



2024 Population Assessment

Report Date:
May 2024

Data Date Range:
January–December 2023

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2024 Population Health Management Signature Page

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1. Population Needs Assessment Overview

CalOptima Health's Population Needs Assessment (PNA) is conducted annually to review and prioritize the needs of our member population and relevant subpopulations through data-driven planning and decision-making. The PNA considers the unique health needs of children and adults throughout Orange County (OC) who enrolled in Medi-Cal Managed Care including:

- Overall member population, including social determinants of health (SDOH)
- Children and adolescent members ages 2–19 years old
- Members with disabilities
- Member clinical and utilization trends, including analysis by racial and ethnic groups
- Members with limited English proficiency
- Relevant focus populations, including members who are pregnant or experiencing homelessness

The PNA's key findings are used to inform the annual Population Health Management (PHM) Strategy, Workplan, and Program which aim to address gaps in member care and services. Key findings also help identify the need for process updates and resource allocation.

Population Segmentation and Care Coordination

CalOptima Health's PHM Program was designed to ensure that the care and services provided to our members are delivered in a whole-person-centered, safe, timely, efficient and equitable manner across the entire health care continuum and life span. The PHM Program integrates physical health, behavioral health, long-term support services, care coordination and complex case management to improve coordination of care between managed care teams. The PHM Program includes basic population health management, complex care management, enhanced care management (ECM) and transitional care services.

Enhanced Care Management (ECM) is for the highest-need CalOptima Health members and provides intensive coordination of health and health-related services.

Complex Care Management (CCM) is for CalOptima Health members at higher and medium-rising risk and provides ongoing chronic care coordination, interventions for temporary needs and disease-specific management interventions.

Basic Population Health Management is an array of services for all CalOptima Health members, including care coordination and comprehensive wellness and prevention programs, all of which require a strong connection to primary care.



2. Methodology

To present a comprehensive scope of CalOptima Health's Medi-Cal membership needs, a wide array of data sources and reference materials were reviewed. Data were compiled from CalOptima Health's administrative and encounter data, other reports and special studies by CalOptima Health, public domain secondary data sources and reports, and other references.

The population data assessed includes:

- Member data
- Medical and behavioral claims and encounters
- Pharmacy claims
- Laboratory results
- Health appraisal results
- Health services programs within CalOptima Health
- Advanced data sources

In addition, several performance indicators are used to establish benchmarks and quality improvement goals, including:

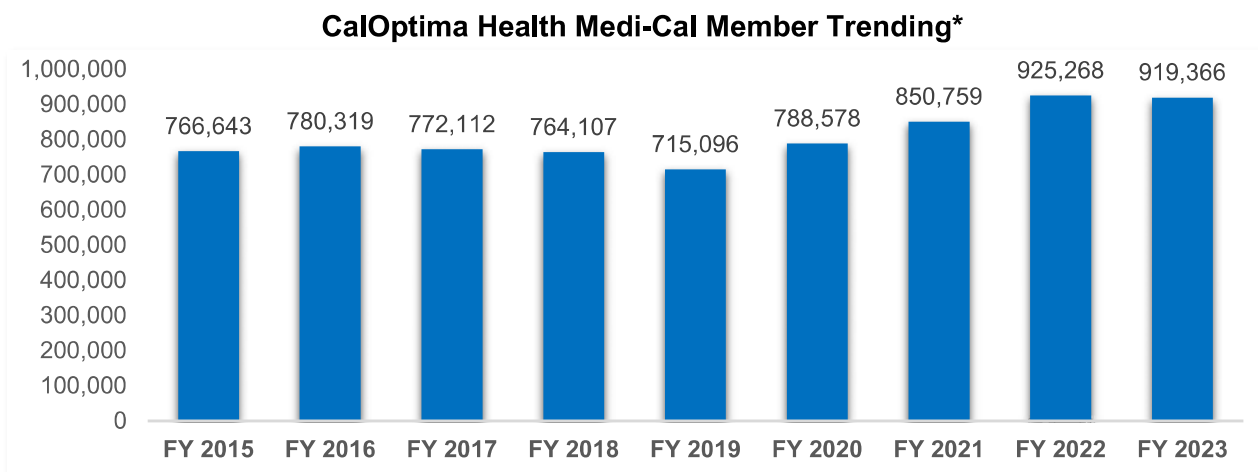
- Healthcare Effectiveness Data and Information Set (HEDIS®) (Reporting Year (RY) 2019-2023) — HEDIS® (Measurement Year (MY) 2018-2022) is a comprehensive set of standardized performance measures established by the National Committee for Quality Assurance (NCQA) to provide information for reliable comparison of health plan performance.
- Medi-Cal Managed Care Accountability Set (MCAS) (RY 2023) — MCAS (MY 2022) is a set of performance measures that the California Department of Health Care Services (DHCS) selects for annual reporting by Medi-Cal managed care health plans (MCPs).

CalOptima Health also uses secondary data sources to enhance population assessment efforts as well as serve to fill gaps that can help better understand the needs of CalOptima Health members. These data sources include:

- OC Health Data Dashboard
- Advance OC: Orange County Equity Map
- U.S. Census: Orange County Profile 2020
- Everyone Counts: 2019 and 2022 Point-in-Time Homeless Count Summary

3. Membership Profile

CalOptima Health was created by the community to fill a critical need, and now we are a model community health plan recognized for delivering access to quality care. In 2023, CalOptima Health provided Medi-Cal services to about one in three Orange County residents, making us the largest managed care plan in the county. CalOptima Health covers families with children, seniors, persons with disabilities, foster care children, pregnant women, and low-income people with specific health conditions.



Data Source: FY 2015-2023 CalOptima Health Membership Tableau Dashboard, Accessed April 2024

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

CalOptima Health's Medi-Cal membership has drastically grown since we first opened our doors over the 30 years. As of December 2023, CalOptima Health membership reached 919,366, showing a decline of 5,902 members from the previous year. The slight decline in Medi-Cal membership is likely due to the end of the Public Health Emergency (PHE) and subsequent resumption of annual Medi-Cal renewals to redetermine eligibility. According to the California Health Care Foundation¹, most people who were disenrolled during redetermination were not disenrolled due to lack of eligibility, but for reasons such as late or missing paperwork or information.

Efforts to Support Members to Maintain Eligibility

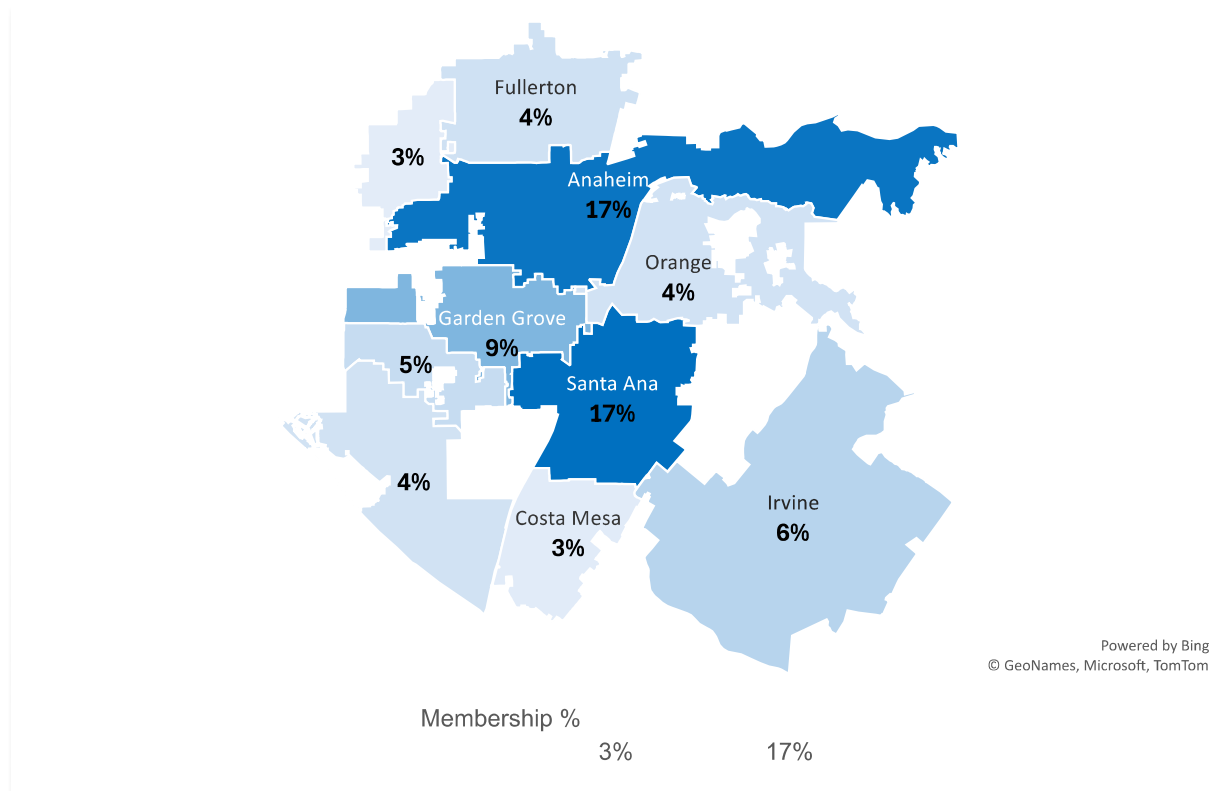
In effort to assist members to maintain eligibility, CalOptima Health launched a multifaceted initiative that included the development of:

- Multimedia toolkit with sample text, articles, flyers, social media posts, etc.
- CalOptima Health's InfoSeries on Medi-Cal Redetermination for staff and health network providers.
- Various community events to assist members with Medi-Cal renewal.

¹ Adams, Amy. (2024). *Key Takeaways from Medi-Cal Redetermination Data*. California Health Care Foundation. <https://www.chcf.org/publication/key-takeaways-medi-cal-redetermination-data-june-august-2023/#related-links-and-downloads>

Membership by City and Living Conditions

Medi-Cal Membership by City



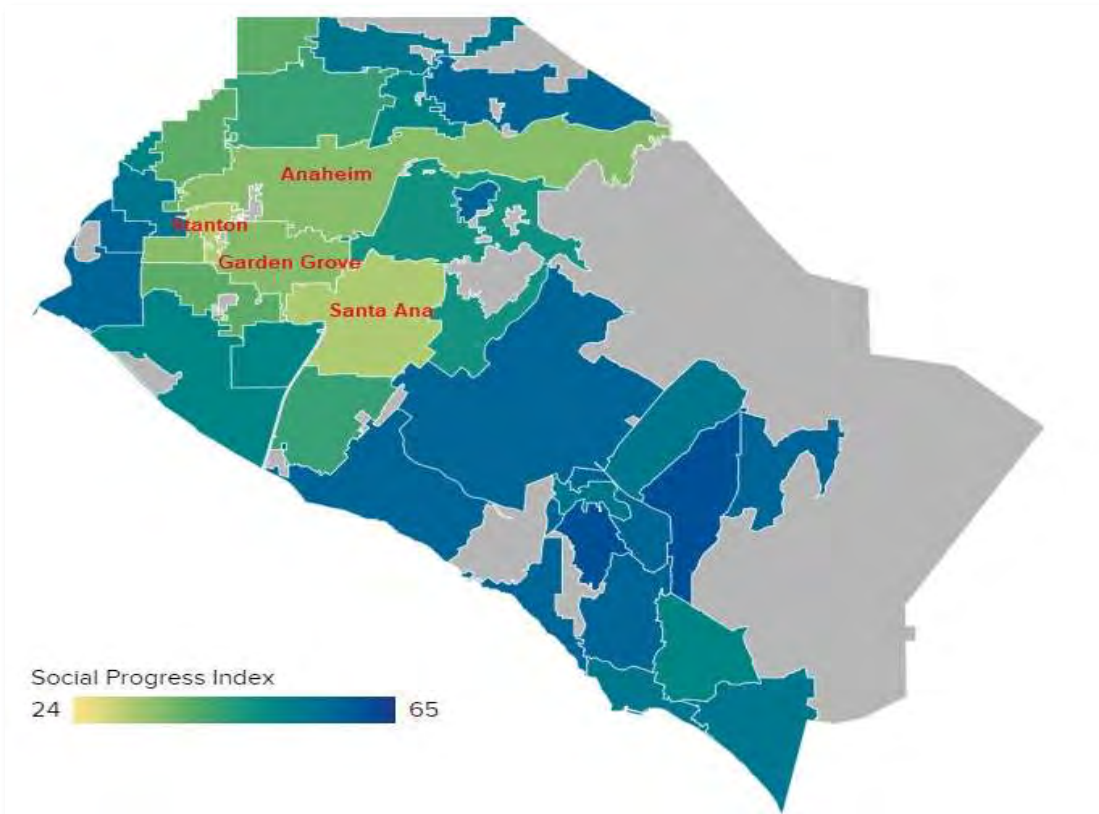
Data Source: MY 2023 CalOptima Health Membership Tableau Dashboard, Accessed April 2024

As of 2023, nearly half (43%) of CalOptima Health’s Medi-Cal membership resided in central Orange County, specifically in Santa Ana (17%), Anaheim (17%) and Garden Grove (9%). To gain a deeper understanding of the living conditions of Medi-Cal members in Orange County, CalOptima Health also analyzed Social Progress Index (SPI) scores by city using the most current data from the OC Equity Map. The OC Equity Map displays SPI scores throughout Orange County. SPI scores provide important information about the success of our communities by aggregating 50 indicators that describe 12 components outlined in the figure on the following page.

2024 Social Progress Index® Framework²



Social Progress Index by City



Data Source: 2023 (MY 2021) OC Equity Map Dashboard, Accessed April 2024

² Green, M., Harmacek, J., Htitch, M., and Krylova, P. (2024). *Executive Summary: 2024 Social Progress Index*. Social Progress Imperative. https://cdn.prod.website-files.com/6650cb66e461b93f1a906cf2/667c5a2410e6e419272df71a_Global%20Social%20Progress%20Index%20Executive%20Summary%20.pdf

Noteworthy are the parallels observed between the Orange County cities with the highest concentration of Medi-Cal members and the cities with lowest SPI scores as reported on the OC

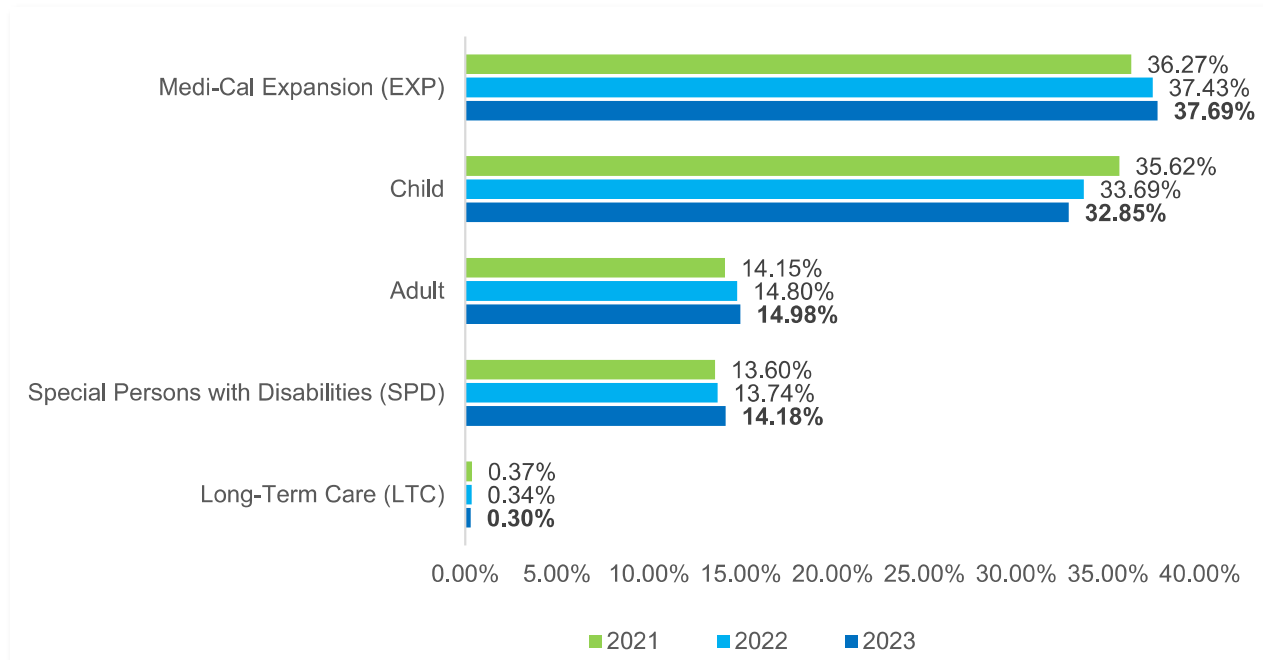
Equity Map. When comparing Orange County cities, Santa Ana (31 indicators), Stanton (32 indicators), and Garden Grove (36 indicators) residents had the lowest SPI scores. The combination of this data illustrates the need to support members who reside in central Orange County by increasing access to basic human needs, strengthening foundations of wellbeing, and creating more opportunities. Building the capacity and infrastructure of the communities in which CalOptima Health members reside is critical to providing and sustaining efforts to help members to live healthier lives.

Efforts to Support Members in the Community

To support the communities in which our members reside, CalOptima Health extended services and supports beyond health care settings directly into these communities as part of the California Advancing and Innovating Medi-Cal (CalAIM) initiative. CalAIM aims to reduce health disparities and transform the health care delivery system for Medi-Cal beneficiaries. CalOptima Health launched Enhance Care Management (ECM) in 2022 and was the first in the state to make all fourteen Community Supports available to Orange County Medi-Cal members. ECM is comprehensive care coordination and management for members with complex needs who are facing difficult life and health circumstances. Community Supports are services offered to meet members’ needs for health and health-related services that address social determinants of health and non-medical factors that impact health outcomes like housing navigation and medically tailored meals. In 2023, CalOptima Health worked to expand eligibility and streamline the referral process for ECM and Community Supports for CalOptima Health members.

Membership by Aid Code

Trending Medi-Cal Distribution by Aid Code



Data Source: MY 2021-2023 CalOptima Health Membership Tableau Dashboard, Accessed April 2024

In 2023, the distribution of members according to aid code shows that 37.69% of members were part of the Medi-Cal expansion (up from 36.27% in 2021); 32.85% are children (down from 35.62% in 2021); 14.98% are adults (up from 14.15% in 2021); 14.18% are persons with disabilities (up from 13.60% in 2021); and fewer than 1% are in Long-Term Care (unchanged from 2021). Since the PHE, CalOptima Health has seen more Medi-Cal beneficiaries who qualify for services as part of Medi-Cal expansion efforts, including adults ages 50 and over regardless of immigration status and the

postpartum care extension to 12 months. This further demonstrates the need for CalOptima Health to review and evaluate its services to ensure that provided services meet the health care needs of our growing Medi-Cal expansion membership.

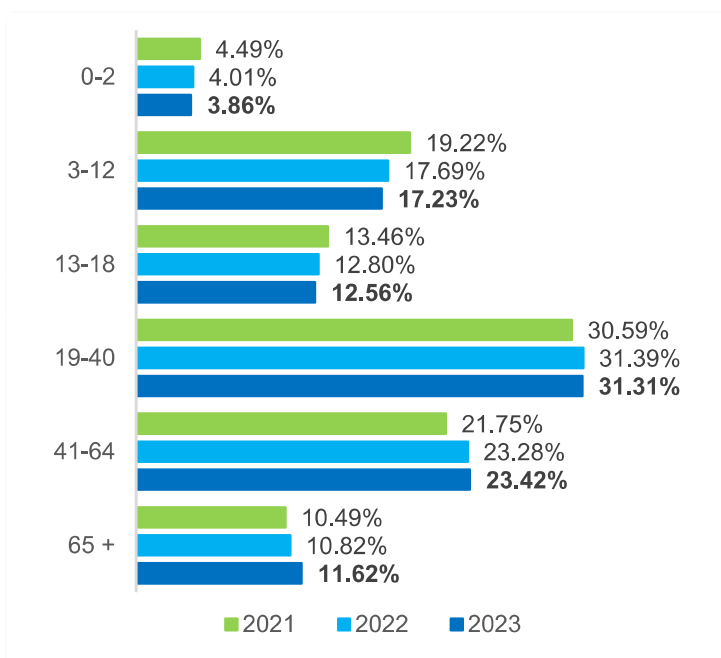
Efforts to Support Growing Medi-Cal Expansion Populations

The increase of individuals enrolling in Medi-Cal regardless of immigration status justifies the need to monitor cultural and linguistic services, identify opportunities for improvement, and ensure CalOptima Health staff reflects the cultural diversity of our membership. To fulfill this need, CalOptima Health offers Culturally and Linguistically Appropriate Services (CLAS) and regularly monitors interpreter and translation access amongst contracted Health Networks. Regular monitoring efforts provide insight into the frequency of interpreter and translation requests by threshold language. These reports are compared year over year to support service improvement efforts. CalOptima Health also requires that staff and network providers complete cultural competency training upon hire and annually thereafter.

Furthermore, the Medi-Cal postpartum care extension created the need to enhance maternal care services and resources to ensure that expectant members receive continuous medical and behavioral health support throughout their pregnancy and postpartum. In 2023, CalOptima Health enhanced its maternal health program, Bright Steps, to broaden services and resources in health education and nutrition services which are offered by dedicated staff (e.g., registered dietitian, health coach, senior health educator, and personal care coordinators) with subject matter expertise in maternal health and relevant certifications (e.g., certified lactation counselor). Bright Steps also supported the new Medi-Cal doula benefit implementation to ensure members have access to emotional and physical support during pregnancy (including those ending in abortion or miscarriage), labor, delivery, and the postpartum period. In 2023, Bright Steps also piloted member baby showers to connect new and expectant Medi-Cal members with CalOptima Health and community resources, gave away free diapers and toys, and offered live health education services (e.g., lactation, nutrition counseling, etc.).

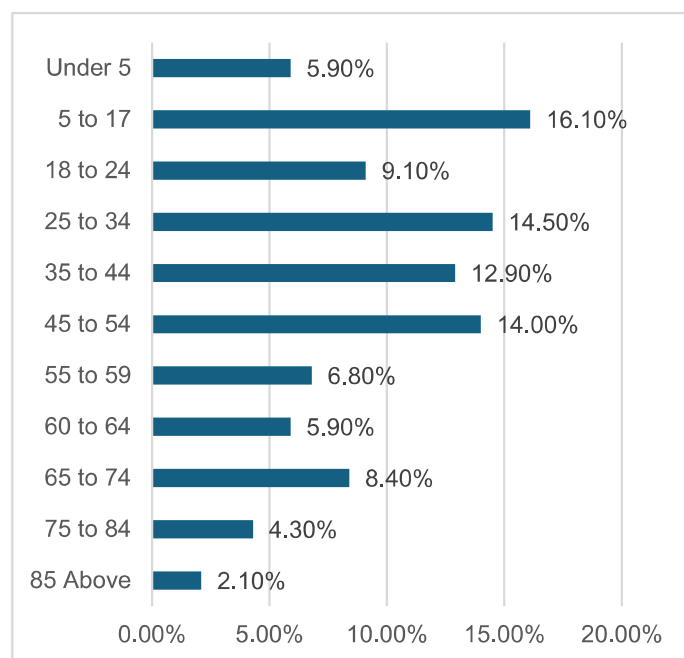
Membership by Age

Trending Medi-Cal Membership by Age



Data Source: MY 2021-2023 CalOptima Health Membership Tableau Dashboard, Accessed April 2024

Orange County Population by Age



Data Source: Orange County, U.S. Census Bureau, 2020 American Community Survey (ACS), Accessed April 2024

Member data in 2023 shows that more than half of CalOptima Health’s Medi-Cal membership are adults ages 19-64 (54.73%) (up from 52.34% 2021), followed by children ages 0-18 (33.65%) (down from 37.17% in 2021), and seniors ages 65 and older (11.62%) (up from 10.49% 2021). In comparison, the Orange County U.S. Census Bureau ACS (MY 2020) shows slight variations in the county’s population when stratified by age. More than half of Orange County’s population are adults ages 18-64 (63.20%), followed by children ages 0-17 (31.10%), and seniors ages 65 and older (14.80%). Overall, CalOptima Health’s Medi-Cal membership has about the same proportions of children, adults, and seniors when compared to the general population of Orange County. However, trending data from throughout the PHE reveal slight increases within the adult and senior Medi-Cal populations.

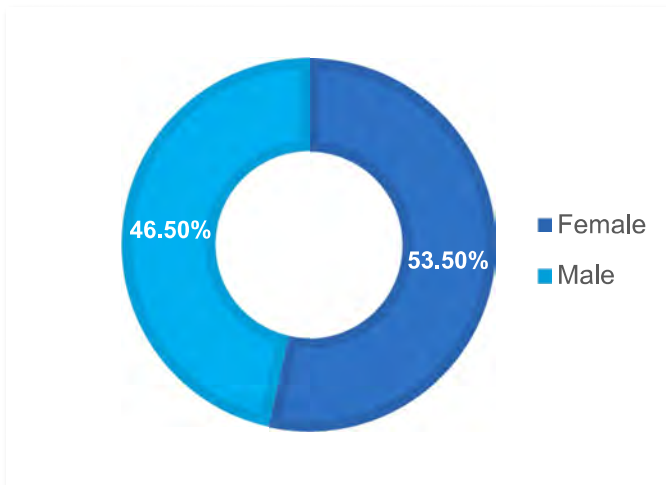
Efforts to Support Members Across their Lifespan

These findings reinforce the need to enhance health programs and services focused on helping members address a variety of health needs and goals across the entire lifespan. To meet this need, CalOptima Health’s PHM Program aims to deliver whole-person, equitable, and quality services across the health care continuum and life span for all members. As referenced in the overview section, the PHM Program includes:

- Basic population health management (BPHM) services like health and wellness coaching and classes designed and facilitated by certified Community Health Education Specialists (CHES) and masters’ educated health educators.
- Complex care management (CCM) services like CCM assessments to identify barriers to optimal health care and basic needs by reviewing issues related to general health, chronic conditions, medications, life planning, self-management, etc. With the assessments, care managers can individualize member care plans.
- Enhanced care management (ECM) services like the Street Medicine Program delivered in community settings by multi-disciplinary health team with medical and behavioral providers, clinical case managers, and more.

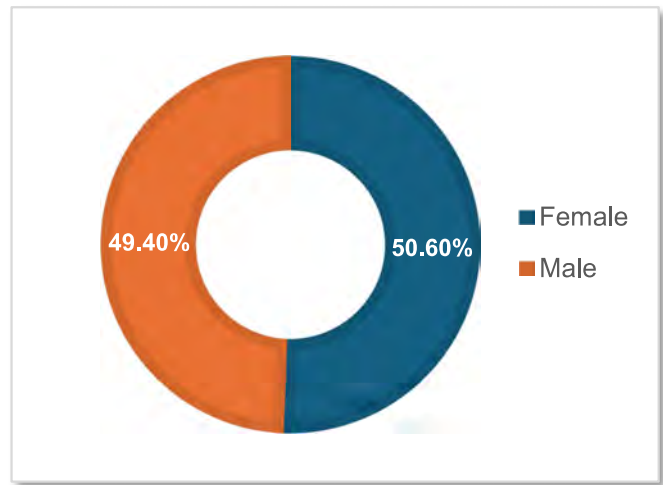
Membership by Gender

Medi-Cal Membership by Gender



Data Source: MY 2023 CalOptima Health Membership Tableau Dashboard, Accessed April 2024

Orange County Population by Gender



Data Source: Orange County, U.S. Census Bureau, 2020 ACS, Accessed April 2024

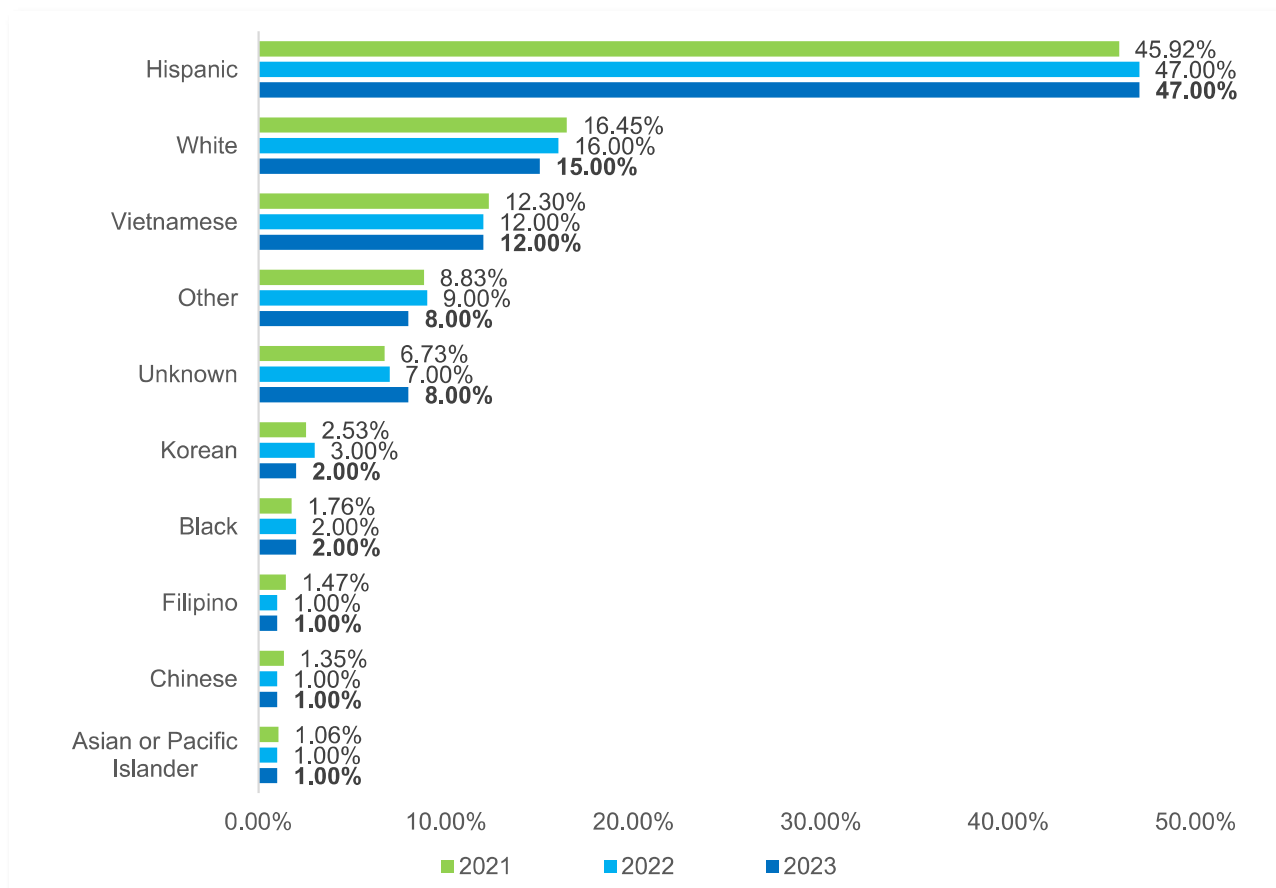
CalOptima Health's membership shows slightly more Medi-Cal members are female (53.50%) than male (46.50%). By comparison, the Orange County U.S. Census Bureau ACS (MY 2020) shows that Orange County's population (including all ages) is 50.60% female and 49.40% male. It is important to note that neither CalOptima Health nor the 2020 Census include questions related to sexual orientation or gender identity (SOGI). As such, very little data is available on Lesbian, Gay, Bisexual, Transgender, Queer, Intersex, and Asexual (LGBTQIA+) Orange County residents. The absence of SOGI data limits CalOptima Health's understanding of our members' needs who identify as LGBTQIA+.

Efforts to Support LGBTQIA+ Members

To address gaps in SOGI data, CalOptima Health plans to implement efforts to collect more accurate membership data spanning beyond the binary gender options of male and female. In 2023, CalOptima Health launched a new care management system called Jiva. Many of the newly deployed Jiva membership assessments include question and response options that allow members to self-identify their SOGI information. Since LGBTQIA+ members are more likely to experience health care barriers and disparities, CalOptima Health has also taken a proactive approach to address their needs. Starting in 2023, CalOptima Health staff and providers are required to receive training on SOGI and gender affirming care for transgender and gender-nonconforming members as part of the agency's annual cultural competency training. Future efforts include CalOptima Health's development of an electronic data system that can receive, store, and retrieve individual level gender identifying data like sex assigned at birth, gender identity, pronouns as well as sexual orientation.

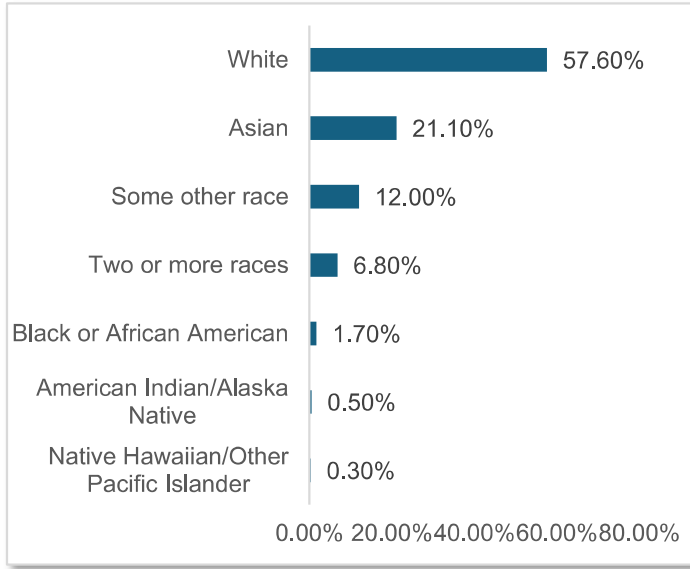
Membership by Race/Ethnicity

Trending Medi-Cal Membership by Race/Ethnicity



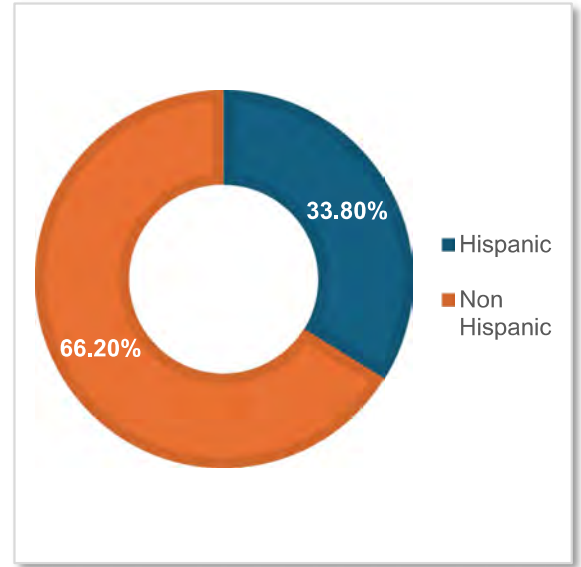
Data Source: MY 2021-2023 CalOptima Health Membership Tableau Dashboard, Accessed April 2024

**Orange County Population
by Race**



Data Source: Orange County, U.S. Census Bureau, 2020 ACS, Accessed April 2024

**Orange County Population
by Ethnicity**



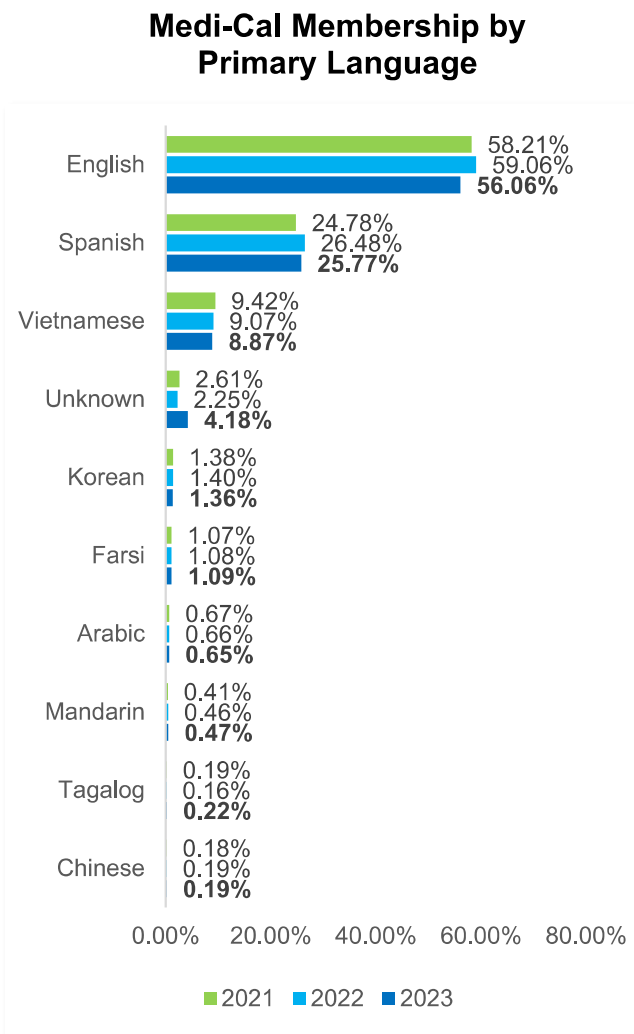
Data Source: Orange County, U.S. Census Bureau, 2020 ACS, Accessed April 2024

The majority of CalOptima Health members self-identify as Hispanic (47.00%), followed by White (15.00%) and Vietnamese (12.00%). OC Health Data (MY 2020) indicates that over half of Orange County residents identifying White (57.60%), followed Asian (21.10%), and some other race (12.00%), while about one-third (33.80%) of residents identify as Hispanic. It is important to note that 16.00% of CalOptima Health’s members report other or unknown race/ethnicity and 18.80% of Orange County members report some other race or two or more races. Both CalOptima Health and Orange County significantly vary in the stratification of their race and ethnicity data which limits the opportunity to compare data.

Efforts to Support Members of All Races/Ethnicities

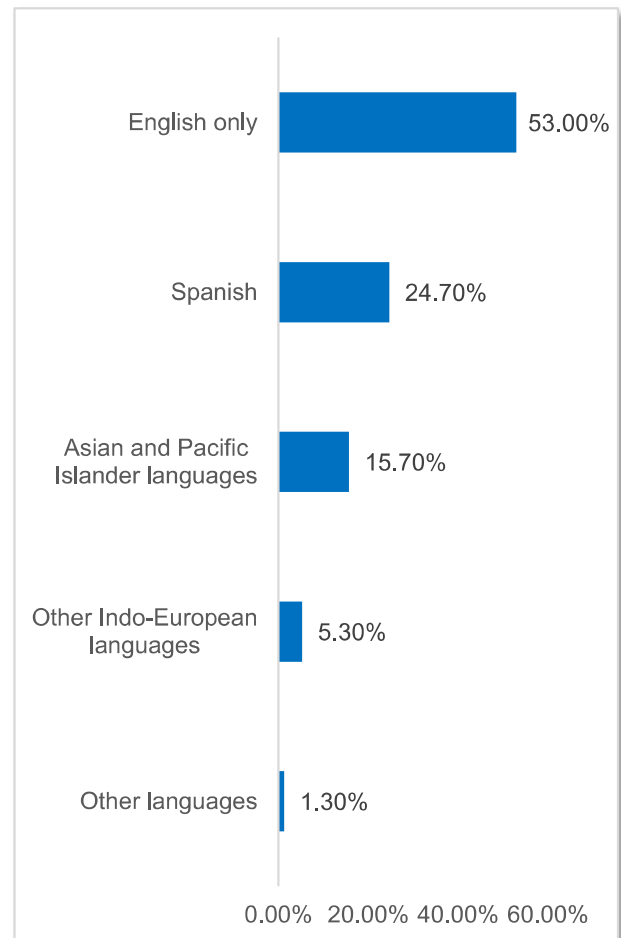
Differences in the stratification approach of race and ethnic data pose barriers to understanding the needs of CalOptima Health member population. However, future efforts include CalOptima Health’s development of an electronic data system that can receive, store, and retrieve individual level race and ethnicity data directly from CalOptima Health members. This includes future efforts to align race and ethnicity categories with the newly released Office of Management and Budget’s (OMB) classification standards. The revised OMB standards include minimum reporting categories of American Indian or Alaska Native, Asian, Black or African American, Hispanic or Latino, Middle Eastern or North African, Native Hawaiian or Pacific Islander, and White along with a definition for each category.

Membership by Primary Language



Data Source: MY 2021-2023 CalOptima Health Membership Tableau Dashboard, Accessed April 2024

Orange County Population by Spoken Language at Home



Data Source: 2020 U.S. Census, Orange County, California Profile, Accessed April 2024

CalOptima Health members speak a variety of languages. English continues to be the predominant spoken language among CalOptima Health members at 56.06%. Spanish is the second most common language at 25.77%, followed by Vietnamese at 8.87%. Data for primary languages spoken by Orange County residents is limited. At the time of this report, available U.S. Census data for Orange County (MY 2020), provided information on languages spoken at home by Orange County residents which include English only (53.00%), Spanish (24.70%), Asian and Pacific Islander languages (15.70%), Indo-European languages (5.30%) and other languages (1.30%). CalOptima Health and Orange County drastically vary in the type of language data collected which limits the opportunity to compare data.

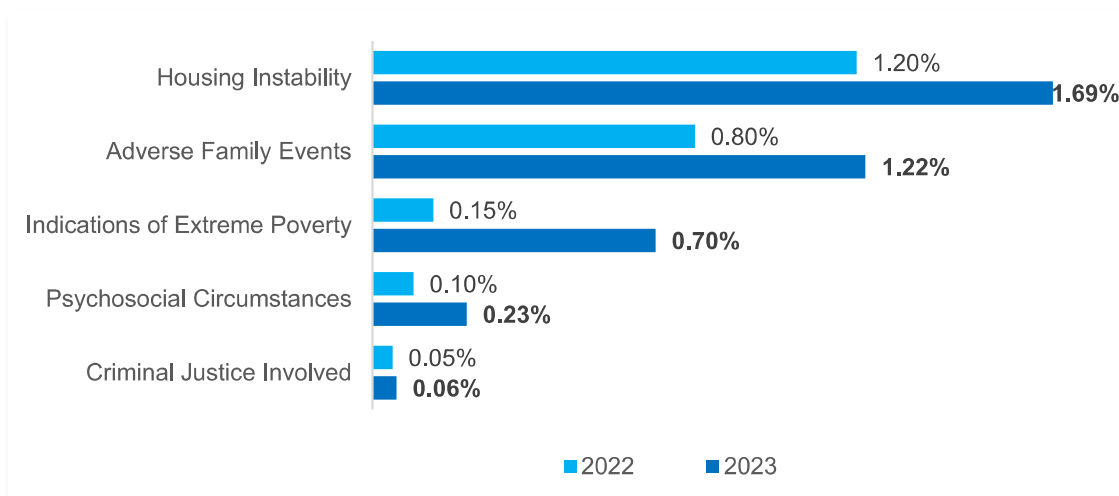
Efforts to Support Members that Speak Languages Other than English

CalOptima Health continues to explore ways to enhance our member language data by bringing more clarity and consistency to spoken language categories. To meet this need, CalOptima Health plans to conduct a more comprehensive data gap analysis which includes a deeper review of our member language data to distinguish between overlapping language categories, like Mandarin and Chinese, and help better understand the language needs of our members. In addition, CalOptima Health plans to assess the language profiles within Orange County using state-level Census or

community-level data to better understand the languages spoken within the county to anticipate and plan for changes in CLAS offered to Medi-Cal members. Future efforts include use of Census and/or community-level data to identify threshold languages of all languages other than English spoken by 5% of the population or by 1,000 individuals, whichever is less. Currently, CalOptima Health's threshold languages include Arabic, Chinese, Farsi, Korean, Spanish, and Vietnamese, and anticipates the inclusion of Tagalog, Persian, and Japanese among other languages based on preliminary findings. Lastly, Census and/or community-level data will be used to update CalOptima Health's language assistance service (LAS) notification to include languages spoken by 1% or 200 individuals. Currently, CalOptima Health provides LAS notification with all mailed member communications. The LAS notification is written in over 15 languages as required by the California Department of Health Care Services (DHCS). Future efforts include plans to tailor LAS notifications to the top 15 languages spoken by Medi-Cal members and explore new ways to disseminate the LAS notification.

Social Determinants of Health

SDOH by ICD-10 for Medi-Cal Membership



Data Source: MY 2022-2023 CalOptima Health PHM Overview Tableau Dashboard, Accessed April 2024

CalOptima Health continues to enhance SDOH data collection efforts to improve our understanding of the conditions that lead to differences in our members' health status and to guide the distribution of health resources. In 2023, CalOptima Health's SDOH data revealed that our members most frequently reported experiencing housing instability (1.69%), adverse family events (1.22%), and extreme poverty (0.70%). Although SDOH reports among members have increased, the top SDOH categories have remained the same as the previous reporting year.

CalOptima Health's SDOH rates are likely much higher than data indicates due to lack of consistent assessment, documentation, and reporting of social needs. As referenced in last year's PNA, CalOptima Health's internal Health Equity workgroups conducted an analysis to understand and address the barriers to obtaining member SDOH data. This analysis found low utilization of SDOH Z-Codes in claims submitted by providers and that CalOptima Health's providers and member-facing departments did not consistently use evidence based and validated SDOH screening tools.

Efforts to Support Members Experiencing SODH

In summary, CalOptima Health's SDOH data reveals the need to address housing, economic stressors, and adverse family events among our members. These priority areas align with findings at the county level where housing and homelessness as well as economic disparities are priority areas in the 2024-2026 Orange County Community Health Improvement Plan³. In response, care management teams at CalOptima Health proactively work with members to connect them to appropriate resources like housing, utility, food, and family assistance programs. In addition, CalOptima Health hosts an annual resources fair with community partners like:

- 2-1-1 Orange County to connect OC residents with local health and human service resources.
- Southern California Gas Company and Southern California Edison to provide information on the California Alternate Rates for Energy (CARE) and Family Electric Rate Assistance (FERA) financial assistance programs for billing support.
- Orange County Social Services Agency to offer food assistance through the CalFresh program.
- Families and Communities Together (FaCT) - Network of Family Resource Centers dedicated to serving and strengthening families.

Although referrals made by the care management teams help meet member needs with housing, economic, and family concerns, there are opportunities to improve the overall SDOH member data. By improving SDOH data collection, CalOptima Health can direct the interventions mentioned above to members who are needing these services. Current efforts to improve SDOH member data collection, include the:

- Launch of new care management platform (Jiva) to ask consistent, evidence-based questions across all member-facing departments and programs as well as link members to resources for social needs using a closed-loop referral system.
- Development and implementation of the social needs assessment (in multiple languages) in CalOptima Health's Member Portal.
- Meaningful participation in Orange County Health Care Agency's Community Health Assessments (CHAs) and Community Health Improvement Plans (CHIPs) to help identify and address SDOH factors that impact Orange County residents, including CalOptima Health members.

4. Membership Health Status and Disease Prevalence

CalOptima Health conducted an in-depth analysis of members' health status and disease prevalence to further inform strategies and resource allocation that aim to improve the health and wellness of Medi-Cal members. This analysis uses a variety of data including the most recent claims, encounters, and HEDIS data. The following analysis focuses on the most common medical and behavioral:

- Health conditions experienced by members
- Clinical performance measures monitored by quality teams
- Health disparities observed among CalOptima Health members

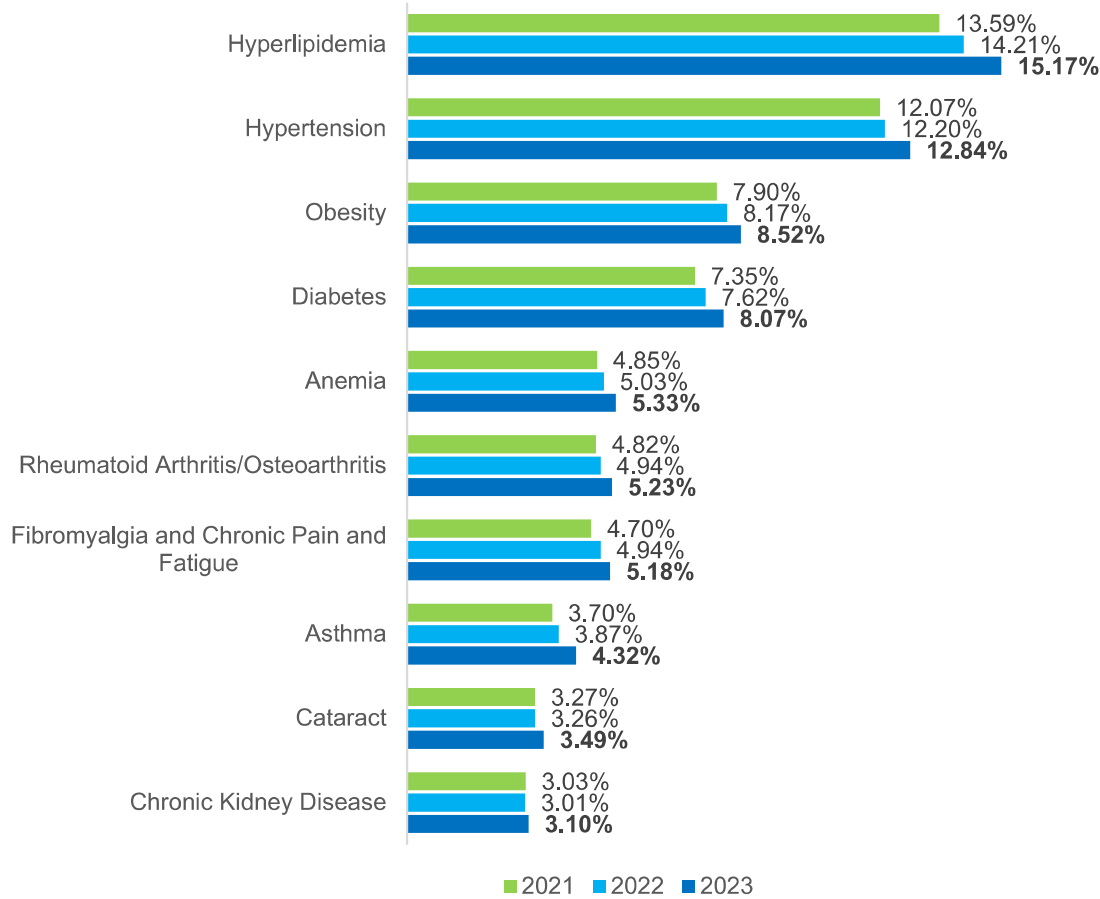
CalOptima Health updated its methodology for defining disease prevalence in 2023 to better align with the Centers for Medicare and Medicaid Services (CMS). As such, there are some changes observed in the top medical and behavioral health diagnoses compared to PNA reports conducted in prior years.

³ Orange County Health Care Agency. (2024). *Community Health Improvement Plan 2024-2026*. <https://www.ochealthinfo.com/sites/healthcare/files/2024-03/Orange%20County%20Community%20Health%20Improvement%20Plan.pdf>

Medical Diagnoses

Top Medical Diagnoses for Medi-Cal Membership

Top 10 Medical Diagnoses among Medi-Cal Members



Data Source: MY 2021-2023 CalOptima Health CMS Chronic Conditions Tableau Dashboard, Accessed April 2024

As of December 2023, the most frequent medical diagnoses among Medi-Cal members were hyperlipidemia (15.17%), hypertension (12.84%), obesity (8.52%), diabetes (8.07%), and anemia (5.33%). In addition, rheumatoid arthritis and osteoarthritis (5.23%), fibromyalgia, chronic pain and fatigue (5.18%), asthma (4.32%), cataracts (3.49%) and chronic kidney disease (3.10%) also made the top 10 medical diagnoses. Overall, 2021-2023 data shows that all top 10 medical conditions continue to rise.

Efforts to Support Members with Chronic Conditions

In summary, the continued rise in chronic condition diagnoses among CalOptima Health members supports the need to offer comprehensive disease management services to support members. To satisfy this need, CalOptima Health offers members various health and wellness services. For example, all members are eligible to participate in health and wellness classes, individualized health coaching, and to receive materials to assist with chronic condition prevention and management. Topics include weight management, prediabetes, hyperlipidemia, and hypertension among others. CalOptima Health also offers diabetes and asthma management programs for members that need more tailored support. These programs are facilitated by registered nurses and masters trained health coaches. In addition, registered dietitians provide advanced nutritional counseling to assist members manage conditions like anemia and chronic kidney disease.

Top Medical Diagnoses by Ethnicity

Top 5 Medical Diagnoses by Ethnicity

	#1 Condition	#2 Condition	#3 Condition	#4 Condition	#5 Condition
Hispanic	Obesity 10.86% (46,691)	Hyperlipidemia 10.13% (43,551)	Hypertension 8.70% (37,411)	Diabetes 7.07% (30,395)	Anemia 4.84% (20,802)
White	Hyperlipidemia 13.84% (19,549)	Hypertension 13.67% (19,317)	Obesity 8.31% (11,740)	Fibromyalgia and Chronic Pain and Fatigue 8.22% (11,619)	Rheumatoid Arthritis/Osteoarthritis 7.26% (10,525)
Vietnamese	Hyperlipidemia 34.83% (37,731)	Hypertension 25.56% (27,687)	Diabetes 13.44% (14,560)	Rheumatoid Arthritis/Osteoarthritis 10.39% (11,261)	Glaucoma 10.12% (10,961)
Korean	Hyperlipidemia 23.53% (5,388)	Hypertension 18.16% (4,159)	Diabetes 10.70% (2,449)	Rheumatoid Arthritis/Osteoarthritis 7.97% (1,825)	Cataract 7.68% (1,759)
Black	Hypertension 12.60% (1,971)	Obesity 9.75% (1,527)	Hyperlipidemia 8.98% (1,405)	Asthma 7.40% (1,159)	Anemia 7.07% (1,107)



Data Source: MY 2021-2023 CalOptima Health CMS Chronic Conditions Tableau Dashboard, Accessed April 2024

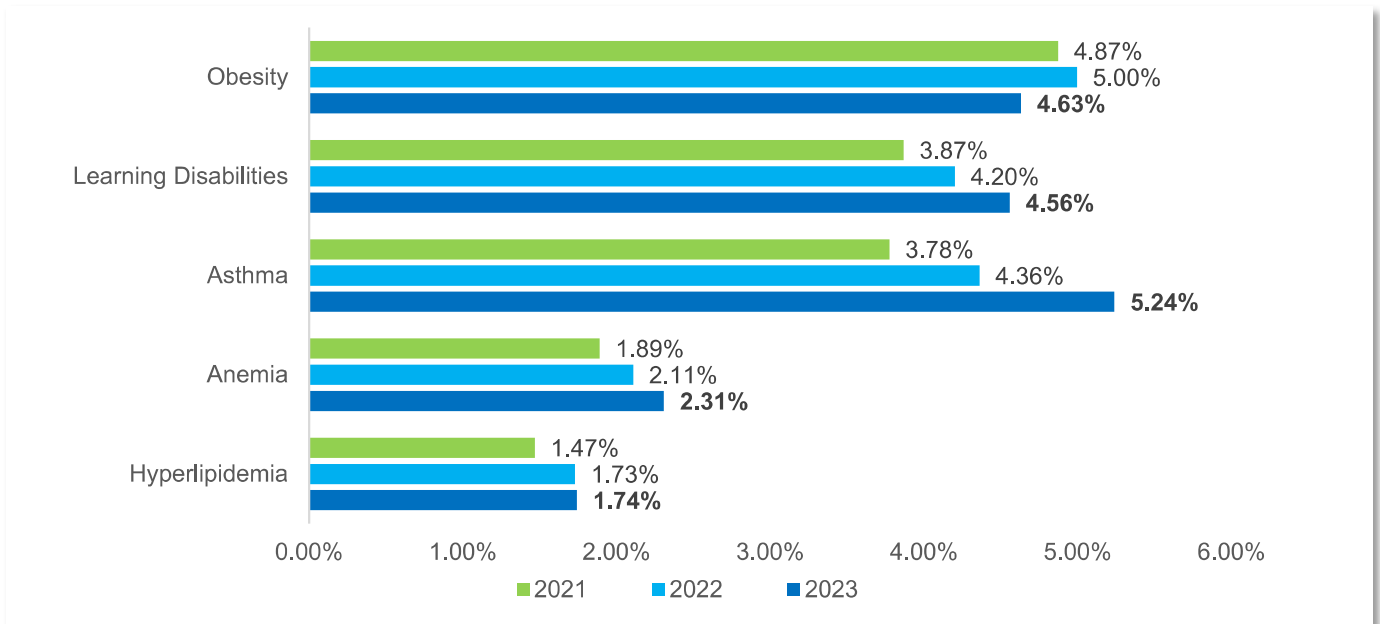
The table above shows the top five medical diagnoses by ethnicity. In 2023, hyperlipidemia, hypertension, and obesity were the top medical conditions for Hispanic, White, Vietnamese, Korean and Black members. This finding is consistent with the top medical diagnoses observed among all CalOptima Health members. Rheumatoid arthritis/osteoarthritis, fibromyalgia/chronic pain/fatigue and anemia are also seen in the top five medical conditions when segmented by ethnicity. However, these conditions rank much higher when compared to the overall membership.

Efforts to Support Culturally Appropriate Chronic Condition Management

The overlap of medical conditions by ethnicity confirms the importance of providing culturally appropriate Health and Wellness services to CalOptima Health members. Health and Wellness services are available in the members’ preferred language and recommendations can be culturally tailored. In addition, all CalOptima Health staff and providers are annually trained in health care inequities experienced by CalOptima Health members, factors and considerations in serving diverse populations, evidence-based approaches to reduce stigma and discrimination, and language access resources to support CalOptima Health’s members.

Top Medical Diagnoses for Children and Adolescents

Top Medical Diagnoses among Medi-Cal Members ages 2-19



Data Source: MY 2021-2023 CalOptima Health CMS Chronic Conditions Tableau Dashboard, Accessed April 2024

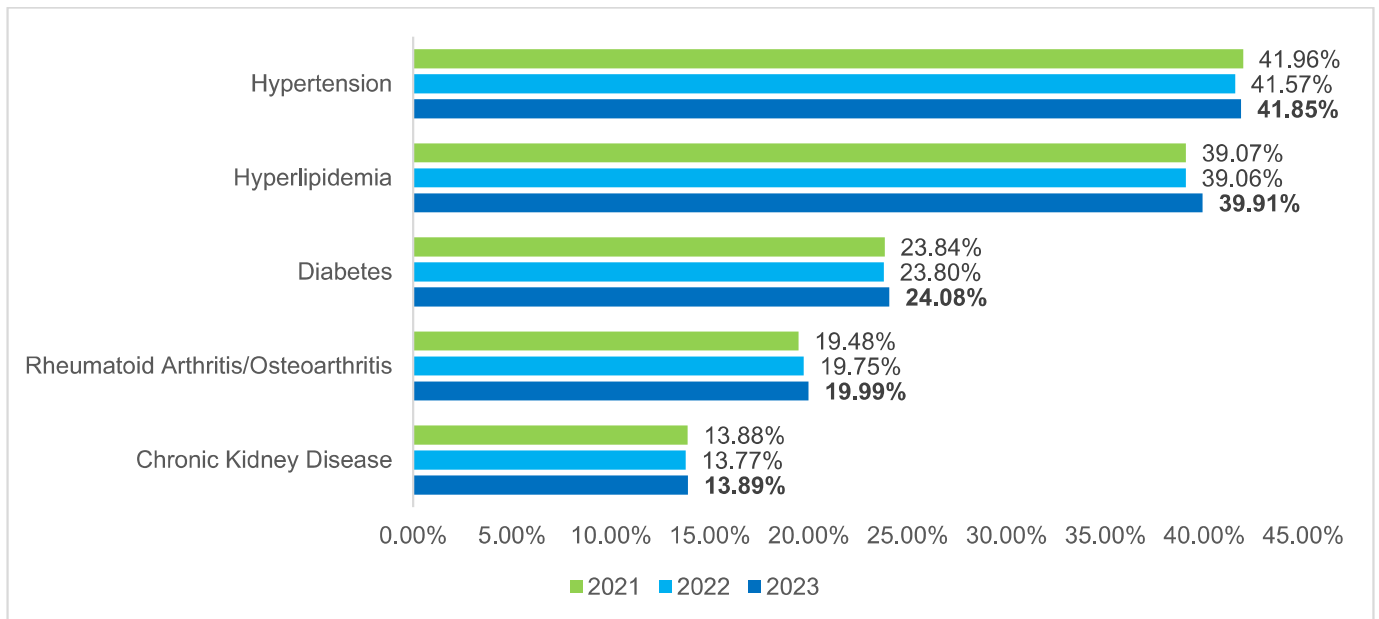
Furthermore, the top five medical conditions among members ages 2-19 years old were examined. This segment of the population is analyzed as it can provide critical information needed to identify and address conditions that can impact the growth and development of children and adolescents. As of December 2023, the top five diagnoses were obesity (4.63%), learning disabilities (4.56%), asthma (5.24%), anemia (2.31%) and hyperlipidemia (1.74%). The rates for all top five medical diagnoses, except for obesity, in members ages 2-19 show a slight upward trend when compared over a three-year period.

Efforts to Support Child and Adolescent Members with Medical Health Conditions

Noteworthy is the slight decrease (-0.24%) in obesity among members ages 2-19 which was a focus age group from 2021-2023 for the agency's Shape Your Life (SYL) Program. SYL offered family classes on nutrition and physical activity, tailored weight management support from trained health educators and age-appropriate member materials. Members who completed the SYL program were also offered incentives and other tools to support a healthy lifestyle. In addition, CalOptima Health along with the County of Orange Social Services Agency (SSA) and 2-1-1 Orange County continued to promote the CalFresh benefit to help eligible members have access to healthy foods.

Top Medical Diagnoses for Persons with Disabilities

Top Medical Diagnoses among Medi-Cal Members who are Seniors and Persons with Disabilities (SPD)



Data Source: MY 2021-2023 CalOptima Health CMS Chronic Conditions Tableau Dashboard, Accessed April 2024

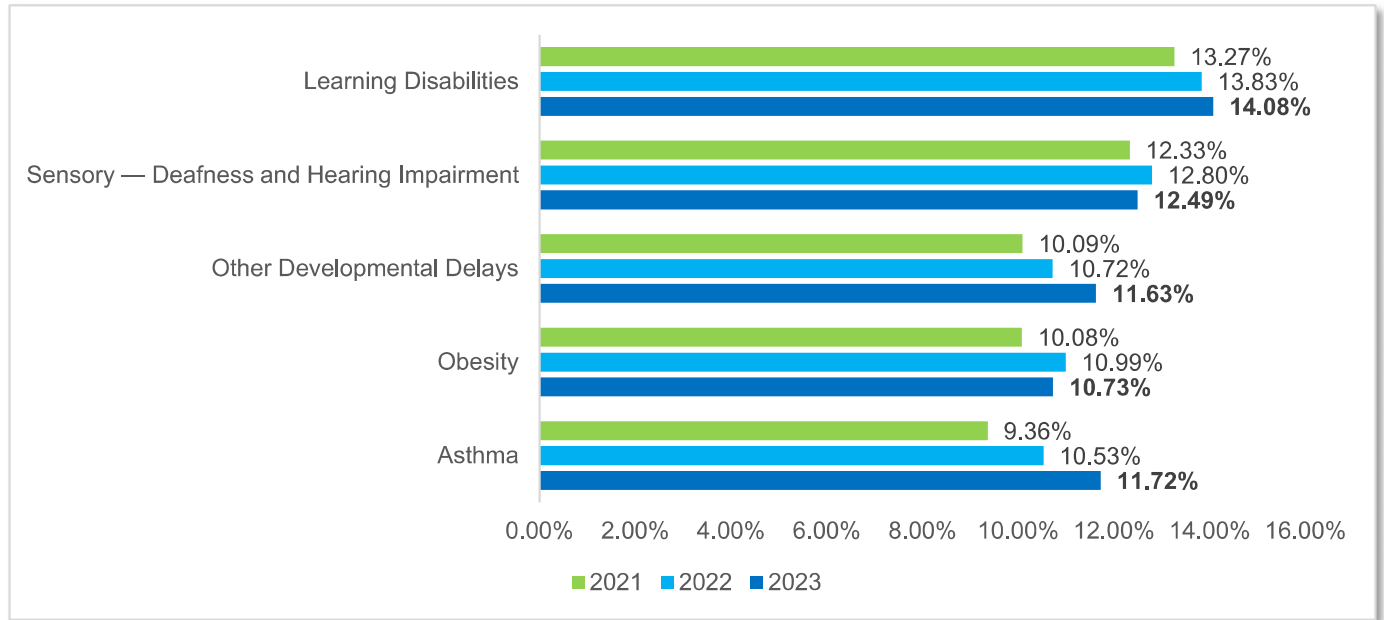
The top conditions among members who are seniors and people with disabilities (SPD) were also analyzed to help identify and address their acute needs for care coordination. As of December 2023, the top five diagnoses were hypertension (41.85%), hyperlipidemia (39.91%), diabetes (24.08%), rheumatoid arthritis/osteoarthritis (19.99%), and chronic kidney disease (13.89%). Although the top medical diagnoses among SPD members have remained steady over the past three years, it is important to note that the overall diagnoses rates are significantly higher when compared to the general member population. For example, about two in five SPD members have hypertension compared to about one in 10 members in the general member population.

Efforts to Support SPD Members with Medical Health Conditions

These findings emphasize the need to support our SPD members to overcome barriers in accessing care. To address this need, CalOptima Health is continuously promoting new approaches to increase our members' access to care, which includes the expansion of telehealth services and advertisement of language assistance services including TTY (teletypewriter) to communicate with members who have hearing or speech impairment. Other efforts include monitoring access to timely and needed care standards by health networks, enforcing accessibility requirements (e.g., physical access and effective communication) at contracted provider offices, and providing disability awareness training for all CalOptima Health staff and contracted providers upon hire/new contract and annually thereafter.

Top Medical Diagnoses for Whole Child Model Members

Top Medical Diagnoses among Medi-Cal WCM Members



Data Source: MY 2021-2023 CalOptima Health CMS Chronic Conditions Tableau Dashboard, Accessed April 2024

In addition, the top conditions among members who are part of the Whole Child Model (WCM) were analyzed. CalOptima Health’s WCM provides care for children with complex needs and disabilities. As of December 2023, the top five diagnoses were learning disabilities (14.08%), sensory – deafness and hearing impairment (12.49%), other developmental delays (11.63%), obesity (10.73%), and asthma (11.72%). Most notably, is the variation in conditions that compose the top medical diagnoses among WCM members. For example, this analysis shows a higher prevalence of cognitive impairment among WCM members when compared to CalOptima Health’s pediatric membership.

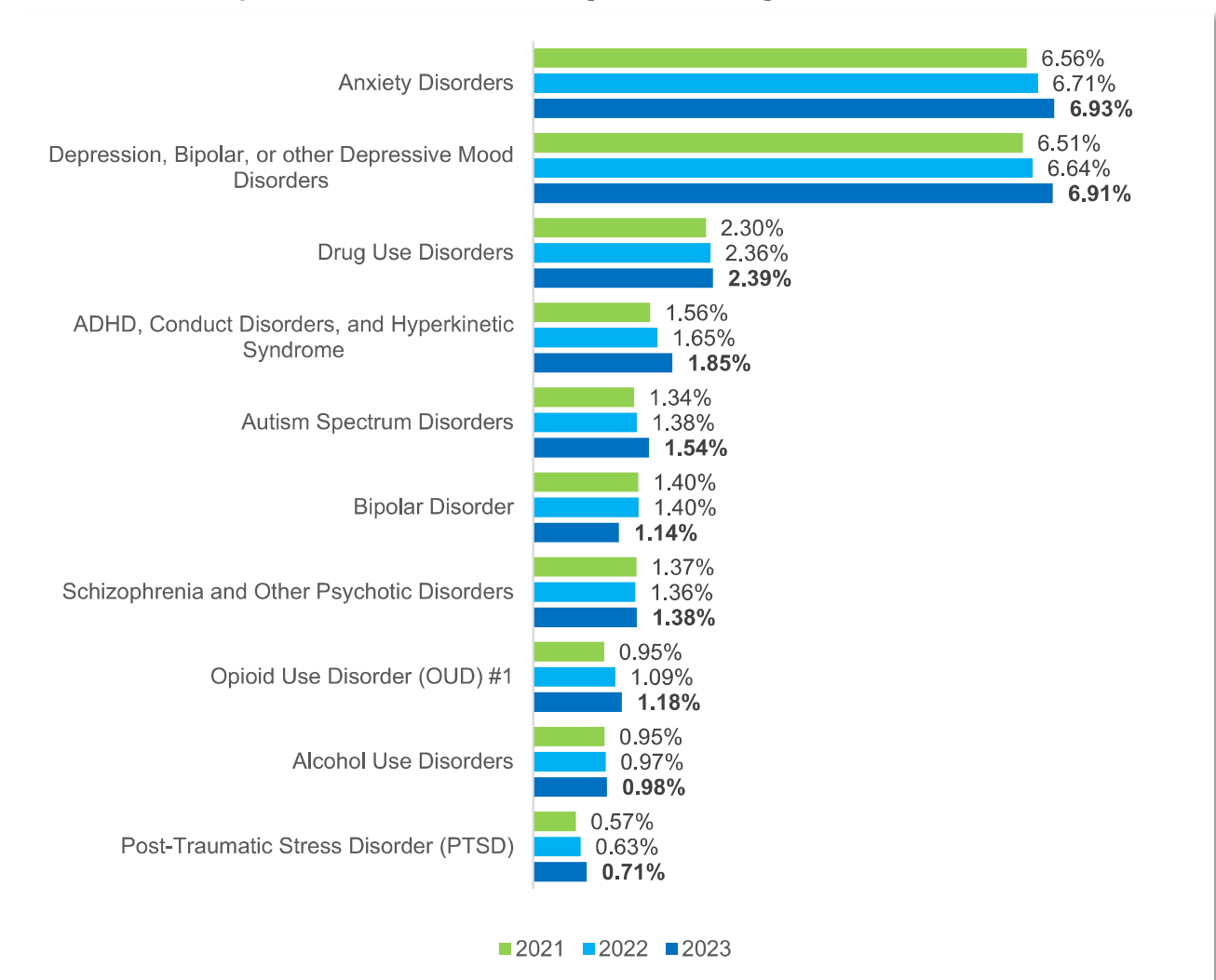
Efforts to Support WCM Members with Complex Medical Needs

Although the top medical conditions offer important insight on this member population, it is important to note that WCM members have chronic complex medical needs that require extensive coordination services. To address this need, CalOptima Health’s WCM is designed to assist members and their families with coordinating the full scope of their health care needs, including primary preventive care, specialty health, education, training and more. CalOptima Health’s WCM offers family-centered care that incorporates members’ and their families’ input in the design and implementation of their plan of care. All WCM members have a dedicated care team composed of personnel care coordinator, medical case manager and medical director.

Behavioral Health Diagnoses

Top Behavioral Health Diagnoses for Medi-Cal Membership

Top 10 Behavioral Health Diagnoses among Medi-Cal Members



Data Source: MY 2021-2023 CalOptima Health CMS Chronic Conditions Tableau Dashboard, Accessed April 2024

The top behavioral health conditions among CalOptima Health members were also identified to obtain a more comprehensive understanding of the conditions that affect CalOptima Health members. As of December 2023, the top behavioral health diagnoses include anxiety disorders (6.93%); depression, bipolar, or other depressive mood disorders (6.91%); drug use disorders (2.39%); attention-deficit/hyperactivity disorder (ADHD), conduct disorders and hyperkinetic syndrome (1.85%); and autism spectrum disorders (1.54%). Followed by schizophrenia and other psychotic disorders (1.38%); opioid use disorder (1.18%); bipolar disorder (1.14%); alcohol use disorder (0.98%); and post-traumatic stress disorder (PTSD) (0.63%). Data from 2021 to 2023 shows minimal changes in the prevalence of behavioral health conditions.

Efforts to Support Members with Behavioral Health Conditions

With the overall slight increase of behavioral health conditions across the board, except for a decline of bipolar disorder (1.40% in 2021 and 2022 to 1.14% in 2023), CalOptima Health offers health and wellness resources around mental and behavioral health services. CalOptima Health takes an integrated approach by working with a network of primary care providers and licensed mental and

behavioral health providers to meet members' mental, behavioral and physical needs. Mental health services include outpatient psychotherapy (individual, family and group therapy), psychological testing to evaluate mental health condition(s), outpatient services that include lab work, drug and supplies, outpatient services to monitor drug therapy, psychiatric consultation and dyadic services. Additionally, CalOptima Health plans to address the need for more mental health providers as highlighted in the Orange County 2023 Community Health Assessment by introducing and implementing TeleMed2U, which is a virtual specialty care. Services through TeleMed2U will be for general or urgent behavioral health support to ensure CalOptima Health members have access to outpatient behavioral health care virtually.

Top Behavioral Health Diagnoses by Ethnicity

Top 5 Behavioral Health Diagnoses by Ethnicity

	#1 Condition	#2 Condition	#3 Condition	#4 Condition	#5 Condition
Hispanic	Anxiety Disorders 5.61% (24,108)	Depression, Bipolar, or Other Depressive Mood Disorder 5.21% (22,410)	Autism Spectrum Disorders 1.67% (7,184)	Drug Use Disorders 1.59% (6,835)	ADHD, Conduct Disorders, and Hyperkinetic Syndrome 1.51% (6,486)
White	Anxiety Disorders 13.20% (18,648)	Depression, Bipolar, or Other Depressive Mood Disorder 12.84% (18,146)	Drug Use Disorder 5.21% (7,357)	ADHD, Conduct Disorders, and Hyperkinetic Syndrome 3.81% (5,378)	Bipolar Disorder 3.57% (5,050)
Vietnamese	Depression, Bipolar, or Other Depressive Mood Disorders 4.83% (5,237)	Anxiety Disorders 3.63% (3,934)	Drug Use Disorder 2.02% (2,192)	Schizophrenia and Other Psychotic Disorders 1.22% (1,320)	Autism Spectrum Disorders 1.07% (1,157)
Korean	Depression, Bipolar, or Other Depressive Mood Disorders 6.63% (1,519)	Anxiety Disorders 4.35% (997)	Drug Use Disorder 1.50% (343)	Schizophrenia and Other Psychotic Disorders 1.24% (285)	ADHD, Conduct Disorders, and Hyperkinetic Syndrome 1.07% (245)
Black	Depression, Bipolar, or Other Depressive Mood Disorders 8.89% (1,391)	Anxiety Disorders 8.23% (1,288)	Drug Use Disorder 4.12% (645)	ADHD, Conduct Disorders, and Hyperkinetic Syndrome 2.75% (431)	Schizophrenia and Other Psychotic Disorders 2.73% (427)

Highest Prevalence

Lowest Prevalence

Data Source: MY 2021-2023 CalOptima Health CMS Chronic Conditions Tableau Dashboard, Accessed April 2024

The above table shows the top five behavioral health diagnoses by ethnicity. In December 2023, anxiety disorders; depression, bipolar or other depressive mood disorders; and drug use disorders were the top behavioral health conditions among Hispanic, White, Vietnamese, Korean and Black members. Followed by schizophrenia and other psychotic disorders; ADHD, conduct disorders, and hyperkinetic syndrome; and autism spectrum disorders. This finding is consistent with the behavioral health diagnoses observed among all CalOptima Health members.

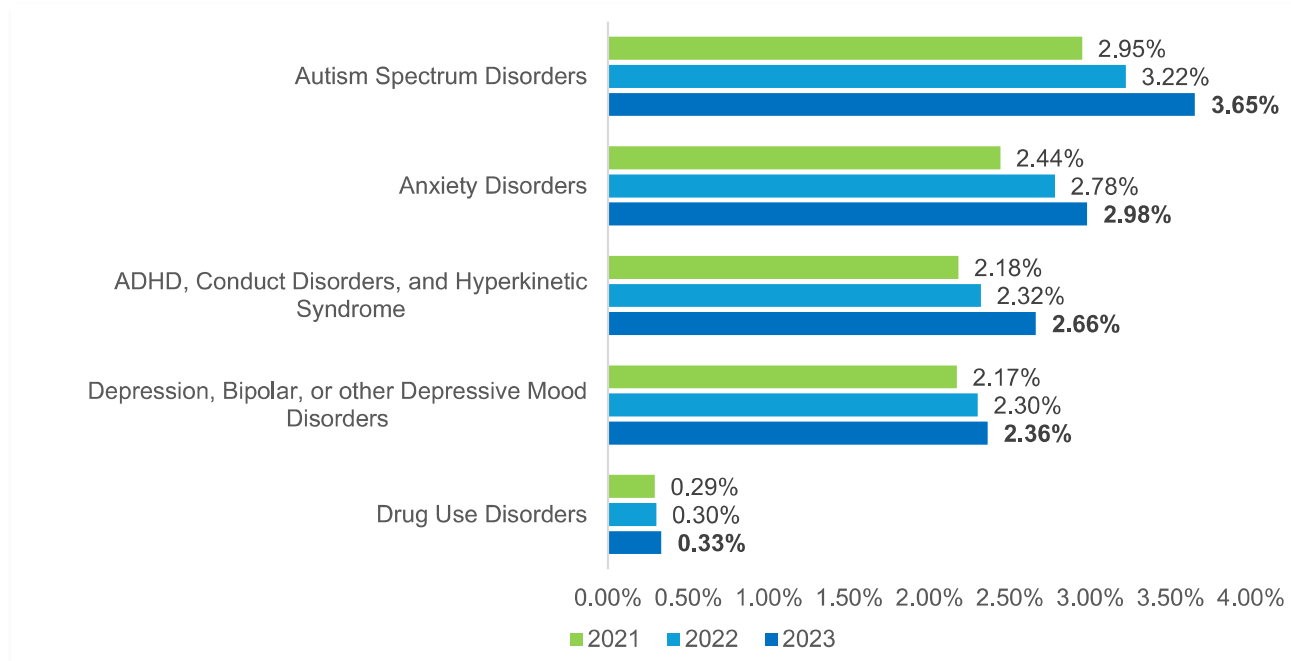
Efforts to Support Culturally Appropriate Behavioral Health Condition Management

The overlap of behavioral health conditions by ethnicity validates the importance of providing culturally appropriate behavioral health resources and mental health services to CalOptima Health members. CalOptima Health has made information about mental health and behavioral health

services available in threshold languages like Spanish, Vietnamese, Chinese and Korean. In addition, all services are available in a member’s preferred language. CalOptima Health will continue to monitor trends of behavioral health conditions by race/ethnicity to incorporate additional culturally appropriate resources and services for increased awareness as well as reducing stigma.

Top Behavioral Health Diagnoses for Children and Adolescents

Top Behavioral Health Diagnoses among Medi-Cal Members ages 2-19



MY 2021-2023 CalOptima Health CMS Chronic Conditions Tableau Dashboard

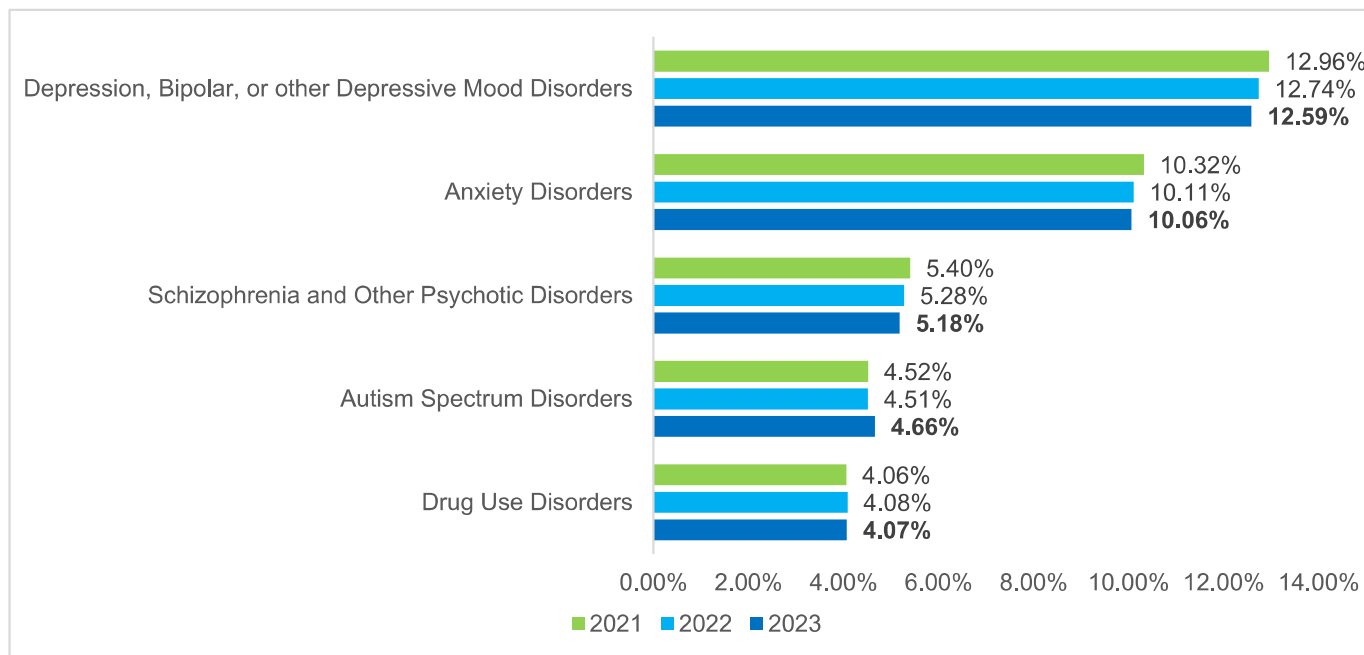
Among CalOptima Health's member population ages 2 to 19, the top five behavioral health conditions vary when compared to the entire membership. Autism spectrum disorders (3.65%); anxiety disorders (2.98%); ADHD, conduct disorders and hyperkinetic syndrome (2.66%); depression, bipolar, or other depressive mood disorders (2.36%); and drug use disorders (0.33%) rank higher than they do when observed in the general member population. In addition, increases were seen in all the top five behavioral health diagnoses among members 2 to 19 years of age between 2021 and 2023.

Efforts to Support Child and Adolescent Members with Behavioral Health Conditions

To address the recent rise of behavioral health conditions among our youngest members, CalOptima Health enhanced early detection through psychological testing and behavioral health management through outpatient therapies and medicine management. In 2023, CalOptima Health received funding through DHCS’ Student Behavioral Health Incentive Program (SBHIP) and worked collaboratively with the Orange County Department of Education, school districts and other SBHIP stakeholders. All 29 school districts received SBHIP funding through CalOptima Health for various initiatives to increase access to behavioral health care for school aged children in K-12 grades. SBHIP funds were also allocated to Hazel Health to implement a behavioral health telehealth platform, Children’s Hospital of Orange County for sites at schools that offer respite as well as providing mental health services (in-person or telehealth) and Western Youth Services for a behavioral health curriculum and training of school staff.

Top Behavioral Health Diagnoses for Persons with Disabilities

Top Behavioral Health Diagnoses among Medi-Cal SPD Members



Data Source: MY 2021-2023 CalOptima Health CMS Chronic Conditions Tableau Dashboard, Accessed April 2024

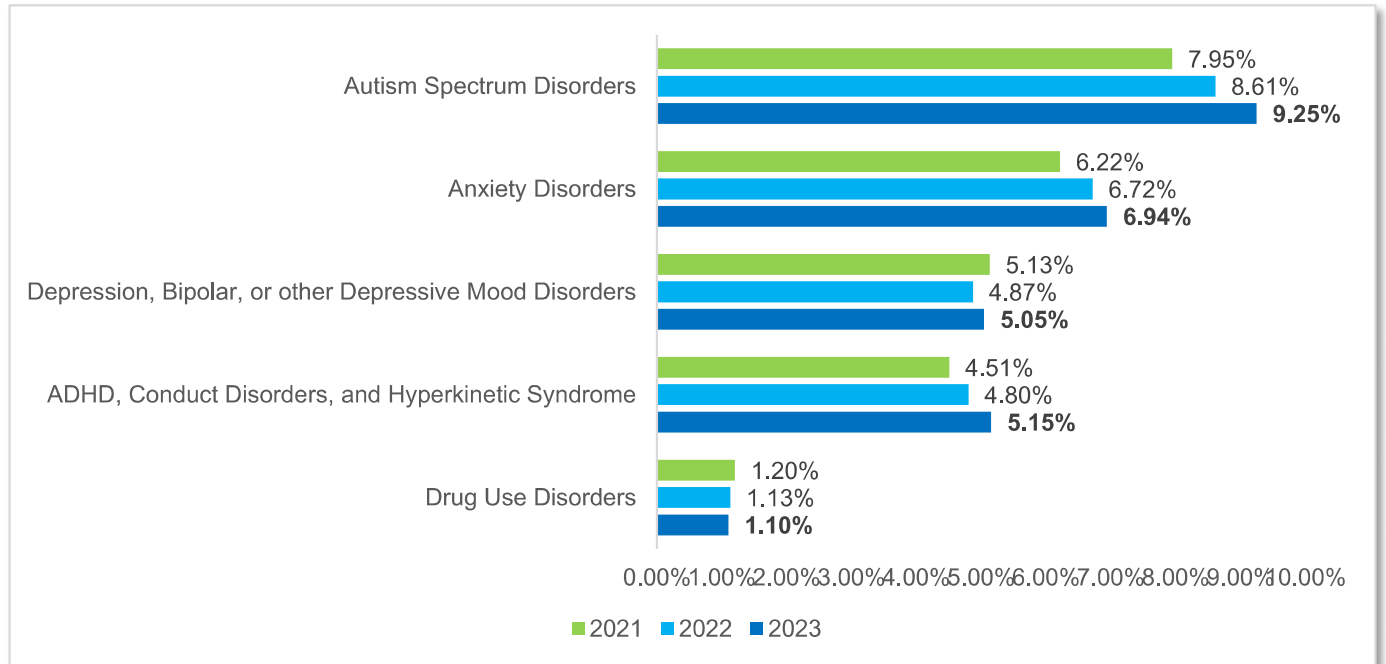
For the Medi-Cal SPD members, the top behavioral health diagnoses as of December 2023 include depression, bipolar, or other depressive mood disorders (12.59%); anxiety disorders (10.06%); schizophrenia and other psychotic disorders (5.18%); autism spectrum disorders (4.66%); and drug use disorders (4.07%). There has been a slight decline from MY 2021 to MY 2023 for depression, bipolar, or other depressive mood disorders (-0.37%); anxiety disorders (-0.26%); and schizophrenia and other psychotic disorders (-0.22%) while autism spectrum disorders had a small increase (0.14%) and drug use disorders remained the relatively the same. Depression, bipolar, or other depressive mood disorders and anxiety disorders are more prevalent among the group of Medi-Cal SPD members when compared to the general CalOptima Health Medi-Cal members (6.91% were diagnosed with depression, bipolar, or other depressive mood disorders and 6.93% were diagnosed with anxiety disorders).

Efforts to Support SPD Members with Behavioral Health Conditions

To develop a care plan to meet the individual's medical, functional, psychosocial, social support and access to care needs of SPD members, health risk assessments are conducted. Comprehensive medical case management is available to coordinate care and access to services for SPD members with behavioral health diagnoses. Referrals and linkage to external behavioral and social resources have also been established. CalOptima Health also offers the OneCare (Medicare Advantage Duals Special Needs) Plan for low-income SPD who are enrolled in both Medicare and Medi-Cal. OneCare benefits that assist with behavioral health include in-home health support services, companion care, fitness benefits, wellness programs, etc.

Top Behavioral Health Diagnoses for Whole Child Model Members

Top Behavioral Health Diagnoses among Medi-Cal WCM Members



Data Source: MY 2021-2023 CalOptima Health CMS Chronic Conditions Tableau Dashboard, Accessed April 2024

Among CalOptima Health's Medi-Cal WCM members, the top five behavioral health conditions align with those of the member population ages 2 to 19. As of December 2023, the top behavioral diagnoses among Medi-Cal WCM members are autism spectrum disorders (9.25%); anxiety disorders (6.94%); ADHD, conduct disorders and hyperkinetic syndrome (5.15%); depression, bipolar, or other depressive mood disorders (5.05%); and drug use disorders (1.10%). When comparing these diagnoses from MY 2021 to MY 2023, there was an increase in autism spectrum disorders (1.3%), anxiety disorder (0.72%) and ADHD, conduct disorders and hyperkinetic syndrome (0.64%) while there were slight decreases in depression, bipolar, or other depressive mood disorders (0.08%) and drug use disorders (0.10%).

Efforts to Support WCM Members with Behavioral Health Conditions

CalOptima Health has dedicated medical case managers and personal care coordinators for WCM. CalOptima Health provides behavioral health therapy and has applied behavior analysis (ABA) contracted providers as well as external coordination with county providers and mental health services for WCM members who have behavioral health needs.

Quality Performance

CalOptima Health HEDIS® results were analyzed to further explore the health status and disease prevalence among members. The tables below present available data comparing select HEDIS® results for clinical and behavioral health measures from MY 2018-2022 that are closely monitored by CalOptima Health’s quality assurance teams.

Medical HEDIS Rates

HEDIS Measures	MY 2018	MY 2019	MY 2020	MY 2021	MY 2022	2022 MPL	STATUS
Breast Cancer Screening (BSC-E)	63.78%	63.43%	59.52%	57.64%	57.80%	50.95%	MET
Cervical Cancer Screening (CCS)	63.00%	66.70%	57.60%	62.28%	57.73%	57.64%	MET
Comprehensive Diabetes Care (CDC)							
1. HbA1c >9.0% (Poor Control) Lower rate is better	27.10%	29.70%	35.30%	28.75%	30.41%	39.90%	MET
Prenatal and Postpartum Care (PPC)							
1. Timeliness of Prenatal Care	84.21%	95.13%	89.78%	90.97%	81.60%	76.40%	MET
2. Timeliness of Postpartum Care	67.67%	83.21	78.35%	81.60%	81.15%	77.37%	MET
Well-Child Visits in the First thirty (30) Months of Life (W30)							
1. 6+ Well visit in the first 15 months of Life	N/A	N/A	43.18%	49.31%	55.78%	55.72%	MET
Childhood Immunization Status (CIS)							
1. Combination 10 Immunizations	45.00%	40.60%	45.50%	47.69%	39.42%	34.79%	MET
Child & Adolescent Well-Care Visits (WCV)	N/A	N/A	50.58%	53.99%	51.49%	48.93%	MET
Immunizations for Adolescents (IMA)							
1. Combination 2 Immunizations	50.20%	55.60%	53.30%	50.73%	51.82%	35.04%	MET
Lead Screening in Children (LSC)	76.80%	67.70%	66.40%	63.99%	68.02%	63.99%	MET

Overall, HEDIS® results MY 2022 indicate that CalOptima Health met all the DHCS Minimum Performance Levels (MPL) for the medical clinical performance measures shown on the table above. However, a deeper look over the last five years reveals that almost all CalOptima Health’s clinical performance rates (e.g., Breast Cancer Screening (BSC-E), Cervical Cancer Screening (CCS), Poor Control of Comprehensive Diabetes Care (CDC), Timeliness of Prenatal Care (PPC-pre), and Combination 10 Immunizations of Childhood Immunization Status (CIS-Combo 10)) have steadily declined, while Timeliness of Postpartum Care (PPC-post), Well-Child Visits in the First Thirty Months of Life (W30), Child & Adolescent Well-Care Visits (WVC), and Lead Screening in Children (LSC) rates appear to be improving.

Efforts to Support Medical Prevention among Members

These findings support the need to enhance and increase the frequency of actions and interventions designed to improve clinical measures. To address this need, CalOptima Health’s quality teams launched a multi-modal advertising campaign with member focused mailings, interactive voice responses (IVRs), text messages, telephonic outreach, newsletters, paid public and social media ads, television and radio commercials, and a wellness calendar to provide health education, screening reminders and promote member incentives. CalOptima Health continued offering Medi-Cal

member non-monetary incentives programs that ranged from \$25 to \$50 gift cards for completed preventive screening (i.e. BCS, CCS, CDC (A1c testing), PPC (postpartum checkup), and LSC (12 and 24 months). CalOptima Health also offered Pay for Value Performance Program (P4V Program) recognizes CalOptima Health’s providers for demonstrating quality performance. In 2023, CalOptima Health’s P4V program included all medical measures described in the table above. Through the P4V program, providers were offered monthly tailored Prospective Rate Reports to monitor progress, annual Health Network Report Card to summarize performance, and technical assistance.

Behavioral Health HEDIS Rates

HEDIS Measures	MY 2018	MY 2019	MY 2020	MY 2021	MY 2022	MPL 2022	STATUS
Metabolic Monitoring for Children and Adolescents on Antipsychotics (APM)							
<i>1. Blood Glucose and Cholesterol Monitoring Total</i>	43.64%	N/A	36.25%	41.48%	37.41%	34.30%	MET
Follow-Up Care for Children Prescribed ADHD Medication (ADD)							
<i>1. Initiation Phase</i>	43.77%	39.80%	41.40%	40.47%	42.37%	39.78%	MET
<i>2. Continuation and Maintenance Phase</i>	51.63%	47.39%	46.38%	49.44%	46.77%	51.78%	NOT MET
Follow-Up After Emergency Department Visit for Alcohol and Other Drug Abuse or Dependence (FUA)							
<i>1. Follow Up w/in 7 days</i>	N/A	N/A	N/A	2.53%	12.98%	13.39%	NOT MET
<i>2. Follow Up w/in 30 days</i>	N/A	N/A	N/A	4.58%	24.05%	21.24%	MET
Follow-Up After Emergency Department Visit for Mental Illness (FUM)							
<i>1. Follow Up w/in 7 days</i>	24.83%	37.02%	33.51%	26.86%	38.78%	40.38%	NOT MET
<i>2. Follow Up w/in 30 days</i>	35.55%	49.74%	46.74%	45.44%	58.83%	54.51%	MET
Diabetes Screening for People with Schizophrenia or Bipolar Disorder Who Are Using Antipsychotic Medications (SSD)	78.70%	78.80%	71.23%	75.90%	75.97%	79.36%	NOT MET

Overall, HEDIS® results for MY 2022 indicate that CalOptima Health only met half of the DHCS Minimum Performance Levels (MPL) for the behavioral health performance measures as shown in the table above. The measures met include: Metabolic Monitoring for Children and Adolescents on Antipsychotics (APM), Initiation Phase of Follow-Up Care for Children Prescribed ADHD Medication (ADD), Follow-Up within 30 Days After Emergency Department Visit for Alcohol and Other Drug Abuse or Dependence (FUA), Follow-Up within 30 Says After Emergency Department Visit for Mental Illness (FUM), and Diabetes Screening for People with Schizophrenia or Bipolar Disorder Who Are Using Antipsychotic Medications (SSD). A closer look over the last five years reveals that CalOptima Health continues to make significant improvements to behavioral health performance rates despite not meeting the MPL including FUA (7-days) (up from 2.53% in 2021) and FUM (7-days) (up from 26.86% in 2021) while ADD (continuation and maintenance phase) declined (down from 49.44% in 2021) and SSD has remained relatively same.

Efforts to Support Behavioral Health Prevention among Members

These findings also support the need to enhance and increase the frequency of actions and interventions designed to improve behavioral health clinical measures. To meet this need, CalOptima Health’s Behavioral Health Integration (BHI) teams designed and disseminated provider tip tools and

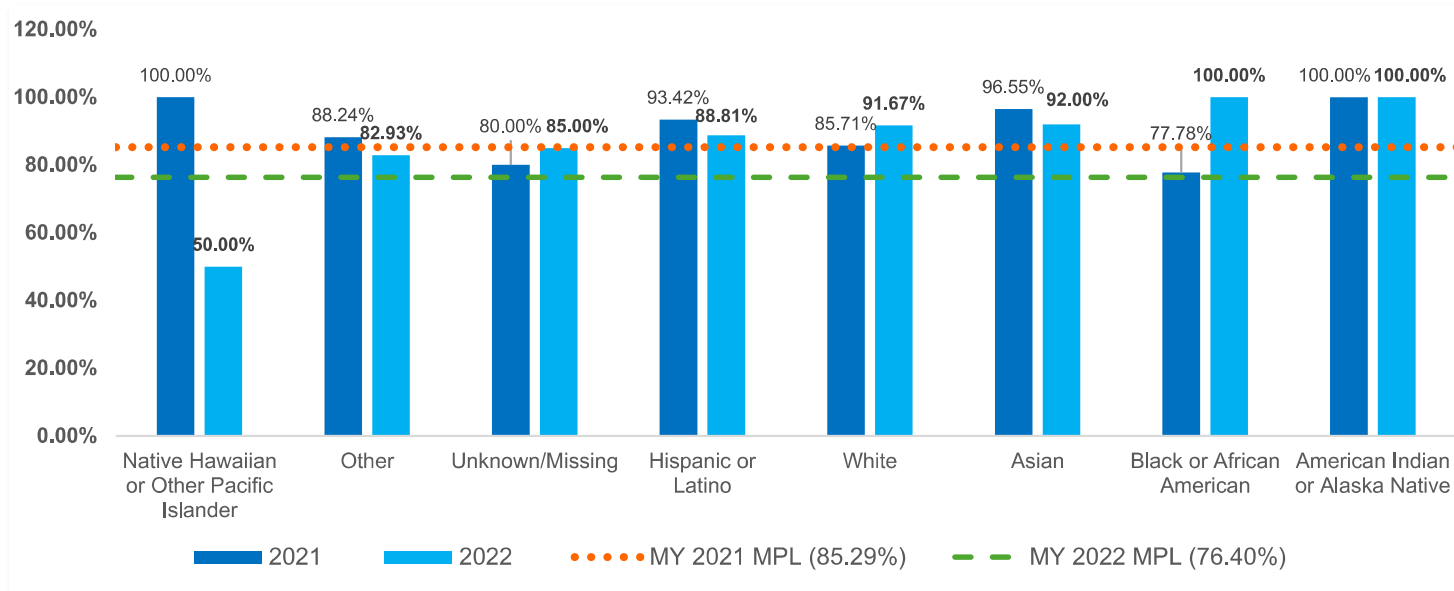
best practice letters to support providers with the highest rates of AMP and ADD noncompliance. BHI teams also launched a monthly text messaging campaign to remind members to complete AMP and ADD follow-ups. In addition, there are focused member outreach efforts and a newsletter article on the importance of timely provider follow-ups for ADD. Ongoing efforts to improve the rates of timely FUA and FUM follow-ups include real-time ED data for participating facilities and shared reports with providers to enhance focused outreach; CalOptima Health National Alliance on Mental Health Illness (NAMI) Field-Based Mentor Grant to assist members connection to a follow-up after ED visit; and behavioral health virtual provider visits. Lastly, efforts to increase SSD rates include the use of internal data to focus member outreach efforts to providers and members as well as member text campaigns with SSD follow-up reminders.

Health Disparities

Many factors contribute to health disparities experienced by CalOptima Health members, including access to care, societal factors (e.g., inadequate access to healthy foods, economic hardship, etc.), environmental conditions (e.g., poor air quality), language barriers and health behaviors. Communities of color, populations with a lower socioeconomic status, rural communities, people with cognitive and physical disabilities and individuals who identify as LGBTQIA+ are often disproportionately exposed to conditions and environments that negatively affect health risks and outcomes and lead to higher rates of health disparities. CalOptima Health understands that health inequities exist in the population we serve and has prioritized focusing on disparities that most align with member needs and local and state priorities, including well child visits as well as prenatal and postpartum care by race/ethnicity.

Timeliness of Prenatal and Postpartum Care

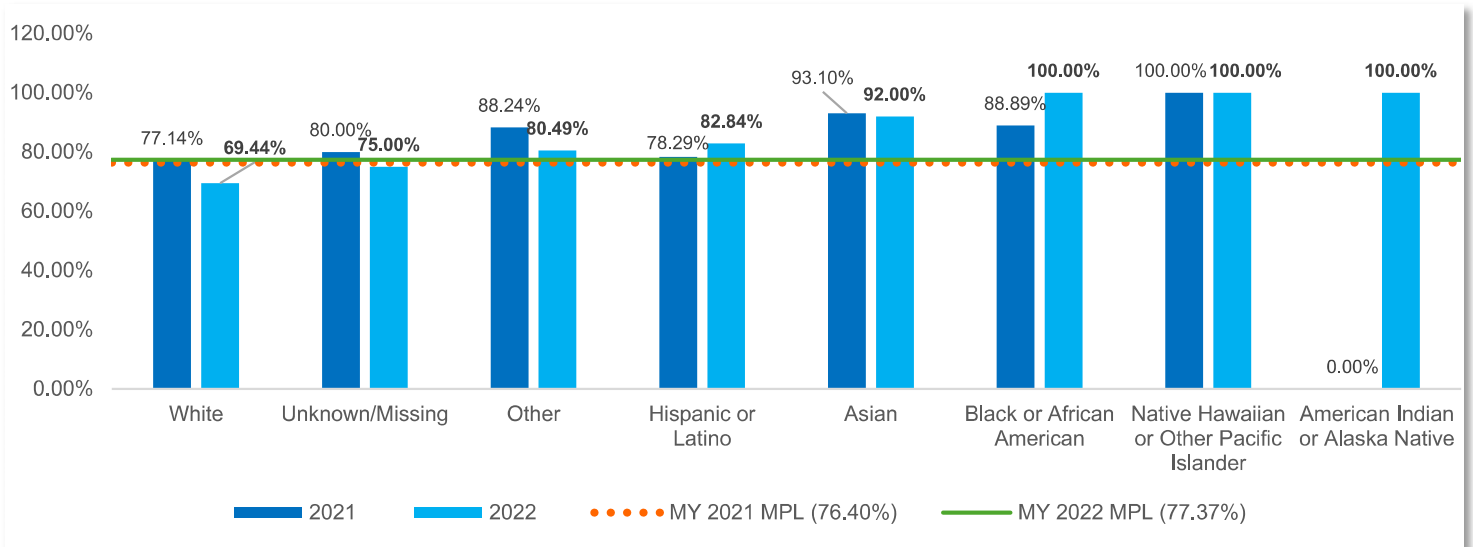
Medi-Cal Timeliness of Prenatal Care Rates by Race/Ethnicity



MY 2021-2022 DHCS Disparities Rates for CalOptima Health

The chart above examines the Timeliness of Prenatal Care (PPC-Pre) rates by race/ethnicity. PPC-Pre rates for race/ethnicity groups are lowest for Native Hawaiian or Other Pacific Islander (50.00%), Other (82.93%), and Unknown/Missing (85.00%) as compared with all other race/ethnicity groups. The only group that did not meet the MY 2022 MPL (76.40%) was Native Hawaiian or Other Pacific Islander (50.00%). The Hispanic group had the highest rate by denominator at 88.81%, down 4.61% from the previous year. The Black or African American group had the highest of the group rates increase by 22.22 percentage points and the White group rate increased by 5.96%. Notably, the Asian, Hispanic or Latino, and Other groups each had a decrease by about 5.00%.

Medi-Cal Timeliness of Postpartum Care Rates by Race/Ethnicity



Source: MY 2021-2022 DHCS Disparities Rates for CalOptima Health

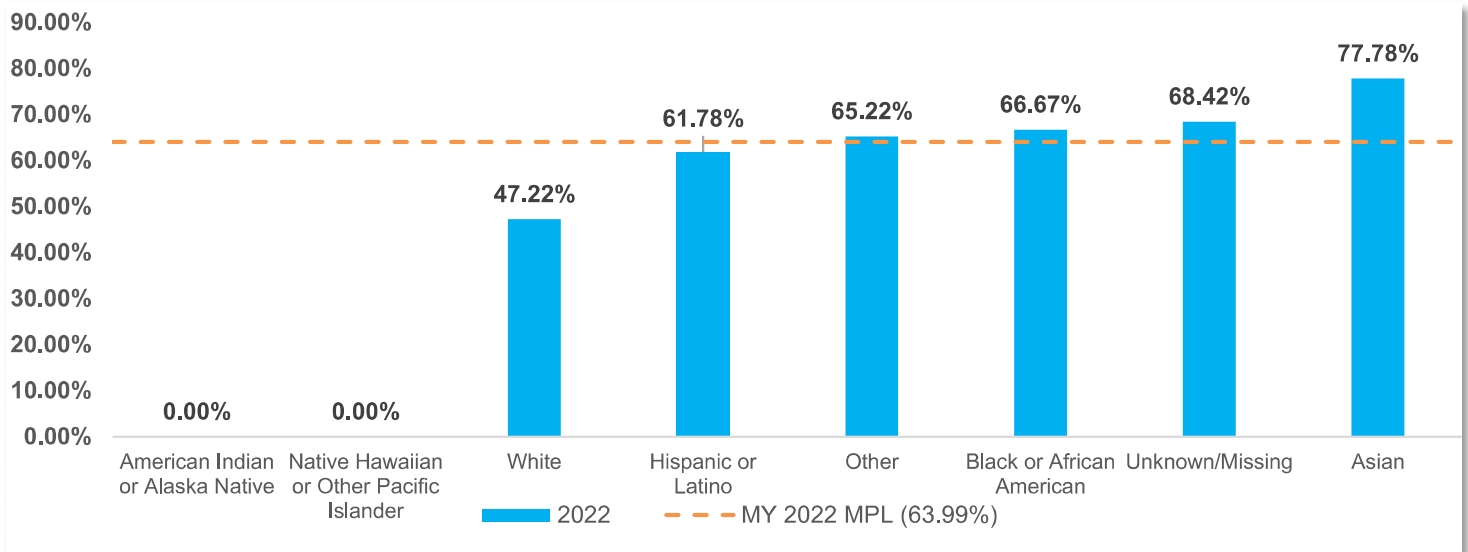
The chart above examines the Postpartum Care (PPC-Pst) rates by race/ethnicity. PPC-Pst rates for race/ethnicity groups that met the MY 2022 MPL are American Indian or Alaska Native, Native Hawaiian or Other Pacific Islander, Black or African American, Asian, Hispanic or Latino, and Other. The race/ethnicity groups that increased their postpartum rates when compared to MY 2021 are Hispanics increased by 4.55% and Black or African American group increased by 11.10%. However, the White group decreased their postpartum rate by 7.70%, the Other group decreased by 7.75%, and the Asian group decreased by 1.10%. The race/ethnicity groups with the lowest rates are White (69.44%) and Unknown/Missing (75.00%). The groups with the smallest denominator are American Indian or Alaska Native (n=1) and Black or African American (n=1).

Efforts to Support Perinatal Care among Members

To mitigate existing health disparities, the Postpartum Care Health Reward offered a \$50 gift card incentive for completing a postpartum checkup. This reward was highly promoted via the CalOptima Health website and Bright Steps Program (BSP), Medi-Cal member newsletters, providers' notifications, reminder text message campaign, and paid digital and social media ads. CalOptima Health plans to continue to offer and plans to broaden the promotion for the Health Rewards for postpartum care measures to eligible CalOptima members. CalOptima Health's Bright Steps Program (BSP) offers individualized health coaching with a registered nurse, educational materials, resources and support for mom and baby via phone calls through each trimester and the postpartum timeframe in threshold languages. In April 2022, Medi-Cal expanded the postpartum care benefit to one-year medical care after delivery and while results are not yet available for 2023, CalOptima Health does plan to analyze if this expansion affected postpartum visits and experiences.

Blood Lead Screening in Children (LSC)

Medi-Cal LSC by Race/Ethnicity



Source: MY 2021-2022 DHCS Disparities Rates for CalOptima Health

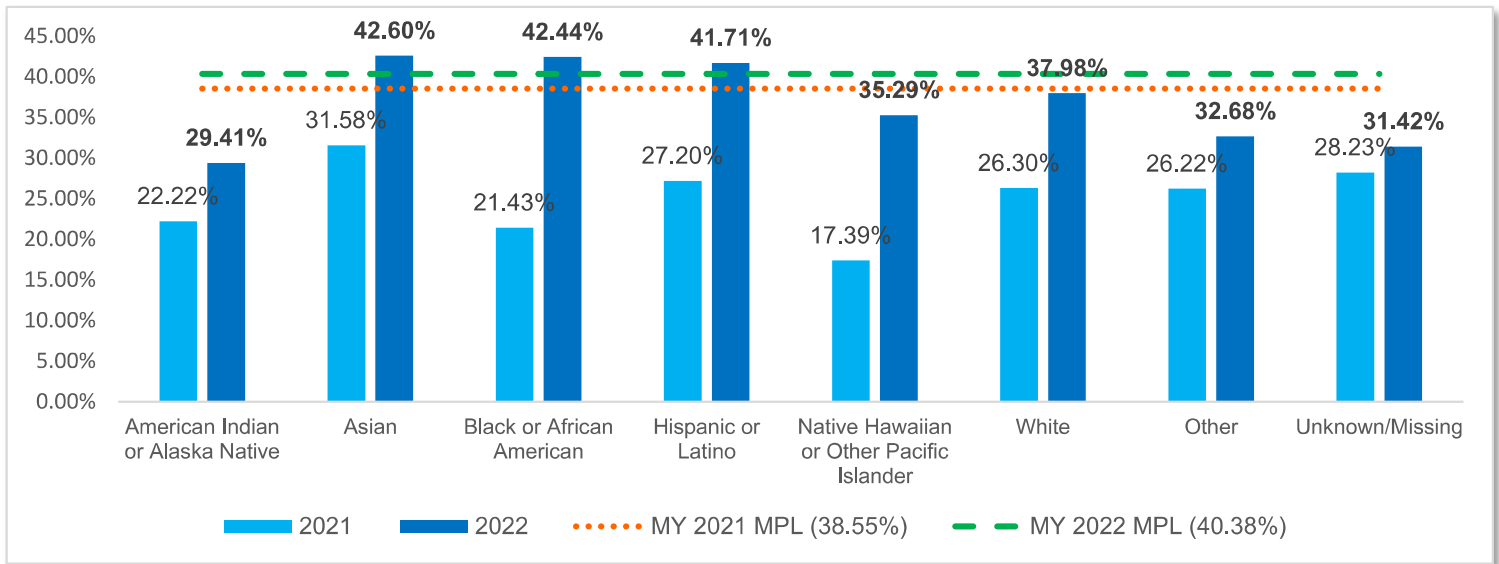
The chart above only examines MY 2022 as MY 2021 was a monitoring year and reporting was not mandated. The Asian group was had the highest rate of 77.78%. The Hispanic or Latino group had the greatest denominator (n=225) and a rate of 61.78% which did not meet the MPL. The American Indian or Alaska Native and Native Hawaiian or Other Pacific Islander groups had zero denominators and a 0.00% rate.

Efforts to Support Blood Lead Screening among Members

CalOptima Health collaborated with providers and health networks to provide reports of members with no record of a blood lead test and to understand members' barriers for lead testing. Community newsletters mailings, outreach campaigns via text, IVR, and phone, CalOptima Health's BSP, provider education, and CCN virtual meetings were implemented to provide education and promotion of blood lead testing and removal. Opportunities still exist to provide greater parent education, enhance community outreach, increase provider, community, and school district collaborations about the importance of and recommendations for blood lead testing.

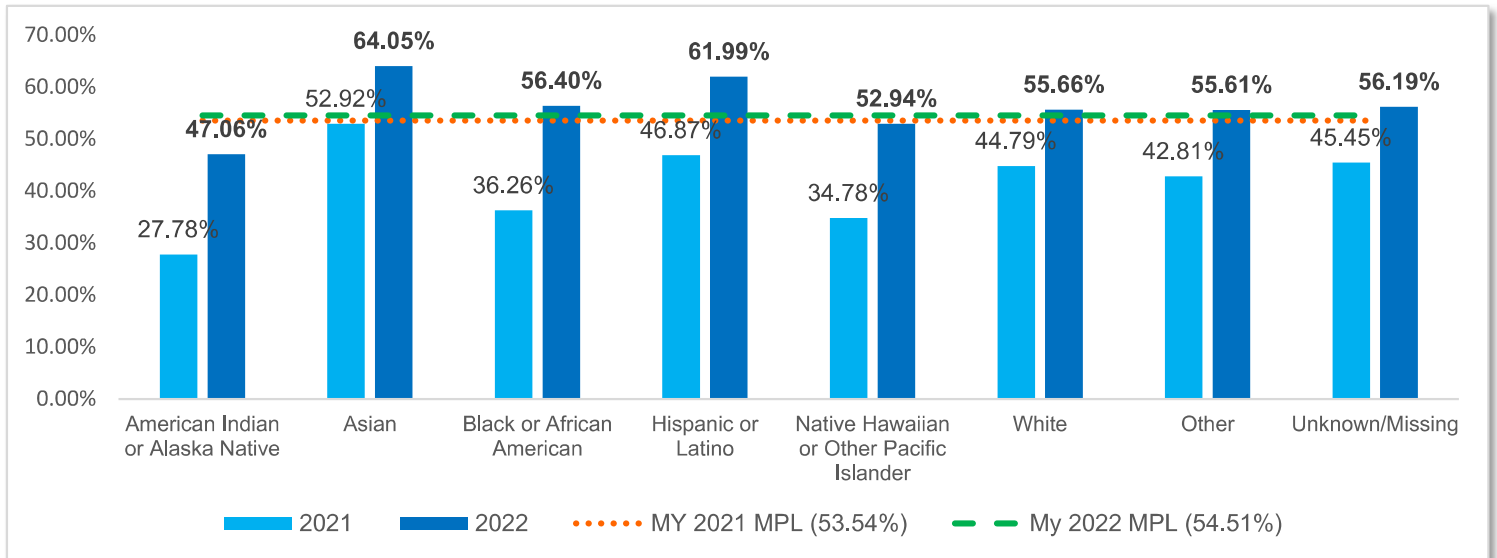
Follow-Up After Emergency Department Visit for Mental Illness (FUM)

Medi-Cal FUM Within 7 Days by Race/Ethnicity



Source: MY 2021-2022 DHCS Disparities Rates for CalOptima Health

Medi-Cal FUM Within 30 Days by Race/Ethnicity



Source: MY 2021-2022 DHCS Disparities Rates for CalOptima Health

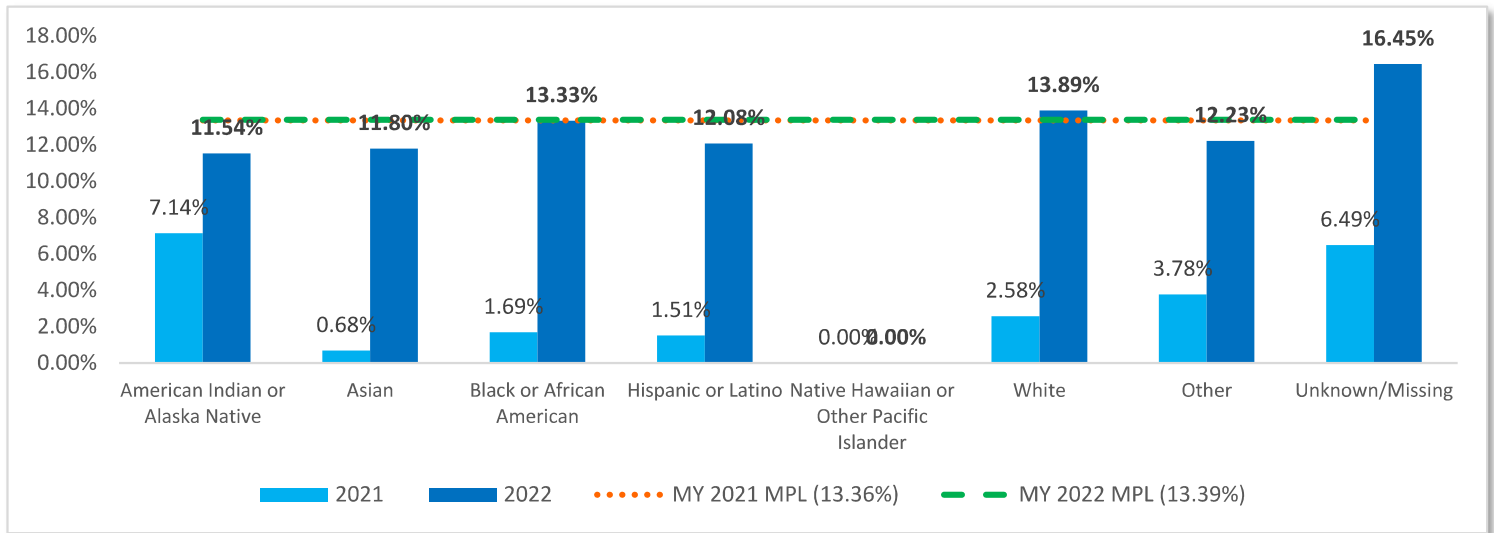
The charts above show the follow-up after emergency department visit for mental illness within 7 days and 30 days by race/ethnicity for measure years 2021 and 2022. There was an increase across the board for all race/ethnicity from 2021 to 2022. In MY 2021, the MPL were not met for either the 7- or 30-day follow-up. However, for MY 2022, Asian (42.60%), Black or African American (42.44%) and Hispanic or Latinos (41.71%) exceeded the MY 2022 MPL of 40.38% for the follow-up within 7 days. Additionally for the 30 day follow up, Asian (64.05%), Black or African American (56.40%), Hispanic or Latino (61.99%), White (55.66%), Other (55.61%) and Unknown/Missing (56.19%) were above the MY 2022 MPL of 54.51%.

Efforts to Support Member Follow-Up Care After Emergency Department Visit for Mental Illness

To improve the follow up, CalOptima Health established real-time emergency department data with health networks and utilized the CalOptima Health NAMI field base mentor grant to assist with member connection to a follow-up after an emergency department visit. Additionally, a new behavioral health virtual provider (Telemed2U vendor) will be implemented to increase access to follow-up appointments. CalOptima Health will continue to collaborate with NAMI and behavioral health providers for member outreach.

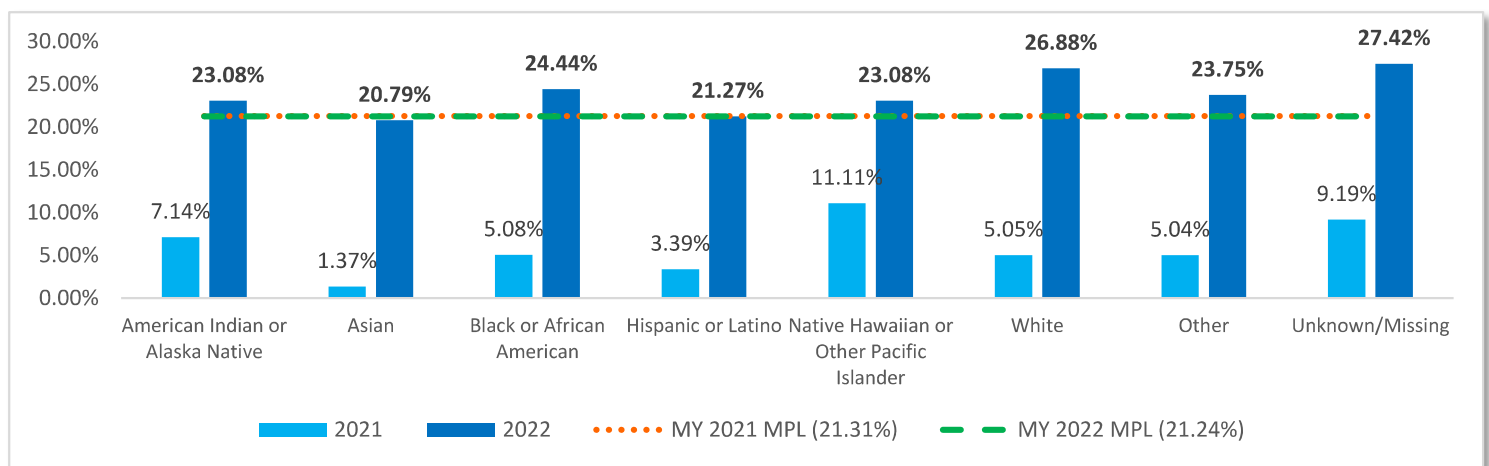
Follow-Up After Emergency Department Visit for Alcohol and Other Drug Abuse or Dependence (FUA)

Medi-Cal FUA Within 7 Days by Race/Ethnicity



Source: MY 2021-2022 DHCS Disparities Rates for CalOptima Health

Medi-Cal FUA Within 30 Days by Race/Ethnicity



Source: MY 2021-2022 DHCS Disparities Rates for CalOptima Health

The charts above show the follow-up after emergency department visit for alcohol and other drug abuse or dependence within 7 days and 30 days by race/ethnicity for measure years 2021 and 2022. There was an overall increase except for Native Hawaiian or Other Pacific Islanders, which remained the same at 0% from MY 2021 to MY 2022. For MY 2021, the MPL was not met for both the 7 days and 30 days follow up. With a significant increase in MY 2022, White (13.89%) and Unknown/Missing

(16.45%) met the MPL of 13.39% for the follow-up within 7 days. American Indian or Alaska Native (23.08%), Black or African American (24.44%), Hispanic or Latino (21.27%), Native Hawaiian or Other Pacific Islander (23.08%), White (26.88%), Other (23.75%) and Unknown/Missing (27.42%) were above the MPL of 21.24% for the follow-up within 30 days.

Efforts to Support Member Follow-Up After Emergency Department Visit for Alcohol and Other Drug Abuse or Dependence

Like the improvements made for the follow-up after emergency department visit for mental illness, the same approach was utilized for follow-up for alcohol and other drug abuse or dependence. Collaboration with NAMI and behavioral health providers for member outreach will continue along with participation in provider educational events regarding follow-up visits, bi-weekly member text messaging, communication via the member newsletters and promotion of TeleMed2U.

Sub-Populations

Members Experiencing or At-Risk of Homelessness

Populations Screened for Homelessness or Risk of Homelessness

Populations Screened	2022 Counts	2022 Denominator	2022 Rate	2023 Counts	2023 Denominator	2023 Rate
CalOptima Members	22,256	983,929	2.26%	194,519	1,043,319	19%
CalOptima Health Members discharged from an inpatient setting or ED (two or more times over four consecutive months)	3,455	49,306	7.01%	65,322	65,322	100%

Source: CalOptima Health Housing and Homelessness Incentive Program (HHIP) Measures DHCS Submissions 2 and 3

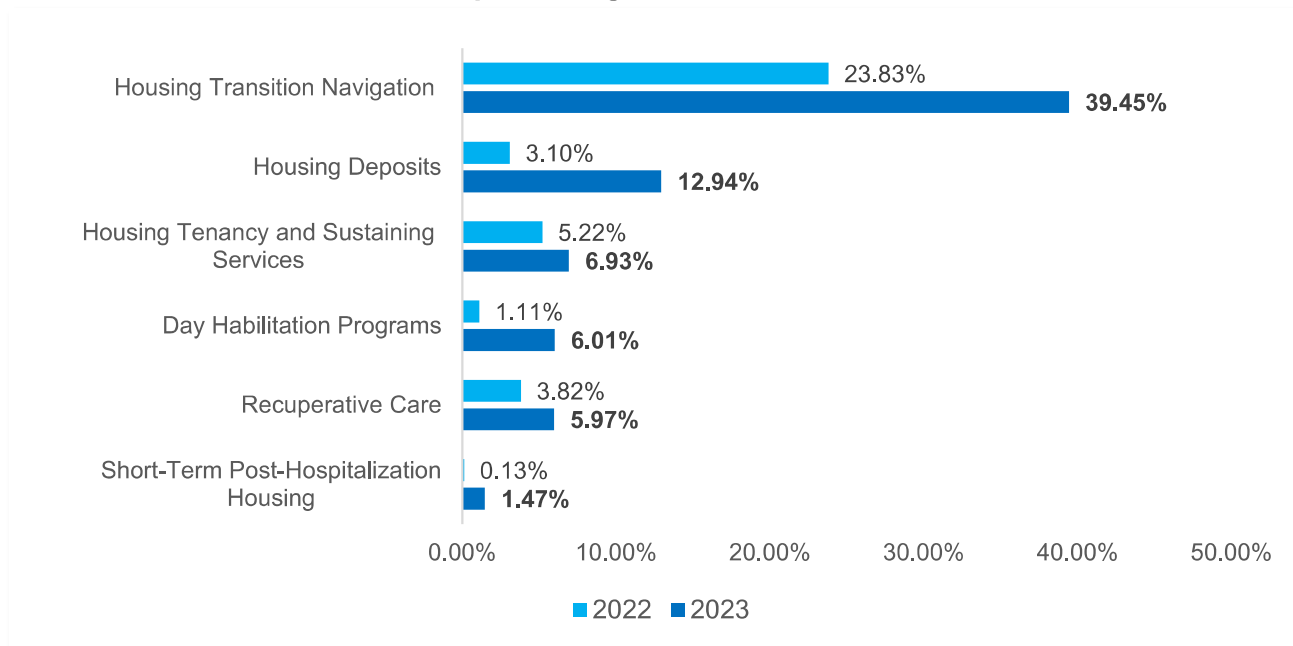
Members experiencing or at-risk of homelessness face serious challenges in obtaining healthcare services. These unique challenges pose significant health risks and contribute to the overall health disparities seen in this population when compared to members who are housed. CalOptima Health has implemented the Housing and Homelessness Incentive Program (HHIP) to address these challenges. The California Department of Health Care Services (DHCS) launched HHIP as a voluntary incentive program to support the delivery and coordination of health and housing services for Medi-Cal members experiencing homelessness or at-risk of homelessness. The program’s key drivers and associated investment priorities were developed with the four pillars of the homeless system of care that was adopted in Orange County: Prevention, Outreach, Shelter, and Housing – while also ensuring healthcare was a key component.

In 2023, CalOptima Health screened 19% of members for homelessness or risk of homelessness (up from 2.26% in 2022). The members who were selected for screening include but are not limited to members who received CalAIM services, responded to housing questions in Guiding Care (CalOptima Health’s healthcare enterprise management platform), or were discharged from the hospital. Within the same period in 2023, CalOptima Health screened 100% of the members who were either discharged from an inpatient setting or in the emergency department (ED) for services two or more times over four consecutive months for homelessness or at-risk of homelessness (up from 7.01% in 2022). These screening efforts identified 10,441 members as either experiencing or at-risk of homelessness (up from 9,213 in 2022). It is important to note that in 2023, the methodology to screen for homelessness and risk of homelessness was updated to include certain categories (e.g., hospital discharge). The update to the methodology was made to align with Senate Bill (SB) 1152,

which requires hospitals to offer patients experiencing homelessness (PEH) a set of resources at discharge to ensure safety and prevent “dumping” or moving people experiencing homelessness without their consent or support system.

Furthermore, the latest Point in Time (PIT) count conducted in Orange County identified a total of 5,718 persons experiencing homelessness (down for 6,860 in 2019 PIT). The sub-populations most heavily impacted were seniors (12.56%) (up from 8.92% in 2019 PIT), veterans (4.90%) (up from 4.53% in 2019 PIT), and transitional youth ages 18-24 (4.11%) (up from 4.01% in 2019 PIT). Nearly half (47.46%) of people experiencing homelessness were found in central Orange County (up from 48.57% in 2019 PIT).

Community Supports Received by CalOptima Health ECM Members Experiencing or At-Risk of Homelessness



Source: CalOptima Health Housing and Homelessness Incentive Program (HHIP) Measures DHCS Submissions 2 and 3

Successfully Housed CalOptima Health ECM Members

	2022 Counts	2022 Denominator	2022 Rate	2023 Counts	2023 Denominator	2023 Rate
Housed ECM Members experiencing or at risk of homelessness	639	9,213	6.94%	3,585	10,441	34.34%

Source: CalOptima Health Housing and Homelessness Incentive Program (HHIP) Measures DHCS Submissions 2 and 3

Efforts to Support Members Experiencing Homelessness

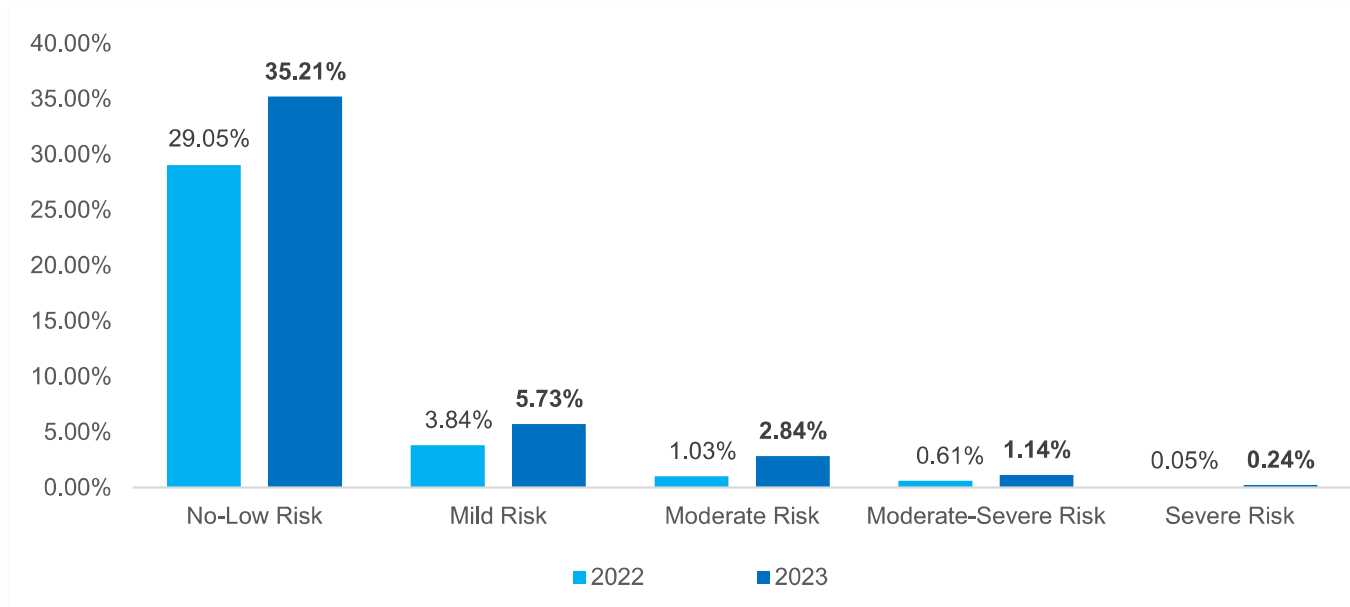
This data reinforces the need to bridge the gap between the existing care delivery system and the needs of members who are experiencing or at risk of homelessness. This analysis also revealed more opportunities to invest in community health services for unhoused residents to build a continuum of support and linkage to services for those with physical health, behavioral health and substance use needs. As such, CalOptima Health has deployed significant resources to address the housing and health needs of unhoused members through CalAIM Community Supports and Street Medicine. In fact, between 2022 and 2023, CalOptima Health connected 11,026 members experiencing or at-risk of homelessness to housing related supports (e.g., short-term post-

hospitalization housing, day habilitation program, housing tenancy and sustaining services, housing deposits, and housing transition navigation). In addition, 4,224 members experiencing homelessness were housed.

Perinatal Members Experiencing or At-Risk of Depression

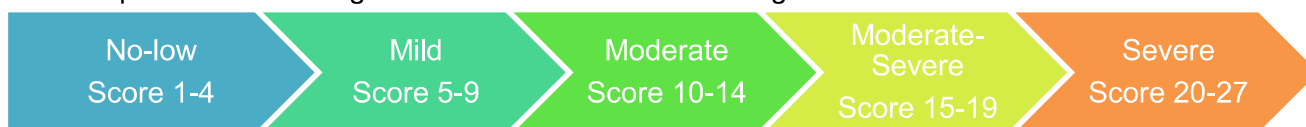
Maternal depression is a serious and widespread condition that can have a lasting and detrimental impact on the health of both the mother and child. Maternal depression poses a significant risk to a child’s development, mother-infant bond, and family. Therefore, maternal depression screening and treatment play a vital role in the health of our members and their families.

Postpartum Depression Risk among CalOptima Health Members



Data Source: MY 2021-2023 CalOptima Health CORE Report (CC0226), Bright Step’s Behavioral Health Reporting, Accessed April 2024

The depression screening results were stratified according to the below:



In 2023, CalOptima Health’s maternal health program, Bright Steps, conducted outreach to 2,110 pregnant or postpartum members to offer services and support (slight decrease from 2,138 in 2022). As part of Bright Steps program, members are screened for depression using the Edinburgh Postnatal Depression Scale (EDPS). The EDPS was designed to assist health professionals in detecting mothers suffering from postpartum depression; a distressing disorder more prolonged than the “blues”. Mothers who have scores above 12 or 13 are likely to be suffering from depression and should seek medical attention (Cox, Holden, & Sagovsky, 1987).

Of those members who were contacted by Bright Steps, 1,073 members were unsuccessful outreach attempts (down from 1,316 in 2022), 84 members refused to be screened for depression (about the same as in 2022 or 83 members), and 953 completed the depression screening (up from 739 in 2022). These results indicate that, in 2023, 743 (35.21%) postpartum members had no to low risk (up from 621 (29.05%) in 2022), 121 (5.73%) had mild risk (up from 82 (3.84%)), 60 (2.84%) moderate risk (up from 22 (1.03%)), 24 (1.14%) had moderate to severe risk (up from 13 (0.61%) in 2022), and 5 (0.24%) had severe risk (up from 1 (0.05%) in 2023).

Efforts to Support Maternal Health among Members

This data supports the need to strengthen pathways from CalOptima Health Bright Steps program with behavioral health services. This analysis also revealed more opportunities to develop a coordinated referral process to help ensure that members who screen positive for postpartum depression are connected to services in a timely manner. In 2023, CalOptima Health's Bright Steps partnered with OCHCA to develop a maternal depression program that can link members who screen positive for postpartum depression to services and providers who specialize in treating postpartum depression according to a member's risk level. This plan will be carried into 2024 to further refine the referral process to postpartum management services and work with partners to understand their respective capacity for connecting members to the most appropriate levels of care.