare and OneCare Connect, along with the Quality Improvement Program Effectiveness (QIPE) and Plan Performance Monitoring and Evaluation (PPME) were presented. HRA outreach timeliness for OC/OCC initial and annual surveys range between 98–100% and met goal. Oversight of Individual Care Plan (ICP) bundles also performed above 95% and met goal. Several Quality of Clinical Care measures are performing below rates from the same time last year for all lines of business (LOBs). Interventions continued in Q1 and Q2 along with health rewards and educational materials. Despite interventions, many of the preventive measures will likely result in lower performance due to the pandemic.

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- **Homeless Health Initiatives** — Regular visits to shelters, hot spots and recuperative care sites are on pause due to COVID-19 PHE. Currently working on implementation of video telehealth visits at a navigation center. Health Homes Programs currently outreaching to Phase III. All outreach is telephonic due to public health emergency.

- **Behavioral Health Integration (BHI)**
  - **ICT BH Provider Participation** — Dr. Poon provided an update on the Interdisciplinary Care Team (ICT) BH Provider Participation Program that he presented the previous month. The goal is to improve coordination between BH and physical health by adding a follow-up call to the BH provider reminding them of the importance of participation in the ICT. Many providers do not currently understand the need to participate. Also, Dr. Yu from HCA shared that providing more advanced notice to providers would help to allow them to accommodate ICT meeting requests. These factors were considered to improve participation in future ICT meetings.
  - **BH Clinical Quality Measures** — Natalie Zavala presented BH workgroup measures that focus on interventions to improve Follow-up Care for Children with Prescribed ADHD Medication (ADD) as well as Follow-up After Hospitalization for Mental Illness within 7 or 30 days after discharge (FUH). December prospective rates for HEDIS 2021 appear to be on target. Antidepressant Medication Management (AMM) goal was met for all LOBs. Staff continues to work on educational materials for providers to share with members to continue to meet the goal.
  - **BHI Incentive Program** — At the June QIC, Dr. Poon presented a report related to the BHI Incentive Program. The BHI Incentive Program is a statewide DHCS initiative funded under Prop 56. The objectives are to incentivize managed care plans (MCP) to improve physical and behavioral health outcomes, care delivery and patient experience. The incentive payment is based on milestone achievements. Dr. Poon presented the Q1 2021 summary that demonstrated five out of seven provider groups met the Q1 milestones, and a total of $1.1 million was paid out to providers.
- **Long-Term Services and Supports (LTSS)**
  - **Orange County Nursing Facility COVID-19 Prevention Training** — The team in partnership with UCI, conducted in-person training sessions at 20 OC nursing homes with approximately 60 attendees. Vaccination status as of February 28, 2021, for nursing home staff was approximately 65% for first dose, and 42% for second dose.
  - **Post-Acute Infection Prevention Quality Incentive (PIPQI)** — LTSS nurses resumed on-site visits at nursing facilities on March 22, 2021. The two full-time nurses visit 10–12 facilities per week. They interview staff and members about infection protocols and provide education regarding infection prevention efforts to reduce Multi Drug Resistant Organisms (MDRO) in facilities. Currently, there are 26 facilities participating in the incentive program. Quality incentives are paid quarterly to each participating facility based on the number of licensed beds. Staff is collecting data to verify effectiveness of the program by reviewing program records and monthly Healthcare Associated Infection (HAI) rates.
  - **Long-Term Care Facility Transfer Plan Due to COVID**-19 — Staff continues to monitor COVID-19 infections in members and staff at long-term care facilities. There were

no issues to report and will be part of maintenance of business and no longer monitored on the 2021 QI Workplan.

- **UMC**
  - UM report was presented to QIC by the Director Utilization Management (UM), Mike Shook, which included data presented at the February 25, 2021, committee. A presentation of Q4 2020 membership and operational performance as well as outcome measures was summarized at QIC. The UM department continues to track and trend key utilization measures. However, no significant trends were noted for Q4. Medical, Pharmacy, BHI and LTSS authorization turnaround times were within goal.
  - A list of board-certified physicians used for referral determinations when a specialist is not employed or available at CalOptima was presented and approved.
  - Mike Shook also presented a report that reviewed CalOptima's continuity and coordination of care across medical settings. A causal analysis was conducted and identified a new opportunity to improve care coordination between the hospital and PCP. This was initially measured utilizing the HEDIS Patient All-Cause Readmission (PCR) rate. However, it was determined that a better measure of continuity and coordination of care involved measuring members with a scheduled post discharge follow-up appointment. In January 2021, the baseline was measured at 47.3%. After an intervention by CalOptima staff to offer member assistance in making their appointment during the post discharge call, there was an improvement from 47.3% to 55.1% in 30 days. This measure will continue to be monitored and tracked to meet the goal of 53%.
- **Whole-Child Model — Clinical Advisory Committee (WCM CAC)**
  - Dr. Thanh-Tam Nguyen presented a summary of WCM CAC meeting held on February 9, 2021. Updates included the Pharmacy transition, GARS, Customer Service, and DHCS California Children's Services (CCS) Number Letter information. BH access to members was brought up by one of the committee members but after further discussion, it was determined that members have open access, and no further action was required.
- **Credentialing and Peer Review Committee (CPRC)**
  - Natalie Natividad presented an update on CPRC. Staff continues to monitor initial and recredentialing files for the plan. Timeliness of recredentialing monitoring indicate we are 98% timely (recredentialing files within 36 months), plan-wide. Monitoring of exclusion and preclusion activity was reported to the committee. Potential Quality Issues (PQI) volume continues to decrease due to the process improvement changes with the GARS/PQI process. Facility site reviews statewide continue to be on hold due to Executive Order APL 20-011 in response to the COVID-19 PHE. However, CalOptima staff resumed on-site visits in Q1 once fully vaccinated.
- **Member Experience Subcommittee (MEMX)**
  - Marsha Choo presented a report on 2021 Annual Network Certification (ANC), submitted to DHCS in April. CalOptima is required to meet either time **or** distance, versus previously required time and distance. CalOptima met all network certification requirements and is currently awaiting confirmation of acceptance from DHCS.
  - Jennifer Bamberg gave an update on Provider Action for Non-Clinical Issues Process, which was presented and approved at MEMX. The new process is a review of all member

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complaints every six months. The process also includes a sanction proposal which included a freeze in enrollment and review again in 12 months. If no improvement was evident after 12 months, the provider would be escalated to the Compliance Committee for action. The Compliance Committee approved the proposal for three providers, and the new process became effective July 1, 2021 with a 12-month monitoring period.

- Telehealth Updates in QI Workplan — Rick Cabral provided updates for various telehealth strategies such as mPulse (member texting), PACE Telehealth Solutions (VSee), eConsult Initiative and 24 e-Visits.

- **Grievance and Appeals Resolution Services (GARS)**
  - **Medi-Cal Member Grievances** — The top three member complaint categories continue to be access, quality of care (QOC) and quality of service (QOS). Access increased by 43% in Q1, and telephone accessibility increased by 52%. The sub-categories related to the access related grievances include members unable to reach providers, providers not answering the phone and phone calls not returned by the provider. Actions related to these grievances were handled by Provider Relations. Specialty care grievances increased by 218%, and the subcategories were similar to the access grievances, unable to reach specialist, specialist not answering phone call and phone calls not returned by specialist. Another top category related to specialty care grievances were delays in referrals. COVID-19-related billing issues increased substantially by 308%. The reason for the COVID-19 billing increase was due to members who would get COVID-19 testing with providers not contracted with CalOptima and would need to pay out-of-pocket. Member education and training helped to reduce the figures, as we have seen in Q2. BH grievances increased by 62% from the previous quarter. The BH grievance increase was mostly access, QOC and billing. Member grievance actions are addressed by the GARS team, however access related Medi-Cal grievances are also tracked and trended by the Access Workgroup, a sub-committee of Member Experience, to identify root causes and to develop actions to address the member dissatisfaction.
  - **OneCare Connect Member Grievances** — There was a slight increase by 12% over previous months with 81% for QOS, 12% were access related, and 6% related to QOC.
  - **OneCare Member Grievances —** Continue to remain low with a total of 39 complaints, and no BH grievances to report.

**Attachments**

2021 Quality Improvement Work Plan Q1

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| 2021 QI Work Plan Element Description | Goals | Planned Activities | Staff Responsible | Results/Metrics: Assessments, Findings, and Monitoring of Previous Issues<br>*List any problems in reaching the goal or relevant data (i.e. state if goals were met or not met, include what caused the problem/issue)* | Next Steps<br>Interventions / Follow-up Actions<br>*State what will be done to meet the goal (i.e. continue with plan as listed or modify the plan: add a specific new process, etc.)* | Red - At Risk<br>Yellow - Concern<br>Green - On Target |
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| **I. PROGRAM OVERSIGHT** | | | | | | |
| 2021 QI Annual Oversight of Program and Work Plan | Obtain Board Approval of 2021 QI Program and Workplan | QI Program and QI Work Plan will be adopted on an annual basis; QI Program Description-QIC-BOD; QI Work Plan-QIC-QAC | Esther Okajima | Approved: QIC 1/12/2021, QAC 2/25/21, BOD 4/1/21 | | |
| 2020 QI Program Evaluation | Complete Evaluation 2020 QI Program | QI Program and QI Work Plan will be evaluated for effectiveness on an annual basis | Esther Okajima | Approved: QIC QIC 1/12/2021, QAC 2/25/21, BOD 4/1/21 | | |
| 2021 UM Program | Obtain Board Approval of 2021 UM Program | UM Program will be adopted on an annual basis. | Mike Shook | 2021 UM Program approved QIC 2/16/21, QAC 2/25/21, BOD 3/4/2021 | | |
| 2020 UM Program Evaluation | Complete Evaluation of 2020 UM Program | UM Program and UM Work Plan will be evaluated for effectiveness on an annual basis. | Mike Shook | 2020 UM Evaluation approved QIC 2/16/21, QAC 2/25/21, BOD 3/4/2021 | | |
| Population Health Management Strategy | Implement PHM strategy | Review and adopt on an annual basis. | Pshyra Jones | Strategy is complete and current. | | |
| **Credentialing Peer Review Committee (CPRC) Oversight** - Conduct Peer Review of Provider Network by reviewing Credentialing Files, Quality of Care cases, and Facility Site Review, to ensure quality of care delivered to members | | 1. Review of Initial and Recredentialing applications approved and denied;<br>2. Facility Site Review (including Physical Accessibility Reviews)<br>3. Quality of Care cases leveled by committee,<br>3.a as well as Nursing Facility and CBAS quality oversight annual results. | Esther Okajima | 1. The number of providers credentialed and recredentialed remained consistent with an uptick in Q2, and 98% percent of the files were timely for recredentialing. We had no 805 reportings this year, but one contracted hospital made a 805 reporting of a contracted physician. This year, DHCS added a new exclusion list for our review - DHCS Restricted Provider Database.<br><br>2. APL 20-011 – Executive Order in Response to COVID-19 resulted in reduced ability for staff to perform onsite FSR and PARS.<br>Onsite audits were performed Jan-Mar and Jul-Dec 2020<br><br>3. The overall number of new PQIs remained steady until Q3 when they began to decline due to the new GARS/PQI Process (addressed in row 36), and the number of cases presented to CPRC remained consistent. For Quality of Service cases, the greatest issue remains to be Medical Care, though we had an increase in cases related to Communication Issues. For Quality of Care cases, the greatest area continues to be Medical Care related to Treatment and Mismanaged Care.There was also an uptick of Behavioral Health cases which were mostly related to ABA.<br><br>3a. In 2020, due to the public health emergency, our team was unable to perform the usual on-site audits for nursings facilities (NF) or CBAS Centers. Instead, virtual audits were performed during from July to December. We continued to receive incident reports, but the number of incident reports from NF dropped from 2-4/quarter to none in Q3 and Q4, and increased significantly for CBAS and MSSP due to the capture of COVID-19 incidents in Q4. | 1. In Credentialing, we are evaluating and improving our procedures to obtain a goal of 100% compliance with recredentialing timeliness.<br><br>2. FSR and PARS next steps: On-site audits were resumed for FSR in March 2021 for those sites ready and able to complete FSR and MRR. For site/providers unable or unwilling to complete FSRs, APL 20-011 is still in effect. Site reviews will be completed when suspension is lifted.<br><br>3. For PQIs, we are moving more of our outcomes to a CAP-model so that we can follow-up with providers with issues<br><br>3a. As CDPH begins performing recertificate audits of the NF, we will begin to re-instate our follow-up audits, and will begin to move to an on-site audit when the DHCS allows. As CBAS Center begin to open, we will reinstate our audit on-site when CDA allows.<br><br>. | |
| **Grievance and Appeals Resolution Services (GARS) Committee** - Conduct oversight of Grievances and Appeals to resolve complaints and appeals for members and providers in a timely manner. | | The GARS Committee oversees the Grievances, Appeals and Resolution of complaints by members and providers for CalOptima's network and the delegated health netwoks. Trends and results are presented to the committee quarterly. | Ana Aranda | Trends for Q4 2020 appeals and grievanes were shared at the March 9, 2021 QIC Meeting. There was a slight decrease in grievances and appeals. Quality of Service continues to be the highest grievance category. BH grievances increased in Access related issues. | 1. Grievance trends are reviewed for repeated issues.<br>2. High grievance count by providers are tracked and trended.<br>3. Results are shared with appropriate departments.<br>4. Further action is recommended or escalated. | |
| **Member Experience (MEMX) Committee Oversight** - Oversight of Member Experience activities to improve quality of service and member experience to achieve the 2020 QI Goal of improving CAHPS and Access to Care. | | The MEMX Subcommittee assesses the annual results of CalOptima's CAHPS surveys, monitor the provider network including access & availability (CCN & the HNs), review customer service metrics and evaluate complaints, grievances, appeals, authorizations and referrals for the "pain points" in health care that impact our members. | Kelly Rex-Kimmet/Marsha Choo | In Q1, MEMX Committee has reviewed/discussed the following in Quarter 1 (meetings on 02/09/21 and 03/31/21):<br>•Discussed COVID-19 Vaccination Efforts<br>•Discussed COVID-19 Vaccine Incentive Program<br>•Discussed OC and OCC CAHPS Plan and HN results<br>•Reivewed Member Experience Workplan - General Update & Virtual Care<br>•Discussed Telephone Consumer Protection Act (TCPA) updates<br>•Discussed Member Experience/Timely Access HN PDSA<br>•Discussed Impact of COVID-19 Pandemic on Preventative Services<br>•Discussed Provider Action for Non-clinical Issues Process<br>•Discussed Member Experience/Timely Access HN PDSAs | In Q2, MEMX Committee has meetings schedule for April 29 and June 3, 2021. | |

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| **Utilization Management Committee (UMC) Oversight** - Conduct Internal and External oversight of UM Activities to ensure over and under utilization patters do not adversely impact member's care. | | UMC meets quarterly; monitors medical necessity, cost-effectiveness of care and services, reviewed utilization patterns, monitored over/under-utilization, and reviewed inter-rater reliability results. P&T and BMSC reports to the UMC, and minutes are submitted to UMC quarterly. | Mike Shook | UMC reported to QIC on 2/1/2021. Gave 2020 3rd Quarter and Annual Trends (Nov 19, 2020), QIC accepted and filed 11/19/2021 UMC minutes that included Benefit Management Subcommittee (BMSC) minutes from 7/29/2020, 8/26/20, 9/30/20, Pharmacy Over/Under Utilization Monitoring, Behavioral Health Initiative. QIC Accepted and filed all documents. | UMC is scheduled to present Quarterly update to QIC on 4/13/2021. Will also take list of Board Certified Consultants to QIC for annual review. | |
| **Whole Child Model - Clinical Advisory Committee (WCM CAC)**- Conduct Clinical Oversight for WCM and provide clinical advice for issues related to implementation. | | Meet quarterly, provide clinical advice regarding Whole Child Model operations to Medical Affairs. | T.T. Nguyen, MD | WCM met on 2/9/2021 the Magellan go live date was posponed to 4/1/2021 due to COVID and operational issues. CalOptima is moving along with that assumssion. COVID Update: CHOC is collaborating with the County with WCM members sooner. Weight Gain and Mental Post pandemic was discussed to be top priority. | WCM CAC is scheduled to give update to QIC on April 12, 2021. | |
| Quality Withhold for OCC | Earn **75**% of Quality Withhold Dollars back for OneCare Connect in OCC QW program end of MY 2021 | Monitor and report to QIC | Kelly Rex-Kimmet/ Sandeep Mital | Per a memo released by CMS dated July 29, 2020, in light of the impacts from the Corona-virus disease and public health emergency, Medicare-Medicaid plans (MMPs) will automatically receive the full quality withhold payment from CMS and the state for CY2020, provided that the MMP fully reports all applicable quality withhold measures. | Pay for Value team will continue to monitor CalOptima performance on all quality withhold measures for MY2021. | |
| New Quality Program Updates (Health Network Quality Rating, MCAS, P4V, Data Mining/Bridge efforts) | Achieve 50th percentile on all MCAS measures in 2021 | Report of new quality program updates including but not limited to Health Network Quality Rating, MCAS reports and P4V. Data Mining/Bridge efforts include Office Ally EMR, CAIR Registry Data, Collaboration with OC Coalition of Clinics to receive their aggregated EMR data, efforts to immunization registry (CAIR) and lab data gaps (Blood Lead Testing results for example)<br><br>Activities requiring intervention are listed below in the Quality of Clinical Care measures. | Kelly Rex-Kimmet/ Paul Jiang/Sandeep Mital | Prospective Rates based on MY2021 performance have been developed and released to the plan and HN. The first report was released in April with paid dates of service through February. Reports will continue their monthly cadence.<br>Progress has been made on revisons to the Office Ally EMR statement of work. Next step is to submit to Gartner prior to legal review. Seeking implementation by January 2022.<br>We have confirmed with CLPBB that blood lead testing results may not be released to health plans. | Next step is to submit to Gartner prior to legal review. Seeking implementation by January 2022. | |
| Improvement Projects (All LOB)<br><br>QIPE/PPME: Emerging Risk (A1C), HRA's, HN MOC | Meet and exceed goals set forth on all improvement projects (See individual projects for individual goals) and SNP-MOC goals. | Conduct quarterly oversight of specific goals on Improvement Projects (IPs), and QIPE/PPME dashboard for OC/OCC measures. Reference dashboard for SMART goals<br>**MC PIPs:**<br>1) Improving access to Acute to Acute/Preventive Care Services to MC member experiencing Homelessness in Orange County; (from QOC: Adult's Access to Preventive/Ambulatory Health Services (AAP)<br>2) Improving well-care visits for children in the 15 months of life (W15)<br>**MC QIP:**<br>1) COVID QIP Workplan<br>- Impact of COVID-19 - across all measures<br>**OC and OCC CCIP:** Improving CDC measure, HbA1C good control <8% - Targeted outreach calls to those with emerging risk >8%<br>**OCC QIP:** Improving Statin Use for People with Diabetes (SPD)<br>**PPME (OC)- Sloane:** HRA's, HN MOC Oversight(Review of MOC ICP/ICT bundles)<br>**QIPE (OCC)- Sloane:** HRA's, ICP High/Low Risk, ICP Completed within 90 days, HN MOC Oversight (review of MOC ICP/ICT Bundles)<br>**PDSA:**<br>1) Reducing Avoidable Hospitalizations and Other Adverse Events for Nursing Facility Residents- Michelle Findlater - **CMS Onhold**<br>2) Improving Cervical Cancer Screening Rates through Provider Engagement | Helen Syn/Sloane Petrillo/**Michelle Findlater** | 1. PPME: Newly Eligible completion for January is 100%; February and March are pending completion.<br>2. Annual HRA completion is 100% for Q1 2021. HN MOC oversight for Q1 is 100%<br>3. QIPE: Newly Eligible completion January 99%; February 100%; March is pending completion on 4/15/21.<br>4. Annual HRA completion is 99% for Q1 2021. HN MOC oversight for Q1 is 100%<br>5. The Improving access to Acute to Acute/Preventive Care Services to MC member experiencing Homelessness in Orange County; (from QOC: Adult's Access to Preventive/Ambulatory Health Services (AAP) was retired, and transitioned to Improving Breast Cancer Screening (BCS) rates for Korean and Chinese CalOptima Medi-Cal members PIP. Module 1 was submitted and approved on time.<br>6. Improving Well-Child Visits in the First 30 Months of Life (W30) MC PIP - Module 1 was submitted and approved on time.<br>7. COVID QIP Workplan - Impact of COVID-19 Q1 update submitted.<br>8. OC and OCC CCIP: Improving CDC measure, HbA1C good control <8% - Targeted outreach calls to those with emerging risk >8% - Projects are all continuing - Ongoing<br>9. OCC QIP: Improving Statin Use for People with Diabetes (SPD) -<br>10. Medi-Cal PDSA -Improving Cervical Cancer Screening Rates through Provider Engagement - In Progress | Continue with scheduled updates and submissions. | |
| BHI Incentive Program (DHCS - under prop 56 funding) and ABA P4V | Achive program milestones quarterly and annual performance goals | 1. Monitor the 12 projects approved by DHCS for the BHI Incentive Program. CalOptima will be responsible for program oversight, including readiness, milestones tracking, reporting and incentive reimbursement. Quarterly program update at QIC.<br>2. Quarterly provider report on two metrics: % of BCBA supervision and % of utilized direct service hours. The ABA P4V will be available to all contracted ABA providers starting January 2021. Incentive will be paid out in Q1 2022. | Edwin Poon | 1. Finalized and executed all project MOUs in January. Completed DHCS readiness activities. Readiness funding was distributed to all projects in February. BHI hosted a webinar on 2/2/21 to review the program structure and reporting requirements.<br>2. Finalized reporting format of two ABA P4V metrics. 2020 baseline data and Q1 2021 data will be sent to providers in Q2. | 1. First project milestone report from providers is due on 4/30. CalOptima will submit the aggregate data to DHCS by May 30.<br>2. Develop procedure to report performance measures for all BHIIP projects.<br>3. Send first ABA P4V report card to providers.<br>4. Host a webinar with providers to provide status update on the ABA P4V program. | |

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| Homeless Health Initiatives (HHI): Homeless Response Team (HRT) | Increase access to Care for individuals experiencing homelessness. | 1. Regular planned visits to shelters, hot spots and recuparative care facilities- to resume post-COVID-19<br>2. Special population PCCs accompany CFT to provide assistance with administrative needs of homeless individuals.-to resume post-COVID-19<br>3. Primary point of contact for coordinating care with collaborating partners and HNs<br>4. Serve as a resource in pre-enforcement engagements, as needed. -to resume post-COVID-19 | Sloane Petrillo | 1. Regular planned visits to shelters, hot spots and recuparative care facilities- to resume post-COVID-19 (On hold due to public health emergency)<br>2. Special population PCCs accompany CFT to provide assistance with administrative needs of homeless individuals.-to resume post-COVID-19 (on hold due to public health emergency)<br>3. Primary point of contact for coordinating care with collaborating partners and HNs continues<br>4. Serve as a resource in pre-enforcement engagements, as needed. -continuing our role in Pre-enforcement engagements as a coordinator of mobile clinics. | Continue current process. | |
| Homeless Health Initiatives (HHI): Health Homes Program Phase 2 | Improve Health & Access to care for enrolled members | 1. Incorporate new data to DHCS reporting re: Housing Navigation.<br>2. Streamline process for referrals to HHP<br>3. Enhance oversight of program.<br>4. Developed process to coordinate referral with County for members with SMI<br>5. Focus on telephonic outreach d/t COVID-19<br>6. Addition of supervisor to Homeless Team to provide additional support for the program. | Sloane Petrillo | All items completed | Continue currrent process. | |
| Health Equity | Adapt Institute for Healthcare Improvement Health Equity Framework | 1. Make health equity a strategic priority<br>2. Develop structure and process to support health equity work<br>3. Deploy specific strategies to address the multiple determinants of health on which health care organizations can have direct impact<br>4. Develop partnerships with community organizations to improve health and equity<br>5. Ensure COVID-19 vaccination and communication strategy incorporate health equity. | Pshyra Jones/Marie Jeannis | Identified the following priorities in collaboration with Strategic Development:<br>-Evaluate structure and process to support health equity work across programs<br>- Launch a comprehensive population segment analysis of CalOptima's diverse ethnic membership and identify health disparities to initiate development of short and long-term interventions to promote health equity. | Engage with CalOptima leaders to identify areas of focus for the organization | |
| **II. QUALITY OF CLINICAL CARE- Adult Wellness** | | | | | | |
| Cancer Screenings: Cervical Cancer Screening (CCS), Colorectal Cancer Screening (COL), Breast Cancer Screening (BCS) | **MY2020 Goal:**<br>**CCS -** MC 61.31%<br>**COL** - OCC 73% OC 62%<br>**BCS -** MC 58.82%<br>OCC - 76% OC - 76% | 1) Continue $25 member incentive program for completing a CCS.<br>2) Targeted member engagement and outreach campaigns to promote cervical cancer screenings in coordination with health network partners<br>3) Track the number of member incentives paid out for cervical cancer screening.<br>4) Track the number of cervical exams scheduled through targeted outreach campaigns<br>5) Member Health Rewards RFP and Vendor Contract<br><br>1) Continue member incentive program; $50 per screening incentive for OC/OCC<br>2) Track the number of member incentives paid out colorectal cancer screening; (specifically sigmoidoscopy and colonoscopy)<br>3) Targeted member engagement and outreach campaigns to promote colorectal cancer screenings in coordination with health network partners<br>4) Member Health Rewards RFP and Vendor Contract<br><br>1) Continue $25 member incentive program for completing a BCS and track the number of member incentives paid out for the breast cancer screening.<br>2) Targeted member engagement outreach campaigns to promote breast cancer screenings in coordination with health network partners.<br>3) Coordinate mobile mammography clinics in zip codes with low incidence of screening.<br>4) Track the number of mammograms scheduled through targeted outreach.<br>5) Member Health Rewards RFP and Vendor Contract | Pshyra Jones/ Helen Syn | 1. Member Health Rewards are available on CalOptima Website, and shared with all Health Networks to promote in their outreach campaigns.<br>2. # of BCS 2021 Member Health Rewards processed as of 3/31/21: 38 for Medi-Cal and 1 for OCC<br>3. # of CCS 2021 Member Health Rewards processed as of 3/31/21: 52<br>4. # of BCS 2021 Member Health Rewards processed as of 3/31/21: 38<br>5. **2021 February Prospective Rates (PR):**<br>**Breast Cancer Screening**<br>MC: 39.29%, OC: 44.83%, OCC: 42.07%<br>Measure is performing lower for all LOBs than same time last year and below the 50th percentile (MPL). Rate is negatively impacted by the COVID-19 pandemic. Members are not going in for preventive care visits.<br>**Cervical Cancer Screening**<br>MC: 43.90%<br>Measure is performing lower than same time last year and is below the 50th percentile (MPL). Rate is negatively impacted by the COVID-19 pandemic. Members are not going in for preventive care visits.<br>**Colorectal Cancer Screening**<br>OC: 31.93%, OCC: 36.14%<br>Measure is performing lower than same time last year for both OC/OCC and is currently below the 50th percentile. Rate is negatively impacted by the COVID-19 pandemic. Many members are not going in for preventive care visits | 1. Targeted mailings to eligible Medi-Cal members were not conducted in 2021 due to budget limitations. However, preventative messaging including the encouragement of cancer screenings will be lumped into DHCS approved COVID texting campaigns, pointing members to the CalOptima Website for health rewards forms. Due to TCPA restrictions, IVR/Robocall and general mobile texting campaigns were not an available mode of communication in promoting the member health rewards.<br>2. Targeted mailings emphasizing importance of cancer screenings for OC and OCC members missing a Colorectal and Breast Cancer Screening are scheduled for Q2 2021. The mailing will include member health rewards and information about accessing services safely during the COVID19 pandemic.<br>3. Member Health Reward and Engagement Vendor Selected. Contract pending budget approval. | |
| COVID-19 Vaccination and Communication Strategy | Vaccine rate of 70% or more of CalOptima members (16 and over). | 1) Implement immunization strategy for CalOptima adult members 16 years and older<br>2) Create Communication Strategy for COVID vaccine that address members based on zip codes, ethnicity, and pre-existing risk conditions.<br>- Mailing to all members with info on the vaccine<br>- Targeted outreach via text messaging campaign. When different priority groups become available to be vaccinated, we send out targeted messages to these members letting them know that:<br>a.They are now eligible to be vaccinated.<br>b.Where they need to go to be vaccinated (when available)<br>c.This is also likely to begin in February, but may extend into the fall depending on the vaccine distribution timeline.<br>- Targeted outreach via phone calls to targeted groups of people who are at high risk for not getting the vaccine.<br>3) Implement Incentive Strategy for COVID-19 vaccination<br>a.Coordinate efforts with OC HCA Vaccine Sites and Health Networks to distribute $25 nonmonetary gift cards after the first and second doses<br>b.Coordinate efforts with the Coalition to distribute $25 food voucher to local restaurants after the first and second doses for members experiencing housing insecurity | Pshyra Jones/ Helen Syn/ | 1. Targeted phone outreach conducted to 2885 CCN Members 65 yo and over (1669 Total Successful Contacts, 1216 Members Unable to Contact) by Case Management encouraging COVID vaccinations between February 23 - March 5th. Of the 1669 successful contacts, 880 (53%) members had already received or were scheduled for the vaccination. 789 (47%) members had not yet received or were not yet scheduled for the vaccine.<br><br>2. COVID Vaccination Mailing sent to 555,798 heads of households promoting getting the COVID vaccination.<br><br>3. COVID Mobile Texting Campaign launched on March 24. A series of text messages will be sent to CalOptima Medi-Cal members in their preferred threshold language. Message 1 went out 3/24-3/26 and message 2 launched on 4/7.<br><br>4. COVID Member Incentives processed as of 4/13/21= 11,200 | CalOptima has teamed up with Families Together, Serve the People, Korean Community Serves, Share Our Shelves, AltaMed, and OCHCA in the efforts to administer the COVID-19 Vaccine and hand out $25 subway gift cards to members experiencing homelessness. The FQHCs will record the member's information along with the gift card number provided.<br><br>COVID Incentive ongoing refinement in identification and send out of rewards for completing vaccination.<br><br>Addition COVID Mobile Texting messages are being developed to include preventative messaging emphasizing well care visits, getting needed labs and exams, immunizations and cancer screenings. | |

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| **III. QUALITY OF CLINICAL CARE- Behavioral Health** | | | | | | |
| Follow-up After Hospitalization for Mental illness within 7 and 30 days of discharge (FUH). | **HEDIS MY2020 Goal:**<br>30-Days: MC: NA;<br>OC: NA;<br>OCC: 56% (Quality Withhold measure)<br>7-Days: MC: NA;<br>OC:NA;OCC:18.20% | 1) Visit additional hospitals with inpatient psychiatric unit to discuss CalOptima concurrent review and transition of care process<br>2) Use strategies to engage and motivate members to participate in their own care<br>3) Collaborate with the two BHI Incentive Prgoram projects to improve follow up after hospitalization | Edwin Poon | PR HEDIS Rates (December) Q1: 30 day 53.44%, 7 day 25.95%<br>1) Continued outreach to members post-discharge to coordinate follow-up appointments. CORE real-time data report for Q1 reflecting further improvement for 7-day f/u. Tracking successful vs. unsuccessful attendance for trends.<br>2) Continued weekly BHI clinical rounds meeting with TCM team to discuss concurrent reviews and internal coordination interventions.<br>3) County claims being processed through CalOptima to capture all data. | 1) TCM team will continue to conduct post discharge outreach.<br>2) Track members that did not attend follow-up appointment within 7 days of discharge and conduct outreach.<br>3) Identify at least 1 strategy to engage ad motivate members to participate in their own care.<br>4) Conduct comparison between prospective rate and CORE report data for consistency. | |
| Follow-up Care for Children with Prescribed ADHD Medication (ADD): Continuation Phase. Increase chances to meet or exceed HEDIS goals through effective interventions that are aligned with current practice and technological options. | **MY2020 Goal:**<br>MC - Init Phase - 42.92%<br>MC -Cont Phase - 54.73% | 1) Continue the non-compliant providers letter activity<br>2) Conduct member outreach to improve appointment scheduling<br>3) Update and distribute member and provider educational materials for ADD | Edwin Poon | PR HEDIS Rates (December) Q1: Initiation Phase 41.38%, Continuation and Maintenance Phase 46.25%<br>1) Pharmacy related intervention placing a 30-day limit for the initial fill of ADHD medication to encourage members to follow up with the prescriber within 30 days continues.<br>2) Developing real-time data report to track member f/u visits in relation to prescription fill date to identify target population to conduct provider outreach for scheduling visits.<br>3) Developed script for provider outreach. | 1) Identify target population from real-time data report.<br>2) Conduct provider outreach implementing script to assist in f/u visits being scheduled.<br>3) Update and distribute member and provider educational materials for ADD. | |
| Depression Screening and Follow-Up for Adolescents (12+) and Adults (DSF)* | DHCS required, for MC, no external benchmarks<br>**HEDIS MY2020 Goal:**<br>**MC: NA** | 1) Develop a HEDIS reporting tip sheet to educate providers on the requirements<br>2) Participate in 2 educational events on depression screening and treatment<br>3) Continue to educate providers on depression screening via provider newsletters<br>4) Continue to educate members on depression and the imortance of screening and follow up visits via member newsletters and other social media. | Edwin Poon | PR HEDIS Rates (December) Q1: N/A; Not at risk for meeting the standard due to no benchmark set, however there are some barriers in implementing activities.<br>1) Data collection continues to be a major challenge due to the lack of mechanisms for capturing provider data.<br>2) HEDIS reporting tip sheet development still in progress due to code issues.<br>3) Updated depression brochure to a flyer for virtual distribution to allow providers to share information with members they are serving via telehealth due to COVID-19. Flyer will also be posted on the CalOptima website. Depression flyer is currently being reviewed for language translation.<br>4) Updating provider letter on importance of screening for depression; will include links located on the CalOptima website for depression flyer and additional member materials.<br>5) No educational events occurred due to COVID-19. | 1) Continue to explore ways to capture provider data.<br>2) Post depression flyer to CalOptima website.<br>3) Distribute provider letter on importance of screening for depression.<br>4) Continue to educate members on depression and the importance of screening and follow-up visits via member newsletter (Summer 2021) and other social media (i.e., Instagram and Facebook). | |
| Antidepressant Medication Management (AMM): Continuation Phase Treatment. Increase chances to meet or exceed HEDIS goals through effective interventions that are aligned with current practice and technological options. | **HEDIS 2020 Goal:**<br>MC 38.18%<br>OC 56%<br>OCC 56% | 1) Develop a HEDIS reporting tip sheet to educate providers on the requirements<br>2) Educate members the importance of depression medication adherence via member newsletters and social media. | Edwin Poon | PR HEDIS Rates (December) Q1: MC46.43%, OC 71.43%, OCC: 58.79%<br>1) Updated depression brochure to a flyer for virtual distribution to allow providers to share information with members they are serving via telehealth due to COVID-19. Flyer will also be posted on the CalOptima website. Depression flyer is currently being reviewed for language translation.<br>2) Updating provider letter on importance of reminding members of medication adherence; will include links located on the CalOptima website for depression flyer and additional member materials.<br>3) Developing HEDIS reporting tip sheet for provider education.<br>4) No educational events occurred due to COVID-19. | 1) Post depression flyer to CalOptima website<br>2) Distribute provider letter on reminding members of importance of medication adherence and encouraging them to share flyer with members.<br>3) Educate members on depression and the importance of medication adherencevia member newsletter (Summer 2021) and other social media (i.e., Instagram and Facebook). | |
| **IV. QUALITY OF CLINICAL CARE- Chronic Conditions** | | | | | | |
| Improve HEDIS measures related to Comprehensive Diabetes Care (CDC): HbA1c Control (this measure evaluates % of members with poor A1C control-lower rate is better) | **HEDIS MY2020 Goal:**<br>**(A1C Poor Control)**<br>MC:37.47%<br>OC: 19.46%<br>OCC: 19.46% | 1) Implement $25 member incentive program for HbA1c testing and Track the number of Diabetes A1C testing incentives paid out<br>2) Targeted member engagement and outreach campaigns to promote Diabetes A1C testing in coordination with health network partners<br>3) Implement multi-disciplinary approach to improving diabetes care for CCN Members Pilot<br>4) Member Health Rewards RFP and Vendor Contract<br>5) Prop 56 provider value based payments for diabetes care measures | Pshyra Jones/ Helen Syn | 1. Member Health Rewards are available on CalOptima Website, and shared with all Health Networks to promote in their outreach campaigns.<br><br>2. # of A1C Testing 2021 Medi-Cal Member Health Rewards processed as of 3/31/21: 2<br><br>5. **2021 February Prospective Rates (PR):**<br>**CDC A1C Testing**<br>MC: 14.16%<br>Measure is performing lower than same time last year and below the 50th percentile (MPL). Rate is negatively impacted by the COVID-19 pandemic. Members are not going in for preventive care. | 1. Targeted mailings to eligible Medi-Cal members were not conducted in 2021 due to budget limitations. However, preventative messaging including the encouragement of cancer screenings will be lumped into DHCS approved COVID texting campaigns, pointing members to the CalOptima Website for health rewards forms. Due to TCPA restrictions, IVR/Robocall and general mobile texting campaigns were not an available mode of communication in promoting the member health rewards.<br><br>2. Member Health Reward and Engagement Vendor Selected. Contract pending budget approval. | |

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| Improve HEDIS measures related to Comprehensive Diabetes Care (CDC): Eye Exam | **HEDIS MY2020 Goal: (Diabetic Eye Exams)**<br>MC: 58.64%<br>OC: 67.5%<br>OCC: 67.5% | 1) Implement $25 member incentive program for completion of diabetic eye exams and Track the number of Diabetes Eye Exam incentives paid out.<br>2) Update VSP contract to ensure barrier is removed for annual eye exam for members with diabetes<br>3) VSP diabetic eye exam utilization<br>4) Targeted member engagement and outreach campaigns to promote Diabetes Eye Exam in coordination with health network partners<br>5) Member Health Rewards RFP and Vendor Contract<br>6) Implement multi-disciplinary approach to improving diabetes care for CCN Members Pilot<br>7) Prop 56 provider value based payments for diabetes care measures | Pshyra Jones/ Helen Syn | 1. Member Health Rewards are available on CalOptima Website, and shared with all Health Networks to promote in their outreach campaigns.<br><br>2. # of Eye Exam 2021 Medi-Cal Member Health Rewards processed as of 3/31/21: 5<br><br>5. **2021 February Prospective Rates (PR):**<br>**CDC Eye Exam**<br>MC: 26.51%<br>Measure is performing lower than same time last year and below the 50th percentile (MPL). Rate is negatively impacted by the COVID-19 pandemic. Members are not going in for preventive care. | 1. Targeted mailings to eligible Medi-Cal members were not conducted in 2021 due to budget limitations. However, preventative messaging including the encouragement of cancer screenings will be lumped into DHCS approved COVID texting campaigns, pointing members to the CalOptima Website for health rewards forms. Due to TCPA restrictions, IVR/Robocall and general mobile texting campaigns were not an available mode of communication in promoting the member health rewards.<br><br>2. Member Health Reward and Engagement Vendor Selected. Contract pending budget approval. | |

| 2021 QI Work Plan Element Description | Goals | Planned Activities | Staff Responsible | Results/Metrics: Assessments, Findings, and Monitoring of Previous Issues<br>*List any problems in reaching the goal or relevant data (i.e. state if goals were met or not met, include what caused the problem/issue)* | Next Steps<br>Interventions / Follow-up Actions<br>*State what will be done to meet the goal (i.e. continue with plan as listed or modify the plan: add a specific new process, etc.)* | Red - At Risk<br>Yellow - Concern<br>Green - On Target |
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| **V. QUALITY OF CLINICAL CARE- Maternal Child Health** | | | | | | |
| Prenatal and Postpartum Care Services (PPC): Timeliness of Prenatal Care and Postpartum Care (PHM Strategy). | **HEDIS MY2020 Goal:**<br>Prenatal 89.05%<br>Postpartum 76.40% | 1) Continue $50 member incentive program for completing a postpartum.<br>2) Track number of Incentives paid out PPC<br>3) Conduct Bright Step post partum assessment<br>4) # of Bright Steps Post Partum Assessments<br>5) Member Health Rewards RFP and Vendor Contract<br>6) Implement Collaborative Member Engagement Event with OC Diaper Bank (3-4 times yearly)<br>7) Prop 56 provider value based performance incentives for prenatal and postpartum care visits nad birth control | Ann Mino | 1. Member Health Rewards are available on CalOptima Website, and shared with all Health Networks to promote in their outreach campaigns.<br><br>2. # of 2022 dates of service for Postpartum Medi-Cal Member Postpartum Health Reward processed between 1/1/21 - 3/31/21 is 102.<br><br>3. 376 Postpartum assessments were completed through Bright Steps program between 1/1/21 - 3/31/21. An additional 447 members were outreach to for postpartum assessment but were unsuccesful contacts. | 1. Continue to promote Bright Steps and the postpartum incentive through various avenues include; providers, CBO, newsletters, during Bright Steps calls etc.<br><br>2. Member Health Reward and Engagement Vendor Selected. Contract pending budget approval.<br><br>3. Begin to organize community event (Diaper Days) to promote Bright Steps and other CalOptima initiatives. Tentative dates between 7/1/21 - 6/30/22. | |
| **VI. QUALITY OF CLINICAL CARE- Pediatric/Adolescent Wellness** | | | | | | |
| Pediatric Well-Care Visits - Includes measures such as W30, Child and Adolescent well care, Childhood vaccinations, | **HEDIS MY2020 Goal:**<br>MC 65.83% | 1) Targeted outreach campaigns in coordination with health network partners<br>2) EPSDT DHCS promotional campaign emphasizing immunizations and well care EPSDT visits<br>3) Implement "Back-to-School" events to promote well-care visits and immunizations for adolescents; and track the number of participants for targeted adolescent "Back-to-School" events.<br>4) Prop 56 provider value based payments for relevant child and adolescent measures | Pshyra Jones/ Helen Syn | 1. Back - to- School Immunization Clinic Planning began with meetings with OC County school district nurses.<br>2. MC Spring 2021 Newsletter, inclusive of 7-21 year old members (March 2021) (this included e-cig language)<br>3. Back to School Vaccination Ads on Social Media, 04/2021<br>4. **2021 February Prospective Rates (PR):**<br>**Childhood Immunization Status (CIS)** CIS: 22.89%; Measure is performing better than same time last year. Measure is currently below the 50th percentile. Rate is negatively impacted by the COVID-19 pandemic. Members are not going into their PCP's office timely.<br>**Immunizations for Adolescents (IMA)** Combo 1: 73.04%; Combo 2: 37.36%; HPV Immunizations: 39.49%; Meningococcal: 75.07%;Tdap: 80.14%. Measure is performing better than same time last year. Measure is currently below the 50th percentile. Rate is negatively impacted by the COVID-19 pandemic. Members are not going into their PCP's office timely.<br>**Child and Adolescent Well-Care Visits (WCV)** Age 3-11 years: 3.60%; Age 12-17 years: 2.73%; Age 18-21 years: 1.75%; Total: 2.91%. NEW MEASURE. No benchmark has yet been established for MPL. Members are not going into their PCP's office timely.<br>**Well-Child Visits in the First 30 Months of Life (W30)** First 15 months: 6+ Visits: 11.14%; 15 Months - 30 Months: 2+ Visits: 49.03%; NEW MEASURE. No benchmark has yet been established for MPL. Members are not going into their PCP's office timely. | 1. Targeted mailings to eligible Medi-Cal members were not conducted in 2021 due to budget limitations. However, preventative messaging including the encouragement of cancer screenings will be lumped into DHCS approved COVID texting campaigns, pointing members to the CalOptima Website for health rewards forms. Due to TCPA restrictions, IVR/Robocall and general mobile texting campaigns were not an available mode of communication in promoting the member health rewards.<br>2. Back to School Vaccination Event, 7-18 year olds, tentative, planned for 05/2021-12/2021<br>3. COVID text message campaign emphasizing Preventative Care Planned for Q2-Q3- Well Care Visits, Immunizations | |
| Blood Lead Screening | 1) Comply with APL requirements as stated<br>2) Send quarterly reports to CalOptima contracted PCPs timely<br>3) **HEDIS MY2020 Goal**: Lead Screening 50th percentile 73.11% | 1) Create new policy<br>2) Create quarterly report sent to CalOptima contracted PCPs identifying children with gaps in blood lead screening recommended schedule.<br>3) Create member and provider educational materials<br>4)Targeted member engagement and outreach campaigns to promote blood lead screenings in coordination with health network partners<br>5) Prop 56 provider value based payments for Blood Lead Screening | Pshyra Jones/ Helen Syn/ Leslie Martinez | 1. Created Policy GG.1717 Blood Lead Screening of Young Children. Effective Date: 12/1/2020<br>2. Quarterly Report to be sent to CalOptima contracted PCPs identifying children with gaps in blood lead screening recommended in April.<br>3. Be Aware of Lead - educational materials completed 1/26/21 to be distributed to providers.<br>4. Protect Your Family from Lead Poisoning member mailing projected for mail at end of April 2021<br>5. Be Aware of Lead article in Medi-Cal Spring 2021 Newsletters - Mailed to 503,680 members on 4/12/21 | 1. Distribution of Provider Educational Materials - April<br>2. Distribution of Targeted Member mailings - April<br>3. Identify method to share quarter report to CCN Providers<br>4. Distribution Q2 report to Health Networks on July 13, 2021 | |
| **VII. QUALITY OF SERVICE- Access** | | | | | | |
| Improve Access: Reducing gaps in provider network | Contract with a minimum of 25% of targeted providers identified by the network adequacy work group. | 1) Actively recruit hard to access specialties for CCN | Michelle Laughlin/Jennifer Bamberg | In 1st Quarter 2021, CalOptima outreached to 140 providers and contracted with the following:<br>Acupuncture-1<br>BCBA- Special Needs-5<br>Dermatology-3<br>ENT/Oto-1<br>Gastroenterology<br>Infectious Disease-1<br>LMFT-2<br>OBGYN-3<br>Orthopedic Surg.-14<br>Pain Mgt-3<br>PCP-2<br>Pediatric/Adolescent Med-1<br>Podiatry-1<br>Psychiatry-1<br>Psychology-1 | Continue to pursue contracting with hard to access specialties | |
| Improve Access: Timely Access (Appointment Availability) | Improve Timely Access compliance with Routine/Urgent Appointment Wait Times for PCPs/Specialists by 10 percentage points. | 1) Communication and corrective action to providers not meeting timely access standards<br>2) See Virtual Care Strategies | Marsha Choo/Jennifer Bamberg | Timely Access PDSAs were issued to all HNs. After receiving feedback of their PDSAs, HNs have revised and re-submitted the plan section of their PDSAs after receiving feedback from CalOptima. Four (4) HNs had their PDSAs approved and CalOptima will reach out to seven (7) of the HNs for a technical assistance call. | Hold technical asssitance calls with HNs to finalize the plan section of the PDSA. | |

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| Improve Access: Telephone Access | Reduce the rate of **No Live Contacts After All Attempts** from 28.3% to 25.0% | 1) Improve provider data in FACETs (i.e. Provider Directory Attestations, DHCS Quarterly and Monthly Provider Data Audits)<br>2) Provider Outreach and Education (Timely Access Survey) | Marsha Choo/Jennifer Bamberg | 1) PR has requested the following information from QA.<br>a.Copy of the provider universe given to the vendor that reflects 28%.<br>b.Confirm the field [Service Address (SO1, Remit Address, etc) used to pull the phone numbers].<br>c.Confirm if the phone numbers were pulled by contracted TIN or individual providers.<br>d.Review a summary of provider types to determine if certain provider types need a deeper dive (ie. BH providers<br><br>After review of the vendor universe, Provider Data Analytics worked with QI to ensure the vendor universe to is pulled by service address and will now approve it prior to submission to the vendor. PDMS and PR data validation will need to continue as outlined in column O.<br><br>2) Awaiting Timely Access Survey provider level compliance data in order to conduct provider outreach and education. In the meantime, Provider Relations is working with Quality Analytics to refresh the data for the Timely Access provider data and will QC data refresh. | 1) Upon receipt of this info, PR will take action:<br>a.PDMS developed a report titled Report 71 – Providers Affiliated with a Group – Mismatch Addresses (which includes address, suite, city, zip code and phone) to look for errors in the data.<br>b.PR to outreach to each CCN provider when submitting a CCN provider on an ACT to PDMS.<br>c.PDMS to outreach to to the provider group in order to confirm the phone number at the group (if there is a note in Facets within the CY quarter, PDMS will not outreach again until the next CY quarter as ACTs are submitted).<br>d.Provider Data Analytics shall work with QI to pull the vendor universe to ensure it is pulled by service address and approve it prior to submission to the vendor.<br>Continue with Q1 next steps. LexisNexis report review and validation is completed on a monthly basis by PDMS Coordinator. Planning Health Network delta match up on a quarterly basis (for pilot with HC Partners, Monarch, Arta, and Talbert).<br><br>2) Analyze Timely Access data when recieved and identify provider outreach and education. | |
| Improve Access: Virtual Care Strategies | Increase telehealth utilization rate from 24.1% to 30% (visit count/# members)<br><br>Increase member telehealth usage from 8.8% to 10% (teleheatlh member count/# members) | 1) Pace Telehealth<br>2) BH Virtual Care Visit (Bright Heart)<br>3) e-Visit (After Hours Urgent Care)<br>4) Participate in eConsult implementation<br>5) Member Texting Platform (mPulse) | Marsha Choo/Rick Cabral | **Pace Telehealth**<br>•Best Buy Health (Jitterbug) has declined to contract with CalOptima and workgroup evaluating alternatives.<br>**BH Virtual Care (Bright Heart)**<br>•Contracted with vendor -July-2020 and will begin seeing patients August-2020<br>**e-Visit (After Hours Urgent Care)**<br>•Decision to re-issue RFP with more specific billing requirements to allow other vendors to bid<br>•Modify SOW and re-issue RFP where Provider Contracting will own agreement<br>**eConsult Initiative**<br>•Medical Management delayed project start to FY22<br>•Continue to negotiate contracts with potential vendors<br>•Decision :<br>-Current Goal is to restart project 7/1/21<br>-COBAR will be submitted prior to executing contract and starting work<br>-Funding is being requested as part of FY22 Budget<br>**Member Texting Platform (mPulse)**<br>•DHCS approval obtained in early March<br>•Initial COVID-19 Vaccination campaign in progress where the first message sent out week March 22, to over 300,000 households; subsequent message to follow<br>•TCPA project is continuing, and making progress with obtaining consents where over 50,000 consents obtained | PACE Telehealth<br>•Review alternatives to the Jitterbug decises for participants<br>•Continue to monitor COVID-19 impact on regulations related to providing Telehealth services<br><br>BH Virtual Care (Bright Heart)<br>•Continue to utilization<br><br>e-Visits<br>•Re-issue RFP, select vendor and then negotiate contract and prepare COBAR.<br>•Obtain Board approval for COBAR and execute contract and plan implementation.<br><br>eConsult Initiative<br>•Continue contract negotiations<br>•Prepare COBAR for June or later<br><br>mPulse<br>•Transition mPulse to maintenance of business | |
| **VIII. QUALITY OF SERVICE- Member Engagement** | | | | | | |
| Improve Member Experience: Member Engagement | Increase member engagement via member portal. | 1) Member Portal<br>2) Member Outreach Calls | (1)Mauricio Flores<br>(2)AndrewTse<br>/Nancy Martinez | 1) Existing recorded announcements on CalOptima's customer service telephone tree educate member on self-service options available through the portal. The announcements play while members wait for a representative to answer.<br>- A notice to members mailed in January 2020 about Telephone Consumer Protection Act and requesting consent educated members about portal self-service options.<br>- CS staff educating members about Health Rewards Incentives program for COVID-19 vaccinations also remind member to visit the Member Portal to keep personal contact information updated.<br>2) Outreaching efforts involve informing members<br>- specific primary care providers terminating from the plan and assisting members with locating a new primary care provider<br>- that specific pharmacies would no longer be contracted and assisting members with finding a new contracted pharmacy,<br>- who are deeming and educating members on how to resolve their Medi-Cal eligibility issue<br>- who have a share of cost and educating members on contacting social services to assist with share of cost status and/or questions<br>- following up with new enrollees after 45's day of being enrolled with the plan to check in on how everything is working and offer assistance if necessary.<br>- Outreaching to members to wish them a Happy Birthday | **1)** - Additional temporary resources will be hired and trained in Q1 to assist with projected call volume and eventually return to outreach projects<br>- Medi-Cal member outreach to vulnerable populations during the current health crisis may resume once our call volume returns to manageable levels.<br><br>**2)** Based on inbound call volume and existing staffing resources, member outreach calls will be conducted. | |
| **IX. SAFETY OF CLINICAL CARE** | | | | | | |
| Plan All-Cause Readmissions (PCR) - MCAS Measure. OCC Quality Withhold measure. | HEDIS MY2020 Goal:<br>MC - NA<br>OC 8%; OCC 0.85 (O/E Ratio) | 1) Update the existing CORE report(RR0012) to include Medical LOB, Members with First Follow-up Visit within 30 days Discharge (CA 1.11)<br>2) Improve PCP Visit Access | Mike Shook | Analyzing baseline and first 60 days data; Report to QIC 4/13/21 | Identify additional changes to process as results become available to meet the goal of increasing post disharge visits | |



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| 2021 QI Work Plan Element Description | **Goals** | **Planned Activities** | **Staff Responsible** | **Results/Metrics: Assessments, Findings, and Monitoring of Previous Issues**<br>*List any problems in reaching the goal or relevant data (i.e. state if goals were met or not met, include what caused the problem/issue)* | **Next Steps Interventions / Follow-up Actions**<br>*State what will be done to meet the goal (i.e. continue with plan as listed or modify the plan: add a specific new process, etc.)* | Red - At Risk<br>Yellow - Concern<br>Green - On Target |
|---|---|---|---|---|---|---|
| Quality of Care Grievances and Potential Quality Issue (GARS/PQI) Processing | Provide clinical recommendations to members with a quality of care grievance within 30 days. | 1) Implement new GARS/PQI process to improve response to quality of care grievances which will include clinical recommendations in the GARS resolution letter to member.<br>2) Reduce the number of PQIs related to quality of service grievances, and overall PQIs being investigated | Laura Guest/Ana Aranda | In Q4 2020, we instituted a new GARS/PQI process in response to the Annual DHCS audit and CAP. In the new process, the QI Nurse reviews QOC grievances referred by GARS initially for any urgent clinical issues that need to be addressed. When GARS receives the response from the provider, the QI Nurse summarized the issue, the provider's response and makes recommendations. This is reviewed by the medical director, who makes the final recommendations which are included in the member's grievance resolution letter. The medical director will recommend opening a PQI investigation if more information is needed to determine if there was a quality of care issue. An additional advantage of this process is that it has resulted in a dramatic decline of cases referred by GARS, from an average of 112 per month to 13 per month, most of which turned out to be quality of service cases. | Have an ongoing review of the process and identify opportunities for improvement or refinement in our methodology. | |
| Post-Acute Infection Prevention Quality Incentive (PIPQI) | 1. To reduce the number of nosocomial infections for LTC members.<br>2. To reduce the number of acute care hospitalizations related to infections for LTC members. | 1) Nurses monitor once a month.<br>2) Facility Staff bathe residents in Chlorhexidine (CHG) antiseptic soap for routine bathing and showering. and administer Iodofor (nasal swabs).<br>3)CalOptima will pay participating facilities via quality incentive.<br>4) Once the PDSA is approved. Project Update can be reported on a Quarterly basis to QIC. | **Michelle Findlater**/Scott Robinson | In March 2021, the PIPQI Nurses returned to completing on site visits at the nursing facilities. Goal is for staff to visit 8-10 nursing facilties each week to gather information pertaing to the usage of the CHG and Iodofor Products and to gauge understanding from both members and staff about the necessity of the complaince with the program. Nurses also collect and analyze HAI (Healthcare associated infection rates) to gauge the effectiveness of the protocols. A barrier we have seen in the high turnover of the staff in the facilities has led to some gaps in the available HAI data, but the Nurses are working closely with the staff to complete the data retrival. | Will continue to conduct on site scheduled and unscheduled visits to ensure the quality of the data and the support of the Nursing Facilities. | |
| Orange County COVID Nursing Home Prevention Program. | Conduct in-person training of 12 CalOptima contracted nursing facilities in collaboration with UCI to reduce the spread of COVID/Infections in nursing facilities | Program includes intense in-person training of contracted nursing facilities provided by UCI, along with consultative sessions, comprehensive toolkit, weekly educational emails, and training webinars provided free to all CalOptima Orange County contracted nursing facilities. Program funding through May 2021. Planned activities include:<br>1) Outfit OC nursing homes to prevent COVID-19 as soon as possible<br>2) Provide expertise on infection prevention for COVID-19/SARS-CoV-2<br>3) Provide guidance, protocols for preventing spread of COVID<br>4) Support training on how to stock and use protective gear<br>5) Develop high compliance processes for protection of staff and residents.<br>6) Make toolkit available for free at www.ucihealth.org/stopcovid | Cathy Osborn/**Scott Robinson** | UCI education outreach to nursing facilities is currently focused on the COVID-19 vaccination:<br>1. March 10, 2021 - UCI hosted a Nursing home webinar: Advanced Vaccine Quaestions and Projections for Pandemic End. Attended by 60 attendees from approximately 20 OC nursing homes.<br>2.UCI offered in-person training to all OC nursing homes to provide information and address questions related to COVID-19 vaccines. Twenty in-person training sessions were completed at 18 nursing homes.<br>3. UCI implemented a roster-based tracking form to collect information about COVID-19 vaccine uptake among nursing home staff and residents. As of 2/28/2021 - 65% of nf staff received a first does of COVID-19 vaccine and 42% of nf staff recevied two doses. Resident vacccine estimates are not yet available. | 1. Continue to facilititate UCI education emails to nursing facilities.<br>2. UCI will continue to monitor 12 nursing facilities via video surveillance.<br>3. Continue to meet with UCI monthly for updates.<br>4. Toolkit is complete and available for free to all nursing homes at www.ucihealth.org/stopcovid. | |
| LTC Facility Transfer Plan due to COVID-19 | Transfer 100% of CalOptima members to other facilities within 5 days of evacuation notice. | 1) Train all LTSS staff in LTC operational DTP: LTC015 LTC facilities planned and unplanned closure process.<br>2) Monitor all nursing facilities for COVID_19 positive rates in members and facility staff<br>3) Identify high-risk facilities that hae COVID-19 related staffing shortages and high infection rates that my require evacuation.<br>4) Identify and maintain a log of available nursing facility beds that members could be transferred to. | Scott Robinson | LTC staff were re- trained on DTP: LTC015 LTC facilities planned and unplanned closure process in March 2021.<br>LTC MAA Staff continue weekly calls to the LTC facilities to check COVID Member and Staff counts to anticipate any potential emergency closures. Staff also ask number of available beds as a way of planning for transfer capacities should an emergent closure occur.<br>LTC NCM Staff conduct Bi-weekly phone calls to ask for any staffing or PPE concerns. | Continue with plan as listed | |

**Board of Directors' Quality Assurance Committee (QAC) Meeting**
**September 8, 2021**

**Program of All-Inclusive Care for the Elderly (PACE)**
**Quality Improvement Committee**
**Second Quarter 2021 Meeting Summary**

## May 11, 2021: PACE Quality Improvement Committee (PQIC) Meeting and PACE Infection Control Subcommittee Summary

- All PQIC members present
- Infection Control Subcommittee: PACE's response to COVID-19
    - As of April 30, 2021, 87% of PACE participants are fully vaccinated, surpassing the PACE benchmark goal of 80% vaccination rate.
    - Continued coordination of COVID-19 vaccines for participants by tracking COVID vaccine eligibility, contraindications to receiving the vaccine (such as prior preventive immunizations) and reaching out to participants to provide a vaccination
    - Continued intervention by PACE primary care providers in addressing vaccine hesitancy among PACE participants
    - Continued COVID-19 testing for PACE participants
    - Continued weekly COVID-19 updates in Leadership Meetings and monthly updates in All-Staff Meetings
    - Continued contact with PACE participants through daily Wellness Calls. In April 2021, more than 2,800 calls were placed to PACE participants.
    - Continued provision of essential skilled and non-skilled services at PACE that included physical/occupational therapy, shower assists and escort services
    - Continued implementation of the telehealth platform
    - Formation of a committee to implement plans for PACE recovery and re-opening Focus areas include adherence to CDC guidelines for congregate settings, PACE Center engineering controls and workplace safety.
- Health Plan Management System (HPMS) Report
    - Membership: While below our goal, this is to be expected in view of the pandemic. The Marketing and Enrollment Team is reviewing our campaign strategies.
    - Immunizations: The pneumococcal vaccination rate rests at 95%. Our influenza vaccination rate is at 93%. Lower preventive vaccination rates may be attributable to deferring those vaccinations due to the waiting period between receiving the COVID vaccine and the administration of other vaccines.
    - Falls Without Injury:

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- We observed a minimal increase in comparison to the previous quarter.
- Most falls occur as a result of improper use of assistive devices.
- The PACE rehabilitation department is examining trends and providing participant/caregiver education.

- Grievances
  - A total of four grievances were recorded. Grievance resolutions were to the satisfaction of the participant.
- Quality Incidents with Root Cause Analysis
  - Fifteen quality incidents were reported: Seven falls with injury, three burns, four pressure ulcers and one elopement. A root cause analysis was conducted for each incident. No system or operational changes were identified as part of the root cause analyses.
- Quality Initiative: COVID-19 Vaccines
  - This quality initiative focuses on vaccine education, outreach and vaccine distribution with a goal of 80% of participants fully vaccinated.
  - Vaccine hesitancy reported by 7% of participants. PACE PCPs reached out to these participants communicating the benefits of the vaccine and answering questions about participant concerns.
  - The PACE scheduling team provides care coordination for COVID-19 vaccine administration while the PACE Quality Improvement team maintains and tracks the vaccination status of participants.
  - The PACE scheduling team is collaborating with area retail pharmacies for vaccine administration.
- Quality Initiative: Telehealth Engagement
  - As of May 2021, 65% of participants were able to engage in telehealth visits.
  - The number of telehealth visits is expected to decline as we increase the number of in-person visits.
- Introduction of the updated Infection Control Manual
  - Adoption of the updated manual was approved by the committee.

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# Member Trend Report: 1st Quarter 2021

Quality Assurance Committee Meeting

September 8, 2021

Tyronda Moses, Director, Grievance and Appeals

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# Overview

- Complaints by category
- Appeals and Grievance trends
  - Per 1,000 member months for Medi-Cal program
  - Per 1,000 members for OneCare and OneCare Connect programs
- Interventions based on trends

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# Definitions

- Appeal: A request by the member for review of any decision to deny, modify or discontinue a covered service
- Grievance: An oral or written expression indicating dissatisfaction with any aspect of a CalOptima program
- Quality of Service (QOS): Issues that result in member inconvenience or dissatisfaction
- Quality of Care (QOC): Concerns regarding care the member received or feels should have been received

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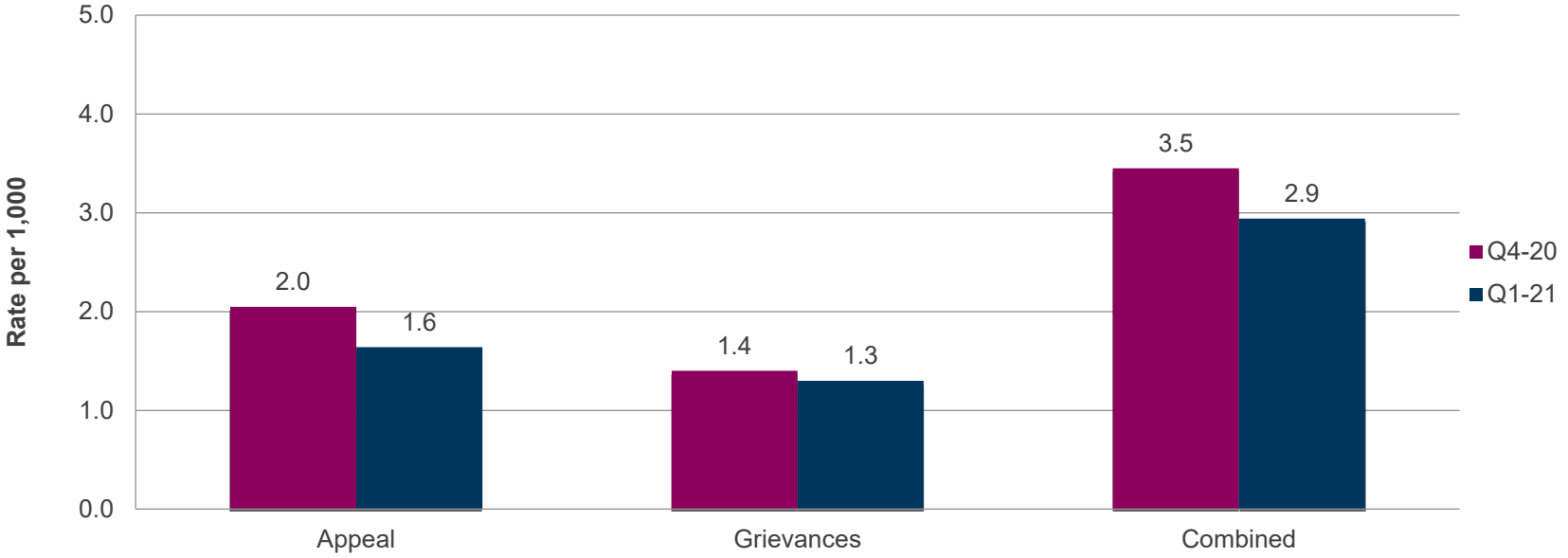
# Medi-Cal Complaints




| | Total Complaints | Member Appeals | Member Grievances | Membership |
|---|---|---|---|---|
| Q4-2020 | 3,694 | 404 | 3,290 | 782,283 |
| Q1-2021 | 3,455 | 325 | 3,130 | 803,071 |

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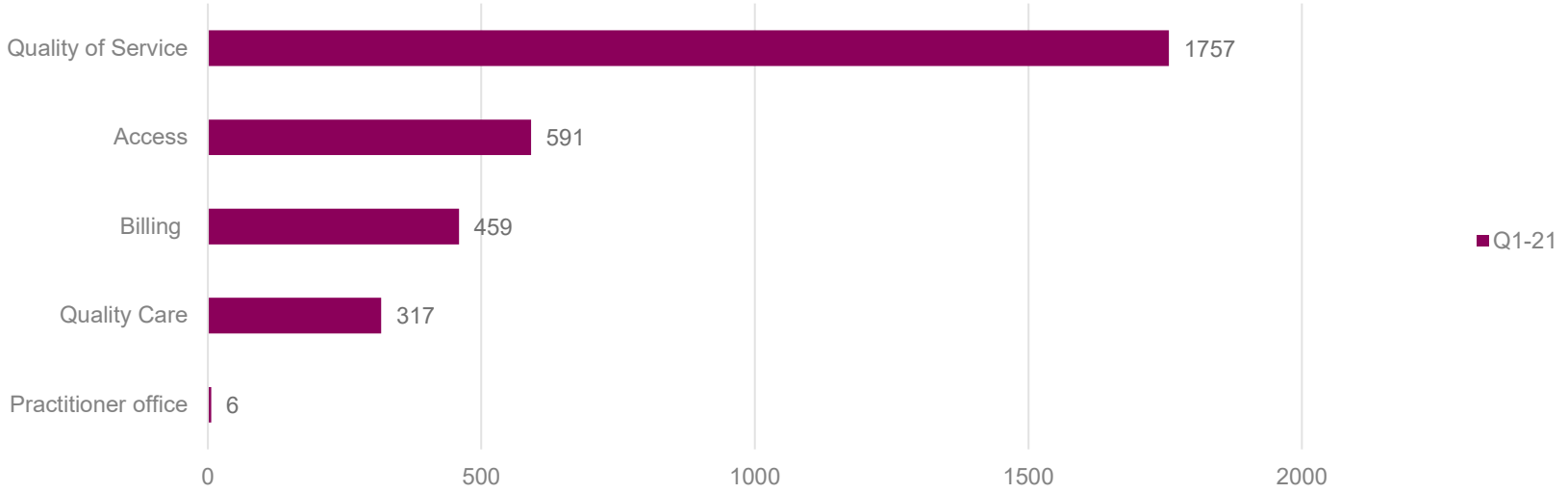
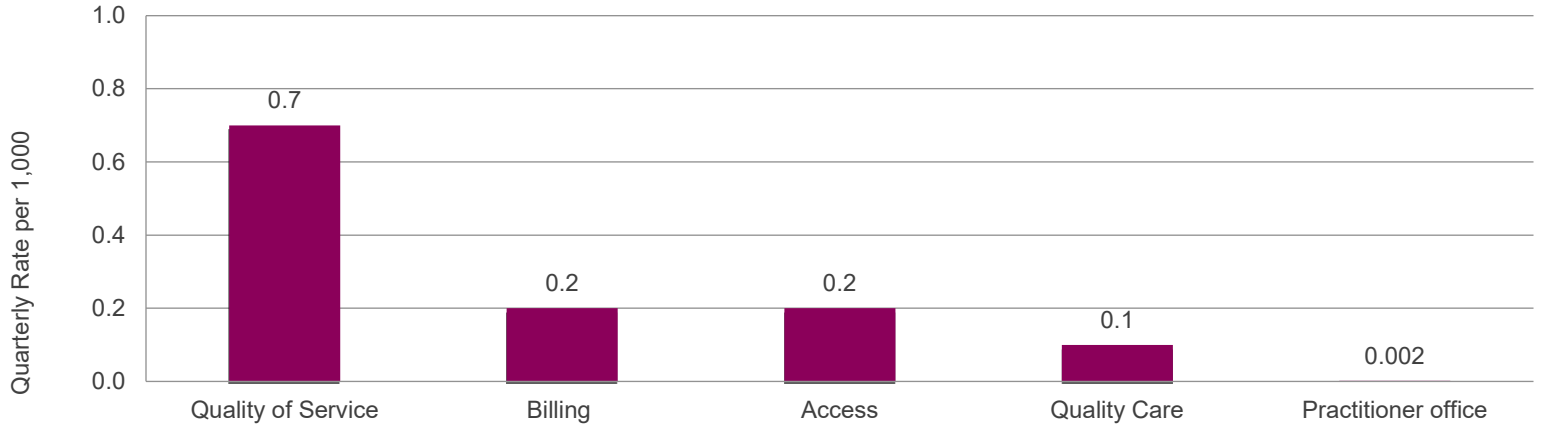
# Medi-Cal Grievances by Category

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# Medi-Cal Summary

- Grievances decreased by 5% from Q4 2020 to Q1 2021 in the following categories:
  - Quality of Care
    - Question treatment
    - Delay in treatment
  - Quality of Service
    - Delay in service
    - Provider/staff services and demeanor
  - Access
    - Telephone accessibility
    - Specialty care
  - Billing
    - COVID-19 testing reimbursement
    - Out of Network office consults

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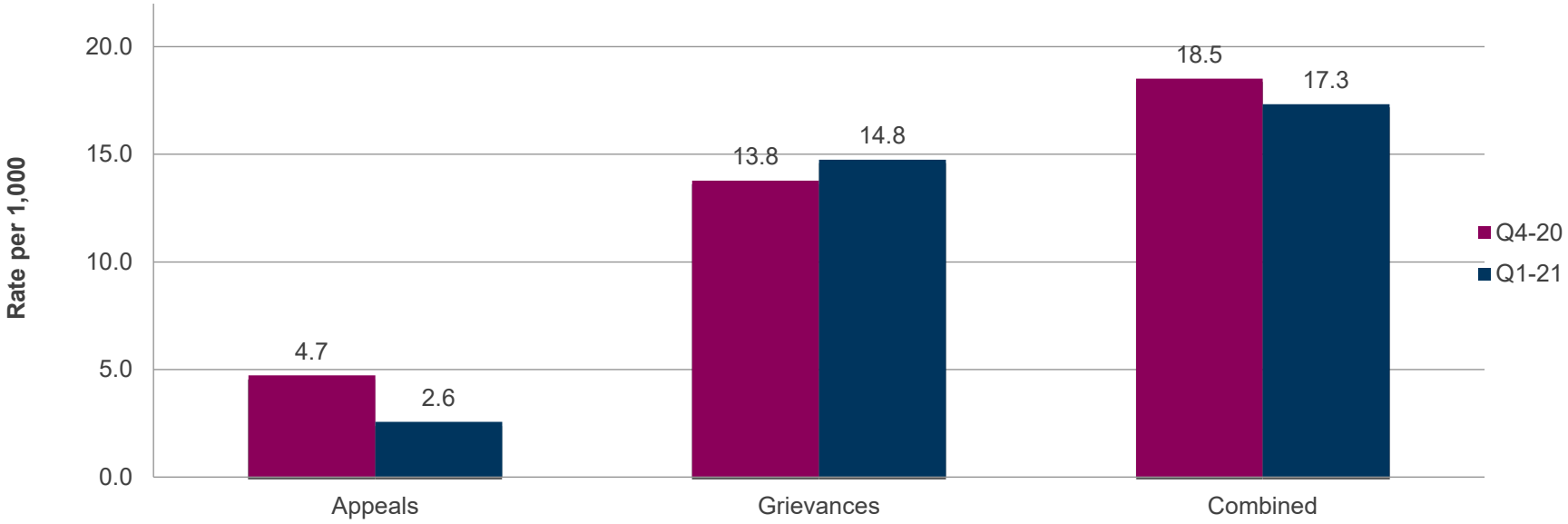
# OneCare Connect (OCC) Complaints




| | Total Complaints | Member Appeals | Member Grievances | Membership |
|---|---|---|---|---|
| Q4-2020 | 253 | 58 | 195 | 14,912 |
| Q1-2021 | 256 | 38 | 218 | 14,776 |

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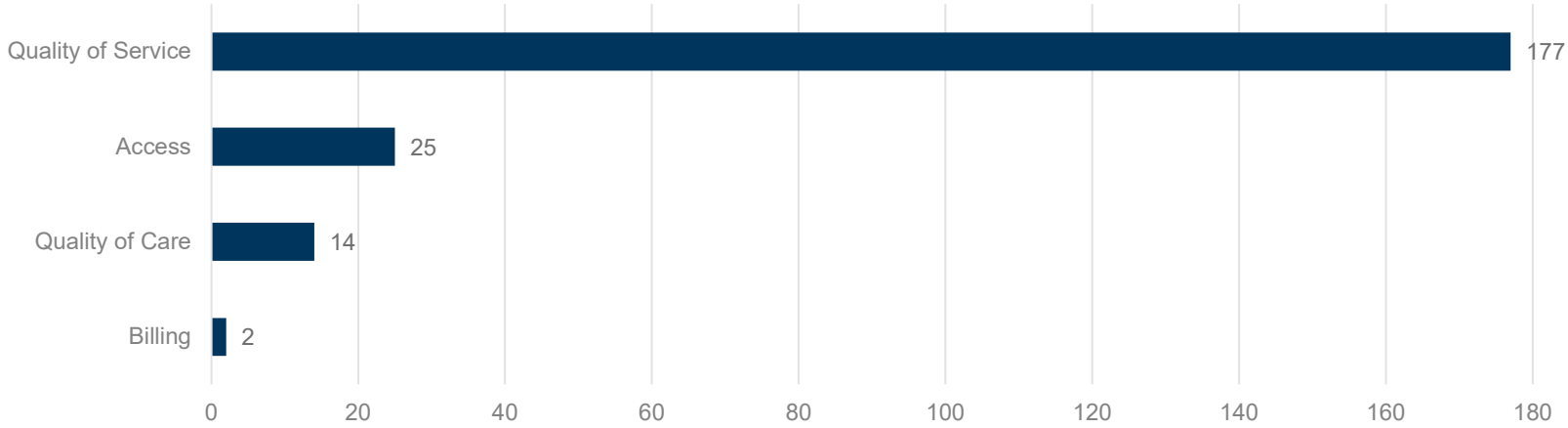
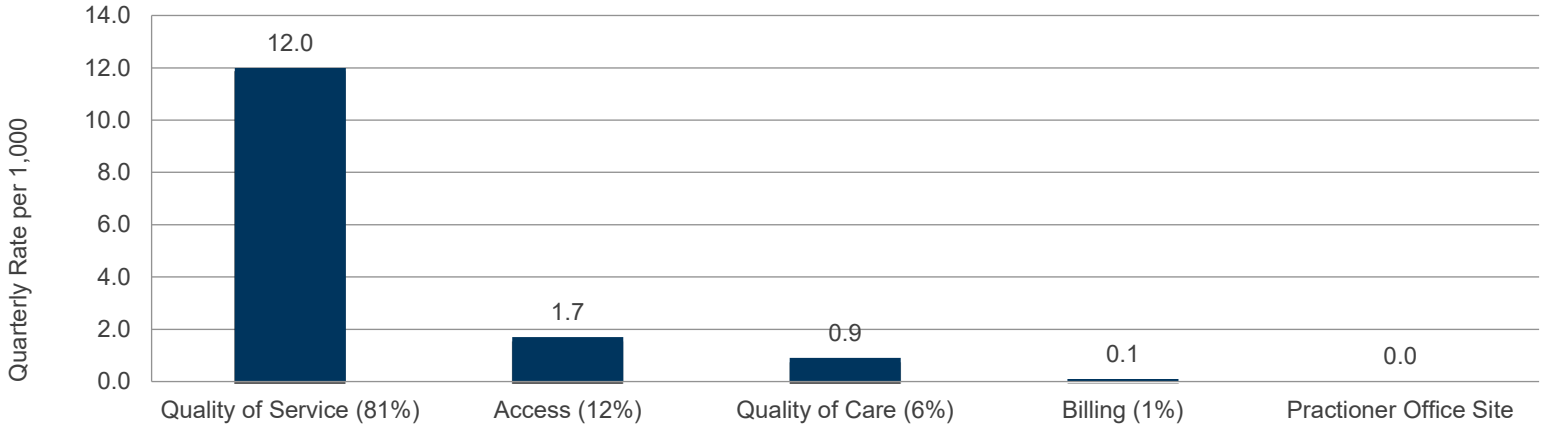
# OCC Grievances by Category

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# OCC Summary

- Grievances increased by 12% from Q4 2020 to Q1 2021 in the following categories:
  - Access
    - Telephone accessibility
    - Appointment availability
  - Quality of Service
    - Non-Medical transportation
    - Provider/staff demeanor
  - Quality of Care
    - Question treatment
    - Facility services

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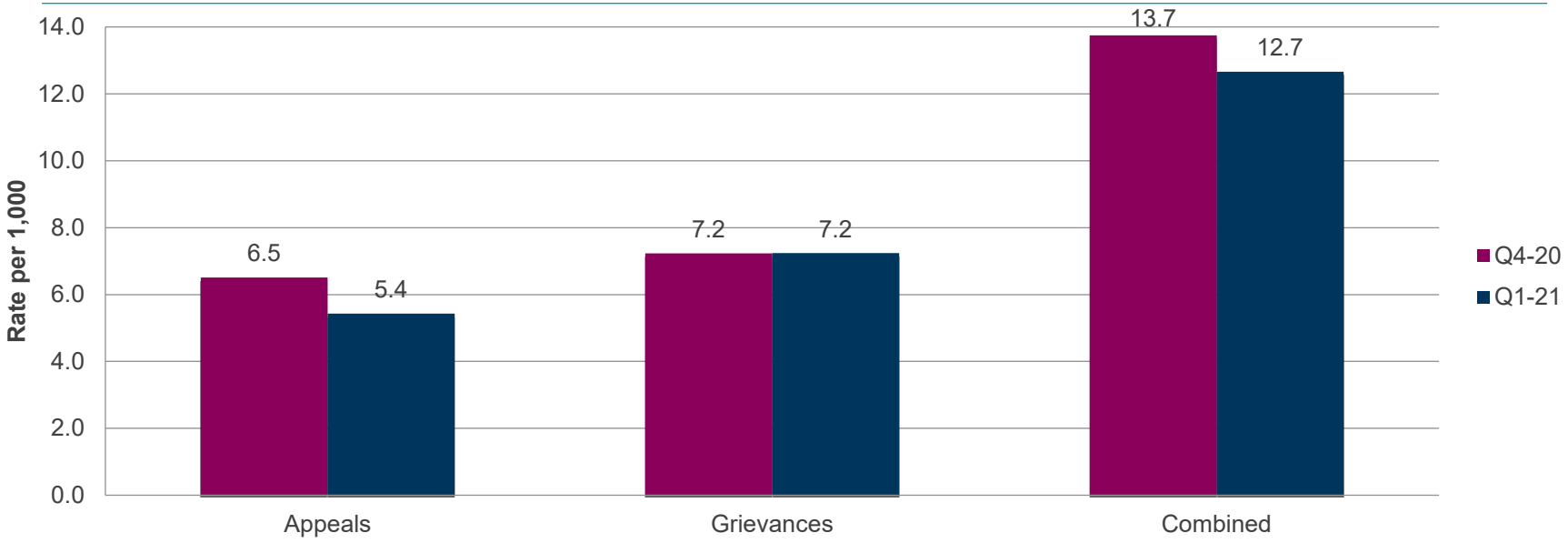
# OneCare Complaints




| | Total Complaints | Member Appeals | Member Grievances | Membership |
|---|---|---|---|---|
| Q4-2020 | 23 | 10 | 13 | 1,619 |
| Q1-2021 | 21 | 9 | 12 | 1,658 |

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# OneCare Summary

- Grievances decreased slightly from Q4 2020 to Q1 2021
- Grievances were for the following:
  - CalOptima staff/services
  - Provider services/demeanor
  - Non-medical transportation

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# Our Mission

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

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