



2023 QUALITY IMPROVEMENT (QI) PROGRAM EVALUATION



FEBRUARY 2024



**2023 QUALITY IMPROVEMENT (QI) PROGRAM ANNUAL
EVALUATION SIGNATURE PAGE**

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2023 CALOPTIMA HEALTH

QUALITY IMPROVEMENT (QI) PROGRAM ANNUAL EVALUATION

Section 1: CalOptima Health Overview

Caring for the people of Orange County has been CalOptima Health’s privilege since 1995. We believe that our Medicaid (Medi-Cal) and Medicare members deserve the highest quality care and service throughout the health care continuum. CalOptima Health works in collaboration with providers, community stakeholders and government agencies to achieve our mission and vision while upholding our values.

Our Mission

To serve member health with excellence and dignity, respecting the value and needs of each person.

Our Vision

By 2027, remove barriers to health care access for our members, implement same-day treatment authorizations and real-time claims payments for our providers, and annually assess members’ social determinants of health.

Our Values

CalOptima Health abides by our core values in working to meet members’ needs and partnering with Orange County providers who deliver access to quality care. Living our values ensures CalOptima Health builds and maintains trust as a public health plan and with our members and providers.



C	Collaboration
A	Accountability
R	Respect
E	Excellence
S	Stewardship

Our Strategic Plan

CalOptima Health’s Board of Directors and executive team worked together to develop our 2022–2025 Strategic Plan. After engaging a wide variety of stakeholders and collecting feedback, the strategic plan was approved in June 2022. Our core strategy is the “inter-agency” co-creation of services and programs, together with our delegated networks, providers and community partners, to support the mission and vision.

The five Strategic Priorities and Objectives are:

- Organizational and Leadership Development
- Overcoming Health Disparities
- Finance and Resource Allocation
- Accountabilities and Results Tracking
- Future Growth

CalOptima Health also aligns our strategic plan with the priorities of our federal and state regulators.

Section 2: Executive Summary

The 2023 Quality Improvement (QI) Program Evaluation analyzes the core clinical and service indicators to determine if the QI Program has achieved key performance goals throughout the 2023 year. This evaluation focuses on quality activities implemented during measurement year 2023, which impacted performance, to improve health care and services available to CalOptima Health members. The look back period for the 2023 QI Evaluation is Q4’2022 through the end of Q3’2023, and Q4’2023 is added where available.

The QI Program for 2023 outlined major program initiatives. Threaded into the initiatives continued to be interventions that support both the Department of Health Care Services (DHCS) Comprehensive Quality Strategy and the Centers for Medicare & Medicaid Services (CMS) National Quality Strategy. These strategies aim for care that is equitable, high-quality and value-based and considers the needs of the whole person.

In 2023, the QI Program Initiatives aligned with CalOptima Health’s strategic priorities with a focus on health equity, social determinants of health, member engagement, improved access to care and improved quality outcomes. CalOptima Health remained focused on advancing Quality Improvement and Health Equity (QIHE) initiatives to achieve 2023 QIHE goals and objectives to provide members with access to quality health care services. CalOptima Health continued to utilize the Plan-Do-Study-Act (PDSA) and continuous quality improvement (CQI) approach to developing initiatives in 2022 that continued into 2023. These initiatives are focused on long-term improvements in selected high-priority measures.

In 2024, based on the 2023 QI Program Evaluation, CalOptima Health will continue to support a strategy, as identified in the 2024 Quality Improvement and Health Equity Transformation Program (QIHETP), formerly known as the Quality Improvement (QI) Program, that aligns with CalOptima Health’s strategic priorities and regulatory requirements and focuses on activities and incentives that will improve member engagement, access to care and quality outcomes. The 2024

QIHETP Annual Work Plan will profile key areas that offer opportunities for improvement to be implemented or continued as outlined in the 2024 QIHETP.

2.1 2023 Achievements

September 2023: CalOptima Health's Medi-Cal plan was recognized by the National Committee for Quality Assurance (NCQA). For the ninth year in a row, our Medi-Cal plan was among the top plans in California, according to the NCQA's Medicaid Health Plan Ratings 2023. CalOptima Health earned 4 stars out of 5 stars.

November 2023: Two community-based organizations honored CalOptima Health's work serving vulnerable populations. Community Action Partnership of Orange County presented CalOptima Health with its Community Hero Award for our work on housing and food security. The Eli Home presented its Humanitarian Award for our contribution to serving abused and unhoused children and families.

December 2023: CalOptima Health was honored twice by the Orange County Business Council's Turning Red Tape Into Red Carpet Awards. We received a nomination for Public-Private Partnership with Chrysalis on a workforce development program. CEO Michael Hunn was nominated for Leadership in Public Service.

Throughout the year, our executives were honored for their successful leadership at CalOptima Health. This recognition includes:

- Nancy Huang, Chief Financial Officer, was a finalist in the Orange County Business Journal's CFO of the Year Awards.
- Richard Pitts, D.O., Ph.D., Chief Medical Officer, was named a Health Care Hero by the Community Health Initiative of Orange County.
- Kelly Bruno-Nelson, Executive Director, Medi-Cal/CalAIM, was honored by the Los Angeles Times as an OC Visionary and for the OC Inspirational Women Awards.
- Carmen Katsarov, Executive Director, Behavioral Health Integration, was appointed to Gov. Gavin Newsom's Behavioral Health Task Force.
- Deanne Thompson, Executive Director, Marketing and Communications, won a gold award from Health Care Communicators of Southern California.
- Michael Hunn, CEO, was appointed to the California Association of Health Plans Board of Directors.

2.2 Review of 2023 Quality Improvement (QI) Goals

Goal 1: Develop and implement a comprehensive Health Equity Framework that transforms practices, policies and systems at the member, organizational and community levels.

In response to CalOptima Health's strategic plan, staff began the process to identify and address health equity and social determinants of health (SDOH) for vulnerable populations throughout Orange County. A Health Equity Framework was developed and includes several milestones from uncovering inequities, looking at root causes and designing a comprehensive intervention plan to planning and tracking progress. It begins with a comprehensive readiness assessment to determine organizational capacity to undertake a health equity redesign. The framework allows for opportunities to obtain feedback from internal and external stakeholders and include their input in the intervention and design process.

CalOptima Health’s Health Equity and Social Determinants of Health Framework

Create a culture of health equity throughout CalOptima by using data to measure inequities and developing strategies to address them. Throughout the process, create opportunities for feedback from internal and external stakeholders and include their voices in the design and implementation process.



Goal 2: Improve quality of care and member experience by attaining an NCQA health plan rating of 5.0, and at least a 4.0-star rating for Medicare.

In 2023, CalOptima Health’s Medi-Cal plan was recognized by NCQA. For the ninth year in a row, our Medi-Cal plan was among the top plans in California, according to the NCQA’s Medicaid Health Plan Ratings 2023. While CalOptima Health did not attain a 5.0 rating, CalOptima Health did maintain a 4.0 rating. For Medicare, CalOptima Health received a 3.0-star rating and not the goal of 4.0-star rating.

Goal 3: Engage providers through the provision of Pay for Value (P4V) programs for Medi-Cal, OneCare and Hospital Quality.

Value-Based Payment Program or Pay for Value (P4V) Program

CalOptima Health’s Value-Based Payment Performance Program recognizes outstanding performance and supports ongoing improvement to strengthen CalOptima Health’s mission of serving members with excellence and providing quality health care. Health Networks (HNs), including CalOptima Health Community Network (CCN), and HNs’ primary care physicians (PCPs) are eligible to participate in the Value-Based Payment Programs. CalOptima Health has adopted the Integrated Healthcare Association (IHA) pay for performance methodology to assess performance. Performance measures are aligned with the Department of Health Care Services (DHCS) Managed Care Accountability Set (MCAS) for Medi-Cal and a subset of CMS Star measures for OneCare. In 2023, staff generated and shared monthly Prospective Rate reports with all health networks and CCN clinics and providers to show their performance

on all clinical Healthcare Effectiveness Data and Information Set (HEDIS[®]) value-based payment measures. A Health Network Report Card was also shared with the HNs that summarizes their performance and Health Network Quality Rating (HNQR) on all clinical HEDIS P4V measures and Consumer Assessment of Healthcare Providers and Systems (CAHPS) member experience survey measures. Value-based payment checks were issued to the HNs in Q4 2023.

Five-Year Hospital Quality Program 2023–2027

CalOptima Health developed a hospital quality program to improve quality of care to members through increased patient safety efforts and performance-driven processes. The hospital quality program utilizes public measures reported by CMS and The Leapfrog Group for quality outcomes, patient experience and patient safety. Hospitals may earn annual incentives based on achievement of benchmarks. In 2023, CalOptima Health developed and distributed to each contracted hospital baseline score cards indicating hospital performance for measurement year 2022. The first year for incentive payments will be in measurement year 2023 paid out in Q4 2024.

2.3 Overall Effectiveness of the 2023 Quality Improvement Program

Overall, the 2023 QI Program was effective in identifying opportunities for improvement and enhancing processes and outcomes. Sufficient resources were committed to support committee activities and to complete projects detailed in the work plan.

Review of the scope, composition and business of the individual committees led management to review the existing committee structure, which resulted in the development of a new subcommittee, the Population Health Management Committee (PHMC). The PHMC will provide overall direction for continuous process improvement and oversight of population health activities, monitor compliance with regulatory requirements and ensure that population health initiatives meet the needs of CalOptima Health members. The committee will also ensure that all population health initiatives are performed, monitored and communicated according to the PHM Strategy and Work Plan. The PHMC is responsible for reviewing, assessing and approving Population Needs Assessment (PNA), Population Health Management (PHM) Strategy activities, and PHM Work Plan progress and outcomes and recommend evidence-based and/or best practice activities to improve population health outcomes and advance health equity.

Leadership played an active role by participating in and chairing the Quality Improvement Health Equity Committee (QIHEC) and subcommittee meetings, providing input on quality-related opportunities, helping to identify barriers and develop and implement effective approaches to achieve improvements. The current level of leadership involvement in the QI Program was more than adequate this past year, as we ended the year with 15 Medical Directors. No additional leadership involvement is needed for the upcoming year, with the addition of the new Medical Directors and our new Chief Health Equity Officer (CHEO). The Chief Medical Officer (CMO), the Deputy Chief Medical Officer (DCMO), the Quality Medical Director, and the Executive Director, Quality Improvement were active participants in QIHEC and subcommittees; integral in providing oversight and direction of the Quality Improvement and Health Equity Transformation Program (QIHETP). The CMO, as the senior physician, designates the Quality Medical Director and the CHEO to serve as co-Chairs of QIHEC. Network providers and CalOptima Health medical

directors are assigned to each committee and subcommittee to provide subject matter expertise dependent on the scope and role of the committee. CalOptima Health's QI annual work plan effectively monitored and reported on the numerous quality-related efforts underway throughout the organization. The work plan was updated and reviewed by the QIHEC on a quarterly basis.

CalOptima Health was successfully evaluated by regulators and accrediting bodies, with particular emphasis on quality and safety of care, coordination and integration of services, and provision of effectiveness and efficacy of processes.

Practicing network physicians provided input through QIHEC and the following subcommittees: Credentialing and Peer Review Committee (CPRC) and Whole Child Model Clinical Advisory Committee (WCM CAC). Practitioner participation in the QI Program was deemed satisfactory for the past year. To enhance provider participation in the QI Program, QI staff will consider adding community partners to be committee participants. CalOptima Health members and consumers advocates provided input through the Member Advisory Committee (MAC) and the Provider Advisory Committee (PAC) contributed input from the provider community.

In addition to demonstrating improvements in equitable clinical care, staff promoted clinical practice guideline adherence. Potential quality of care process was revised to include a clinical review of quality-of-care grievances and potential quality issues were better identified, tracked and monitored through the CPRC. Patient safety was addressed through the monitoring of potential quality issues, facility site reviews and regular review of provider credentials. Coordination and collaboration among departments, such as between Fraud, Waste and Abuse and potential quality issues (PQI) supported more effective clinical and service improvements.

Improvements were made in several HEDIS areas. Better provider record abstraction and encounter data capture led to improved scores. Quality staff conducted office staff trainings on medical record best practices around the HEDIS process and shared HEDIS gap reports to assist providers in identifying members needing preventive screenings or other care. Providers were invited to CCN Virtual Meetings, also known as CCN Lunch and Learns, and webinars directing providers to online materials. These activities are expected to continue and be enhanced in 2024.

Member experience remains CalOptima Health's biggest opportunity. Across all product lines there were several member satisfaction measures that did not meet goals: getting needed care, getting care quickly, and overall rating of health plan. Workgroups were developed to focus on areas to improve Member Experience for OneCare. CalOptima Health implemented a predictive analytics tool to identify members for outreach. The Customer Service department deployed several changes that contributed to positive member experience.

Improvements were made in several HEDIS areas and MCAS measures met the minimum performance levels (MPLs) with the exception of one measure, Lead Screening in Children (LSC), which was newly added to the minimum performance level measurement set. OneCare attained a 3.0-star rating for Measurement Year (MY) 2022. This year, CalOptima Health conducted multi-modal member and provider outreach that included mailings, interactive voice response (IVR), text messaging, newsletters and telephonic outreach. Advertisements on the radio, television, social media and print along with member health rewards were used to promote well visits, preventive screenings and immunizations.

The QI Program will continue to focus on opportunities to improve equitable clinical care, safety and service in the areas outlined in this report. Member satisfaction continues to be an area of

focus and enterprise efforts are underway to improve this. Timely access to care continues to be an area of focus and CalOptima Health will focus on the need to improve provider data to improve care. There are multiple clinical (and/or clinical data) areas that still need improvement, such as blood lead screening. These and other QI activities are detailed in the 2024 QIHETP Work Plan and will be tracked through the QI committees and the governance structure.

2.4 Recommendations for 2024

For 2024, CalOptima Health will develop and implement the Quality Improvement and Health Equity Transformation Program (QIHETP) and QIHETP Work Plan, formerly known as the QI Program and Work Plan. The QIHETP will align with CalOptima's strategic goals and objectives as defined by the Board of Directors as well as with the priorities of our federal and state regulators, as identified in the Centers for Medicare & Medicaid Services (CMS) National Quality Strategy and the DHCS Comprehensive Quality Strategy. The QIHETP Work Plan will remain flexible, and staff will remain agile in the shifting health care landscape while continuing to stay focused on providing members with timely access to quality health care services in a dignified and equitable manner.

Based on the 2023 QI Program Evaluation, CalOptima Health will continue to focus on the following initiatives and projects to drive improvements that impact members.

- A. Incorporate SDOH factors and analysis of health disparities in the strategic plan for targeted quality initiatives and population health programs.
- B. Collaborate with external stakeholders and partners in comprehensive assessments of members.
- C. Develop robust community-based interventions using analytical tools, such as geo-mapping, in collaboration with community partners and entities that have a good understanding of the target population barriers and behaviors.
- D. Strategize and streamline member outreach by using multiple modes of communication via contracted external vendors, including through website, direct mailings, email, interactive voice response (IVR) calls, mobile texting, targeted social media campaigns and robocall technology.
- E. Expand collaboration on quality initiatives in partnership with health networks to broaden and expand the reach of coordinated data sharing to close gaps in care.
- F. Expand quality initiatives to improve member experience, focused on increasing member access to care.

CalOptima Health also recommends the following new initiatives and projects to drive improvements that impact members.

- A. Monitor, evaluate and take timely action to address necessary improvements in the quality of care delivered by all providers in any setting, and take appropriate action to improve upon health equity.
- B. Incorporate feedback provided by members and network providers in the design, planning and implementation of CQI activities, particularly on interpreter services and access to care.
- C. Enhance member and provider data collection to ensure the provider network can meet cultural and linguistic needs of our members.

2.5 Recommended Priority Areas and Goals for 2024

Based on the evaluation of the 2023 QI Program, CalOptima Health has identified the following Priority Areas and Goals for 2024. These recommended priority areas and goals are aligned with CalOptima Health’s 2022–25 Strategic Goals and DHCS Bold Goals.

- A. Maternal Health
 - 1. Close racial/ethnic disparities in well-child visits and immunizations by 50%
 - 2. Close maternity care disparity for Black and Native American persons by 50%
- B. Children’s Preventive Care
 - 1. Exceed the 50th percentile for all children’s preventive care measures
- C. Behavioral Health Care
 - 1. Improve maternal and adolescent depression screening by 50%
 - 2. Improve follow-up care for mental health and substance disorder by 50%
- D. Program Goals
 - 1. Medi-Cal: Exceed the minimum performance levels (MPLs) for MCAS
 - 2. OneCare: Attain a Four-Star Rating for Medicare

Section 3: Quality Improvement (QI) Program Structure

Activities in the 2023 Quality Improvement (QI) Program and associated QI Work Plan focused on refining the structure and process of care delivery, with the emphasis on member-centric activity and consistency with regulatory and accreditation standards. All activities were undertaken in direct support of the Mission, Vision, Values and Strategic Initiatives of CalOptima Health.

3.1 Quality Improvement (QI) Program Documents

The components of the QI Program are closely aligned to meet the goal of continuously improving the quality of care for members.

- A. 2023 Quality Improvement and Health Equity Transformation Program (QIHETP)
Description — Developed and implemented a robust written QIHETP description that focused on improving standards of care and addressing gaps in care identified in the prior year’s evaluation. The organization enhanced the QIHETP by including “new initiatives” in the program description that will outline measurable goals and objectives that CalOptima Health will focus on in subsequent years.
- B. 2023 Quality Improvement and Health Equity Transformation Program (QIHETP) Work Plan — Created to monitor and evaluate performance of QI measures and interventions on an ongoing basis. This is a dynamic document that may change throughout the year based on priorities and opportunities.
- C. 2022 QI Program Evaluation — Completed a comprehensive evaluation of the 2023 QI Program and QI Work Plan at the end of the year that assesses the performance on measures and indicators and the assessment laid the groundwork for the 2024 QIHETP.
- D. 2023 Utilization Management (UM) Program – Developed and implemented a written UM Program that defines the oversight and delivery of CalOptima Health’s structure, clinical processes and programmatic approach to review health care services, treatment and supplies, and provide quality, coordinated health care services to CalOptima Health members.

- E. 2022 UM Evaluation — Completed a comprehensive evaluation of the 2023 UM Program at the end of the year that evaluates the impact of the UM Program.

The following quality improvement documents were also reviewed and approved by the QIHEC and used to drive the quality improvement activities:

- The Population Health Strategy
- The Cultural and Linguistic Program
- The Pay for Value Program

3.2 Reviews of QI Documents

CalOptima Health successfully completed reviews of all of the above documents with the Quality Improvement Health Equity Committee (QIHEC) and/or Subcommittees during 2023. The documents were reviewed and approved by both the Quality Assurance Committee of CalOptima Health’s Board of Directors and CalOptima Health’s Board of Directors.

Feedback from the providers who participated in the QIHEC and/or Subcommittees meetings was included in program documents (i.e., Program Description, Work Plan and Evaluation).

3.3 Quality Improvement Health Equity Committee (QIHEC) and Subcommittees

Quality Improvement Health Equity Committee (QIHEC)

Committee Background:

- A. The QIHEC is the primary committee that is responsible for the Quality Improvement and Health Equity Transformation Program (QIHETP), the QIHETP Work Plan and QIHETP Evaluation, and reports to the Quality Assurance Committee (QAC) of the CalOptima Health Board of Directors.
- B. The committee is comprised of the Chief Medical Officer (CMO), Deputy Chief Medical Officer (DCMO), CalOptima Health Chief Health Equity Officer (CHEO), CalOptima Medical Directors, CalOptima external physicians and community partners.
- C. The committee is responsible for providing overall direction for continuous quality improvement processes, overseeing activities that are consistent with CalOptima Health’s strategic goals and priorities, and monitoring compliance with regulatory and licensing requirements related to QI projects and activities.
- D. The committee provides critical feedback and guidance to the QI department on key initiatives. The QIHEC also reviews and approves all the key QI documents in a timely manner.

Committee Changes in 2023:

- A. QIHEC Charter updates were approved
 - a. Committee name was updated to QIHEC
 - b. Added Co-Chairperson – CalOptima Health Chief Health Equity Officer (CHEO)
 - c. Updated the charter term from “physician” to “practitioners”
 - d. Added department support from Customer Service and Cultural and Linguistic Services to reflect departments staff who are currently participating in the committee.

- e. Added responsibilities:
 - i. Provide the written QIHEC progress report to DHCS upon request
 - ii. Make the written summary of the QIHEC activities publicly available on the CalOptima Health website on a quarterly basis.
 - iii. Analyze, evaluate and react as needed to the results of the QIHETP and Health Equity activities including annual review of the results of performance measures, utilization data, consumer satisfaction surveys, and the findings and activities of other CalOptima Health committees.
 - iv. Institute actions to address performance deficiencies and ensure appropriate follow-up of identified performance deficiencies
- B. Latino Health Access representative joined in October 2023.
- C. Orange County Health Care Agency representative joined in November 2023.
- D. Orange County Global Medical Center representative joined in May 2023.
- E. Established QIHEC annual reporting calendar for ensuring that all required quality elements are regularly reported to QIHEC.
- F. Established a QIHEC Committee recruiting process.
- G. Health Equity components were incorporated in the design and planning for quality elements.
- H. Added a process to monitor areas of noncompliance to required quality elements and reported them to QIHEC; this includes problems and/or issues effecting member care.

Committee Action in 2023:

- A. In 2023, the QIHEC was chaired by the Quality Medical Director, a designee of the Chief Medical Officer.
- B. The QIHEC met monthly in 2023 to review and provide feedback on key clinical and other coordination of care initiatives, including member outreach, provider education and outreach, incentives, educational materials and more.
- C. The committee reviewed and approved the 2023 QI Program Description, the 2023 QI Work Plan, the 2022 QI Evaluation, the 2023 UM Program and the 2022 UM Evaluation. The QIHEC also reviewed and approved the Population Health Management Strategy and the Cultural and Linguistics Program.
- D. The committee reviewed and approved the policies and procedures and made recommendations regarding policy decisions.
- E. The committee reviewed and provided feedback on key reports: annual analysis of HEDIS and Consumer Assessment of Healthcare Providers and Systems (CAHPS) access to care; and complaints and appeals. Part of the feedback included specific actions that CalOptima Health could take to improve performance.
- F. The committee received quarterly reports from the Credentialing and Peer Review Committee (CPRC), Utilization Management Committee (UMC), Member Experience Committee (MEMX), Grievance and Appeals Resolution Services (GARS) and Whole Child Model Clinical Advisory Committee (WCM CAC). These reports were summarized and presented quarterly to the QAC.
- G. A new subcommittee will be developed in 2024 to provide overall guidance to the implementation and oversight of the Population Health Management Strategy.

3.3.1 Credentialing Peer Review Committee (CPRC)

Committee Background:

- A. The purpose of the CPRC is to maintain a peer review and credentialing program that aligns with the regulatory and accreditation standards, promotes continuous improvement

of the quality of health care provided by the CalOptima Health network, conducts peer-level review and evaluation of provider performance and credentialing information against CalOptima Health requirements and appropriate clinical standards, and investigates patient care outcomes that raise quality and safety concerns for corrective actions.

- B. CPRC meets monthly and is comprised of the CMO, DCMO, CalOptima Health Medical Directors and physicians from the community who are contracted with CalOptima Health and are currently in practice. CPRC is supported by the Executive Director of Quality Improvement, Director of Quality Improvement, Quality Improvement department staff, and Legal representatives.

Committee Changes in 2023:

- A. This year, the CPRC had one CalOptima Health Behavioral Health (BH) medical director resign due to retirement, but a new BH Medical Director was added and participated in CPRC. Two new medical directors were added to the committee, overseeing both Delegation Oversight and Street Medicine.
- B. To date, the Committee consists of 13 CalOptima Health medical directors and four community physicians representing various medical specialties. CalOptima staff and General Counsel provide support to the CPRC. CalOptima Health also hired a new Manager of Credentialing who participates in CPRC by presenting credentialing files.

Committee Actions in 2023:

- A. In 2023, the CPRC was chaired by the Credentialing Medical Director, a designee of the Chief Medical Officer.
- B. In 2023, the committee met monthly to review credentialing and PQI cases and concerns and review and approve the Credentialing Clean List and Credentialing Closure List.
- C. PQI trends were evaluated every 6 months.
- D. Three new boards/certifications were recommended to CPRC and approved for credentialing:
 - 1. American College of Academic Addiction Medicine
 - 2. National Board of Physicians & Surgeons
 - 3. American Board of Venous and Lymphatic Medicine Certificate
- E. CalOptima Health policies related to quality, credentialing and PQIs were reviewed and approved.
- F. CPRC approved the independent contracting and credentialing of Nurse Practitioners, under Assembly Bill 890, which was approved by the State of California in 2021 and implemented in 2023. Under the provision, Nurse Practitioners may practice independently and are not required to have a supervising physician.
- G. Five physicians were recommended for de-credentialing due to one or more of the following: sanction findings or 805-reports identified, a PQI investigation and/or failing three consecutive Medical Record Reviews.
- H. One infectious disease physician was identified with an accusation by the state board through ongoing monitoring.

3.3.2 Grievance and Appeals Resolution Services (GARS) Committee

Background: The Grievance and Appeals Resolution Services (GARS) Committee serves to protect the rights of our members, and to promote the provision of quality health care services and

enforces that the policies of CalOptima Health are consistently applied to resolve member complaints in an equitable and compassionate manner through oversight and monitoring.

The GARS Committee serves to provide a mechanism to resolve provider complaints and appeals expeditiously for all CalOptima Health providers. It protects the rights of practitioners and providers by providing a multilevel process that is fair and progressive in nature, leading to the resolution of provider complaints. The GARS Committee is chaired by the Director of GARS, meets at least quarterly, and reports to the QIHEC.

Committee Actions in 2023: The GARS Committee met quarterly in 2023 as an ongoing effort to identify trends for the purposes of identifying barriers and initiatives to improve access to care and services and to improve the overall member experience.

3.3.4 Member Experience (MEMX) Committee

Committee Background: The purpose of the MEMX is to improve the member experience and drive initiatives to achieve member experience goals established by the corporate strategic plan or QI Work Plan. The MEMX also ensures members have access to quality health care services for all product lines and programs. The committee is comprised of the Chief Medical Officer, the Deputy Chief Medical Officer, Medical Directors, a variety of business units that impact member experience, and support staff from the Quality Analytics department.

Committee Changes in 2023:

- A. In 2023, the committee added a co-chair, the Executive Director, Quality Improvement to co-chair the committee with the Executive Director, Operations.
- B. MEMX meeting frequency changed from bi-monthly to quarterly.
- C. The committee reviewed the charter and made the following changes:
 1. Changed title of Chair to Co-Chair
 2. Added Medical Director Designee; Deputy Chief Medical Officer, Medical Management; Medical Director, Medical Management; Executive Director, Medicare Programs; Executive Director, Quality; Director Operations Management; and Executive Director, Quality Improvement
 3. Modified titles for Executive Director, Population Health Management; Executive Director, Behavioral Health Integration; and Director, Behavioral Health Integration
 4. Removed Chief Operating Officer as Chair and member, and Director, Program Implementation as member.

Committee Actions in 2023:

- A. In 2023, the committee met quarterly, with one additional ad-hoc meeting focused on the Member Experience Improvement Plan.
- B. In 2023, the Member Experience Improvement Plan was developed to improve the OneCare Star rating to a 3 or above. The plan includes five workgroups aimed at improving member satisfaction and focus on the three tactical priorities:
 1. Improving access to care
 2. Improving customer service
 3. Improving provider office efficiency

- C. The MEMX Committee reviewed and provided guidance on the following items:
1. Customer Service OneCare Member Satisfaction Outreach Campaign (CAHPS-like Survey)
 2. Request for proposal for CAHPS improvement
 3. Issuing Corrective Action Plans (CAPs) for HNs with a Member Experience HN Quality Rating score below <2.5
 4. Customer Service OneCare Member Satisfaction Survey (Annual Wellness focus)
 5. Provider noncompliance notification and CAPs for Timely Access
 6. Annual Timely Access Survey
 7. Access related regulatory submissions, including Annual Network Certification (ANC) and Subcontracted Network Certification (SNC) Submission

3.3.5 Utilization Management Committee (UMC)

Committee Background: The UMC is led by a CalOptima Health Medical Director. This senior level physician is involved in UM activities, including but not limited to implementation, supervision, oversight and evaluation of the UM Program.

The UMC promotes the optimum utilization of health care services, while protecting and acknowledging member rights and responsibilities, including their right to appeal denials of service. The UMC is multidisciplinary and provides a comprehensive approach to support the UM Program in the management of resource allocation through systematic monitoring of medical necessity and quality, while maximizing the cost effectiveness of the care and services provided to members.

The UMC monitors the utilization of health care services by CalOptima Health Direct, CalOptima Health Community Care Network (CCN) and through the delegated HNs to identify areas of under or over utilization that may adversely impact member care. The UMC is responsible for the annual review and approval of medical necessity criteria and protocols, and the UM policies and procedures. The UMC monitors and analyzes relevant data to detect and correct patterns of under or over utilization, ensure coordination of care, ensure appropriate use of services and resources, and improve member and practitioner satisfaction with the UM process.

The UMC meets at least quarterly and coordinates an annual review and revision of the UM Program Description, as well as reviews and approves the Annual UM Program Evaluation. Before going to the Board of Directors for approval, the documents are reviewed and approved by the QIHEC and QAC. With the assistance of the UM Program specialist, the Director of UM or designee maintains detailed records of all UMC meeting minutes and recommendations for UM improvement activities made by the UMC. The UMC routinely submits meeting minutes as well as written reports regarding analyses of the above tracking and monitoring processes and the status of corrective action plans to the QIHEC. Oversight and operating authority of UM activities is delegated to the UMC, which reports up to QIHEC and ultimately to QAC and the Board of Directors.

UMC Scope and Responsibilities

- A. Provides oversight and overall direction for the continuous improvement of the UM Program, consistent with CalOptima Health's strategic goals and priorities. This includes oversight and direction relative to UM functions and activities performed by both CalOptima Health and delegated HNs.

- B. Oversees the UM activities and compliance with federal and state statutes and regulations, as well as contractual and NCQA requirements that govern the UM process.
- C. Reviews and approves the UM Program Description, medical necessity criteria, UMC Charter, UM policies and the UM Program Evaluation on an annual basis.
- D. Reviews and analyzes UM operational and outcome data; reviews trends and/or utilization patterns presented at committee meetings and makes recommendations for further action.
- E. Reviews and approves annual UM metric targets and goals.
- F. Reviews progress toward UM Program goals on a quarterly basis, providing input for improving the effectiveness of initiatives and projects.
- G. Promotes a high level of satisfaction with the UM Program across members, practitioners, stakeholders and client organizations by examining results of annual member and practitioner satisfaction surveys to determine overall satisfaction with the UM Program, identify areas for performance improvement, and evaluate performance improvement initiatives.
- H. Reviews, assesses and recommends UM best practices used for selected diagnoses or disease classes.
- I. Conducts review of under/over utilization monitoring and makes recommendations in accordance with UM Policy and Procedure GG.1532: Over and Under Utilization Monitoring; makes recommendations for improving performance on identified over/under utilization.
- J. Reviews and provides recommendations for improvement, as needed, to reports submitted by the following:
 - 1. Benefit Management Subcommittee (BMSC)
 - 2. Pharmacy and Therapeutics (P&T) Committee
- K. Reports to the QIHEC on a quarterly basis, communicates significant findings and makes recommendations related to UM issues.

Committee Changes in 2023:

- A. Added UMC voting members
 - 1. Medical Director, Behavioral Health Integration
 - 2. Medical Director, Medicare Programs
 - 3. Medical Director, Population Health and Equity
 - 4. Medical Director, Network Relations
 - 5. Medical Director, Appeals and Grievances and Case Management
 - 6. Medical Director, Street Medicine
 - 7. Medical Director, CalAIM & Medical Director, Appeals and Grievance
- B. UMC Charter Updates
 - 1. Added section for 2023 Meeting frequency: Quarterly, a minimum of four times per year. Ad-hoc committee meetings to address specific issues.
 - 2. Under Direct Reporting Subcommittees:
 - a. Added UM Workgroup Subcommittee
 - 3. Updated UMC Goals section

Committee Actions in 2023:

- A. April 2023 Ad Hoc (e-vote)
 - 1. 2022 UM Program Evaluation

2. 2023 UM CM Integrated Program Description
- B. May 2023 UMC Meeting
 1. 2023 UMC Charter
- C. November 2023 Meeting
 1. Approval of UM Criteria/Hierarchy of Clinical Decision-Making

3.3.5.1 Pharmacy and Therapeutics (P&T) Committee

Committee Background: The CalOptima Health Pharmacy and Therapeutics (P&T) Committee is responsible for development of the drug formularies, which are based on sound clinical evidence, and are reviewed at least annually by practicing practitioners and pharmacists. The committee includes 13 voting members who are practicing physicians or pharmacists. At least one physician and one pharmacist are required to be experts in the treatment of elderly or disabled people. The committee is chaired by a CalOptima Health Medical Director.

P&T Committee Goals:

- A. Promote access to clinically sound, cost-effective pharmaceutical care for all CalOptima members.
- B. Meet CMS formulary regulatory requirements.
- C. Provide overall direction for the continuous improvement process and oversee that activities are consistent with CalOptima Health's strategic goals and priorities.
- D. Promote an interdisciplinary approach to driving continuous improvement in pharmacy utilization.
- E. Support compliance with regulatory and licensing requirements and accreditation standards related to pharmacy-related initiatives.
- F. Monitor, evaluate and act on pharmacy-related care and services members are provided to promote quality of care outcomes.

P&T Committee Responsibilities:

- A. Review new medications and prior authorization criteria as outlined in CalOptima Health Policy GG.1409: Physician-Administered Drug Prior Authorization Required List Development and Management and Policy MA.6103: Pharmacy and Therapeutics Committee.
- B. Review individual requests for changes to the formularies from practitioners in the community.
- C. Review and update the OneCare formulary and Medi-Cal prior authorization list on an ongoing basis to ensure access to quality pharmaceutical care that is consistent with the program's scope of benefits.
- D. Review anticipated and actual utilization trends overall as well as for specific drug classes.
- E. Review and evaluate pharmacy-related issues related to delivery of health care to CalOptima Health members.
- F. Assess outcomes of pharmacy-related HEDIS and Medicare Star measures to drive improvements.
- G. Review and evaluate patterns of pharmaceutical care and key utilization performance indicators.
- H. Evaluate and make recommendations on pharmacy issues that pertain to CalOptima Health-wide initiatives, such as treatment guidelines, disease management programs, QI studies, etc.
- I. Review and make recommendations on selected pharmaceutical provider educational activities.

- J. Recommend pharmacy-related policy decisions.

The P&T Committee meets a minimum of four times per year and reports to the UMC.

Committee Changes in 2023: None

Committee Actions in 2023:

- A. In 2023, the committee met on February 16, May 18, August 17 and November 16.
- B. Approved changes to the OneCare formulary and Medi-Cal prior authorization list.
- C. Performed annual reviews of the OneCare formulary and Medi-Cal prior authorization list.
- D. Reviewed medication withdrawal and recall notifications.
- E. Approved applicable policy and procedure revisions.
- F. Analyzed drug utilization review information, including over- and underutilization reports.

3.3.5.2 Benefit Management Subcommittee (BMSC)

Committee Background: The BMSC is a subcommittee of the Utilization Management Committee (UMC). The BMSC is chartered by the UMC and directed to establish a process for maintaining a consistent set of benefits and benefit interpretations for all lines of business, The BMSC establishes a single source for the revisions and updates to CalOptima Health’s authorization rules based on benefit updates. Benefit sources include but are not limited to Medi-Cal Managed Care Division (MMCD), local and national coverage determinations, All Plan Letters (APLs) and the Medi-Cal Manual.

The BMSC is responsible for the following:

- A. Maintaining a consistent benefit set for all lines of business.
- B. Revising and updating CalOptima Health’s authorization rules.
- C. Making recommendations regarding the need for prior authorization for specific services.
- D. Clarifying financial responsibility of the benefit, when needed.
- E. Recommending benefit decisions to the UMC.
- F. Communicating benefit changes to staff responsible for implementation.

Committee Changes in 2023:

- A. Additions to the 2023 BMSC Committee Charter include:
 - 1. Added new section: Term of Membership: Terms are a function of employment and job responsibility related to utilization and benefit management daily operations and functions.
 - 2. Added Medical Director who oversees Population Health and Equity
 - 3. Removed Director, Program Implementation, Manager, Utilization Management (Prior Authorizations) and Manager, Utilization Management (Concurrent Review)
 - 4. Added Alternate voting members:
 - a. Director, Utilization Management (Alternate: Manager, Prior Authorizations)
 - b. Director, Behavioral Health Integration (Alternate: Medical Director who oversees Behavioral Health)
 - c. Director, Claims (Alternate: Manager, Claims/Coding Initiatives)
 - d. Director, Pharmacy (Alternate: Manager, Clinical Pharmacist)
 - 5. Added new section: Term of Membership: Terms are a function of employment and job responsibility related to utilization and benefit management daily operations and functions.

6. Added new section: Direct Committee Reporting: Utilization Management Committee (UMC) – Quarterly
 7. Added Goals section:
 - a. Ensure new benefits are implemented in accordance with regulatory requirements.
 - b. Ensure new and/or revised benefit codes requiring prior authorization comply with regulatory, contractual and statutory requirements.
 - c. Ensure changes, additions or modifications to benefits are reported to the UMC committee.
- B. Changes to the 2023 BMSC Committee Charter include:
1. Combined Purpose and Committee Scope sections into BMSC Scope and Responsibilities section.
 - a. Removed Committee Principles Section
 - b. Use a member-focused approach
 - c. Maintain subcommittee member involvement
 - d. The source for benefit codes reviewed by the BMSC may come from multiple areas, such as MMCD All Plan Letters, new and/or updated codes from the Medi-Cal monthly bulletin or HCPCS quarterly policy updates. Pharmacy has Pharmacy and Therapeutics (P&T) Committee which will determine pharmacy codes that need to be added (or deleted) to the prior authorization required list. Pharmacy will email UM the list of codes that have been approved and the effective date (UM Prior Authorization Drug List for (Month) for UM Dept).

Committee Actions in 2023:

- A. Reviewed 195 codes
 - A. 144 codes were reviewed and added for prior authorization
 1. 41 codes reviewed and determined no prior authorization was needed
 2. 10 codes were removed from the Prior Authorization List

3.3.6 Whole Child Model Clinical Advisory Committee (WCM CAC)

Committee Background: WCM Clinical Advisory Committee (WCM CAC) was formed in 2018 pursuant to DHCS All Plan Letter (reference 18-023 updated to 21-005 on December 10, 2021) to ensure clinical and behavioral health services for children with California Children’s Services (CCS) eligible conditions are integrated into the design, implementation, operation, and evaluation of the CalOptima Health WCM program in collaboration with County CCS, Family Advisory Committee, and Health Network CCS providers.

The WCM CAC is chaired by CalOptima Health Chief Medical Officer (CMO) or Medical Director Designee. WCM CAC met quarterly in 2023 and will continue to meet quarterly in 2024.

Committee Changes in 2023:

- A. The WCM CAC approved to update their charter and moved to include County of Orange Social Services Agency Medical Director and Regional Center of Orange County Medical Director to the WCM CAC.

Committee Actions in 2023:

- A. Informed committee on DHCS audit preparation, redetermination effort, pediatric CalAIM, transition efforts of aging out WCM members, care coordination, and Kaiser Permanente transition.
- B. Reviewed and analyzed data relating to UM, Grievance and Appeals, BH, Customer Service, Pharmacy, quality metrics, network adequacy and DHCS notice updates.
- C. Updated on Performance and Monitoring of Pediatric Risk Stratification Process (PRSP).
- D. In 2024, the committee plans to meet at least quarterly and maintain the current committee member composition.

3.4 Assessment of QI Staff and Resources

CalOptima Health continues to dedicate significant resources and staffing to meet the needs of the QI Program. At the beginning of 2023, there were many vacant positions supporting Quality and the QIHEC. However, throughout the year CalOptima Health’s Human Resources department worked with the business areas to fill needed positions to the support the QI Program.

In 2023, CalOptima Health added the following positions:

- A. A new Chief Health Equity Officer (CHEO) to design and implement policies that ensure health equity is prioritized and addressed.
- B. Eight Medical Directors to oversee and provide guidance on PACE, UM, OneCare, Behavioral Health, Delegation Oversight, Street Medicine CalAIM, and have experience and background in transplants ,transgender, and gender affirming care.
- C. Staff/positions to focus on OneCare:
 - 1. Executive Director, Medicare Programs
 - 2. Director, Medicare Programs
 - 3. Director, Medicare Stars and Quality Initiatives

In 2023, staff also filled the following key positions to support Quality Improvement:

- A. Medical Director, Behavioral Health
- B. Director, Utilization Management
- C. Manager, Credentialing

The QI Program also received support from the following key departments within the organization, including but not limited to the following:

- A. Quality Improvement
- B. Quality Analytics
- C. Population Health Management
- D. Behavioral Health Integration
- E. Case Management
- F. Customer Service (including outreach and engagement)
- G. Provider Relations and Contracting

3.5 Review of System Resources

CalOptima Health dedicated significant resources to ensuring there are adequate systems in place to monitor and evaluate performance of QI programs on an ongoing basis. The resources include

HEDIS analysts for reporting, plus extensive analytic staff support. Additional support and collaboration were provided by the Provider Relations, Network Management, GARS, and Customer Service departments.

CalOptima Health utilizes three enterprise data systems for utilization and care management (GuidingCare by Altruista), claims payment (Facets), and credentialing data management (Cactus by Symplr). Data from these systems are stored in a data warehouse and integrated through data work flows to identify improvement opportunities. Business and IT resources are allocated to create robust tools utilizing Tableau to analyze and generate quality reports, gaps in care reports and other relevant reports to support the QI Program.

In 2023, CalOptima Health executed a contract and began the transition to a new care management platform, Jiva Healthcare Enterprise Platform (JIVA), which will go live on February 1, 2024. The Jiva represents a comprehensive set of AI-power solutions that integrate data, apply advanced analytics, automate workflows, and optimize team efficiency and effectiveness with clinical content-driven care pathways.

CalOptima Health also issued Request for Proposals (RFPs) for an NCQA-Certified Credential Vendor Organization (CVO) and a single integrated provider lifecycle management system for credentialing, contracting and provider data management. CalOptima Health is seeking a CVO to establish the qualifications of licensed medical professionals by verifying their credentials and a system that will integrate the process and data for the identified business units as part of the provider lifecycle management. CalOptima Health completed demonstration phases and selected primary vendors for both RFPs and is working toward securing contracts in 2024.

3.6 Overall Assessment of Program Structure

CalOptima Health had adequate staffing and resources required to meet the needs of the QI Program and organizational program requirements. CalOptima Health will continue to evaluate the needs of the program through the Work Plan, on a quarterly basis, and add staffing and resources, as needed, to supplement the departments supporting the QI Program. The organization receives adequate feedback from its community practitioners about the development and implementation of the QI initiatives and programs. CalOptima Health continues to have significant participation from the medical directors in the development and implementation of clinical initiatives and programs throughout the year. The medical directors and QI directors report the information to senior leadership.

The Charter was reviewed, and the following modifications were made:

For 2024, the QIHEC is seeking to develop a new committee to focus specifically on Population Health Management. This new committee, called the Population Health Management Committee (PHMC), is being formed to address CalOptima Health's need to focus on PHM needs, barriers, initiatives and to meet DHCS requirements for PHM. The PHMC will provide overall direction for continuous process improvement and oversight of population health activities, monitor compliance with regulatory requirements and ensure that population health initiatives meet the needs of CalOptima Health members. The committee will also ensure that all population health initiatives are performed, monitored and communicated according to the PHM Strategy and Workplan. The PHMC is responsible for reviewing, assessing and approving Population Needs Assessment (PNA), PHM Strategy activities, and PHM Workplan progress and outcomes and recommend evidence-based and/or best practice activities to improve population health outcomes and advance

health equity. The committee will be chaired by the PHM Medical Director, a designee of the CMO, will meet quarterly and report quarterly to QIHEC.

Section 4: Program Oversight

4.1 National Committee for Quality Assurance Accreditation and Health Equity

Background: In 2012, the National Committee for Quality Assurance (NCQA) awarded initial Health Plan Accreditation (HPA) to CalOptima Health for the organization’s Medicaid (Medi-Cal) line of business. CalOptima Health received “Accredited” status, scoring 100% on HPA Standards. The status recognizes CalOptima Health for service and clinical quality that meets or exceeds rigorous requirements for consumer protection and quality improvement. Since 2012, CalOptima Health has maintained its “Accredited” status by participating in a certification renewal survey every three years: 2015, 2018 and 2021. In 2021, CalOptima Health was awarded “Accredited” status on our Medicaid-HMO, scoring 100% on 2022 HP Standards. CalOptima Health is currently seeking certification renewal and will be completing the renewal survey on April 30, 2024, for our Medicaid-HMO.

CalOptima Health is also seeking NCQA Health Equity (HE) Accreditation, as required by DHCS, and aims to be awarded HE accreditation by January 2026.

Program Goals:

Health Plan Accreditation Goal:

- A. To complete HPA Accreditation Renewal Survey by July 1, 2024.
- B. To be awarded HPA Certification Renewal with an “Accredited” status in 2024.

Health Equity Accreditation Goal:

- A. To complete a comprehensive gap analysis for HE Accreditation.
- B. To develop and implement a comprehensive workplan to attain HE Accreditation by January 2026.

Program Deliverables/Progress:

Survey	Deliverables / Domain	Documents Completed	Date Completed
HPA	QI Standards and Elements (QI1–Q5)	2023 QI Program, 2023 QI Work Plan (Q1-Q3), 2022 QI Evaluation, QIHEC meetings 2022–2023, policies, PCP contracts, Continuity and Coordination Reports (Year-one), transition to other care examples, Delegation Oversight documents for Kaiser.	April 2022–Current

Survey	Deliverables / Domain	Documents Completed	Date Completed
HPA	PHM Standards and Elements (PHM1–PHM7)	2023 PHM Strategy, evidence sent to members that involve interactive, Data Integration Evidence, Population Needs Assessment Report(s), Segmentation Report (s), Policies, CM Data and Referral Sources Report, Member and Provider Communications, Web screen-print(s), PHM Measuring Effectiveness Reports Annual Delegation Oversight documents for all Delegates. Mock File Reviews: CCM HN and CCN Mock Audit	April 2022–Current March 2023–Ongoing
HPA	UM Standards and Elements (UM1–UM13)	2023 UM and CM Programs, 2022 UM Evaluation, 2023 UMC meeting minutes, Interrater Reliability (IRR) Analysis Reports (Concurrent Review, Medical Director, Pharmacy, Prior Auth, BH), policies, member and provider communications, job descriptions, use of board-certified consultants examples, web screen-prints, pharmaceutical patient safety issues examples, Pharmacy & Therapeutics Committee minutes, UM System Controls Desktop Procedures (DTPs), annual Delegation Oversight documents for all delegates. Mock File Reviews: Appeals CCN and UM Medical Denials HN and CCN	April 2022–Current April 2023–Nov 2023 April 2023–Nov 2023
HPA	Network Management Standards and Elements (NET1–NET6)	Availability and Accessibility Annual Reports, Assessment of Network Adequacy reports, PCP term letter examples, policies, Continued Access to Practitioner examples, web screen-prints, Physician Directory update examples, Assessment of Physician Directory Accuracy, Hospital Directory update examples, Usability Testing Report, annual Delegation Oversight documents for all delegates.	April 2022–Current
HPA	Credentialing and Recredentialing Standards and Elements (CR1–CR8)	Policies, DTP, Credentialing Peer Review Committee (CPRC) meeting minutes, ongoing monitoring log, PQI Trend Report and examples of interventions, Assessing Medical Providers Report, annual Delegation Oversight documents for all delegates. Mock File Reviews: CR HN and CCN Mock Audit(s)	April 2023–Dec 2023 May 2023–Dec 2023
HPA	ME Standards and Elements (ME1–ME8)	Web-screen prints, member and provider communication, Availability Cultural Needs and Preferences report, interpreter services contracts, DHCS contract, policies, DTPs, Quality and Accuracy of Information Report, Timeliness Report, Member Experience Evaluation Report, BH Complaints and Appeal Report, annual Delegation Oversight documents for all delegates.	April 2022–Dec 2023
HE	HE Standards	Reviewed HE standards with stakeholders	Jan 2023–Dec 2023
HE	HE Standards	CalOptima Health has engaged our NCQA consultant to conduct a readiness assessment, gap analysis, and recommendations in 2023. Executive leadership will also conduct a strategy and planning meeting in December 2023	

Quantitative Analysis:

A. Health Plan Accreditation

1. 95% of Year-One documents (4/30/2022–4/30/2023) have been collected.
2. CalOptima Health NCQA Program manager is currently working on the collection of Year-Two documents (4/30/2023–4/30/2024) needed for Health Plan Accreditation submission. 80% of Year-two documents have been collected. Staff to complete final reviews and revisions to documents before submitting for final review by consultant.

B. Health Equity Accreditation

1. Consultant completed a review of all the applicable standards.
2. Developed a work plan.
3. Several working sessions have taken place to meet with owners and identify gaps in meeting specific elements.
4. Consultant does not anticipate any difficulty in meeting the January 2026 target date for completing Health Equity accreditation.

Qualitative Analysis/Barriers:

- A. New staff being assigned to write the reports has caused several document revisions to ensure compliance.
- B. Multiple audits occurring simultaneously (caused delays meeting internal due dates for year-one NCQA accreditation deliverables).
- C. NCQA clarifications to standards have caused mid-cycle updates to documents to align with clarifications. Complex Case Management Mock File reviews and UM Medical Denials mock audits have resulted with findings that require remediation plans to be implemented to ensure compliance and reduce potential point loss and/or risk to accreditation.
 - a. **Complex Case Management:** Remediation plan includes internal and HN training on 4/20/2023. Starting with May charts. weekly file audits of all files will be reviewed by the RN/Manager at completion of initial assessment. Results will be documented in an audit tool. Follow-up mock file review were conducted in July 2023. Ongoing monitoring of files continued.
 - b. **UM Medical Denials:** During mock audits conducted in Nov 2023, risk areas were identified and a remediation plan was implemented to monitor denial files:
 - i. CCN: All letters will undergo review using a checklist to ensure adherence to NCQA requirements.
 - ii. Delegates will be required to implement the same checklist process.
 - iii. Monthly file review (random sample of 10 files starting in January 2024)
 1. Any findings from the internal and delegate monthly file reviews will be addressed with CalOptima Health's CMO and HN CMOs
 2. Corrective action plans will be issued if noncompliance is found.

Conclusion and Next Steps: The collection and completion of deliverables for both Health Plan and Health Equity accreditation will continue until the submission date. CalOptima Health's NCQA consultant has developed a detailed work plan that outlines all gaps, recommended actions, and due dates. Weekly meetings with CalOptima Health staff and the consultant will be working sessions to review the work plan and monitor task completion. Executive leadership will conduct a

strategy and planning meeting for HE in December 2023, followed by implementation meetings beginning in January 2024.

Planned Activities	Date of Completion
Health Plan Accreditation	
Document Collection: April 30, 2022–April 30, 2024 (24 months) <ul style="list-style-type: none"> Year-one (4/30/22–4/30/23) Year-two (4/30/23–4/30/24) 	April 30, 2024
Preliminary document submission: Delegation worksheet, draft virtual file review Agenda, PHM Program with Interactive Contract (PHM1B Workbook) to NCQA.	March 15, 2024
Collect and submit file universes for: UM Denial/CM/UM and CR Files	April 30, 2024
Receive initial issues list from NCQA surveyors	May 25, 2024
Receives file review selection lists	June 3, 2024
Two-day virtual file review session w/surveyor(s)	June 17–18, 2024
Health Equity Accreditation	
Conduct a comprehensive Population Needs Assessment (PNA).	February 2024
Making changes to the member data repository or warehouse to collect, store and retrieve sexual orientation and gender identity (SOGI) data.	TBD
HE Program Description and Annual Evaluation	TBD
Ensure diverse member advisory committee	TBD
Development of surveys to collect feedback on interpreter and translation services	May 2024

4.2 Student Behavioral Health Incentive Program (SBHIIP)

Background: As a component under the Child and Youth Behavioral Health Initiative (CYBHI) and in accordance with State law AB 133, Welfare & Institutions Code Section 5961.3, the DHCS designed the Student Behavioral Health Incentive Program (SBHIP).

The program has a funding allocation of \$389 million designated over a three-year period of January 1, 2022–December 31, 2024. The program will provide incentive payments to CalOptima Health when SBHIP goals and metrics are completed and DHCS approved. The SBHIP goals and metrics are associated with targeted interventions approved by DHCS to increase access for preventive, early intervention, and behavioral health services by school-affiliated behavioral health providers for TK–12 children in public schools. The program has three main objectives:

- Breaks down silos and improve coordination of student BH services through communication with schools, school-affiliated programs, managed care plans (MCPs), county behavioral health, and behavioral health providers.

- Increase the number of TK–12 students enrolled in Medi-Cal receiving behavioral health services provided by schools, school-affiliated providers, county behavioral health departments, and county offices of education.
- Increase non-specialty services on or near school campuses.

CalOptima Health is partnering with the following organizations to achieve the expected goals: Orange County Department of Education (OCDE) and their 29 public school districts, Orange County Health Care Agency (OCHCA), Children’s Hospital of Orange County (CHOC), Hazel Health (a national leader in school-based telehealth), and Western Youth Services (a local non-profit organization providing mental health services and trainings for students, school staff and parents). CalOptima Health and our partners will continue to work together throughout the remaining timeline for SBHIP to identify additional behavioral health resources for our school-aged youth.

Program Goal(s): The performance outcome metric assigned to each of the targeted interventions listed below must reflect and/or support the goal to increase access to behavioral health services (capacity, infrastructure, sustainability, behavioral health service) for Medi-Cal members on or near campus.

Intervention/Actions: As required by DHCS for Orange County, CalOptima Health collaborated with the OCDE leadership team and their representatives from the 29 public school districts to select four targeted interventions from a list of 14 to increase behavioral health access for public school-aged youth in the county:

A. Behavior Health Screenings and Referrals

Required Action: Enhance the performance of Adverse Childhood Experiences and other age and developmentally appropriate behavioral health screenings on or near school campuses, and build out referral processes in schools (completed by behavioral health provider), including when positive screenings occur, providers taking immediate steps, including providing brief interventions (e.g., motivational interviewing techniques) on or near school campuses and ensuring access or referral to further evaluation and evidence-based treatment, when necessary.

B. Building Stronger Partnerships to Increase Access to Medi-Cal Services

Required Action: Build stronger partnerships between schools, MCPs and county behavioral health plans so students have greater access to Medi-Cal covered services. This may include providing for technical assistance, training, toolkits, and/or learning networks for schools to build new or expanded capacity of Medi-Cal services for students, integrate local resources, implement proven practices, ensure equitable care, and drive continuous improvement.

C. Technical Assistance Support for Contracts

Required Action: Medi-Cal MCPs execute contracts with county behavioral health departments and/or schools to provide preventive, early intervention and behavioral health services. It is expected that this targeted intervention will go above and beyond the Memorandum of Understanding (MOU) requirement.

D. IT Enhancements for Behavioral Health Services

Required Action: Implement information technology and systems for cross-system management, policy evaluation, referral, coordination, data exchange, and/or billing of health services between the school and the MCP and county behavioral health department.

Program Deliverables Progress

Deliverables	Completion Date
DHCS Targeted Intervention Project Plans Approved	3/8/23
DHCS Payment for Approved Project Plans	5/1/23
Bi-Quarterly Report Due to DHCS	6/29/23
DHCS Payment for Approved Bi-Quarterly Report	10/30/23
Bi-Quarterly Report Due to DHCS	12/29/23

Conclusion and Next Steps: The program continues throughout 2024. Infrastructure enhancements, new programs, contracting, school-based staff hiring, and training must be completed and ready for full operation January 1, 2025. The following required next steps will enable SBHIP to successfully achieve its objectives and performance outcome metric.

A. Behavioral Health Screenings and Referrals

Required Next Steps: Co-facilitate meetings with OCDE to lead all the SBHIP partners to: 1) perform a more in-depth look at the screeners and assessments from a clinical perspective; 2) review the clinical documentation systems that are being used throughout all 29 school districts to decide for enhancements or system purchases; and 3) align the areas in the referral and screening process between all the SBHIP partners.

B. Building Stronger Partnerships to Increase Access to Medi-Cal Services

Required Next Steps: Proceed with the development of 10 additional WellSpaces. CHOC and OCDE are evaluating the readiness of selected school districts. After the readiness evaluation, CHOC and OCDE will finalize the exact school sites within these districts whose WellSpaces will be funded under SBHIP.

C. Technical Assistance Support for Contracts

Required Next Steps: Outline necessary requirements to execute 29 school districts/LEAs contracts to become CalOptima Health school-based providers.

D. IT Enhancements for Behavioral Health Services

Required Next Steps: CalOptima Health, OCDE and the superintendents assess the school districts’ needs for IT enhancements to support upcoming state-required billing operations, electronic health record functionality and closed-loop referral process.

4.3 COVID-19 Vaccination and Communication Strategy

Background: On December 11, 2020, the Food and Drug Administration (FDA) used an Emergency Use Authorization (EUA) to allow the administration of the COVID-19 vaccine in the United States.

On January 7, 2021, the CalOptima Health Board of Directors approved the COVID-19 Member Vaccine Incentive Program (VIP). The goal of this program was to motivate members to obtain the required doses of the COVID-19 vaccination by providing nonmonetary gift cards. The proposed efforts were funded through Intergovernmental Transfer (IGT) funds and awarded a \$25 nonmonetary gift card per dose of the COVID-19 vaccine.

The COVID-19 VIP eligibility expanded to include multiple brands, doses and younger age groups to align with the most current vaccination recommendations. Members who are 6 months of age and older may qualify for a gift card. CalOptima Health also expanded the COVID-19 VIP eligibility criteria to align with the Centers for Disease Control and Prevention (CDC) recommendations – members can receive health rewards per vaccine dose recommended and completed, up to four total. In addition to offering nonmonetary incentives, CalOptima Health also offered member education as an essential strategy to promote vaccination. The member education materials focused on the importance of vaccination and aimed to correct misconceptions.

Program Goal(s): CalOptima Health has been committed to implement interventions that promote COVID-19 vaccinations to meet a minimum of 70% vaccination rate among members 18 years of age and older. These interventions include member health rewards as a part of the COVID-19 VIP; member and provider publications; and text message campaign. CalOptima Health met the goal and reached a 70.28% vaccination rate for members 18 years of age and older.

Action/Interventions:

Planned Activities	Description	Date of Completion
Digital ad and paid social media post	Ad and social media post about the COVID-19 Member Health Reward	5/31/2023
Text Messaging Campaign	Text campaign reminding members of eligibility for COVID-19 VIP and end of program	9/29/2023
CalOptima Health’s Member Health Rewards Website	Updated language about eligibility for COVID-19 VIP and end of program	7/21/2023

Results:

- A. As of November 22, 2023, out of all CalOptima Health eligible members ages 6 months and up (942,061), the total vaccinated membership was 550,511; yielding a total vaccination percentage is 58.4%.
- B. Upon review of the vaccination rates by race/ethnicity, most categories have remained close to or at least achieved a 50% vaccination rate with Asian being the highest at 79.7% and Black being the lowest at 46.2%. See table below: COVID-19 Vaccination Rates by Race/Ethnicity.

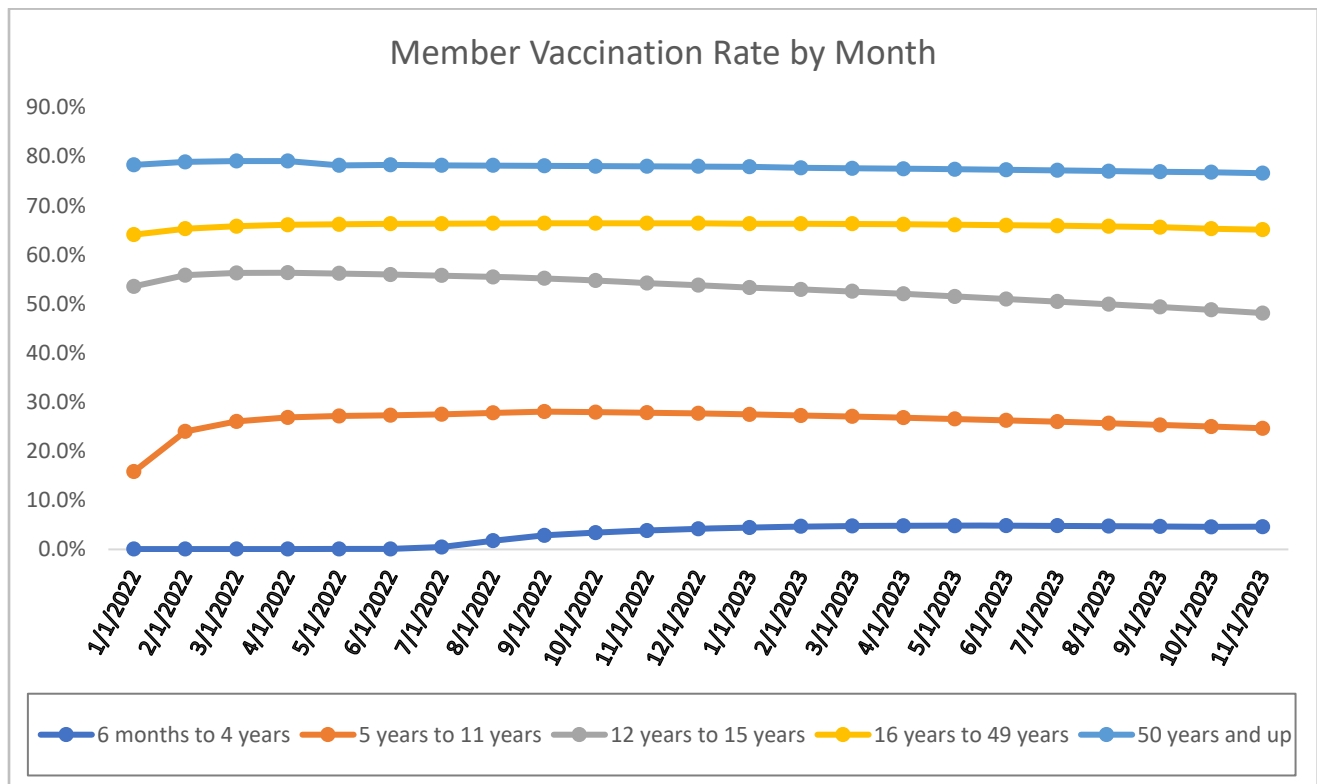
COVID-19 Vaccination Rates by Race/Ethnicity

Vaccination Rates	Race/Ethnicity					
	Data as of 11/22/2022	Alaskan Nat / American Indian	Asian	Black	Hispanic	Others
Numerator	647	147,079	7,509	229,110	87,604	78,562
Denominator	1,341	184,632	16,250	436,795	156,257	146,786
Rate	48.2%	79.7%	46.2%	52.7%	56.1%	53.5%

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

C. Upon review of vaccination rates by age bands per month, there is a plateauing trend for all age groups. See chart below: COVID-19 Member Vaccination Rates by Month.

COVID-19 Member Vaccination Rates by Month



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

Quantitative Analysis:

- A. CalOptima Health has met the goal of 70% vaccination rate among members that are 18 years of age and older.
- B. Plateauing trends in vaccination show that members who have not started their COVID-19 vaccination are unlikely to start currently.

Qualitative Analysis/Barriers:

- A. CDC’s continuous efforts to build on recommendations for the COVID-19 vaccine may have led to confusion surrounding vaccination guidelines for different age bands.

- B. Some members experienced COVID-19 vaccination hesitancy, especially for younger ages groups (6 months to 4 years).
- C. COVID-19 VIP relies on passive identification for gift card assignment in which members do not need to submit any documentation to CalOptima Health to receive a health reward. However, since CalOptima Health relies on multiple sources to receive member vaccination data (i.e., California Immunization Registry, claims and encounter data), lag in identification created member dissatisfaction and the multiple data sources also increased data inaccuracies that required reconciliation. Many members experienced a waiting period of several months after completing their COVID-19 vaccinations to receive incentives.
- D. COVID-19 VIP's data structures and stipulations needed to be modified to ensure that program requirements aligned with CDC's current recommendations.

Conclusion and Next Steps:

- A. In November of 2022, staff proposed three modifications to the COVID-19 VIP to the Board of Directors and was approved to:
 - 1. Provide ample time for younger age groups to receive vaccination status by extending the deadline to get their COVID-19 vaccine(s).
 - 2. Reward up to four health rewards to all qualifying members to encourage updated dose completions.
 - 3. Update all communication to provide clear health reward guidelines and encourage member vaccination before the end of the COVID-19 VIP on December 31, 2023.
- B. Results from Chart A: COVID-19 Member Vaccination Rates by Month show that younger age groups increased their vaccination rates at the end of 2022 until mid-year of 2023 – validating the Board of Directors decision to extend the VIP beyond the state-mandated requirement.
- C. CalOptima Health reached 70.28% COVID-19 vaccinations among members 18 years of age and older and therefore met the goal of 70%. With data showing the unlikelihood of members starting their vaccination series currently, the decision to end the COVID-19 VIP on December 31, 2023, is a reasonable one.

4.4 California Advancing and Innovating Medi-Cal (CalAIM) and Initiatives for the Unhoused

Background: California Advancing and Innovating Medi-Cal (CalAIM) is a multiyear initiative, spanning from 2022 to 2027, by DHCS to improve the quality of life and health outcomes of the Medi-Cal population by implementing broad delivery system, program and payment reforms.

Program Goal(s):

- A. Identify and manage member risk and need through whole-person care approaches and addressing SDOH.
- B. Move Medi-Cal to a more consistent and seamless system by reducing complexity and increasing flexibility.
- C. Improve quality outcomes, reduce health disparities and drive delivery system transformation and innovation through value-based initiatives, modernization of systems and payment reform.

Actions/Interventions:

Planned Activities	Description	Date of Completion
Launch Enhanced Care Management (ECM) Academy as a pilot program to bring on new ECM providers.	The first cohort was completed 7/1/2023 and 20 new ECM providers went live. The second cohort will go live on 1/1/2024.	12/31/2023
Increase CalOptima Health’s capacity to provide Community Supports through continued expansion of provider network.	The provider network has grown to 77 organizations over the past two years, offering all 13 community supports along with ECM.	12/31/2023
Continue to increase utilization of benefits.	The number of members receiving benefits has jumped to 43,991.	12/31/2023
Establish oversight strategy for the CalAIM program.	A CalAIM Medical Director was hired in December 2023 and will assist in the development of the oversight strategy.	TBD
Implement Street Medicine Program	Services went live in Garden Grove on April 1, 2023.	4/1/2023
Select and fund Homeless Health Initiative Program (HHIP) projects through Notice of Funding Opportunity (NOFO)	HHIP NOFO Round 1 granted \$29.8 million in capacity building, capital and equity grants in April 2023 and HHIP NOFO Round 2 granted \$52.3 million in capital projects in October 2023.	Ongoing
Design and launch the Shelter Clinic Partnership Program (HCAP 2.0)	Clinic and shelter providers have been selected to launch this program, and it will commence on 1/1/2024.	1/1/2024

Results:

The number of CalOptima Health members who have received Community Supports in 2023 is depicted below. A total of nearly 44,000 members have been connected to CalAIM benefits.

Number of CalOptima Health Members with Community Supports

Community Support	# of Members with Service in 2023
ECM	2,152
Asthma Remediation	21
Day Habilitation Programs	635
Environmental Accessibility Adaptations	78
Housing Deposits	736
Housing Navigation	4,120
Housing Tenancy and Sustaining Services	1,367
Medically Supportive Food/Meals/Medically Tailored Meals	38,295
Nursing Facility Transition/Diversion to Assisted Living Facilities	17

Personal Care/Homemaker Services	677
Recuperative Care	627
Respite Services	198
Short-Term Post-Hospitalization Housing	152
Sobering Centers	553

Table caption: Data demonstrating the take-up of ECM and Community Supports benefits.

The number of members enrolled in CalAIM benefits in 2023 compared with the previous year is depicted below.

The Number of Members Enrolled in CalAIM benefits in 2022 and 2023

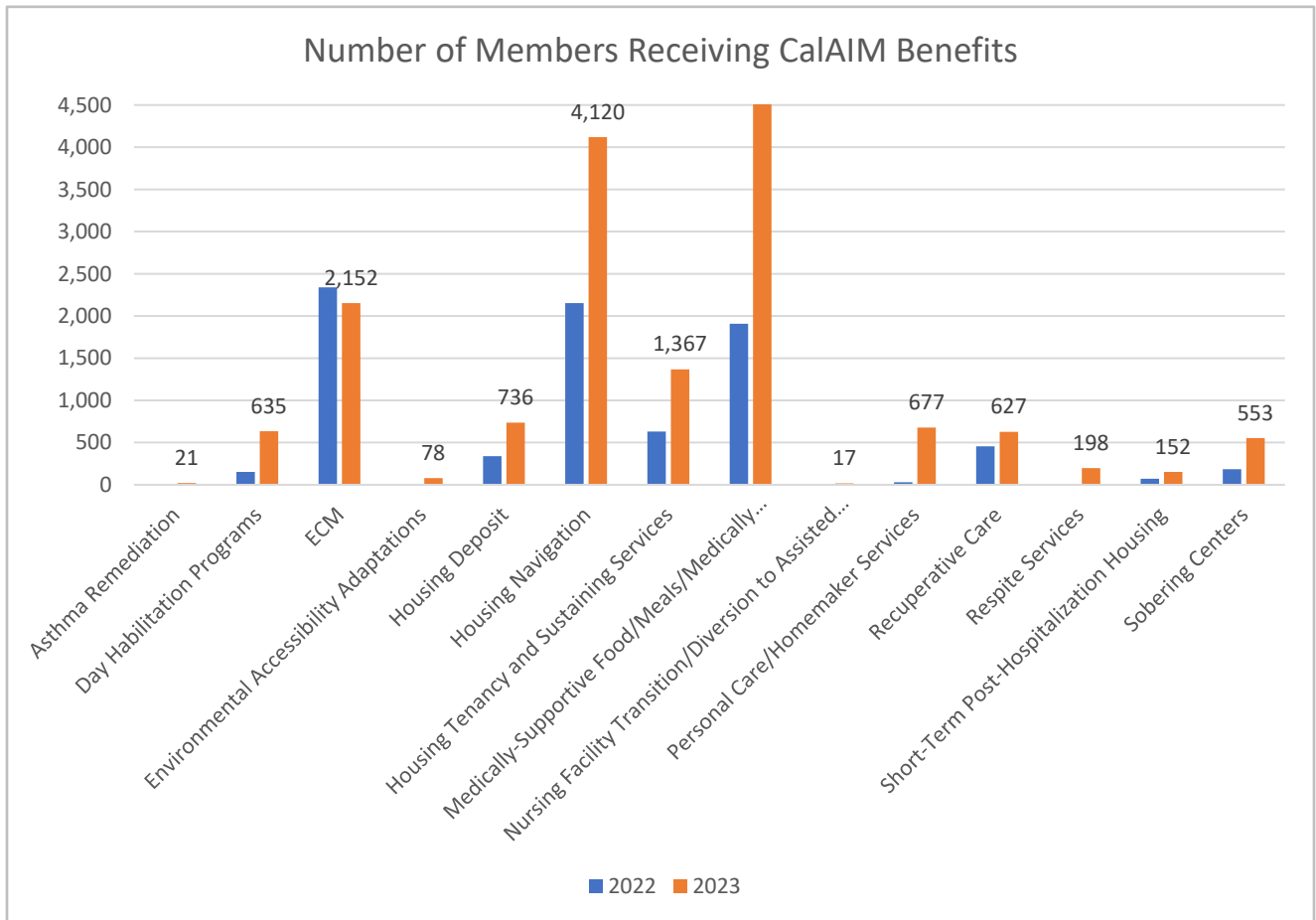


Chart caption: Number of CalOptima Health members receiving each Community Support or ECM, 2022 to 2023.

The number of CalOptima Health members outreached to, enrolled in and served by the Garden Grove Street Medicine Program is depicted below.

CalOptima Health Members Outreached to, Enrolled in and Served by the Garden Grove Street Medicine Program

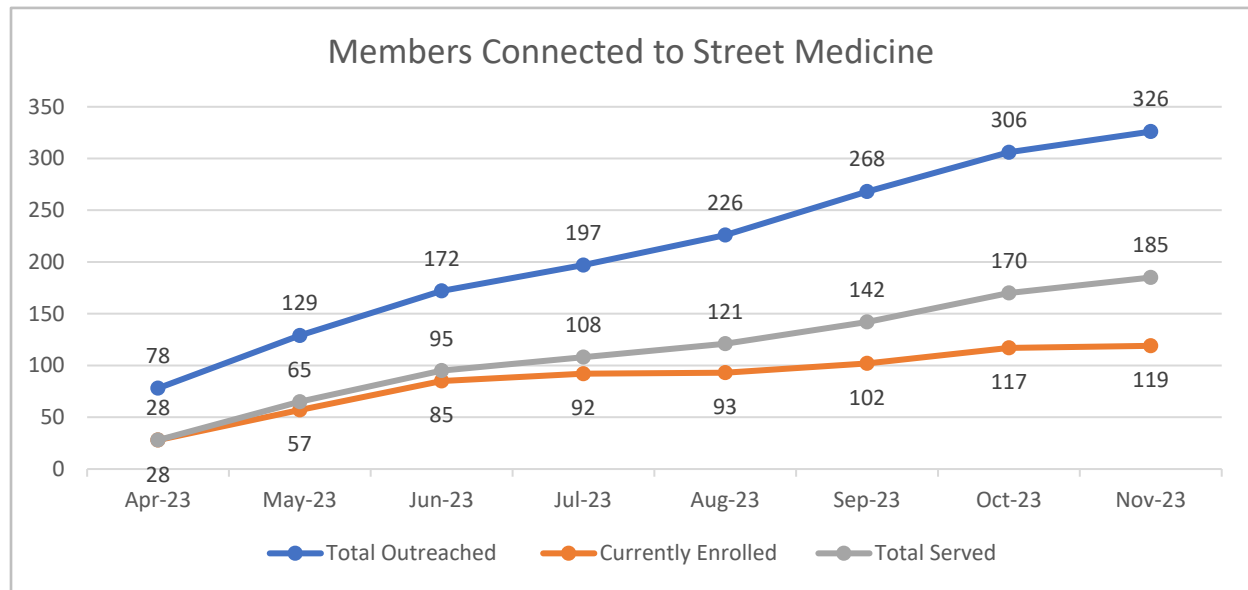


Chart caption: Number of CalOptima Health members outreached to, enrolled in and served by the Street Medicine Program in Garden Grove.

Quantitative Analysis: Uptake of all Community Supports increased in 2023, compared to 2022. ECM uptake has not grown as quickly as some of the other benefits, but with many new providers being onboarded in 2023, we expect this number to grow substantially in 2024. Enrollment in the Street Medicine Program is also increasing.

Barriers/Qualitative Analysis: The majority of objectives have been accomplished for this program. With so much effort concentrated on launching the program, designing the benefits, engaging providers, and ensuring services are accessible and utilized, the team has not fully designed the oversight strategy for CalAIM programs. This will be the focus as the new CalAIM Medical Director is onboarded.

Conclusion and Next Steps: CalOptima Health continues to build the foundation of our CalAIM efforts, most recently with the onboarding of a CalAIM Medical Director. Community partnerships are at the heart of this work, and as a result, the team’s efforts are focused on the following:

- A. Building the capacity of these partners.
- B. Codifying modes of collaboration and increasing training protocol.
- C. Efficiently and effectively conveying expectations.

This work will continue in 2024 and beyond.

4.5 Value-Based Payment

4.5.1 Health Network Quality Rating — Pay for Value

Background: CalOptima Health’s Pay for Value Performance Program (P4V Program) recognizes outstanding performance and supports ongoing improvement to strengthen CalOptima Health’s

mission of serving members with excellence and providing quality health care. HNs and CCN PCPs are eligible to participate in the P4V Program.

Program Goal(s): The purpose of CalOptima Health’s P4V Program is to:

- A. Recognize and reward HNs and CCN PCPs for demonstrating quality performance.
- B. Provide comparative performance information for members, providers and the public on CalOptima Health’s HN and CCN PCP performance; and
- C. Provide industry benchmarks and data-driven feedback to HNs and CCN PCPs on their quality improvement efforts.

Based on feedback received from HNs on recommendations to refine the P4V program by aligning with industry-based programs and to provide rewards for year-over-year improvement, the P4V program has adopted the Integrated Healthcare Association pay for performance methodology for MY2024. The methodology will use attainment and improvement to assess performance and is based on the CMS hospital value-based purchasing model.

Actions/Interventions:

Description	Date of Completion
Generate and share monthly Prospective Rate reports with all HNs and CCN clinics and providers to show their performance on all clinical HEDIS P4V measures.	Ongoing each month
Generate and share a Health Network Report Card at each year that summarizes their performance and Health Network Quality Rating (HNQR) on all clinical HEDIS P4V measures and CAHPS member experience survey questions.	Ongoing each year
Participate in Quality meetings with all HNs to discuss their performance on the measures and look at trending reports for the last few months.	Ongoing quarterly meeting meetings with HNs

Results:

Health Network Quality Rating Member Experience	Survey	# Measures	Total Weight	Total Points	Rating
CalOptima Health	Adult	8	12.0	21.0	2.0
AltaMed	Child	6	9.0	21.0	2.5
AMVI Care	Adult	8	12.0	13.5	1.0
CCN	Adult	8	12.0	25.5	2.0
CHOC	Adult	6	9.0	28.5	3.0
Family Choice	Adult	8	12.0	16.5	1.5
Heritage-Regal	Adult	8	12.0	27.0	2.5
Kaiser	Adult	8	12.0	37.5	3.0
Noble	Adult	7	10.5	31.5	3.0
Optum-Arta	Adult	8	12.0	30.0	2.5
Optum-Monarch	Adult	8	12.0	43.5	3.5
Optum-Talbert	Adult	8	12.0	18.0	1.5

Health Network Quality Rating Member Experience	Survey	# Measures	Total Weight	Total Points	Rating
Prospect	Child	7	10.5	19.5	2.0
UCMG	Adult	8	12.0	16.5	1.5

Health Network Quality Rating HEDIS	# Measures	Total Weight	Total Points	Rating
CalOptima Health	14	14	53	4.0
AltaMed	14	14	44	3.0
AMVI Care	14	14	55	4.0
CCN	14	14	49	3.5
CHOC	12	12	45	4.0
Family Choice	14	14	49	3.5
Heritage-Regal	13	13	34	2.5
Kaiser	14	14	60	4.5
Noble	14	14	49	3.5
Optum-Arta	14	14	41	3.0
Optum-Monarch	14	14	48	3.5
Optum-Talbert	14	14	41	3.0
Prospect	14	14	46	3.5
UCMG	14	14	53	4.0

Health Network Quality Rating Overall Rating	# Measures	Total Weight	Total Points	Rating
CalOptima Health	22	26.0	74.0	3.5
AltaMed	20	23.0	65.0	3.5
AMVI Care	22	26.0	68.5	3.0
CCN	22	26.0	74.5	3.5
CHOC	18	21.0	73.5	4.0
Family Choice	22	26.0	65.5	3.0
Heritage-Regal	21	25.0	61.0	3.0
Kaiser	22	26.0	97.5	4.5
Noble	21	24.5	80.5	4.0
Optum-Arta	22	26.0	71.0	3.0
Optum-Monarch	22	26.0	91.5	4.0
Optum-Talbert	22	26.0	59.0	3.0
Prospect	21	24.5	65.5	3.0
UCMG	22	26.0	69.5	3.0

Quantitative Analysis:

- A. Nine of 13 HNs showed an improvement in Member Experience survey questions overall rating when compared to the previous year. Two HNs showed a decline in their overall rating for member experience and two HNs had the same rating as the previous year. CalOptima Health also showed an improvement in Member Experience survey questions overall rating when compared to the previous year.
- B. Eight of 13 HNs showed a decline in HEDIS measures performance overall rating when compared to the previous year. One HN showed an improvement in their overall rating for HEDIS performance, and three HNs had the same rating as the previous year. CalOptima Health also showed a decline in HEDIS performance rating when compared to the previous year.
- C. Two of 13 HNs showed an improvement in overall Health Network Quality Rating (HNQR) when compared to the previous year. Seven HNs showed a decline in their overall HNQR, and four HNs had the same HNQR as the previous year. CalOptima Health had the same HNQR overall when compared to the previous year.

Qualitative Analysis/Barriers:

- A. It is difficult to demonstrate improvements when the incentivized measures are the same set of measures that have been used for several years. Many of these measures have less room for improvement.
- B. There is a data lag of two to three months from the time the member received a particular service at the provider's office and the time it takes CalOptima Health to receive the claims and encounters data. Hence, the Prospective Rate reports we generate for HNs are not as updated as real-time data that some HNs receive through robust electronic software systems. This leads to a disconnect in the data we report and the atad HNs see at their end.
- C. Receiving timely supplemental data from HNs and providers continues to be a challenge because of limited storage capacity in the data warehouse.
- D. There are no metrics to measure improvement in lifestyle behaviors, such as diet, exercise, and smoking cessation that contribute hugely to determining health outcomes.
- E. Only a small fraction of all care that is delivered by providers is addressed by performance measures.

Conclusion and Next Steps:

- A. Adopt the Integrated Healthcare Association pay for performance methodology to assess performance. The methodology uses both attainment and improvement to assess performance and the greater of either the attainment or the improvement score is used to calculate incentive payments.
- B. HNs that score below the 50th percentile for a measure will be required to submit an improvement plan for that measure to CalOptima Health.

4.5.2 Five-Year Hospital Quality Program

Background: CalOptima Health's hospitals and their affiliated physicians are integral components of delivering health services to members and play a critical role in providing care to our members. For many years, CalOptima Health has been providing quality incentive payments to its HNs to drive quality improvement outcomes and member satisfaction. CalOptima Health is seeking to establish a Hospital Quality Program for CalOptima Health's contracted hospitals to improve

quality of care for members through increased patient safety efforts and performance-driven processes.

Program Goals: Hospital performance measures would serve to:

- A. Support hospital quality standards for Orange County in support of CalOptima Health’s mission.
- B. Provide industry benchmarks and data-driven feedback to hospitals on their quality improvement efforts.
- C. Recognize hospitals demonstrating quality performance.
- D. Provide comparative information on the performance of CalOptima Health’s contracted hospitals.
- E. Identify areas for improvement and for working collaboratively with these hospitals to ensure quality care for CalOptima Health members.

Actions/Interventions:

Description	Date of Completion
Develop five-year Hospital Quality Program.	December 2022
Create and distribute baseline hospital quality score cards to each contracted hospital.	December 2023
Issue notice of grant opportunity to contracted hospitals that currently do not report to CMS or Leapfrog.	December 2023

Results

Quantitative Analysis: Using calendar year 2022 baseline data from the measurement period prior to the adoption of CalOptima Health’s Hospital Quality Program, hospitals would have earned between 0% to 90% of the allowable incentive amount. Eleven hospitals do not report the full measurement set.

Qualitative Analysis/Barriers: Hospitals vary in the completeness of reporting to CMS and Leapfrog and therefore data availability varies to fully participate in the Hospital Quality Program. A barrier is that reporting to Leapfrog and Leapfrog participation is voluntary and not mandatory.

Conclusion and Next Steps: CalOptima will continue to educate contracted hospitals on the availability of grant opportunities and the Hospital Quality Program to support reporting. The first year of incentive payments for the Hospital Quality Program will be in 2024.

4.6 Redetermination

Background: During the COVID-19 Public Health Emergency (PHE), Medi-Cal members were not required to renew annually to maintain their coverage. So for approximately three years, all redeterminations were paused, and members did not have to take action to maintain their eligibility. When the PHE ended and redeterminations restarted on April 1, 2023, the California DHCS urged Medi-Cal managed care plans to launch efforts to raise awareness among their members so that members responded to requests for renewal information and did not lose coverage

if they were still eligible. In April 2023, CalOptima Health launched a comprehensive, multipronged campaign to highlight the importance of Medi-Cal renewal that continues to the present. Ongoing outreach and communications efforts are essential because longstanding Medi-Cal members have gotten out of the habit of annual renewals and new members who gained coverage during the pandemic have never completed the process.

Program Goals:

- A. Educate members about the Medi-Cal renewal process.
- B. Prepare member advocates and community-based organizations to support the renewal process.
- C. Ensure members take the necessary steps to renew coverage.
- D. Support members who transition to other coverage if they are no longer eligible for Medi-Cal.

Actions/Interventions:

Planned Activities	Description	Date of Completion
Communications Toolkit	A multilingual toolkit for community partners to use at www.caloptima.org/en/Renew/Toolkit . These materials are co-branded with County of Orange Social Services Agency (SSA), which also intends to use these same resources to ensure message alignment.	Launched March 2023; use is ongoing
InfoSeries	A virtual meeting on Medi-Cal renewal that attracted more than 400 health care professionals and community stakeholders. The meeting included speakers from SSA, Covered California and CalOptima Health.	March 2023
Community Navigators	Contracted community navigator services to support Medi-Cal renewal by attending events, conducting outreach calls, serving in community health centers as resource staff and completing other functions to support members’ renewals.	Started June 2023 and ongoing
Member Engagement Tool	New member engagement tool to support Medi-Cal renewal communications, including texting, emails and robocalls, and support collaboration with SSA to coordinate our outreach to members.	Started April 2023 and ongoing
Media Coverage	Comprehensive outreach to media to raise awareness about Medi-Cal renewal in print, online and TV outlets.	Started April 2023 and ongoing
Community Events	Large-scale community events in partnership with SSA that attract members to attend to renew their Medi-Cal.	Six events in 2023
City Engagement	Joint city council presentations with SSA to share information about Medi-Cal renewal, encourage cities to promote renewal using our toolkit materials and to host events as appropriate.	Ongoing
Advertising Campaign	Major, multimodal advertising campaign to raise awareness regarding Medi-Cal, including digital, print, radio and outdoor advertising.	October 2023 and ongoing

Results:

Medi-Cal Renewal Summary

Redetermination Date	Total Members	Members Who Returned Packets Late	Members Disenrolled as of January 22, 2024
June 2023	70,710	19.7%	22.4%
July 2023	65,539	31.4%	19.8%
August 2023	65,461	28.5%	16.7%
September 2023	63,470	27.1%	14.4%
October 2023	56,557	30.3%	14.5%
November 2023	64,379	30.1%	14.2%
December 2023	71,461	21.1%	6.6%
January 2024	54,758	22.7%	Not available yet
TOTAL MEMBERS PROCESSED	512,335	N/A	15.5%

Source: CalOptima Health Redetermination Dashboard, January 22, 2024

Quantitative Analysis: CalOptima Health has met our objectives in terms of raising awareness regarding Medi-Cal renewal. The comprehensive program has been well received and will continue through June 2024. At the time of this writing, the full year of renewals has not been completed. However, data suggest that member disenrollment is lower than anticipated prior to the start of the process. Engagement levels across the many planned activities were high. For example, community events drew thousands of attendees each time. Thousands of text messages have been sent, and the member engagement platform vendor stated that our response rates are consistently higher than similar health plans.

Qualitative Analysis/Barriers:

- A. Ongoing challenges include not being able to reach members due to lack of current contact information and the scope of trying to connect with CalOptima Health's largest member population in history.
- B. Further, there has been a steep learning curve as we developed new processes, such as for the texting campaigns, and engaged with new partners, such as the contracted community navigators.
- C. Lastly, there are some disconnects between what CalOptima Health needs in terms of reporting and what SSA has available, and this has created concerns about the timeliness and quality of the information about member renewal rates.

Conclusion and Next Steps: CalOptima Health intends to continue efforts to raise awareness about the importance of Medi-Cal renewal now that the process has resumed its annual recurrence. The outreach will be coordinated with SSA to ensure a countywide approach that results in retaining eligible members. This may include plans for ongoing personalized outreach, such as texting, email and robocalls, when it is time for a member to renew their coverage. A member population that has continuous access to health coverage promotes delivery of preventive care and quality outcomes.

4.7 Utilization Management Program

The 2023 Utilization Management (UM) Program description defines and outlines CalOptima Health’s clinical activities to provide optimal utilization and quality health care services that are delivered compassionately at the right time and in the appropriate setting.

CalOptima Health evaluates the UM program structure, scope, processes and information sources used to determine utilization trends, medical necessity and benefit coverage determinations. This evaluation of UM activity is reviewed and approved annually by the UMC, the QIHEC and the QAC. The look back period for the 2023 UM program evaluation is Q4 2022 through the end of Q3 2023.

For details, please see the 2023 UM Program Evaluation.

4.8 Quality Performance Measures

4.8.1 Medi-Cal: Managed Care Accountability Set (MCAS)

Background: CalOptima Health annually collects, tracks and reports quality performance measures, including the MCAS HEDIS measures, to DHCS. Measures are calculated and reported at the required reporting unit level and are stratified according to requirements. The results are compared against NCQA national percentiles and DHCS Minimum Performance Level (MPL).

Program Goal(s): Our goal is to meet higher percentiles than previous year, MPL or higher percentiles for measures.

Actions/Interventions:

Description	Date of Completion
HEDIS results with benchmarks and four years of trending and the top opportunities for improving low performance measures were presented to the following stakeholders: <ul style="list-style-type: none">• Executive team• QIHEC• CalOptima Quality Forum with Health Networks• Behavioral Health Quality Improvement workgroup• Quality Initiative team	Q3–Q4 2023
We also generate monthly prospective reports by Health Networks to monitor measure-level progress. The reports with member-level detail data (gap report) are sent to providers for gap closure.	Ongoing

For action and interventions for each performance measure, see the Quality of Clinical Care Section.

Results: MCAS selected measures with MPL requirements achieved or exceeded the MPL with the exception of one measure, Lead Screening in Children (LSC), which was newly added this measurement year. Detailed rates are presented in the charts below.

Medicaid HEDIS Measures	HEDIS MY2019	HEDIS MY2020	HEDIS MY2021	HEDIS MY2022	MPL*	Met MPL
Childhood Immunization Status (Combo 10)	40.59%	45.50%	47.69%	39.42%	34.79%	Yes
Chlamydia Screening in Women	73.64%	71.86%	72.48%	72.11%	55.32%	Yes
Immunization for Adolescents (Combo 2)	55.61%	53.32%	50.73%	51.82%	35.04%	Yes
Well-Child Visits in the First 30 Months of Life 0-15 months	NA	43.18%	49.31%	55.78%	55.72%	Yes
Well-Child Visits in the First 30 Months of Life 15-30 months	NA	71.76%	67.29%	71.20%	65.83%	Yes
Child and Adolescent Well-Care Visits	NA	50.58%	53.99%	51.49%	48.93%	Yes
Lead Screening in Children	67.72%	53.32%	63.99%	63.02%	63.99%	No
Breast Cancer Screening	63.43%	59.52%	57.64%	57.81%	50.95%	Yes
Cervical Cancer Screening	66.67%	57.60%	62.28%	57.73%	57.64%	Yes
Prenatal and Postpartum Care (Timeliness of Prenatal Care)	95.13%	89.78%	90.97%	88.08%	85.40%	Yes
Prenatal and Postpartum Care (Postpartum Care)	83.21%	78.35%	81.60%	81.15%	77.37%	Yes
Controlling High-Blood Pressure	72.81%	64.48%	67.37%	65.85%	59.85%	Yes
HbA1c Poor Control (>9.0%)	29.74%	35.26%	28.75%	30.41%	39.90%	Yes
Follow-up After ED visit for Alcohol and Other Drug Dependence 30-day	NA	NA	4.6%	24.05%	21.24%	Yes
Follow-up After ED visit for Mental Illness (30-day)	49.74	46.74%	45.44%	58.83%	54.51%	Yes

*Medicaid 50th percentile

Quantitative Analysis:

- A. Out of 15 measures, 14 met the MPL. One newly selected in MY2022 measure, (Lead Screening in Children), did not meet the MPL. It is less than 1% lower than MPL (63.02% vs 63.99%).

Measures	Analysis	Status
Childhood Immunization Status	Rate decreased in MY2022 from 47.69% to 39.42% but still at the national 75th percentile.	Met MPL
Chlamydia Screening in Women	Rate decreased in MY2022 from 72.48% to 72.11% but still at the national 90th percentile.	Met MPL
Immunization for Adolescents	Rate increased in MY2022 from 50.73% to 51.82%.	Higher than MPL at the national 90th percentile
Well-Child Visits in the First 30 Months of Life (0-15 Months)	Measure did not meet the MPL in the previous year (MY2021). With all the initiatives, the rate of MY2022 increased 6.5% from 49.31% to 55.78%.	Met MPL
Well-Child Visits in the First 30 Months of Life (15-30 Months)	Rate increased in MY2022 from 67.29% to 71.2%	Higher than MPL

Measures	Analysis	Status
Child and Adolescent Well-Care Visits	Rate decreased in MY2022 from 53.99% to 51.49%.	Met MPL
Lead Screening in Children	Rate decreased in MY2022 from 63.99% to 63.02%. Less than 1% lower than MPL.	Did not meet MPL
Breast Cancer Screening	Rate decreased in MY2022 from 57.67% to 57.81%.	Met MPL
Cervical Cancer Screening	Rate decreased in MY2022 from 62.28% to 57.73%.	Met MPL
Prenatal Care	Rate decreased in MY2022 from 90.97% to 88.08% but still at the national 66th percentile.	Met MPL
Postpartum Care	Rate decreased in MY2022 from 81.6% to 81.15% but still at the national 66th percentile.	Met MPL
Controlling High Blood Pressure	Rate decreased in MY2022 from 67.37% to 65.85% but still at the national 75th percentile.	Met MPL
HbA1c Poor Control for Patients with Diabetes (>9%)	Rate increased in MY2022 from 28.75% to 30.41% but still at the national 90th percentile.	Met MPL
Follow-up After ED visit for Alcohol and Other Drug Dependence 30-day	Rate increased in MY2022 from 4.6% to 24.05%.	Met MPL
Follow-up After ED visit for Mental Illness 30-day	Rate increased in MY2022 from 45.44% to 58.83%.	Met MPL

Qualitative Analysis/Barriers:

- A. The main barrier for encounter data is to determine the rendering provider’s specialty. Some encounters are submitted using a provider group identification number (ID) and not the rendering provider’s ID. Some HEDIS measures require that services be conducted by a specific provider type, such as well-care visits must be rendered by a PCP. Services submitted by a provider group ID without a specific specialty type cannot be captured.
- B. Through medical records review, the other barriers to non-compliance are:
 - 1. The services are out of the required timeframe. For example, these are immunizations given after the second birthday.
 - 2. The lack of data exchanges. For example, PCPs are not notified about ED/inpatient visits and are unable to provide follow-up care.
- C. For actions and interventions for each performance measure, see the Quality of Clinical Care Section.

Conclusion and Next Steps:

- A. All HEDIS measures are audited by NCQA certified auditors and were designated as “reportable” to NCQA and DHCS for NCQA accreditation, Health Plan Rating and MCAS reporting.
- B. Member-level detail or patient level detail (PLD) files are submitted to DHCS.
- C. MCAS selected measures having MPL requirements achieved MPL or higher except one newly selected measure, Lead Screening in Children.
- D. Lead Screening in Children is a high- priority measure for improvement due to performance below the MPL.

4.8.2 OneCare: STAR Performance Measures

Background: CalOptima Health annually collects, tracks and reports quality performance measures, including the CMS Star measures, to CMS. Measures are calculated and reported at the required reporting unit level and are stratified according to requirements. The results are compared against NCQA national percentiles, and the Star cut points as benchmarks.

Program Goal(s): Our goal is to meet higher percentiles than previous year and 3-Star cut-points or higher.

Actions/Interventions:

Description	Date of Completion
HEDIS results with benchmarks and four years of trending and the top opportunities for improvement for low performance measures were presented to the following stakeholders: <ul style="list-style-type: none"> • Executive team • QIHEC • CalOptima Quality Forum with Health Networks • Behavioral Health Quality Improvement workgroup • Quality Initiative team 	Q3–Q4 2023
We also generate monthly prospective reports by HNs to monitor measure-level progress. The reports with member-level detail data (gap report) are sent to providers for gap closure.	Ongoing

For action and interventions for each performance measure, see the Quality of Clinical Care Section.

Results:

- A. All HEDIS MY2022 measures are audited by NCQA certified auditors and were designed as “reportable” to NCQA and CMS for Star Rating. Member-level detail or patient level detail (PLD) files are submitted to CMS.
- B. The MY2022 Overall Star Rating is 3.0.
- C. HEDIS Star Measures — detailed rates are presented in the charts below.

Medicare HEDIS Measures	HEDIS MY2019	HEDIS MY2020	HEDIS MY2021	HEDIS MY2022	Star Rating (MY2022)
Breast Cancer Screening (C01)	69%	67%	66%	66%	3
Controlling High-Blood Pressure (C11)	79%	71%	71%	68%	3
Colorectal Cancer Screening (C02)	62%	59%	62%	65%	3
Care for Older Adults (SNP) - Medication Review (C06)	88%	82%	84%	84%	3
Care for Older Adults (SNP) - Pain assessment (C07)	86%	83%	84%	85%	3
Diabetes Care - Blood Sugar Controlled (A1c>9) (C10)	16%	25%	19%	22%	3
Diabetes Care - Eye Exam (C09)	66%	69%	79%	73%	4
Osteoporosis Management in Women Who Had a Fracture (C08)	NA	NA	NA	NA	NA
Plan All-Cause readmissions - 18+ (C15)	8%	8%	8%	9%	4
Statin Therapy for Patients with Cardiovascular Disease - treatment (C16)	79%	71%	85%	82%	2
Annual Flu Vaccine (C03)	71%	69%	69%	68%	2
Transitions of Care - Notification Admission	8%	10%	17%	18%	NA
Receipt Discharge Info	0%	10%	5%	7%	NA
Engagement after Discharge	79%	79%	83%	78%	NA
Transitions of Care - Med Reconciliation (C14)	56%	59%	69%	62%	3
Transitions of Care - (average) (C17)	36%	39%	44%	41%	2
Follow-Up After Emergency Department Visit for People with Multiple High-Risk Chronic Conditions (C18)	52%	41%	46%	47%	2

Quantitative Analysis:

Measures	Analysis	Status
Diabetes Care Eye Exam	Rate decreased in MY2022 from 78.96% to 73.33%.	Reached 4 Star cut-off
Plan All-Cause Readmissions	Rate increased in MY2022 from 8% to 8.57%.	Reached 4 Star cut-off
Breast Cancer Screening	Rate decreased in MY2022 from 66.17% to 65.69%.	Reached 3 Star cut-off
Colorectal Cancer Screening	Rate increased in MY2022 from 62.34% to 65.24%.	Reached 3 Star cut-off
Controlling High Blood Pressure	Rate decreased in MY2022 from 70.76% to 67.82%.	Reached 3 Star cut-off

Measures	Analysis	Status
Care for Older Adults Medication Review	Rate decreased in MY2022 from 84.24% to 83.7%.	Reached 3 Star cut-off
Care for Older Adults Pain Assessment	Rate increased in MY2022 from 84.24% to 85.4%.	Reached 3 Star cut-off
Diabetes Care Blood Sugar Controlled	Rate increased in MY2022 from 19.13% to 21.67%.	Reached 3 Star cut-off
Medication Reconciliation	Rate decreased in MY2022 from 69.23% to 62.45%.	Reached 3 Star cut-off.
Statin Therapy for Patients with Cardiovascular Disease	Rate decreased in MY2022 from 85.48% to 82%.	At 2 Star cut-off.
Follow-up After Emergency Visit for People with Multiple High Risk Chronic Conditions	A new Star measure for MY2022. The rate increased in MY2022 from 46.21% to 47.4%.	At 2 Star cut-off.
Transitions of Care	A new Star measure in MY2022. The rate decreased in MY2022 from 43.51% to 41.33%.	was at 2 Star cut-off.

Qualitative Analysis/Barriers:

For actions and interventions for each performance measure, see the Quality of Clinical Care Section.

Conclusion and Next Steps:

- A. While CalOptima Health received a 3.0 Stars in Overall Rating for our Medicare product for MY 2022, CalOptima Health’s OneCare Stars Improvement Workgroups will continue to focus on initiatives to improve performance for our quality measures.
- B. Due to performance at 2.0 Stars, the opportunities for improvement are:
 1. Transitions of Care
 2. Follow-up After Emergency Visit for People with Multiple High Risk Chronic Conditions
 3. Statin Therapy for Patients with Cardiovascular Disease

4.9 Care Coordination and Care Management

4.9.1 OneCare Model of Care: Health Risk Assessment (HRAs)

Background: The comprehensive health risk assessment (HRA) facilitates care planning and offers actionable items for the Interdisciplinary Care Team (ICT). HRAs are completed in person, by phone, or by mail and accommodate the member’s language preference. The voice of our members is reflected within the HRA, which is specific to the assigned model of care. HRAs are completed within 90 days of initial eligibility and then annually .

Program Goal(s):

- A. OneCare members will have the initial HRA outreach and completion within 90 days of eligibility.
- B. OneCare members will have the HRA outreach and completion annually within 365 days from the previous HRA or by outreach target month if no previous HRA was completed.
- C. The goal for outreach and completion is 95% and is adjusted according to DHCS guidance for members who we are unable to contact or decline participation. CMS Star Measures goal for 2023 is to increase from 1.0 to 3.0 stars.

Action/Interventions: Multiple interventions were implemented in 2023 to support the increase of HRA completion rate.

Planned Activities	Date of Completion
Restructuring of HRA Outreach Team	January 2023
Increase outreach calls	May 2023
Creation of HRA dashboard to monitor HRA completion rates and projections for CMS Star Measure	April 2023
Addition of member incentive for HRA completion	July 2023
Addition of Facets User Warning Message for customer service to support coordinated outreach efforts	June 2023
Conduct in-person HRA during New Member Orientation	September 2023
Ad hoc mailing of OneCare HRA to members for second HRA	October 2023

Results:

The CMS Star historical and projected rates are depicted below.

Star Ratings Measure	Completed	Stars
2021 Measurement Year	36%	*
2022 Measurement Year	35%	*
2023 Measurement Year	54%	Minimum 2

* 2023 Rate in Process, as of 12/07/23; 2023 Cut Points for 2 Stars = 46%, 3 Stars = 62%

DHCS 2.1 Initial HRA outreach and completed in 90 days from Eligibility Quarter 1-3 and depicted below.

DHCS Reporting 2.1 HRA	Members enrolled for 90 days	Members who decline HRA	Members who are unable to contact for HRA	Members who complete HRA	% Members reached, willing and completed assessment
Q1 Revision	952	93	252	605	100%
Q2 Revision	879	45	159	675	100%
Q3 Revision	814	28	149	637	100%

DHCS 2.3 Annual HRA annual outreach and completion will be reported for 2023 in February 2024 is depicted below.

Annual OC HRA	Members due for annual HRA	Members who decline HRA	Members who are unable to contact for HRA	Members who complete HRA	% members reached, willing and completed assessment
Q1	7,486	734	3,655	2,786	90%
Q2	2,570	169	817	1,576	99%
Q3	2,452	65	441	1,944	100%

There is no prior year comparison for DHCS reporting for Core 2.1 or Core 2.3, since 2023 is the first year for reporting.

Quantitative Analysis:

- A. CMS Star Rating for 2023 projected to be at least 2 Stars and is at 54% as of 12/7/2023. This is a significant increase from the 2022 Rating of 35%. The potential remains for achieving 3.0 Stars for 2023. This data validates the effectiveness of efforts to prioritize HRA collection.
- B. Initial HRA outreach and completion met the goal for DHCS 2.1 reporting in Quarters 1-3.
- C. Annual HRA outreach and completion met the goal for Quarter 1-3 and will be reported to DHCS in February 2024 as annual measure.

Barriers/Qualitative Analysis:

- A. Low rates for OneCare HRA completion as baseline coming into 2023.
- B. Members continue to decline participation in the HRA despite increased outreach and incentive.
- C. Members remain unable to contact despite multiple phone calls, due to invalid phone numbers, no response to phone calls and letters, no existing phone numbers, and unreliable addresses.

Conclusion and Next Steps:

- A. HRA outreach and completion meet DHCS expectations for both initial and annual HRA. We expect this to continue into 2024.
- B. CMS Star Ratings for HRA completion showed significant increase from 2022 to 2023. We expect this success to continue into 2024 and believe that the interventions of 2023 lay foundation for an increase to 3.0 or 4.0 Stars.
- C. Case Management prioritized the 2023 HRA completion and will continue to explore and implement strategies to engage members for HRA completions, including consideration of different modalities.

4.9.2 Interdisciplinary Care Team (ICT) and Individual Care Plan (ICP)

Background: The Individual Care Plan (ICP) is developed through the Interdisciplinary Care Team (ICT) process. The ICP is a member-centric plan of care with prioritization of goals and target dates. Attention is paid to needs identified in the HRA and by the ICT. Barriers to meeting

treatment goals are addressed. Interventions reflect care manager or member activities required to meet stated goals. The ICP has an established plan for monitoring outcomes and ongoing follow-up per care management level. The ICP is updated annually and with change in condition.

Program Goals:

- A. Core 3.2 Initial ICP completion within 90 days of eligibility.
- B. Benchmark 90% adjusted.

Actions/Interventions:

Planned Activities	Date of Completion
Utilized newly developed reporting to validate and oversee outreach and completion of ICP per regulatory guidance.	January 2023
Developed and implemented communication process with HNs for tracking outreach and completion to meet benchmarks.	January 2023
Automation of data ICP process for members who are unable to contact or decline to improve the timeliness of initiation of the care plan.	June 2023

Results:

DHCS reporting 3.2 ICP completion within 90 days of eligibility is depicted below.

DHCS Reporting Quarter	Members Enrolled for 90 Days	Members Unwilling to Complete an ICP	Members Who Are Unable to Contact for ICP	Members Who Complete a Care Plan	% Members Reached, Willing and Completed a Care Plan
Q1 Revised	952	99	133	406	56%
Q2 Revised	879	82	178	471	76%
Q3	814	124	185	371	73%

Quantitative Analysis:

- A. 2022 comparison for OneCare is not available as Core 3.2 is new reporting for the OneCare line of business with requirements for collaboration not previously measured in OneCare.
- B. The benchmark set was based on OneCare Connect (OCC) Core 3.2 reporting and was not met due to the high volume of transitioning members between lines of business. DHCS announced correction to reporting requirements and allowed for resubmission of Quarter 1 and 2 reporting.

Barriers/Qualitative Analysis:

- A. ICP timeliness not met due to sunset of OCC with mass transition of members to the OneCare line of business. Transition members without HRA in 2022 required outreach within 90 days of their January 1, 2023, effective date. This amplified the volume of members that required ICP development and ICP updates. The volume burden caused ICP development to extend beyond 90 days of eligibility.

- B. Initial guidance from DHCS directed the inclusion of OCC to OneCare transition members for Core 3.2 reporting: ICP completion within 90 days of eligibility. DHCS acknowledged and modified the guidance in October 2023 to revise Quarter 1 and Quarter 2 reporting.
- C. Inability to reach members for collaboration on ICP development due to inability to contact through phone calls, invalid phone numbers, no response to phone calls and letters, no existing phone numbers, and unreliable addresses.

Conclusion and Next Steps:

- A. The data demonstrates an opportunity for improvement in the timeliness of ICP development.
- B. Case Management will continue to monitor and communicate to the HNs on ICP development for newly effective members to improve timeliness.

4.10 Managed Long-Term Services and Supports (MLTSS)

Background: The purpose of MLTSS is to prevent or delay member institutionalization by providing support to CalOptima Health members who require consistent and ongoing caregiving assistance through the coordination of three primary programs. Medi-Cal MLTSS includes two categories: Home- and Community-Based Services (HCBS) and Institutional/Nursing Facility- with three programs Community-Based Adult Services (CBAS), Multipurpose Senior Services Program (MSSP), and Long-Term Care. The purpose of LTSS is to prevent or delay member institutionalization by providing support to CalOptima Health members who require consistent and ongoing caregiving assistance through the coordination of three primary programs:

- A. Home- and Community-Based Services (HCBS)
 - 1. Community-Based Adult Services (CBAS)
 - 2. Multipurpose Senior Services Program (MSSP)
- B. Institutional/Nursing Facility
 - 1. Long-Term Care (includes subacute care, hospice and the ICF/DD homes)

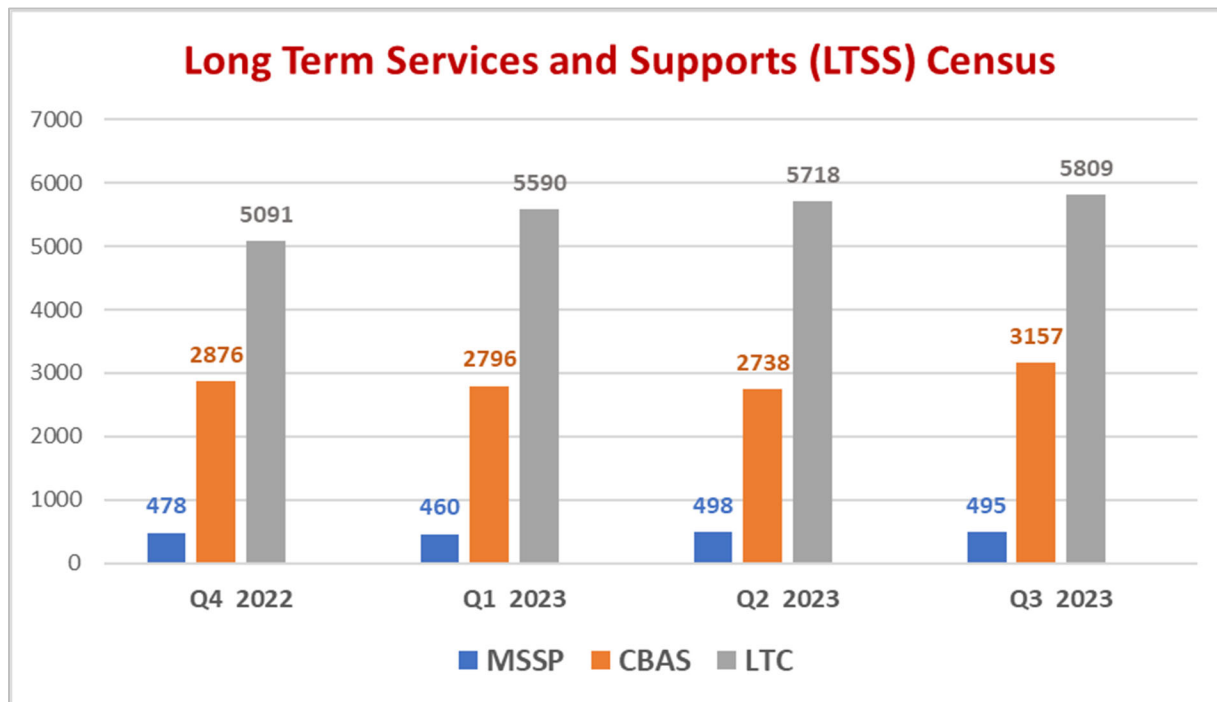
Program Goals:

- A. Increase access to Home- and Community-Based Services (HCBS).
- B. Safely decrease LTC Nursing Facility utilization while supporting our members to remain living in the community.
- C. Improve clinical and quality of living outcomes.
- D. Build on member choice.

Actions/Interventions:

- A. Engaged with all providers to train in transitions of care requirements, authorization documentation and DHCS regulations.
- B. Presented CalOptima Health LTSS services at provider conferences.
- C. Cross trained LTSS staff in all LTSS services to provide consistent provider and member care during staffing shortages.

Results:



Quantitative Analysis:

- A. The LTC program had an overall growth of 12.4% in member census. This is attributable to the end of the pandemic and members being readmitted to LTC facilities.
- B. The CBAS program experienced an overall growth rate of 9% in member census. This is attributed to the end of the pandemic, increased use of congregate day care and new CBAS centers opening.
- C. The MSSP program experienced an overall growth rate of 3.5% in member census. This was attributed to the end of the pandemic and the California Department of Aging (CDA) expanding available slots from 455 to 568, which allowed for increased admissions.

Qualitative Analysis/Barriers:

- A. The primary barriers for growth are related to the staffing challenges in all three programs, which makes it difficult to expand capacity.

Conclusion and Next Steps:

- A. The data reflects the ongoing need for LTSS programs and services for the population that CalOptima Health serves. There will be ongoing efforts in LTSS to work with our partners to expand services in these programs.

4.11 Transitions of Care

Background: DHCS has outlined a phased approach in the Population Health Management (PHM) Policy Guide to provide Transitions of Care Services (TCS) starting January 1, 2023. TCS are provided to members transitioning from levels of care, including hospitalizations and skilled nursing facilities. Beginning in 2023, members identified as TCS High Risk, per the DHCS definition, have been receiving outreach from TCS Case Management staff. The goal of outreach is to ensure all the member's needs are met post-hospitalization, including a follow-up visit with

the member’s PCP in order to conduct a medication review and resolution of discharge summary follow-up items.

TCS Case Management staff are also responsible for ensuring collaboration, communication and coordination with the following to facilitate safe and successful transitions:

- Members and their families/support persons/guardians
- Hospitals
- Emergency Departments
- LTSS
- Physicians (including the member’s PCP)
- Nurses
- Social workers
- Discharge planners
- Service providers

For members enrolled with Case Management or ECM, the assigned Case Manager will administer TCS protocols. The Case Manager will connect recently discharged members with tools and resources that encourage and empower self-management skills to reduce the potential of a readmission and optimize the member’s quality of life.

TCS is provided to ensure members are supported from discharge planning until they have been successfully connected to all needed services and supports. Members may also be referred to ongoing Case Management, ECM or Community Supports if appropriate.

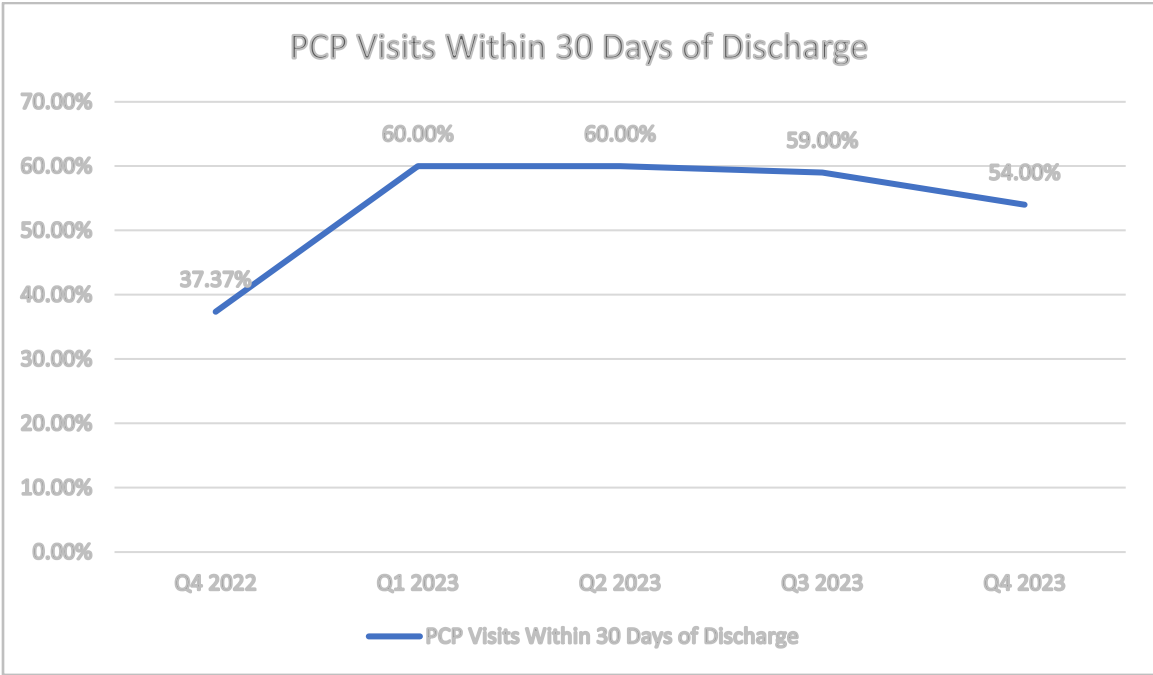
Program Goal(s): Improve the member’s follow up with their PCP within 30 days post discharge from the hospital.

Actions/Interventions:

Description	Date of Implementation
Enhanced the Post Discharge Call Assessment.	October 2023
Enhanced post discharge call reporting to include the percentage of compliant calls.	October 2023
Expanded eligibility criteria to Case Management follow-up and coordination	January 2023, ongoing
Developed a resource letter for the hospital discharge staff to give to TCS High Risk members when they discharge. The letter provides the name of their assigned TCS Case Manager and their phone number.	Implemented in July 2023, ongoing
Created a TCS High Risk Flag to align with the DHCS policy guide.	Implemented in April 2023, ongoing
Enhanced the PCP Discharge Notice to remind the PCP to file the Discharge Summary and Medication Reconciliation list in the member’s medical chart and to schedule a follow up with the member	In process

Description	Date of Implementation
Created an Inpatient Utilization Strategy Workgroup to identify members at risk for readmission and the development and implementation for focused and targeted transition support.	Implemented in October 2023, ongoing
Educated hospital discharge staff (in individual facility clinical rounds held weekly and biweekly and planned facility trainings) on ECM, community supports and integrated case management available to serve members with social driver of health needs.	Implemented in June 2023, ongoing
Review ADT data file transfers and identify a mechanism for real time PCP admit discharge, and transfer notification.	Implemented in October 2023, ongoing
Identify members with chronic readmissions and attempt to enroll in ongoing case management for health education and ongoing chronic care coaching.	In process
Created a TCS Workgroup to plan, develop and implement TCS DHCS requirements with cross functional involvement of the following departments: UM, CM, BH, PHM, Analytics, CalAIM, Provider Services	March 2023, ongoing

Results:



Quantitative Analysis: Quarter over quarter data analysis for Q4 2022–Q3 2023 shows a 23% increase in PCP visits within 30 days of discharge from Q4 2022 to Q1 2023. Q2 2023 was unchanged from Q1 2023, and data analysis shows a 1% decrease from Q2 2023 to Q3 2023.

Qualitative Analysis/Barriers: Post-discharge follow-up visit data are presented and discussed at the quarterly UMC meeting and/or the bi-weekly UM Workgroup Meeting. Both meetings consist

of but are not limited to the following staff: CalOptima Health Medical Directors, Executive Directors of Medical Management and Behavioral Health Integration, Directors of UM, Pharmacy, Quality Improvement, Case Management, Grievances and Appeals, and Behavioral Health. Managers of Quality Improvement, Utilization Management and Long-Term Support Services. Data is reviewed at these meetings to assess barriers and identify opportunities for improvement interventions.

Through these committee meetings, CalOptima Health identified the following barriers and impacts to readmission rates. Barriers and/or impacts include but are not limited to the following:

- A. Although CalOptima Health can measure member success of completing a PCP follow-up appointment within 30 days of discharge, the lag in claims data can impact timely interventions to improve member PCP access in the first 30-days post discharge.
- B. Coordination of Care barriers between hospitals and outpatient providers continues to negatively impact readmission rates.
 1. Technology limitations exist between hospitals and PCP including the ability to communicate directly with a PCP or automate a referral or post discharge support and/or services (i.e., Case Management/Community Supports).
 2. CalOptima Health also recognized the importance of the notification rate on patient engagement. Predischarge coordinated engagement in care transition planning may also be low due to the administrative burden for the hospital team, as well as the member's willingness to coordinate care and services while the member is still in the hospital.
- C. Hospitals often operate with limited administrative and case management support due to shortage of health care practitioners and staffing protocols. These capacity limitations lead to a potential delay of notification to the PCP in a timely manner, resulting in missing the opportunity for the PCP to see the patient. In addition, because of staff capacity limitations, hospital staff are frequently unable to schedule member follow up visits with their PCP prior to discharge from the hospital.

Additional challenges include but are not limited to:

- A. Inability to coordinate care prior to a member leaving the hospital against medical advice.
- B. Difficulty reaching the member after discharge from the hospital. If a member is not responsive to outreach for support to navigate the health care system, the member may not understand all the actions needed to prevent a readmission (health literacy).
- C. PCP availability, including after hours, does not fit all member needs for a follow up appointment after discharge.
- D. Member symptoms and reason for hospitalization improve so there is not a perceived need to see the PCP.
- E. Member and/or provider lack of adoption to telehealth options.
- F. With the uptick of COVID cases, there may be fear again of the member accessing care.

Conclusion and Next Steps:

- A. CalOptima Health committees continue to meet and review data, identify opportunities for improvement, develop and implement interventions and monitor the effectiveness of these interventions.

- B. Work with hospital partners to gain additional electronic medical record (EMR) access for CalOptima Health staff to send timely discharge summaries and medication reconciliation to the PCP to incorporate in the member outpatient chart.
- C. Enhance engagement of members through focused training and staff core competency building. The training includes the importance of motivational interviewing style to promote appropriate adherence to treatment post discharge for sustainable outcomes. Motivational interviewing will assist with member empowerment and addressing barriers related to adherence to treatment.
- D. Continue to pursue increased opportunities through CalAIM Community Supports (launched in Q1 2022). Renew and expand opportunities to connect members with ECM and Community Supports available for SMI, SUD and the unhoused. Support is provided to appropriate members prior to discharge to boost optimal outcomes and drive improvement in the readmission rate.
- E. Created a Bed Day Reduction Strategy Sub Workgroup to be led by CalOptima Health Medical Directors with the participation of UM and CM staff.
- F. As part of the enhanced post discharge process the following interventions present an opportunity for improvement:
 1. Coach members on how to convene a telehealth PCP or specialty follow-up visit within 30 days post discharge.
 2. Coach members on early self-identification of risk to address signs and symptoms.
 3. Coordinate communication with all treating providers.

Section 5: Quality of Clinical Care

5.1 Quality Oversight

5.1.1 Potential Quality Issues (PQIs)

Background: PQIs are clinical investigations of providers to determine if the care provided meets evidence-based and community standards. Investigations include the review of all provider types in the CalOptima health provider network, including physicians, mid-level practitioners, hospitals, home health agencies, etc. Information, which is specific to the case and may include medical records and a response to the issue, is obtained and is summarized by a nurse. A medical director reviews the information, levels the case according to the severity of the findings and makes a recommendation for action, which ranges from “no action” to presenting the case to the Credentialing and Peer Review Committee (CPRC). Some cases are sent to contracted external specialists for expert review. Cases presented to CPRC may result in a recommendation that includes such actions as a best practice letter or an 805 reporting to the appropriate state board.

Program Goals:

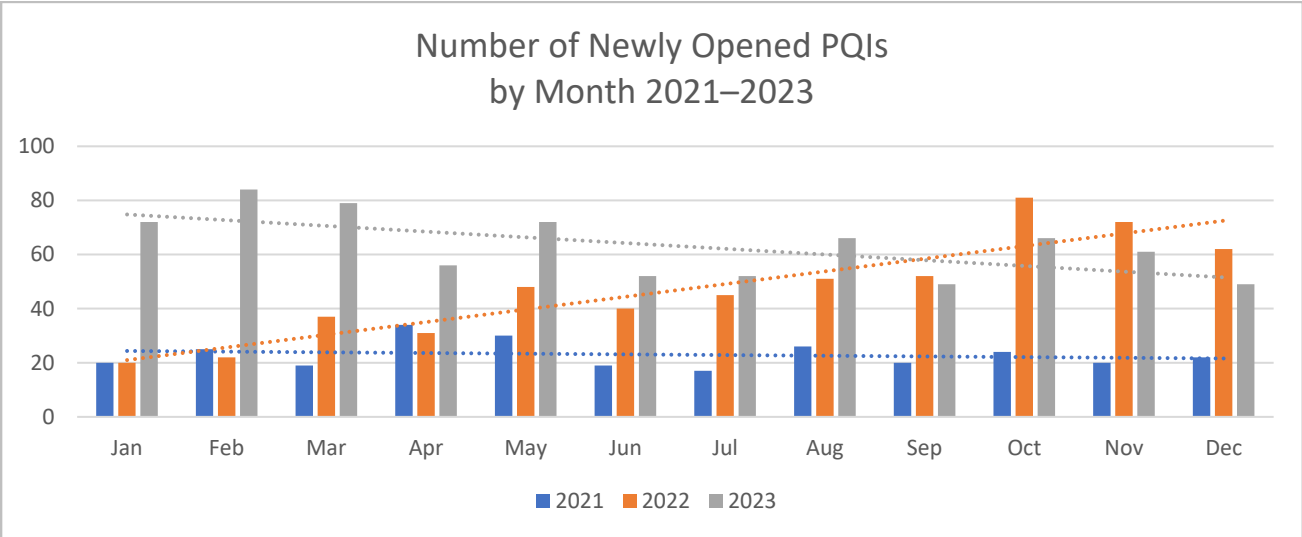
- A. PQI case initially reviewed by the medical director within 90 days of opening the case.
- B. Declined Grievances reviewed by the medical director in 30 days.
- C. We have defined Declined Grievances as grievances that have a quality-of-care component, but the member chooses not to file a formal grievance and are investigated as a PQI.

Actions/Interventions:

Planned Activities	Description	Date of Completion
New System for Documenting PQI Cases	In 2023, CalOptima Health started the planning for the implementation of a new care management system. As part of this implementation, the vendor, ZeOmega, worked closely with CalOptima Health to develop a PQI module of their system, Jiva.	Implemented in Q1 2024
Review of Quality-of-Care PQIs	In Q4, CPRC recommended the de-credentialing of an OB/GYN physician as the result of a PQI investigation. This physician is currently undergoing the Fair Hearing Process for final determination.	In process
Change of Severity Leveling	The policy, GG.1611: Potential Quality Issue Process, was modified to remove the two severity levels of H1 (occurred in a hospital) and HDS (Healthcare Delivery System) because neither of these explained the severity of the issue. The severity levels that remain are: S0 -Service-related issue, unable to verify. S1 -Service-related issue, verified, resulting in inconvenience or dissatisfaction to the member. 0 -No quality of care or quality of service issue identified. 1 -Mild clinical judgment or operational issue with or without an adverse outcome. 2 -Moderate clinical judgment or operational issue with or without an adverse outcome. 3 -Severe clinical judgment or operational issue with or without an adverse outcome.	10/01/2023

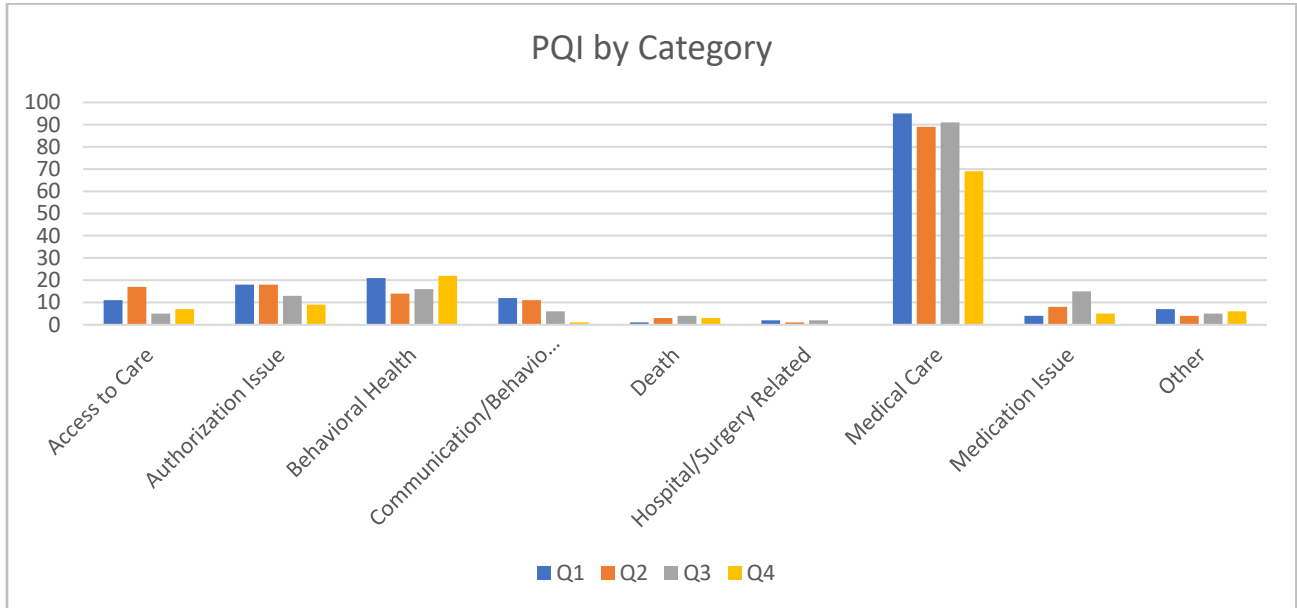
Results:

Number of Newly Opened PQIs by Month 2021 to 2023



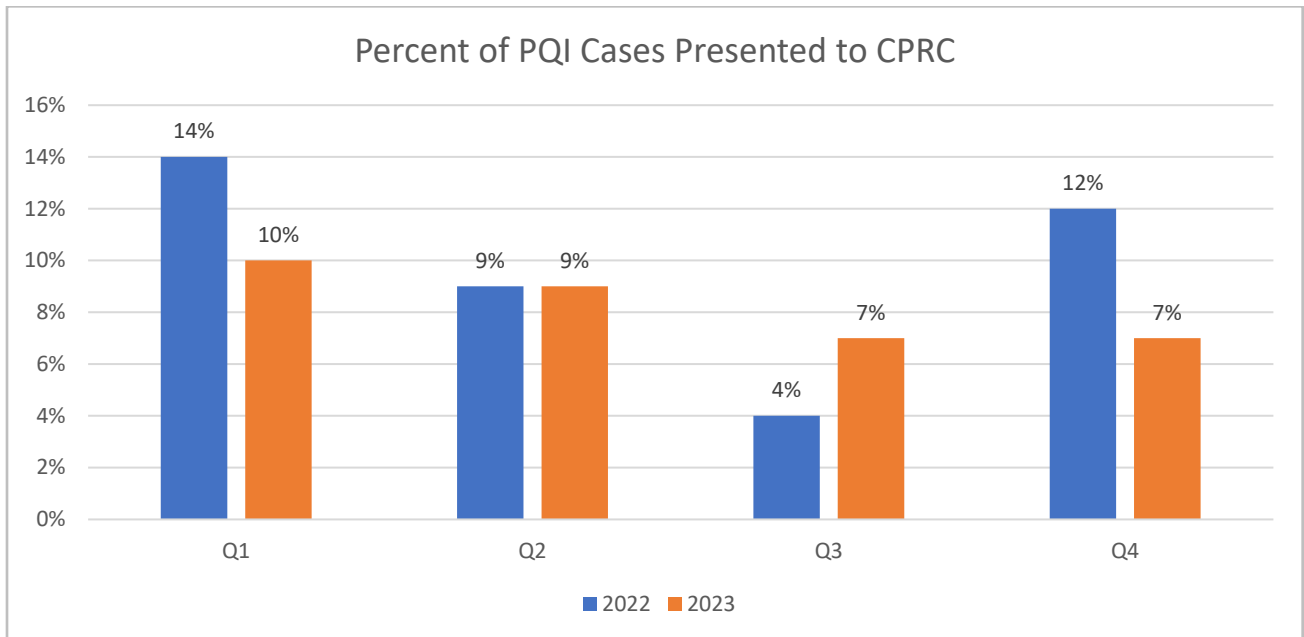
In 2023, the number of cases opened each month declined from Q4 of 2022. The increase in Q4 2022 was due to the implementation of a new process for the PQI review of Declined Grievances.

PQIs by Category



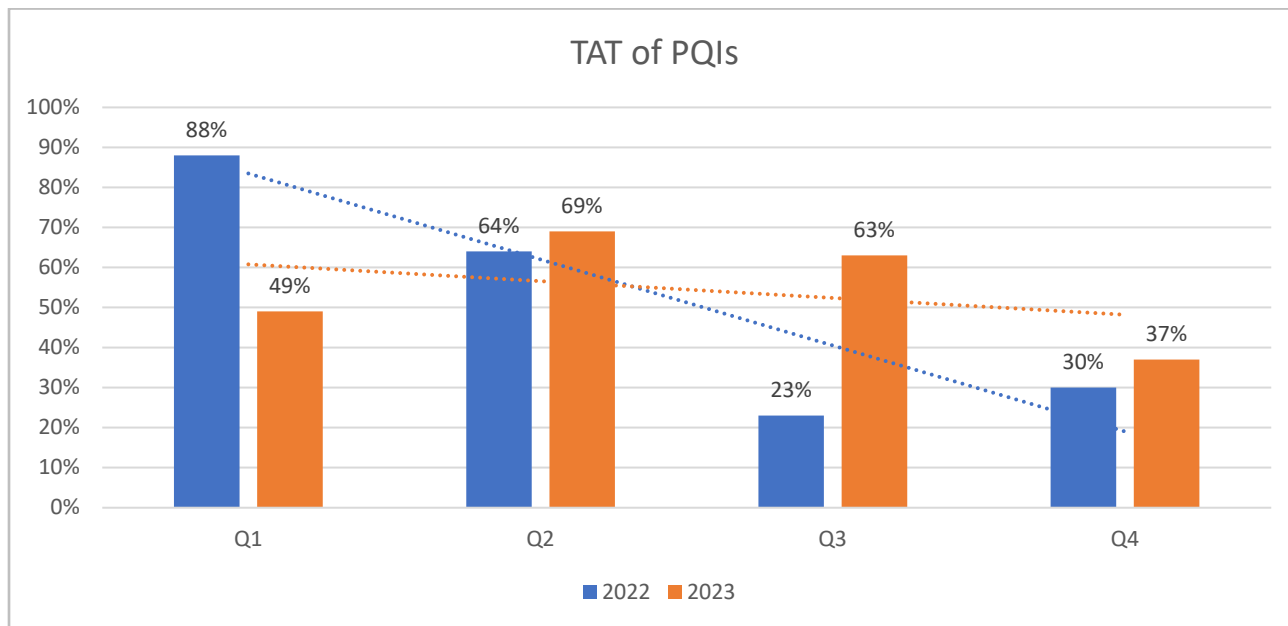
In 2023, medical care continued to be the largest category of PQI.

Percent of PQI Cases Presented to CPRC



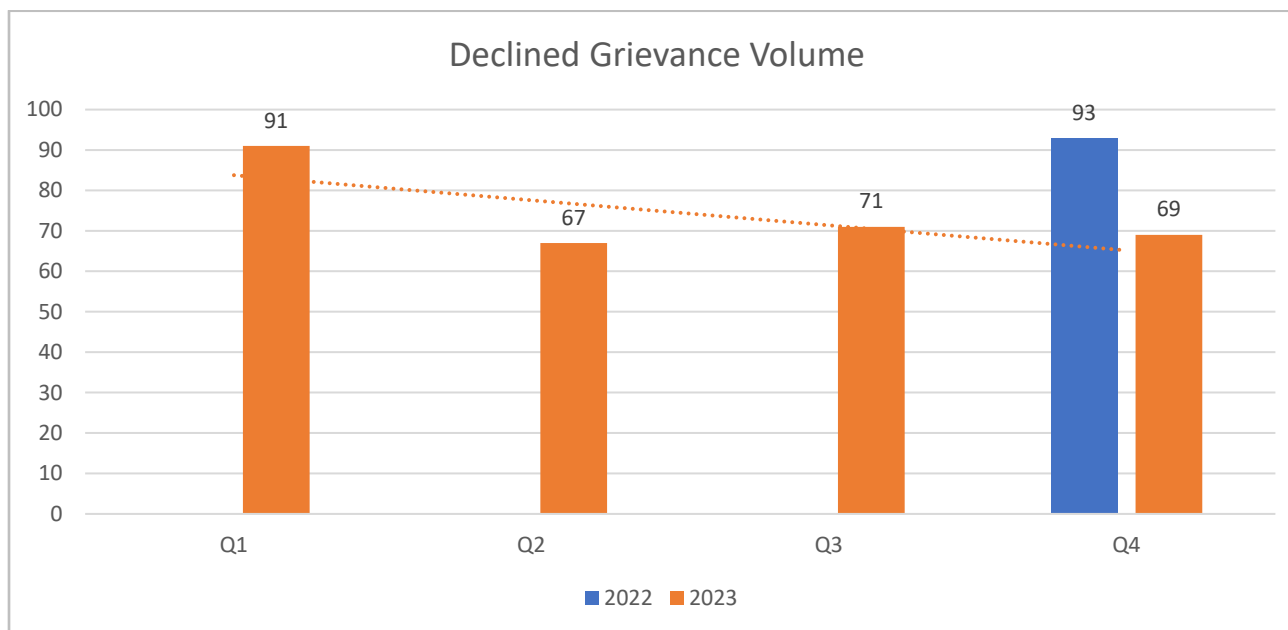
In 2023, 7%-10% of all PQIs were presented at CPRC. This was slightly less than 2022, which ranged from 4% to 14%.

Percent of PQIs Sent to Medical Director for Review in 90 days



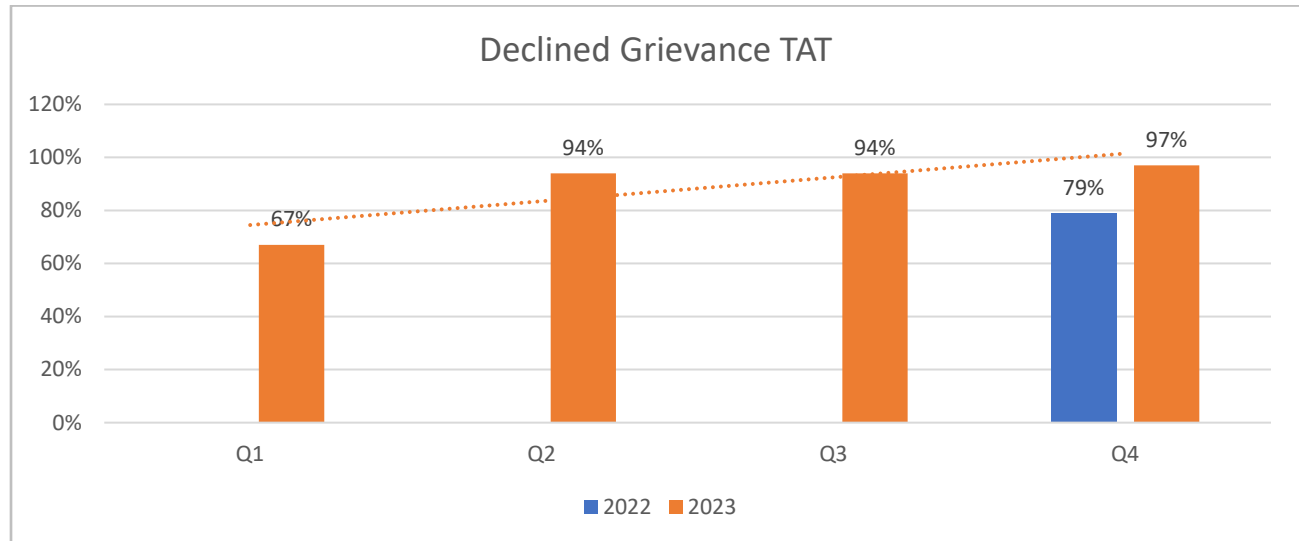
The TAT of PQIs sent for Medical Director for review has fluctuated quarter-by-quarter. Quarters 2 and 3 performed better at 63%-69% than quarters 1 and 4 at 49% and 37% respectively.

Declined Grievance Volume



The volume of Declined Grievances that resulted in a PQI investigation declined in Q2 2023 and remained stable thereafter.

Declined Grievance Turn-Around Time (TAT)



The TAT of Declined Grievances that resulted in a PQI investigation improved in Q2 and remained greater than 94% thereafter.

Quantitative Analysis:

- A. The overall volume of PQIs increased in 2023. This change was the result of two major issues. In Q4 2022, we began reviewing Declined Grievances as PQI investigations. We also had new medical directors that identified a higher volume of PQI cases.
- B. Even though the number of PQI cases increased, the percentage of quality-of-care cases identified for CPRC review remained stable.
- C. Quarter-over-quarter, the greatest complaint category for PQIs leveled as quality-of-care was Medical Care: Mismanaged Care.
- D. Both the volume and the TAT of Declined Grievances improved beginning in Q2. The reason for this improvement was improved clinical analysis of which referrals are actually a PQI by the nursing staff.

Qualitative Analysis/Barriers:

- A. The major barriers for PQI investigations were regarding increased volume and without an increase in staffing to accommodate the change.
- B. The implementation of the PQI review of Declined Grievances added significant volume to our workload requiring the work of one full-time registered nurse. This assignment took away from completing the investigations of other PQIs timely. While additional staffing was requested beginning in Q4 2022, the staff were not approved for hire until Q3 2024.
- C. We had many new medical directors added at CalOptima Health in 2023. The new medical directors opened PQIs in instances where only a best practice letter and no additional investigation is needed. This process change contributed to an increase in volume of PQIs and reduced TAT compliance.

Conclusion and Next Steps:

- A. The volume of PQIs has increased significantly in 2023. In Q1 2024, we anticipate the hire of two additional staff to support this function. It is anticipated that with the additional staff, we will be able to reduce the backlog of PQI cases and the TAT for review by the medical director.

- B. We have been using a care management system that is member-centric for the management and storage of PQI cases. The staff work with the medical directors via email and folders for their review of the PQI cases. Implementation of the Jiva system is anticipated for Q1 2024 and will allow the medical directors to review the PQIs within the system. In addition, the system is expected to be physician-centric to better meet the needs of the PQI Investigations.

5.1.2 Facility Site Review (FSR) and Medical Record Review (MRR)

Background: To ensure compliance with DHCS contractual requirements, CalOptima Health is required to perform initial and subsequent PCP site reviews, consisting of a Facility Site Review (FSR) and a Medical Record Review (MRR), using the DHCS FSR and MRR tools and standards. FSRs are conducted to ensure that all contracted PCP sites have sufficient capacity to provide appropriate primary health care services and can maintain patient safety standards and practices. The FSR confirms the PCP site operates in compliance with all applicable local, state, and federal laws and regulations. MRRs are conducted to review medical records for format, legal protocols, and documented evidence of the provision of preventive care and coordination and continuity of care services.

Program Goals:

- A. Conduct Initial FSRs and verify each contracted PCP site has a passing score. If corrective action plans (CAPs) are issued, the site must correct all deficiencies to close CAP prior to adding the provider(s) to the CalOptima Health Provider Network and assigning members to the provider(s).
- B. Conduct Initial MRR after the PCP is assigned members (90–180 days) if members are assigned).
- C. Conduct subsequent site reviews, consisting of an FSR and MRR, at least every three years, beginning no later than three years after the initial FSR, and at least every three years thereafter.
- D. Utilize DHCS’ most current FSR and MRR tools and standards when conducting site reviews.
- E. Properly document and monitor the site review status of each contracted PCP site.
- F. Follow the established DHCS timeline for CAP notification and completion.
 - 1. Critical Element (CE) CAPs are due within 10 business days
 - 2. FSR and MRR CAPs timelines decreased from 45 to 30 days
- G. Monitor and evaluate the Critical Element criteria for all PCP sites between each regularly scheduled site reviews.
- H. Review the number of medical records according to the number of PCPs and population served.

Action/Interventions:

Description	Date of Completion
Complete Initial FSR and MRRs per DHCS requirements.	Ongoing
Complete Periodic FSR and MRRs within established DHCS timelines.	Ongoing
Close all issued FSR and MRR CAPs within established DHCS timelines.	Ongoing

Results:

Type of Reviews	The Number of FSRs, MRRs and CAPs Completed by Month											
	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep.	Oct	Nov	Dec
MY2023												
Number of Initial FSRs Completed	3	2	3	6	4	2	1	3	5	3	4	4
Number of Initial MRRs Completed	3	2	6	3	9	3	5	4	4	1	0	1
Number of Periodic FSRs Completed	14	15	11	2	1	2	8	16	17	17	5	8
Number of Periodic MRRs Completed	16	15	22	4	6	3	2	18	15	20	6	9
Number of CE CAPs Issued	10	14	15	14	16	6	6	17	7	13	4	10
Number of FSR CAPs Issued	14	14	11	12	6	4	10	17	14	18	7	8

MY2023	FSR and CAP Timeliness											
	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep.	Oct	Nov	Dec
% of Periodic FSRs Completed by Due Date	55% (N=11)	89% (N=18)	100% (N=6)	0 % (N=2)	N/A (N=0)	N/A (N=0)	83% (N=6)	100% (N=14)	86% (N=14)	94% (N=17)	80% (N=5)	90% (N=10)
Percentage of CE CAPs Closed by Due Dates	80% (N=10)	64% (N=14)	87% (N=15)	86% (N=4)	69% (N=16)	100% (N=6)	83% (N=6)	94% (N=17)	100% (N=7)	92% (N=13)	100% (N=4)	60% (N=10)
Percentage of FSR CAPs Closed by Due Dates	79% (N=14)	79% (N=14)	91% (N=11)	67% (N=12)	100% (N=6)	75% (N=4)	80% (N=10)	82% (N=17)	71% (N=14)	95% (N=18)	86% (N=7)	83% (N=8)

Quantitative Analysis:

- A. Initial FSRs and MRRs: Initial FSRs and MRRs were completed within established DHCS timelines. All CAPs issued were closed before provider(s) were added to the CalOptima Health provider network and assigned members.
- B. Periodic FSR and MRRs: In January 2023, Periodic FSRs that were completed within 3 years from the previous FSR increased.
- C. CE and FSR CAPs: The percentage of CE and FSR CAPs closed within established DHCS timelines ranged from 60%–100% in 2023.
- D. MRR CAPS: The percentage of MRR CAPs closed within established DHCS timelines ranged from 63%–100%. The average percentage of MRR CAPs closed on time was 84%.

Qualitative Analysis/Barriers:

- A. Rescheduling of audits to dates after the assigned due dates. At times, provider offices will cancel their scheduled audit and not be available until after the assigned due date. Reasons

for rescheduling include staffing issues at sites, COVID cases, and non-compliant providers/staff. Periodic FSRs are scheduled three months in advance, it is difficult to find available days to reschedule.

- B. Since September 2023, two of the five QI Nurse Specialists were on leave. The workload is divided between the remaining three QI Nurse Specialists.
- C. Loss of a QI Nurse Specialist position required to successfully complete CAPs and assist with CAP processes and procedures. Additionally, per DHCS CAP timelines, CE CAPs are due within 10 business days. FSR and MRR CAPs timelines decreased from 45 to 30 days on July 1, 2022. Outreach to the sites regarding outstanding CAPs include emails, faxes, and phone call reminders. Sites will submit CAP paperwork and supporting documents by the required due dates but when incomplete, the CAP closed date is missed.
- D. Updates to DHCS FSR and MRR criteria and Standards implemented July 1, 2022. Prior to the updates, periodic FSRs and MRRs could be completed by one QI Nurse Specialist in one day. With the updates, it requires one QI Nurse Specialist two separate days or two QI Nurse Specialists one day.

Conclusion and Next Steps:

- A. Recommendations include additional staff including an QI Nurse Specialist-LVN position and filling the open QI Nurse Specialist-RN position.
- B. Keeping open days on calendars to have days to complete rescheduled audits and continue to meet three-year turnaround time.

5.1.3 Physical Accessibility Reviews (PARS)

Background: To ensure compliance with DHCS contractual requirements, CalOptima Health is required to access the level of physical accessibility of provider sites that serve a high volume of Seniors and Persons with Disabilities (SPDs).

Program Goals:

- A. Conduct Initial PARS for primary care provider (PCP) sites in conjunction with the DHCS requirements for Initial Facility Site Reviews (FSRs).
- B. Conduct Initial PARS for high-volume specialty (HVS) sites when a newly contracted high-volume specialty provider joins the CalOptima Health Provider Network.
- C. Conduct Periodic PARs for PCP and HVS sites in accordance with the DHCS three-year cycle requirements for FSR and medical record review (MRR) audits.
- D. Use DHCS PARS (Attachment C) to access the physical accessibility of provider sites.
- E. Document level of access results met per provider site as either Basic Access or Limited Access.

Actions/Interventions:

Description	Date of Completion
Conduct Initial PARS for PCP sites in conjunction with Initial FSRs.	Ongoing
Conduct Initial PARS for HVS site when a newly contracted provider joins the CalOptima Health Provider Network.	Ongoing
Conduct Periodic PARS for PCP and HVS sites at least every three years.	Ongoing
Document level of access results as Basic or Limited.	Ongoing

Results:

PARS	Months											
	<i>Jan</i>	<i>Feb</i>	<i>Mar</i>	<i>Apr</i>	<i>May</i>	<i>Jun</i>	<i>Jul</i>	<i>Aug</i>	<i>Sep</i>	<i>Oct</i>	<i>Nov</i>	<i>Dec</i>
MY2023												
Number of PARS	51	43	39	27	34	24	16	24	21	30	24	24
Results with Basic Access	27	20	13	9	15	13	13	6	5	11	6	10
Results with Limited Access	24	23	26	18	19	11	3	18	16	19	18	14
Percentage of PARS with Basic Access	53%	47%	33%	33%	44%	54%	81%	25%	24%	37%	25%	42%
Percentage of PARS with Limited Access	47%	53%	67%	67%	56%	46%	19%	75%	76%	63%	75%	58%

Quantitative Analysis:

- A. Initial and Periodic PCP and HVS PARS were conducted according to DHCS requirements. The range of PARS completed each month ranged from 16–51. There are a greater number of sites with Limited Access than Basic Access.

Qualitative Analysis/Barriers:

- A. The results of FSR Attachment C are informational and unlike FSR Attachments A (Site Review Survey) and B (Medical Records Review Survey) do not require corrective action. Although efforts to enhance access for the SPD population are encouraged and additional information to make changes to better accommodate this population is offered, very few sites want to make changes/updates to their facilities.

Conclusion and Next Steps:

- A. Staff will continue to monitor PARS and track and trend performance to identify opportunities for improvement.

5.1.4 Provider Credentialing

Background: The Credentialing department is responsible for ensuring all practitioners are appropriate qualified to provide care to our members. Providers must be appropriately licensed and experienced in their field. This is accomplished by applying rigorous standards that verify

practitioner’s license, education, training, experience, certification, malpractice history, work history, and quality of care attributes. To become a participating provider in the CalOptima Health network, each provider must meet the minimum qualifications, as outlined by DHCS, NCQA, and CMS.

Program Goals:

- A. Credential and recredential CCN and BH providers
- B. Initial credentialing of non-BH providers to be completed 180 days from attestation date
- C. Initial credentialing of BH providers to be completed 60 days from attestation date
- D. Recredentialing to be completed within 36 months of last credentialing date

Actions/Interventions:

Planned Activities	Description	Date of Completion
Credentialing Verification Organization (CVO)	Issue a RFP to contract with the CVO to ensure compliance and timeliness of the initial credentialing and recredentialing files.	Q2, 2023
Credentialing Consulting Services	Consulting Group to review the credentialing process to identify gaps and improve the overall workflow.	Q2-Q3, 2023
Auditor Positions	Hiring of two auditors to help with the ongoing monitoring, auditing of internal files, oversight of delegated entities and the CVO.	1/14/2024 and 1/28/2024
Temporary Positions	Bring in temp positions to help with the management of the inboxes, the increase of BH providers and other duties	Continuous
Manager Position	Hiring of Credentialing Manager	8/14/2023
Staff Training	Engaged Symplr (Cactus Provider Management Platform) for additional Cactus training for the credentialing staff.	10/23/23-10/25/2023, 10/30/2023, 11/01/2023
Credentialing Application Updates	Revise credentialing applications to make them easier for providers and staff to navigate.	7/01/2023, as needed

Results:

The tables below depict the 2022/2023 Credentialing report for CalOptima Health.

CalOptima Health Credentialing Statistics (CCN Delegated Groups and CCN Non-Delegated)

	Q4 2022	Q1 2023	Q2 2023	Q3 2023
Initials	239	204	205	255
Recredentials	771	688	659	682
Total	1,010	892	864	937

Credentialing Statistics – CCN Delegated Groups

	Q4 2022	Q1 2023	Q2 2023	Q3 2023
Initials	179	148	144	182
Recredentialings	634	598	508	581
Total	813	746	652	763

Credentialing Statistics – CCN Non-Delegated

	Q4 2022	Q1 2023	Q2 2023	Q3 2023
Initials	60	56	61	73
Recredentialings	137	90	151	101
Total	197	146	212	174

Quantitative Analysis:

- A. In 2023, 253 practitioners completed the initial credentialing process, and 579 practitioners completed the re-credentialing process.
- B. Of those re-credentialed, 98.6% of those were re-credentialed successfully and timely. The number of those re-credentialed in 36-month timeframe was 571.
- C. Initial CCN providers credentialed show an increase from years 2021–2023. Increase occurred mostly with Behavioral Health providers.

Qualitative Analysis/Barriers:

- A. In January 2023, Governor Newsom changed the credentialing turnaround time (TAT) for providers who provide mental health and substance abuse services from 180 days to 60 days.
- B. DHCS has created provisions for providers to be added to the provider network if they are pending Medi-Cal enrollment. This requires the team to develop new process and workflows were tracking.
- C. With the implementation of CalAIM, there has been an increase in credentialing (or vetting) non-traditional providers (i.e., doulas, etc).
- D. Increased number of BH providers with a 60-day TAT
- E. Multiple staff changes in the Credentialing department
- F. The team did not have a Credentialing Manager for the first seven months of 2023.

Conclusion and Next Steps:

- A. CalOptima Health has worked with the consultant to identify strengths and opportunities for improvement. A work plan was developed and interventions will be considered for implementation in 2024.
 - 1. Strengths:
 - a. Staff has adapted to changing priorities for credentialing files.
 - b. Staff has been cross trained and are well rounded in multiple types of files to credential.
 - 2. Opportunities for Improvement:

- a. Promote communication to improve credentialing provider approval notification
- b. Desktop procedures
- c. Credentialing Requirements Spreadsheet
- B. Contract with a CVO and implement a process to conduct verifications of credentials on behalf of CalOptima Health.
- C. Contract with a vendor to obtain a single integrated provider lifecycle management system for credentialing, contracting and provider data management.

5.1.5 Provider Preventable Conditions (PPCs)

Background: CalOptima Health is required by DHCS to report PPC events in accordance with Title 42, Code of Federal Regulations (C.F.R), Section 438.3(g) and DHCS guidance, including All Plan Letter (APL) 17-009: Reporting Requirements Related to Provider Preventable Conditions. PPCs primarily occur in the hospital but may occur in other clinical locations. PPCs are identified by the medical directors when they are reviewing inpatient medical records and through claims review. When a PPC is identified, it is reported to DHCS via their web portal, and investigated as a PQI.

Program Goal: To appropriately identify the PPC for reporting to DHCS and quality-of-care issues.

Actions/Interventions: Ongoing identification of PPCs through monthly review of claims data performed by a PQI nurse.

Results:

- A. In 2023, two PPCs were identified; one was a vascular catheter-associated infection and the second was a deep vein thrombosis. A PQI investigation was conducted for both PPCs, and both cases were leveled “0” defined as “No quality of care or quality of service issue identified.”

Quantitative Analysis:

- A. The number of PPCs identified in 2023 increased over 2022, in which only one PPC was identified. In 2021, no PPCs were identified; in 2020, seven were identified.
- B. PPC review requires obtaining hospital medical records to determine if the diagnosis was present on admission, which would exclude the incident as a PPC.

Qualitative Analysis/Barriers:

- A. In 2021, the nurse supervisor (RN) had been responsible for the review of claims reports for PPCs. This individual left the Quality Improvement department, and the assignment was given to an LVN. In retrospect, it is believed that the LVN didn’t have the clinical expertise to perform this function. In 2023, the function was transferred to a RN to manage.

Conclusion and Next Steps:

- A. To ensure that the claims reports are adequately reviewed for PPCs, Quality Improvement staff will need to ensure that the RN has adequate bandwidth to perform the reviews. It is

believed that an additional RN will be hired and trained in Q1 2024, which should provide adequate support for the PPC review.

5.1.6 Incident Reports

Community-Based Adult Services (CBAS), Multipurpose Senior Services Program (MSSP), and Nursing Facilities (NFs) Critical Incidents

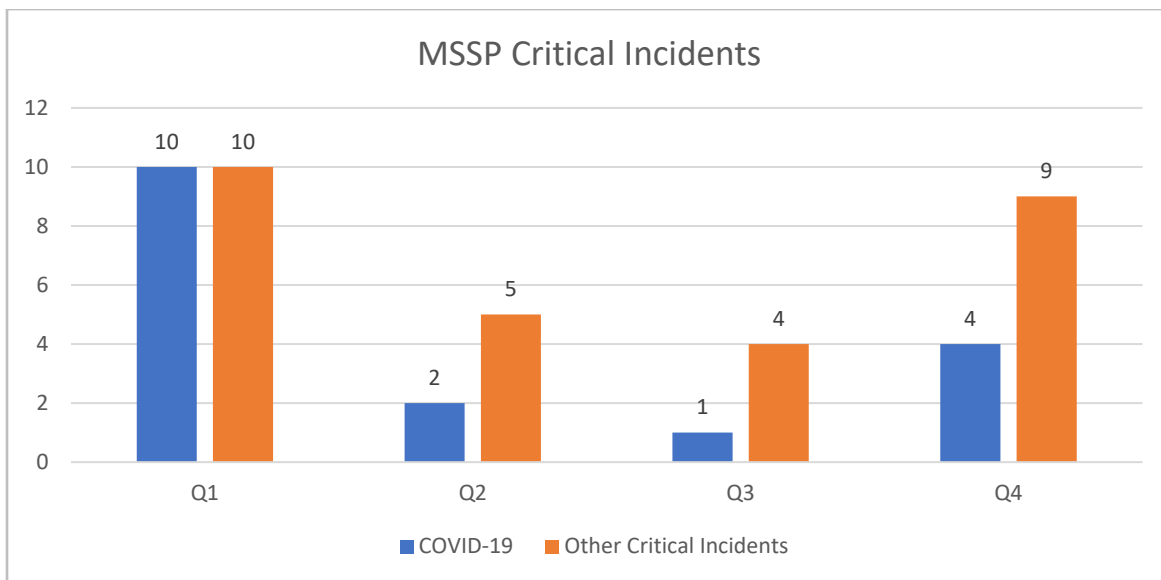
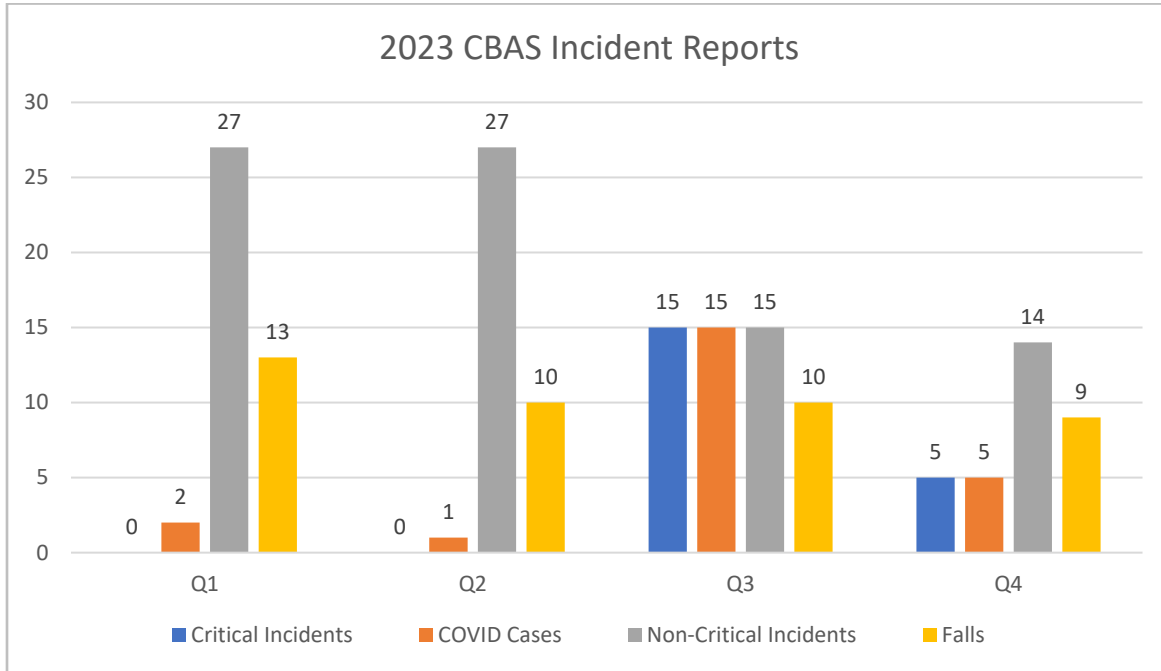
Background: As a requirement from DHCS, CalOptima Health CBAS, MSSP and Nursing Facilities report critical incidents. CBAS centers report other types of incidents, such as falls. The reports are reviewed by nurses in QI and a PQI investigation is opened, if warranted.

Program Goal(s): The Incident Reporting process is a tool for CalOptima Health to provide quality oversight for our members of these programs. Identification and investigation of Critical Incidents through the PQI process leads to clinical review by a medical director and action as needed. QI ensures that all non-COVID-19-related Critical Incidents have been reported to Adult Protective Services (APS).

Actions/Interventions:

Planned Activities	Description	Date of Completion
Critical Incident Reporting by Nursing Facilities	It was found that none of the contracted Nursing Facilities had reported Critical Incidents in 2023. Letters were sent to the Director of Nursing and Administrator of each Nursing Facility explaining the requirement and providing them with information on how to submit the reports.	Anticipated completion date January 2024.
Critical and Non-Critical Reporting by CBAS Centers	CBAS Centers submit reports of Critical and Non-Critical incidents to the QI department. In Q3 2023, Critical Incidents reports included COVID cases.	Ongoing
Critical Incident Reporting for MSSP	Social Workers at CalOptima Health report Critical Incidents when identified.	Ongoing
Report non-COVID-19-related Critical Incidents	Critical Incidents are reported as they occur to APS and quarterly in a report to DHCS.	Ongoing
COVID-19 related Incidents	If it is identified that a possible outbreak of COVID-19, or other communicable disease, is identified at any facility, QI will report it to the Orange County Health Care Agency.	Ongoing

Results:



Quantitative Analysis:

A. CBAS

1. The number of Critical Incident reports had declined since the beginning of COVID-19 pandemic.
2. As of Q3 2023, COVID cases were added in the Critical Incident report totals for CBAS Centers.
3. In Q1 and Q2, no Critical Incidents were reported, but non-Critical Incidents were much greater than in Q3 and Q4. The overall number of Incidents reported dropped in Q4.

B. MSSP

1. Both COVID-19 reported cases and Critical Incidents were greater in Q1 and Q4.
2. No reports were received for Nursing Facilities.

Qualitative Analysis/Barriers:

- A. In 2023, it was found that none of the Nursing Facilities had reported Critical Incidents. As a result, a letter was sent to each of the Nursing Facilities along with CalOptima Health's policy GG.1815: Long-Term Services and Supports Quality of Care Reporting that stipulates the requirement from the DHCS for this reporting to the Health Plan. Some of the Nursing Facilities called CalOptima Health after receiving the letter. Those that called stated that they were not aware of the requirement. Additional and ongoing education of the Nursing Facilities may be required.
- B. All the MSSP Critical Incidents were reported by the Social Workers in the LTSS Department at CalOptima Health and were related to a personal caregiver or family member, so no PQI investigation was needed.

Conclusion and Next Steps:

- A. The reporting of Critical Incidents from the Nursing Facilities was not successful. With the letter outlining the reporting requirements and ongoing education and updates being sent to Nursing Facilities, the number of Critical Incident Reports sent to CalOptima Health should increase.
- B. The reporting of Critical Incidents from the CBAS Centers was successful.

5.1.7 Encounter Data

Background: CalOptima Health's HNs must submit complete, timely, reasonable, and accurate Encounter data that adheres to the guidelines specified in the Companion Guides for facility and professional claim types and data format specifications. A HN submits Encounter data through the CalOptima Health File Transfer Protocol (FTP) site.

CalOptima Health semi-annually measures a HN's compliance with performance standards with regards to the timely submission of complete and accurate Encounter data, in accordance with Policy EE.1124 health Network Encounter Data Performance Standards. CalOptima Health utilizes retrospective Encounter data to conduct its evaluation. The measurement year is the 12 month calendar year. CalOptima Health provides each HN with a HN Encounter Data Scorecard to report a HN's progress check score and annual score relating to the status of the Health Network's compliance with Encounter data performance standards.

Goals:

- A. Medi-Cal
 1. A Shared Risk Group (SRG) shall be compliant with at least five of the eight Encounter data performance standards during each measurement year;
 2. A Physician Hospital Consortium (PHC) or Health Maintenance Organization (HMO) shall be compliant with at least six of the eight encounter data performance during each measurement year; and
 3. A pediatric PHC shall be compliant with at least five of the eight encounter data performance standards during each measurement year.
- B. OneCare

1. A Physician Medical Group (PMG) shall be compliant with at least three of the four encounter data performance standards during each measurement year.

Results:

Medi-Cal Encounter Performance Summary of Health Networks for CY 2022 Annual

**Encounter Performance Summary of Health Networks
CY 2022 Annual**

	Completeness								Accuracy		Timeliness	Total	Goal
	Inpatient Match	ER Match	PMPY ¹			Lab Services PMPY	Radiology Services PMPY	PCP/Member Match	Rejected-Records ¹		Encounter Timeliness		
			Ages 0 to 2	Ages 3 to 19	AGED Mbrs				Prof	Fac			
HMO04 - Kaiser	★ 97%	★ 90%	5.9	3.9	4.5	★ 8.3	★ 2.0	★ 100%	★ 0%	1%	★ 94%	7	8
HMO15 - Heritage	★ 87%	★ 91%	3.3	2.2	4.8	★ 19.2	★ 3.0	★ 100%	★ 1%	1%	★ 92%	7	8
HMO16 - Monarch	★ 90%	★ 88%	5.5	2.9	5.1	★ 14.0	★ 2.3	★ 100%	★ 0%	2%	★ 93%	7	8
HMO17 - Prospect	★ 90%	★ 93%	4.8	3.4	4.9	★ 17.5	★ 2.6	★ 100%	★ 0%	1%	★ 95%	7	8
PHC20 - CHOC	★ 96%	★ 94%	★ 5.3	★ 3.2				★ 90%	★ 0%	0%	★ 95%	6	6
PHC21 - Family Choice	★ 86%	★ 89%	5.3	3.0	4.8	★ 12.4	★ 1.9	★ 100%	★ 0%	1%	★ 90%	7	8
PHC58 - AMVI Care	★ 88%	★ 86%	4.4	2.6	3.2	★ 9.6	★ 1.8	★ 100%	★ 0%	1%	★ 83%	7	8
Standard	75%	75%	4.0	1.5	6.0	2.5	0.6	75%	5%	5%	75%		8
Average	91%	90%	4.9	3.0	4.5	13.5	2.3	99%	0%	1%	92%	7	
SRG64 - Noble		49%	4.1	2.2	4.5	★ 9.6	★ 1.6	★ 100%	★ 0%		★ 93%	5	6
SRG65 - Talbert		48%	4.1	2.5	4.0	★ 12.4	★ 2.4	★ 100%	★ 0%		★ 94%	5	6
SRG66 - ARTA		47%	3.9	2.4	3.7	★ 10.1	★ 1.7	★ 100%	★ 0%		★ 92%	5	6
SRG69 - Alta Med		45%	4.0	3.0	4.6	★ 12.2	★ 2.2	★ 100%	★ 0%		★ 93%	5	6
SRG82 - UCMG		48%	5.6	3.0	4.3	★ 9.4	★ 1.4	★ 100%	★ 0%		★ 95%	5	6
Standard			4.0	1.5	6.0	2.5	0.6	75%	5%		75%		6
Average		47%	4.3	2.6	4.2	10.7	1.9	100%	0%		93%	5	

¹Must meet all standards
ER Gap Scores are informational only for SRG Health Networks
HMO/PHC must meet 6 to avoid a CAP
SRG must meet 5 to avoid a cap

Medi-Cal Encounter Performance Summary of Health Networks for CY 2023 Semi-Annual

**Encounter Performance Summary of Health Networks
CY 2023 Semi-Annual**

	Completeness								Accuracy		Timeliness	Total	Goal
	Inpatient Match	ER Match	PMPY ¹			Lab Services PMPY	Radiology Services PMPY	PCP/Member Match	Rejected-Records ¹		Encounter Timeliness		
			Ages 0 to 2	Ages 3 to 19	AGED Mbrs				Prof	Fac			
HMO04 - Kaiser	★ 98%	★ 98%	6.2	3.2	4.9	★ 9.8	★ 2.0	★ 100%	★ 0%	1%	★ 98%	7	8
HMO15 - Heritage	★ 94%	★ 95%	2.9	1.8	4.5	★ 21.0	★ 3.0	★ 100%	★ 1%	1%	★ 97%	7	8
HMO16 - Monarch	★ 93%	★ 90%	4.7	2.2	4.2	★ 12.7	★ 2.3	★ 100%	★ 0%	3%	★ 97%	7	8
HMO17 - Prospect	★ 93%	★ 95%	5.0	2.2	4.8	★ 19.5	★ 2.6	★ 100%	★ 0%	2%	★ 98%	7	8
HMO83 - Family Choice	★ 97%	★ 96%	5.6	3.0	5.3	★ 14.7	★ 1.9	★ 100%	★ 0%	0%	★ 98%	7	8
PHC20 - CHOC	★ 87%	★ 94%	★ 5.5	★ 2.3				65%	★ 0%	0%	★ 100%	5	6
PHC58 - AMVI Care	★ 93%	★ 93%	4.7	1.9	2.4	★ 9.8	★ 1.8	★ 100%	★ 0%	1%	★ 98%	7	8
Standard	75%	75%	4.0	1.5	6.0	2.5	0.6	75%	5%	5%	75%		8
Average	94%	94%	4.9	2.4	4.0	14.6	2.3	95%	0%	1%	98%	7	
SRG64 - Noble		96%	4.0	2.0	4.3	★ 10.2	★ 1.7	★ 90%	★ 0%		★ 96%	5	6
SRG65 - Talbert		96%	3.9	1.8	4.2	★ 13.0	★ 2.5	★ 100%	★ 0%		★ 98%	5	6
SRG66 - ARTA		97%	3.3	1.6	2.9	★ 11.2	★ 1.7	★ 78%	★ 0%		★ 98%	5	6
SRG69 - Alta Med		96%	3.8	2	4.5	★ 11.4	★ 2.1	★ 100%	★ 0%		★ 98%	5	6
SRG82 - UCMG		96%	5.4	2.6	3.6	★ 9.4	★ 1.3	★ 100%	★ 0%		★ 97%	5	6
Standard			4.0	1.5	6.0	2.5	0.6	75%	5%		75%		6
Average		96%	4.1	2.0	3.9	11.0	1.9	94%	0%		97%	5	

¹Must meet all standards
PHC20 CHOC Lab and Radiology Services are informational only
ER Gap Scores are informational only for SRG Health Networks
HMO/PHC must meet 6 to avoid a CAP
SRG must meet 5 to avoid a cap
Semi Annual PMPY is annualized. Dates of Service = 1/1/2023 - 6/30/2023; Dates of Submission for Accuracy and Timeliness = 2/1/2023 - 7/31/2023

OneCare Encounter Performance Summary of Health Networks for CY 2023 Semi-Annual

Encounter Performance Summary of Health Networks CY 2023 Semi-Annual

	Completeness		Accuracy	Timeliness	Total Goal	
	PMPY		Rejected-Records	Encounter Timeliness		
	Overall Encounters	E&M Visits	Prof			
HMO15 - Heritage	★ 25.8	★ 9.4	★ 1%	★ 98%	4	4
HMO16 - Monarch	★ 24.4	★ 7.5	★ 0%	★ 99%	4	4
HMO17 - Prospect	★ 23.1	★ 7.0	★ 0%	★ 99%	4	4
PMG21 - Family Choice	16.1	★ 6.2	★ 0%	★ 100%	3	4
PMG52 - Talbert	★ 21.0	5.8	★ 0%	★ 99%	3	4
PMG64 - Noble	19.1	★ 6.3	★ 0%	★ 98%	3	4
PMG66 - Arta	17.2	★ 6.7	★ 0%	★ 99%	3	4
PMG69 - Alta Med	★ 28.0	★ 7.1	★ 0%	★ 99%	4	4
PMG82 - UCMG	17.5	★ 6.3	★ 0%	★ 98%	3	4
Standard	20.0	6.0	5%	90%		4
Average	21.4	6.9	0.0	99%	3.4	

Must meet 3 to avoid CAP

Quantitative Analysis:

- A. For Medi-Cal, while the Health Networks did not meet all the Encounter Data Performance Standards, the HNs met their minimum required numbers of standards to be considered compliant. Performance remained the same for all HNs between the CY 2022 Annual Scorecard to the CY2023 Semi-Annual Scorecard, with the exception of CHOC as their number of met standards went from 6 to 5.
- B. For OneCare, all HNs met the minimum three required Encounter Data Performance Standards and were compliant. Four HNs met all the Encounter Data Performance Standards. No available trending is available for OneCare since CY2022 data would include OneCare Connect encounters and the OneCare Connect Program sunset at the end of 2022.

Qualitative Analysis/Barriers:

- A. There are several reasons why CalOptima Health would not store a record of an encounter or a claim.
 1. The service provider does not send the encounter or claim to the HN.
 2. The HN denies or rejects the encounter or claim and the service provider does not resubmit.
 3. The HN does not send the encounter to CalOptima Health.
 4. CalOptima Health rejects the encounter, and the HN does not resubmit.
- B. Overall, the HNs sending complete, timely, reasonable, and accurate encounter data as measured by monthly reports and the Encounter Data Scorecards.

Conclusion and Next Steps:

- A. The annual scorecard will be published in July 2024.
- B. Staff will continue to monitor monthly data submissions and communicate any observed concerns promptly to the Health Networks.

5.1.8 External Quality Review (EQR) Recommendations

Background: In April 2023, Health Services Advisory Group, Inc. (HSAG), the External Quality Review Organization (EQRO) for DHCS, completed the 2021–22 EQR technical report. HSAG provided recommendations for improvement for CalOptima Health related to the EQR findings.

EQR Recommendations:

- A. Address the findings from the 2022 DHCS Audits & Investigations Division (A&I) Medical Audit of CalOptima by implementing the actions recommended by A&I.
- B. For both Well-Child Visits in the First 30 Months of Life measures, assess the factors, which may include COVID-19, that resulted in CalOptima Health performing below the minimum performance levels for these measures in measurement year 2021 and implement quality improvement strategies that target the identified factors. As part of this assessment, CalOptima Health should determine whether the member-focused interventions the plan previously implemented need to be revised or abandoned based on intervention evaluation results.

Actions/Interventions:

EQR Recommendations	Actions Taken
Audit Findings	<ul style="list-style-type: none"> • Added PSA oversight to the current Key Performance Indicator (KPI) dashboard for monitoring and oversight. • Added the Comprehensive HRA form to the website, developed a blood lead screening refusal form and provided training to the HNs and Providers. • Added the Comprehensive HRA form to the website, developed a blood lead gap report, updated the provider portal with alerts and conducted training for the HNs and Providers. • Updated internal desktops requirements, provided training to the HNs and updated audit tools. • Conducted training for staff and hired additional staff to improve the staff-to-case ratio. • Updated the Delegation Oversight dashboard to include turnaround times to be monitored on a quarterly basis for potential CAP issuance, provided training to the HN, and the HN implemented daily/quarterly monitoring. • Developed new processes to ensure declined potential quality of care grievances are reviewed by a Medical Director and provided training to staff. • Developed a process to ensure QI and UM correspond prior to the QIHEC meetings ensuring any compliance issues are discussed at the committee meeting.

EQR Recommendations	Actions Taken
Well-Child Visits in the First 30 Months of Life	<ul style="list-style-type: none"> • A root cause analysis was performed in the first half of 2023, identifying relevant issues, and developing successive strategies for improvement for implementation in the remainder of the calendar year. • Developed three strategies <ul style="list-style-type: none"> ○ Engage with providers to encourage use of newborn codes for well-care visits in the first 28 days of life. ○ Promote early Medi-Cal enrollment of newborns through outreach to pregnant members and new moms in collaboration with community partners and providers. ○ Collaborate with all HNs to ensure supplemental data is submitted throughout the year. • Implemented the following actions: <ul style="list-style-type: none"> ○ Live call campaigns to W30-2+ non-compliant list. ○ First and second birthday card reminders ○ Text message campaigns ○ Health Guide 0-2 years newsletter mailings ○ Member newsletter articles ○ Targeted mailings with well-child visit flyers ○ Integrated voice recognition (IVR) robocall campaigns ○ Development of W30 member detailed gap reports for health network distribution

Conclusion and Next Steps:

- A. Audit CAPs were accepted and closed.
- B. Well-Child Visits in the First 30 Months of Life met the minimum performance level for MY 2022.
- C. CalOptima Health will continue to monitor for compliance.

5.2 Keeping Members Healthy

5.2.1 Health Education

Background: During the COVID-19 pandemic, CalOptima Health discontinued in-person group classes, yet findings from the Population Needs Assessment (PNA) and incoming referrals from providers indicated the need for increased nutrition and physical activity knowledge. In 2023, the Health Education team re-launched in-person classes to address member needs and provide education about healthy food choices, exercise, and how to attain or maintain healthy weight. Shape Your Life (SYL) offers seven sessions without any prerequisite. The class is offered in English and Spanish.

Program Goals:

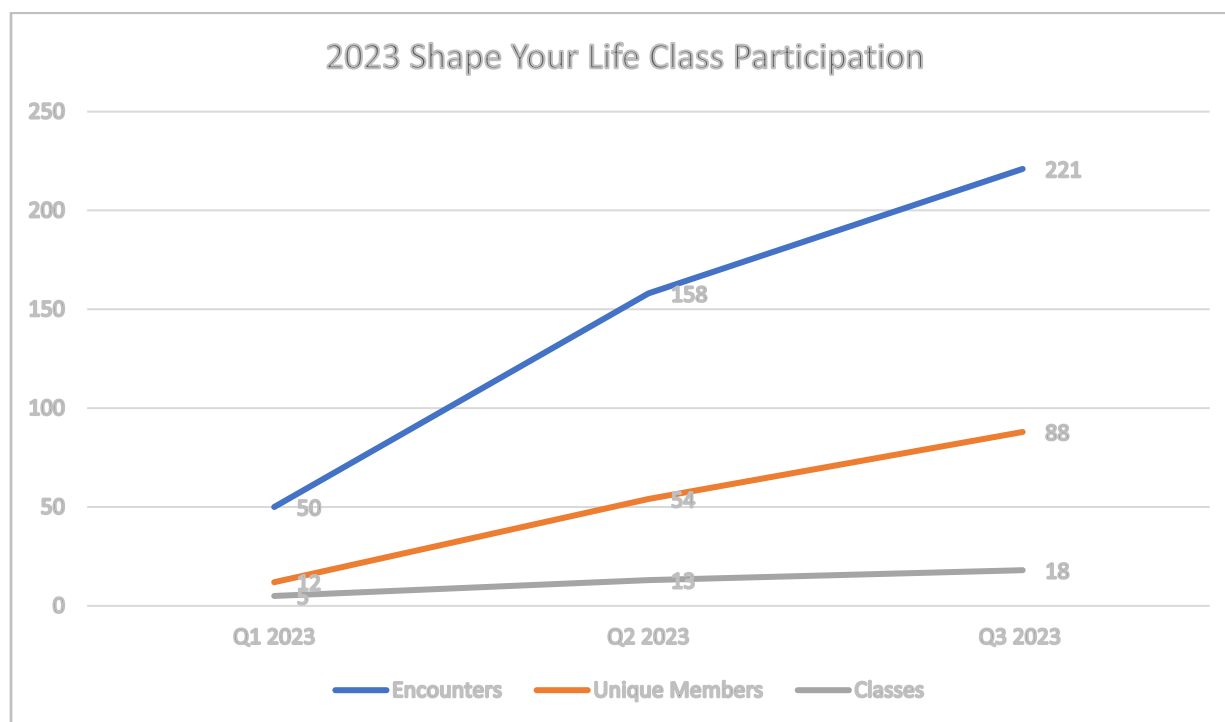
- A. Resume SYL classes by Q2 2023
- B. Increase class enrollment by 50% from Q2 to Q4.
- C. At least 40% of the participants will increase their knowledge of basic nutrition when comparing data from pre- and post-class assessments.

Actions/Interventions:

Planned Activities	Description	Date of Completion
Establish new partnerships for class locations	Using member data, staff identified community locations near where CalOptima Health members live and worked with community partners to schedule SYL classes in those locations.	Assessment completed and partnerships formed Q2 and Q3
Increase SYL Program participation by 50% from Q2 to Q4.	The Health Education team works on establishing a collaboration with community locations including family resource centers to host the SYL class so that it's easily accessible to members and community residents.	10/01/2023

Results:

A total of 41 classes (6 cohorts, 7 classes each) were held between March and October 2023, reaching 121 unique participants, including 86 children and 35 parents.



Quantitative Analysis:

- A. Resumed SYL classes by Q2 and increased class enrollment by 50% from Q2 to Q4. This goal was met.
 - i. The Health Education team formed partnerships with community centers that have a high density of Medi-Cal participants to offer SYL class and reduce service accessibility barriers. All class locations combined, participation increased from 12 unique members in Q1 to 54 in Q2 and to 88 in Q3.
- B. The goal to increase class participation to 50% was reached before the due date of October 1, 2023. This objective was met.

- i. Results from the SYL post-class assessments show that 45% of the participants increased their knowledge of basic nutrition.

Barrier/Qualitative Analysis:

- A. Offering consistent group health education classes at the same locations has been challenging due to lack of dedicated and accessible community spaces available for CalOptima Health use.
- B. Barriers to quick communication with members continues to be a concern since all text messages must receive DHCS approval first. For example, if a class is cancelled, sending a mass text message to all participants would be helpful in communicating the message faster.

Conclusion and Next Steps:

- A. After an extended hiatus due to the pandemic, SYL in-person classes resumed on March 2, 2023. Over the course of the year, there were a total of 41 classes taught throughout Anaheim, Orange, Santa Ana and virtually via Zoom. Member participation increased over the course of the year due to outreach efforts.
- B. Next steps include increasing SYL promotion efforts and collaborating with new community partners where SYL classes can easily be accessed by members. Virtual classes will be offered throughout the year, providing another option for members to receive health education services.

5.2.2 Adult Wellness

5.2.2.1 Adult Preventive Screenings (CCS, BCS, COL)

Background: According to the American Cancer Society, 1 in 2 men and 1 in 3 women will develop cancer in their lifetime. Breast cancer is the second most common cancer for American women while cervical cancer is one of the most common causes of cancer death for American women. In addition, colorectal cancer is the fourth most common cancer in men and women and the fourth leading cause of cancer-related deaths in the United States.

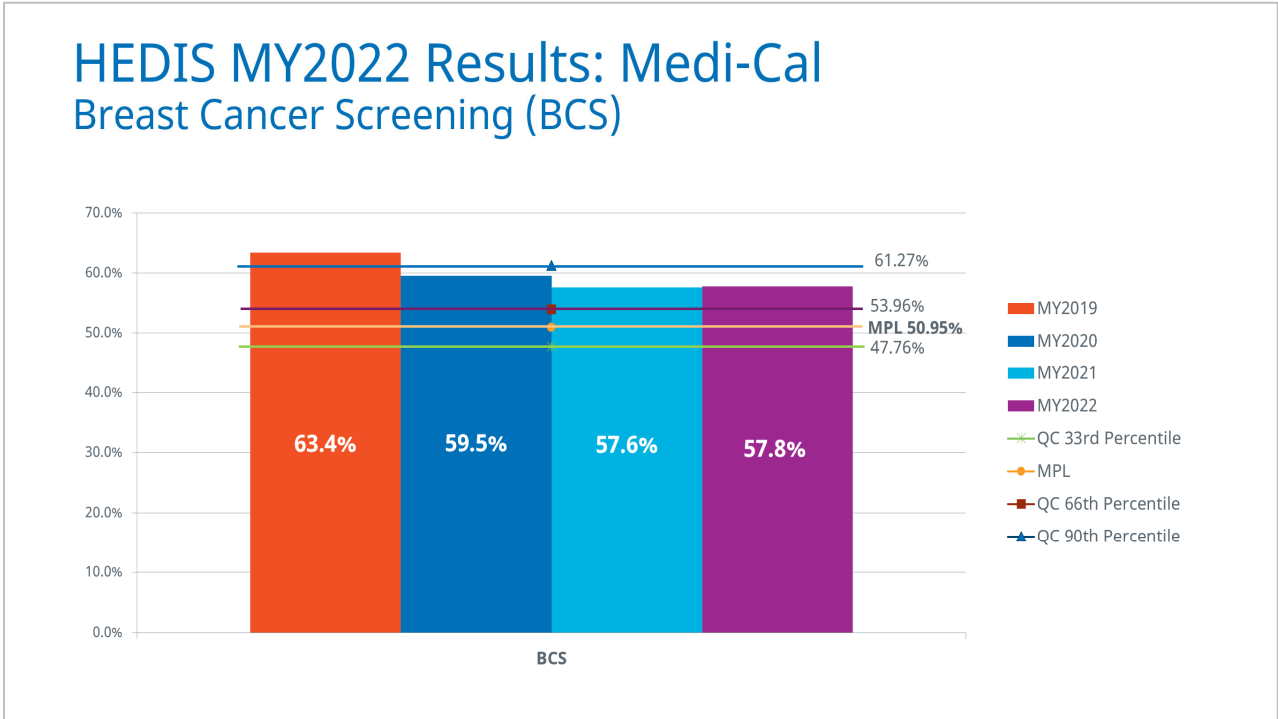
U.S. Preventive Services Task Force (USPSTF) has recommended screening for cervical, breast and colorectal cancers. Cancer screening tests can help find cancer at an early stage before symptoms appear. Early detection reduces the risk of dying from cancer and can lead to a greater range of treatment options and lower health care costs.

The following is an evaluation of the cancer screening performance measures for HEDIS. Cervical Cancer Screening and Breast Cancer Screening are part of DHCS MCAS for annual reporting by Medi-Cal managed care health plans. These measures are held to the MPL established by NCQA Quality Compass Medicaid 50th percentile. Breast Cancer Screening and Colorectal Cancer Screening measures are part of the CMS 5-Star quality rating system.

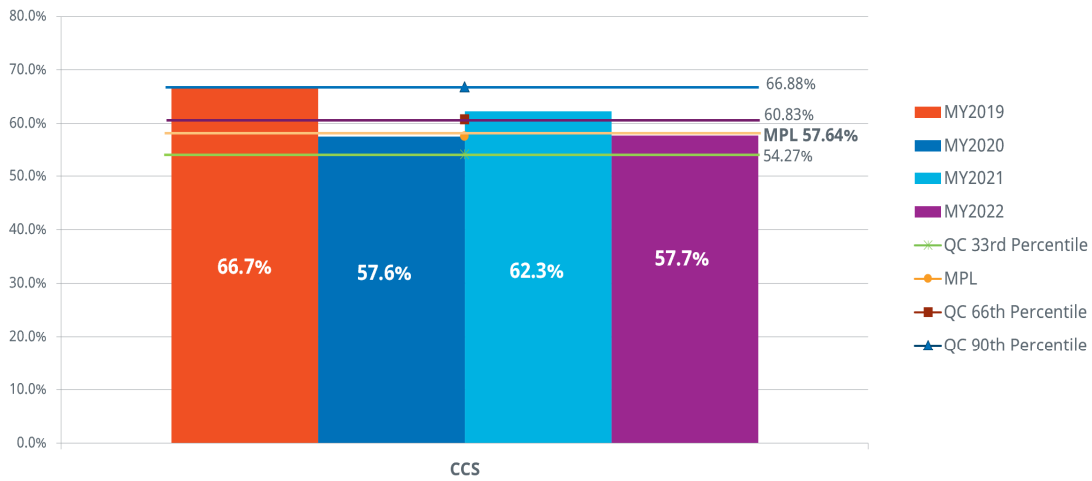
Goal(s):

Table below reviews the Medi-Cal and OneCare final rates for HEDIS MY2022 and goals for MY2022 and MY2023.

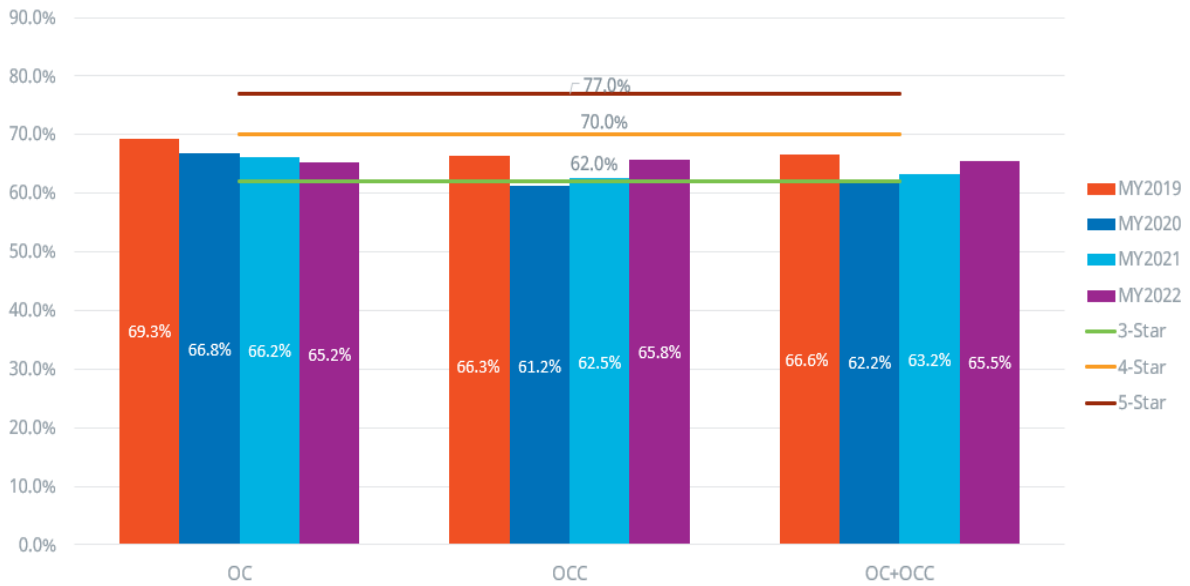
Acronym	Measure	MY2022 Medi-Cal Rate	MY2022 OneCare Rate	MY2022 Goal Met/Not Met	2023 Medi-Cal Goal	2023 OneCare Goal
CCS	Cervical Cancer Screening	57.73%	N/A	Medi-Cal: Not Met (59.12%)	62.53%	N/A
BCS	Breast Cancer Screening	57.81%	65.20%	Medi-Cal: Not Met (61.24%) OneCare: Not Met (69.00%)	61.27%	70.00%
COL	Colorectal Cancer Screening	N/A	64.23%	OneCare: Met (62.00%)	N/A	71.00%



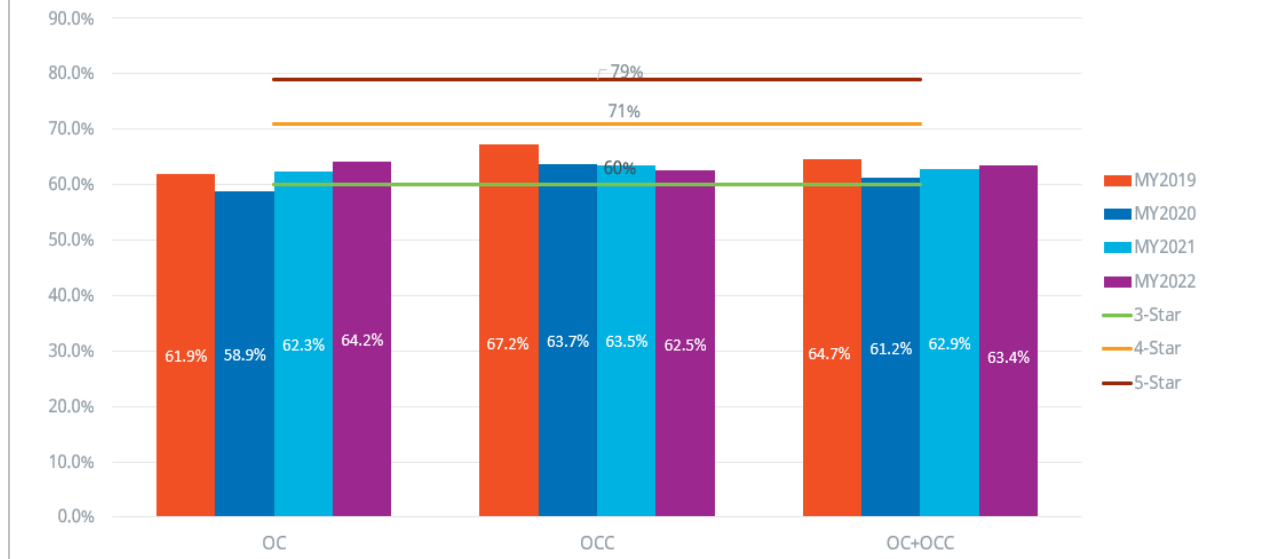
HEDIS MY2022 Results: Medi-Cal Cervical Cancer Screening (CCS)



HEDIS MY2022 Results: Medicare Breast Cancer Screening (BCS)



HEDIS MY2022 Results: Medicare Colorectal Cancer Screening (COL)



- A. Goal methodology for MY2023 is set based on the current reported performance and most current available benchmark. The Medi-Cal goal setting for MY2023 is based on the MY2021 reported performance results compared to the national percentile from the MY2021 NCQA Quality Compass. If the current reported rate reached NCQA Quality Compass percentile, then the goal was set to the next percentile. The OneCare goal setting for MY2023 is based on the MY2021 reported performance results compared to the Star Rating cutoff. If the current reported rate reached Star cutoff, then the goal was set to the next Star cutoff.
- B. CalOptima Health’s HEDIS MY2022 CCS hybrid rate for Medi-Cal was 57.73% and met the MPL of 57.64% but did not meet the MY2022 internal goal of 59.12%. CalOptima Health’s HEDIS MY2022 BCS rate for Medi-Cal was 57.81% and met the MPL of 50.95% but did not meet the MY2022 internal goal of 61.24%. CalOptima Health’s HEDIS MY2022 BCS administrative rate for OneCare was 65.20% and met the projected 3-Star of 62.00% but did not meet the MY2022 internal goal of 69.00%. CalOptima Health’s HEDIS MY2022 COL hybrid rate for OneCare was 64.23% and met the project 3-Star of 60.00% and met the MY2022 internal goal of 62.00%.

Actions/Interventions:

Planned Activities / Intervention	Target Population	Barriers	Completion Status	Measure
Member Health Reward	Member	<ul style="list-style-type: none"> Requires a signed/stamped attestation by the PCP or imaging center, which may prevent some members from participating in the health rewards Late finalization of forms resulted in late promotion in the year perhaps impacting lower participation rates 	In Progress	CCS BCS COL

Planned Activities / Intervention	Target Population	Barriers	Completion Status	Measure
Member Mailing	Member	<ul style="list-style-type: none"> • Incorrect or incomplete addresses • Members do not update their address with SSA • A significant percentage of mail is returned due to wrong addresses 	Completed	CCS BCS COL
IVR	Member	<ul style="list-style-type: none"> • Member has a do-not-contact notice • Incorrect land line or cell phone number • Member does not listen to full message or does not listen to voicemail. 	Completed	CCS COL
Text Messaging	Member	<ul style="list-style-type: none"> • Member has a do-not-contact notice • Incorrect cell phone number • Missing or member does not have cell phone number • Do not have verbal or written Telephone Consumer Protection Act (TCPA) consent for text messaging • Member has opted out of receiving text messages 	Completed	CCS BCS
Telephonic Outreach	Member	<ul style="list-style-type: none"> • Member has a do-not-contact notice • Incorrect contact number • Member does not pick up phone call and does not return voicemail message that is left • Limited staff resources to make calls • Calls initiated for yearend push may not have enough time to complete screening 	In Progress	BCS COL
Member Newsletter	Member	<ul style="list-style-type: none"> • Incorrect or incomplete addresses • Members do not update address with Social Security Office. • A significant percentage of mail is returned due to wrong addresses • Unable to measure member engagement 	Completed	CCS BCS COL
Wellness Calendar	Member	<ul style="list-style-type: none"> • Unable to measure member engagement 	Completed	BCS COL
Pay For Value (P4V)	Provider, HN	<ul style="list-style-type: none"> • Payment methodology is not aligned to the internal CalOptima Health goal 	In Progress	CCS BCS COL
CalOptima Health Website	Community	<ul style="list-style-type: none"> • Unable to measure member engagement 	In Progress	CCS BCS COL
Electronic Newsletter (Community Connections)	Community	<ul style="list-style-type: none"> • Unable to measure community engagement 	In Progress	CCS BCS COL

Planned Activities / Intervention	Target Population	Barriers	Completion Status	Measure
Paid Digital Ads	Community	<ul style="list-style-type: none"> Advertisement only in three threshold languages, English, Spanish and Vietnamese Inadequate duration and intensity/exposure to potential opportunity to see the campaign Limited by budget allotment 	In Progress	CCS BCS COL
Paid Print Ads	Community	<ul style="list-style-type: none"> Advertisement only in three threshold languages, English, Spanish and Vietnamese Inadequate duration and intensity/exposure to potential opportunity to see the campaign Limited by budget allotment 	In Progress	BCS COL
Paid Social Media Ads	Community	<ul style="list-style-type: none"> Advertisement only in three threshold languages, English, Spanish and Vietnamese Inadequate duration and intensity/exposure to potential opportunity to see the campaign Limited by budget allotment 	In Progress	CCS BCS COL
Passive Social Media Ads	Community	<ul style="list-style-type: none"> Advertisement only in three threshold languages, English, Spanish and Vietnamese Inadequate duration and intensity/exposure to potential opportunity to see the campaign 	In Progress	CCS BCS COL
Radio Ads	Community	<ul style="list-style-type: none"> Advertisement only in two threshold languages, Spanish and Vietnamese Inadequate duration and intensity/exposure to potential opportunity to see the campaign Limited by budget allotment 	In Progress	CCS COL
TV Ads	Community	<ul style="list-style-type: none"> Advertisement only in one threshold languages, English Inadequate duration and intensity/exposure to potential opportunity to see the campaign Limited by budget allotment 	In Progress	CCS BCS

Outreach Campaigns:

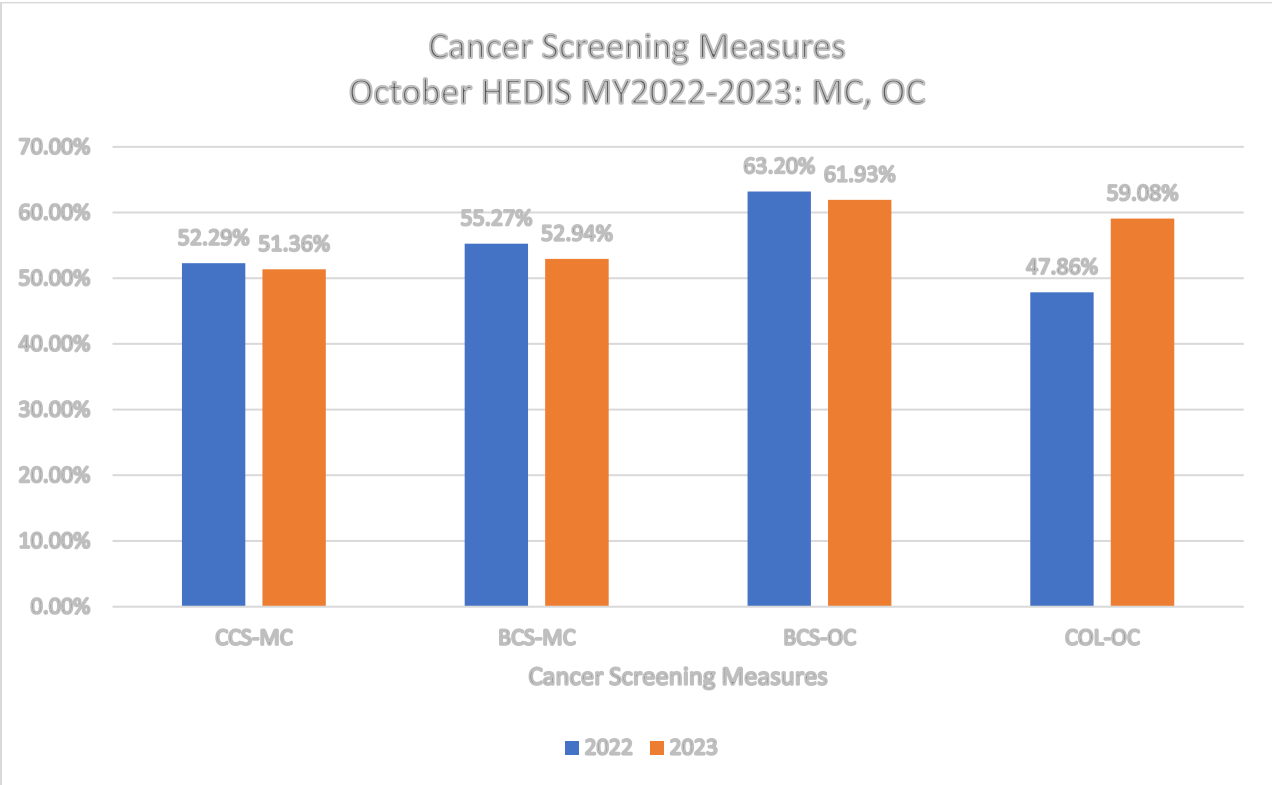
A. In February 2023, June 2023 and October 2023 text messaging campaigns were launched to a total of 224,798 Medi-Cal members due for cervical cancer screening. In February 2023, an automated phone call was received by 6,354 Medi-Cal members who were due for cervical cancer screening. Additionally, in April 2023 and November 2023, cervical cancer mailers were sent out to non-compliant members to engage them to complete a cervical cancer screening. In total 204,638 mailers were sent. A social media campaign both paid and unpaid was launched in January 2023 for Cervical Cancer Awareness month. Paid social media ads were targeted to cities that were identified as having a large non-compliant cervical cancer screening population. In collaboration with CalOptima Health's Communications department paid digital advertising, television advertising and radio advertising ran at different points during the MY2023 for cervical cancer screening

measure. Advertising ran in English, Spanish and Vietnamese as these are the top three languages spoken by CalOptima Health members. These ads further engaged members to complete cervical cancer screening tests.

- B. In April 2023, June 2023 and October 2023, text messaging campaigns were launched to a total of 208,602 Medical members due for breast cancer screening. No texting campaign was launched for OneCare members due to member abrasions concerns at the point in time when campaign was scheduled. In June 2023, breast cancer mailers were sent out to non-compliant members to engage them to complete breast cancer screening. In total 28,973 Medi-Cal and 2,270 OneCare mailers were sent out. Additionally, in June 2023 a OneCare retention mailing was sent out to 17,026 OneCare members. Beginning July 2023, a telephonic outreach campaign began for 2,278 OneCare members. A social media campaign, both paid and unpaid, was launched in October 2023 for Breast Cancer Awareness month. Paid social media ads were targeted to cities that were identified as having a large non-compliant breast cancer screening population. In collaboration with CalOptima Communication Department paid digital advertising, print advertising, television advertising and radio advertising ran at different points during the MY2023 for breast cancer screening measure. Advertising ran in English, Spanish and Vietnamese as these are the top three languages spoken by CalOptima Health members. These ads further engaged members to complete breast cancer screening tests.
- C. In February 2023, an automated phone call was received by 3,157 OneCare members that were due for colorectal cancer screening. No texting campaign was launched for OneCare members due to member abrasions concerns at the point in time when campaign was scheduled. In May 2023, colorectal cancer mailers were sent out to non-compliant members to engage them to complete colorectal cancer screening. In total 6,613 OneCare mailers were sent out. Additionally, in June 2023 a OneCare retention mailing was sent out to 17,026 OneCare members. Beginning July 2023, a telephonic outreach campaign began for 2,278 OneCare members. A social media campaign, both paid and unpaid, was launched in March 2023 for Colorectal Cancer Awareness month. Paid social media ads were targeted to cities that were identified as having a large non-compliant colorectal cancer screening population. In collaboration with CalOptima Health's Communications department paid digital advertising, print advertising ran at different points during the MY2023 for breast cancer screening measure. Advertising ran in English, Spanish and Vietnamese as these are the top three languages spoken by CalOptima Health members. These ads further engaged members to complete colorectal cancer screening tests.

Results:

CalOptima Health cancer screening rates for October HEDIS MY2022–MY2023 for Medi-Cal and OneCare are depicted below.



Claims/Encounters processed through October 2023

Quantitative Analysis:

A. Medi-Cal

1. Cervical Cancer Screening (CCS): Figure 1 above compares CalOptima Health Medi-Cal CCS prospective rates for October HEDIS MY2022–MY2023. The rates are based on the administrative data and represent the claims/encounters process through the month of October for each respective year. As of October 2023, the CCS prospective rate was 51.36%, which is lower than the October 2022 prospective rate of 52.29% by 0.93 percentage points.
2. Breast Cancer Screening (BCS): Figure 1 above compares CalOptima Health Medi-Cal BCS prospective rates for October HEDIS MY2022–MY2023. The rates are based on the administrative data and represent the claims/encounters process through the month of October for each respective year. As of October 2023, the Medi-Cal BCS prospective rate was 52.94%, which is lower than the October 2022 prospective rate of 55.27% by 2.33 percentage points.

B. OneCare

1. Breast Cancer Screening (BCS): Figure 1 above compares CalOptima Health OneCare BCS prospective rates for October HEDIS MY2022–MY2023. The rates are based on the administrative data and represent the claims/encounters process through the month of October for each respective year. As of October 2023, the BCS prospective rate was 61.93%, which is lower than the October 2022 prospective rate of 63.20% by 1.27 percentage points.
2. Colorectal Cancer Screening (COL): Figure 1 above compares CalOptima Health OneCare COL rates for October HEDIS MY2022–MY2023. The rates are based on the administrative data and represent the claims/encounters process through the

month of October for each respective year. As of October 2023, the COL prospective rate was 59.08% which is higher than the October 2022 prospective rate of 47.86% by 11.22 percentage points.

Qualitative Analysis/Barriers:

- A. Members did not visit their PCP during MY2023 so were not educated or reminded of the cancer screenings they were due for.
- B. Members may not complete their cancer screening because of discomfort associated with the procedure and/or fear of knowing the test results.
- C. Members may not be aware of the importance of cancer screening and/or frequency of screening especially after having a previous screening with a negative result.
- D. Appointment access could be limited due to scheduling ability and/or staff shortage resulting in long wait times for appointments.
- E. Due to data lag of approximately 90 days the October 2023 prospective rate may not provide the most accurate rate of completion for the cancer screening measures.
- F. Hybrid measures like Cervical Cancer Screening for Medi-Cal and Colorectal Cancer Screening for OneCare are hybrid measures that require medical record review therefore the actual final rate for MY2023 may be higher.

Disparity Analysis:

- A. Analysis Methodology: Disparity analysis was conducted for cancer screening measures based on the HEDIS MY2022 top 10 race/ethnicity administrative data by denominator. This was then compared to HEDIS MY2021 top 10 race/ethnicity administrative data by denominator to observe any changes from the previous year.
- B. Quantitative Analysis:
 - 1. Medi-Cal Cervical Cancer Screening: For CCS, rates are lowest for race/ethnicity group identified as No Response as compared to all other race/ethnic groups (41.21%) and dropped by 14.03 percentage points from the previous year (55.24%). When looking at the top three race/ethnicity groups by denominator count Vietnamese group had the highest rate at 65.82%, up from 65.65% from the previous year. While the group identified as White had the lowest rate at 47.47%, decreased from 48.69% from the previous year.
 - 2. Medi-Cal Breast Cancer Screening: For BCS, rates are lowest for race/ethnicity group identified as White as compared to all other race/ethnicity groups (46.36%) and dropped by 1.17 percentage points from the previous year (47.53%). When looking at the top three race/ethnicity groups by denominator count Vietnamese group had the highest rate at 67.74%, up from 66.03% from the previous year. While the group identified as White had the lowest rate at 46.36%, decreased from 47.53% from the previous year.
One Care Breast Cancer Screening: For BCS, rates are lowest for race/ethnicity group identified as White as compared with all other race/ethnic groups (57.70%) and dropped 0.87 percentage points from the previous year (58.57%). When looking at the top three race/ethnicity groups by denominator count Hispanic group had the highest rate at 69.64%, up from 68.89% from the previous year. While the group identified as White had the lowest rate at 57.70%, decreased from 58.57% from the previous year.

3. OneCare Colorectal Cancer Screening: For COL, rates are lowest for race/ethnicity group identified as Filipino as compared to all other race/ethnic groups (51.16%) and dropped by 10.1 percentage points from previous year (61.29%). When looking at the top three race/ethnicity groups by denominator count Other group had the highest rate at 60.17%, up from 40.00% from the previous year. While the group identified as White had the lowest rate at 52.79%, decreased from 55.08% from the previous year.

Conclusion and Next Steps:

- A. Continue Health Rewards for eligible CalOptima members for CCS, BCS and COL measures. In anticipation that in MY2024 the COL measure will be held to the MPL for MCAS, CalOptima Health will expand health reward offering to include COL member health reward for eligible Medi-Cal members. Continue to increase participation in the program and motivate members to schedule and complete cancer screenings.
- B. The hybrid CCS measure reached MPL in MY2022 by a small margin. The new national benchmark was released in September 2023 and the MPL has decreased from 57.64% to 57.11%. Opportunity remains to increase the Hybrid CCS measure. To illicit member barriers for completing cervical cancer screening, CalOptima Health will initiate two-way texting campaign for CCS measure.
- C. Also, CMS has announced that they are removing the hybrid reporting method for COL in MY2024 and transitioning the measure to electronic clinical data systems (ECDS) reporting in MY2024 which may have an impact on Star Ratings 2026. The measure should continue to be a high priority for quality initiatives and member engagement.
- D. Have more direct collaboration with CCN providers and health network quality teams. This will include presenting cancer screening information to important stakeholders throughout the year.
- E. Creation of member initiatives that identifies members that have multiple gaps in care that can be closed in one visit to minimize member abrasion. As well as look into disparity analysis to target race/ethnicity groups that have the highest need.
- F. Collaborate with provider groups, federally qualified health centers (FQHCs), health networks that hold the most members and have low screening rates for improvement projects.
- G. Will use disparity analysis to develop interventions to target higher risk members with health inequities caused by race/ethnicity.
- H. CalOptima Health will retain CCS, BCS and COL measures on the 2024 QI Work Plan and continue to focus on preventive care screenings to address expected dips in utilization by conducting multicomponent interventions (mailers, automated calls and text messaging) to increase demand for cancer screenings.
- I. Will use disparity analysis to develop interventions to target higher risk members with health inequities caused by race/ethnicity.

5.2.2.2 CalOptima Health Comprehensive Community Cancer Screening Program

Background: In December 2022, the CalOptima Health Board of Directors approved the Comprehensive Community Cancer Screening and Support Program with an allocation from IGT 10 funds not to exceed \$50.1 million over five years.

Program Goals: The goals of the program are to increase early detection through improved awareness and access to cancer screening, decrease late-stage cancer diagnosis rates and mortality, and improve quality and member experience during cancer screening and treatment procedures among Medi-Cal members for breast, cervical, colorectal and lung cancer in certain smokers. To reach these goals the following pillars are prioritized:

- A. Raising cancer awareness and engagement especially among high-risk members and county residents
- B. Increasing member options to access cancer screenings and treatment centers
- C. Improving member experience throughout their cancer care journey

Actions/Interventions:

Planned Activities	Description	Date of Completion
Assessment of Barriers and Opportunities	Sought community input regarding barriers and opportunities for cancer awareness and education, access to screenings and improved member experience through cancer treatment.	January to July 2023
Mammogram Pilot with City of Hope	Partnered with City of Hope to develop and implement a small mammogram pilot for CCN members who were overdue for a breast cancer screening.	May to July 2023
Website Development	Initiated development of a cancer screening webpage to be prominently placed on caloptima.org website so members can readily find information on cancer for every stage of their health journey.	June to December 2023
Cancer Data Dashboard	Initiated development of a cancer data dashboard to be used as an internal tool for cancer data to inform future pilots and interventions. Complete dashboard expected for January 2024.	August to December 2023
Board Actions	Sought Board approval to develop and implement a four-year Comprehensive Cancer Screening and Awareness campaign. Drafted a request for approval to seek Board approval of a Notice of Funding Opportunity to develop a grant program to support local organizations that aim to increase access to cancer screenings and improve member experience throughout cancer treatment.	November 2023 December 2023

Results:

The following table provides accomplishments by intervention/activity. Whereas most activities are programmatic and operational, the City of Hope Mammogram Pilot includes measurable outcomes. Thus, the remaining analysis will be focused on the mammogram pilot.

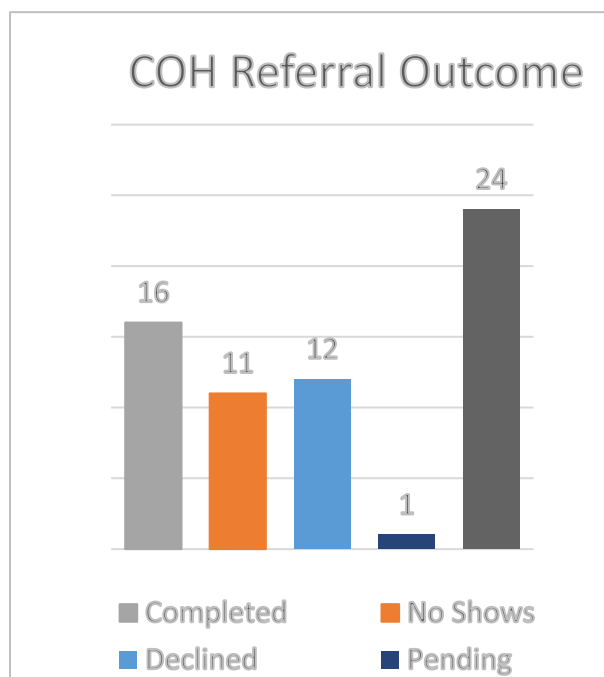
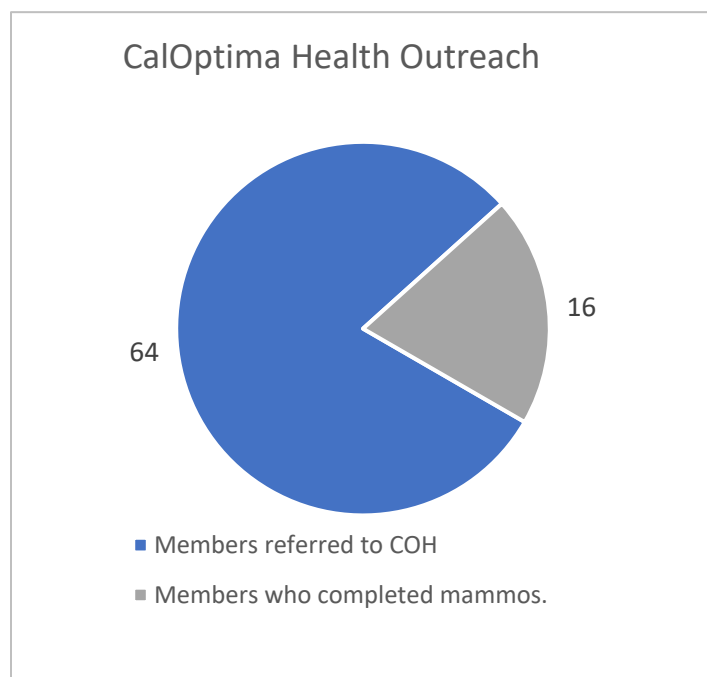
Planned Activities	Description	Date of Completion
Assessment of Barriers and Opportunities	<ul style="list-style-type: none"> • Held discovery meetings with UCI Chao Family Comprehensive Cancer Center, Orange County Cancer Coalition (comprised of 19 organizations) and the Coalition of Orange County Community Health Centers • Survey conducted by the Coalition of Orange County Community Health Centers to gather information across the Coalition membership related to breast and colon cancer screening, awareness/education, and treatment • Developed and implemented a survey to assess the capacity of contracted community health centers for mammography screenings and access to on-site mammography equipment 	Q1-Q2, 2023
Mammogram Pilot with City of Hope	<ul style="list-style-type: none"> • Assembled a high-performing team for expedited pilot development and implementation • Developed pilot workflow and process for collaboration across organizations • Communicated with member assigned provider regarding the pilot. CalOptima Health’s Health Educators reached out to 366 CCN members who were overdue for a mammogram screening with the goal to have at least 50 complete mammograms • Of 64 members referred to City of Hope, only 16 (32%) completed mammogram 	Q2-Q3, 2023
Website Development	<ul style="list-style-type: none"> • Assembled an ad hoc team to support development of website concept • Researched and developed content to be vetted by Medical Management and submitted to Member Material Approval • Collaborated with Communications department for website design • Home page is live while other sections are in development for a full launch scheduled for January 2024 	Q2-Q4, 2023
Cancer Data Dashboard	<ul style="list-style-type: none"> • Developed dashboard criteria • Drafted dashboard mockup • Collaborated with Quality Analytics to build dashboard • Dashboard expected to be completed by January 2024 	Q3-Q4, 2023
Board Actions	<ul style="list-style-type: none"> • Comprehensive Cancer Screening and Awareness campaign COBAR approved in November 2023 by the CalOptima Health Board of Directors • Notice of Funding Opportunity request for approval drafted and submitted to Clerk of the Board for approval at the December 2023 Board of Directors meeting 	Q4, 2023

Quantitative Analysis: Mammogram Pilot with City of Hope

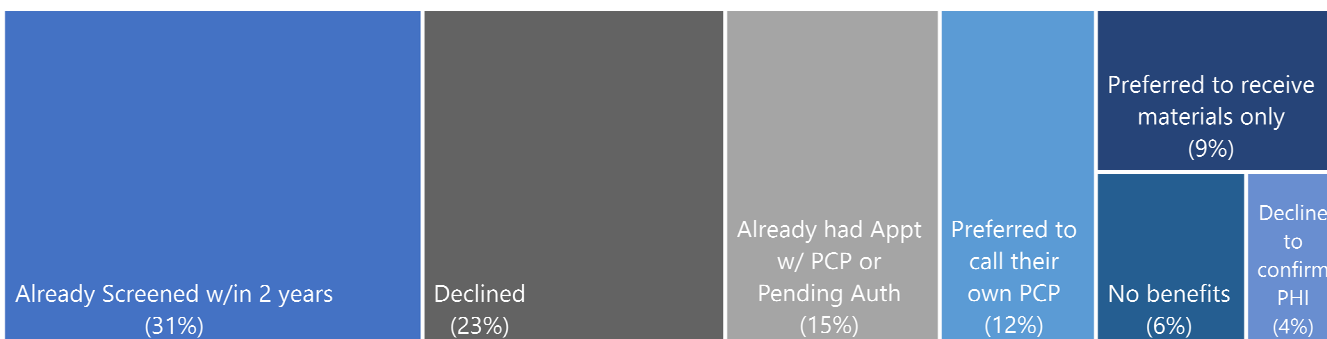
In May 2023, CalOptima Health launched a breast cancer screening pilot in partnership with City of Hope Lennar Foundation Cancer Center in Irvine. The pilot was designed for a small cohort of CCN members with the goal to complete 50 mammograms over two months. A secondary goal was to evaluate existing processes for improvement opportunities. The cohort initially focused on seven select providers with the highest rates of members overdue for a mammography screening. Once implemented, the pilot was extended to four months, expanded to six additional providers

and had two phases. The following table provides outcome information on 366 CCN members outreached for participation in the pilot.

Goal	CalOptima Health Member Outreach					City of Hope Outreach Outcome			
Goal and % completed	Members Called	Opted out/declined/ineligible	Referred to PCP*	Unable to Contact (UTC)	Sent to City of Hope	Trans. Request	Appts. Scheduled	Mammo. Screening Completed	Additional Screening Indicated
50 (32% of goal met)	366	137	8	153	64	22	27	16	2



For the 137 members who opted out of participation at point of outreach by CalOptima Health, the following reasons were noted by the health education team conducting the outreach:



Qualitative Analysis: Mammogram Pilot with City of Hope

Although only 32% of the completed mammogram goal was accomplished, the pilot provided a significant opportunity to evaluate existing processes for improvement and best practices for future pilot developments, including the importance of:

- A. Having the ability to assemble a team within the PHM department with the adequate skill set and process knowledge to develop project plans, pilot implementation workflows and tools in an expediated manner.
- B. Having pilot driven by senior leadership and Medical Directors with the right decision-making power for expediated approval and authorizations needed for internal process requests.
- C. Having weekly huddles with pilot partners to communicate process improvement opportunities and discuss progress in real time.

Barriers documented through the pilot can be grouped by barriers related to program design and barriers related to member engagement and screening.

A. Program Design Barriers

- 1. Initial pilot ideation happened between Medical Management and City of Hope, leaving out key staff that would be responsible for development and implementation.
- 2. Dedicated staffing resources have not been assigned to the program; thus, health educators were pulled from their ongoing projects to be able to support development of workflows and other implementation tools.
- 3. The pilot had a very aggressive implementation timeline, which did not allow sufficient time for meaningful provider engagement during the pilot development phase.

B. Member Engagement and Screening Barriers

- 1. Lack of availability of screening appointments outside of traditional business hours
- 2. Members' comfort level discussing mammogram screenings outside of their trusted primary care provider office
- 3. A significant drop in members who agreed to participate at the point of the outreach call and declined participation when contacted for scheduling by City of Hope. (of 64 members sent to COH only 25% followed through with screening mammogram).

Conclusion and Recommendations: Mammogram Pilot with City of Hope

The pilot did not accomplish the measurable objective of having at least 50 members complete a screening mammogram. However, the learnings from the pilot were significant. Thus, the secondary goal of the intervention is deemed successful.

Based on analysis of data, key success and barriers, the staff involved in the pilot development and implementations offer the following considerations for future pilots.

- A. Engage a cross-functional team early in the ideation and implementation phases of the pilot, including internal representation from Utilization Management and Provider Relations and external representation from primary care providers and their clinical management staff.

- B. Engage health care navigator at PCP offices to conduct outreach calls and get members scheduled for mammogram screenings.
- C. Ensure outreach and availability of screening appointments during non-traditional hours including evenings and weekends.

Next Steps:

The first year of the Comprehensive Community Cancer Screening and Support Program was focused on discovery, assessing barriers, brainstorming opportunities, taking a deep dive into cancer data, and seeking out approvals to be able to act on the areas of discovery. In 2024, the program is moving from discovery to actions that would have a more direct and meaningful impact on members, including the following:

- A. Develop the Comprehensive Awareness and Education campaign in collaboration with internal and external stakeholders.
- B. Release a Notice of Funding Opportunity and approving grant funding for organizations to work towards a shared goal of increasing awareness and access to cancer screening, decreasing late-stage cancer diagnosis rates and mortality, and/or improving quality and member experience during cancer screening and treatment.
- C. Engage providers and their office staff through CCN Virtual Meetings and CME/CU learning opportunities.
- D. Launch the Cancer Screening and Supports Website to ensure information regarding cancer is prominently placed in the CalOptima Health website for members to have easier access to information and resources.
- E. Finalize a cancer data dashboard to inform focus interventions and program designs.
- F. Continue partnering with cancer institutions to develop pilots and programs that align with the program goals.

5.2.3 Maternal Health

5.2.3.1 Prenatal and Postpartum Care (PPC)

Background: Each year, about four million women in the U.S. give birth, with one million women having one or more complications during pregnancy, labor and delivery or the postpartum period. Timely and adequate prenatal and postpartum care can set the stage for the long-term health and well-being of new mothers and their infants.

Joint guidelines published by the American Academy of Pediatrics (AAP) and the American College of Obstetricians and Gynecologists (ACOG) recommend a prenatal visit in the first trimester for all women. Babies of mothers who do not get prenatal care are three times more likely to have low birth weight and five times more likely to die than those born to mothers that get prenatal care. ACOG also recommends that all women have a comprehensive postpartum visit which provides an opportunity to address physical, mental, and emotional health early.

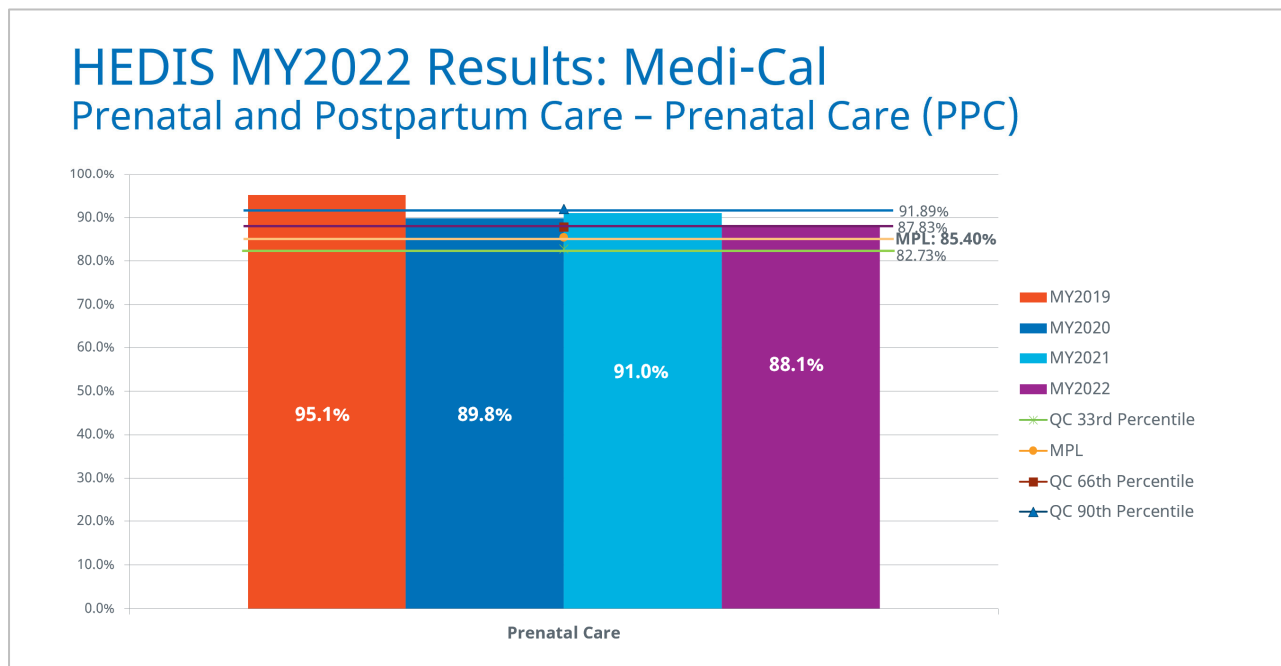
Prenatal and Postpartum Care (PPC) is a hybrid quality performance measure for HEDIS and is part of the DHCS MCAS that is held to a MPL established by NCQA Quality Compass Medicaid 50th percentile. The measure has two components that assesses the following for deliveries on or between October 8 of the year prior to the measurement year and October 7:

- A. Timeliness of Prenatal Care (TOPC): the percentage of deliveries that received a prenatal care visit in the first trimester or within 42 days of enrollment in the organization.
- B. Postpartum Care (PPC): the percentage of deliveries that received a postpartum care visit on or between 7 and 84 days (1–12 weeks) after delivery.

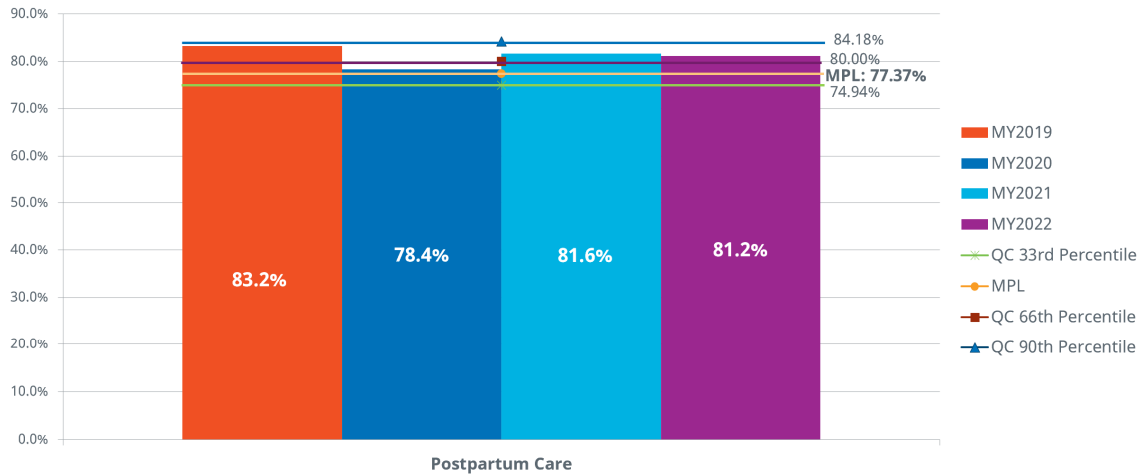
Program Goal(s):

MY2023 Work Plan Goals

Acronym	Measure	MY2022 Medi-Cal Rate	2022 Medi-Cal Goal	MY2022 Goal (Met/Not Met)	2023 Medi-Cal Goal
TOPC (hybrid)	PPC: Timeliness of Prenatal Care	88.08%	90.75%	Goal Not Met	91.89%
PPC (hybrid)	PPC: Postpartum Care	81.15%	79.56%	Goal Met	84.18%



HEDIS MY2022 Results: Medi-Cal Prenatal and Postpartum Care – Postpartum Care (PPC)



- Table 1 reviews the goals for MY2022 and MY2023 and the Medi-Cal final rates for HEDIS MY2022.
- Goal methodology for 2023 is set based on the current reported performance and most current available benchmark. The Medi-Cal goal setting for MY2023 is based on the MY2021 reported performance results compared to the national percentile from the MY2021 NCQA Quality Compass. If the current reported rate reached NCQA Quality Compass percentile, then the goal was set to the next percentile.
- CalOptima Health's HEDIS MY2022 TOPC Medi-Cal hybrid rate for was 88.08% and met the MPL of 85.40% but did not meet the internal MY2022 QI Work Plan goal of 90.75%. CalOptima Health's HEDIS MY2022 PPC Medi-Cal hybrid rate was 81.15% and met the MPL of 77.37% and met the MY2022 QI Work Plan goal of 79.56%.

Actions/Interventions:

List of MY2023 Medi-Cal Initiatives for Timeliness of Prenatal Care, Postpartum Care

Planned Activities / Intervention	Intervention Type	Barriers	Completion Status	Measure
Postpartum Care Health Reward	Member	<ul style="list-style-type: none"> Requires a signed/stamped attestation by a provider which may prevent some members from participating in the health rewards. Members may have already visited the provider and would prefer not to go back to obtain provider signature/stamp. 	In progress	PPC

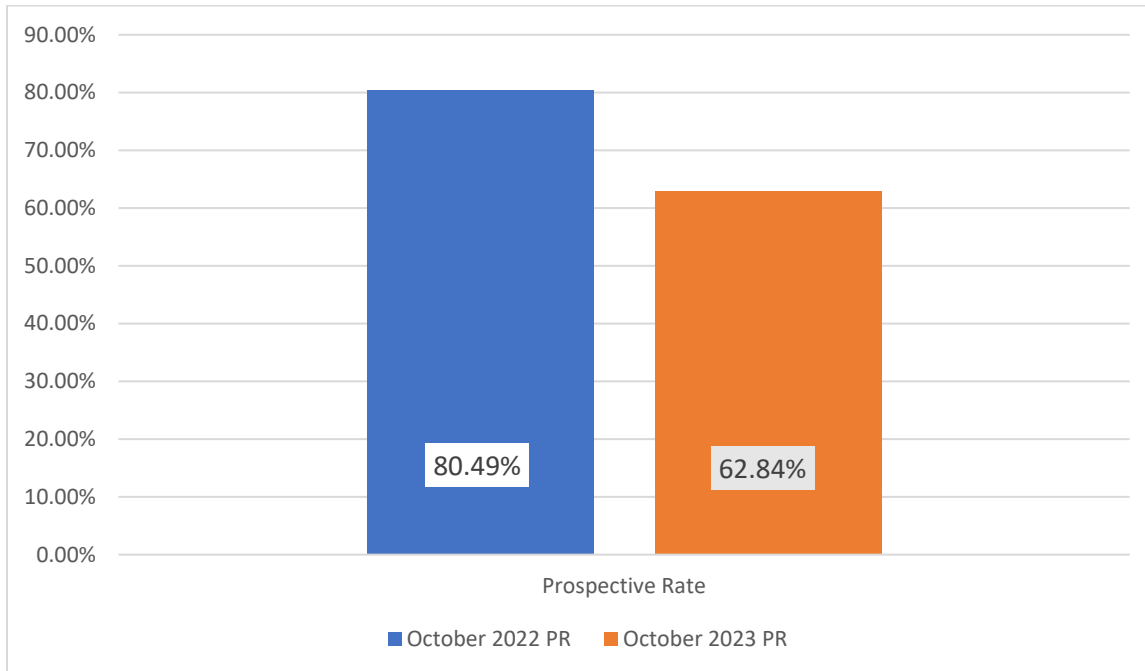
Planned Activities / Intervention	Intervention Type	Barriers	Completion Status	Measure
Provider notification of available Health Rewards which include Postpartum Care	Provider	<ul style="list-style-type: none"> Potential for distribution not to reach all intended providers 	Completed	PPC
Year-end push: Postpartum care reminder text message campaign	Member	<ul style="list-style-type: none"> Only targeted a small portion of members in the PPC denominator. Dependent on correct member contact data Cannot outreach to members with a do- not-contact notice Member has opted out of receiving text messages 	Completed	PPC
Year-end push: Postpartum care reminder call campaign	Member	<ul style="list-style-type: none"> Calls were initiated for year-end push may not have enough time to complete screening 	Completed	PPC
Paid Digital and Social Media Ad	Community	<ul style="list-style-type: none"> Education to the community at large and may not directly impact members Limited to three languages English, Spanish and Vietnamese Limited by budget 	In Progress	TOPC PPC
PBS TV Ad for Maternal Health	Community	<ul style="list-style-type: none"> Advertisement only in English Unable to measure member impact or engagement 	In Progress	TOPC PPC
Passive Social Media Ads	Community	<ul style="list-style-type: none"> Advertisement only in three threshold languages, English, Spanish and Vietnamese Inadequate duration and intensity/exposure to the campaign Unable to measure member impact or engagement 	In Progress	TOPC PPC
Member Newsletter	Member	<ul style="list-style-type: none"> Incorrect or incomplete addresses We depend on member addresses that are often not updated with Social Services Agency A significant percentage of mail is returned due to wrong addresses Unable to measure member impact or engagement 	Completed	PPC
CalOptima Health Website	Member	<ul style="list-style-type: none"> Unable to measure member engagement or impact 	In Progress	TOPC PPC

Planned Activities / Intervention	Intervention Type	Barriers	Completion Status	Measure
Pay For Value (P4V)	Provider, HN	<ul style="list-style-type: none"> Payment methodology is not aligned to the internal CalOptima Health goal 	In Progress	TOPC PPC
Data Bridging of hospital admission and discharge data for the identification of deliveries to support timely postpartum messaging to members	Data	<ul style="list-style-type: none"> Access to a select number of hospital data 	In Progress	PPC
Coalition of OC Community Health Centers - CCN Clinical Quality Champion Pediatric Measures Presentation on measure, coding requirements.	Provider	<ul style="list-style-type: none"> Meeting attendees may not be the practicing providers who would benefit from information 	Completed	TOPC PPC

Results:

- A. The figure below compares the prospective rates for October 2022 with the prospective rates for October 2023 for Timeliness of Prenatal Care (TOPC). Prospective rate (PR) refers to claims/encounters processed through October and represents administrative data. TOPC is a hybrid measure.

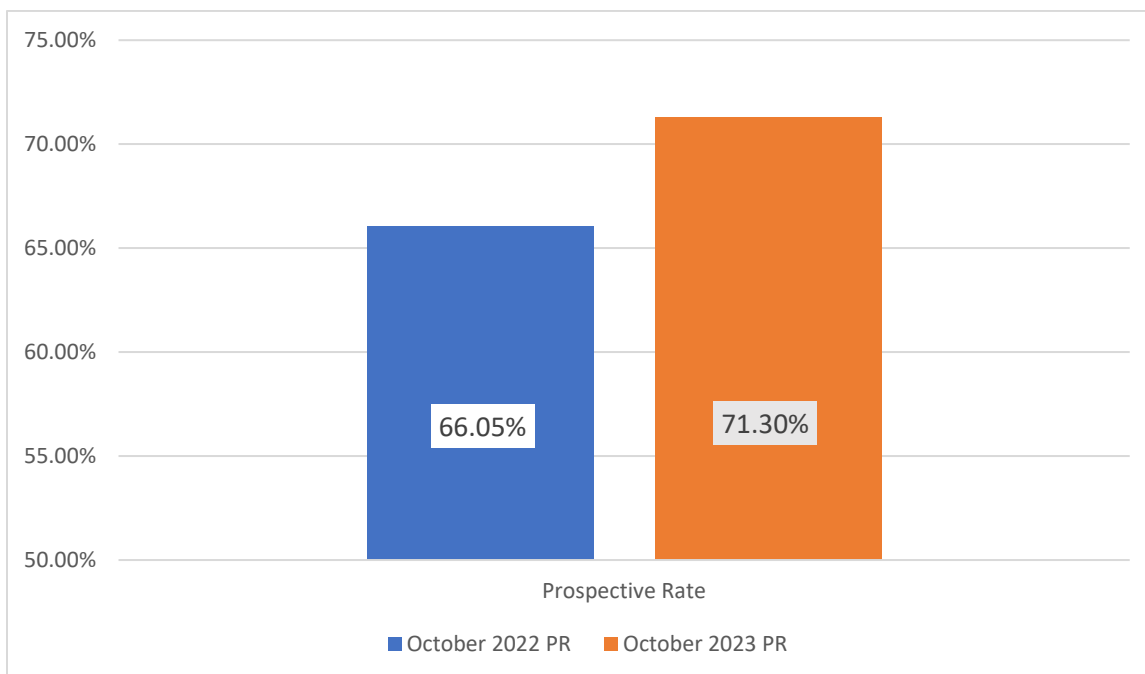
October 2022 and 2023 Prospective Rate for Timeliness of Prenatal Care, Medi-Cal



PR methodology includes continuous enrollment criteria. TOPC is a hybrid measure. Prospective rates are solely administration and do not take into account hybrid sample.

- B. The figure below compares the prospective rates for October 2022 with the prospective rates for October 2023 for Timeliness of Prenatal Care (TOPC). Prospective rate (PR) refers to claims/encounters processed through October and represents administrative data. TOPC is a hybrid measure.

October 2022 and 2023 Prospective Rate for Postpartum Care, Medi-Cal



PR methodology includes continuous enrollment criteria. PPC is a hybrid measure. Prospective rates are solely administration and do not take into account hybrid sample.

Quantitative Analysis:

- A. Timeliness of Prenatal Care (TOPC) is performing lower in October 2023 when compared to the same time last year. This represents a difference of 17.65%. TOPC is a hybrid measure and is pending the inclusion of medical record review findings.
- B. Postpartum Care (PPC) is performing higher in October 2023 when compared to the same time last year. This represents an increase in performance rate of 5.25%
- C. In MY2022, TOPC met the quality compass 50th percentile MPL rate of 85.40%. The MY2022 final rate was 88.08%. Final rates for MY2023 are pending and the measure is at risk of not meeting the MPL. Furthermore, in MY2022, CalOptima Health set an internal goal of 90.75% for TOPC. The internal goal was not met.
- D. In MY2022, PPC met the quality compass 50th percentile MPL rate of 77.37%. The MY2022 final rate was 81.15%. Final rates for MY2023 are pending. Furthermore, CalOptima Health set an internal goal of 79.56% for PPC. The internal goal was met.

Qualitative Analysis/Barriers:

- A. Delays of claims and encounter data present challenges for the timely identification of a pregnancy or a delivery, which impacts the modalities in which CalOptima Health can leverage communication to outreach members. In addition, the postpartum care measure is time sensitive. By the time a postpartum member is identified through claims data, it is likely that the member has a limited window of opportunity to complete a visit within the recommended HEDIS timeframe.
- B. Prenatal and postpartum care have varying coding industry practices. As part of a discussion to identify preliminary root cause of the low rates with prenatal care, one health network found that examples of providers who practice bundling billing are providing prenatal visits but are not billing the office visit code. Subsequently, this still requires us to ensure that the prenatal visit was completed in the recommended timeframe.
- C. CalOptima Health should consider cultural factors that may be contributing to gaps in timely prenatal and postpartum care. For example, some cultures may have social guidelines on when it would be appropriate to announce a pregnancy due to the fear of miscarriage. This can potentially be a factor for prenatal care sought in later stages of a pregnancy. In addition, some cultures observe a period known as “cuarentena” which is a period of 40 days after delivery where women focus on rest and recovery, potentially impacting postpartum visits.

Disparity Analysis:

- A. Analysis Methodology: Disparity analysis was conducted for TOPC and PPC based on the HEDIS MY2022 top 10 race/ethnicity administrative data by denominator. This was then compared to HEDIS MY2021 top 10 race/ethnicity administrative data by denominator to observe any changes from MY2021.

MY2022 Timeliness of Prenatal Care by Race/Ethnicity based on Administrative Data

Admin Rate	Race/Ethnicity									
HEDIS MY2022	Hispanic	Other	White	No Response	Vietnamese	Black	Filipino	Korean	Asian or Pacific Islander	Asian Indian**
Numerator	3,526	815	604	343	330	93	49	40	25	26
Denominator	4,306	1,010	780	442	440	118	64	52	35	28
Rate	81.89%	80.69%	77.44%	77.60%	75.00%	78.81%	76.56%	76.92%	71.43%	92.86%

Table displays the top 10 ethnicities with the highest denominator based on total HEDIS population and the completion rates of timely prenatal care, a hybrid measure. The total rate is based on administrative data and does not indicate the final HEDIS rate.

Note: Includes Kaiser members.

**Indicates a group that met the TOPC MPL of 85.40% for MY2022.

MY2022 Postpartum Care by Race/Ethnicity based on Administrative Data

Admin Rate	Race/Ethnicity									
HEDIS MY2022	Hispanic	Other	White	No Response	Vietnamese**	Black	Filipino	Korean	Asian or Pacific Islander**	Asian Indian**
Numerator	3,204	746	530	313	357	80	49	40	28	22
Denominator	4,306	1,010	780	442	440	118	64	52	35	28
Rate	74.41%	73.86%	67.95%	70.81%	81.14%	67.80%	76.56%	76.92%	80.00%	78.57%

Table displays the top 10 ethnicities with the highest denominator based on total HEDIS population and the completion rates of postpartum care, a hybrid measure. The total rate is based on administrative data and does not indicate the final HEDIS rate. Note: Includes Kaiser members.

**Indicates a group that met the PPC MPL of 77.37% for MY2022.

B. Quantitative Analysis:

1. Timeliness of Prenatal Care: when reviewing the top race/ethnicity groups by denominator, the following groups met the MPL: Asian Indian, Chinese, Cambodian and Japanese.
2. Compared with MY2021, Asian Indians increased their prenatal care rates by 11.61%. Chinese members represented a smaller denominator (n=18) than when compared with MY2021 (n=34) but achieved 100% compliance.
3. Compared with MY2021, the following groups performed at lower rates for prenatal care by 10% or more in MY2022: Alaskan Native/American Indian, Korean, and Laotian. Some of the differences in rates correspond to lower denominators in MY2022, but the Alaskan Native/American Indian and Korean group maintained fairly consistent denominators across the two years indicating that there are opportunities for interventions that can support these groups.
4. Timeliness of Prenatal Care: For TOPC, rates are lowest for race/ethnicity groups identified as Asian or Pacific Islander (71.43%), Vietnamese (75.00%), followed by White (77.44%) as compared with all other race/ethnicity groups. When looking at the top race/ethnicity groups by denominator count, the Hispanic group had the highest rate at 81.89%, down 1.03% from the previous year. Refer to Table 3 above.
5. Postpartum Care: When reviewing the top race/ethnicity groups by denominator, the following groups met the MPL: Vietnamese, Asian or Pacific Islander and Asian Indian.

6. Compared to MY2021, the following groups increased their postpartum rates: Hispanics increased by 4.02% and White group increased their rate by 3.73%. In contrast, the Vietnamese group decreased their postpartum rate by 3.76% and Korean rate decreased by 3.90%
7. With the exception of two groups, Filipino and Korean, all other groups demonstrated lower postpartum care rates when compared to timeliness of prenatal care rate.
8. Postpartum Care: For PPC, rates are lowest for race/ethnicity groups identified as Black (67.80%), White (67.95%), followed by Hispanic (74.41%) as compared with all other race/ethnicity groups. When looking at the top race/ethnicity groups by denominator count, the Asian or Pacific Islander group had the highest rate at 80.00%, down 1.25% from the previous year. Refer to Table 4 above.

C. Barriers

1. Potential barriers to prenatal and postpartum care include member perception related to the importance of prenatal and postpartum care especially for multiparous women.
2. Transportation and childcare issues are barriers to complete the necessary visits.

Conclusion and Next Steps:

- A. Continue Health Rewards for eligible CalOptima members for postpartum care measures but with broader promotion and rewarding strategy.
- B. CalOptima Health will continue to expand on the communication and engagement strategy to include multimodal approach via: Medi-Cal member newsletters, paid digital media campaigns, PBS TV campaigns, CalOptima Health website, and live calls. This year, CalOptima Health sent the first text campaign to remind members of postpartum care and will continue to explore how to send messages given the timely nature of the measure.
- C. In April 2022, Medi-Cal expanded the postpartum benefit for medical care one year after delivery. It is too early to identify whether this expansion may have driven postpartum visit and experience.
- D. Opportunities remain to review data sources and explore how health networks are obtaining newborn data timely based on hospital admission or discharge data. To support TOPC, opportunities remain to review data through pregnancy related diagnosis codes or increase pregnancy notification report submission.
- E. Beginning MY2023, NCQA introduced race and ethnicity stratifications for TOPC and PPC. The purpose of this stratification is to allow health plans to review disparities and invest in strategies to reduce the disparities and improve outcomes. In the year to follow, CalOptima Health will begin to showcase this data and analyze as suggested by NCQA to further support health equity initiatives.
- F. Opportunities remain to leverage the doula benefit to support positive birthing experiences for black and other birthing persons of color.
- G. CalOptima Health is currently exploring collaborative efforts with the local health department to expand on maternal mental health. Postpartum depression can make it difficult to proceed with postpartum care, interfering with the ability to bond with the baby as well as breast feed.

- H. CalOptima Health will retain TOPC and PPC on the 2024 QI Work Plan. CalOptima Health will continue to focus on maternal health and address lower rates to support both quality measures and the PHM DHCS Bold Goals centered around maternal health.
- I. CalOptima Health will continue to inform members of transportation benefits.
- J. Will use disparity analysis to develop interventions to target higher risk members with health inequities caused by race/ethnicity.

5.2.3.2 Maternal Health Programs (Bright Steps and CPSP Services)

Background: CalOptima Health provides coverage for approximately 7,500–8,500 deliveries annually. Most of the infants born through Medi-Cal continue to receive their health care through CalOptima Health.

To support healthy pregnancies and healthy babies, the California Department of Public Health implemented the Comprehensive Perinatal Service Program (CPSP). CPSP is a Medi-Cal benefit that provides a wide range of culturally competent services to pregnant individuals from conception through 60 postpartum. In addition to standard obstetric services, patients receive enhanced services in the areas of psychological, health education, and nutrition.

CPSP providers are approved through County of Orange Health Care Agency (OCHCA), as well as continued oversight. OCHCA notifies CalOptima Health to ensure CPSP providers can render services for CPSP allowable claims. CPSP is site-based and Orange County averages 54 sites. However, there are many Medi-Cal OB providers that are not CPSP approved. To allow all CalOptima Health pregnant and postpartum access to these enhanced services, the Bright Steps Program (BSP) was developed.

BSP is the CalOptima Health maternal health program for Medi-Cal members. This telephonic program provides nutrition, health education, psychosocial support, and referral/resources based on individual member's needs. Members are outreached to prenatally on a trimester basis, postpartum, and three additional times within one year of delivery. However, members that are working with a CPSP provider are not outreached until the 3rd trimester to reduce duplication of efforts.

Additionally, as of January 1, 2023, doula services are a covered Medi-Cal benefit. Doulas provide emotional and physical support provided during pregnancy, labor, birth, and the postpartum period, as well as support for and after miscarriage and abortion. Because BSP works with pregnant and postpartum members, the team has been involved in developing and implementing the strategy for getting doula services off the ground.

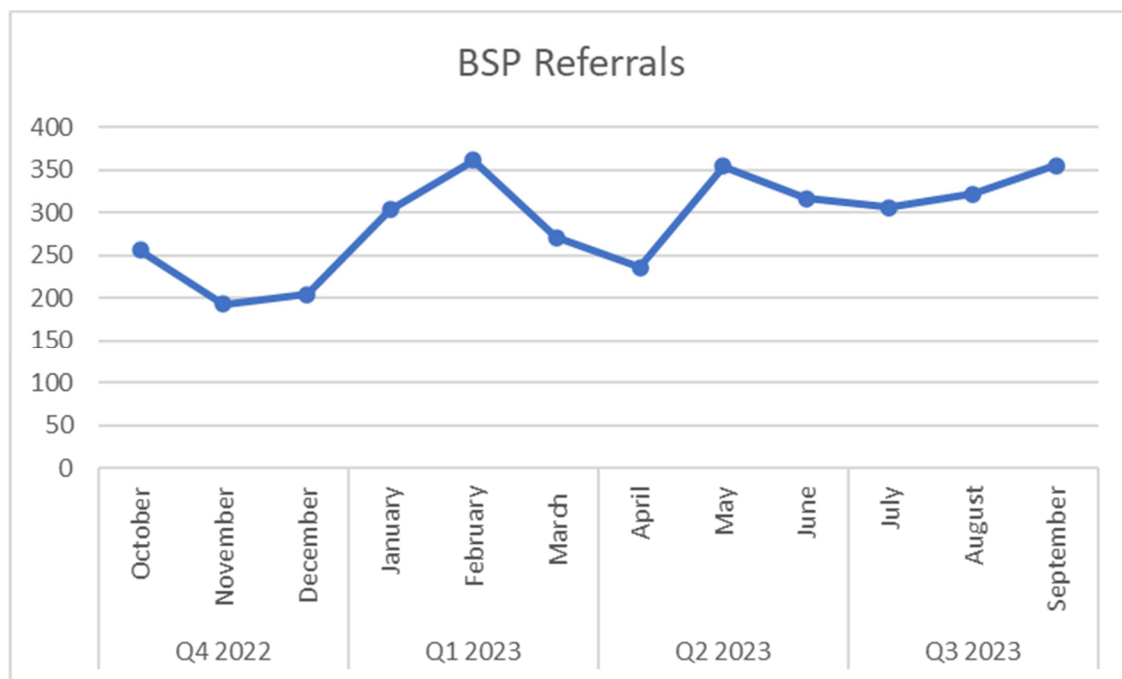
Program Goals: The goal of CalOptima Health's comprehensive maternity health program is to improve maternal health outcomes and eliminate maternal health inequities. To support this goal, we prioritized:

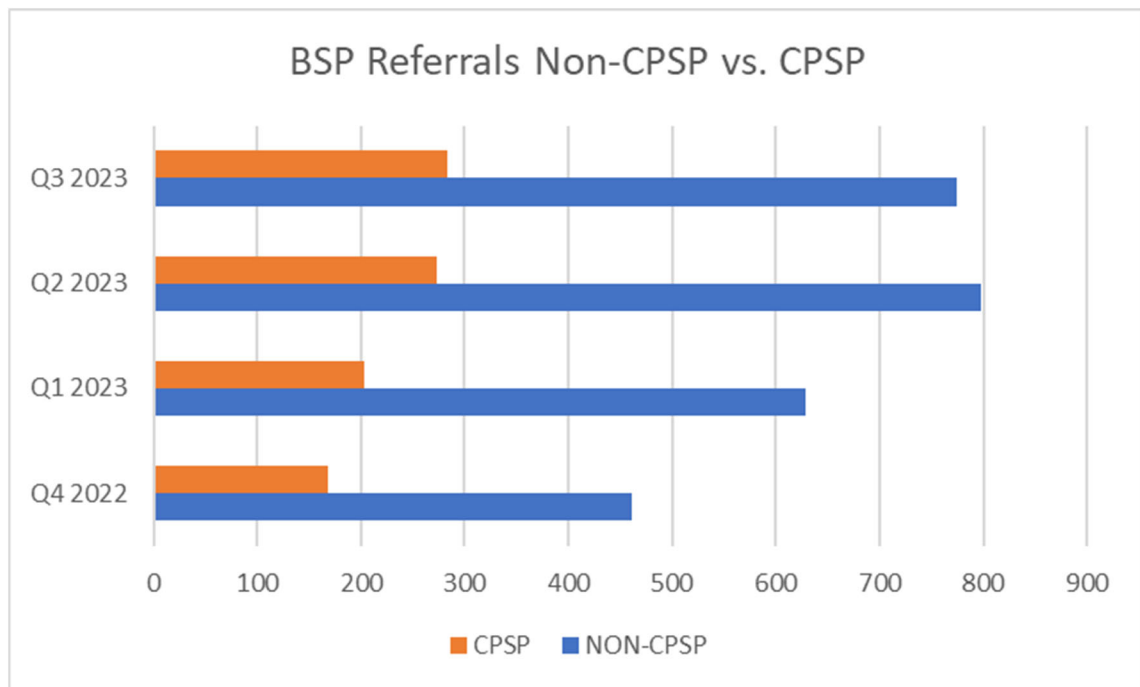
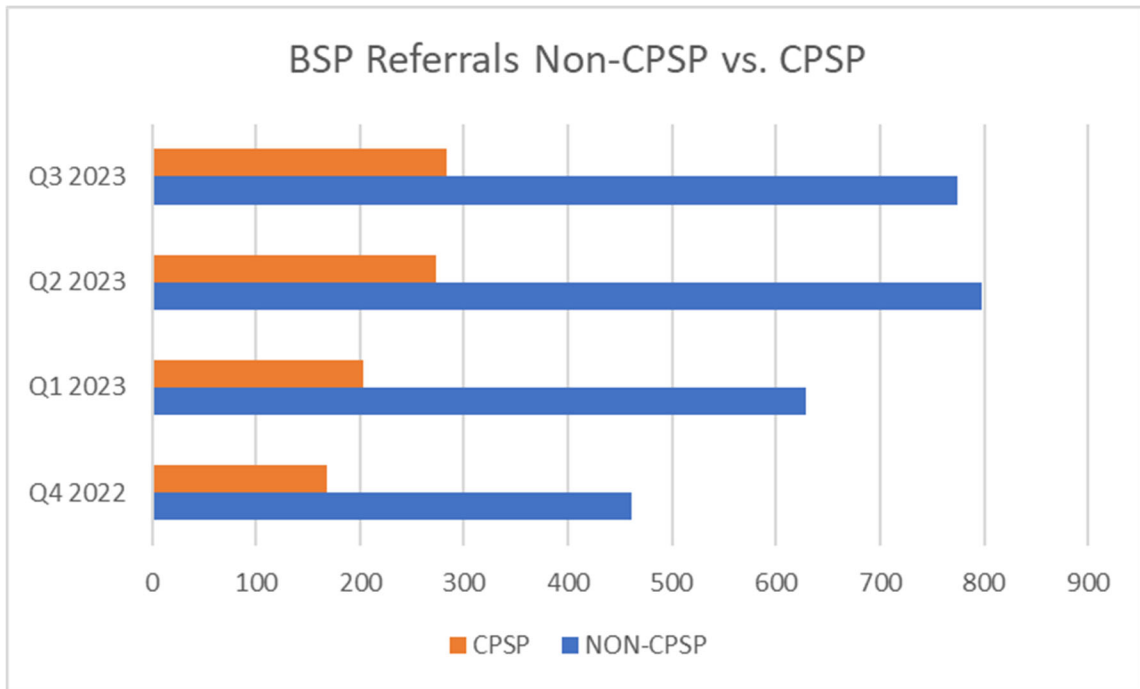
- A. Provide education and referrals/ resources based on individual members' needs
- B. Increase compliance for postpartum provider appointment (1-12 weeks after delivery)
- C. Increase compliance for well-child visits for infant members
- D. Increase maternal depression screenings and linking to mental health resources, when appropriate
- E. Implement the Medi-Cal doula benefit

Actions/Interventions:

Planned Activities	Description	Date of Completion
Member Engagement <i>telephonic</i>	Telephonic assessments (trimester, postpartum, well-child, and maternal mental health)	Ongoing
Program Expansion	Implement well child extension into BSP	4/1/23
Program Expansion	Implement six-month postpartum maternal mental health screening	4/1/23
Member Engagement in-person	Host/Implement hands-on educational event with community partners	Events held June 2023 and December 2023
Member Self-Management Tools	Provide members with health education tools to support a healthy pregnancy and infant	Ongoing
Build network of doula providers	Conducted outreach to local doulas, provide education through CCN Virtual Meetings, virtual learning sessions, provide extensive technical assistance and support.	June 2023 and ongoing

Program Results:





Quantitative Analysis:

- A. BPS was able to meet the previous year’s goal by expanding the program from 12 weeks after delivery to one full year after delivery.
- B. In this expansion, a member receives outreach at 6 and 11 months postpartum and is assessed for child development and milestones, feeding, family support, and more. Since BSP started serving members for the 12-month period, there have been 230 members assessed at the 6 months and 6 members assessed at 11 months.
- C. The participation rate for BSP has fluctuated throughout the review period but is trending at an increased rate, with a total of 3,067 referrals, 1,741 unique participants completing at

least one assessment with a total of 3,066 BSP assessments completed to date for calendar year 2023.

- D. CPSP providers have remained steady with only a few additions or removal of providers. Finally, as of November 2023, there are three doulas contracted with CalOptima Health Community Network.
- E. There are no doulas yet contracted with the delegated Health Networks, but the Population Health Management and Health Network Relations departments are collaborating to provide ongoing support to the doulas and Health Networks.

Qualitative Analysis/Barriers:

- A. Referrals are limited to providers that submit a Pregnancy Notification Report, so CalOptima Health is only able to outreach to approximately one-third of pregnant members each year.
- B. Inability to contact members reduces the ability to offer members support during pregnancy and postpartum.
- C. Doulas have faced a steep learning curve in navigating the Medi-Cal enrollment process, Managed Care Plan credentialing and contracting processes, and successfully billing and getting reimbursed for services provided.

Conclusion and Next Steps: CalOptima Health’s Maternity programs have demonstrated positive impacts for our members and their babies, but there is more work to be done. More members would benefit from these services if they could be identified and screened earlier in their pregnancy and connected with appropriate resources to meet their needs. Doula services will continue to be an area of focus as it relates to growing the network and building awareness among hospitals, providers, and members. Next steps include the following:

- A. Implement a risk stratification to include claims and encounters to better identify our members.
- B. Expand doula recruitment efforts and engage hospitals, providers, and members with information about the doula benefit.
- C. Implement a Maternal Depression Screening and Support Program

5.2.4 Pediatric/Adolescent Wellness

5.2.4.1 Preventive Care (W30, IMA, WCV)

Background: According to the CDC, well-child visits and recommended vaccinations are essential, and help make sure children stay healthy. Well-child visits are essential for tracking growth and development milestones, discussing any concerns about a child’s health, and is the opportune time to get scheduled vaccinations to prevent illnesses. CalOptima Health focused on the following measures as aligned with the DHCS Medi-Cal MCAS and held to the benchmarks established by the NCQA Quality Compass.

- A. Childhood Immunization Status-Combination 10 (CIS-Combo10)
- B. Immunizations for Adolescents-Combination 2 (IMA-Combo2)
- C. Well-Child Visits in the First 30 Months of Life (W30), two reported rates:
 - 1. Well-Child Visits in the First 15 Months (W30-First 15 Months)
 - 2. Well-Child Visits for Age 15 Months–30 Months (W30-15 to 30 Months)
- D. Child and Adolescent Well-Care Visits (WCV-Total)

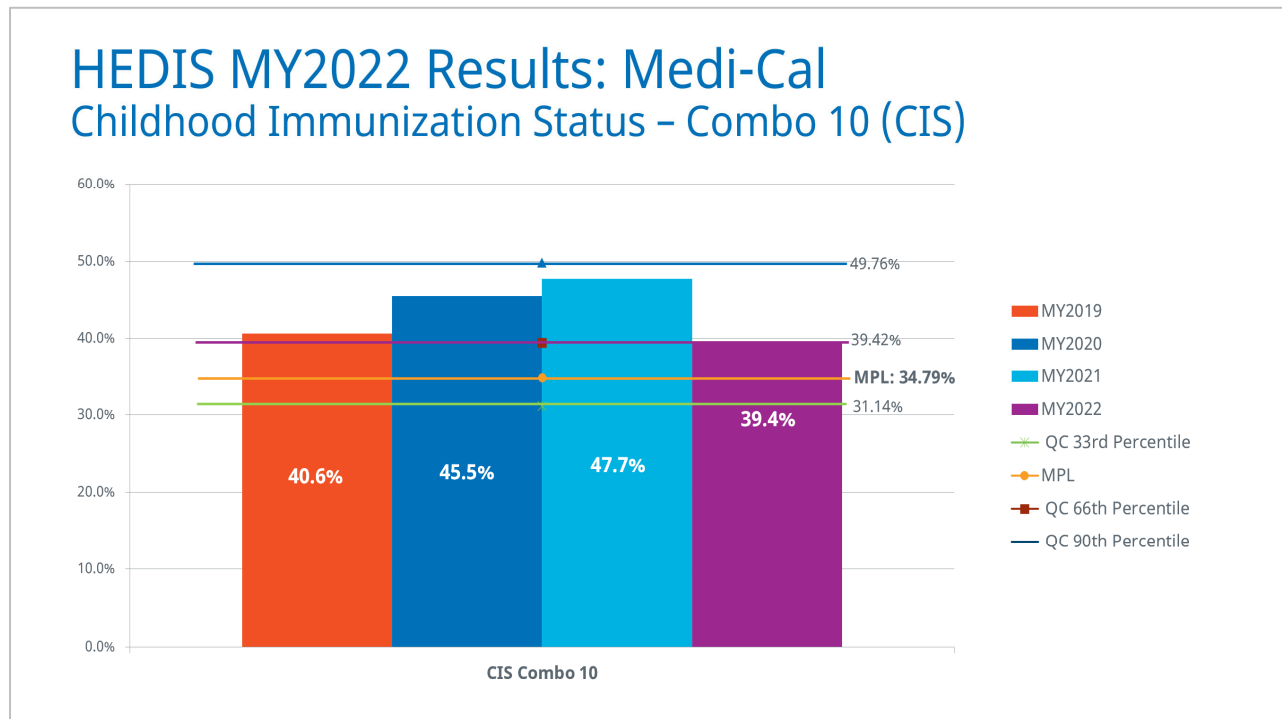
Source: Centers for Disease Control and Prevention (March 2023). Well-Child Visits and Recommended Vaccinations. <https://www.cdc.gov/vaccines/parents/visit/vaccination-during-COVID-19.html>

Goals:

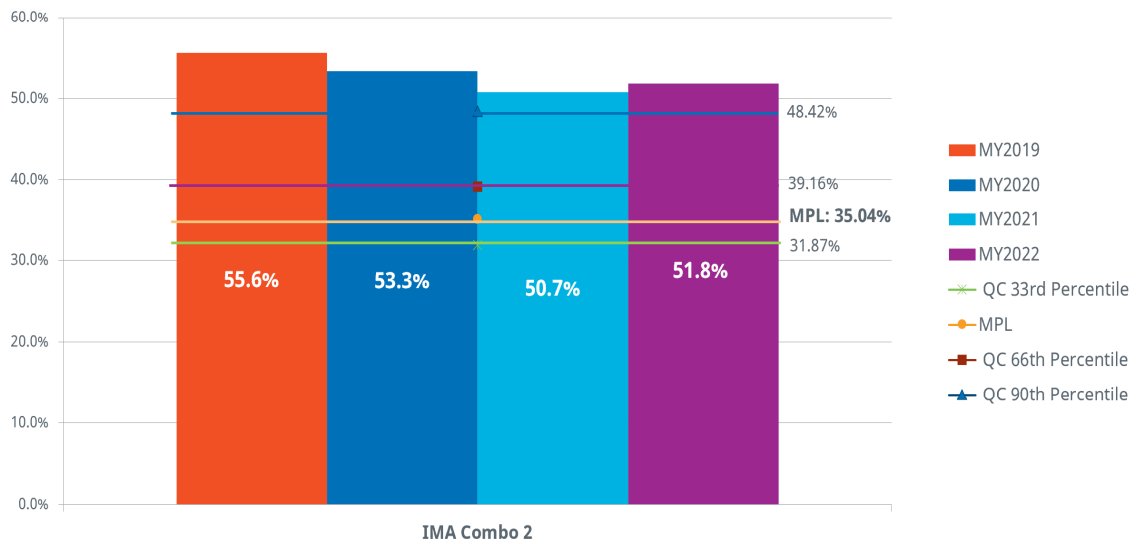
QI Work Plan Goals

Acronym	Measure	MY2022 Medi-Cal Rate	2022 Medi-Cal Goal	MY2022 Goal Met/Not Met	2023 Medi-Cal Goal
CIS-Combo10 (hybrid)	Childhood Immunization Status	39.42%	49.58%	Not Met Goal	49.76%
IMA-Combo2 (hybrid)	Immunizations for Adolescents	51.82%	50.61%	Met Goal	48.42%
W30-First 15 Months (admin)	Well-Child Visits in the First 30 Months of Life	55.78%	54.92%	Met Goal	55.72%
W30-15 to 30 Months (admin)	Well-Child Visits in the First 30 Months of Life	71.20%	74.42%	Not Met Goal	69.84%
WCV-Total (admin)	Child and Adolescent Well-Care Visits	51.49%	58.83%	Not Met Goal	57.44%

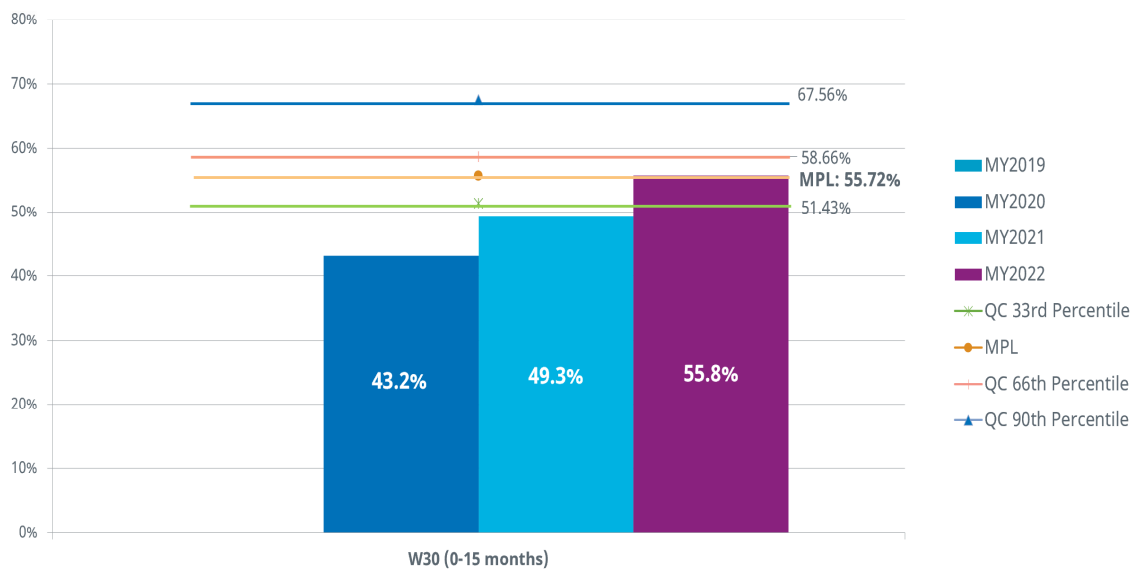
Goal is based on goal setting methodology based on performance in HEDIS MY2021. October 2023 Prospective Rate is all claims and encounters processed through 10/31/2023. Prospective Rate methodology includes continuous enrollment criteria.



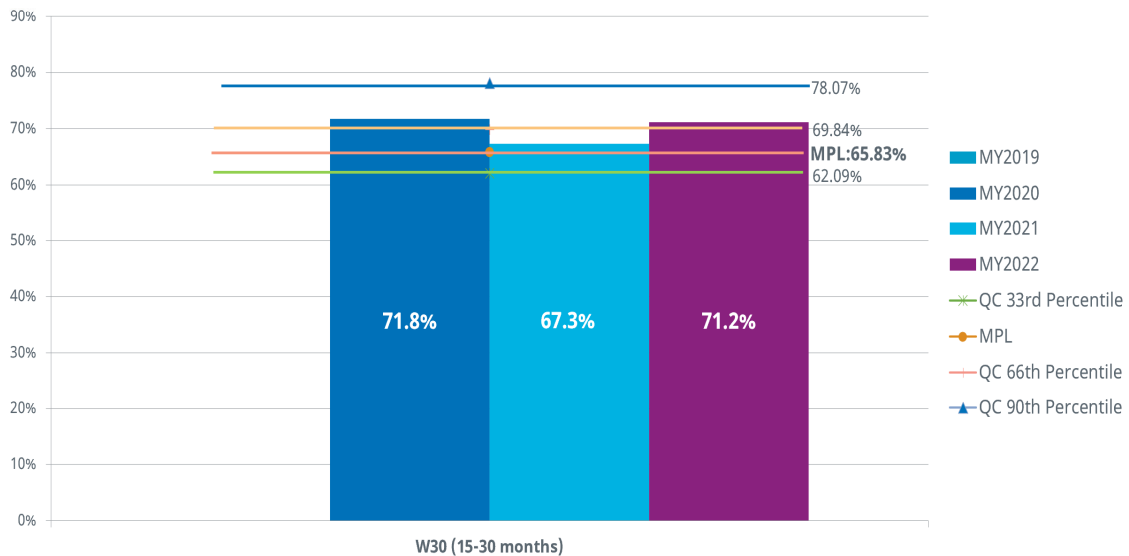
HEDIS MY2022 Results: Medi-Cal Immunizations for Adolescents – Combo 2 (IMA)



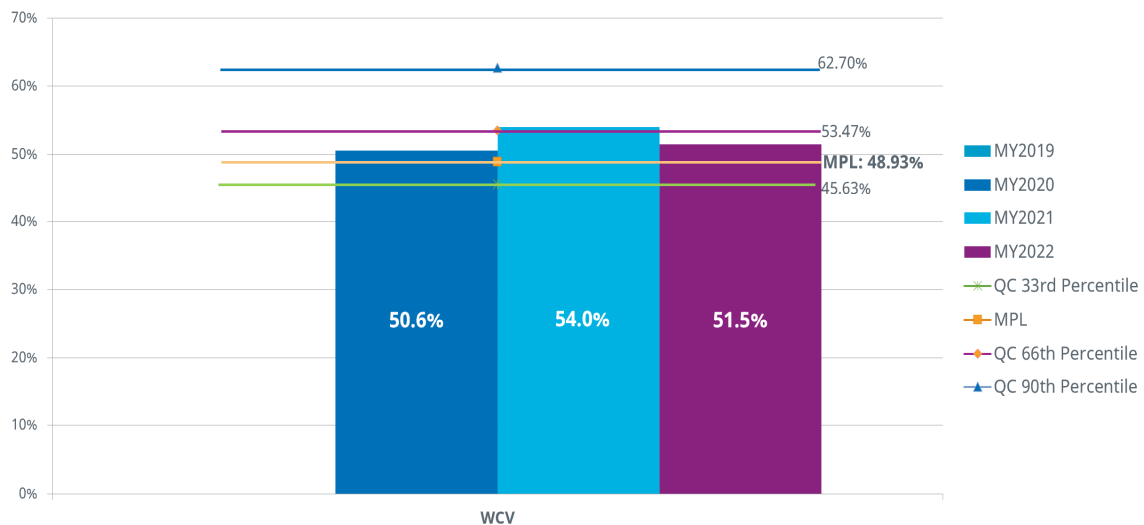
HEDIS MY2022 Results: Medi-Cal Well-Child Visits in the First 30 Months of Life (0-15)(W30)



HEDIS MY2022 Results: Medi-Cal Well-Child Visits in the First 30 Months of Life (15-30)(W30)



HEDIS MY2022 Results: Medi-Cal Child and Adolescent Well Care Visits – Total (WCV)



- A. The table above reviews the goals for MY2022 and MY2023 and the Medi-Cal final rates for HEDIS MY2022.
- B. Goal methodology for 2023 is set based on the current reported performance and most current available benchmark. The Medi-Cal goal setting for MY2023 is based on the MY2021 reported performance results compared to the national percentile from the 2021 NCQA Quality Compass. If the current reported rate reached the NCQA Quality Compass percentile, then the goal is set to the set percentile.

C. CalOptima Health’s HEDIS MY2022 Medi-Cal rates: CIS-Combo 10 hybrid rate was 39.42% and met the MPL of 34.79% but did not meet the internal goal of 49.58%. IMA-Combo 2 hybrid rate was 51.82% and met the MPL of 35.04% and met the internal goal of 50.61%. W30-First 15 Months administrative rate was 55.78% and met the MPL of 55.72% and met the internal goal of 54.92%. W30-15 to 30 Months administrative rate was 71.20% and met the MPL of 65.83% and did not meet the internal goal of 74.42%. WCV-Total administrative rate was 51.49% and met the MPL of 48.93% but did not meet the internal goal of 53.83%.

Actions/Interventions: Below is a summary of activities and interventions planned, in progress of implementation, or completed implementation in calendar year 2023. The intervention impacts member, provider, health network, community, or data as noted.

List of MY2023 Medi-Cal Initiatives

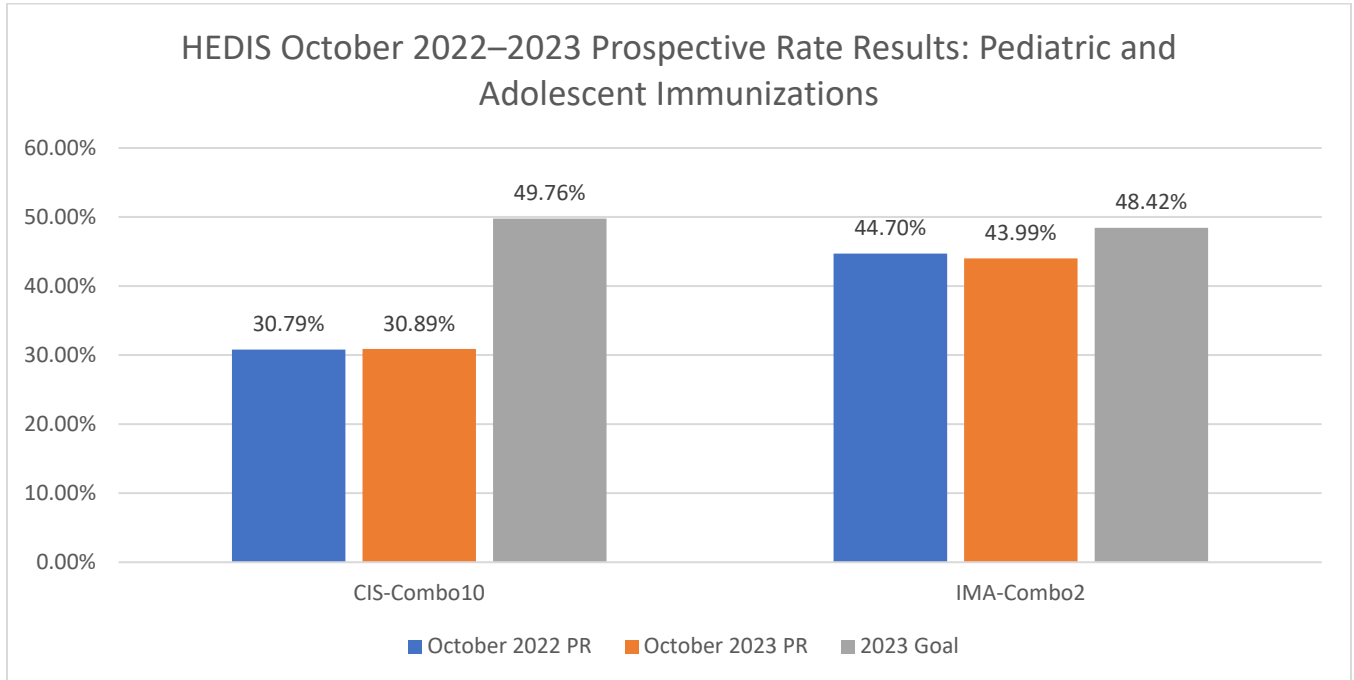
Planned Activities / Intervention	Intervention Type	Barriers	Completion Status	Measure
Well-Child Visits in the First 30 Months of Life Member Detail Report	Data, Health Network	<ul style="list-style-type: none"> • Reports are only accessible through health network’s FTP • Reports are not available for CalOptima Health Community Network • Provider Portal build is delayed 	In Progress	W30
Sharing Final MY2022 Results with Health Networks	Health Network	<ul style="list-style-type: none"> • Not all health networks confirmed receipt of final results • Unable to confirm if health network took any actions or next steps 	Completed	W30
Interactive Voice Response (IVR) Campaigns	Member	<ul style="list-style-type: none"> • The outreach population is limited to members who provided a landline phone number or provided TCPA* consent for cellphone outreach. • Member has a do-not-contact notice • Incorrect landline or cellphone number • Member does not listen to full message or does not listen to voicemail 	Completed	W30, WCV
Member Mailing (e.g., Health Guides, Birthday Cards, Member Newsletters)	Member	<ul style="list-style-type: none"> • Incorrect or incomplete addresses • Member did not update address with Social Security Administration office 	In Progress	CIS, IMA, W30, WCV
Telephonic Outreach (e.g., Pediatric Call Campaign)	Member	<ul style="list-style-type: none"> • Incorrect, missing or disconnected phone number • Member’s voice message inbox is full 	Completed	W30, CIS

Planned Activities / Intervention	Intervention Type	Barriers	Completion Status	Measure
		<ul style="list-style-type: none"> Member’s parent or guardian refuse to confirm HIPAA to move forward with the call Limited staff resources to make calls Calls were initiated for year-end push, may not have enough time for member to complete visits 		
Text Messaging Campaigns	Member	<ul style="list-style-type: none"> The outreach population is limited to members who have a valid phone number for cellphone outreach Member has a do not contact notice Member decline TCPA consent for outreach Incorrect cell phone number Missing or member does not have cellphone number Member has opted out of receiving text messages 	Completed	W30, WCV
Provider Education (e.g., quality measure tip sheets)	Provider, Health Network	<ul style="list-style-type: none"> Limited to health networks and providers who access CalOptima Health communication feeds 	Completed	W30, WCV
CalOptima Health Community Network (CCN) Virtual Learn Presentation Pediatric Quality Measures	Provider, Health Network	<ul style="list-style-type: none"> Limited to CCN providers. Small reach 	Completed	W30, WCV
Provider Report Cards	Provider	<ul style="list-style-type: none"> Limited to CCN providers who were identified as low performing 	Completed	W30, WCV
Targeted Quality Marketing Campaigns (e.g., Digital, Social Media, Radio, and TV advertisements)	Community	<ul style="list-style-type: none"> Advertisements only available in three threshold languages (English, Spanish and Vietnamese) Unable to evaluate direct impact on CalOptima Health members 	Completed	CIS, IMA, W30, WCV

**TCPA stands for Telephone Consumer Protection Act 47 U.S.C. § 227, which defines the parameters of allowable outreach to cellphones. The law restricts telemarketing certain phone calls, text messages, and facsimiles. It also places restrictions on the use of automatic dialing systems and artificial or prerecorded voice messages*

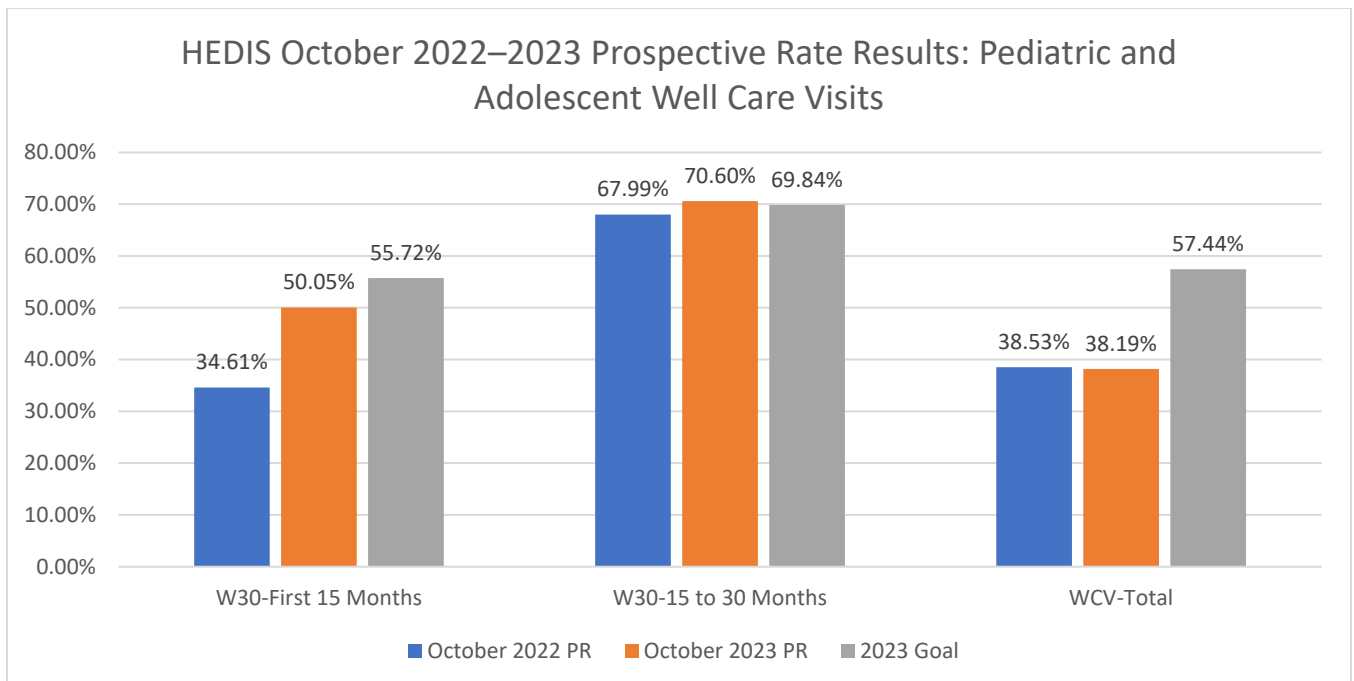
Results: The graph below displays the rate for October 2023 Prospective Rate compared to October 2022 Prospective Rate. The 2023 QI Workplan goal for each respective measure is provided.

Medi-Cal Pediatric and Adolescent Immunization Measures



Data source: October 2022 Prospective Rate, October 2023 Prospective Rate, Goal from 2023 QI Workplan. Prospective Rate methodology includes continuous enrollment criteria.

Medi-Cal Pediatric and Adolescent Well-Care Visits Measures



Data source: October 2022 Prospective Rate, October 2023 Prospective Rate, Goal from 2023 QI Workplan. Prospective Rate methodology includes continuous enrollment criteria. W30-0 to 15 Months prospective rate methodology was revised in 2023 to include mom and baby data chase logic.

Quantitative Analysis:

- A. Compared with October 2022 Prospective Rates, the October 2023 Prospective Rate measures higher for CIS-Combo 10, W30-First 15 Months, and W30-15 to 30 Months. However, it should be noted the W30-First 15 Months data methodology was revised in 2023 to include the mom and baby chase logic, which links well-child visits billed under mom's subscriber identification. This may account for the +15.44% increased rate compared with last year.
- B. Among these pediatric and adolescent immunization and well care visit measures, only W30-15 to 30 Months met the goal (+0.76%). Goal was not met for all other measures.
- C. IMA-Combo 2 (+9.68%), W30-15 to 30 Months (+3.84%) met the minimum performance level (MPL), 50th percentile. CIS-Combo 10 is mostly likely meet the MPL also (-0.01%) by the end of the year. Further attention is needed to impact the well care visits measures (W30-First 15 Months and WCV-Total).

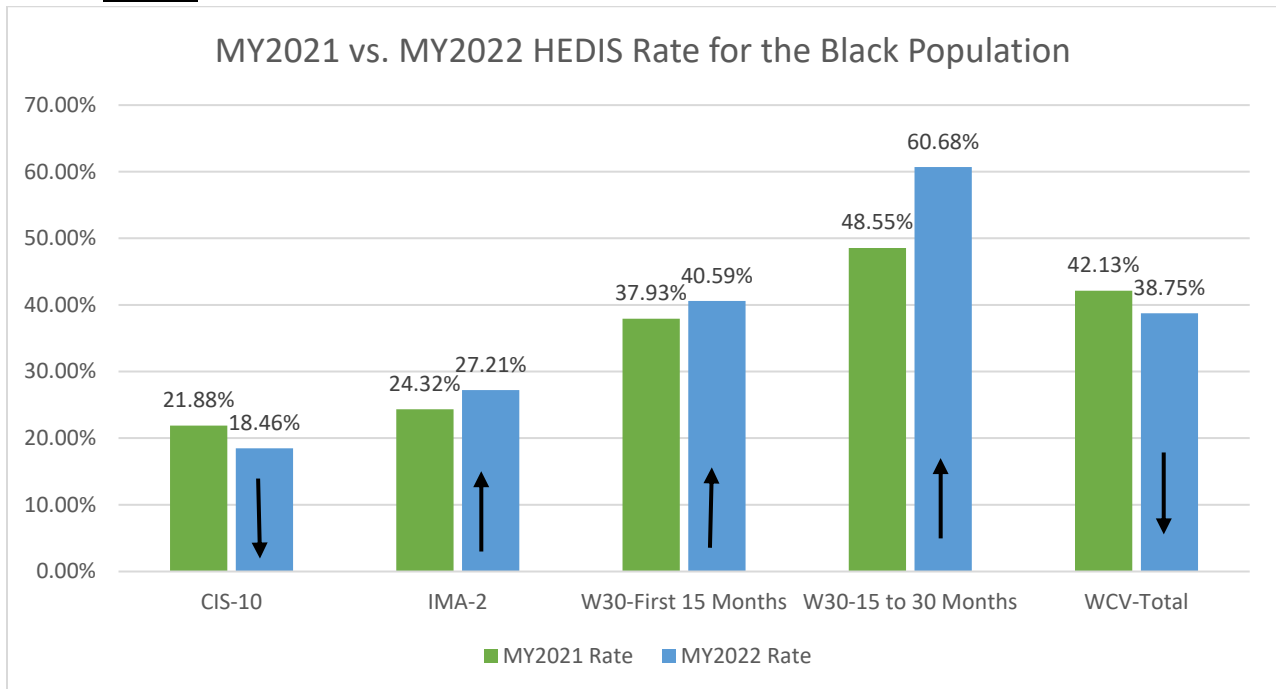
Qualitative Analysis/Barriers:

- A. There has been an increase in vaccine hesitancy as reported by members, clinics and providers, especially with the availability and recommendation of the COVID and Respiratory Syncytial Virus (RSV) vaccine.
- B. Rotavirus vaccine administration has a 3-dose and a 2-dose antigen series. If the antigen series is not specified, then HEDIS engine defaults to 3-dose series which may mistakenly show member as being incomplete for rotavirus vaccine.
- C. Despite the efforts to increase the accessibility to gap lists for health networks, clinics and providers to outreach to members and to reconcile data, members not updating their contact information (phone number and mailing address) continues to be a challenge.
- D. Staffing shortages have impacted appointment availability, which has made it more difficult for members to attend their well-care visits and have their vaccinations administered timely.
- E. Since the WCV measure is a large population (N=326,539), it is difficult to impact the measure compared to metrics with a smaller population.
- F. IVR campaigns allow outreach to a large population but has a low success rate (under 40%) of reaching the end user and is limited to members who provide TCPA consent or have a landline phone number. Only ~36% of the pediatric and adolescent population meet the IVR outreach criteria.
- G. Text messaging campaigns allow outreach to a large population, with a high success rate (over 95%) of reaching end user but is limited to members who have a cellphone on file and did not opt out of contact. Only ~65% of the pediatric and adolescent population meet the text messaging outreach criteria.
- H. W30 measure continues to be a challenge as members age out of the measure throughout the year. The telephonic year end call campaign initial outreach population was 1,035 members, but through the span of the campaign, members aged out or was unreachable (e.g., wrong phone number), which yielded a 59.00% successful outreach rate, with 722 unique members reached.

Disparity Analysis:

- A. Analysis Methodology: In alignment with the 2022 QI Evaluation, HEDIS MY2022 was used to evaluate if ethnicities previously identified using HEDIS MY2021, had an improvement in their rates.

B. Results



C. Quantitative Analysis:

1. The Black population was identified as having the highest opportunity for improvement across all measures. There was improvement in the Black population for IMA-Combo 2 (+2.89%), W30-First 15 Months (+2.66%) and W30-15 to 30 Months (+12.13%).
2. CIS-Combo 10 (-3.42%) and WCV (-3.38%) rates decreased in MY2022 for the Black population.

D. Qualitative Analysis/Barriers:

1. All members, regardless of ethnicity, who fall in the denominator for the quality metric were included in activities and interventions. Additional efforts are placed on members who are still due for the well-care visits and/or immunizations throughout the year.
2. Overall, there has been a decrease in CIS-Combo 10 and WCV rates across most ethnicities.
3. Vaccine hesitancy continues to be an issue and has increased over the year.

E. Conclusion:

1. Conduct a disparity analysis for populations and develop ethnicity-specific interventions for subpopulations who historically performed lower or showed no change from past interventions and may benefit from a new intervention.

Conclusion and Next Steps:

- A. Creation of member initiatives that identifies members that have multiple gaps in care that can be closed in one visit to minimize member abrasion. As well as look into disparity analysis to target race/ethnicity groups that have the highest need.
- B. There should be special attention as to the root cause of significantly lower rates for WCV and targeted interventions planned in calendar year 2024.
- C. Continue to connect with health networks, clinics, and provider offices to understand their challenges, successes, and current process with well-care visits and vaccinations. Develop a

best practice guide or quality metrics reference sheet for providers to better operationalize and close gaps.

- D. Recommendation to work with providers to open their schedules to allow for well-care visits and vaccinations to be prioritized.
- E. Modify text messaging campaign cadence to regularly outreach to members to provide age-tailored health education and appointment reminders.
- F. Live-person telephonic call campaigns should continue to be used to outreach to members as it has less outreach limitations. Call campaigns should be conducted on a regular cadence to connect with members before they age out of the W30 and CIS measure. This will aid in the reminder for parents or guardians to schedule their child's next well-child visit and other preventative care (e.g., vaccinations, blood lead test).
- G. Regularly monitor provider office HEDIS rates and outreach to offices to participate in improvement projects.
- H. For providers contracted with CalOptima Health Community Network, consider aggregating their full membership gap list from all their contracted health networks, to be on one singular list. This would minimize the need for providers to obtain their gap list separately from each network.
- I. Collaborate with internal member-facing departments to share gap lists to provide health education to members at each touchpoint, e.g., Facets warning message pop-up for Customer Service Representatives for inbound calls from members.
- J. In conclusion, all measures, CIS-Combo 10, IMA-Combo 2, W30-First 15 Months, W30-15 to 30 Months, and WCV-Total should be retained for 2024 QI Workplan.

5.2.4.2 Blood Lead Screening

Background: According to the CDC, exposure to lead can cause serious health effects such as damage to the brain and nervous system, as well as intellectual and behavioral problems. Because children who are exposed to lead often have no obvious symptoms, lead poisoning often goes unrecognized.

Per the CDC¹ there is no safe blood lead level. Screening for lead is the best way to detect lead exposure. If not found early, the health effects of lead poisoning may be permanent.

California regulations² recommend that children enrolled in Medi-Cal receive blood lead test at both 12 and 24 months of age and receive catch up testing if testing was not completed as recommended.

Lead Screening in Children (LSC) is the quality performance measure for HEDIS. LSC is part of the DHCS MCAS for annual reporting by Medi-Cal MCPs. Beginning MY2022, MCPs were held to the minimum performance level (MPL) established by NCQA Quality Compass Medicaid 50th percentile for LSC. In addition, through All Plan Letter (APL) 20-016 (revised): Blood Lead Screening in Young Children, DHCS issued regulatory requirements for MCPs to ensure timely lead screenings in accordance with the California regulations.

¹ Centers for Disease Control and Prevention. (2022). Health Effects of Lead Exposure. Retrieved from: <https://www.cdc.gov/nceh/lead/prevention/health-effects.htm>

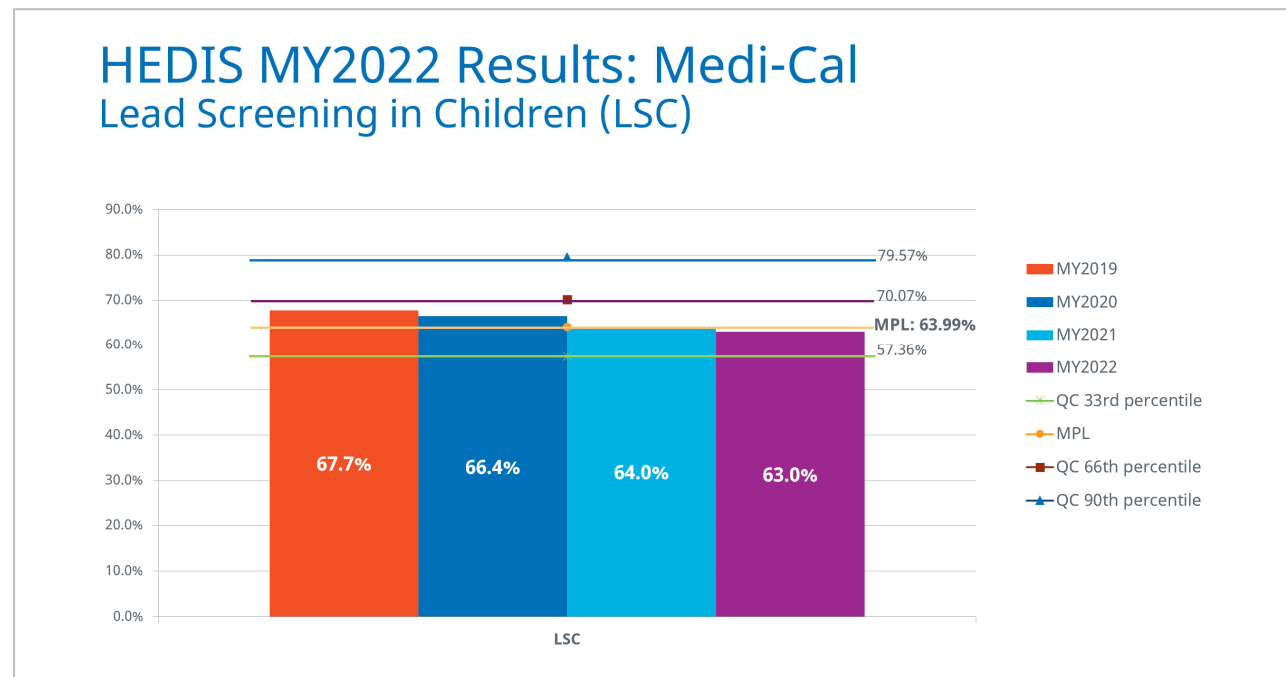
² Title 17 California Code of Regulations section 37100.

Lead Screening in Children: A hybrid HEDIS and MCAS measure that assesses the percentage of children 2 years of age who had one or more capillary or venous lead blood test for lead poisoning by their second birthday.

Program Goal(s):

MY2023 Work Plan Goals

Acronym	Measure	MY2022 Medi-Cal Rate	2022 Medi-Cal Goal	MY2022 Goal Met/Not Met	2023 Medi-Cal Goal
LSC <i>(hybrid)</i>	Lead Screening in Children	63.02%	63.99%	Goal Not Met	63.99%



- A. The tables above review the CalOptima Health measure goals for MY2022 and MY2023 and the Medi-Cal final rates for HEDIS MY2022.
- B. Goal methodology for the 2023 Medi-Cal goal is set based on the current reported performance and most current available benchmark. The Medi-Cal goal setting for MY2023 is based on the MY2022 reported performance results compared with the national percentile from NCQA Quality Compass.
- C. The 2022 QI Work Plan internal goal of 71.53% was based on the available MY2021 quality compass 50th percentile. In MY2021, LSC was a reported measure and was not held to an MPL until MY2022. The MY2022 MPL of 63.99% was released until later in the 2022 year and is much lower than the MY2021 MPL of 71.53%. CalOptima Health’s HEDIS MY2022 LSC hybrid rate for Medi-Cal was 63.02% and did not meet the MPL of 63.99% nor the 2022 QI Work Plan goal of 71.53%. In alignment with the goal methodology, the 2023 Medi-Cal goal is to meet the MPL rate of 63.99%.

Action/Interventions:

List of MY2023 Medi-Cal Lead Screening in Children Initiatives

Planned Activities/Intervention	Intervention Type	Barriers	Completion Status
Monthly Report of members that have not tested for lead in accordance with recommended testing intervals.	Health Network/ Provider	<ul style="list-style-type: none"> Contracted providers and HNs are required to attest to the receipt of this report, but unable to measure impact 	In Progress
Quarterly DHCS Supplemental Report that identifies members that have not tested for lead in accordance with recommended testing intervals.	Health Network/ Provider	<ul style="list-style-type: none"> Contracted providers and HNs are required to attest to the receipt of this report, but unable to measure impact 	Completed
Well-Child Visits EPSDT Text Message to 0-30 Months Old; includes blood lead screening and COVID language. (2-way) Campaign conducted twice in 2023	Member	<ul style="list-style-type: none"> Dependent on correct member contact data Campaign only for members who have cell phone on file Campaign required TCPA consent, which limited the number of members outreached 	Completed
Health Guide 0-2 Newsletter mailing, inclusive of blood lead screening cover letter, BLS fact sheet, and well-child visits flyer.	Member	<ul style="list-style-type: none"> Dependent on correct member mailing data 4.23% return mail rate Delays in internal processes contributed to mailing launch 	Completed
Lead Screening in Children IVR Campaign Campaign conducted twice in 2023	Member	<ul style="list-style-type: none"> Dependent on correct member contact data Information may not be as impactful as a live call from a staff 	Completed
Bright Steps Program Well-Child Follow-Up Calls at 6 and 12 Months of Age + Lead Screening education to members who participate in BSP Program	Member	<ul style="list-style-type: none"> Will not see impact of this program until 2024 when these children fall into the HEDIS denominator Education is dependent on successful member outreach 	Completed
Pediatric Call Campaign	Member	<ul style="list-style-type: none"> Dependent on correct member contact data Calls initiated for year-end push may not have enough time to complete screening. Limited staff resources to make calls 	Completed
Shared Final MY2022 Results for W30 and LSC with Health Networks.	Health Network		Completed

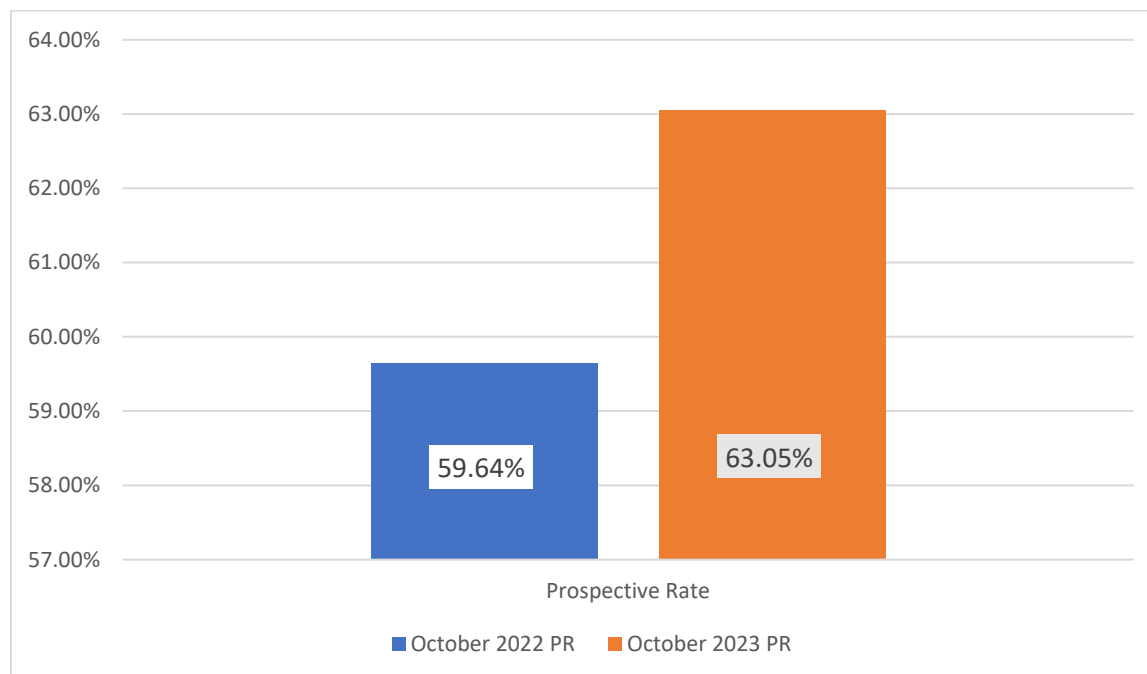
Pediatric Call Campaign to close W30 and LSC gaps in care - CCN Only	Member	<ul style="list-style-type: none"> • Dependent on correct member contact data 	Completed
Blood Lead Screening text message campaign (1-way)	Member	<ul style="list-style-type: none"> • Dependent on correct member contact data 	Completed
CE/CME: 2023 Update: The Prevention of Childhood Lead Poisoning: Why Health Care Providers Should Counsel on Lead and Screen for Lead Exposure	Provider	<ul style="list-style-type: none"> • CE/CME held during afternoon hours may impact provider ability to attend • Limited number of providers and health care professionals attended 	Completed
Blood Lead Testing Guide	Provider	<ul style="list-style-type: none"> • Potential for distribution not to reach all intended providers • Finalization of the guide at the end of Q3 may have resulted in limited time to promote information to make an impact in lead screening rates 	Completed
CCN Virtual Meetings: Pediatric Quality Measures - Overview of Lead Testing Best Practices and Resources	Provider	<ul style="list-style-type: none"> • Targeted limited number of providers 	Completed
CCN Virtual Meetings: Pediatric Provider Report Cards, emailed to offices who did not attend in person.	Provider	<ul style="list-style-type: none"> • Sent via secure email which has a different look and thereby may deter providers from opening messaging. Steps taken to mitigate this impact. 	Completed
Blood Lead Poster Campaign for Provider Offices (targeting members)	Provider		In Progress
Pay4Value Program	Health Network	<ul style="list-style-type: none"> • Focused on HEDIS and may create provider confusion as this differs from clinical guidelines that seek at least two tests by the time a child is 2 years old 	In Progress
Blood Lead Screening PBS TV Ad	Community	<ul style="list-style-type: none"> • May not directly target the parent/guardian of CalOptima Health members • Advertisement only in English • Inadequate duration and intensity/exposure to potential opportunity to see the campaign • Limited by budget allotment 	Completed

Provider notification of blood lead screening requirements and management resources.	Provider	<ul style="list-style-type: none"> • Potential for distribution not to reach all intended providers 	Completed
Passive Social Media Ads/Posts	Community	<ul style="list-style-type: none"> • Targets small audience which may not be CalOptima Health members • Inadequate duration and intensity/exposure to potential opportunity to see the campaign 	Completed
Paid Digital and Social Media Ad	Community	<ul style="list-style-type: none"> • Education to the community at large and may not directly impact members • Limited by budget 	Completed
Provider notification of Anticipatory Guidance requirement and Blood Lead Refusal form tool	Provider	<ul style="list-style-type: none"> • Potential for distribution not to reach all intended providers 	Completed
Testing Your Child for Lead: What You Need to Know Medi-Cal Newsletter Article	Member	<ul style="list-style-type: none"> • Dependent on correct member mailing data 	Completed
Make Sure Your Pediatric Patients are Screened for Lead Provider Newsletter Article	Provider	<ul style="list-style-type: none"> • Potential for distribution not to reach all intended providers 	Completed
Lead Testing Radio Ad	Community	<ul style="list-style-type: none"> • Education to the community at large and may not directly impact members • Advertisement not available in all threshold languages • Limited by budget allotment 	Completed
Coalition of OC Community Health Centers – HCCN Clinical Quality Champion Pediatric Measures Presentation – presentation on lead requirements, preliminary root causes of untested members	Provider	<ul style="list-style-type: none"> • Meeting attendees may not be the practicing providers who would benefit from information 	Completed

Results:

The figure below compares the prospective rates for October 2022 with the prospective rates for October 2023. Prospective rate (PR) refers to claims/encounters processed through October and represents administrative data. LSC is a hybrid measure.

October 2022 and 2023 Prospective Rate for Lead Screening in Children, Medi-Cal



PR methodology includes continuous enrollment criteria. LSC is a hybrid measure. Prospective rates are solely administration and do not take into account hybrid sample.

Quantitative Analysis:

- A. LSC is performing better in October 2023 when compared with the same time last year by 3.41%.
- B. Beginning MY2022 LSC was held to the MPL. In MY2022, LSC did not meet the MPL rate of 63.99%
- C. Final rates for MY2023 are pending, however preliminary results point that we are on track to meet the MPL for MY2023.
- D. 2023 QI Work Plan goal was to comply with the reporting requirements of APL 20-016 (revised). MCPs must identify, at least on a quarterly basis, all child members under the age of 6 years who have no record of receiving a blood lead test as required by California regulations. Objective was met.
- E. 2023 QI Work Plan goal was to implement a process to identify the number of children that refuse blood lead testing. This objective was not met. However, CalOptima Health developed and made the Anticipatory Guidance and Blood Lead Refusal form available for providers on the CalOptima Health website. This document is intended to support providers with the documentation of blood lead refusals as required by APL 20-016 (revised).

Qualitative Analysis/Barriers:

- A. The objective to provide CalOptima Health providers and health networks with reports of members who have no record of receiving a blood lead test was met. In 2023, the report underwent revisions to support health networks with data to further support the sharing of information with providers. To align with the cadence of other quality reporting and support timely data sharing, in September 2023 CalOptima Health shifted to provide this report monthly.

- B. Lack of procedure codes directly related to the refusal of blood lead tests creates challenges in the availability of data and thereby, the implementation of a mechanism to identify lead testing refusals. Consequently, documentation of any refusal in the member medical record must be a manual process. With different providers using different electronic medical records and some providers still relying on paper charts, there is no appropriate mechanism for which CalOptima Health can gather data on refusals without placing an administrative burden to providers and other health care professionals. Our focus will continue to be to support member testing as recommended.
- C. In 2023, CalOptima Health engaged in discussions with HNs related to understand the barriers preventing members from testing for lead. Among the feedback, some noted that the recall of Magellan Diagnostics lead testing products were detrimental to the LSC rate but are now seeing an improvement in 2023. Lead testing products resumed at the end of Q1 2022, however, it is possible that supply availability posed challenges. In addition, some network providers have a preference to continue to issue lab orders rather than point of care testing in their office. CalOptima Health encourages providers who submit lab orders to establish follow-up protocols to ensure testing is completed and provide reminders for members with completion gaps.
- D. Parents or guardians of children may opt not to complete a lead screening because they may be unaware of the importance of blood lead testing or the recommended testing cadence at 12 and 24 months of age.
- E. Parents or guardians may also have concerns related to the physical discomfort associated with testing. Testing for lead in a lab requires a venous sample.
- F. The LSC HEDIS measure specifications do not align with the AAP/Bright Futures recommendations or state regulations for testing at 12 and 24 months of age. In addition, testing recommendations differ for children with Medicaid and commercial insurance. Medicaid providers also caring for children with commercial insurance may be confused on the clinical guidelines that differ.
- G. Multiple interventions (e.g., text, call, mail) are driven by member contact information. Incorrect member data poses challenges to communicate important information related to lead and lead testing thereby reducing the outreach effectiveness.
- H. The Health Guide 0-2 Newsletter mailing interventions was slated for launch early in March 2023 to support early member education efforts on lead. The mailing process required additional resubmissions which contributed to delays which resulted in mailings sent closer to the end of Q2. This contributed to the sharing of information that was later than anticipated.
 - 1. Effective September 2023, CalOptima Health revised policy GG.1666 to include TCPA guidance. Under this revised guidance, the provision of a member phone number implies consent for outreach via text to facilitate behavior change and support clinical and quality outcomes. This guidance allowed CalOptima Health to expand on member outreach via text.
- I. LSC is a hybrid measure that requires medical record review therefore the actual final rate for MY2023 may be higher.

Conclusion and Next Steps:

- A. Multiple interventions (e.g., texts, call campaigns) are member driven. There are opportunities to continue a multiprong approach to address barriers at the provider and systemic level.
- B. CalOptima Health shifted blood lead reports to monthly cadence to support earlier data sharing, but it is too early to determine if the shift contributed to increased lead screening rates.
- C. Opportunities remain to have direct collaboration with providers, community clinics, health networks and their quality teams. This includes presenting lead testing and lead testing rates to partners throughout MY2024.
- D. Opportunities remain to create targeted member initiatives that focus on closing lead testing gaps among racial/ethnic groups with increased disparities.
- E. CalOptima Health is exploring collaborative efforts with the local health department to expand on lead testing efforts. In addition, CalOptima Health will continue the pursuit of a collaborative blood lead poster campaign for providers.
- F. In MY2024, CalOptima Health will launch two health rewards for blood lead testing at 12 and 24 months. This is intended to support providers with testing in alignment with the clinical guidelines and support member awareness of testing recommendations.
- G. CalOptima Health will retain the LSC measure on the 2024 QI Workplan. Low-income communities face the burden of geospatial barriers that increase the risk of lead exposure. LSC is interconnected with other quality measures such as well-child visits. Retaining LSC will ensure that we continue to strive for quality and invest in addressing the importance of risk exposure and its health consequences.

5.2 Managing Members with Emerging Risk

5.3.1 Behavioral Health

5.3.1.1 Metabolic Monitoring for Children and Adolescents on Antipsychotics (APM)

Background: According to an article published in the National Institutes of Health (NIH) National Library of Medicine, there has been an increase in the prescribing of antipsychotic medications in children and adolescents ages 1-17 (Eveliina Varimo, 2020). CalOptima Health recognizes the potential risk associated with these medications as it relates to their members. These risks can lead to lifelong metabolic disorders, such as diabetes and cholesterol diagnosis. It is important to ensure that regular metabolic monitoring is a regular standard of care in the management of children on antipsychotic medications.

The APM measure monitors ongoing use of antipsychotic medications by children and adolescents increases the risk of developing diabetes and high cholesterol, which can extend into adulthood. Metabolic monitoring can help ensure early detection and management of these potential complications.

Measure Description: The percentage of children and adolescents 1–17 years of age who had two or more antipsychotic prescriptions and had metabolic testing. Three rates are reported:

- A. The percentage of children and adolescents on antipsychotics who received blood glucose testing.
- B. The percentage of children and adolescents on antipsychotics who received cholesterol testing.
- C. The percentage of children and adolescents on antipsychotics who received blood glucose and cholesterol testing.

Goals:

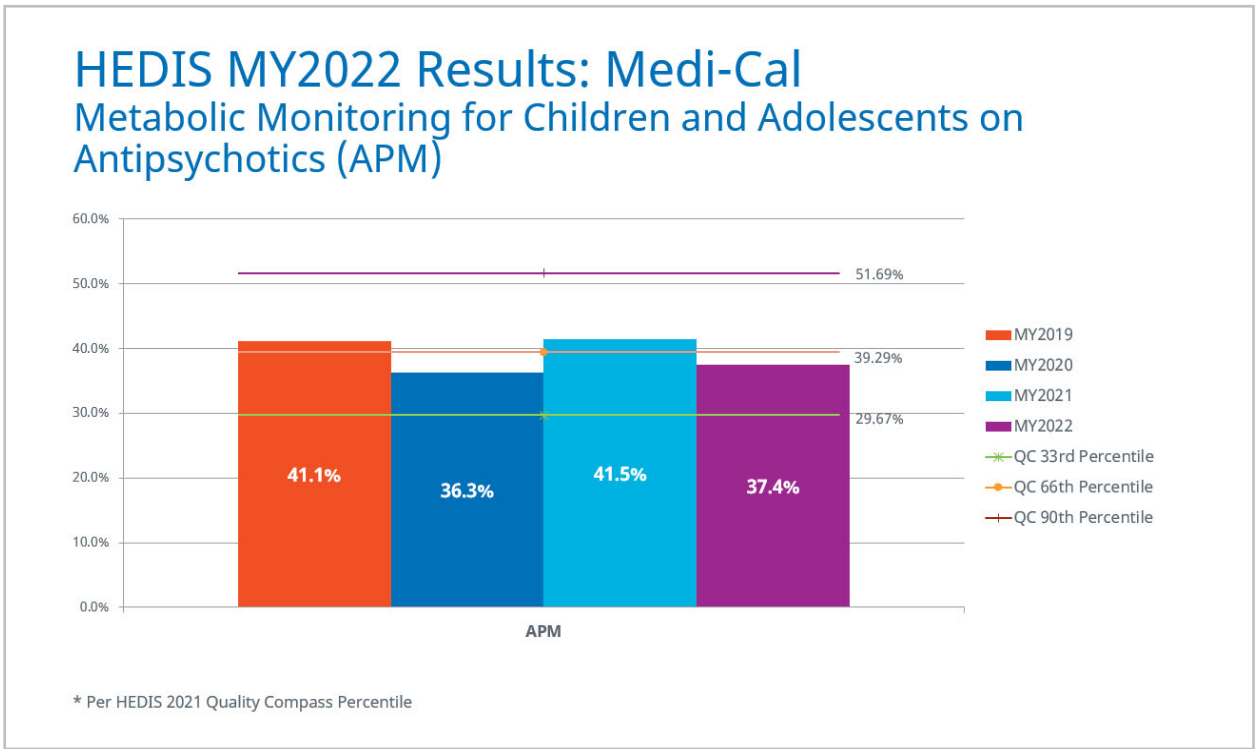
Measure	2023 Medi-Cal Goal	MY2022 Medi-Cal Rate	MY2022 Goal Met/ Not Met
Blood Glucose Monitoring	Blood Glucose-All Ages: 54.36%	57.3%	Goal Met
Cholesterol Testing	Cholesterol-All Ages: 36.17%	39.9%	Goal Met
Blood Glucose and Cholesterol Monitoring	Glucose and Cholesterol Combined-All Ages: 34.30%	37.4%	Goal Met

Actions/Interventions:

- A. The BHI Quality Team monitored prescribing providers who showed as noncompliant for follow-up testing with members. The interventions will be focused on targeting the prescribing providers, as well as the primary care providers.
- B. Member outreach will be conducted monthly via a text messaging campaign, through a contracted vendor. This intervention will target members identified, that have not completed their yearly follow-up metabolic testing. These messages will be sent in the member’s threshold language.
- C. Providers identified with a high rate of noncompliance will be sent a Provider Tip Tool sheet and Best Practices letter, to alert providers about the importance of metabolic monitoring of members that been prescribed antipsychotic medications. Members are at a higher risk of developing chronic metabolic disorders while taking these types of medications. The APM HEDIS measure addresses three data elements:
 - 1. The percentage of children and adolescents on antipsychotics who received blood glucose testing.
 - 2. The percentage of children and adolescents on antipsychotics who received cholesterol testing.
 - 3. The percentage of children and adolescents on antipsychotics who received blood glucose and cholesterol testing.

Planned Activities/Intervention	Intervention Type	Barriers	Completion Status
Provider Tip Tool Sheet	Provider	Provider Data Integrity, Dissemination Method	In Progress
Member list for Provider	Provider	Provider Data Integrity, Dissemination Method, PHI risk	In Progress
Provider Best Practices Letter	Provider	Provider Data Integrity, Dissemination Method	In Progress
In-Person Provider Outreach	Provider	Provider Data Integrity, Dissemination Method	In Progress
Text Messaging Campaign	Members	Lengthy approval process (DHCS)	In Progress

Results:



Quantitative Analysis:

The final rate was 37.4% for Total Blood Glucose and Cholesterol Monitoring, which met the intended goal 34.30%. The decline from the previous year is due to measure APM not actively being a monitored measure prior to 2023.

Quantitative Analysis/Barriers:

- A. Dissemination process is being modified to optimize provider outreach.
- B. Updating data directly to the provider portal
- C. Text messaging campaign in process of finalization

Conclusion and Next Steps:

For the upcoming year 2024 the BHI Quality Team will be actively monitoring measure APM to track and trend provider follow-up testing for children ages 1–17 that have been prescribed antipsychotic medications. The following interventions will be disseminated in 2024:

- A. The BHI Quality team is in the process of developing a pilot program for APM measure. The department will be working collaboratively with the Provider Relations department, to identify the best strategies to target the top 10 prescribing providers with in-person visits. The second part of the intervention will target the next top 50 prescribing providers identified with a mailed intervention that will include a Provider Tip Tool Sheet and Provider Best Practices Letter.
- B. BHI will be working with quality analytics to further identify data elements needed to address the members PCPs for further intervention outreach.
- C. Future state in 2024 we are working closely with ITS to deliver this member information electronically via the CalOptima Health Provider Portal. The use of modern technology will allow CalOptima Health to deliver this important information best practices to providers in a timely matter, while streamlining workflows and processes in the BHI Quality department.

5.3.1.2 Follow-Up Care for Children Prescribed ADHD Medication

Background: CalOptima Health’s program monitors the percentage of children with newly prescribed attention-deficit/hyperactivity disorder (ADHD) medication who have at least three follow-up care visits within a 10-month period. The measure focuses on two phases. The Initiation Phase requires that the first follow-up visit occurs within 30 days of the initial ADHD medication being dispensed. The Continuation Phase includes those members that remained on medication for at least 210 days and attended at least two additional follow-up visits within nine months following the Initiation Phase.

Goals: To increase chances to meet or exceed HEDIS goals through effective interventions that are aligned with current practice and technological options.

Measure	2023 Medi-Cal Goal	MY2022 Medi-Cal Rate	MY2022 Goal Met/Not Met
Follow-Up Care for Children Prescribed ADHD Medication	<ul style="list-style-type: none">• Initiation Phase: 42.77%• Continuation and Maintenance Phase: 51.78%	<ul style="list-style-type: none">• Initiation Phase: 42.4%• Continuation and Maintenance Phase: 46.8%	Medi-Cal: Not Met

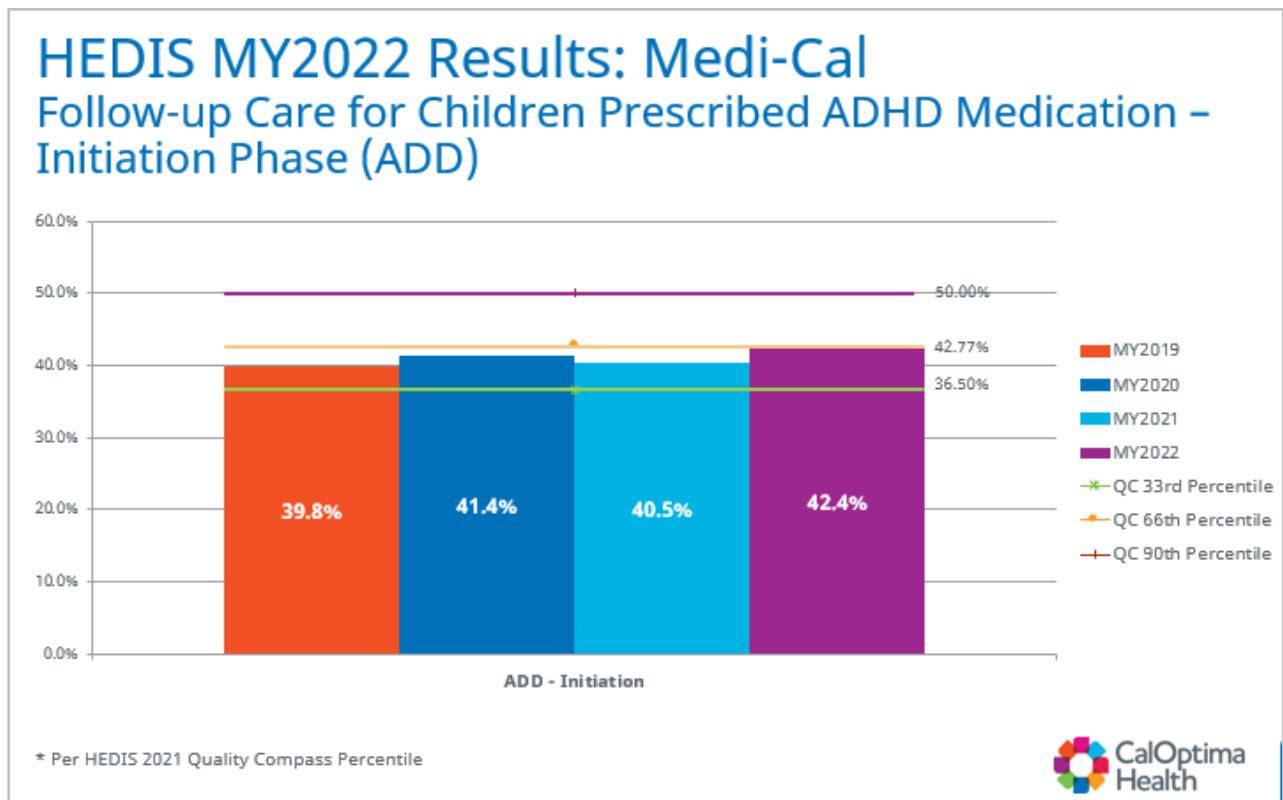
Action/Interventions:

- A. BHI Quality Team tracked and trended providers who showed as noncompliant for follow-up visits with members. Providers with high frequency of non-compliance were sent a letter to educate on the ADD measure requirements and the importance of follow-up visits with members prescribed ADHD medications.
- B. BHI Quality Team continued to track members monthly that filled an initial ADHD medication and conducted member outreach to ensure a 30-day follow-up appointment had been scheduled.

C. BHI Quality Team submitted an article for the Spring 2023 edition of the CalOptima Health’s member newsletter to educate on the importance of attending follow-up visits with a provider.

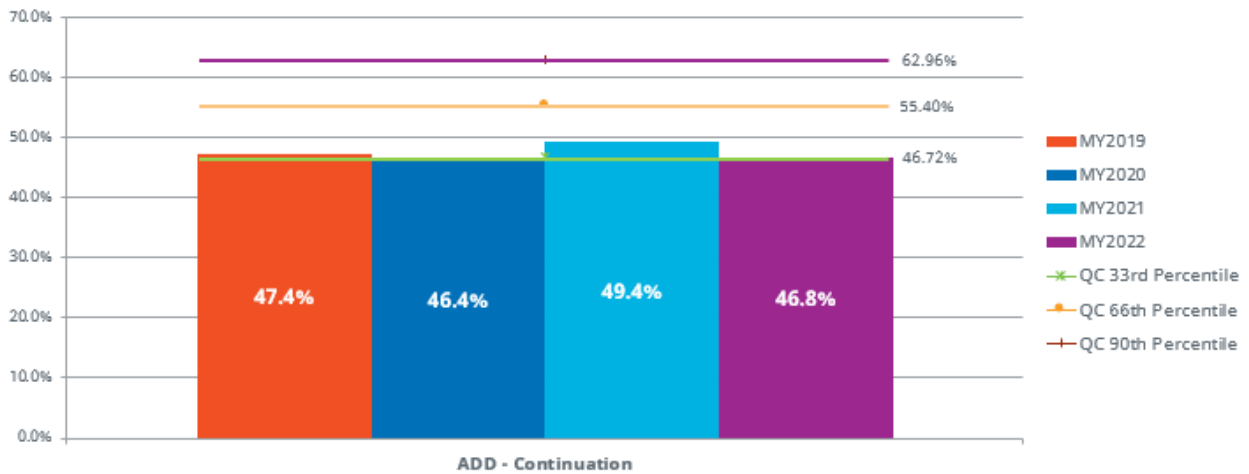
Planned Activities / Intervention	Intervention Type	Barriers	Completion Status
Provider Best Practice Letter	Provider	Provider Data Integrity, Dissemination Method	Completed
Provider Tip Tool Sheet	Provider	Provider Data Integrity, Dissemination Method	Completed
Member Outreach	Member	Member Data Integrity	In Progress
2023 CalOptima Health Spring Member Newsletter	Member	None	Completed
Text Messaging Campaign	Members	Lengthy approval process (DHCS)	In Progress (12/2023)

Results:



HEDIS MY2022 Results: Medi-Cal

Follow-up Care for Children Prescribed ADHD Medication – Continuation Phase (ADD)



* Per HEDIS 2021 Quality Compass Percentile



Quantitative Analysis:

- CalOptima Health’s 2022 HEDIS Initiation Phase final rate was 42.4%, which did not meet the intended goal of 42.77%. The Initiation Phase has demonstrated slight change over the past four years.
- The 2022 HEDIS Continuation Phase final rate was 46.8%, which also did not meet the intended goal of 55.40%. Continuation Phase has demonstrated a slight decrease over the past four years.

Qualitative Analysis/Barriers:

- The provider letter was faxed to the number on record. We are aware that the fax may not always go to the intended provider to whom the letter was faxed.
- Provider availability is still a barrier for members to get an appointment scheduled with the 30-day follow-up requirement. This may be due to the national shortage of behavioral health providers.
- Text messaging campaign in process of finalization 12/2023.

Conclusion and Next Steps:

- The BHI quality team will continue to send letters to providers who are not meeting the ADD requirements.
- The BHI quality team will explore opportunities to continue member outreach to identify barriers and assist members with appointment scheduling if necessary.
- ADD materials will be updated yearly and the team will distribute new materials to providers and members as part of the outreach effort.
- Future state in 2024 we are working closely with ITS to deliver this member information electronically via the CalOptima Health Provider Portal. The use of modern technology

will allow CalOptima Health to deliver this important information best practices to providers in a timely matter, while streamlining workflows and processes in the BHI Quality Department.

5.3.1.3 Follow-Up After Emergency Department Visit for Substance Use (FUA) and Mental Illness FUM

Background: CalOptima Health’s program assesses the percentage of emergency department (ED) visits among members aged 13 years and older with a principal diagnosis of substance use disorder (SUD), or any diagnosis of drug overdose, for which there was follow-up. Two rates are reported in this program, the percentage of ED visits for which the member received follow-up within 30 days of the ED visit, as well as the percentage of ED visits for which the member received follow-up within 7 days of the ED visit.

CalOptima Health’s program also assesses the percentage of emergency department (ED) visits for members 6 years of age and older with a principal diagnosis of mental illness or intentional self-harm diagnoses and who had a follow-up visit for mental illness. Two rates are measured in this program, the percentage of ED visits for which the member received follow-up care within 30 days of ED visit, as well as the percentage of ED visits for which the member received follow-up care within 7 days of ED visit.

Goals: To increase chances to meet or exceed HEDIS goals through effective interventions that are aligned with current practice and technological options.

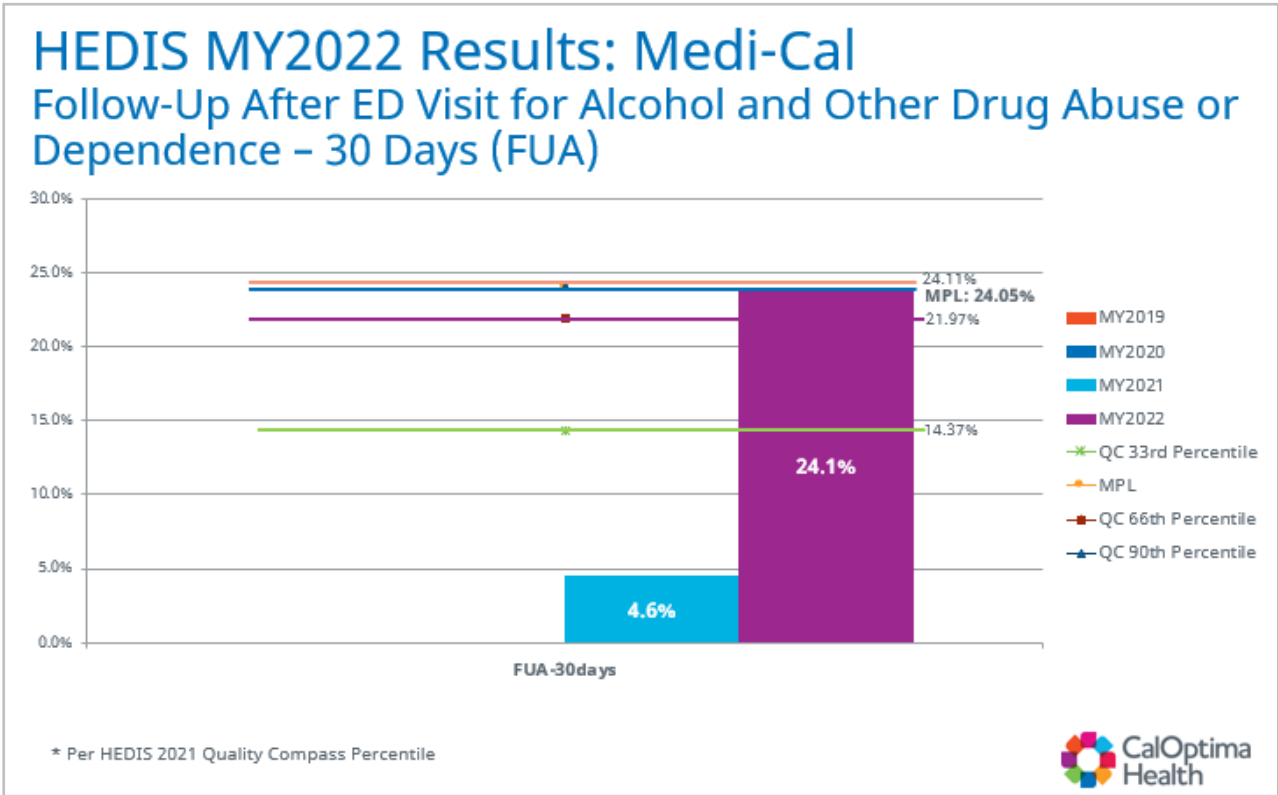
Acronym	Measure	2023 Medi-Cal Goal	MY2022 Medi-Cal Rate	MY2022 Goal Met/Not Met
FUA	Follow-Up After Emergency Department Visit for Substance Use	<ul style="list-style-type: none"> 30 Days: 21.24% 7 Days: 8.93% 	<ul style="list-style-type: none"> 30 Days: 24.1% 7 Days: 13.0% 	Medi-Cal: Not Met
FUM	Follow-Up After Emergency Department Visit for Mental Illness	<ul style="list-style-type: none"> 30 Days: 54.54% 7 Days: 31.97% 	<ul style="list-style-type: none"> 30 Days: 58.8% 7 Days: 35.5% 	Medi-Cal: Met

Actions/Interventions:

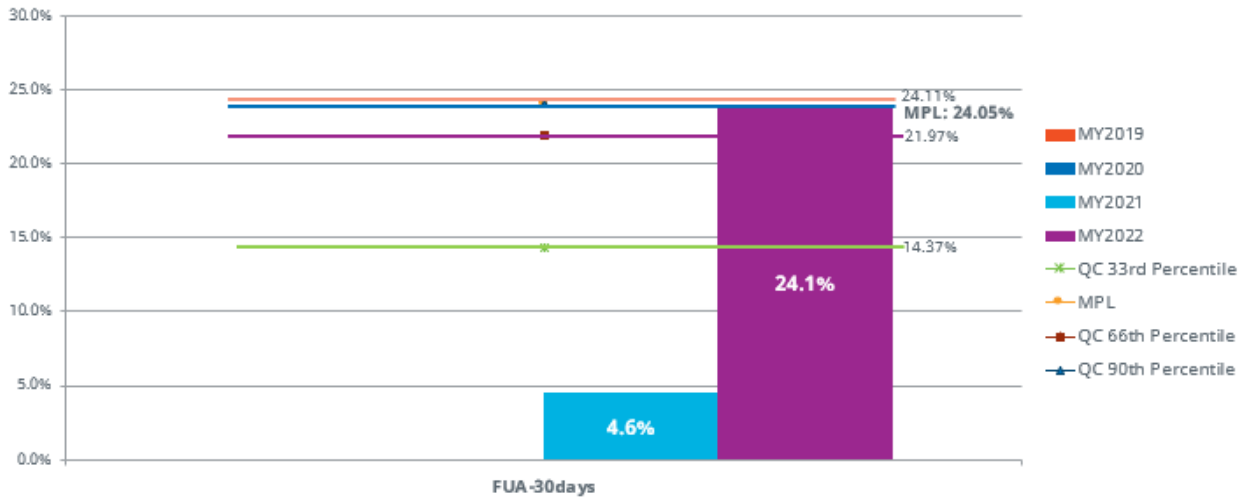
Planned Activities/Intervention	Intervention Type	Barriers	Completion Status	Measure
Track real-time ED data for participating facilities on contracted vendor.	Data	Provider Data Integrity	In Progress	FUA, FUM
Establish reports for data sharing with Health Networks and/or established behavioral health provider to facilitate faster visibility of the ED visit.	Data, HN, Provider	Provider Data Integrity	Completed	FUA, FUM
Participate in educational events on provider responsibilities on related to follow-up visits.	Provider	Internal Collaboration TBD	In Progress	FUA, FUM

Planned Activities/Intervention	Intervention Type	Barriers	Completion Status	Measure
Utilize CalOptima Health NAMI Field-Based Mentor Grant to assist members connection to a follow-up after ED visit.	Member, Community	Internal Collaboration TBD	In Progress	FUA, FUM
Implement new behavioral health virtual provider visit for increase access to follow-up appointments.	Member, Provider	Internal Completion TBD	In Progress	FUA, FUM

Results:



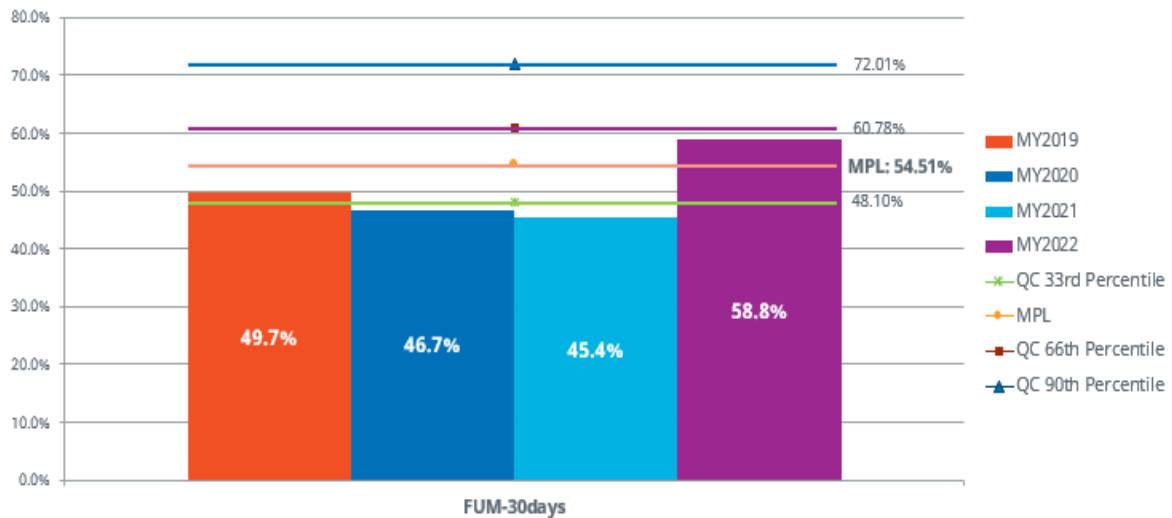
HEDIS MY2022 Results: Medi-Cal Follow-Up After ED Visit for Alcohol and Other Drug Abuse or Dependence - 30 Days (FUA)



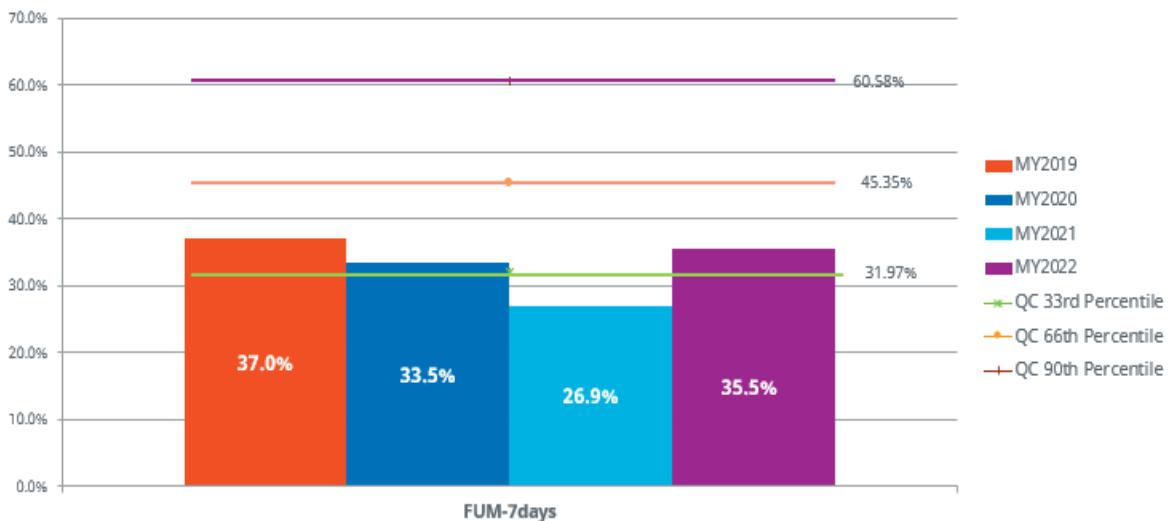
* Per HEDIS 2021 Quality Compass Percentile



HEDIS MY2022 Results: Medi-Cal Follow-Up After ED Visit for Mental Illness - 30 days (FUM)



HEDIS MY2022 Results: Medi-Cal Follow-Up After ED Visit for Mental Illness – 7days (FUM)



Quantitative Analysis:

A. FUA

1. The final 30-day rate for MY2022 was 24.1%, which met the intended goal of 24.05% The final 7-day rate was 13.0%, which did meet the intended goal of 8.93%.
2. RY 2023 data demonstrates an increase in members attending follow-up visits post ED visits. This pattern appears to be continuing into MY2023.

B. FUM

1. The final 30-day rate for MY2022 was 58.8%, which met the intended goal of 54.51% The final 7-day rate was 35.5%, which did meet the intended goal of 31.97%.
2. RY 2023 data demonstrates an increase in members attending follow-up visits post ED visits. This pattern appears to be continuing into MY2023.

Qualitative Analysis/Barriers:

- A. Data provided by vendor did not always show the Principal Diagnosis as being one of Mental Illness or intentional Self-harm.
- B. No STFP BH folder was in place to share the ED data with the health networks.

Conclusion and Next Steps:

- A. Current ED reports provided by vendor have been modified and updated so that they show the Principal Diagnosis as being one of Mental Illness or intentional self-harm.
- B. Text message campaign has been developed and will be sent by 11/17/2023 to members who meet the FUA criteria. The text message will serve as a reminder to members who have recently visited the ED, to make sure they schedule a follow-up appointment.
- C. SFTP Files/Folders have been established to share BH ED data with health networks.

D. BHI is in the process of piloting a program to conduct member outreach to engage and assist CalOptima Health Community Network (CCN) and CalOptima Direct (COD) members in providing linkage and support in scheduling follow up visits.

5.3.1.4 Diabetes Screening for People with Schizophrenia or Bipolar Disorder Who Are Using Antipsychotic Medications (SSD)

Background: CalOptima Health’s program assesses the percentage members 18–64 years of age with schizophrenia, schizoaffective disorder, or bipolar disorder, who were dispensed an antipsychotic medication and had a diabetes screening test during the measurement year. Members with severe mental illness who use antipsychotics are at increased risk of diabetes. In the United States, diabetes is among one of the leading causes of death. Lack of care for individuals with diabetes who use antipsychotic medications can lead to deteriorating health and death. Screening and monitoring of these conditions are important.

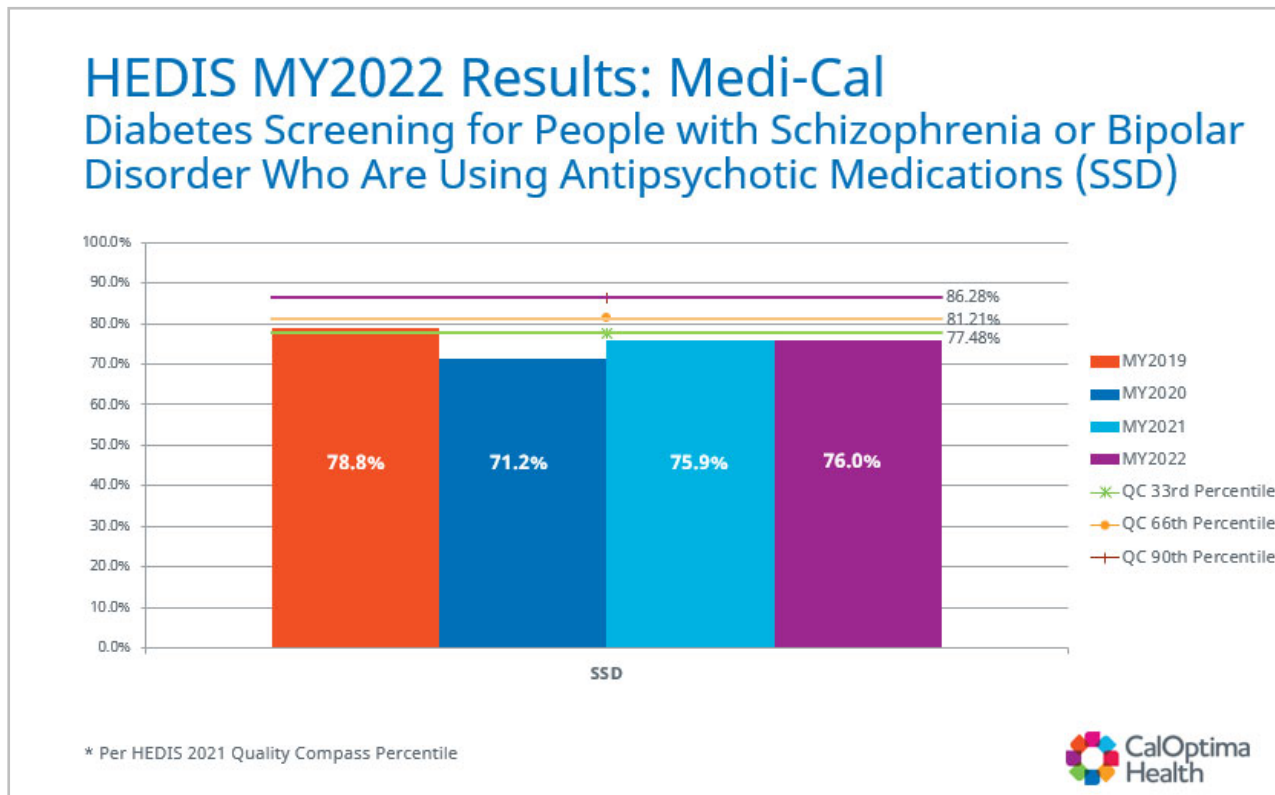
Goals: To increase chances to meet or exceed HEDIS goals through effective interventions that are aligned with current practice and technological options.

Measure	2023 Medi-Cal Goal	MY2022 Medi-Cal Rate	MY2022 Goal Met/Not Met
Diabetes Screening for People with Schizophrenia or Bipolar Disorder Who Are Using Antipsychotic Medications	MC 77.48%	MC 76.0%	Medi-Cal: Not Met

Actions/Interventions:

Planned Activities/Intervention	Intervention Type	Barriers	Completion Status
Identify members through internal data reports in need of diabetes screening test.	Data	<ul style="list-style-type: none"> Receiving timely data, obtaining the correct contact information for the prescribing providers such as phone numbers, fax numbers, and providers no longer practicing. 	Completed
Conduct outreach to prescribing provider and/or PCP to remind of best practice and provide list of members still in need of screening.	Provider	<ul style="list-style-type: none"> Some members with this diagnosis may not see their PCP regularly. Some members may refuse to get their lab work completed. 	Completed
Remind prescribing providers to contact members’ PCP with lab results by providing name and contact information to promote coordination of care.	Provider	<ul style="list-style-type: none"> Some members with this diagnosis may not see their PCP regularly. Some members may refuse to get their lab work completed. 	Completed
Text Messaging Campaign	Members	Lengthy process approval from DHCS	Completed

Results:



Quantitative Analysis: CalOptima Health’s 2022 SSD Measurement of Effectiveness of Opportunity HEDIS final rate was 76.0%, which did not meet the intended goal of 86.28%. The final rate has demonstrated a slight increase.

Qualitative Analysis/Barriers:

- Receiving timely data
- Obtaining the correct contact information for the prescribing providers such as phone numbers, fax numbers, and providers no longer practicing.
- Some members with this diagnosis may not see their PCP regularly.
- Some members with this diagnosis may refuse to get their lab work completed.

Conclusion and Next Steps:

- Continue to track members in need of diabetes screening test.
- Continue to outreach to prescribing providers.
- Future state in 2024 we are working closely with ITS to deliver this member information electronically via the CalOptima Health Provider Portal. The use of modern technology will allow CalOptima Health to deliver this important information best practices to providers in a timely matter, while streamlining workflows and processes in the BHI Quality Department.

5.3.2 Chronic Conditions

5.3.2.1 Diabetes Care (HBD, EED)

Background: According to the CDC, diabetes raises the risk for high blood pressure, which increases a person’s chances of heart disease, stroke, vision loss and kidney disease. Tests and screenings for diabetes are necessary for people with diabetes to catch any changes before they turn into major health problems. They can also help providers create specific treatment plans based on their patients’ needs.

The following are diabetes performance measures for HEDIS.

The Hemoglobin A1c Control for Patients with Diabetes – HbA1c Poor Control > 9% (HBD) is a hybrid HEDIS measure, and part of the Medi-Cal Managed Care Accountability Set (MCAS), which is required to meet the minimum performance level (MPL) of 50th percentile as defined by the National Committee for Quality Assurance (NCQA) National Quality Compass Benchmarks. For this measure, DHCS requires annual reporting by Medi-Cal managed care health plans. HBD is defined as members 18–75 years of age with diabetes (type 1 and type 2) who had a recent HbA1c level of >9.0% or is missing a result, or if a HbA1c test was not done during the measurement year (lower is better).

Eye Exam for Patients with Diabetes (EED) a hybrid HEDIS measure, is defined as members 18–75 years of age with diabetes (type 1 and type 2) who had a recent retinal eye exam during the measurement year.

In addition, both HBD and EED measures are also part of the CMS 5-Star quality rating system.

Goals:

MY2023 Work Plan Goals

Acronym	Measure	MY2022 Medi-Cal Rate	MY2022 OneCare Rate	MY2022 Goal Met/Not Met	2023 Medi-Cal Goal	2023 OneCare Goal
HBD*	Hemoglobin A1c Control for Patients with Diabetes – HbA1c Poor Control > 9%	30.41%	21.67%	Medi-Cal: Met (34.06%)- (WP 2022) OneCare: Not Met (19%)- (WP 2022)	30.9% (WP 2023)	17% (WP 2023)
EED	Eye Exam for Patients with Diabetes	62.63%	73.33%	Medi-Cal: Not Met (63.2%)- (WP 2022) OneCare: Met (71%)- (WP 2022)	63.75% (WP 2023)	79% (WP 2023)

For HBD lower rate is better.

The table above reviews the goals for MY2022 and MY2023 and the Medi-Cal and OneCare final rates for HEDIS MY2022.

Goal methodology for 2023 is set based on the current reported performance and most current available benchmark. The Medi-Cal goal setting for MY2023 is based on the MY2021 reported

performance results compared to the national percentile from NCQA Quality Compass. If current reported reached NCQA Quality Compass percentile, then the goal was set to the next percentile. The OneCare goal setting for MY2023 is based on the MY2021 reported performance results compared to the Star Rating cutoff. If current reported reached Star cutoff, then the goal was set to the next Star cutoff.

CalOptima Health’s HEDIS MY2022 HBD rate for Medi-Cal was 30.41% and met the MPL of 43.19% and met the internal goal of 34.06% (lower rate is better). CalOptima Health’s HEDIS MY2022 EED rate for Medi-Cal was 62.63% and met the MPL of 51.36% but did not meet the internal goal of 63.2%.

CalOptima Health’s HEDIS MY2022 HBD rate for OneCare was 21.67% and met the projected 4 Star of 25.00% but did not meet the internal goal of 19.00%. CalOptima Health’s HEDIS MY2022 EED rate for OneCare was 73.33% and met the project 3-Star of 79.00% and met the internal goal of 71.00%.

Actions/Interventions:

List of MY2023 Medi-Cal and OneCare HBD and EED Initiatives

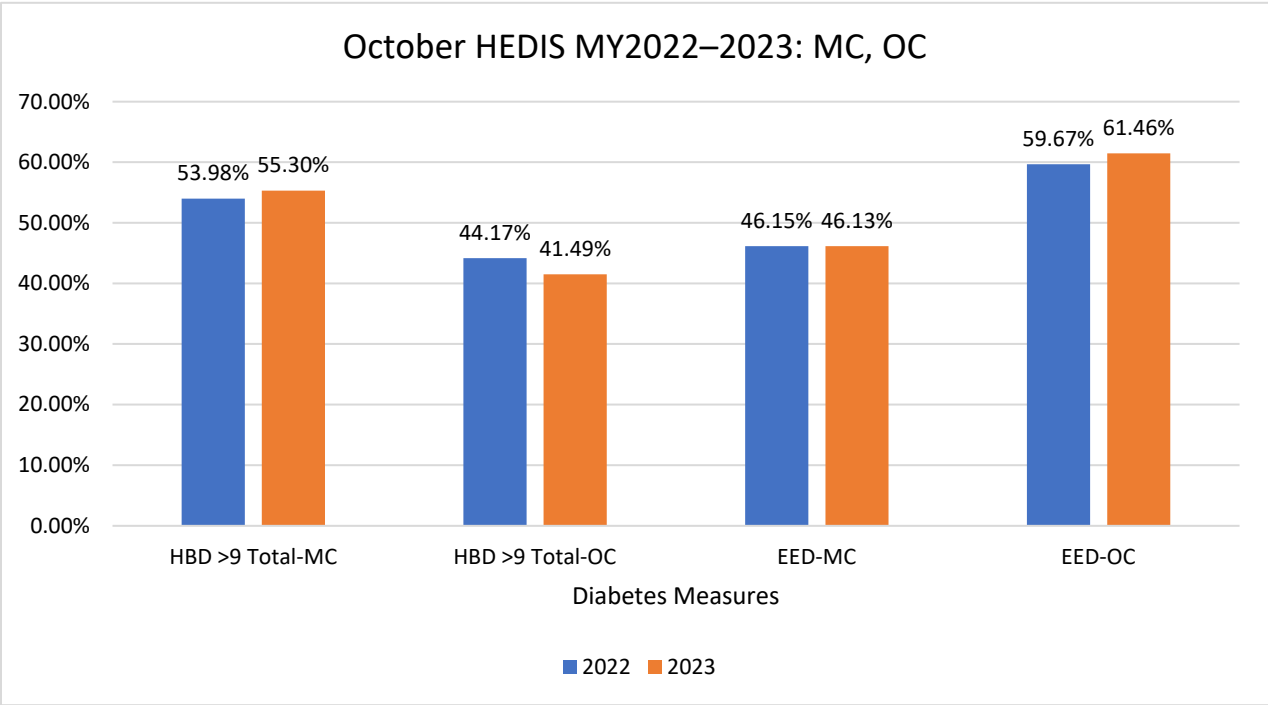
Planned Activities / Intervention	Intervention Type	Barriers	Completion Status	Measure
Member Health Reward (Member Incentive) (ongoing throughout the year)	Member	<ul style="list-style-type: none"> Requires a signed/stamped attestation by the PCP or imaging center, which may prevent some members from participating in the health rewards. Late finalization of forms resulted in late promotion in the year perhaps impacting lower participation rates. 	In Progress	HBD, EED
Member Mailing (ad hoc)	Member	<ul style="list-style-type: none"> Incorrect or incomplete addresses Members do not update their address with SSA. It is unknown what percentage of mail is returned due to wrong addresses 	Completed	HBD, EED
Text Messaging (ad hoc)	Member	<ul style="list-style-type: none"> Member has a do-not-contact notice Incorrect cell phone number Missing or member does not have cell phone number Do not have verbal or written TCPA consent for text messaging Member has opted out of receiving text messages 	Completed	HBD, EED

Planned Activities / Intervention	Intervention Type	Barriers	Completion Status	Measure
Telephonic Outreach (Live Call, CareNet, CSR, etc.) (ad hoc)	Member	<ul style="list-style-type: none"> • Incorrect land line or cell phone number • No answer • Limited staff members conducting outreach • Calls were initiated for yearend push may not give enough time to complete screening 	Completed	HBD, EED
Member Newsletter (Spring/Fall)	Member	<ul style="list-style-type: none"> • Incorrect or incomplete addresses • Members do not update address with SSA. • It is unknown which percentage of mail is returned due to wrong addresses • Unable to measure member engagement 	Completed	HBD, EED
Paid Print Ad (ad hoc)	Community	<ul style="list-style-type: none"> • Advertisement only in three threshold languages, English, Spanish and Vietnamese 	Completed	HBD, EED
Paid Digital Ad (ad hoc)	Community	<ul style="list-style-type: none"> • Advertisement only in three threshold languages, English, Spanish and Vietnamese • Inadequate duration and intensity/exposure to potential opportunity to see the campaign • Limited by budget allotment 	Completed	HBD, EED
Radio Ad (ad hoc)	Community	<ul style="list-style-type: none"> • Advertisement only in three threshold languages, English, Spanish and Vietnamese • Inadequate duration and intensity/exposure to potential opportunity to see the campaign • Limited by budget allotment 	Completed	HBD, EED
Paid Social Media (ad hoc)	Community	<ul style="list-style-type: none"> • Advertisement only in three threshold languages, English, Spanish and Vietnamese • Inadequate duration and intensity/exposure to potential opportunity to see the campaign • Limited by budget allotment 	Completed	HBD, EED
Electronic Newsletter (Community Connections) (ad hoc)	Community	<ul style="list-style-type: none"> • Unable to measure community engagement 	Completed	HBD, EED

Planned Activities / Intervention	Intervention Type	Barriers	Completion Status	Measure
VSP Data Share	HN	<ul style="list-style-type: none"> No requirement for sharing of eye exam results from VSP providers to CalOptima Health member PCPs for continuity of care. No way to ensure this is executed on the side of VSP due to VSP providers often lacking electronic medical records or PCP information. Lack of medical release forms requesting the sharing of exam results directly to PCPs. Lack of data sharing between VSP specialist and PCP due to contract restrictions between CalOptima Health and VSP provider network, prohibiting data share to any health network and only permitting sharing data with the health plan. 	In Progress	EED

Results:

Diabetes Measures Figure 1: October HEDIS Rates MY2022–MY2023: Medi-Cal (MC) and OneCare (OC)



Claims/Encounters processed through October 2023

Quantitative Analysis:

A. Medi-Cal Hemoglobin A1c Control for Patients with Diabetes – HbA1c Poor Control > 9% (HBD): Figure 1 above compares CalOptima Health Medi-Cal HBD prospective rates for

October HEDIS MY2022–MY2023. The rates are based on the administrative data and represent the claims/encounters process through the month of October for each respective year. As of October 2023, the HBD prospective rate was 55.30%, which is higher than the October 2022 prospective rate of 53.98% by 1.32 percentage points.

- B. Medi-Cal Eye Exam for Patients with Diabetes (EED): Figure 1 above compares CalOptima Health Medi-Cal EED prospective rates for October HEDIS MY2022–MY2023. The rates are based on the administrative data and represent the claims/encounters process through the month of October for each respective year. As of October 2023, the EED prospective rate was 46.13%, which is lower than the October 2022 prospective rate of 46.15% by 0.02 percentage points.
- C. OneCare Hemoglobin A1c Control for Patients with Diabetes – HbA1c Poor Control > 9% (HBD): Figure 1 above compares CalOptima Health OneCare HBD prospective rates for October HEDIS MY2022-MY2023. The rates are based on the administrative data and represent the claims/encounters process through the month of October for each respective year. As of October 2023, the HBD prospective rate was 41.49%, which is lower than the October 2022 prospective rate of 44.17% by 2.68 percentage points.
- D. OneCare Eye Exam for Patients with Diabetes (EED): Figure 1 above compares CalOptima Health OneCare HBD prospective rates for October HEDIS MY2022–MY2023. The rates are based on the administrative data and represent the claims/encounters process through the month of October for each respective year. As of October 2023, the EED prospective rate was 61.46%, which is higher than the October 2022 prospective rate of 59.67% by 1.79 percentage points.

Qualitative Analysis/Barriers:

A. HBD and EED:

1. Member Health Reward (Member Incentive)

- a. Requires a signed/stamped attestation by the PCP or imaging center, which may prevent some members from participating in the health rewards.
- b. Promotion was limited to members or providers resulting in lower than expected member health reward participation.
- c. Limitations of Provider Attestation
 - i. Incomplete Forms: A1C test reward forms regularly came back with the A1C value field empty, or it was clear members had filled out the form themselves with a blood sugar value reading instead of an A1C test value.
 - ii. Incorrect Information: Many members received the forms in the mail and simply filled out their information and submitted without having the service done. Some of those submitted forms used old dates of service which do not qualify.
 - iii. Members give the form to their doctor assuming the provider will submit the form to CalOptima Health. CalOptima Health often does not get those submissions.
- d. Members submit the form, but the date of service is not within the incentive timeframe.

- e. A1C testing is usually done quarterly or as directed by a provider, this consistency may lead to member lab visit fatigue due to frequent lab visits for testing.
- 2. Text Messaging
 - a. Member has a do-not-contact designation to not receive test messages.
 - b. Incorrect cell phone number
 - c. Missing or member does not have cell phone number
 - d. Do not have verbal or written TCPA consent for text messaging
 - e. Member has opted out of receiving text messages
- 3. Member Mailing
 - a. Incorrect or incomplete addresses
 - b. The member does not update address with SSA
 - c. It is unknown which percentage of mail is returned due to wrong addresses
- 4. Telephonic Outreach
 - a. Incorrect land line or cell phone number
 - b. No answer
 - c. Limited staff members conducting outreach
 - d. Calls were initiated for year-end push may not give enough time to complete screening
- 5. VSP Eye Exam letter (EED only): In initial analysis, CalOptima Health found the following to be main barriers for the sharing of diabetic retinal eye exam results between specialist and PCP:
 - a. No requirement for sharing of eye exam results from VSP providers to CalOptima Health member PCPs for continuity of care. Although VSP said that best practices of sharing exam results, especially when retinopathy is positive, are emphasized to VSP providers, there is no way to ensure this is executed on the side of VSP due to VSP providers often lacking electronic medical records or PCP information. Lack of medical release forms requesting the sharing of exam results directly to PCPs is one of the biggest barriers as to why providers do not exchange information.
 - b. Lack of data sharing between VSP specialist and PCP due to contract restrictions between CalOptima Health and VSP provider network, prohibiting direct data share to any health network and only permitting sharing data via the health plan. A workaround was created for sharing files from VSP to Health Networks, but not all networks participated in the setup requirements for the data exchange.

Disparity Analysis:

- A. Analysis Methodology: Disparity analysis was conducted for HBD and EED measures based on the HEDIS MY2022 top 10 race/ethnicity administrative data by denominator. This was then compared with HEDIS MY2021 top 10 race/ethnicity administrative data by denominator to observe any changes from the previous year.
- B. Quantitative Analysis
 - 1. Medi-Cal HBD: When looking at the top three race/ethnicity groups by denominator count, the Hispanic group was first with a rate of 38.07%, increased by 8.36 percentage points from the previous year (29.71%), in second, the Vietnamese

group had a rate at 15.52%, decreased by 7.56 percentage points from the previous year (23.08%) and in third, the White group had a rate at 15.38% decreased by 17.38 percentage points from the previous year (32.76%).

2. OneCare HBD: When looking at the top three race/ethnicity groups by denominator count, the Hispanic group was first with a rate of 40.54%, increased by 4.48 percentage points from the previous year (36.06%), in second, the White group had a rate at 44.25%, increased by 17.89 percentage points from the previous year (26.36%) and in third, the Vietnamese group had a rate at 21.43% increased by 2.13 percentage points from the previous year (19.30%).
3. Medi-Cal EDD: When looking at the top three race/ethnicity groups by denominator count, the Hispanic group was first with a rate of 65.91%, decreased by 3.23 percentage points from the previous year (69.14%), in second, the Vietnamese group had a rate at 72.41%, increased by 7.79 percentage points from the previous year (64.62%) and in third, the White group had a rate at 55.77 increased by 7.49 percentage points from the previous year (48.28%).
4. OneCare EDD: When looking at the top three race/ethnicity groups by denominator count, the Hispanic group was first with a rate of 74.65%, decreased by 7.99 percentage points from the previous year (82.64%), in second, the White group had a rate at 61.96%, decreased by 11.16 percentage points from the previous year (73.12%) and in third, the group identified as Other had a rate at 76.92 increased by 2.73 percentage points from the previous year (74.19%).

Conclusion and Next Steps:

- A. Health Rewards Program will continue for eligible CalOptima members for HBD and EED measures. We continue to focus on initiatives to increase participation in the program and motivate members to schedule and complete their screenings.
- B. Creation of member initiatives that identifies members that have multiple gaps in care that can be closed in one visit to minimize member abrasion will continue to be an area of focus. Staff will also look into disparity analysis to target race/ethnicity groups that have the highest need.
- C. Since HBD and EED perform well historically, CalOptima Health will continue and monitor both HBD and EED measures closely. HBD will be retiring as a MCAS measure. We will continue with having our members get their tests/labs done by conducting multicomponent interventions (mailers, live call outreach, automated calls and text messaging).
- D. Will use disparity analysis to develop interventions to target higher risk members with health inequities caused by race/ethnicity.

5.3.2.2 Disease Management Program

Background: CalOptima Health Disease Management (DM) Program promotes self-management for members with low- and high-risk chronic conditions through comprehensive assessments, individualized telephonic health and nutritional coaching, and providing resources as needed. The DM Program meets the Basic PHM requirement as defined by the DHCS CalAIM PHM Program, and NCQA standards for Health Plan Accreditation.

Program Goal: The goal of the program is to increase effective self-management of chronic conditions through behavioral change. Through increasing positive disease management behaviors

such as medication compliance, self-monitoring, and trigger avoidance, the expected outcomes include reduced emergency visits and inpatient hospitalizations due to disease exacerbations, member empowerment to manage one’s own health, and increased quality of life. In 2023, the DM Program focused on evaluating the member experience with services provided and planning a new program for chronic kidney disease.

Actions/Interventions:

Planned Activities	Description	Date of Completion
Member Satisfaction Survey	Annual survey to elicit feedback from DM members on program satisfaction.	<ul style="list-style-type: none"> Survey completed November 2022 Data analyzed January–March 2023
Develop Chronic Kidney Disease (CKD) Program	Develop CKD data dashboard to establish priorities for CKD Pilot Program	<ul style="list-style-type: none"> Dashboard completed August 2023 Pilot initiated November 2023

Results:

A. Member Satisfaction Survey

1. Chronic Conditions team developed a nine-question mail satisfaction survey to obtain member experience with the DM program.
2. Surveys sent to English and Spanish speaking members enrolled in DM program between January 1, 2022–October 1, 2022.
3. A total of 1,100 surveys were mailed in November 2022 with 114 returned, resulting in a response rate of 10.36%.
4. Each response was evaluated individually with a goal of 85% satisfaction indicated through member responses of Strongly Agree and Agree.

B. Develop Chronic Kidney Disease (CKD) Pilot Program

1. Developed Tableau dashboard with data on CKD to identify health disparities and identify priority populations and potential strategies for interventions.
2. Pilot launched in November 2023, and included Health Education coaching paired with nutritional support by assigned Registered Dietitian.
3. Program target: Members 18+ with Stage or Stage 4 CKD, with two co-morbidities, not connected to nephrologist, and eGFR = 15-29
4. The goal of the program is to connect member to nephrologist, coordinate healthcare needs, provide necessary referrals to resources, and identify health care gaps.

Quantitative Analysis:

A. Member Satisfaction Survey

1. The 2022 response rate increased by 1.08% over the 2021 survey responses. All eight questions exceeded the threshold goal of 85% satisfaction. These survey results suggest that positive member interactions with their health coach may have contributed to overall satisfaction with CalOptima Health’s DM programs. In addition, members have provided comments expressing how their health coach has enabled them to improve their chronic conditions.

Survey Question	2021 Satisfaction Rate	2022 Satisfaction Rate	Met Goal (Yes/No)
1. The information I received from my health coach while participating in the program helped me to better manage my health.	93.60% (N= 89)	96.50% (N=111)	Yes
2. My health coach helped me follow my doctor’s recommendations.	93.50% (N=87)	99.10% (N=113)	Yes
3. I was included when making decisions about my care plan.	90.40% (N=85)	97.30% (N=110)	Yes
4. The information and resources I have received from my health coach have been useful.	93.40% (N=86)	95.60% (N=108)	Yes
5. My health coach helped me improve my relationship with my doctor.	74.50% (N=70)	85.80% (N=95)	Yes
6. My health coach helped me manage my health needs and concerns.	90.50% (N=86)	98.20% (N=101)	Yes
7. My health coach helped me meet my care plan goals.	89.50% (N=85)	87.6% (N=99)	Yes
8. I am satisfied with CalOptima’s Health Management program.	94.70% (N=90)	91.20% (N=103)	Yes

B. Chronic Conditions Chronic Kidney Disease (CKD) Pilot Program

1. The initial goals developed for the CKD pilot program included: development of CKD dashboard for data analysis to prioritize program focus, and an initial enrollment goal of 30 members to participate in the pilot program by February 2024.
2. The CKD Dashboard development was completed in August 2023, and the CalOptima Health member population was analyzed by CKD stage, race, ethnicity, language, and engagement of health care provider (by PCP, nephrologist). Preliminary analysis revealed many CKD stage 3 and stage 4 members were not connected with nephrologist as recommended by the National Kidney Disease Kidney Disease Outcomes Quality Initiative (KDOQI) clinical practice guidelines. The pilot program will prioritize health and nutrition coaching interventions for members with stage 3 and stage 4 CKD and seek to address and understand barriers to provider engagement.
3. The pilot program is currently in the enrollment stage. In 2024, the pilot program data will be evaluated, and results reported to medical management leadership.

Qualitative Analysis/Barriers:

A. Member Satisfaction Survey

1. The rate for question #5, “My health coach helped me improve my relationship with my doctor” increased from 74.5% (2021) to 85.80% (2022), demonstrating the health coaches’ efforts and effectiveness in assisting members to enhance their relationships with their provider at the point of care. To improve this measure, health coaches intentionally coached members on the importance of asking relevant questions to their providers. Health coaches also served as member advocates by communicating important information to the providers to improve member well-being.

2. In addition, the rate for question #6, “My health coach helped me manage my health needs and concerns” showed noticeable improvement, with the rate increasing from 90.5% to 98.20%. These results are supported by all the positive comments received from members. Another measure that improved is question #5, “I was included when making decisions about my care plan.” This rate increased from 90.4% to 97.30%, reflecting member satisfaction in being actively involved in decisions made related to their care.
 3. Overall, improvements are likely a result of health coaches taking a more proactive approach in member care. Another reason for outcome improvements is likely due to intentional enhancements to member care management efforts by health coaches. This includes process standardization, following best practices, ongoing training to improve skills and team adaptation. Health coaches have also refined member care management methods, which has enabled them to better serve and meet the needs of our members.
- B. Chronic Kidney Disease Program
1. As the CKD pilot program is in the beginning launch stage, barriers and qualitative evaluation will happen in 2024.

Conclusion and Next Steps:

- A. Member Satisfaction Survey
1. While goals were met, Chronic Conditions leadership will focus on the following areas:
 - a. Offer surveys through a variety of channels to increase response rate
 - b. Enhance health coach skills and engagement techniques through continual training opportunities
 - c. Enhance health coach communication with members regarding their care plan, self-advocacy and progress toward meeting goals
- B. Chronic Kidney Disease Program
1. The Chronic Conditions team will refine the pilot program as data is captured during the initial phase. Data and program evaluation will occur in 2024 at the end of the initial pilot stage. Program evaluation will be evaluated on the effectiveness of behavior change evidenced through provider engagement and behavior change. At the end of the pilot program, the results will be evaluated to determine expansion, additional refinement, or program termination.

5.3.2.3 CalOptima Health Community Network Latino Members Pilot

Background and Goals: Diabetes is a complex disease that involves multi-organ systems that requires a comprehensive effort by a member’s care team. The CalOptima Health Diabetes Care Program was initially planned as a 12-month pilot program to support PCP offices with managing eligible members of the Medi-Cal CCN adult Latino members (≥ 21 years old) with uncontrolled diabetes (i.e., A1c level ≥ 8). The goals were to implement a multidisciplinary approach to improving diabetes care by lowering HbA1c levels to avoid complications and improving member and provider satisfaction. The final pilot program design consisted of strategies such as:

- A. CalOptima Health Pharmacist interventions
- B. Support from CalOptima Health Population Health Management Health Educators, Health Coaches and Registered Dietitians

C. PCP engagement

The project initiatives included finalizing the member stratification list to identify eligible members and their PCPs, then making outreach attempts to high-volume PCPs through various marketing and communication strategies, and finally launching the pilot program in Q3 2023.

Barriers/Conclusions and Next Steps: Although the pilot program received interest from one provider, due to the overall lack of provider engagement, CalOptima Health’s senior leadership decided that it was in our best interest to sunset this pilot project and re-strategize future efforts. To ensure the continued support of the interested CCN provider, we provided additional suggestions and resources to their team via email but have not heard back since.

5.4 Population Health Management

5.4.1 Population Overview

As different populations may have different needs, challenges and opportunities, CalOptima Health’s population is also unique and has needs that must be considered when developing a PHM Strategy to improve the health of the entire population. CalOptima Health’s member population is comprised of members with a range of demographic characteristics. The tables below summarize key demographic factors that are used, along with other member needs data, to develop a PHM Strategy with an approach aimed at improving the health of the entire population.

MEMBERSHIP DATA* (AS OF NOVEMBER 30, 2023)

Total CalOptima Health Membership 963,968	Program	Members
	Medi-Cal	945,874
	OneCare (HMO D-SNP)	17,648
	Program of All -Inclusive Care for the Elderly (PACE)	446

**Based on unaudited financial report and includes prior period adjustment*

Membership Demographics (as of NOVEMBER 30, 2023)

Member Age		Language Preference		Medi-Cal Aid Category	
0 to 5	8%	English	58%	Temporary Assistance for Needy Families	39%
6 to 18	25%	Spanish	27%	Expansion	37%
19 to 44	34%	Vietnamese	9%	Optional Targeted Low-Income Children	8%
45 to 64	20%	Other	2%	Seniors	10%
65+	13%	Korean	1%	People With Disabilities	5%
		Farsi	1%	Long-Term Care	<1%
		Chinese	<1%	Other	<1%
		Arabic	<1%		

5.4.2 Population Health Management (PHM) Strategy with Population Need Assessment (PNA)

Background: The DHCS launched the PHM Program, which is a cornerstone of CalAIM. Participation in the PHM Program requires MCPs to submit a PHM Strategy deliverable on an annual basis starting in 2023. The purpose of this yearly deliverable is for MCPs to show that they are meaningfully responding to the needs of the community as well as providing other updates on the PHM Program to inform DHCS’ monitoring efforts.

For 2023, the PHM Strategy deliverable is intended to ensure that PHM Standards outlined in the NCQA Health Plan accreditation are being met. Additionally, MCPs should collaborate with their Local Health Department(s) (LHD) to identify mutual priorities within the LHD’s community health assessments (CHA) and community health improvement plans (CHIP) process and develop shared goals and specific, measurable, attainable, realistic, and time-bound (SMART) objectives that will promote further alignment. The 2023 PHM Strategy deliverable will also serve as a precursor to future annual PHM Strategy Deliverable submissions (2024 and beyond).

Goals and Objectives:

- A. Conduct an annual Population Needs Assessment (PNA) to review of the characteristics and needs of our organization’s member population and relevant focus populations to support data-driven planning and decision-making as well as to meet regulatory and accreditation requirements.
- B. Outline CalOptima Health’s cohesive plan of action to address the needs of our members across the continuum of care.
- C. Timely submission of PHM Strategy Deliverables to DHCS.
- D. Adopt DHCS’ new KPI as baselines for measuring the CalAIM PHM Program, and timely report these KPIs to DHCS Actions/Interventions

Planned Activities	Description	Date of Completion
Population Needs Assessment (PNA)	<ul style="list-style-type: none"> • Update and submit the PNA to DHCS in October 2023 • Participate in the Orange County Health Care Agency’s Community Health Assessment sessions 	July–October 2023
Develop PHM Strategy in accordance with NCQA and DHCS standards	Modify the PHM Strategy to include a workplan and submit to DHCS as part of the CalAIM PHM Program	October 2023
Submit PHM KPIs to DHCS	Track, validate and submit PHM KPI data to DHCS to comply with regulatory requirements for the PHM Program and to establish a baseline for measuring the CalAIM PHM Program.	August–November 2023

Results:

Planned Activities	Description	Date of Completion
Population Needs Assessment (PNA)	<ul style="list-style-type: none"> The 2023 PNA reporting format was revised to include member data on culture and linguistic services, quality improvement efforts according to member race and ethnicity and health education programs/services. PNA content was validated by stakeholders. PHM leadership reviewed and approved PNA. NCQA-HP consultant reviewed PNA. The PNA was updated and submitted to DHCS in October 2023. 	Q1-Q3, 2023
PHM Workplan	<ul style="list-style-type: none"> CalOptima Health PHM department met with stakeholders to determine programs/services for each focus area. CalOptima Health PHM department co-developed program/service SMART objectives with stakeholders. PHM Workplan was approved QIHEC CalOptima Health PHM department met with stakeholders to document progress on goals and member activities to support programs/services. 	Q3-Q4, 2023
PHM Strategy Deliverables	<ul style="list-style-type: none"> Pulled data on the five new PHM KPIs and submitted to DHCS in August and November 2023. CalOptima Health established collaborative workgroup with Orange County Health Care Agency (OCHCA). CalOptima Health submitted 2023 MCP PHM Strategy DHCS Deliverable in October 2023. CalOptima Health and OCHCA approved focus areas for collaboration and began to co-design goals and SMART objectives focused on children and pregnant/postpartum members. 	Q3-Q4, 2023

The table below describes the PHM KPIs, the CalOptima Health rate, and how CalOptima Health ranked in a cohort of 25 MCPs. DHCS provided plans with this information based on the first submission on August 15, 2023.

KPI	PHM Monitoring Categories	Measure	CalOptima Health Rate	Statewide Average Rate	CalOptima Health Rank Among MCPs
1	Basic PHM: Emergency Department Care	% of members who had more ED visits than primary care visits within 12-month period	6%	10%	6th out of 25
2	Basic PHM: Primary Care	% of members who had a primary care visit with their assigned PCP within the past 12 months	56%	47%	8th out of 25
3	Basic PHM: Ambulatory Care	% of members with no ambulatory visit claims within the past 12 months	38%	40%	12th out of 25
4	Complex Care Management	% of members eligible for CCM who are successfully enrolled in the CCM program	70%	26%	4th out of 25

KPI	PHM Monitoring Categories	Measure	CalOptima Health Rate	Statewide Average Rate	CalOptima Health Rank Among MCPs
5	Transitional Care Services	% of transitions for high-risk members that had at least one interaction with their assigned care manager within 7-days post discharge	25%	12%	3rd out of 25

Quantitative Analysis:

- A. While the data is only based on the first submission, CalOptima Health is ranked in the top 10 for five of the six measures.
- B. Basic PHM for Ambulatory Care is ranked 12th out of 25 health plans and only outperforms a little more than half of the health plans.
- C. Complex Care Management and Transitional Care Services are performing well, as they are ranked fourth and third, respectively.

Qualitative Analysis:

CalOptima Health successfully met all goals and objectives to develop PNA, PHM Work Plan, PHM Strategy Deliverables and PHM KPIs.

- A. Factors that drove improvement:
 - 1. Increased commitment in support of PHM efforts from CalOptima Health internal and external stakeholders.
 - 2. Enhancements to workflows and reporting process.
 - 3. Staying up to date and sharing regulatory guidance with stakeholders.
- B. Challenges:
 - 1. Keeping abreast of the frequent changes to regulatory guidance.
 - 2. Data limitations to explore impact and address health disparities.

Conclusion and Next Steps:

In 2023, we met all DHCS and regulatory deliverables. In 2024, the PHM program will continue to focus on addressing health inequities and meeting member’s social needs. PHM identified the following opportunities to enhance PNA, PHM Work Plan, PHM Strategy Deliverables and PHM KPIs efforts:

- A. Improving screening for member social needs and connections to resources through an integrated closed-loop referral platform.
- B. Enhancing and/or developing interventions and programs in response to needs identified in the PNA.
- C. Develop a KPI dashboard for easier tracking and regulatory reporting of PHM Program.
- D. Develop workplan and collaborative approach with the Health Care Agency to work on DHCS’s Bold Goals.

5.4.3 Initial Health Appointment (IHA)

Background: In July 2022, the DHCS released the PHM Strategy and Roadmap, which mandates MCPs to ensure that network providers are held responsible for routine screening and assessment

during a member’s initial meeting with an assigned PCP. This is to be carried out through a distinct process known as the Initial Health Appointment (IHA). The IHA is specifically defined as appointment(s) that must be completed within 120 days of MCP enrollment for new members. It encompasses gathering the member’s physical and behavioral health history, identifying risks, assessing the need for preventive screenings or services and health education, as well as establishing a diagnosis and treatment plan for any identified diseases. Additionally, DHCS monitors quality measures as part of PHM Program to include basic PHM monitoring (emergency department care, primary care, and ambulatory care visits).

Program Goal: The goal of the program is to strengthen primary care and promote prevention and wellness for new CalOptima Health members. DHCS will be measuring primary care visits as a proxy for the IHA as of January 2023. Therefore, primary efforts were made to increase overall IHA completion rates. To reach this goal the following initiatives were arranged:

- A. Increased HN and provider communications, trainings and resources
- B. Developing procedures and oversight of the IHA process
- C. Increase member outreach efforts

Actions/Interventions:

Planned Activities	Description	Date of Completion
HN and Provider Communications, Trainings, and Resources	1. Joint Operation Meetings (JOM) Presentations: JOM ongoing monthly presentations are provided to all 12 health networks in efforts to offer IHA updates, performance, and reminders.	1. 01/2023-12/2023 (Qtr. 1-4, 2023)
	2. CCN Virtual Learn: Ongoing quarterly presentations provided to CCN to offer IHA updates, performance, and reminders.	2. 06/2023-12/2023 (Qtr. 2-4, 2023)
	3. Provider Newsletter	3. 01/2023 (Qtr. 1, 2023), 02/2023 (Qtr. 1, 2023), 06/2023 (Qtr. 2, 2023), 12/2023 (Qtr. 4, 2023)
	4. Health Network Newsletter	4. 01/2023 (Qtr. 1, 2023), 02/2023 (Qtr. 1, 2023), 06/2023 (Qtr. 2, 2023), 12/2023 (Qtr. 4, 2023)
	5. Provider Onboarding: Training provided to all new CCN contracted providers.	5. 09/2023 (Qtr. 3, 2023)
	6. Provider Annual Training: Yearly training for CCN contracted providers to discuss updates and ongoing education.	6. 09/2023 (Qtr. 3, 2023)
	7. IHA Reference Guide for PCPs: A guide for PCPs to complete the IHA within the first 120 days from the member’s enrollment date with CalOptima Health.	7. 04/2023 (Qtr. 2, 2023), 11/202 (Qtr. 4, 2023)

Planned Activities	Description	Date of Completion
CME/CE IHA Training	This course discusses IHA updates, pediatric and adult requirements, and current preventive services and screening requirements.	07/12/2023 (Qtr. 3, 2023)
IHA Chart Review Audit (CCN only)	<ol style="list-style-type: none"> 1. Research and gathered collaborative feedback from internal departments for the development of the IHA chart review process. 2. Develop Chart Review Timeline and retrieve sample population for Chart Review preparation. 3. Develop IHA Chart Review Audit Tool, Closure Letters and Email Templates. 4. Launched and carryout pilot phase of chart review. 	<ol style="list-style-type: none"> 1. 06/2023- 8/2023 (Qtr. 2-3, 2023) 2. 07/2023 (Qtr. 3, 2023) 3. 08/2023-12/2023 (Qtr. 3-4, 2023) 4. 08/2023- 12/2023 (Qtr. 3-4, 2023)
IHA Report Methodology Updates	<ol style="list-style-type: none"> 1. Update reports CC0163 and CC0163B to remove the Staying Healthy Assessment (SHA) requirement. 2. Update reports CC0163 and CC0163B with CPT Codes that have been validated by the coding department and remove specialists from being able to receive credit for IHA completion. 3. Add CODMEDA members to reports CC0163 and CC0163B. 4. Update Provider Taxonomy to only include approved PCP provider types on reports CC0163 and CC0163B (Internal medicine, Pediatrics, Obstetrics/gynecology, Family practice, Perinatal care providers, Nurse practitioners, physician assistants and PCPs in training). 5. Update report CC0163B to include additional information that is found on the data universe to merge alignment. 6. Add retro members and date to report CC00163B. 7. Add IHA completed status to report CC00163 per request by Health Networks. 8. Update Procedure Codes that give IHA completion credit to only primary office visit type codes. 	<ol style="list-style-type: none"> 1. 02/2023 (Qtr. 1, 2023) 2. 03/2023 (Qtr. 1, 2023) 3. 07/2023 (Qtr. 3, 2023) 4. 07/2023 (Qtr. 3, 2023) 5. 10/2023 (Qtr. 4, 2023) 6. 10/2023 (Qtr. 4, 2023) 7. 11/2023 (Qtr. 4, 2023) 8. 11/2023 (Qtr. 4, 2023)

Planned Activities	Description	Date of Completion
Member Outreach Efforts	<ol style="list-style-type: none"> 1. New Member Packet/IHA Flyer: As a new CalOptima member, you will get a “Welcome to CalOptima” package in the mail which includes the IHA Flyer. 2. Spring Medi-Cal Newsletter 3. Fall Medi-Cal Newsletter 4. IHA Member Outreach Script: Talking point for member facing staff regarding the importance of IHA completion within a member’s 120 days of enrollment. 5. IVR Campaign: Campaign efforts are ongoing monthly to reach all CalOptima Health members of the importance of their IHA visit. 	<ol style="list-style-type: none"> 1. 05/2023 (Qtr. 2, 2023) 2. 04/2023 (Qtr. 2, 2023) 3. 09/2023 (Qtr. 3, 2023) 4. 09/2023 (Qtr. 3, 2023) 5. 05/2023-12/2023 (Qtr. 2-4, 2023)

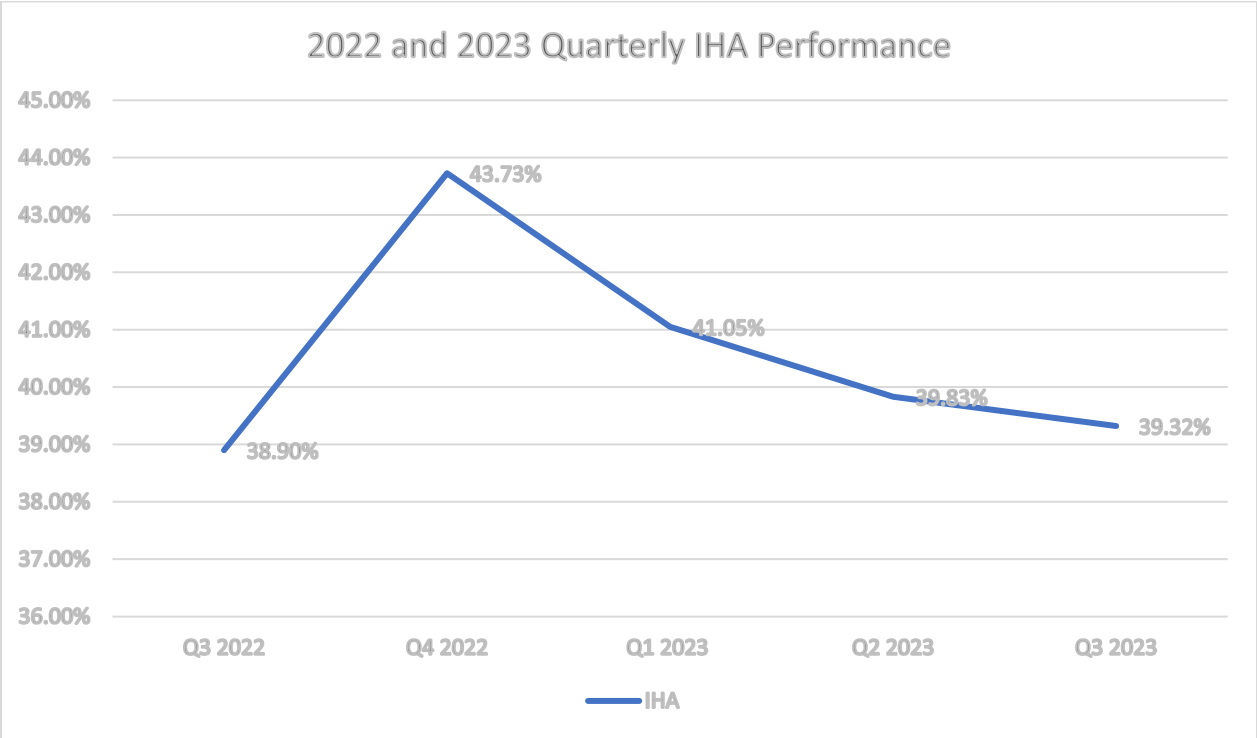
Results:

The following charts provide insight into IHA accomplishments by intervention and activity.

Planned Activities	Description	Date of Completion
Assessment and Interventions	<ul style="list-style-type: none"> • Staff presented at IHA provider and delegate trainings; JOM quarterly per HN, CCN Virtual Meeting quarterly, HN Forum semi-annually, QIHEC quarterly, CME/CE on IHA annually. 	Q1, 2023
IHA Report Methodology Updates	<ul style="list-style-type: none"> • Multiple tickets were created throughout the year to update IHA reports CC00163 and CC00163B to ensure data and reporting accuracy. • Initial updates were made based on the new APL 22-030 which superseded all previous plan letters regarding IHA and no longer required the SHA to be completed as a requirement. Furthermore, after meeting with Coding and Claims additional codes were added to the report for IHA completion and specialists were removed from being able to receive credit for IHA completion. Provider taxonomy type was later further updated to align with DHCS definition of PCP type. In preparation for the upcoming year’s audit, additional columns were added to align with the data universe on report CC00163B. Based on feedback from Health Networks, a change was made to report CC00163 to add member information regarding completed IHAs. After further discussion, another update was made to add retrospective members and date to report CC00163B. Lastly, after staff validation of report logic, further updates were made to ensure that credit for completed IHA visit is only captured when a valid office visit code is submitted. 	Q1-Q4, 2023

Planned Activities	Description	Date of Completion
IHA IVR Campaign	<ul style="list-style-type: none"> • IVR for enhanced patient outreach and access to IHA information. • IVR campaigns are for all new members. This campaign fulfills both IHA outreach as well as HIF/MET outreach. • Initial IVR released on May 30, 2023. Staff scheduled to send an IVR message for June 2023. Beginning July 2023 IVRs are scheduled for the 3rd and 24th of each month. 	Q1-Q2, 2023
IHA Chart Review Pilot	<ul style="list-style-type: none"> • Chart audits are conducted to ensure that the IHA is being properly documented in the members' medical records and for report validation. • Research conducted by reaching out to other managed care plans. • Collaborative discussions with Quality Initiatives to plan chart review audit process and Provider Relations to plan provider communication. • Established data sample for IHA Chart Review Audit by utilizing IHA reports CC0163B and conducted random sample of adult and pediatric populations identified as fully met and not met. • Outreach to provider to request for patient records. 	Q3-Q4, 2023

Results:



Quantitative Analysis:

Quarter 1, 2023: Figure 1 demonstrates a 2.68% decrease from Q4 2022 (43.73%) to Q1 2023 (41.05%) in IHA completion due to the first cycle of methodology updates to IHA reports CC0163 and CC0163B. This time period marks methodological updates of the removal of SHA for IHA completion per APL 22-030.

Quarter 2, 2023: Q1 2023 (41.05%) to Q2 2023 (39.83%) in Figure 1 demonstrates a 1.22% decrease in IHA completion as the result of the second cycle of IHA report methodology updates to CC0163 and CC0163B to guarantee only primary CPT codes, including qualifying telehealth visits were being given credit for IHA completion.

Quarter 3, 2023: Q2 2023 (39.83%) to Q3 2023 (39.32%) in Figure 1 shows a .51% decrease in IHA completion due to the third cycle of methodology updates to IHA reports CC0163 and CC0163B. The report methodology updates ensured only PCP including (Internal medicine, pediatrics, obstetrics/gynecology, family practice, perinatal care providers, nurse practitioners, physician assistants and PCPs in training) were being credited for IHA completion.

Qualitative Analysis/Barriers:

- A. When All Plan Letter (APL) 22-030 was issued, it superseded all previous APLs regarding the IHA process and changed the IHA requirements. This change created a need to train delegates and providers on new IHA requirements and processes.
- B. A change in leadership resulted in the lack of historical knowledge regarding IHA processes that were already implemented.
- C. There was a lack of oversight of the IHA process by designated staff.

Conclusion and Next Steps:

CalOptima Health's 2023 IHA efforts encompassed building out internal processes, IHA oversight, enhancing data report methodologies and the development of provider and health network resources. The overall IHA performance and individual health network performance rates have exceeded the previously established benchmark of 17%. In December 2023 staff established a new IHA performance benchmark of 50%, representing a stretch goal of at least double the current standard. CalOptima staff anticipates that IHA completion rates will continue to increase with regular provider training and updates.

In 2024 staff will continue to focus on member, provider education and IHA monitoring as follows:

- A. Implement quarterly IHA chart review process to ensure member care and IHA requirements are being met.
- B. Increase member outreach by IVRs and include member text reminders to ensure CalOptima Health is providing outreach support to all new members regarding the importance of completing the IHA in a timely manner.
- C. Leverage MCAS/HEDIS measures specific to infant and child/adolescent well-being visits as well as adult preventive visits as a proxy for IHA completion.

5.4.4 Health Equity

Background: In 2022, the CalOptima Health Board of Directors approved five strategic priorities to guide and support planning and development of programs and interventions to ensure members are served with excellence and dignity, respecting the values and needs of each person. Among these strategic priorities is the Overcoming Health Disparities priority that focuses on members and communities impacted by inequities. Additionally, CalOptima Health is committed to annually assessing members' social determinants of health. This commitment aligns with the DHCS PHM Program which emphasizes the importance of coupling quality and health equity efforts with prevention.

Program Goal(s): The Health Equity intervention within the PHM department is focused on increasing member screening and access to resources that support the social determinants of health. The activities described in Section 3. Actions and Interventions were intended to support ongoing efforts to:

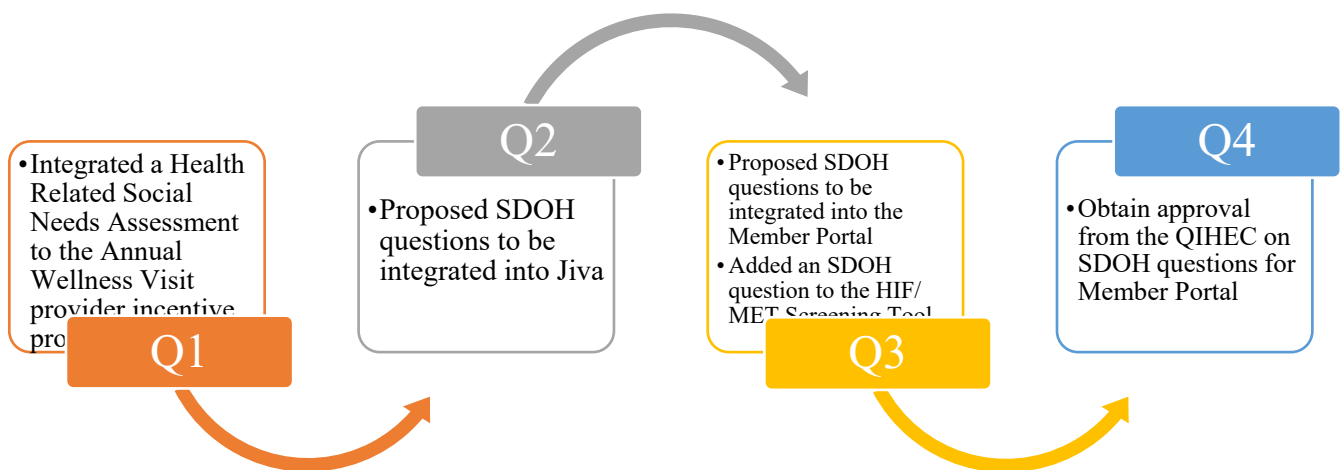
- A. Increase members screened for social needs.
- B. Implement a closed-loop referral system with resources to meet members’ social needs.
- C. Implement an organizational health literacy (Health Literacy for Equity (HL4E)) program.

Actions/Interventions:

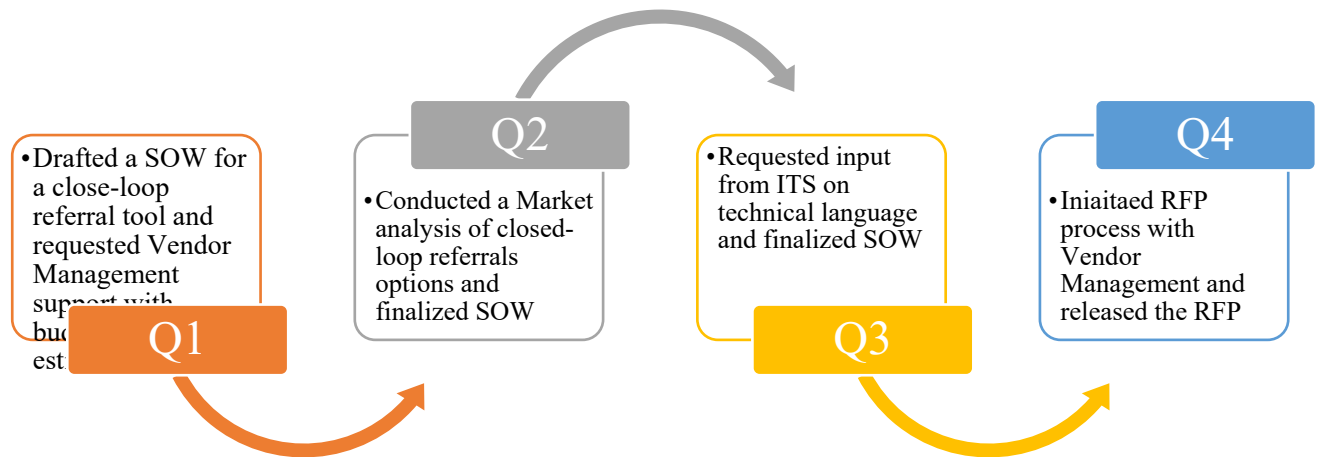
Planned Activities	Description	Date of Completion
Social Determinants of Health (SDOH) Screening	<ul style="list-style-type: none"> • Add a health-related social needs (HRSN) question to the Annual Wellness Visit (AWV) Provider Incentive • Propose SDOH Screening questions for integration into the HIF/MET, Jiva and Member Portal 	<p>Q1 2023</p> <p>In Progress</p>
Closed-Loop Referral	<ul style="list-style-type: none"> • Support process for the adoption of a Close-Loop Referral platform to assist members in navigation, provider referrals, and coordination of health and services across health care delivery systems and community-based organizations 	<p>RFP released Q4 2023</p> <p>In progress</p>
Health Literacy for Equity (HL4E) Program	<ul style="list-style-type: none"> • Launch the Health Literacy for Equity (HL4E) program in collaboration with the Orange County Health Care Agency, Social Services Agency, St. Jude’s Neighborhood Clinic and the Institute for Healthcare Advancement (IHA) 	<p>Program Launched Q1 2023</p> <p>In Progress</p>

Accomplishments/Results:

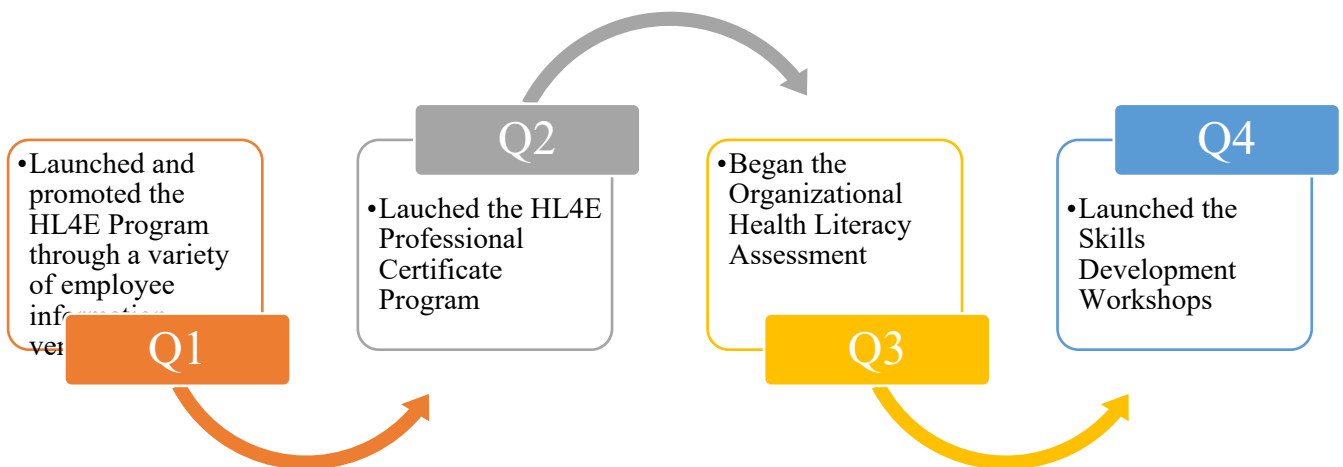
SDOC Screening



Closed-Loop Referral



HL4E Program



Quantitative Analysis:

A. SDOH Screening

1. The goal for the SDOH Screening intervention was to increase members screened for social needs. At the provider level, the primary focus of the intervention was to encourage provider utilization of SDOH Z-codes. At the member level, the focus was to develop a screening tool to streamline assessment of members across the organization. The provider incentive intervention was implemented and is currently being assessed for impact. The SDOH Screening for Jiva and the Member portal is being developed and expected to be fully implemented in 2024.
2. SDOH Screening Question for AWW Provider Incentive: This objective was met through the Medi-Cal AWW program which added an incentive for qualified providers effective April 1, 2023, for providing a comprehensive annual wellness visit, reporting confirmed condition diagnosis codes, capturing SDOH factors and properly documenting such information in Medical Records.
3. Staff are currently analyzing the impact of the AWW incentive program to determine if utilization rates increased as well as to assess if screening of members increased.
4. Propose SDOH Questions for Jiva: This objective was met. Staff researched industry standard SDOH questions and tools used across health plans and made

recommendations for these questions to be built as part of the PHM Population Characteristics Report in Jiva. No quantitative data resulted from this intervention. Upon implementation in 2024, analysis will be conducted to best align screening questions across member touch points.

5. Propose SDOH Questions for Member Portal: This objective was met. A literature review was conducted to identify SDOH screening questions/tools being used across health plans. Upon review by medical management and the chief health equity officer, a list of eight questions representative of four different SDOH domains was presented to the QIHEC approval. The approved questions are currently under Member Material Review and translation to then be built into the member portal as an instrument for members to self-screened. No quantitative data resulted from this intervention.

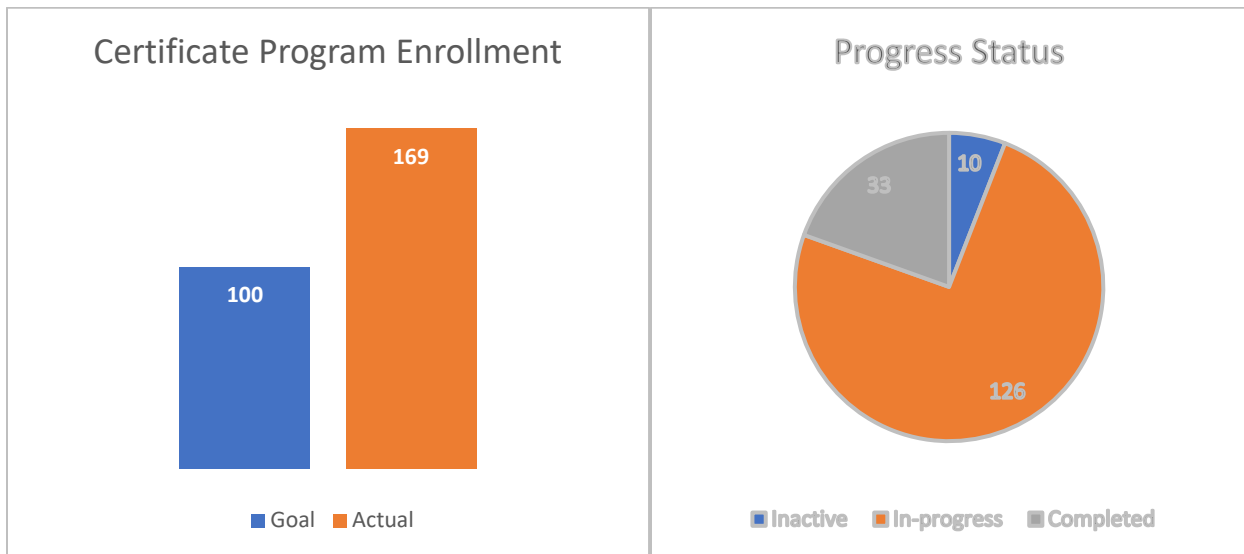
B. Closed-Loop Referral

1. The goal of the Closed-Loop Referral is to be able to assist members in navigation, provider referrals, and coordination of health and services across health care delivery systems and community-based organizations. Efforts to accomplish this goal are underway.
2. Market analysis was conducted, a collaborative workgroup was formed to draft a scope of work and Vendor Management department was engaged to initiate process for releasing an RFP. CalOptima Health is on target for meeting this regulatory requirement ahead of the January 2025 implementation due date. No quantitative data resulted from this intervention. Upon implementation in 2024, analysis will be conducted to determine the impact of this intervention.

C. HL4E Program

1. The goal of the program is to partner with other systems in Orange County to increase organizational health literacy through a variety of activities including the following:
 - a. Awareness and Education. IHA created two awareness-raising videos about the importance of health literacy. The introductory video was a short 5 minutes and the “Health Literacy 101” video had two different versions—an initial 47-minute video was later replaced with a refined 33-minute video. An email from CMO Dr. Richard Pitts included links to these videos, as well as multiple e-newsletter announcements about the HL4E program. These videos were intended to be viewed by as broad of an audience as possible. As of November 27, 2023, the introductory video has 530 views and the Health Literacy 101 video has 254 views.
 - i. Another key piece of raising awareness was promotion and support from CEO Michael Hunn, who recorded a “Better. Together. Moment” video that was sent out to all staff. In this video, he spoke to the importance of improving organizational health literacy for improved communication and health outcomes.
 - b. Health Literacy Specialist Certificate. The Certificate Program is a rigorous program that provides deep learning for enrollees on health literacy principles. It is comprised of seven “micro-credentials”: Organizational Systems and Policies; Communications; Education; Public Health; Ethics; and Language Culture and Diversity. The program was estimated to take 55–80 hours to complete. The original goal was to have a total of 100

enrollees, which we surpassed with 169 total enrollees. As of November 27, 2023, 11 students never registered, bringing the active number of enrollees to 158. Of these, 22% have completed the entire program. The completion goal is 100% by the end of April 2024.

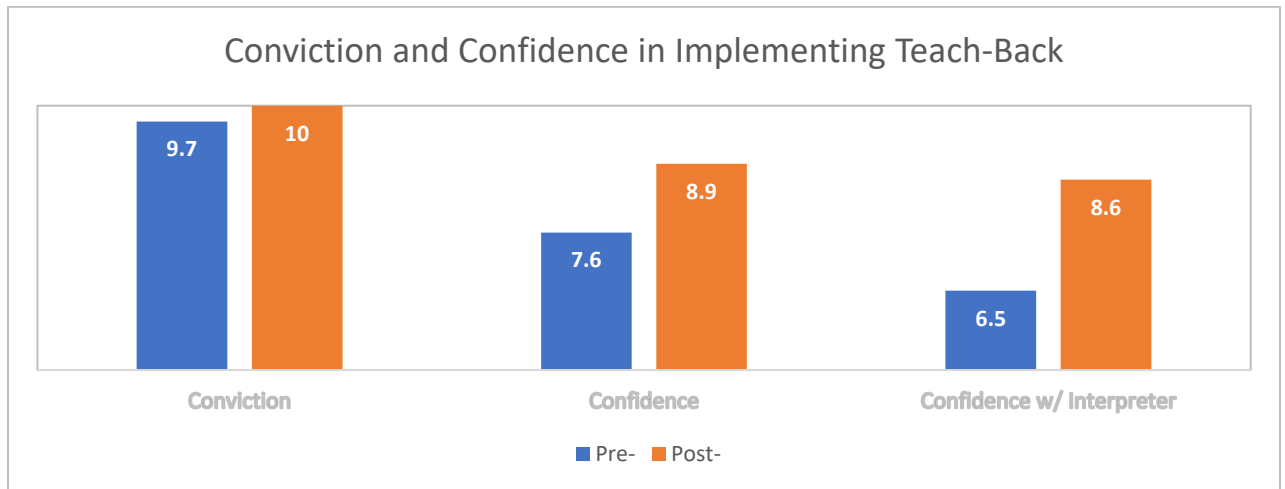


- c. **Organizational Health Literacy Assessment (OHLA).** This assessment is part of a comprehensive review of CalOptima Health’s organizational health literacy, conducted by IHA’s Chief Policy and Research Officer, Marian Ryan, Ph.D. The assessment includes a scan of CalOptima Health’s external communications for members including website and publicly accessible information as well as a comprehensive survey administered by IHA to CalOptima Health staff. The original goal for survey completion was 400, and we exceeded this with 420 completed assessments. Final results of the assessment will be provided to CalOptima Health once analysis is complete.



- d. **Skills Workshops.** As part of deepening the organizational health literacy and creating sustainable knowledge base, IHA is offering skills workshops to Health Literacy Specialist Certificate enrollees. The first in a series of workshops was held on November 16, 2023, and was focused on the Teach-Back Method of member education. The goal for this workshop was to have

12 attendees, which we exceeded by seven attendees. IHA conducted a pre- and post-test to evaluate three measures: confidence implementing Teach-Back, confidence implementing Teach-Back with an interpreter, and conviction of implementing Teach-Back. In the table below, there are improvements in each measure. The goal set forth was to increase each measure by 10%. This was exceeded on each measure except Conviction, as the baseline score was already high enough that the greatest improvement possible was less than 10%.



Qualitative Analysis and Barriers:

A. SDOH Screening

1. SDOH Screening Question for AWV Provider Incentive
 - a. The AWV Incentive program was newly implemented in April 2023 and the ending data is not yet available to determine the impact of the intervention.
 - b. SDOH Z-code utilizations is not reflective of the number of members being screened as not every screening will result in an SDOH Z-code.
2. Propose SDOH Questions for Jiva
 - a. Staffing constraints due to workload impact and other competing priorities.
 - b. Streamlining screening questions and assessments across the organization and collaboration with other departments created dependencies and delays to move at a faster pace.
 - c. Not having appropriate resources to address identified needs that may result from the assessment created limits on the type of questions SDOH domains that could be asked.
 - d. Not having a closed-loop referral in place to ensure members receive the appropriate referrals to needed services outside of CalOptima Health's scope, created limits on the questions that could be asked.
3. Propose SDOH Questions for Member Portal
 - a. Same barriers as the SDOH question for Jiva
 - b. Limiting the questions based on existing interventions
 - c. Adopting validated questions intended for in-person or telephonic modality to self-reporting questions and ensuring fidelity of validated questions.

B. Closed-Loop Referral

1. Not sufficient knowledge of industry standards for closed-loop referrals systems. This was mitigated through a market analysis conducted to understand Closed-Loop Referral systems' capabilities
2. Not sufficient technical language within PHM department staff to draft an adequate scope of work. This was quickly mitigated with ITS support to ensure technical language requirements were included in the Scope of Work

C. HL4E Program

1. In implementation of the HL4E program, there were many successes. Staff were very dedicated to the work, as they see the need for improving the organizational health literacy at CalOptima Health to meet the needs of members with a diverse set of health literacy needs. Our largest barrier arose with enrollees in the Health Literacy Specialist Certificate program given the rigor of the program which required about 40–60 dedicated hours for coursework and exams. Despite this, many participants were still eager to complete the program. There was inconsistency in direction as to whether staff were able to work on the coursework while on the clock, which meant staff often had to participate in their personal time or disenroll altogether. Following are staff testimonials to the importance of this program:
 - a. *Knowledge is power, and the Health Literacy Program is a beautiful opportunity for health equity promotion. I deeply appreciate this opportunity for myself as well as my team.*
 - b. *My eyes were really opened to the difficulty that so many people have with the health care system. I always knew this, but I think the certificate program did a good job at framing how detrimental it can be when a person does not understand things such as a procedure or medication.*
 - c. *When I started the program, I was not sure of the impact to my job since I do Compliance and Policies and Procedures, but it had a great impact on me to realign the reason I do what I do. Our P&P documents are for health networks, providers and members so they need to be looked at with health literacy lens, so these trainings have been helpful in that regard. I brought back some of my takeaways to my team to give them some insight into the program as well.*

Conclusion and Next Steps:

A. SDOH Screening

1. With the implementation of the AWV incentive program, the integration of the SDOH Assessment in Jiva and the self-reported SDOH assessment in the member portal, we expect to see an increase in members being screened for social needs. The following steps are needed to determine impact:
 - a. Analyze SDOH Z-codes utilization data post implementation of the AWV Provider Incentive Program
 - b. Finalize the integration of SDOH screening to Jiva
 - c. Train staff on SDOH Assessment Intake
 - d. Build out the SDOH assessment into the member portal
 - e. Ensure the interventions are in place to support members based on need identified through the assessment

B. Closed-Loop Referral

1. With the adoption of a Closed-Loop Referral, we anticipate seeing an increase in connecting members to a broader range of social services base on needs and

preferences identified through the SDOH screening and self-identified by members. Additionally, we anticipate an increase in collaborative partnerships among community-based organizations that assist members with social risks factors and community supports. The following steps are needed for successful integration of a Closed Loop Referral system.

- a. Complete the RFP process
- b. Bring proposal to Board of Directors for approval of vendor
- c. Integrate the CLR into CalOptima Health’s Care Management systems and member portal
- d. Onboarding training for staff and community partners
- e. Full implementation by January 2025

C. HL4E Program

1. While the program is still in progress, there is promising evidence of the positive impact the program is having on staff ability to implement and sustain health literacy principles throughout the organization. One of the best achievements in sustainability and accountability in this work comes from our PACE Clinic staff. Staff created an internal Health Literacy Super Heros team, which will lead efforts to sustain their work to improve organizational health literacy over time. They have had a dedicated core group going through the certificate program and a strong presence in the workshop. They are also incorporating health literacy into their internal training. This is an ideal state for sustainability, and our partners at the IHA have shared this as a model practice among other partners.
2. While we are on track to meet our December goals, there will be a continued push to get staff complete the certificate program before the end of the grant funding period in April 2024. There will be additional workshop opportunities, especially a Train-the-Trainer on Teach-Back Method and a Communications workshop held jointly with IHA’s other partners will ensure continued opportunities to deepen knowledge and build internal capacity to meet the diverse health literacy needs of our members and potential members.
3. In the coming months, we expect to successfully reach our goals. The following steps are needed to ensure successful completion of the program in 2024.
 - a. Complete CME webinar on Teach-Back for providers
 - b. Plan Train-the-Trainer workshop for Teach-Back to ensure sustainability
 - c. Communications staff participation in IHA workshop with SSA, HCA, and St. Jude.
 - d. Identify improvement projects
 - e. Complete project by end of April 2024.

5.4 Improvement Projects (QIPs, PIPs, PDSAs and CCIP)

5.5.1 Performance Improvement Project (PIP)

Background: For the 2023–2026 clinical performance improvement projects (PIPs), the California DHCS is requiring all MCPs to focus on improving Well-Child Visits in the First 30 Months of Life—Well-Child Visits in the First 15 Months—Six or More Well-Child Visits (W30–6) measure rates for their Black/African American populations.

The California 2020 Health Disparities Report identified disparities for most of the indicators of the Children’s Health domain. Per this report, Black/African American group fared lower than other groups across all 6 key indicators.

The PIP aims to reduce the racial/ethnic disparities in W30-6+ visits in support of the statewide goals. In alignment with the recommendations in the Health Equity Framework, this PIP will involve the African American population, the group most affected by health care disparities, through a survey call campaign to understand firsthand the experiences with well child visits, the barriers, and facilitators to attending well-child visits.

Well-child visits are the foundation of pediatric health promotion and disease prevention. These visits are intrinsically linked to the key indicators in the Children’s Health domain. Accordingly, improving the W30-6 measure rate has the potential to improve member health status among these key indicators. Insight on the barriers to attending well-child visits has the potential to identify key areas that may improve member satisfaction across health care services.

PIP AIM Statement: Do targeted interventions increase the percentage of African American children 15 months of age that had size or more well-child visits during the measurement year.

Action/Interventions: Improving Well Child Visits in the First 30 Months of Life (W30 – 6+) for African American Medical Members.

- A. Per the HEDIS technical specifications, the (W30 – 6+) measure assesses children who turned 15 months old during the measurement year and had at least six well-child visits with a primary care physician during their first 15 months of life.
- B. CalOptima Health baseline data indicates that in MY2022, the baseline data shows that 34.64% of African American children completed W30 visits in the first 30 months of life.
- C. Target population: African American child members who are turning 15 months old during the measurement year, between January 1 and December 31.

Results: This is a three-year PIP from 2023–2026. Results are pending as the intervention will be implemented during the 2024 calendar year.

Quantitative Analysis: Quantitative analysis is pending following the results of the intervention.

Conclusion and Next Steps:

- A. CalOptima Health is currently in the process of identifying an appropriate intervention.
- B. Once the intervention is implemented and analyzed, we will choose to either adapt, adopt or abandon the intervention.

5.5.2 Chronic Care Improvement Program (CCIP)

Background: CMS requires all Medicare Advantage (MA) and Special Needs Plans (SNP) to conduct a CCIP as part of their required QI Program over a three-year period. The purpose of the CCIP is to promote effective chronic disease management and the improvement of care and health outcomes for members with chronic conditions. For this three-year CCIP program beginning 2023 and ending in December 2025, CalOptima Health has chosen to focus on diabetes as the target condition with a focus to increase diabetes management. The target population for the CCIP interventions will be OneCare members identified with diabetes (type 1 and 2). One of the most important ways patients with chronic disease can manage their health is by taking their prescribed medication as directed. Medication nonadherence can lead to unnecessary hospitalization and

emergency department visits, increase costs, and potential harm to the patient. A patient is nonadherent when they take less than 80% of prescribed medications. Nonadherence is common among diabetes patients, with about 50% of patients not taking their medications as prescribed. Therefore, a PDSA for the performance measure Medication Adherence for Diabetes (MAD) was initiated with a global aim to increase the percentage of members ages >18 with a PDC calculation of $\geq 80\%$ for their medications (non-insulin) for diabetes during the measurement year.

SMART Goal: By 12/31/2023, complete a minimum of 1 outreach attempt to 90% (n=315) of members on the target list (N=350) of CalOptima OneCare members ages >18 with a PDC calculation <85% for their medications (non-insulin) for diabetes.

Actions/Interventions:

Planned Activities	Barriers	Intervention Period Start Date	Intervention Period End Date
Telephonic Outreach by Health Educators or Case Managers	<ul style="list-style-type: none"> To be determined after completion of first cycle 	10/19/2023	12/31/2023

Conclusion and Next Steps:

- A. Identify barriers at the end of the intervention period for telephonic outreach by health educators and case managers.
- B. Choose to either adapt, adopt or abandon the intervention.

5.5.3 Plan-Do-Study-Act (PDSA)

Background: In alignment with DHCS Comprehensive Quality Strategy (CQS), which outlines specific quality and health equity strategies, CalOptima Health aims to meet the CQS goals by analyzing our membership population to better identify ethnic group priorities. After a barrier survey and telephonic outreach campaign to the W30-2+ population the most common thread found was that, typically a child’s guardian lacks awareness about the timeliness to schedule and attend well-child visits. As such, the priority barrier to address is improved awareness and education among key populations. The focus will be on members who identify as American Indian or Alaska Native, Black, and Native Hawaiian or Other Pacific Islander ethnic groups. Members identifying as one of these ethnicities was chosen since historically these groups have a lower well-child visit rate and the small population size allows for a pilot intervention and multiple PDSA cycles.

SMART Goal(s):

Goals	Goal Met / Not Met
<p>Cycle 1: 11/4/22–3/17/23 By 02/28/2023, complete a minimum of two outreach call attempts, which includes both unsuccessful-unanswered calls and successful-answered calls by parent or guardian, to at least 90% of members (n=319) on the target list who meet the following criteria: age: 12-30 months old, eligible CalOptima Health Medi-Cal member, identify their ethnicity as: Guamanian, Laotian, Alaskan Native or American Indian, Samoan, Japanese, Black, Native Hawaiian, Asian or Pacific Islander, or Asian Indian.</p>	Not Met
<p>Cycle 2: 3/27/23–7/28/23 By June 30, 2023, successfully outreach to 50% of members on outreach list (n=462) who are: ages: 12–30 months old, eligible CalOptima Health Medi-Cal member, identify their ethnicity as: Guamanian, Laotian, Alaskan Native or American Indian, Samoan, Japanese, Black, Native Hawaiian, Asian or Pacific Islander, Asian Indian, or Amerasian.</p>	Not Met
<p>Cycle 3: 7/31/23–11/30/23 By October 31, 2023, successfully outreach to 45% of members who completed PDSA Cycle 2 (n=104) and who meet the following criteria: successfully outreached in Cycle 2: received live call campaign and completed call script, ages: 12–30 months old, eligible CalOptima Health Medi-Cal member, and identify their ethnicity as: Guamanian, Laotian, Alaskan Native or American Indian, Samoan, Japanese, Black, Native Hawaiian, Asian or Pacific Islander, Asian Indian, or Amerasian.</p>	Met Goal

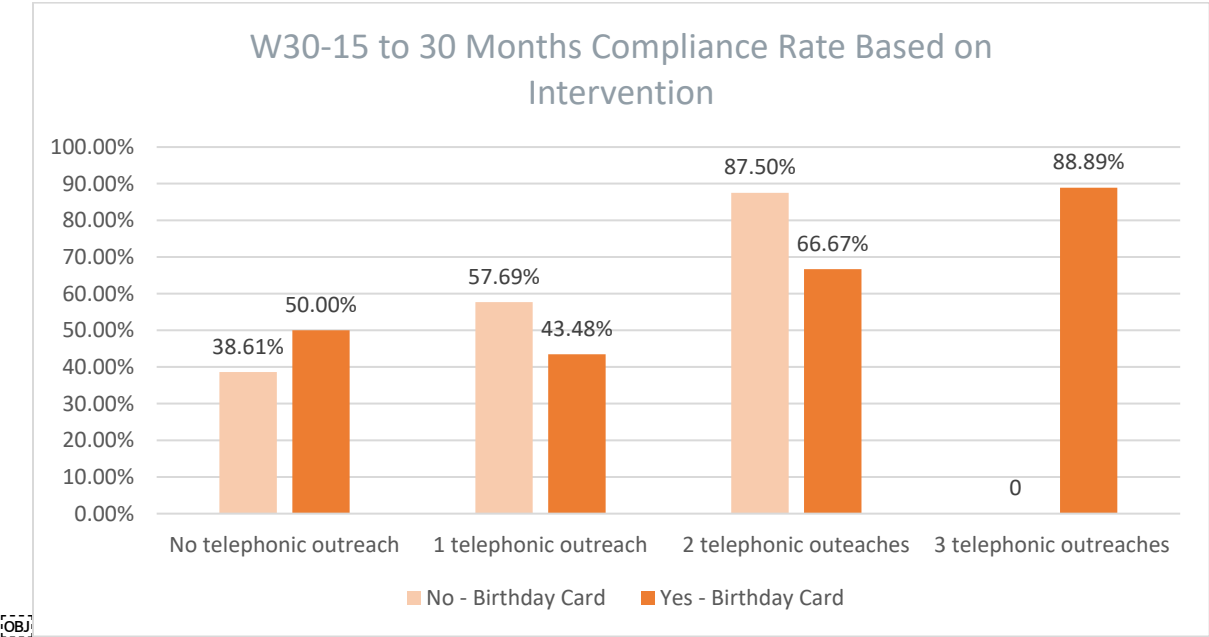
Action/Interventions:

Planned Activities	Barriers	Intervention Period Start Date	Intervention Period End Date
In-house telephonic call campaign	<ul style="list-style-type: none"> • Obtaining data on members who need to attend well-child visits as align with HEDIS technical specifications • Members under foster care did not have a PHI Form of File for staff to conduct call • Staffing availability to conduct call campaign • Wrong phone number, disconnected phone numbers, or voice mailbox is full • Member’s health care coverage was not updated in system (e.g., member had dual coverage) 	02/01/2023	02/10/2023
In-house telephonic call campaign and birthday card mailer.	<ul style="list-style-type: none"> • Members under foster care did not have a PHI Form of File for staff to conduct call • Staffing availability to conduct call campaign • Wrong phone number, disconnected phone numbers, or voice mailbox is full • Member’s health care coverage was not updated in system (e.g., member had dual coverage) • Incorrect or incomplete addresses • Member did not update address with Social Security Administration office 	05/22/2023	06/30/2023

Planned Activities	Barriers	Intervention Period Start Date	Intervention Period End Date
In-house telephonic call campaign and birthday card mailer.	<ul style="list-style-type: none"> Members under foster care did not have a PHI Form of File for staff to conduct call Staffing availability to conduct call campaign Wrong phone number, disconnected phone numbers, or voice mailbox is full Member's health care coverage was not updated in system (e.g., member had dual coverage) Incorrect or incomplete addresses Member did not update address with Social Security Administration office 	09/25/2023	10/26/2023

Results:

Well-Child Visits Compliance Rate Based on Intervention Type



Data only reflects members who were included in the PDSA for Cycle 1-3 and fell into the W30-15 to 30 Months denominator based on October 2023 Prospective Rate. Birthday Card Mailing included members who had a first or second birthday between April 2023–November 2023. Telephonic outreach is defined as successful outreach where a live person was reached.

Quantitative Analysis:

- A. Graph 1 evaluates the impact of the number of successful telephonic outreaches and birthday card mailer intervention has on the W30-2+ rate. Members who received no successful telephonic outreach, but received a birthday card (1-touchpoint) had a higher compliance rate (50.00%) then those who received no intervention at all (0-touchpoint).
- B. Members who received three successful telephonic outreaches and a birthday card, which is max touchpoints for this intervention (4-touchpoints), had the highest compliance rate of 88.89%. However, members with two successful telephonic outreaches and no birthday card mailing (2-touchpoints) yielded 87.50% compliant for the measure, which is comparable to members who received 4-touchpoints.

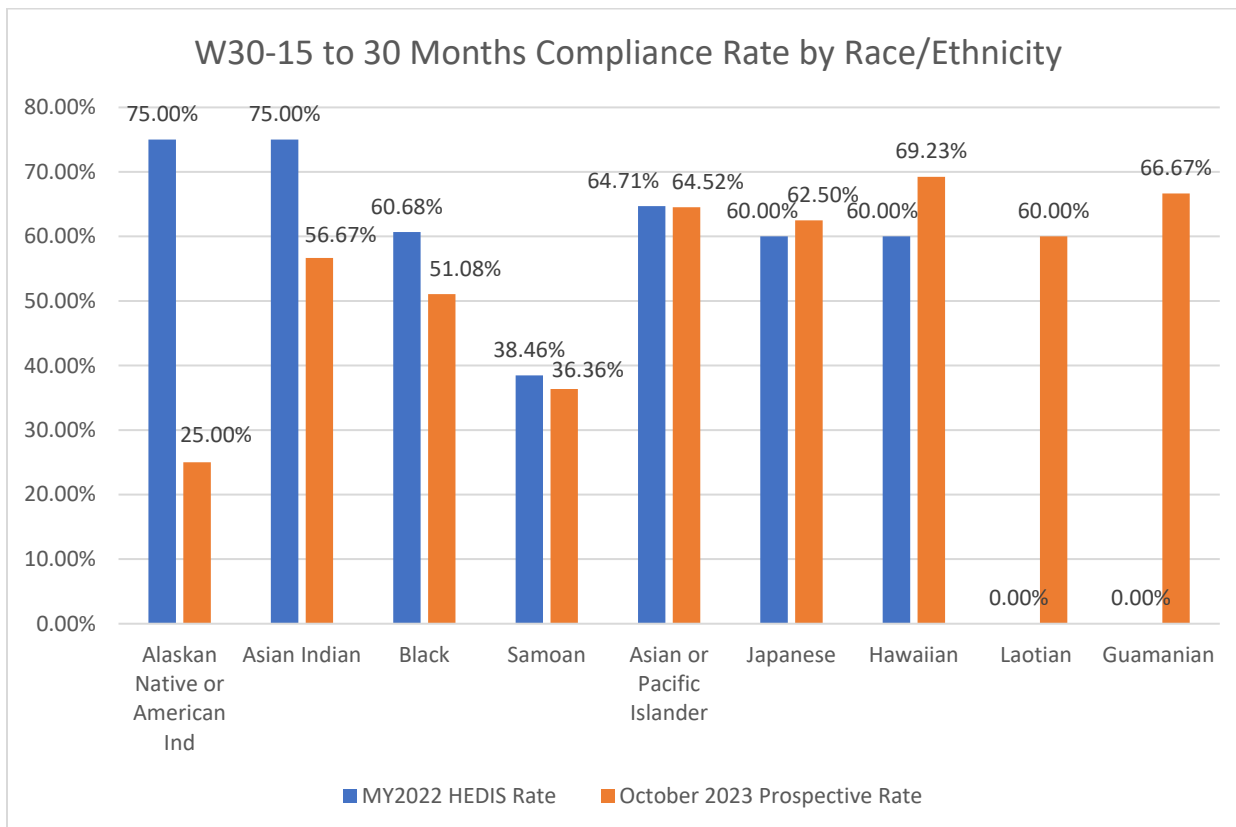
Qualitative Analysis/Barriers:

- A. Members who had two successful telephonic outreaches (87.50%) had a comparable W30-2+ compliance rate to those who had three successful telephonic outreaches and a birthday card mailing (88.89%). In terms of resources, since the margin of W30-15 to 30 months rate impact is small (-1.39%), aiming for successful telephonic outreaches would be sufficient.
- B. Parents/guardians requesting for a text message to remind them of visits instead of live call, but CalOptima Health doesn't have the capability at this time.
- C. Parent/guardians lack understanding of health care coverage and benefits. Did not know they were able to take their child to well-child visits at no-cost.
- D. Parents/guardians did not accept scheduling assistance. The majority of parents/guardians opted to call their child's PCP on their own time.
- E. If the first call attempt was unsuccessful due to wrong phone number or disconnected phone number, it is highly likely the second call attempt to alternative phone number was also unsuccessful.
- F. Father's phone number was listed as the member's primary phone number. Father doesn't have detailed information on child's health care since it's usually their mother who takes the child to the doctor appointments. CalOptima Health call staff documents member's alternative phone number in GuidingCare if it's provided during outreach call.
- G. Timeliness of updating member's health care coverage. This includes parents/guardians stating they want to change member's primary care provider, moving out of county/state, or member having dual coverage (e.g., PPO coverage under Father's insurance).
- H. Lack of parents/guardians accepting the scheduling assistance. Out of all the calls, staff only assisted with scheduling a well-child visit for two members.
- I. Lack of understanding of health care coverage. Call staff educated parents/guardians about well-child visits and vaccinations being a part of the preventative health screening which is a covered benefit. Moreover, some parents/guardians shared their concern of losing coverage because they did not take their child to their recent visits. Staff was able to address their concerns.
- J. Parents/guardians did not receive the birthday card mailing even though the address on file is correct.

Disparity Analysis:

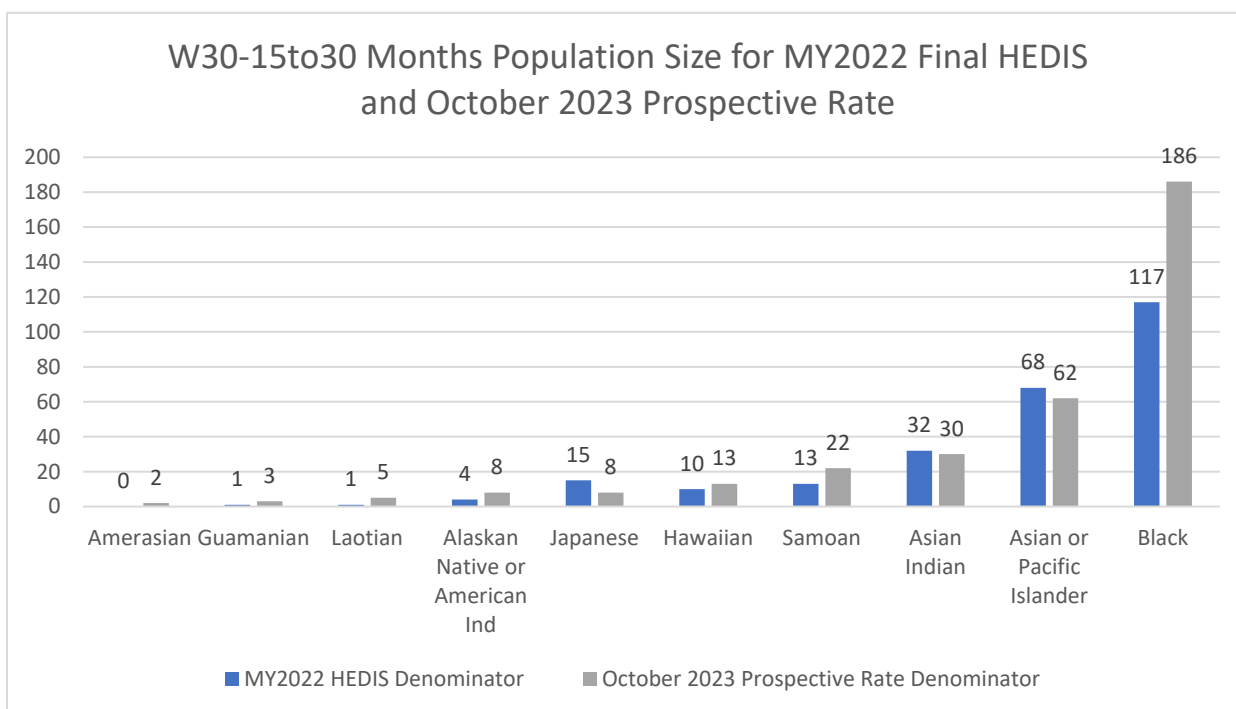
- A. Analysis Methodology: (1) American Indian or Alaska Native, (2) Black, and (3) Native Hawaiian or Other Pacific Islander members continue to trend lower than other subpopulations based on August 2022 Prospective Rates Report pulled at the initiation of this improvement project. CalOptima Health implemented the W30-15 to 30 Months intervention to members who identify as Guamanian, Laotian, Alaskan Native or American Indian, Samoan, Japanese, Black, Native Hawaiian, Asian or Pacific Islander, or Asian Indian. October 2022 Prospective Rates Report is used to analyze if there has been an improvement in well-child utilization rate compared to MY2022 Final Rates since interventions did not begin until February 2023.
- B. Results

Well-Child Visits Compliance Rate by Race/Ethnicity



Amerasian race/ethnicity group is not displayed because it cannot be trended. No members identified as Amerasian in 2022. Data is based on MY2022 Final HEDIS Rate and October 2023 Prospective Rate, using no continuous enrollment methodology. Denominators for each race/ethnicity group differs year to year.

Well-Child Visits Population by Race/Ethnicity



Denominator is defined as the population. The data displayed is the count of members identified as the respective race/ethnicity.

C. Quantitative Analysis

1. Graph 2 displays the W30-15 to 30 Months rate increase for Japanese (+2.50%), Hawaiian (9.23%), Laotian (+60.00%), and Guamanian (+66.67%) populations. However, it is important to note the small denominator sizes for each group in Graph 3.
2. Despite the Black population not having an increased utilization rate (-9.61%) compared with last year. In looking at the count of members who completed the visits, for October 2023 Prospective Rates, there were 95 Black members, compared to 71 Black members for MY2022 who completed their well-child visits.

D. Barriers/Qualitative Analysis

1. The population size for members who identify as Guamanian, Laotian, Alaskan Native or American Indian, Samoan, Japanese, Black, Native Hawaiian, Asian or Pacific Islander, or Asian Indian is small, which makes it difficult to evaluate true effectiveness. The addition of one member completing their visits drastically impacts the W30-15 to 30 Months rate for the evaluated populations.

Conclusion and Next Steps:

- A. When Final HEDIS MY2023 data becomes available, to conduct a thorough analysis of the Well-Child Visits in the First 30 Months of Life-15 to 30 Months measure to evaluate if the rate increased to the ethnicities outreached in this PDSA.
- B. Recommend having regular telephonic call campaigns to remind parents about well-child visits and their benefits. Outreach calls also increase member satisfaction and help remediate other inquiries they may have (e.g., redeterminations, changing PCP, updating address). If members are unreachable via telephonic outreach, leverage birthday card mailer.
- C. Collaborate with offices and health networks to understand who has the capability to send appointment reminders via text, email or phone call, and to urge them to make it a best practice to send out reminders.
- D. In conclusion, the more touchpoints a member receives, the more likely they are to complete the needed preventative well-child visits. Suggest using a multipronged approach to outreach to members who are due for visits to allow the intervention to be opened to the larger W30 population. This may include telephonic calls, birthday card mailer, text message campaign and/or robocall.

5.5.4. BH Performance Improvement Project (PIP)

Background: In May 2023, DHCS requested all managed care plans to select 1 of 3 Performance Improvement Projects. CalOptima Health selected the option to improve the percentage of members enrolled into care management (CM), complex care management (CCM) or ECM, within 14 days of a provider visit where the member was diagnosed with Specialty Mental Health (SMH)/ Substance Use Disorder (SUD).

CalOptima Health chose to narrow the scope of the PIP to improve the percentage of members (age >21 years) enrolled into CM, CCM or ECM, within 14 days of an Emergency Dept (ED) visit where the member was diagnosed with SMH/SUD.

SMART Goal(s): SMART goals were identified in November 2023

Goal(s)	Goal Met / Not Met
Develop internal report to identify baseline data for members who enroll in Case Management, CCM or ECM after being diagnosed with SMH/SUD at ED Visit.	Goal Met

Actions/Interventions:

Planned Activities	Barriers	Intervention Period Start Date	Intervention Period End Date
Realtime ED data received from vendor on a daily basis for CCN and COD members.	Lack of resources to conduct member outreach.	October 2023	Ongoing
Collaboration meetings with internal business units to identify process and reporting specifications.	N/A	August 2023	Ongoing

Qualitative Analysis/Barriers:

- A. Lack of data. Reports had to be developed to identify baseline information.
- B. Lack of resources to conduct member outreach.

Conclusion and Next Steps:

- A. Increased enrollment into these programs will assist in achieving member wellness and autonomy through advocacy, assessment, planning, communication, education, resource management, and service facilitation.
- B. Development of internal process to refer identified members from real time ED data, to provide linkages and coordination of care by referring members to ECM, CM and CCM.

Section 6: Quality of Service

6.1 Member Experience

6.1.1 Member Experience Survey (CAHPS)

Background: CalOptima Health is committed to annually monitoring member satisfaction and identifying areas for improvement for all lines of business. By actively seeking feedback from the affected population CalOptima Health assesses the current state of member satisfaction and experience and identifies specific areas for improvement. Collecting valid data ensures that the insights gained are reliable which allows for formulation and implementation of evidence-based interventions. CalOptima Health’s goal is to improve the overall member experience by better meeting our members’ needs.

CalOptima Health utilizes the Consumer Assessment of Healthcare Providers and Systems (CAHPS) survey to measure member experience. The CAHPS program is overseen by the U.S. Department of Health and Human Services and the CAHPS surveys are a nationally recognized

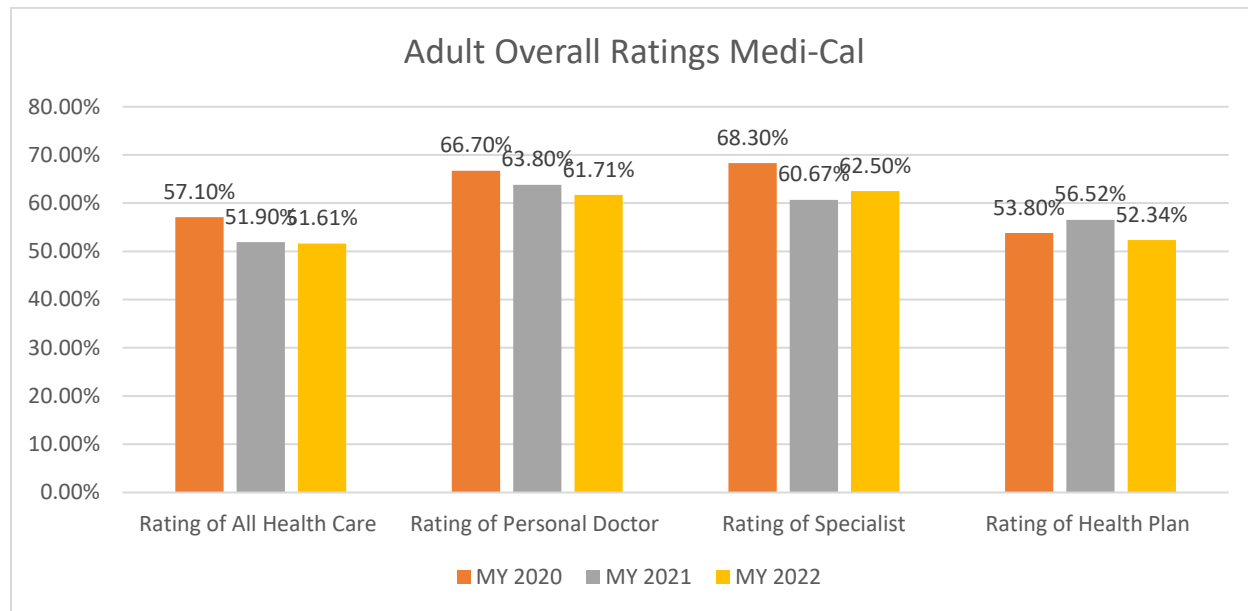
tool developed by the Agency for Healthcare Research and Quality (AHRQ). The CAHPS process has standardized tools, questionnaires and data collection protocols. CalOptima Health submits CAHPS rates to NCQA for NCQA accreditation and to CMS as part of the Stars Ratings for Health Plans.

Goal(s) and Results:

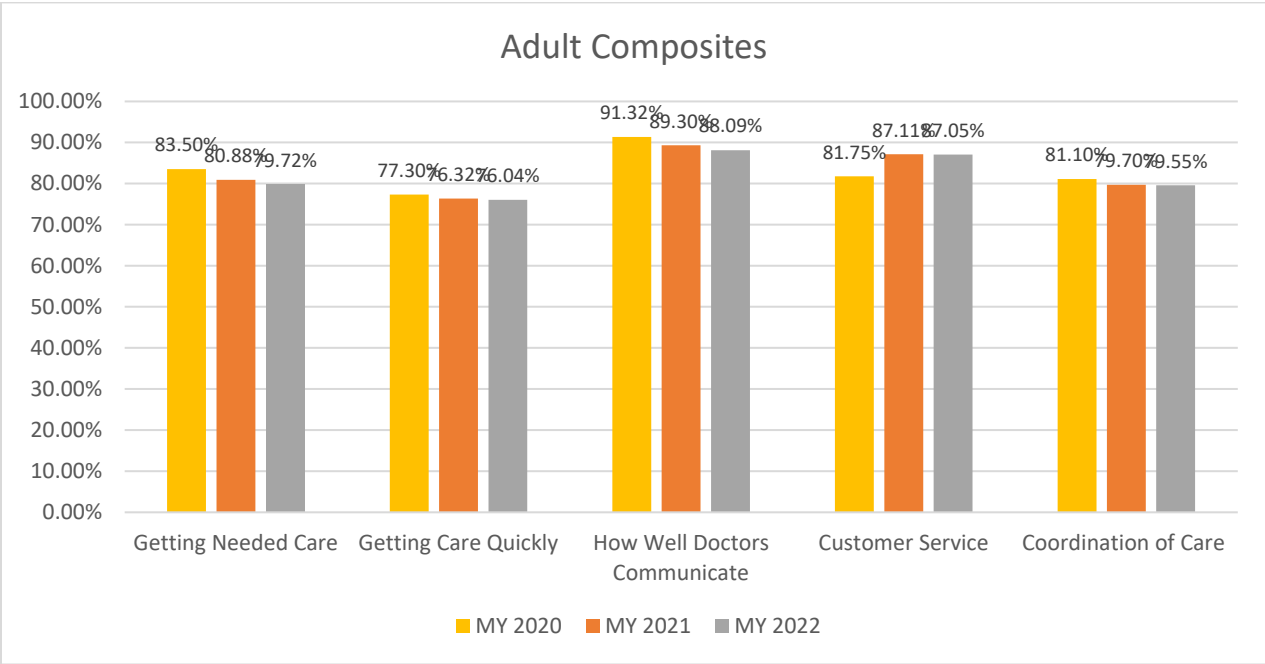
The following graphs display CAHPS survey results for MY2022.

Medi-Cal Adult CAHPS Survey Results

Goal: To meet the 66th percentile when compared with National Medicaid Benchmarks.



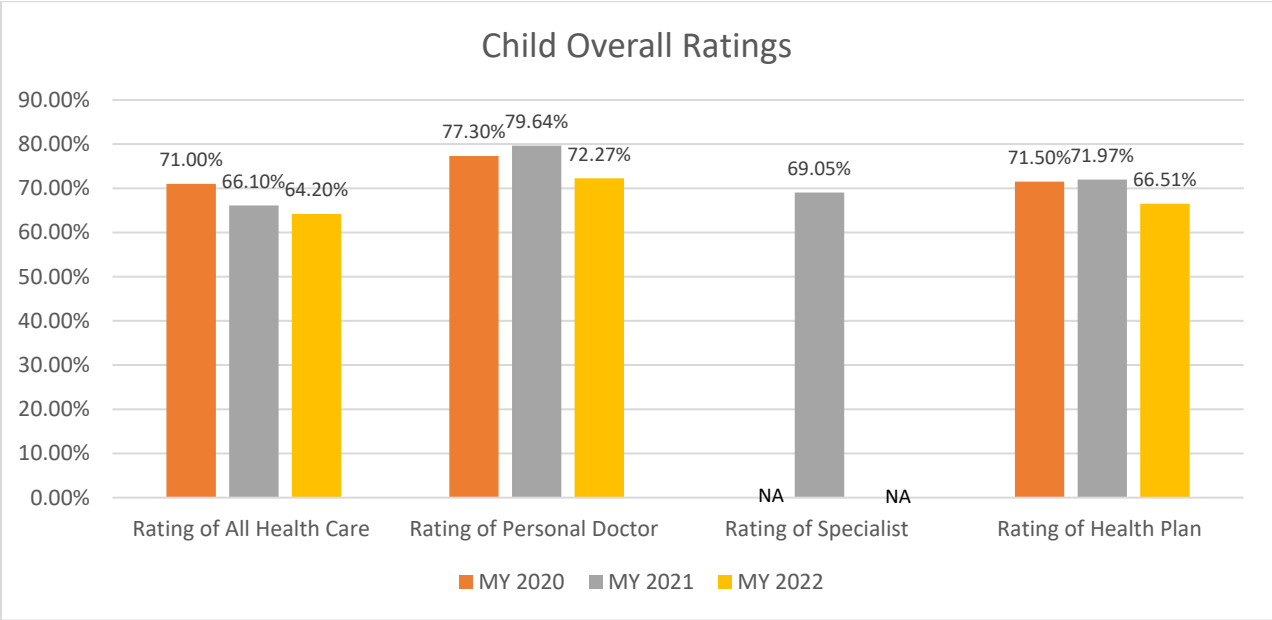
Measure	2023 Medi-Cal Goal	MY2022 Medi-Cal Rate	MY2022 Goal Met/Not Met
Rating of All Health Care	58.27	51.61	Not Met
Rating of Personal Doctor	70.59	61.71	Not Met
Rating of Specialist Seen Most Often	68.31	62.50	Not Met
Rating of Health Plan	64.02	52.34	Not Met



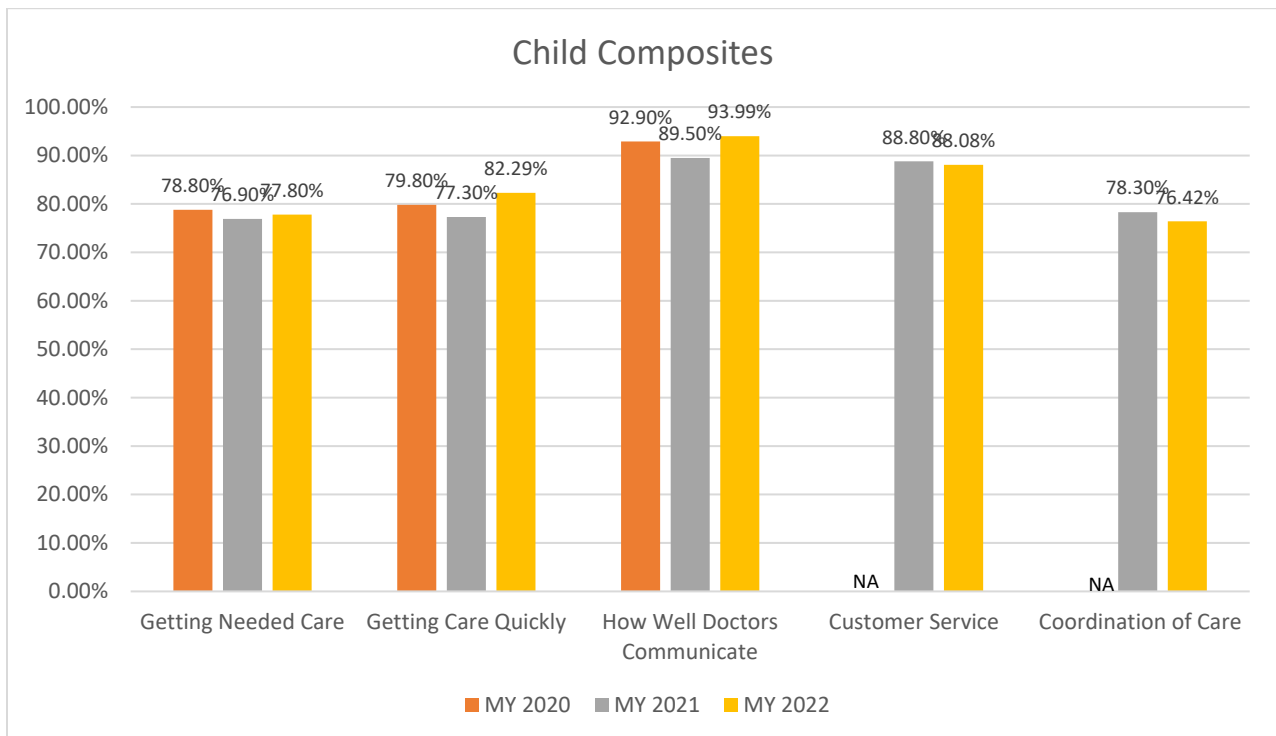
Measure	2023 Medi-Cal Goal	MY2022 Medi-Cal Rate	MY2022 Goal Met/Not Met
Getting Needed Care	83.11	79.72	Not Met
Getting Care Quickly	83.78	76.04	Not Met
How Well Doctors Communicate	93.55	88.09	Not Met
Customer Service	90.38	87.05	Not Met
Coordination of Care	86.73	79.55	Not Met

Medi-Cal Child CAHPS Survey Results

Goal: To meet the 66th percentile when compared with National Medicaid Benchmarks.



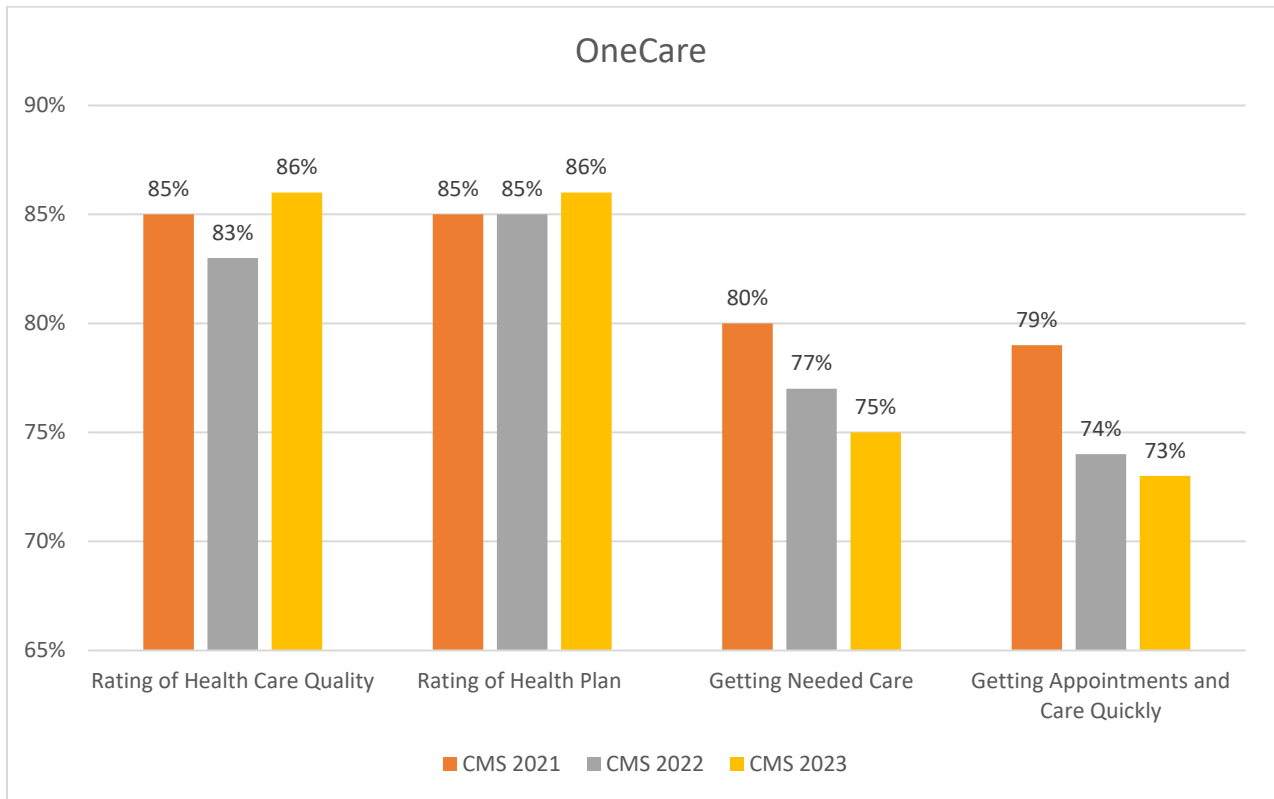
Measure	2023 Medi-Cal Goal	MY2022 Medi-Cal Rate	MY2022 Goal Met/Not Met
Rating of All Health Care	70.69	64.02	Not Met
Rating of Personal Doctor	77.84	72.27	Not Met
Rating of Specialist Seen Most Often	73.58	NA	NA
Rating of Health Plan	73.82	66.51	Not Met



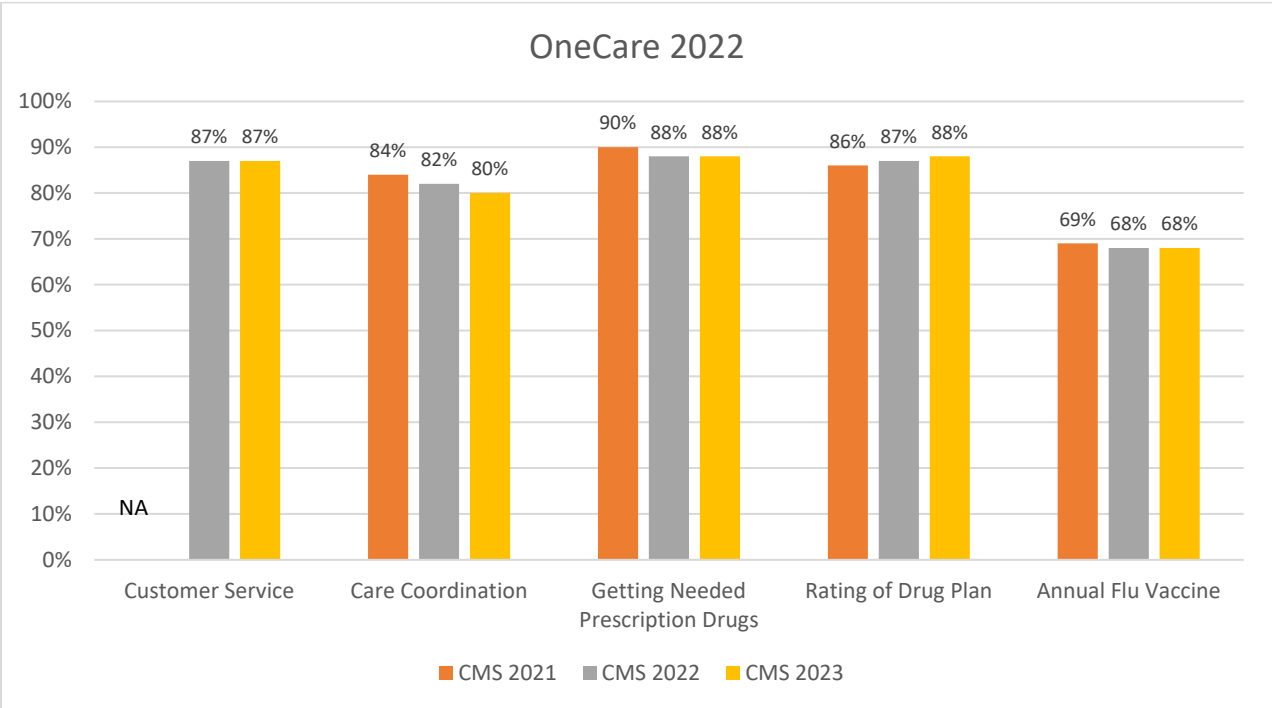
Measure	2023 Medi-Cal Goal	MY2022 Medi-Cal Rate	MY2022 Goal Met/Not Met
Getting Needed Care	85.61	77.8	Not Met
Getting Care Quickly	88.51	82.29	Not Met
How Well Doctors Communicate	94.75	93.99	Not Met
Customer Service	89.0	88.08	Not Met
Coordination of Care	86.51	76.42	Not Met

OneCare Adult CAHPS Survey Results

Goal: To meet the CMS 4-Star Rating.



CAHPS Measure MY2022 CAHPS	Mean Score	Statistical Significance	Star Rating Goal	Star Rating Score	MY2022 Goal Met/Not Met
Rating of Health Care Quality	86	No Difference	4	3	Not Met
Rating of Health Plan	86	Below Average	4	2	Not Met
Getting Needed Care	75	Below Average	4	1	Not Met
Getting Appointment and Care Quickly	73	Below Average	4	1	Not Met



CAHPS Measure	Mean Score	Statistical Significance	Star Rating Goal for MY2022 CAHPS Score	Star Rating for MY2022 CAHPS Score	MY2022 Goal Met/Not Met
Customer Service	87	Below Average	4	1	Not Met
Care Coordination	80	Below Average	4	1	Not Met
Getting Needed Prescription Drugs	88	Below Average	4	2	Not Met
Rating of Drug Plan	88	No Difference	4	4	Met
Annual Flu Vaccine	68	Below Average	4	2	Not Met

Action/Interventions:

Planned Activities / Intervention	Intervention Type	Barriers	Completion Status
Issue an RFP to obtain information on CAHPS improvement vendors and strategies, contract and launch program	Member	<ul style="list-style-type: none"> The RFP process is lengthy, which created a slowdown in start-up of the project. Vendor data process is different than CalOptima Health's for provider IDS. For the first year there may be an impact on members who are being outreached to. 	In Progress: RFP was completed and contract signed. Initiated working relationship with Rex Wallace Consulting and Decision Point to improve CAHPS performance. Currently creating content and planning interventions/campaigns to be implemented in Q4 2023 and in Q1 2024.
Member outreach to all OneCare members	Member	<ul style="list-style-type: none"> The incentive programs are a manual process so utilization may be affected. Access to quality phone and address information is limited. 	In Progress: live call campaign to remind and assist members with PCP visits, provide education and member incentives underway. Developing IVR/text outreach for remainder of year for high-priority members.

Quantitative Analysis:

- A. CalOptima Health reviewed all MY2022 CAHPS rates in detail and compared them with the benchmarks. All Medi-Cal measures were below the 66th percentile. For the OneCare program, one measure, Rating of Drug Plan, received a CMS 4.0-Star rating with the remainder of the Star measures below a CMS 4-Star Rating.
- B. CalOptima Health did not meet any goals set for CAHPS for Medi-Cal. For adult Medi-Cal the Rating of Personal Doctor, How Well Doctors Communicate and Rating of Health Plan were below the 10th percentile. Rating of All Health Care, Rating of Specialist, Getting Needed Care, Getting Care Quickly, Customer Service and Coordination of Care performed at the 10th percentile. For child Medi-Cal Coordination of Care was below the 10th percentile and Rating of All Health Care, Rating of Personal Doctor, Rating of Health Plan, Getting Needed Care, Getting Care Quickly and Customer Service performed at the 10th percentile. Customer Service and How Well Doctors Communicate performed at the 33rd percentile.
- C. CalOptima met the goal for the Rating of Drug Plan for OneCare with a CMS 4-Star Rating, but all other OneCare goals set for CAHPS were not met. OneCare CAHPS performed "Below Average" for seven measures. The "Below Average" for OneCare measures are Rating of Health Plan, Getting Needed Care, Getting Appointments and Care Quickly, Customer Service, Care Coordination, Getting Prescription Drugs and Annual Flu Vaccine.
- D. CalOptima Health maintained performance from the previous year with a .0 CMS 4-Star rating for Rating of Drug Plan for OneCare.

- E. Member response rates for CAHPS continue to be a challenge even as CalOptima Health has increased oversamples. The child CAHPS survey experienced a significant decline in the response rate of 6.4%. The adult Medi-Cal and OneCare CAHPS response rates each saw nominal improvements of .49% and .8% respectively.
- F. Member grievances for CY 2022 related to member experience from the prior year showed a decrease in grievances of 2% for Access, a decrease of 5% for Attitude and Quality Service and an increase of 3% for Quality of Care.

Qualitative Analysis:

- A. Response rates continue to decline, or remain stagnant, for CAHPS surveys.
- B. Appointment Timeliness and Availability: Members were unable to obtain timely appointments for routine and urgent care. Some PCPs have too many members in their panel, making it challenging to get an appointment or their panel is closed to new members. There is a lack of providers who offer extended office hours for urgent appointments and overcapacity of members for PCPs contributed to appointment access issues.
- C. Members experienced challenges with reaching providers for a variety of reasons, including, provider not seeing new patients, provider cancelled appointment, phone calls not being answered, and unable to reach the provider due to outdated contact information.
- D. Referrals expired because patients could not get an appointment or provider canceled/changed appointment.
- E. Some PCPs have too many members in their panel, making it challenging to get an appointment. This may limit the amount of time they can spend with a member during a visit, may cause delays in appointment availability and/or increase appointment cancellations or rescheduling by the provider.
- F. Lack of providers who offer extended office hours for urgent appointments.
- G. There are not enough specialists in the CalOptima Health network for cardiology/interventional cardiology, endocrinology, gastroenterology, general surgery neurology, ophthalmology, psychiatry, and pulmonology.
- H. Members are not receiving referrals to specialty care requested due to the limited number of specialists and/or access in certain geographic areas.

Disparity Analysis:

- A. Analysis Methodology: CalOptima Health's survey vendor uses collected data and conducts analysis of selected demographic categories for the CAHPS overall ratings and composites to better understand differences in the member experience. The categories are gender, age (18–44 and 45+), education (low education: through high school graduate or GED), ethnicity (Hispanic or Latino and not Hispanic or Latino), survey language was fielded in (English or Spanish), and race (white, black, or African American, Asian, American Indian or Alaska native, native Hawaiian or other Pacific Islander and other). The variables are coded into the following colors for performance: green (score is equal to or higher than 85%), yellow (score is less than 85% but equal to or higher than 75%), and red (score is less than 75%) for performance.
- B. Results: Analysis of the Medi-Cal adult survey results showed that by race members of Asian descent scored lower than all other members of different race. For members of Asian descent the composite How Well Doctors Communicate performed > 75% but < 85% and all other ratings and composites performed <75%.

Adult CAHPS Survey Overall Ratings and Composites by Race

CAHPS Elements	<i>White</i>	<i>Black or African American</i>	<i>Asian</i>	<i>Hawaiian</i>	<i>American Indian</i>	<i>Other</i>
<u>Ratings</u>						
Rating of All Health Care	77.1%	100%*	63.3%^	100%*	100%*	80.5%
Rating of Personal Doctor	77.2%	100%*	71.8%^	66.7%*	100%*	91.3%
Rating of Specialist Talked To Most Often	85.5%	-	72.1%^	100%*	100%*	85.2%
Rating of Health Plan	70.8%^	80%*	64.1%^	66.7%^*	100%*	84.3%
<u>Composites</u>						
Getting Needed Care	82%	100%*	72.1%^	100%*	75%*	78.3%
Getting Care Quickly	82.1%	-	62.1%^	100%*	100%*	72.6%^
How Well Doctors Communicate	89%	-	81.4%	100%*	100%*	95.1%
Customer Service	91.8%	-	73.5%^	100%*	-	91.1%
Coordination of Care	85.7%	-	62.4%^	66.7%^*	50%^*	77.8%

^ <75%; *Score based on < 11 cases; -no respondents met the criteria.

HN CAHPS Aggregate HN Reporting by Asian Languages

CAHPS Elements	<i>Vietnamese</i>	<i>Korean</i>	<i>Chinese</i>
<u>Ratings</u>			
Rating of All Health Care	77.9%	60%^	68%^
Rating of Personal Doctor	81.9%	75.5%	50%^
Rating of Specialist Talked To Most Often	82.4%	76.5%	45.5%^
Rating of Health Plan	73.8%	51.9%^	50%^
<u>Composites</u>			
Getting Needed Care	71.2%^	62.2%^	52.1%^
Getting Care Quickly	78.2%	72.1%^	56.3%^
How Well Doctors Communicate	88.6%	84.4%	83.3%
Customer Service	76.5%	71.1%^	72.2%^
Coordination of Care	78%	60%^	80%

^ <75%

C. Quantitative Analysis

1. For overall ratings members of Asian descent were below the 75th percentile for all four measures and for composites below the 75th percentile for four of the five measures.
2. For Asian languages in which CalOptima fielded the CAHPS survey: members speaking Vietnamese two measures performed below the 75th percentile, Korean members had six measures performed below the 75th percentile and seven measures performed below the 75th percentile for Chinese speaking members.

D. Barriers/Qualitative Analysis

1. Both Korean and Chinese speaking members are experiencing access issues with Getting Needed Care and Getting Care quickly. This may lead to lower performance of Rating of all health care and Rating of health plan. Chinese speaking members may have access issues which lead to lower Rating of personal doctor and Rating of specialist talked to most often

Conclusion and Next Steps:

- A. CalOptima Health will continue to collect data for disparity reporting, analysis, and trending.
- B. CalOptima Health has contracted with a predictive analytics vendor that will provide CalOptima Health with a defined path and process to improve CAHPs scores.
- C. To improve member experience CalOptima Health will continue to deploy a continuous, data-driven approach for stars and quality improvement by using machine learning and artificial intelligence to identify members at various levels of satisfaction and engagement and utilize member engagement tools to educate, outreach, and improve member health outcomes.
 1. CalOptima Health will be soliciting stars analytics companies in late 2023 and early 2024.
 2. CalOptima Health will issue an RFP for a new HEDIS software vendor to increase analytics for HEDIS measures.
- D. To improve response rates CalOptima Health will maintain the survey oversample for those populations affected.
- E. CalOptima Health is in discussions with our contracted survey vendor to expand the use of QR codes that will allow members to access their survey electronically for ease of use to improve response rates.
- F. CalOptima Health issued Corrective Action Plans (CAPs) to six contracted Health Networks in 2023 to HNs with a CAHPS member experience score below a 2.5. HNs were required to submit a member experience performance improvement plan and provide quarterly updates regarding progress.
 1. CalOptima Health continues to meet quarterly with contracted health network staff to educate and discuss issues that affect the member experience with CalOptima Health.
- G. CalOptima Health identified high impact providers that had 25–500 members per office site and CalOptima’s Medical Directors visited each site with a scorecard that addressed member access and experience measures to educate providers and improve the overall member experience.
- H. CalOptima Health pharmacy staff updated pharmacy information to Customer Service staff so call resolution is faster and more efficient.
- I. CalOptima Health is improving the ease of members’ use of the website. Updated information regarding urgent care and elevation of placement within the website for higher member visibility.
- J. CalOptima Health sent out 3,876, 500 text messages from Jan. to Dec. 2023. Messages included promotion of: vaccine clinics and resource fairs, preventive screenings such as breast cancer, cervical cancer, blood pressure check-ups, well child visits, blood lead screening, immunizations, and flu campaigns. Additional outreach included informing

members of CalFresh benefits and events that support the CalOptima Health food security strategy.

- K. CalOptima is launching a telehealth pilot program with its CCN Health Network to improve member access.

6.1.2 BH Member Experience

Background: CalOptima Health conducts comprehensive BH surveys and analysis annually to assess member satisfaction regarding the BH services. CalOptima Health worked with an outside vendor to field the 2023 BH Member Experience Surveys to measure member satisfaction on BH services received in 2022. Two separate surveys were administered: the BH Member Satisfaction: Applied Behavior Analysis (ABA) Services Survey and the BH Member Satisfaction: Mental Health (MH) Services Survey. The MH version of the survey assesses for both psychotherapy and medication services, whereas the ABA version is solely for ABA services. The consistent areas surveyed annually since managing BH services in house (i.e., non-delegated model) are Access to Services, and Treatment Experience. Questions related to: “As a result of my treatment,” were removed from the 2023 survey as there were uncertainties about how members were interpreting that set of questions. The survey questions focused on four main areas: telehealth services, access to services, treatment experience, and overall experience.

Goal(s):

Acronym	Measure	2023 Medi-Cal Goal	MY2022 Medi-Cal Rate	MY2022 Goal Met/Not Met
BH ME	BH Member Experience Survey	Mental Health 85%	Mental Health 75%	Medi-Cal: Not Met
		ABA 85%	ABA 81%	

Action/Interventions:

Planned Activities/Intervention	Intervention Type	Barriers	Completion Status
One wave- 4-week mailout survey Methodology	Member	Protracted approval from DHCS	Completed
Removal of “As a result of my treatment” section from survey tool.	Member	Protracted approval from DHCS	Completed
Cover Letters and Survey Tools Translated in Threshold Languages	Member	Protracted approval from DHCS	Completed

Results:



- A. A one-wave mailout survey methodology using random sampling for a sample size of 4,739 members was used to carry out the survey. Members of all ages and genders were surveyed. The survey was available to all members in their preferred language. Questions were scored on a five-point Likert scale with options of: Strongly Disagree, Disagree, Neutral, Agree, and Strongly Agree. A Not Applicable (NA) optional response was also included apart from the 5-point scale.
- B. CalOptima Health has established an overall satisfaction goal of 85%. The Overall Member Experience Survey rates for areas surveyed consistently year-to-year (i.e., Access to Services, and Treatment Experience) did not meet the intended goal of 85%. The MH survey fell short at 75% with a 10% gap to goal in 2022. ABA received an 81% satisfaction rate but missed the goal by 4%.

Quantitative Analysis:

- A. Analysis of 2021 compared with 2022 did not show a significant change in the MH survey overall satisfaction rates. The rate dropped slightly by 2%. The ABA overall satisfaction rates decreased 5% from 2021 to 2022.
- B. Overall satisfaction rates decreased from 2021 and the goal of 85% satisfaction rate for both MH and ABA was not met.

Qualitative Analysis/Barriers:

- A. Process Perspective: Reviewed survey questions, length of survey, methodology (e.g., mail verses other mediums, best time to administer, etc.), and survey burnout/fatigue and member abrasion.
- B. Quality Perspective: Access to services was an area that resulted in lower satisfaction rates. During 2022, many provider offices were still transitioning back to in-office visits.

Appointments were hard to obtain, and members preferred to go in person versus a telehealth visit.

- C. Time Constraints: Due to recommended updates from the CalOptima Health BHQI Workgroup, the Survey Tool and cover letters had to be reviewed and approved by DHCS, which caused the fielding of the survey to be delayed and only allowed a 4-week period for members to respond.

Conclusion and Next Steps:

- A. To improve the response rate and avoid survey fatigue, it might be worth considering alternative survey methods such as phone calls, text messages or QR codes. This could enable a wider range of CalOptima Health members to participate and share their experiences with behavioral health services.
- B. Increase Network:
 - 1. DHCS Children and Youth Behavioral Health Initiative (CYHBI) investments focused on increasing access through offering additional opportunities for mental health. For instance, the Student Behavioral Health Incentive Program (SBHIP) will allow youth to receive mental health services on or near a school campus. In addition, a new fee schedule will allow CalOptima Health to reimburse for such services in 2024.
 - 2. Addition of New Telehealth Vendor.

6.1.3 Grievances and Appeals

Background: CalOptima Health has a grievance and appeals process for all lines of business and a peer review process for cases that need to be escalated. Grievances are monitored by staff from our Grievance and Appeals Resolution Services (GARS) department, and they are tracked and trended in order to identify member and provider pain points when accessing care. The analysis is used to identify opportunities to develop interventions and improve member care as well as satisfaction.

Goals: Quarterly tracking and trending of grievance and appeals to be reported to GARS Committee. Trends are reported by line of business, provider type, general category and subcategories.

Results:

2023 Medi-Cal Member Grievances

	Billing & Financial			Quality-Practitioner Office Site			Quality of Care			Attitude/Quality of Service			Access			Q3 Total	Q3 Rate per 1000 / MM
	Q1	Q2	Q3	Q1	Q2	Q3	Q1	Q2	Q3	Q1	Q2	Q3	Q1	Q2	Q3		
Health Network																	
AltaMed	11	11	6	0	0	0	26	30	38	64	77	98	27	30	33	175	0.84
AMVI	3	4	4	0	0	0	4	10	11	6	15	16	7	3	5	36	0.40
Arta	9	12	8	0	0	0	20	16	16	68	86	64	25	39	41	129	0.66
CHA	18	20	17	0	0	0	29	31	28	58	72	58	28	30	40	143	0.29
Family Choice	5	5	4	0	0	0	10	13	16	30	30	32	7	12	13	65	0.45
Heritage	2	1	7	0	0	0	5	6	4	24	20	21	6	9	8	40	1.52
Kaiser^^^	114	114	77	0	0	0	21	30	16	341	390	355	67	98	56	504	2.77

Monarch	71	64	59	0	0	0	70	71	103	283	292	282	134	152	122	566	1.75
Noble	1	1	3	0	0	0	4	5	9	20	21	24	8	8	8	44	0.66
Prospect	10	7	7	0	0	0	17	17	20	44	52	90	27	23	33	150	1.12
Talbert	15	8	4	0	0	0	15	18	17	47	45	77	18	26	33	131	1.32
UCMG	8	11	2	0	0	0	6	8	6	34	33	44	17	17	35	87	0.63
CCN	69	56	82	0	0	0	141	150	152	470	562	613	196	271	302	1149	2.78
COD	33	47	49	0	0	0	15	25	17	109	135	144	30	25	19	229	0.58
CalOptima Pharmacy	0	0	0	0	0	0	0	0	0	0	0	1	0	0	0	1	0.00
VSP	0	4	2	0	0	0	0	3	1	0	17	13	0	4	5	21	0.01
Behavioral Health	9	16	9	0	0	0	17	24	21	46	45	43	38	33	30	103	0.04
NMT Transportation	0	0	1	0	0	0	3	6	28	217	316	522	1	0	2	553	0.19
Grand Total	378	384	341	0	0	0	403	463	503	1861	2290	2497	636	786	785	4127	1.42

Medi-Cal Trends in Q3 2023:

- A. Quantitative Analysis: Medi-Cal Grievances increased from 1.57 (Q2) to 1.77 (Q3) average rate per 1,000/member months
- B. Qualitative Analysis:
 - 1. Non-Medical Transportation (NMT) Q2 302 to Q3 612
 - 2. MTM changed the Veyo members to align with the MTM system/platform on August 1, 2023 — significant hold times in the month of August
 - 3. Calls answered by a national call center vs. a dedicated call center for CalOptima Health — this led to incorrect benefits being quoted/services denied
- C. Actions/Interventions:
 - 1. Benefits training by MTM for their staff on the rich CalOptima Health transportation benefits
 - 2. Additional staff hired by MTM to answer calls
 - 3. Frequent meetings as needed but no less than weekly
 - 4. Effective April 2024, ModivCare will be the new vendor for CalOptima Health transportation

2023 OneCare Member Grievances

Medical Group	Billing & Financial			Quality-Practitioner Office Site			Quality of Care			Attitude/Quality of Service			Access			Q3 Total	Q3 Rate per 1000 / MM
	Q1	Q2	Q3	Q1	Q2	Q3	Q1	Q2	Q3	Q1	Q2	Q3	Q1	Q2	Q3		
Alta Med Health	3	0	0	0	0	0	3	3	1	6	8	16	11	6	6	23	7.9
AMVI Care	1	3	0	0	0	0	0	0	1	3	1	2	3	1	1	4	3.3
Arta Western	2	1	1	0	0	0	2	2	2	7	4	7	6	5	3	13	4.9
CCN OC	23	36	9	0	0	0	7	13	11	45	58	58	42	32	16	94	11.7
Family Choice	4	5	1	0	0	0	0	1	0	8	3	11	16	9	2	14	2.4
Monarch	20	34	5	0	0	0	14	14	20	85	73	87	86	59	19	131	7.7
Noble	3	2	0	0	0	0	1	0	3	1	1	1	5	1	0	4	3.7
Prospect	5	14	4	0	0	0	5	4	4	35	15	29	38	26	7	44	6.2

Regal	0	5	0	0	0	0	0	2	0	1	5	1	1	2	2	3	4.3
Talbert	1	7	1	0	0	0	3	5	2	20	14	16	27	12	6	25	5.9
UCMG	0	2	1	0	0	0	1	1	1	2	3	5	7	2	0	7	3.0
OneCare Pharmacy	0	0	0	0	0	0	0	0	0	6	6	6	5	4	0	6	0.1
Behavioral Health	0	0	0	0	0	0	0	0	0	0	1	1	0	0	0	1	0.0
Convey Health	1	0	0	0	0	0	0	0	0	16	17	12	34	9	2	14	0.3
Silver and Fit	0	0	0	0	0	0	0	0	0	1	1	1	14	12	0	1	0.0
VSP	0	1	0	0	0	0	1	0	0	3	8	1	1	2	1	2	0.0
Veyo	0	0	0	0	0	0	1	1	1	122	146	158	11	4	0	159	3.0
Grand Total	63	112	22	0	0	0	38	46	46	361	407	412	307	201	65	545	

OneCare Trends in Q3 2023:

A. Quantitative Analysis:

1. OneCare Grievances decreased from 19.06 (Q2) to 14.66 (Q3) average rate per 1,000/member months
2. Decrease in Member Billing complaints Q2 112 to Q3 22
3. Decrease in Member Access complaints Q2 201 to Q3 65

B. Qualitative Analysis:

1. Increase in grievances related to NMT Transportation and Provider Attitude

C. Actions/Interventions:

1. Benefits training on MTM for their staff on the rich CalOptima Health transportation benefits
2. Frequent meetings as needed but no less than weekly
3. Effective April 2024, ModivCare will be the new vendor for CalOptima Health transportation
4. Provider and Health Network education and reminders on access standards
5. Provider and Health Network notification and/or request for training on any issues identified or perceived by our members

General trends identified in CY2023 included:

- A. Appointment availability
- B. Members being billed directly for care
- C. Delays in referrals/treatment
- D. Transportation barriers (NMT)

Action/Interventions:

- A. Partnering with Provider Relations in identifying trending specialties and geographic locations
 1. Urology and Neurology were priority subspecialties as a result
- B. Education provided to members, Health Networks and providers on the importance of insurance verification to properly bill the responsible parties
- C. Engaged UM department to identify perceived barriers to referrals. Additional provider education was provided.

D. CalOptima Health created a dedicated team for all transportation complaints, which was led by a former EMT. This team works closely with the members and vendor to improve the driver no-show rate.

Conclusion and Next Steps: CalOptima Health to continue to monitor and report as appropriate.

6.1.4 STARs Measures Improvement

Background: Each year, all Medicare Advantage plans are given a Star Rating by CMS based on the performance of the plan in a number of metrics, including HEDIS, CAHPS, HOS, Part D, and Administrative measures. For the 2023 Star Rating, OneCare received a 2.5 rating for Part C which resulted in a Corrective Action Plan (CAP) from CMS.

Goals: The short-term goal was to realize improvements in the Part C measures to satisfy the CAP received from CMS. In addition, increased improvements across all measures were sought to increase the overall Star Rating.

Actions/Interventions:

Planned Activities/ Intervention	Intervention Type	Barriers	Completion Status	Measure
Member Experience Improvement	Various	CAHPS surveys are only completed one time each year	In Progress	All CAHPS
Addressing the Call Center for CMS Surveillance Calls	CalOptima Health Operations	Issues with the phone system and understanding of the measure led to lower scores in 2022	Completed	C30/D01: Call Center – Foreign Language Interpreter and TTY Availability

Results:

OneCare Stars	CY 2022	CY 2023	CY 2024
Part C	3.5	2.5 ↓	3.0 ↑
Part D	4.5	3.5 ↓	3.5
Overall	4.0	3.0 ↓	3.0

OneCare Stars	CY 2022	CY 2023	CY 2024
Monitoring Physical Activity	2	3	4
Rating of Health Care Quality	3	1	3
Members Choosing to Leave the Plan	3	3	4
Plan Makes Timely Decisions About Appeals	3	4	5
Reviewing Appeals Decisions	5	3	5
Call Center – Foreign Language Interpreter and TTY Availability	5	1	3

Quantitative Analysis: Rates improved on many measures, as seen above, while others remained the same and some dropped slightly. Improvement strategies are ongoing, but the immediate short-term goal of achieving 3.0 Stars on Part C was achieved, and the CMS CAP was satisfied.

Qualitative Analysis/Barriers:

- A. Access issues are consistent across all HNs and continue to be a source of member dissatisfaction.
- B. Availability of some HEDIS data from the HNs and providers is limiting the improvement on HEDIS measures.

Conclusion and Next Steps:

- A. Overall, the program was successful, but the efforts are ongoing. The improvement was a small step in the right direction, although there is still a lot of work to do.
- B. In 2024, we are establishing a CalOptima Health Stars Steering Committee that will be tasked with the ongoing monitoring and guidance of the overall Stars Program with the goal of continual improvement each year as we work toward achieving 4-Star overall rating and the additional quality bonus payment associated with that rating.
- C. We are continuing to work with HNs and providers to improve performance and access to data as well as working with third-party data aggregators to increase the availability of the data needed to succeed.

6.1.5 Customer Service

Background: Customer Service is considered the first line of contact for CalOptima Health’s members and providers and is dedicated to assisting CalOptima Health members and providers with questions related to Medi-Cal for Orange County.

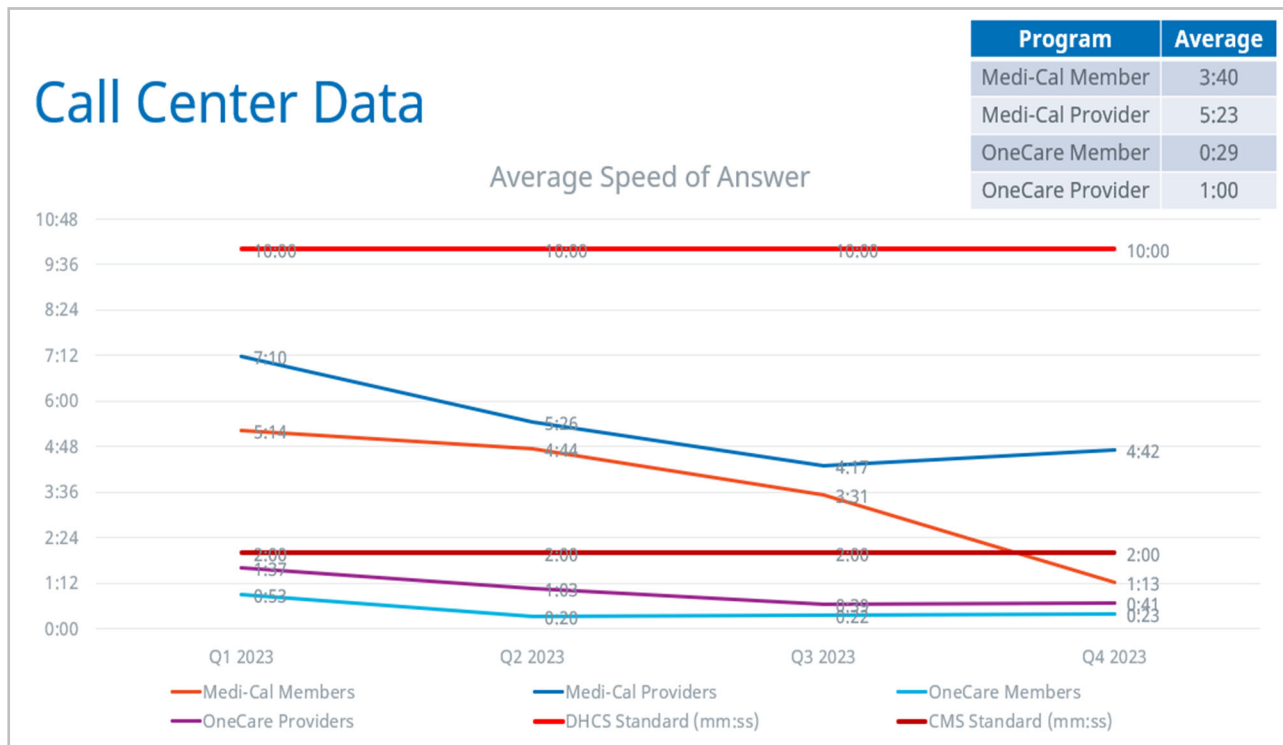
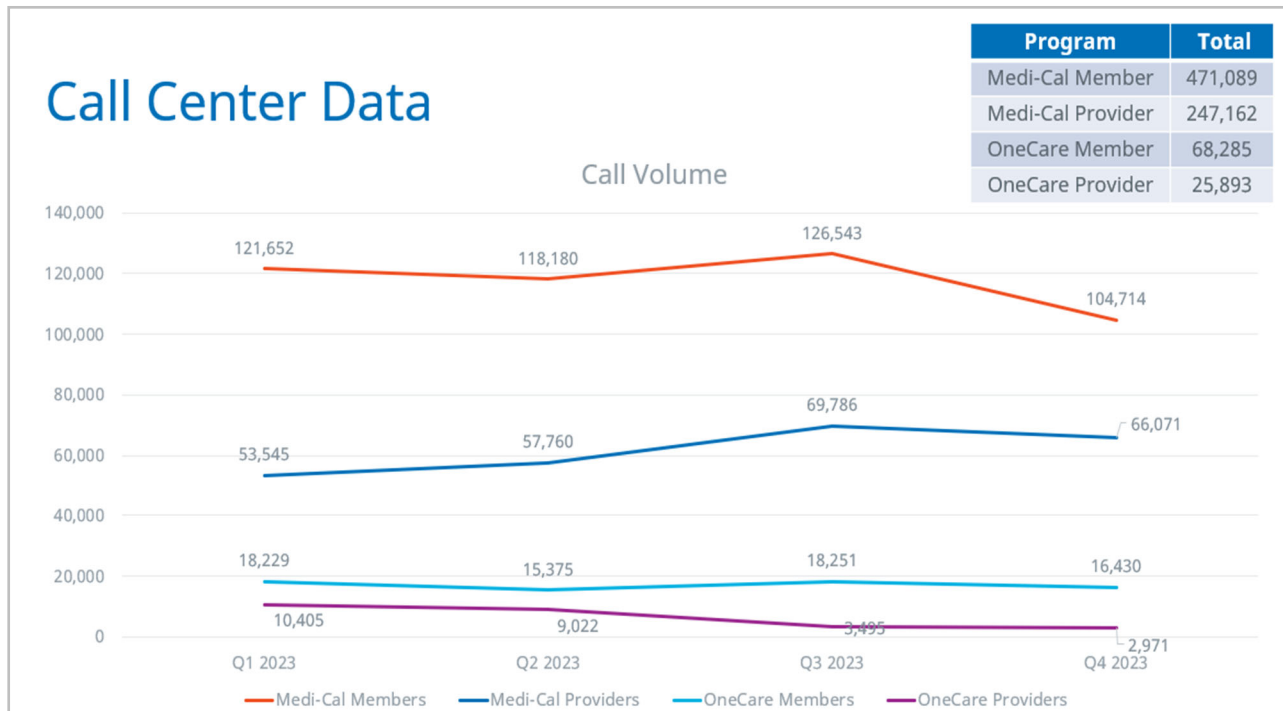
Program Goal(s): Answering inbound calls within the established regulatory requirements while providing quality and courteous service to our members and providers.

- A. DHCS Requirement: Wait time for a member to speak by telephone with a customer service representative shall not exceed 10 minutes.
- B. CMS Requirements:
 - The Average hold time shall not exceed two minutes.
 - Answer 80% of all incoming calls to the call center within 30 seconds.
 - The abandonment rate for all incoming calls to the call center of five percent (5%) or less.

Actions/Interventions:

- A. Recruiting and onboarding temporary staff to increase the existing customer service workforce.

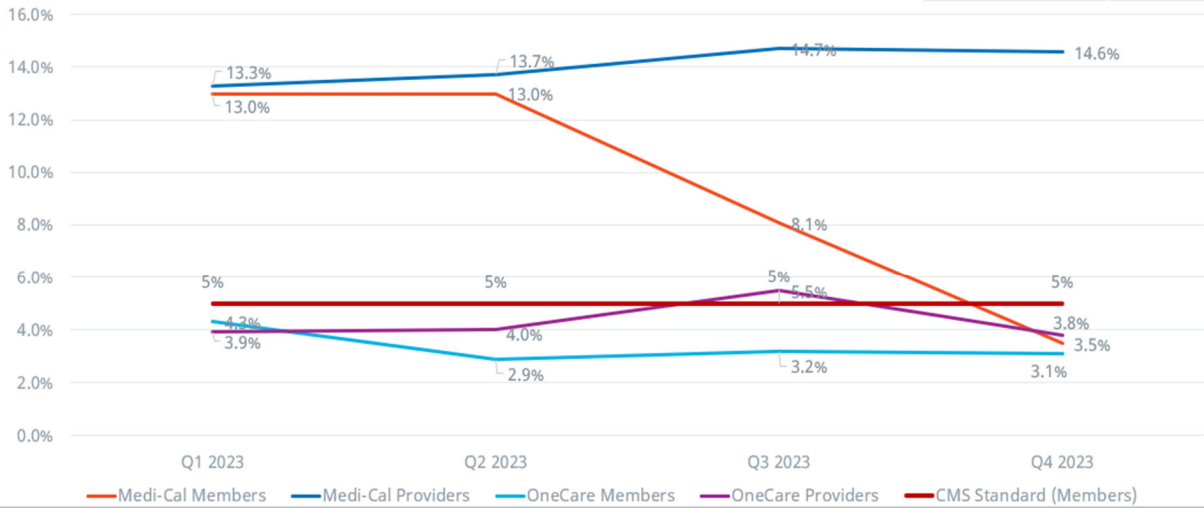
Results:



Call Center Data

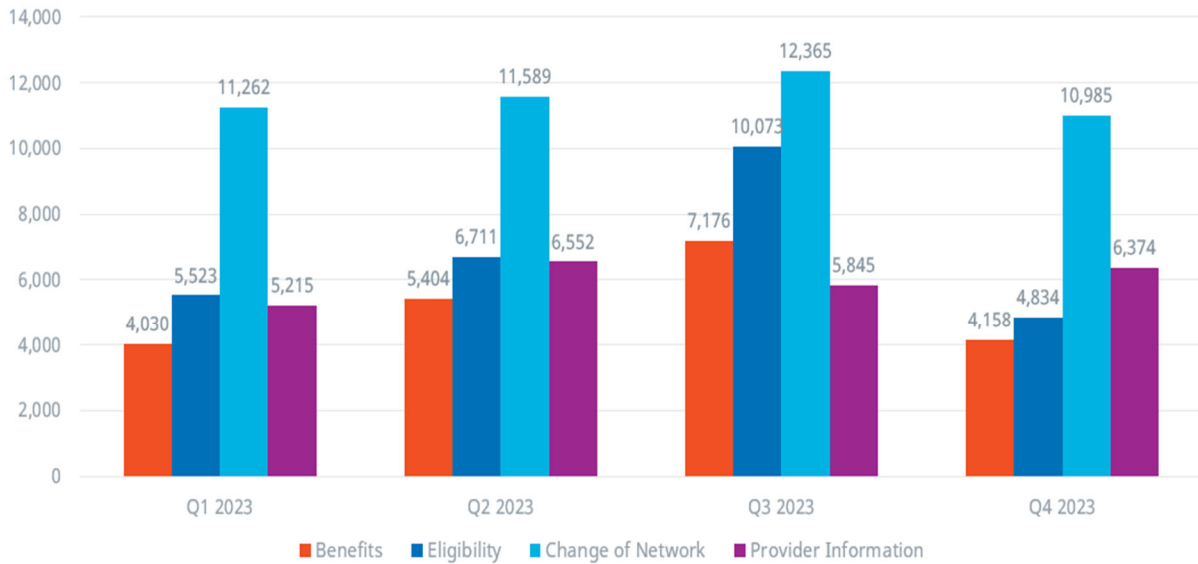
Program	Average
Medi-Cal Member	9.4%
Medi-Cal Provider	14.1%
OneCare Member	3.4%
OneCare Provider	4.3%

Abandonment Rate

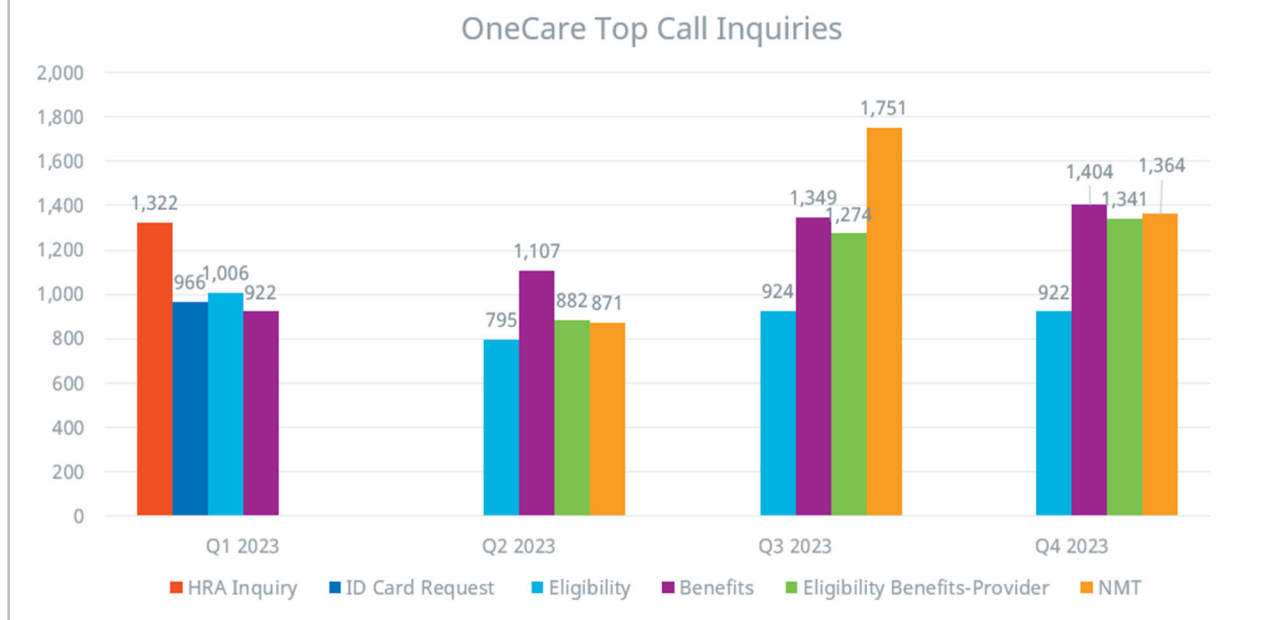


Call Center Data

Medi-Cal Top Call Inquiries



Call Center Data



Quantitative Analysis:

- A. Call Center regulatory requirements were met for 2023.
- B. Member and provider call volume has some fluctuation throughout the year but remained consistent when compared with the previous year.
- C. The Medi-Cal call inquiries remained consistent with eligibility and PCP/HN change requests were the highest number of calls. The cause for the high number of PCP/HN changes was the high number of new member auto assignments.
- D. The OneCare call inquiries fluctuated quarter by quarter. While benefits and eligibility remained consistent, there was a high number of HRA calls in Q1 due to the annual HRA mailing and Q3 and Q4 saw an increase in NMT calls due to as system migration that was implemented by CalOptima Health’s NMT vendor.

Qualitative Analysis/Barriers:

- A. Variance of Customer Service workforce (i.e., staff attrition, unexpected absences, collaborating with HR to backfill vacancies)

Conclusion and Next Steps:

- A. Remaining vigilant, proactive and collaborative with HR recruitment toward onboarding staff has proven beneficial.
- B. In the near future and in collaboration with our ITS department, Customer Service is looking forward to utilizing better and innovative technology (i.e., Contact Center, Customer Relationship Management [CRM] solutions) that will strengthen our performance against goals.

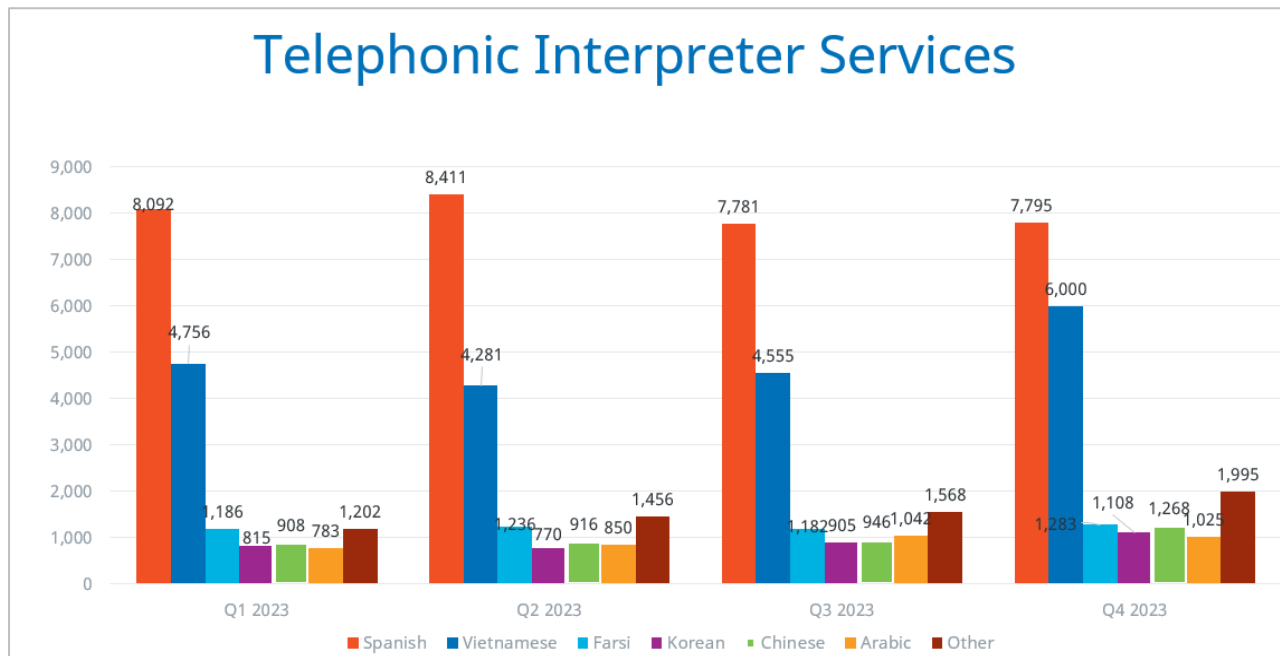
6.1.6 Cultural and Linguistics Services

Background: As a health care organization in the diverse community of Orange County, CalOptima Health recognizes that language misunderstandings and lack of cultural awareness can sometimes negatively affect clear communication during the process of receiving care. CalOptima Health’s Cultural and Linguistics (C&L) department ensures all members have access to interpretation services related to receiving health care in any language and translated member materials in CalOptima Health’s threshold languages.

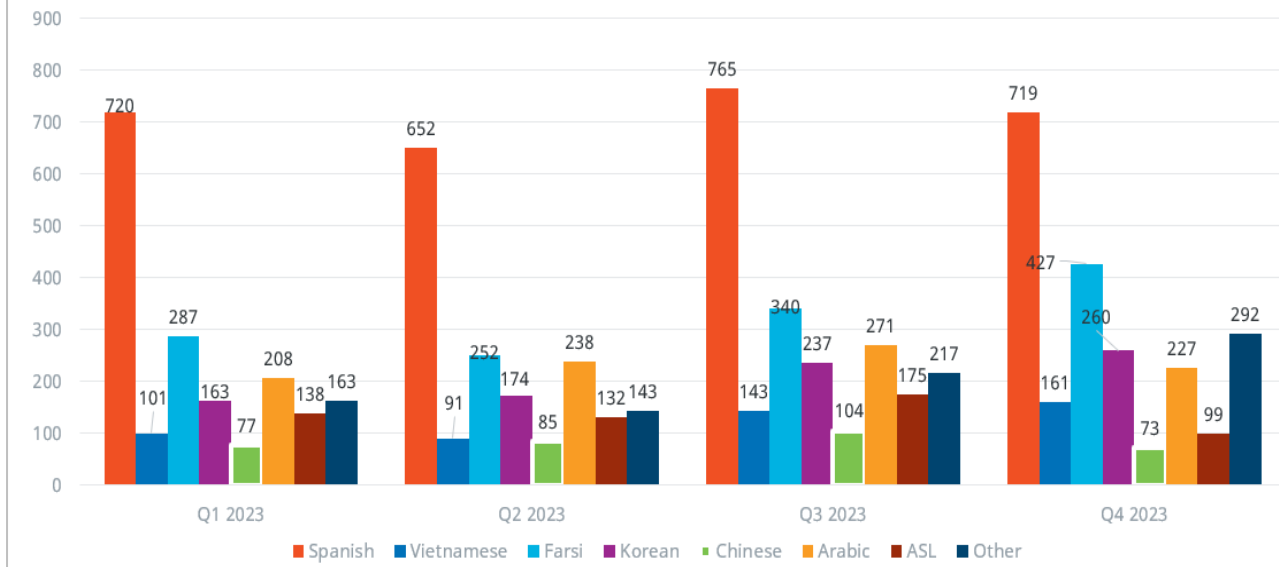
Program Goals: To provide CalOptima Health members access to quality health care and ensure that members with limited English proficiency can communicate clearly with CalOptima Health staff and health care providers in their preferred language. This includes:

- A. Translated member information, including a full and immediate translation of written materials in CalOptima Health’s Threshold Languages at no cost using a qualified translator to CalOptima Health’s members
- B. Face-to-face and telephonic interpretation services translation qualified translator, and information and materials to meet the needs of members with sensory and hearing impairments.
- C. Provide member information in alternative formats, such as large print in at least 20-point size Arial font, braille, audio, or accessible electronic format, such as a data CD.

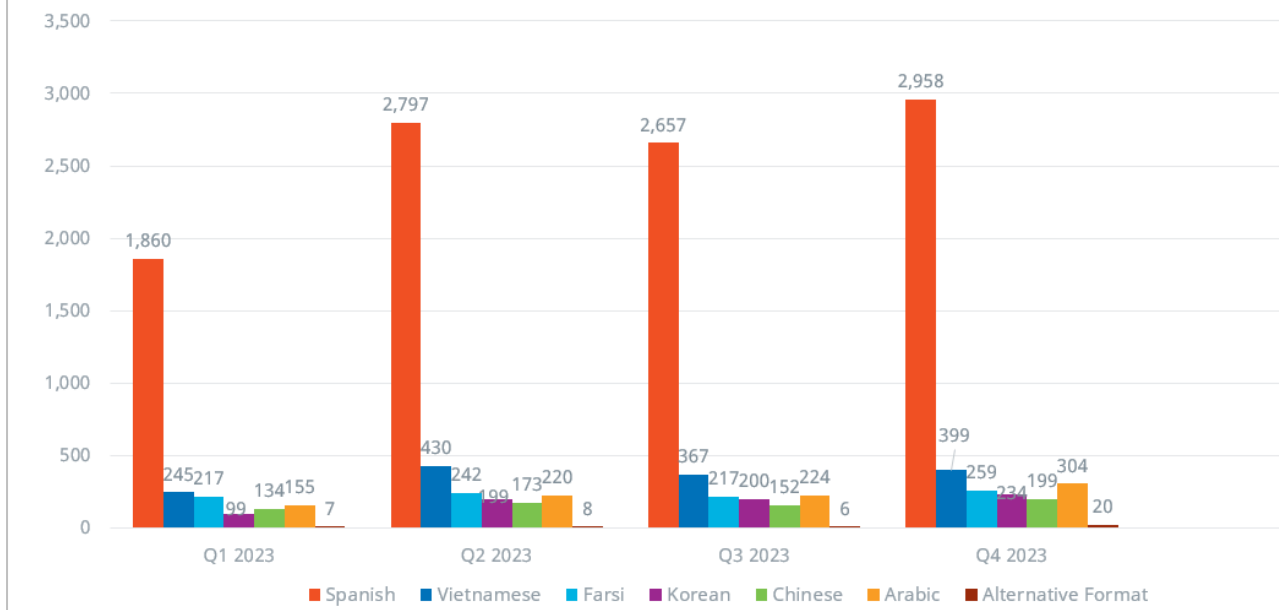
Results:



Face to Face Interpretation



Document Translations



Quantitative Analysis:

- A. Based on the member utilization data, CalOptima Health successfully met members needs in accessing interpretation services in any language and translated member information in CalOptima's threshold languages.

Qualitative Analysis/Barriers: No barriers or qualitative analysis were needed to achieve goals.

Conclusion and Next Steps:

- A. For 2024, the focus will be to collaborate with multiple departments across the organization to ensure Health Equity accreditation requirements are met as well as continue to monitor, improve, and evaluate existing C&L services to ensure limited English proficiency members continue to receive quality health care.

6.2 Provider Satisfaction

Background: To evaluate provider experience, CalOptima Health analyzed provider grievances, provider UM appeals and provider claims disputes.

Goal: To identify and address provider complaints in a timely manner.

Results: The majority of provider UM appeals were upheld at 96% upheld.

Quantitative and Qualitative Analysis: The top reason for provider grievances are claims disputes. The top reasons for provider UM appeals were denial for no medical necessity, no prior authorization obtained prior to services, and retroactive authorization denied for non-timely submission. The top reasons for provider claims disputes were for level of payment including underpaid claims, contract rates, fee schedule, bundling, down coding, and diagnostic-related group (DRG) payments.

Actions/Interventions: Based on provider experience data, CalOptima Health continues to educate providers on prior authorization requirements and claims payment policies.

6.3 Access

6.3.1 Network Adequacy

Background: CalOptima Health routinely assesses the provider network for all programs including Medi-Cal and OneCare and to ensure our members have appropriate access to care. This includes evaluating trends, determining if any gaps exist in a particular HN or with specific practitioner specialties, identifying opportunities for improvement, prioritizing those opportunities, and taking action to improve the network.

CalOptima Health established network adequacy in accordance with state and federal law and regulations to ensure members have adequate accessibility to available services at both the plan and HN levels. Mandatory Provider Types (MPTs) standards apply only to the Medi-Cal program and Network Adequacy includes both Medi-Cal and OneCare.

- A. MPTs (Medi-Cal only) standards require CalOptima Health and contracted HNs to contract with at least one of the following MPTs for each contracted service area, where available: Federally Qualified Health Center (FQHC), Freestanding Birthing Centers (FBC), Certified Nurse Midwives (CNM) and Licensed Midwife (LM).
- B. Provider network data is pulled quarterly to run an analysis for MPTs and Provider-to-Member Ratio (PMR) at the plan and HN level and compared with standards used to ensure members have the appropriate types of providers and an adequate number of practitioners in the network to access care. This analysis is used to determine whether CalOptima Health is compliant with the standards identified in CalOptima Health Access and Availability Policies: GG.1600 and MA.7007.

C. CalOptima uses the Quest Analytics Suite to conduct accessibility analyses and mapping to meet Time/Distance standards identified in CalOptima Health Access and Availability Policies referenced earlier. The accessibility analyses must demonstrate coverage of the entire service area. CalOptima Health establishes network adequacy standards in accordance with state and federal regulations.

Goals:

- A. Mandatory Provider Types: Required and applied to fully delegated HNs only serving the Medi-Cal population. HNs are required to contract with at least one MPT for FQHC and CNM.
- B. Provider to Member Ratios: applicable to Medi-Cal population only
 - A. PCP to Member Ratio is 1:2,000 or better
 - B. Specialists:
 - 1. OB/GYN is 1:2,000 or better
 - 2. Nephrology, Pulmonology and Psychiatrist is 1:10,000 or better
 - 3. All other Specialist to Member is 1:5,000 or better
- C. Minimum Number of Providers: applicable to OneCare population only and varies per provider type according to CMS annual Health Service Delivery (HSD) table.
- D. Time or Distance Standards:
 - 1. Medi-Cal: Health network meet at Time/Distance standard at 100% for providers and specialists
 - 2. OneCare: 90% of anticipated membership must meet combination of Time/Distance standards.

Results:

2023 Medi-Cal Mandatory Provider Type

Mandatory Provider Type	Q1		Q2		Q3		Q4	
	Count	Met / Not Met	Count	Met / Not Met	Count	Met / Not Met	Count	Met / Not Met
FQHC	37	Met	37	Met	39	Met	39	Met
CNM	5	Met	5	Met	4	Met	4	Met
LM	0	Not Met	0	Not Met	0	Not Met	0	Not Met

2023 Medi-Cal Provider to Member Ratios by Specialty Type

Provider Type	Quarters in 2023	Q1		Q2		Q3		Q4	
	Medi-Cal Specialty	Ratio	Met/Not Met	Ratio	Met/Not Met	Ratio	Met/Not Met	Ratio	Met/Not Met
PCP	Family Medicine	1:483	Met	1:471	Met	1:471	Met	1:456	Met
PCP	Pediatrics	1:188	Met	1:181	Met	1:179	Met	1:174	Met

Provider Type	Quarters in 2023	Q1		Q2		Q3		Q4	
	Medi-Cal Specialty	Ratio	Met/Not Met	Ratio	Met/Not Met	Ratio	Met/Not Met	Ratio	Met/Not Met
PCP	Internal Medicine	1:941	Met	1:903	Met	1:890	Met	1:867	Met
PCP	Total Primary Care Providers	1:243	Met	1:231	Met	1:229	Met	1:222	Met
Specialist	Cardiology/Interventional Cardiology	1:1,734	Met	1:1,670	Met	1:1,662	Met	1:1,577	Met
Specialist	Gastroenterology	1:2,108	Met	1:2,071	Met	1:2,026	Met	1:1,931	Met
Specialist	General Surgery	1:991	Met	1: 950	Met	1:942	Met	1:896	Met
Specialist	Hematology / Oncology	1:2,622	Met	1:2,502	Met	1:2,357	Met	1:2,096	Met
Specialist	Nephrology	1:1,037	Met	1:1,909	Met	1:1,891	Met	1:1,805	Met
Specialist	Neurology	1:468	Met	1:2,252	Met	1:2,269	Met	1:2,122	Met
Specialist	OB/GYN	1:219	Met	1:215	Met	1:215	Met	1:208	Met
Specialist	Ophthalmology	1:934	Met	1:1,827	Met	1:1,826	Met	1:1,786	Met
Specialist	Orthopedic Surgery	1:1,956	Met	1:1,859	Met	1:1,814	Met	1:1,741	Met
Specialist	Pulmonology	1:3,051	Met	1:2,902	Met	1:2,836	Met	1:2,744	Met

2023 OneCare Minimum Number of Providers by Specialty Type – Contracted Providers

Provider Type	Provider Specialty	Quarters	Q1		Q2		Q3		Q4	
		Minimum No. of Providers	No. of Providers	Met / Not Met	No. of Providers	Met / Not Met	No. of Providers	Met / Not Met	No. of Providers	Met / Not Met
PCP	Primary Care	72	889	Met	886	Met	1,222	Met	1,213	Met
Specialist	Allergy and Immunology	3	30	Met	31	Met	30	Met	30	Met
Specialist	Cardiology	12	166	Met	162	Met	154	Met	157	Met
Specialist	Cardiothoracic Surgery	1	35	Met	36	Met	32	Met	32	Met
Specialist	Chiropractor	5	26	Met	26	Met	25	Met	26	Met

Provider Type	Provider Specialty	Quarters	Q1		Q2		Q3		Q4	
		Minimum No. of Providers	No. of Providers	Met / Not Met	No. of Providers	Met / Not Met	No. of Providers	Met / Not Met	No. of Providers	Met / Not Met
Specialist	Dermatology	7	89	Met	89	Met	94	Met	95	Met
Specialist	Endocrinology	2	65	Met	66	Met	45	Met	46	Met
Specialist	ENT/Otolaryngology	3	61	Met	62	Met	55	Met	57	Met
Specialist	Gastroenterology	6	107	Met	107	Met	104	Met	106	Met
Specialist	General Surgery	13	127	Met	129	Met	123	Met	122	Met
Specialist	Gynecology, OB/GYN	2	205	Met	208	Met	207	Met	209	Met
Specialist	Infectious Diseases	2	55	Met	57	Met	46	Met	46	Met
Specialist	Nephrology	4	100	Met	105	Met	98	Met	94	Met
Specialist	Neurology	6	127	Met	128	Met	98	Met	103	Met
Specialist	Neurosurgery	1	44	Met	43	Met	38	Met	40	Met
Specialist	Oncology - Medical, Surgical	9	147	Met	146	Met	85	Met	88	Met
Specialist	Radiation Oncology	3	41	Met	41	Met	36	Met	36	Met
Specialist	Ophthalmology	11	179	Met	182	Met	165	Met	170	Met
Specialist	Orthopedic Surgery	9	125	Met	124	Met	118	Met	122	Met
Specialist	Physiatry, Rehabilitative Medicine	2	37	Met	36	Met	32	Met	32	Met
Specialist	Plastic Surgery	1	33	Met	33	Met	34	Met	33	Met
Specialist	Podiatry	9	84	Met	87	Met	96	Met	96	Met
Specialist	Psychiatry	7	107	Met	110	Met	93	Met	97	Met
Specialist	Pulmonology	6	80	Met	79	Met	70	Met	73	Met
Specialist	Rheumatology	4	27	Met	28	Met	29	Met	30	Met
Specialist	Urology	6	65	Met	62	Met	64	Met	67	Met

Provider Type	Provider Specialty	Quarters	Q1		Q2		Q3		Q4	
		Minimum No. of Providers	No. of Providers	Met / Not Met	No. of Providers	Met / Not Met	No. of Providers	Met / Not Met	No. of Providers	Met / Not Met
Specialist	Vascular Surgery	1	38	Met	39	Met	25	Met	24	Met

2023 Medi-Cal Time/Distance Analysis – Non-Compliance Count by ZIP Code

Provider Type	Non-Compliance ZIP Code Count for Contracted Providers							
	Q1		Q2		Q3		Q4	
	Count	Met/Not Met	Count	Met/Not Met	Count	Met/Not Met	Count	Met/Not Met
PCPs	0	Met	0	Met	0	Met	0	Met
Specialists	0	Met	0	Met	0	Met	0	Met

2023 OneCare Time/Distance Analysis – Non-Compliance Count by ZIP Code

	Non-Compliance ZIP Code Count for Contracted Primary Care Providers (PCP)							
	Q1		Q2		Q3		Q4	
	Count	Met/Not Met	Count	Met/Not Met	Count	Met/Not Met	Count	Met/Not Met
OC	1	Not Met	1	Not Met	1	Not Met	1	Not Met

2023 OneCare Time/Distance Analysis – Non-Compliance Count by ZIP Code

	Non-Compliance ZIP Code Count for Contracted Providers															
	Q1 Specialties		Q1 Facilities		Q2 Specialties		Q2 Facilities		Q3 Specialties		Q3 Facilities		Q4 Specialties		Q4 Facilities	
	Count	Met/Not Met	Count	Met/Not Met	Count	Met/Not Met	Count	Met/Not Met	Count	Met/Not Met	Count	Met/Not Met	Count	Met/Not Met	Count	Met/Not Met
OC 2023	8	Not Met	31	Not Met	9	Not Met	29	Not Met	8	Not Met	30	Not Met	8	Not Met	30	Not Met
OC 2022	0	Met	0	Met	0	Met	1	Not Met	0	Met	1	Not Met	0	Met	1	Not Met

Actions/Interventions:

- A. CalOptima Health actively recruited providers currently in the provider system with letters of agreements, with the end goal of getting them fully contracted.
- B. CalOptima Health worked with health networks to get them certified for Subcontracted Network Certification (SNC) and submitted documentation to the State.
- C. Developed a process to monitor HNs for SNC compliance, communicate results including remediation when warranted.
- D. Distribute individualized network adequacy summary reports to HNs on a quarterly basis.

Quantitative Analysis:

- A. MPT was monitored for the Medi-Cal population, and 2023 quarterly results show standard met for both FQHC and CNMs.
- B. Member Ratio and Minimum Number of Providers
 - 1. Medi-Cal provider to member ratios data shows all specialty types met the standard for ratios. Provider specialists gastroenterologists, hematologists/oncologists and pulmonologists all trended downward in ratios from beginning of the year. In contrast, nephrologists, neurologists and ophthalmologists trended upward, exhibiting significant increase in ratios in Q2.
 - 2. The OneCare minimum number of provider plan level results show all specialty types met for in 2023.
- C. Time/Distance:
 - 1. Medi-Cal: In 2023, the Time/Distance tables show CalOptima Health was compliant at the plan level for total PCPs and Specialists. However, in drilling down deeper into the PCP provider type, 11 ZIP Codes were identified as not met for OB/GYN PCPs.
 - 2. OneCare: In 2023, the Time/Distance data shows CalOptima Health was non-compliant for all four quarters for PCPs, specialists and facilities.

Qualitative Analysis:

- A. Provider data is collected and housed across multiple databases at CalOptima Health and contracted networks. Counts may not be truly reflective of what is contracted within the network.
- B. CalOptima Health is a Medi-Cal plan and reimburses providers utilizing the Medi-Cal reimbursement rate structure. This rate is generally lower than commercial and non-medical rates, making it less appealing for providers and specialists to contract with CalOptima Health.
- C. Most OB/GYNs only want to practice as specialists and not as PCP resulting in CalOptima not meeting the Time/Distance standard for OB/GYN PCP. While members are able to select an OB/GYN as their PCP, most members do not.
- D. In Q4 2023 changed methodology of monitoring Time/Distance from anticipated membership to assigned membership.

Conclusion and Next Steps:

- A. CalOptima Health monitors network adequacy on a quarterly basis by running reports to evaluate whether the Plan meets the Provider Ratio and Time/Distance standards. Will continue to:
 - 1. Present findings to the Network Adequacy Workgroup and Member Experience Committee
 - 2. Educate and monitor HNs for network adequacy.
 - 3. Educate HNs on Alternative Access Standards (AAS) to help meet requirements for standards.

6.3.2 Timely Access

Background: CalOptima Health contracted with a health care survey vendor to field a telephone survey to our network providers to assess their compliance with CalOptima Health’s Timely Access Standards to monitor telephone and appointment wait times. The survey used a combination of a “mystery shopper” methodology, in which the interviewer posed as a family member seeking the earliest appointment for a relative, and a “direct script” methodology, in which the callers identified themselves on calling on behalf of CalOptima Health in order to obtain appointment data. Callers then followed the script verbatim in order to collect the data. The direct script methodology was also used to collect administrative compliance data, for example, how long it takes to triage patients, and if providers are currently accepting new patients.

Three unique scripts were developed to collect appointments for several provider categories, including Primary Care, OB/GYN, Specialty Care, Non-Physician Behavioral Health Care, Psychiatric Care, and Ancillary Care across all programs Medi-Cal, OneCare and OneCare Connect.

The data pull methodology included both census and sampling data. With a few exceptions, census data was used for provider types with universes with less than 100 providers. Sampling was used for provider types with universes of 100 and more and included a pull of a random sample to ensure a minimum of 30 completed surveys. In 2022, 2,408 unique providers were surveyed.

The most recent survey was conducted during business hours September 29 through November 23, 2022. Providers were not called on weekends or holidays and for each contact, the surveyor made three attempts maximum to reach a live person to participate in the survey. The surveyor collected first and second appointment availability, but data included in this evaluation represents availability for first appointment only.

Goal(s): CalOptima Health established an MPL of 80% or better at the plan and health network levels.

CalOptima Plan Level

Appointment Types	2019	2020	2021	2022	Met MPL	Difference 2021-2022
Primary Routine (10 business days)	67%	76.2%	69.2%	59.1%	Not Met	-7.1
Primary Care Urgent (48 hours)	21%	68.4%	62.0%	58.9%	Not Met	-3.1
Primary Care Physical Exam (30 calendar days)	81%	84.6%	75.8%	78.0%	Not Met	+2.2
OB/GYN Prenatal (OC/OCC: 2 weeks; MC: 10 business days)	70%	80.4%	77.1%	77.8%	Not Met	+0.7
OB/GYN Routine (15 Business days)	-	85%	80.0%	82%	Met	+2
OB/GYN Urgent (48 hours)	N/A	59%	74%	68.4%	Not Met	-5.6
Specialist Routine (15 business days)	58%	67.7%	60.6%	49.1%	Not Met	-11.5
Specialist Urgent (96 hours)	16%	56.1%	63.7%	54.6%	Not Met	-9.1
Psychiatrist Routine (15 business days)	45%	78.4%	61.9%	63.9%	Not Met	+2.0
Psychiatrist Urgent (48 hours)	N/A	42.9%	34.4%	69.0%	Not Met	+34.6
Psychiatrist Follow-up (30 calendar days)	100%*	91.4%	66.7%	43.3%	Not Met	-23.4

Non-Physician Behavioral Health Routine (10 business days)	75%	76.7%	76.0%	69.1%	Not Met	-6.9
Non-Physician Behavioral Health Urgent (48 hours)	N/A	49.2%	60.0%	69.0%	Not Met	+9
Non-Physician Behavioral Health Follow-up (20 calendar days)	97%	85.1%	70.6%	68.3%	Not Met	-2.3
Ancillary Routine (15 business days)	75%	91.4%	88.9%	76.1%	Not Met	-12.8

Survey methodology changed from 2019 to 2020 resulting in the data not being trendable. Therefore, 2019 data presented is for informational purposes only. – (Dash) indicates no data available * Indicates denominator is less than 10

Actions/Interventions:

Planned Activities / Intervention	Intervention Type	Barriers	Completion Status
Targeted outreach to add providers to the network	Provider	Not enough specialists in the county to contract with. In south county, CalOptima is contracted with a low number of specialists identified as adult endocrinologist and pediatric nephrologists due to scarcity. CalOptima reimbursement rates tend to be less appealing to providers since it utilizes the Medi-Cal reimbursement rate structure, which is generally lower than commercial and non-medical rates.	In Progress
Issue corrective action plans to HNs not meeting timely access standards.	Health Networks	HNs may not have been consistent with monitoring compliance for timely access as many providers were still experiencing staff shortages after the height of the pandemic.	Completed: In Dec. 2022, CAPs were issued to 13 HNs. In addition, 12 HNs were asked to outreach and educate providers who received non-compliance notification on the same standard for two years in a row.

Planned Activities / Intervention	Intervention Type	Barriers	Completion Status
Inform and educate providers on timely access standards when non-compliant.	Providers	<ul style="list-style-type: none"> • Providers and staff may not be fully aware of Timely Access standards. • Providers may feel Timely Access standards are not reasonable and therefore do not feel an urgency to meet criteria. • Providers feel inundated with notices of non-compliances from plan and HNs. • Provider offices may not be staffed with non-physician practitioners to help meet appointment availability standards. • Provider offices may not have appropriate phone systems to handle large volumes of calls, triage calls, or provide required outgoing voice messages. 	<p>Letters were sent to providers in the 4th quarter-2022 notifying them of their non-compliance status and educating them of the access and availability standards.</p> <ul style="list-style-type: none"> • 26 Letters - In-Office Wait Times • 1,404 Education letters – Appointment/Telephone Access • 372 Warning letters - Appointment/Telephone Access • 42 Corrective Action <p>In Progress: In Q2 2023, a Provider/HN workgroup convened to prioritize and develop interventions to improve member experience for the OneCare population.</p> <p>Completed: Provider/HN developed a provider office call script to facilitate telephone patient scheduling.</p>
Field In-office Wait Time survey to measure office wait time among providers	Providers	When provider offices are over booked, results in long wait time for patient to be seen by doctor for their scheduled appointment time.	<p>Completed: Of the 169 wait time data collected, 165 (97.6%) were deemed compliant.</p> <p>Remaining four issued a CAP.</p>

Quantitative Analysis:

- A. Based on the review of timely access study results, appointment access is an area of concern. The data shows that there are opportunities for improvement for both routine and urgent appointment types, for almost all provider types.
- B. Out of the 14 appointment type measures, only one “OB/GYN Routine” met the 80% minimum performance level. In comparing survey results from 2021 to 2022, six measures saw an increase in rate, with the highest for Psychiatrist urgent with a percentage increase of nearly 35 percentage points. The biggest dip in rate was with Psychiatrist Follow-Up appointments, at a little more than 23 percentage points.

Qualitative Analysis/Barriers:

In conducting analysis of the data, a list of barriers was identified that may shed light on why most appointment standards did not meet the 80% MPL for the 2022 Timely Access Survey.

- A. There may be an adequate number of practitioners in CalOptima Health’s network, but not all of providers have open panels or are available to see new patients.
- B. Some PCPs have too many members in their panel, making it challenging to get an appointment. When a provider is over capacity, this may limit the amount of time they can spend with a member during a visit. Too many members may also cause delays in appointment availability or an increase in cancellations/rescheduling by the provider.
- C. Lack of providers who offer extended office hours for urgent appointments.
- D. There are not enough specialists in the network. In certain areas, CalOptima Health is currently contracted with a low number of specialists with several not meeting the 80% MPL for both routine and urgent appointments: cardiology/interventional cardiology, endocrinology, gastroenterology, general surgery neurology, ophthalmology, psychiatry, and pulmonology.
- E. CalOptima Health is a Medi-Cal plan and reimburses providers utilizing the Medi-Cal reimbursement rate structure. This rate is generally lower than commercial and non-medical rates, making it less appealing for providers including PCPs and specialists to contract with CalOptima Health.
- F. Members do not receive referrals to specialty care requested due to the limited number of specialists available in certain areas.

Conclusion and Next Steps:

Findings show there are significant challenges with members obtaining both routine and urgent appointments. To facilitate timely access to care, the following opportunities were identified:

- A. Simplify the corrective action plan process to lessen the tracking time from three years to one or one and a half.
- B. Distribute survey results to providers in a timely manner making the data more relevant and actionable.
- C. Survey providers to identify provider’s biggest challenges/barriers in providing timely access to care.

6.3.3 Telephone Access

Background: CalOptima Health contracted with a health care survey vendor to field a telephone survey to our network providers to assess their compliance with CalOptima Health’s Timely Access Standards to monitor telephone and appointment wait times. The survey used a combination of a “mystery shopper” methodology, in which the interviewer posed as a family member seeking the earliest appointment for a relative, and a “direct script” methodology, in which the callers identified themselves on calling on behalf of CalOptima Health to obtain appointment data. Callers then followed the script verbatim to collect the data. The direct script methodology was also used to collect administrative compliance data, for example, how long it takes to triage patients, and if providers are currently accepting new patients.

Three unique scripts were developed to collect appointments for several provider categories, including Primary Care, OB/GYN, Specialty Care, Non-Physician Behavioral Health Care, Psychiatric Care, and Ancillary Care across all programs.

The data pull methodology included both census and sampling data. With a few exceptions, census data was used for provider types with universes with less than 100 providers. Sampling was used

for provider types with universes of 100 and more and included a pull of a random sample to ensure a minimum of 30 completed surveys. In 2022, 2,408 unique providers were surveyed.

The most recent survey was conducted during business hours September 29 through November 23, 2022. Providers were not called on weekends or holidays and for each contact, the surveyor made three attempts maximum to reach a live person to participate in the survey. The surveyor collected first and second appointment availability, but data included in this evaluation represents availability for first appointment only.

Goal(s): CalOptima Health established an MPL of 80% or better at the plan and health network level.

The following table represents Timely Access Survey results for Telephone availability at the plan level. Telephone access was monitored for the three years, 2020 through 2022.

CalOptima Plan Level

N/A under Met MPL indicates that this standard is not a requirement and is for informational purposes only.

Appointment Types	2020	2021	2022	Met MPL	Difference 2021-2022
Call back time within 24 hours (Mystery-routine)	80.0%*	50.0%*	71.4%	Not Met	+21.4
Phone triage patients within 30 minutes	93.7%	95.3%	98.0%	Met	+2.7
Flexibility in scheduling members with disabilities	95.4%	97.0%	97.8%	Met	+0.8
Instructs caller to ER/911	31.6%	20.8%	19.7%	Not Met	-1.1
Informs caller of return call time	34.3%	14.1%	10.8%	Not Met	-3.3
Call back time within 30 minutes (Direct-urgent)	28.6%	20.6%	14.6%	Not Met	-6.0
Live person answers within 30 seconds	69.6%	72.5%	67.0%	Not Met	-5.5
Currently offering telehealth	82.1%	76.3%	75.9%	N/A	-0.4
Currently accepting new patients	52.6%	84.7%	82.5%	N/A	-2.2
Currently accept CalOptima Health patients	86.1%	86.7%	88.0%	N/A	+1.3
Call hold time does not exceed 5 minutes	82.6%	86.3%	84.2%	N/A	+2.1

**Next to rate indicates Denominator is 10 or less.*

Action/Interventions:

Planned Activities / Intervention	Intervention Type	Barriers	Completion Status
Provider Data Improvement	Health Networks	<p>Provider data is not synced because it is collected and housed across multiple databases at CalOptima Health and at the health networks.</p> <p>Information on CalOptima Health website and in provider directory are not always current.</p> <p>Members are not able to reach their providers when calling to make an appointment because of outdated contact information.</p>	<p>In Progress:</p> <p>Develop process to utilize Lexis Nexis to correct provider data in errors in Facets and establish maintenance review process.</p> <p>Develop process for auditing provider directory and create a scorecard for HN directory data accuracy.</p>
Issue corrective action plans to HNs not meeting timely access standards.	Health Networks	<p>HNs may not have been consistent with monitoring compliance for timely access as many providers were still experiencing staff shortages after the height of the pandemic.</p>	<p>Completed:</p> <p>In Dec. 2022, CAPs were issued to 13 HNs.</p> <p>In addition, 12 HNs were asked to outreach and educate providers who received non-compliance notification on the same standard for two years in a row.</p>
Inform and educate providers on timely access standards when non-compliant.	Providers	<p>Providers and staff may not be fully aware of telephone timely Access standards.</p> <p>Providers may feel telephone timely Access standards are not reasonable and therefore do not feel urgency to meet criteria.</p> <p>Providers feel inundated with notices of non-compliance from plan and Health Networks.</p> <p>Provider offices may not have appropriate phone systems to handle large volumes of calls, triage calls, or provide required outgoing voice messages.</p>	<p>Letters were sent to providers in 4th quarter-2022 notifying them of their non-compliance status and educating them of the access and availability standards.</p> <ul style="list-style-type: none"> • 26 Letters - In-Office Wait Times • 1404 Education letters – Appointment/Telephone Access • 372 Warning letters – Appointment/Telephone Access • 42 Corrective Action <p>In Progress:</p> <p>In Q2 2023, a Provider/HN workgroup convened to prioritize and develop interventions to improve member experience for the OneCare population.</p>

Quantitative Analysis:

- A. A review of the 2022 timely access study results shows telephone access continues to be an area of concern. Similar to prior year, of the seven required standards, only two measures “Phone Triage within 30 Minutes” and “Offering Flexibility in Scheduling Members with Disabilities” met the 80% MPL. Both measures experienced slight increases in compliance rates from 2021 to 2022.
- B. In reviewing the remaining required measures, “Call back time within 24 hours (Mystery-routine)” is the only measure that experienced an increase in rate from 2021 to 2022, at more than 21 percentage points. The remaining four experienced decreases in rates of 6 percentage points or lower.

Qualitative Analysis/Barriers:

In conducting analysis of the data, a list of barriers was identified that may shed light on why most appointment standards did not meet the 80% MPL for the 2022 Timely Access Survey.

- A. Members are not always able to reach their providers when calling to make an appointment due to: incorrect phone number, long hold times, no answer, no return calls, and no answering machine to leave message.
- B. Provider offices that do have answering machines may not include outgoing messages instructing members what to do in case of emergency and/or advising when they should expect a return call.
- C. Provider offices may not have enough staff to effectively manage phone calls.
- D. Smaller provider offices may have phone systems that are older or not equipped to handle large volumes of calls resulting in dropped calls and long wait times.
- E. Provider offices may not be well informed on telephone access standards.

Conclusion and Next Steps:

Findings show there are significant challenges with informing members of return call time, instructing members to ER/911 and return phone call within 30 minutes as all three measures have a compliance rate below 20%. To improve telephone access, the following opportunities were identified:

- A. Instruct provider offices identified as non-compliant for “instruct caller to ER/911” to resolve measure immediately. CalOptima Health will conduct an interim survey to validate compliance by Q2-2024.
- B. Medi-Cal Timely Access standards will be included in the Provider Press newsletter, winter 2024.

6.3.4 Annual Network Certification (ANC)

Background: In April of 2021, DHCS issued All-Plan Letter (APL) 21-006, Network Certification Requirements that established network adequacy standards at the MCP level, a process to assess and certify MCPs for network adequacy at least annually through the ANC process to ensure that each MCP’s provider network meets state and federal network adequacy and access requirements.

Changes to ANC:

- A. Health plans are required to make good faith efforts to contract with at least one cancer center within their contracted Provider Networks and subcontracted networks.
- B. Health plans must ensure processes and protections are in place for members to access services that are customarily provided by the mandatory providers either in or out of county, including the provision of transportation, if the MCP does not have a current contract with a specific MPT in its service area.
- C. DHCS provided a Time or Distance Analysis Report (using Arc GIS) to determine whether the MCPs meet time or distance for anticipated members.
- D. Telehealth: Health plans to cover 100% of the population points in the ZIP code in order to be considered compliant with time or distance standards with any deficiencies accounted for through AAS requests.
- E. If plan covers at least 85% of the population points in the ZIP code, DHCS permits plan to use the synchronous mode of Telehealth instead of submitting an AAS request.
- F. If utilizing telehealth to meet time or distance for 15% of the population in the zip code, health plan must meet the required Telehealth Provider-to-Member ratio based on the number of MCP members in the ZIP code that are not covered by in – person providers.
- G. Health plans must submit Alternative Access Standards when they no longer meet time or distance standards and are not utilizing telehealth to meet requirement.
- H. As part of AAS request, health plans to submit all unsuccessful contracting efforts as part of the AAS request.
- I. AAS requests must be submitted to DHCS every three years.
- J. Health plans that cannot demonstrate compliance with an AAS are subject to a CAP.
- K. Health plans may permit subcontractors to supplement their provider networks with the plans’ direct networks to ensure members who receive care through the subcontractor receive the same access to required providers.

Program Goals:

- A. To meet DHCS network adequacy and access requirements as indicated in the APL
- B. To submit the ANC, according to the APL

Action/Interventions:

Planned Activities	Date of Completion
Completed ANC Submission	Q2 2023
Updated CalOptima Health Policies	Q3 2023

Quantitative Analysis:

- A. CalOptima Health met requirements for: Provider to Member Ratios and Time/Distance
- B. CalOptima Health did not meet: Timely Access, Mandatory Provider Types

Qualitative Analysis/Barriers:

- A. DHCS made significant changes to the APL and ANC submission requirements in the APL for the 2023 ANC Submission

- B. For the 2023 ANC Submission, DHCS intended for plan to be held accountable to analysis that DHCS ran using the MCPs 274 file and ArcGIS rather than the MCPs analysis using the DHCS approved time/distance analysis methodology. MCPs were apprehensive of the analysis provided by DHCS since they were not provided the detailed methodology and could not replicate the analysis themselves. At the end, DHCS did not use the ArcGIS analysis and allow plans to submit their own time/distance analysis for submission.

Conclusion and Next Steps:

- A. CalOptima Health staff will work with Quest Analytics software to mimic the analysis by DHCS.
- B. CalOptima Health will aim to obtain a license to for ArcGIS to be able to run network adequacy analysis using DHCS' methodology.
- C. The responsibility for ANC submission will transition from the Quality to Provider Network Operations.
- D. CalOptima will submit the next ANC in Q1 2024, according to the APL.

6.3.5 Subcontracted Network Certification (SNC)

Background: In March 20, 2023, DHCS issued All-Plan Letter (APL) 23-006 Delegation and Subcontract Network Certification, that established network adequacy standards at the subcontractor and downstream subcontractor level, a process for MCPs to assess and certify subcontractor and downstream subcontractor for network adequacy at least annually through the SNC process to ensure that each subcontractor and downstream subcontractor provider network meets state and federal network adequacy and access requirements.

Program Goals:

- A. To meet DHCS delegation requirements for network adequacy and access requirements as indicated in the APL
- B. To ensure that subcontractor's provider network meets state and federal network adequacy and access requirements
- C. To submit the SNC, according to the APL

Elements to SNC:

- A. Health plans with subcontracted Delegates, plans are expected to assess and certify the adequacy of the plan's provider network at least annually through the SNC process.
- B. Delegation and Subcontractor Network Certification (SNC) - APL 23-006 received 3/30/2023.
- C. CalOptima Health SNC Submission to State – 5/30/2023
- D. Monitoring of Subcontractors includes:
 - 1. Timely Access
 - 2. Time and Distance
 - 3. Mandatory Provider Types (MPT)
 - 4. Provider-to-Member Ratio
 - 5. Provider Directory
- E. Findings show HNs are not meeting standards for MPT and Timely Access. Results vary for Time or Distance and Provider to Member Ratios as some networks met.
 - 1. MPT applies to fully delegated networks only.

- F. In September 2023, the SNC workgroup developed a plan to share findings with HNs and requested HNs develop a plan of action for areas identified as non-compliant.
- G. CalOptima Health conducted another data pull in Q4 and issued official CAPs.
- H. If Health Network submits an Alternative Access Template (AAT) and is approved by Plan, CAP shall not be issued for that particular measure.
- I. Plans are to submit final documents to State by 01/05/2024.

Action/Interventions:

Planned Activities	Date of Completion
Completed SNC Submission	Q3 2023
Developed a new CalOptima Health Policies for SNC	Q3 2023
Notified HNs of the areas of SNC noncompliance	Q3 2023
Issued corrective action plans to HNs with areas of SNC noncompliance	Q4 2023

Quantitative Analysis:

	Timely Access	Directory Review	Mandatory Provider Types (MPT)	Provider to Member ratios (PMR)	Time or Distance*
Health Networks	MY-2022	Q2	Q4	Q4	Q4
AltaMed Health Services	Not Met	Met	2/3 Not Met	1/14 Not Met	Not Met
AMVI Care Health Network	Not Met	Met	2/3 Not Met	Met	Not Met
CalOptima Health Community Network/Direct Network	Not Met	Met	1/3 Not Met	Met	Met
CHOC Physicians Network	Not Met	Met	1/3 Not Met	1/14 Not Met	Not Met
Family Choice Health Services	Not Met	Met	2/3 Not Met	Met	Not Met
Heritage Provider Network	Not Met	Met	2/3 Not Met	Met**	Not Met
Noble Mid Orange County	Not Met	Met	2/3 Not Met	Met	Not Met
OPTUM - Arta	Not Met	Met	2/3 Not Met	1/14 Not Met	Not Met
OPTUM - Monarch	Not Met	Met	2/3 Not Met	1/14/ Not Met	Not Met
OPTUM - Talbert	Not Met	Met	2/3 Not Met	Met	Not Met
Prospect Health Plan	Not Met	Met	2/3 Not Met	Met	Not Met
United Care Medical Group	Not Met	Met	2/3 Not Met	Met	Not Met

- A. CCN met requirements for: Provider-to-Member Ratios, Time/Distance, and Directory Review
- B. All HNs met requirements for Provider Directory.
- C. All HNs did not meet standards for Timely Access and MPT.
- D.

Qualitative Analysis/Barriers:

- A. APL 23-006 is a newly issued APL and SNC is a new submission for CalOptima Health. Staff had many questions about the submission and DHCS provided little guidance.
- B. After the submission, DHCS provided clarification to MCPs as some MCPs incorrectly defined their Delegates as being fully or partially delegated and CalOptima Health was required to submit a landscape analysis to DHCS.
- C. DHCS did not follow the timeline indicated in the APL and changed the next SNC submission to early January 2024.

Conclusion and Next Steps:

- A. CalOptima Health will develop an Alternate Access Standard process for HNs when they do not meet time and distance standards.
- B. The responsibility for SNC submission will transition from the Quality to Provider Network Operations.
- C. CalOptima will submit the next SNC in Q1 2024, according to the APL

6.3.6 Language Accessibility Analysis

Background: CalOptima Health monitors members’ ability to obtain health care services by ensuring an adequate network of practitioners and by analyzing the effectiveness of the network to meet the cultural needs and preferences of its membership. To determine this, CalOptima Health collects gender, race/ethnicity, language, and member needs/preference data of CalOptima Health members and compares the data against practitioners by health network to determine if there is adequate practitioner coverage to meet the member’s needs. This study collects data and utilizes ratios to compare against availability standards for:

- Gender Ratios: Male Member/Male Practitioner, Female Member/Female Practitioner
- Language Ratios: Member/Practitioner ratio for the following languages for the Medi-Cal Line of Business: Arabic, Chinese, Farsi, Korean, Spanish and Vietnamese
- Race/Ethnicity Ratios: CalOptima Health will use language as an indication of race/ethnicity.

Additionally, CalOptima Health monitors the Cultural Competency of CalOptima Health staff, Providers, and provider’s staff. In this part of the study CalOptima Health identified CalOptima Health staff and practitioner’s staff who have successfully passed the annual Cultural Competency training along with identified findings and a plan of action to address the findings.

Goal(s):

- A. Gender Data:

1. This gender study looks at the ratio of female members to female practitioners and male members to male practitioners to determine if there are areas that need attention.
 2. CalOptima Health has applied a general standard for practitioners to member ratio, which is 1:500 for gender groups, female, and male, in order to establish a point of comparison. The standard is considered compliant if the practitioner to member ratio is less than 1:500 for each gender group. Data is presented in total, combining data from the health networks/medical groups, and by health network/medical group.
- B. Assessing Language Data:
1. This study aims to assess the linguistic needs of its members. This study collects language data of CalOptima Health members and practitioners to determine if there is adequate practitioner coverage by language. CalOptima Health uses this study to determine if there are members who do not have access to a practitioner who speaks their language.
 2. This language study looks at the ratio of members who speak the non-English language to practitioners who speak the same non-English language to determine if there are any areas where practitioner to member ratio for a threshold language is too high and needs attention.
- C. Assessing Data for Members Over and Under 21 Years of Age:
1. This study looks at the ratio of members over and under the age of 21 in comparison with the ratio of practitioners to determine if there are areas that need attention.
 2. CalOptima Health has applied a general standard for practitioners to member ratio, which is 1:500 to establish a point of comparison. The standard is considered compliant if the practitioner to member ratio is less than 1:500 for each group. Data is presented in total, combining data from the health networks/medical groups, and by health network/medical group.
- D. Assessing Race/Ethnicity Data
1. CalOptima Health captures Race/ethnicity data for its members. Members may be categorized into an ethnicity category or may not be assigned to an ethnicity category. Members may decline to share ethnicity information, or members may choose the “other” category.

Results:

A. Assessing Gender Data:

CalOptima Health met the overall male and female gender standard with ratios under 1:500

Medi-Cal Gender Data			
Male			
Year	2023		
Health Networks	Ratio	Provider	Members
Combined Medi-Cal	1 : 118	3,186	377,190
AltaMed	1 : 103	326	33,861
AMVI	1 : 58	262	15,342
CCN	1 : 25	2,088	53,645
CHOC	1 : 87	919	79,975
Family Choice	1 : 63	358	22,633
HPN - Regal	1 : 8	503	4,116
Kaiser	1 : 89	292	26,043
Noble	1 : 45	240	10,868
Optum -Arta	1 : 63	707	45,127
Optum -Monarch	1 : 58	484	28,123
Optum -Talbert	1 : 29	513	14,903
Prospect	1 : 38	546	20,749
UCMG	1 : 60	363	21,805

Medi-Cal Gender Data			
Female			
Year	2023		
Health Networks	Ratio	Provider	Members
Combined Medi-Cal	1:145	2,901	421,134
AltaMed	1 : 97	335	32,756
AMVI	1 : 49	266	13,070
CCN	1 : 36	2,154	79,344
CHOC	1 : 78	948	74,855
Family Choice	1 : 64	369	23,948
HPN - Regal	1 : 8	521	4,493
Kaiser	1:163	200	32,635
Noble	1 : 41	250	10,481
Optum -Arta	1 : 78	736	57,465
Optum -Monarch	1 : 67	497	33,388
Optum -Talbert	1 : 30	518	15,719
Prospect	1 : 37	568	21,392
UCMG	1 : 57	373	21,588

B. Assessing Language Data:

CalOptima Health met the language standard of 1:500 for Spanish, Vietnamese, Farsi, Korean, Arabic and Chinese.

Medi-Cal Language Data			
Arabic			
Year	2023		
Health Networks	Ratio	Provider	Member
Combined Medi-Cal	1:16	326	5,369
AltaMed	1:06	30	209
AMVI	1:05	13	71
Arta Western	1:15	33	505
CCN	1:16	122	1,981
CHOC	1:16	47	783
Family Choice	1:08	19	165
Kaiser	1:01	170	148
Monarch	1:17	46	801
Noble	1:03	20	60
Prospect	1:05	38	215
Regal	1:02	35	101
Talbert	1:06	28	179
UCMG	1:07	20	151

Medi-Cal Language Data			
Chinese			
Year	2023		
Health Networks	Ratio	Provider	Member
Combined Medi-Cal	1:03	438	1,431
AltaMed	1:02	29	59
AMVI	1:01	14	26
Arta Western	1:01	31	55
CCN	1:01	142	268
CHOC	1:04	49	238
Family Choice	1:03	28	100
Kaiser	1:01	255	93
Monarch	1:08	48	418
Noble	1:01	19	16
Prospect	1:01	32	37
Regal	1:01	22	16
Talbert	1:01	26	42
UCMG	1:02	23	63

Medi-Cal Language Data			
Farsi			
Year	2023		
Health Networks	Ratio	Provider	Member
<i>Combined Medi-Cal</i>	1:11	611	7,253
AltaMed	1:07	29	204
AMVI	1:05	20	106
Arta Western	1:08	42	368
CCN	1:05	214	1,183
CHOC	1:09	79	773
Family Choice	1:07	20	148
Kaiser	1:01	334	172
Monarch	1:38	88	3,374
Noble	1:01	22	42
Prospect	1:06	51	313
Regal	1:03	41	124
Talbert	1:03	52	177
UCMG	1:09	29	269

Medi-Cal Language Data			
Korean			
Year	2023		
Health Networks	Ratio	Provider	Member
<i>Combined Medi-Cal</i>	1:09	857	8,316
AltaMed	1:18	18	336
AMVI	1:08	13	108
Arta Western	1:26	31	813
CCN	1:14	152	2,228
CHOC	1:22	69	1,564
Family Choice	1:08	12	96
Kaiser	1:01	662	216
Monarch	1:31	45	1,405
Noble	1:04	25	123
Prospect	1:17	32	566
Regal	1:07	26	184
Talbert	1:15	36	574
UCMG	1:12	8	103

Medi-Cal Language Data			
Spanish			
Year	2023		
Health Networks	Ratio	Provider	Member
<i>Combined Medi-Cal</i>	1 : 44	5231	232,632
AltaMed	1 : 114	211	24,242
AMVI	1 : 21	159	3,457
Arta Western	1 : 68	320	21,766
CCN	1 : 32	1240	40,432
CHOC	1 : 111	612	68,510
Family Choice	1 : 46	194	9,093
Kaiser	1 : 2	3580	10,610
Monarch	1 : 44	454	20,167
Noble	1 : 50	170	8,593
Prospect	1 : 29	370	10,800
Regal	1 : 7	299	2,188
Talbert	1 : 20	310	6,477
UCMG	1 : 31	202	6,297

Medi-Cal Language Data			
Vietnamese			
Year	2023		
Health Networks	Ratio	Provider	Member
<i>Combined Medi-Cal</i>	1 : 78	766	60,505
AltaMed	1 : 10	71	774
AMVI	1 : 80	129	10,340
Arta Western	1 : 10	116	1,251
CCN	1 : 8	391	3,509
CHOC	1 : 22	116	2,636
Family Choice	1 : 92	189	17,549
Kaiser	1 : 2	244	678
Monarch	1 : 15	137	2,104
Noble	1 : 6	78	533
Prospect	1 : 53	136	7,253
Regal	1 : 2	186	491
Talbert	1 : 5	134	677
UCMG	1 : 77	163	12,710

C. Assessing Data for Members Over and Under 21 years of Age:

CalOptima Health met the language standard of 1:500 members over and under 21 years of age.

Medi-Cal Language Data			
Pediatric (<21 Years of Age)			
Year	2023		
Health Networks	Ratio	Provider	Member
Combined Medi-Cal	1 : 129	2,701	351,127
AltaMed	1 : 54	330	17,891
AMVI	1 : 32	264	8,519
CCN	1 : 15	2,141	32,717
CHOC	1 : 163	947	154,830
Family Choice	1 : 37	365	13,777
HPN - Regal	1 : 3	515	1,949
Kaiser	1 : 119	244	29,156
Noble	1 : 31	245	7,737
Optum -Arta	1 : 44	729	32,389
Optum -Monarch	1 : 41	492	20,482
Optum -Talbert	1 : 14	516	7,283
Prospect	1 : 16	563	9,338
UCMG	1 : 40	370	15,059

Medi-Cal Language Data			
Adult (>21 Years of Age)			
Year	2023		
Health Networks	Ratio	Provider	Member
Combined Medi-Cal	1 : 154	2,894	447,197
AltaMed	1 : 273	178	48,726
AMVI	1 : 108	183	19,893
CCN	1 : 59	1,695	100,272
Family Choice	1 : 127	258	32,804
HPN - Regal	1 : 20	318	6,660
Kaiser	1 : 67	437	29,522
Noble	1 : 77	175	13,612
Optum -Arta	1 : 120	584	70,203
Optum - Monarch	1 : 123	333	41,029
Optum - Talbert	1 : 64	364	23,339
Prospect	1 : 90	363	32,803
UCMG	1 : 116	244	28,334

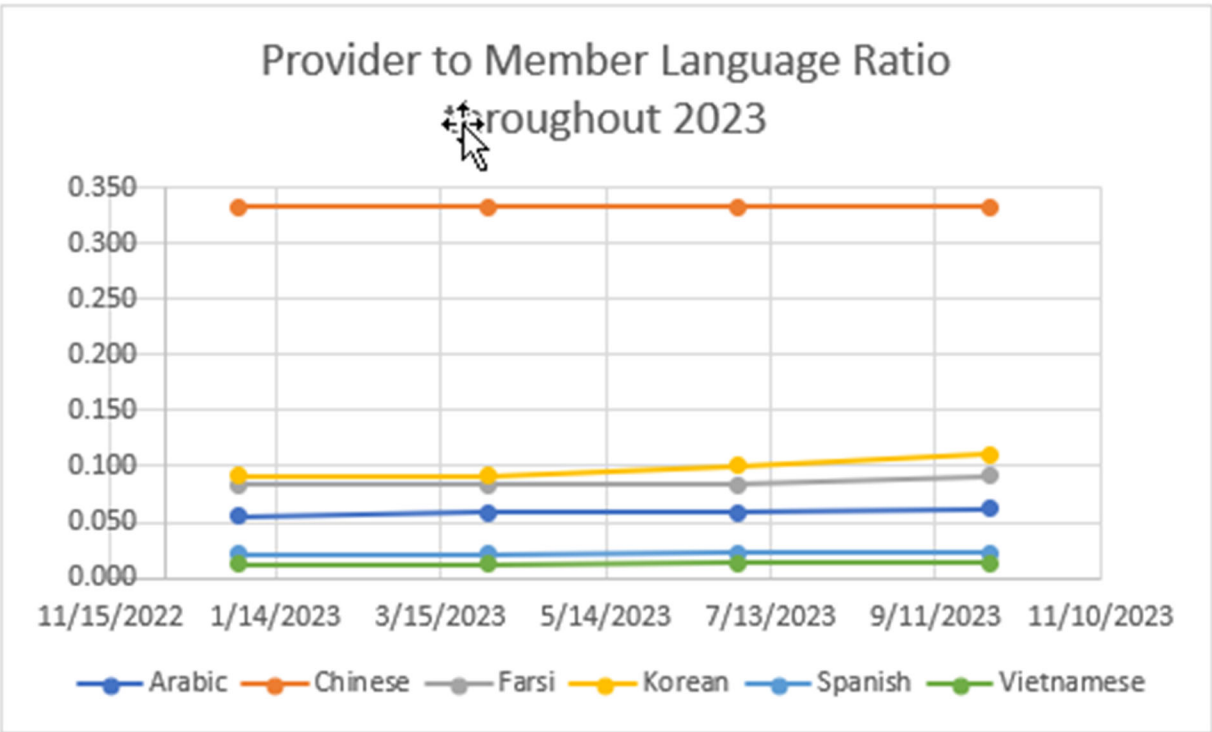
D. Assessing Race/Ethnicity Data

The table below separates members by race/ethnicity and spoken languages.

Medi-Cal Membership									
Spoken Languages									
Race/Ethnicity	Other Non-Threshold Languages	English	Arabic	Chinese	Farsi	Korean	Spanish	Vietnamese	Total
Alaskan Native or American Indian	15	647	1				18		681
Amerasian	1	27					6	17	51
Asian Indian	205	2,111	18		9	7	3	10	2,363
Asian or Pacific Islander	766	3,112	73	3	57	190	24	916	5,141
Black	114	6,851	6,849		3	34	33	3	13,887
Cambodian	324	817					13	32	1,186
Chinese	2,495	4,016		19	2	19	8	168	6,727
Filipino	585	5,493					11	5	6,094
Guamanian		61	1				22	1	85
Hawaiian	2	292					155		449
Hispanic/Latino	753	68,942			9	9	111,755	45	181,513
Japanese	52	994				5	5	5	1,061
Korean	276	6,023				4,740	15	9	11,063
Laotian	85	264				1	7	8	365
Member Declined	10,890	347,040	4,779	1,664	7,485	77,744	136,605	42,187	628,394
Non-Hispanic/ Non-Latino	45	222	4	5	18	9	45	132	480
Not Assigned	1,665	36,794	718	1	1,526	289	6,046	1,223	48,262
Samoan	10	556			2		9	2	579
Vietnamese	651	13,830	1		3	3	20	42,724	57,232
White	2,029	58,148	595		1,456	10	1,192	48	63,478
Total	20,963	556,240	13,039	1,692	10,570	83,060	255,992	87,535	1,029,091

Quantitative Analysis:

Over the course of 2023, member/provider language ratios for CalOptima Health either remained the same or slightly improved.



Qualitative Analysis:

Some of the barriers we face obtaining data for language accessibility include:

- Members may decline and are not required to share race/ethnicity information
- Race/ethnicity data is not collected for practitioners at this time
- We have been unable to conduct the Member Needs and Preference Survey. Due to the COVID-19 Pandemic, in-person New Member Orientations, where this survey was issued, were halted in March 2020.
- CalOptima Health does not currently collect practitioner level data on practitioners’ fluent language, race/ethnicity and religion.

Conclusion and Next Steps:

- A. CalOptima Health will ensure practitioners properly assist members in their preferred language or have staff available to speak the language. We will also request the use a professional interpreter at no-cost to the member and have appropriate in-language signage communication and the different services that are available.
- B. CalOptima Health continues to update its interactive web provider search tool, which allows the member to search the online practitioner directory for a gender specific provider and language of preference.
- C. CalOptima Health will expand data collection from our providers on fluent language, race/ethnicity, and religion.
- D. CalOptima Health’s Access and Availability workgroup will continue to review on an annual basis, the provider to member ratio and adjust as needed to account for significant positive/negative changes in plan membership.
- E. Additionally, CalOptima Health will continue to promote no-cost interpreter services by continuing to communicate the availability of no-cost interpreter services through a

standing article in the Medi-Cal member newsletter, on the CalOptima Health website and included a section on no-cost language services in the member handbook.

Section 7. Safety of Clinical Care

7.1 Emergency Department Diversion Pilot

Background: In 2022 to establish a 90-day collaborative pilot between CalOptima Health and Partner Hospital Emergency Department to prevent hospitalizations, decrease ED use and ensure the members needs are met. The program was structured in 2022 to embed a part-time CalOptima LVN in St. Joseph's ED Monday through Friday to ensure members with ambulatory conditions are met. Those members who are to be admitted to the hospital would not be followed as part of this program. This role would have dedicated Customer Service, Case Management, Utilization Management and LTSS support for immediate access to address the member's authorization and care coordination needs. The embedded program ended 12/30/2022. The plan for 2023 was to establish a secure Teams channel with St. Joseph's, and UCI's Emergency Departments to create a secure virtual ED support/diversion Teams channel program. That program did not launch in 2023 due to ITS technical and security barriers at CalOptima Health and the Medical Centers.

Program Goal(s):

- A. Program Goals: Will submit at least 20 referrals for ECM/Community Support referrals each month.
- B. Increase percentage of members with PCP follow up visits from 47.7% to 50% for those with an ED visit at St. Joseph's. Baseline of 47.7% from period 3/15/2021– 3/14/2022 from the Follow Up ED visit report.
- C. Decrease in number of CalOptima Health members with five or more ED visits in 6-month period of time by 5% (with at least one ED visit at St. Joseph's). (based on existing Collective Medical Report). Will track the weekly number from Collective Medical Report to show trend.

Action/Interventions:

- A. Collaborate with ED staff (MSW, RN, LVN, CM and Health Advocate) to ensure members' needs are met. Will be stationed in the same office inside/outside of the ED.
- B. Direct coordination with CalOptima Health services to ensure timely services.
- C. Interview member in ED with ambulatory sensitive condition to assess needs
 1. Assess SDOH (Social Determinants of Health)
 2. Assess care management medical needs, including outpatient, PCP, appointments, etc.
 3. Engage in discharge planning/care transitions to avoid hospitalization
 4. Identification of additional community supports and resources needed
 - a. Recuperative care
 - b. Sobering centers
 - c. Housing
 - d. Personal Care
 - e. In-Home Support Services (IHSS)
 - f. Meals
 - g. Transportation

- D. Ensure member has all prescriptions and follow up appointment with PCP and/or specialty care providers as needed, as well as need for:
 - 1. Medications/DME/Supplies
 - 2. Home Health
 - 3. Palliative care
 - 4. Other programs

Results: No results for 2023 were achieved due to the inability to implement the program.

Quantitative Analysis: The goals and objectives for the program were not met in 2023.

Qualitative Analysis/Barriers:

- A. Inability to implement a data usage agreement with UCI and St. Joseph’s.
- B. Inability to establish a secure Teams channel with both entities.

Conclusion and Next Steps:

- A. The secure Teams channel has been established with St. Joseph’s and the data usage agreement is in process.
- B. The secure Teams channel for UCI pending testing and the data usage agreement is in the process of development.
- C. The goal is to go live in Q1 2024.

7.2 Plan All-Cause Readmission (PCR)

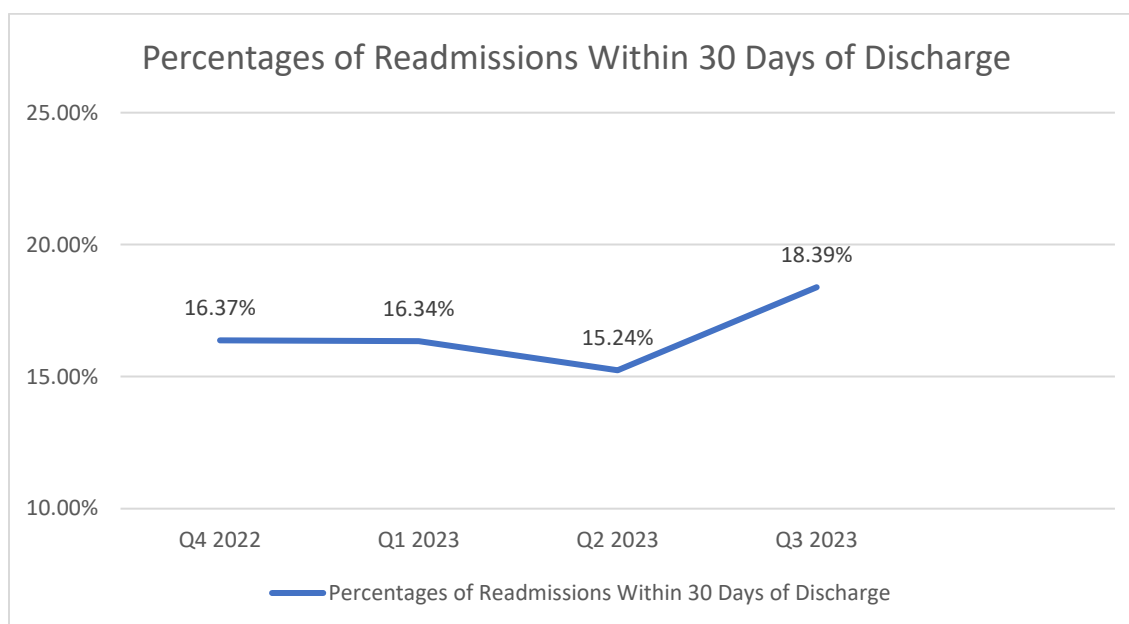
Background: A component of the Transitions of Care Services (TCS) program is monitoring of plan all-cause readmissions (PCR). CalOptima Health launched initiatives to increase the number of members who are evaluated by their PCP within 30 days after a hospital discharge, improve the quality of post-discharge PCP visit and potentially decrease all cause 30-day readmission rates. A readmission is the number of inpatient stays that were followed by an unplanned acute readmission for any diagnosis within 30 days of the previous discharge date.

Program Goal(s): CalOptima Health set the readmission rate at 25% for all Medi-Cal aid categories and is evaluating a new goal with the Utilization Management Committee (UMC) to better determine actions to address opportunities for care and interventions.

Actions/Interventions:

Description	Date of Implementation / Completion
Enhanced the Post Discharge Call Assessment.	October 2023
Expanded eligibility criteria to Case Management follow-up and coordination	January 2023, ongoing
Enhanced the PCP Discharge Notice to remind the PCP to file the Discharge Summary and Medication Reconciliation list in the member's medical chart and to schedule a follow up with the member	In process
Created an Inpatient Utilization Strategy Workgroup to identify members at risk for readmission and the development and implementation for focused and targeted transition support.	October 2023, ongoing
Identify members with chronic readmissions and attempt to enroll in ongoing case management for health education and ongoing chronic care coaching.	In process

Results:



Source: Membership and Utilization Trends dashboard

Quantitative Analysis: Quarter over quarter data analysis from Q4 2022–Q3 2023 shows a <1% decrease from Q4 2022 to Q1 2023, a 1% decrease from Q1 2023 to Q2 2023, and a 3% increase from Q2 2023 to Q3 2023. Although there were increases in some months, the readmit goal from Q4 2022 to Q3 2023 was met.

Qualitative Analysis/Barriers: Readmission rates are presented and discussed at the quarterly UMC meeting and/or bi-weekly UM Workgroup Meeting. Both meetings consist of but are not limited to the following staff: CalOptima Health Medical Directors, Executive Directors of Medical Management and Behavioral Health Integration. Directors of UM, Pharmacy, Quality

Improvement, Case Management, Grievances and Appeals, and Behavioral Health. Managers of Quality Improvement, Utilization Management and Long-Term Support Services. Data is reviewed at these meetings to assess barriers and identify opportunities for improvement interventions.

Through these Committee meetings CalOptima Health identified the following barriers and impacts to readmission rates. Barriers and/or impacts include but are not limited to the following:

- A. Although CalOptima Health can measure member success of completing a PCP follow up appointment within 30 days of discharge, the lag in claims data can be an impact to timely interventions to improve member PCP access in the first 30 days post discharge.
- B. Coordination of Care barriers between hospitals and outpatient providers continues to negatively impact readmission rates.
 1. Technology limitations exist between hospitals and PCP including the ability to communicate directly with a PCP or automate a referral or post discharge support and/or services (i.e., Case Management/Community Supports).
 2. CalOptima Health also recognized the importance of the notification rate on patient engagement. Predischarge coordinated engagement in care transition planning may also be low due to the administrative burden for the hospital team, as well as the member's willingness to coordinate care and services while the member is still in the hospital.
- C. Hospitals often operate with limited administrative and case management support due to shortage of health care practitioners and staffing protocols. These capacity limitations lead to a potential delay of notification to the PCP in a timely manner, resulting in missing the opportunity for the PCP to see the patient. In addition, because of staff capacity limitations, hospital staff are frequently unable to schedule member follow up visits with their PCP prior to discharge from the hospital.
- D. Additional challenges include but are not limited to:
 1. Inability to coordinate care prior to a member leaving the hospital against medical advice.
 2. Difficulty reaching the member after discharge from the hospital. If a member is not responsive to outreach for support to navigate the health care system, the member may not understand all the actions needed to prevent a readmission (health literacy).
 3. PCP availability, including after hours, does not fit all member's needs for a follow up appointment after discharge.
 4. Member symptoms and reason for hospitalization improve so there is not a perceived need to see the PCP.
 5. Lack of adoption to telehealth options.
 6. With the uptick of COVID cases there may be fear again of the member accessing care.

Conclusion and Next Steps: The readmit goal is met from Q4 2022 to Q3 2023.

- A. The CalOptima Health UMC will review data and re-establish a readmit goal. Committees will monitor activities in place and continue to meet and review data, identify opportunities for improvement, develop and implement interventions and monitor the effectiveness of these interventions.

- B. Work with hospital partners to gain additional EMR access for CalOptima Health staff to send timely discharge summaries and medication reconciliation to the PCP to incorporate in the member outpatient chart.
- C. Enhance engagement of members through focused training and staff core competency building. The training includes the importance of motivational interviewing style to promote appropriate adherence to treatment post discharge for sustainable outcomes. Motivational interviewing will assist with member empowerment and addressing barriers related to adherence to treatment.
- D. Continue to pursue increased opportunities through CalAIM Community Supports (launched in Q1 2022). Renew and expand opportunities to connect members with ECM and community supports available for SMI, SUD and the unhoused. Support is provided to appropriate members prior to discharge to boost optimal outcomes and drive improvement in the readmission rate.
- E. Created a Bed Day Reduction Strategy Sub Workgroup to be led by CalOptima Health Medical Directors with the participation of UM and CM staff.
- F. As part of the enhanced post discharge process the following interventions present an opportunity for improvement:
 1. Coach members on how to convene a telehealth PCP or specialty follow-up visit within 30 days post discharge.
 2. Coach members on early self-identification of risk to address signs and symptoms.
 3. Coordinate communication with all treating providers.
 4. Risk surveillance to target high risk members to proactively address transition of care needs.

Section 8: Delegation Oversight

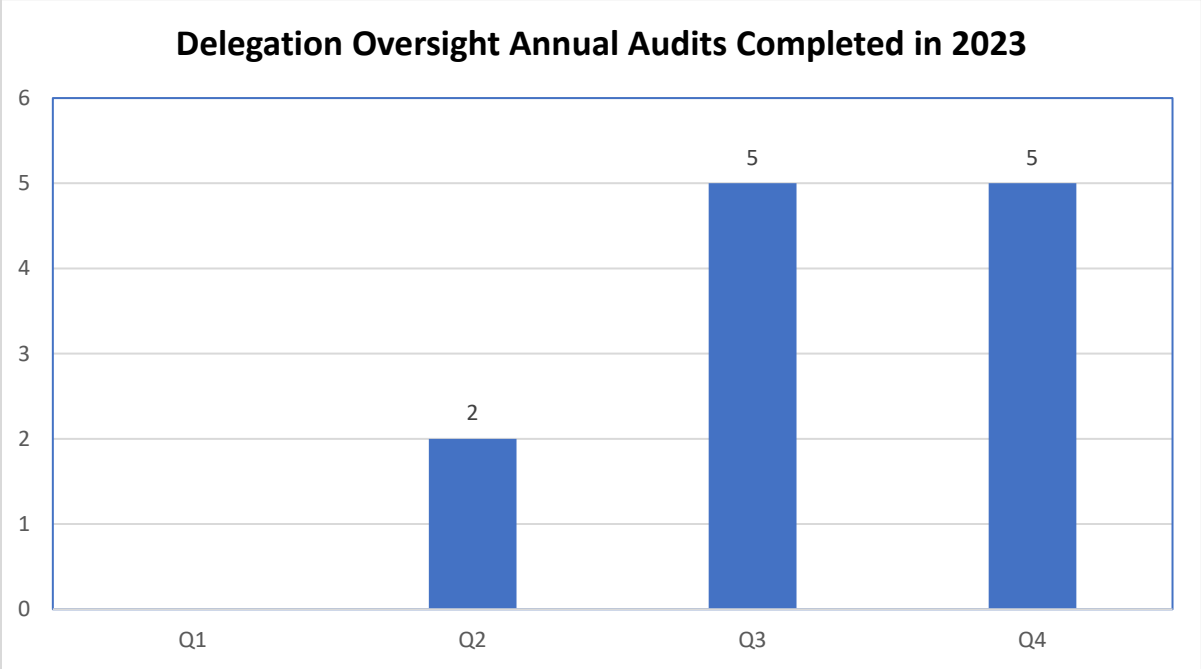
Background: CalOptima Health contracts with health care providers that are delegated to perform certain administrative services and functions as part of their agreements with CalOptima Health. CalOptima Health performs regular oversight of the Delegate's performance to ensure adherence to regulatory, contractual and operational requirements. Each year, on a regular and periodic basis, CalOptima requires Delegates to submit reports to substantiate its performance for each administrative service and function delegated. CalOptima Health, oversight activities include, but are not limited to, annual audits of the Delegate, ad hoc focused audits, as well review of monthly and quarterly reports submitted by the Delegate. The oversight is intended to assess the Delegate's performance against benchmarks and thresholds and validate regulatory and contractual compliance.

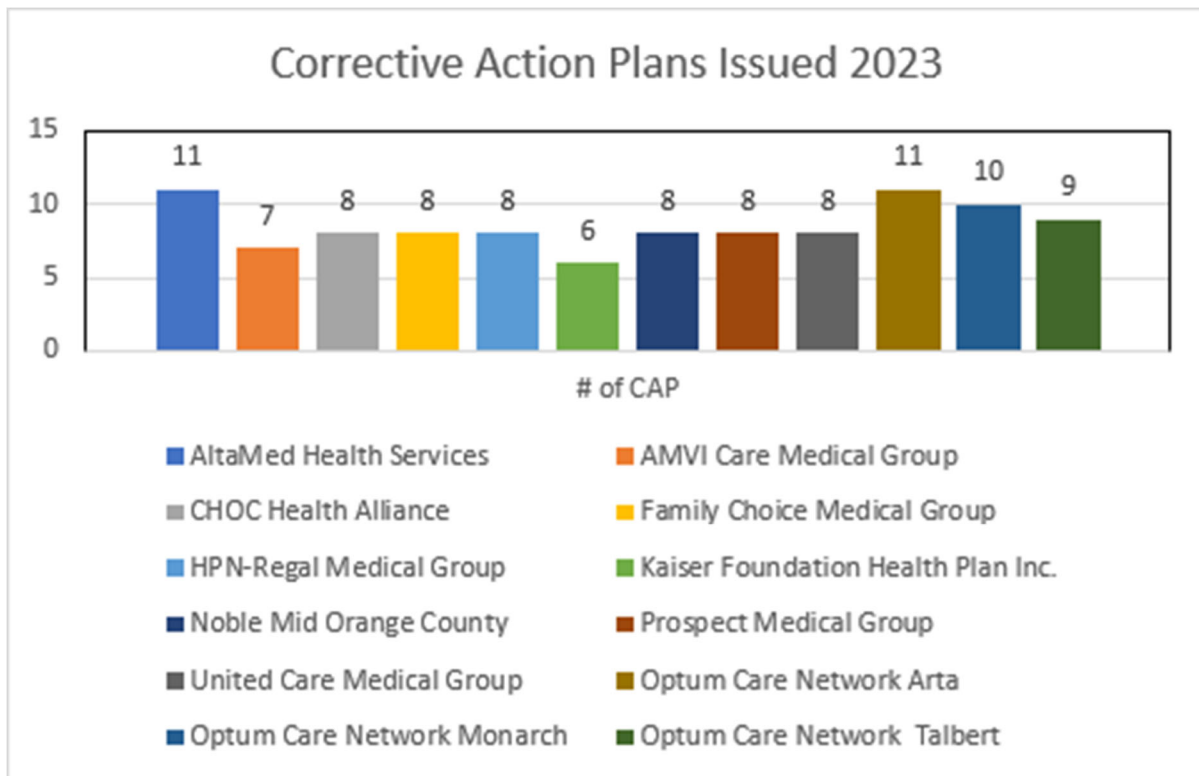
Program Goal: Complete delegation oversight audits according to the scheduled timeline agreed upon with the Delegates while identifying opportunities for improvement for the betterment of our members.

Actions/Interventions: Development of the audit preparation guide to be utilized in 2024.

Planned Activities	Description	Date of Completion
Delegation Annual Audit	All Delegates were evaluated based upon CalOptima requirements, 2023 NCQA accreditation standards, DMHC, CMS and DHCS regulatory requirements. The audit had two components: webinar and desk review.	4th Quarter 2023
DHOC Physician-Administered Drug (PAD) Audit	All Delegates were evaluated through an ad hoc audit on Physician-Administered Drug (PAD) Utilization Management authorizations in September 2023. The purpose of the audit was to monitor and assure that CalOptima Health functions are being performed satisfactorily for the Medi-Cal line of business. The audit was conducted by desk review.	4 th Quarter 2023

Results:





Quantitative Analysis:

- A. CalOptima Health conducted an annual audit to all 12 Delegates in 2023, where two Delegates were audited in Q2 2023, five were audited in Q3 2023 and five were audited in Q3 2023.
- B. All Delegates were issued CAPs in 2023, with Kaiser Foundation Health Plan receiving the least number of CAPs at six and AltaMed Health Services and AMVI Care Medical Group receiving the most number of CAPs at 11 CAPs.
- C. In 2023, a total of 102 CAPs were issued to the 12 Delegates to ensure that they are meeting their contractual obligations.

Qualitative Analysis/Barriers:

- A. Extension requests from the Delegates to provide supporting documentation.
- B. Technical difficulties as the delegation annual audits were performed via webinar.
- C. The ad hoc audit for PADs was a new audit for the Delegates so interpretation and understanding of the requirements was a challenge for some Delegates.

Conclusion and Next Steps:

- A. Continue to remain collaborative and transparent with the Delegates. Avoid transactional communication but instead develop partnerships to provide our CalOptima members with the best member experience and quality work.

2023 Q1 Work Plan 1Q

Evaluation Category	2023 Q1 Work Plan Element Description	Goals	Planned Activities	Target Date(s) for Completion (i.e. 2Q 2023) for each activity	Responsible Business owner	Support Staff	Results/Metrics: Assessments, Findings, and Monitoring of Previous Issues <i>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)</i>	Next Steps Interventions / Follow-up Actions <i>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.)</i>	Red - At Risk Green - On Target
Program Oversight	2023 Quality Improvement Annual Oversight of Program and Work Plan	Obtain Board Approval of 2023 Program and Workplan	Quality Program and QI Work Plan will be adopted on an annual basis. QI Program Description-QIC-BOD, QI Work Plan-QIC-QAC	Annual Adoption by April 2023	Marsha Choo	Laura Guest	Approved: QIC 2/14/2023, QAC 3/8/2023, BOD 4/6/2023		
Program Oversight	2022 Quality Improvement Program Evaluation	Complete Evaluation 2022 QI Program	QI Program and QI Work Plan will be evaluated for effectiveness on an annual basis	Annual Adoption by January 2023	Marsha Choo	Laura Guest	Approved: QIC 2/15/2022, QAC 3/8/2023, BOD 4/6/2023		
Program Oversight	2023 Utilization Management Program	Obtain Board Approval of 2023 UM Program	UM Program will be adopted on an annual basis.	Annual Adoption by April 2023	Kelly Giardina	Teresa Smith	Approved: UMC Committee via eVote on 4/7/2023, QIC 4/11/2023		
Program Oversight	2022 Utilization Management Program Evaluation	Complete Evaluation of 2022 UM Program	UM Program will be evaluated for effectiveness on an annual basis.	Annual Adoption by April 2023	Kelly Giardina	Teresa Smith	Approved: UMC Committee via eVote on 4/7/2023, QIC 4/11/2023		
Program Oversight	Population Health Management Strategy	Implement PHM strategy	Review and adopt on an annual basis.	Annual Review and Adoption Feb 2023	Katie Balderas	Barbara Kidder	Updated and drafted a PHM strategy to meet NCCA requirements and currently in the process of revising and updating to meet DHCS contractual requirements. The goal is to have a single document that aligns with all regulatory requirements, NCCA accreditation and strategic priorities for the organization.	PHM Strategy will be presented to QIHEC in Q2 for feedback and continue to be refined with CalOptima Health leadership to include a comprehensive scope of services and strategies. PHM Strategy will be due to DHCS in October 2023.	
Program Oversight	CalAIM	Improve Health & Access to care for enrolled members	1) Launch ECM Academy; a pilot program to bring on new ECM providers. 2) Increase CalOptima Health's capacity to provide community supports through continued expansion of provider network. 3) Continue to increase utilization of benefits. 4) Establish oversight strategy for the CalAIM program. 5) Implement Street Medicine Program 6) Select and fund HHIP projects through Notice of Funding Opportunity. 7) Design and launch the Shelter Clinic Partnership Program (HCAP 2.0)	1) 1Q 2023 2) 4Q 2023 3) 4Q 2023 4) 3Q 2023 5) 1Q, 2Q 2023 6) 1Q 2023 7) 3Q 2023	Mia Arias	Danielle Cameron	1. The ECM Academy launched in January 2023 with 20 community health centers and community-based organizations participating. They received incentive funding to support building internal capacity for this service and will receive training through June 2023. They are anticipated to be contracted and launch services in July 2023. 2. CalAIM Team brought on 19 new providers in Q1 of 2023 and expanded the contracts of 8 current providers to expand their offering of additional services. 3. As of 3/31/2023, a total of 12,491 members had authorization for CalAIM benefits. In reviewing claims for services, 620 were receiving ECM only, 5,206 were receiving community supports, and 1,063 were receiving both ECM and community supports. 4. The CalAIM team is finalizing the community supports policy guidelines that includes requirements for documentation and quality metrics. Once this policy guide is complete, training will be conducted with providers and will be integrated into an overall quality monitoring program. 5. Healthcare in Action was fully credentialled and contracted in Q1. Services began on 4/3/2023. 6. CalOptima Health staff have executed grant agreements and award payments to selected grant recipients for each of the following funding areas, as a result of the notice of funding opportunity as follows: a. Infrastructure Projects that will increase housing navigation and organizational capacity to connect individuals to permanent supportive housing: Total of payments recommended for award: \$5,832,314. b. Capital Projects to increase the current affordable and permanent housing pool: Total of payments recommended for award: \$21,000,000. c. Equity Grants for Programs Serving Underrepresented Populations of people experiencing homelessness: Total of payments recommended for award: \$3,021,311. 7. Planning is still under way for the HCAP 2.0 program. Focus groups are being conducted with previous providers of the HCAP program to help inform the evolution of the service.	All programs will continue to be stewarded forward.	
Program Oversight	Health Equity	Increase member screening and access to resources that support the social determinants of health	1) Increase members screened for social needs 2) Implement a closed-loop referral system with resources to meet members' social needs. 3) Implement an organizational health literacy project	1) 4Q 2022 2) 4Q 2022 3) 3Q 2022	Katie Balderas	Barbara Kidder	1. The Annual Wellness Visit incentive for Medi-Cal members added a requirement for providers to conduct a Health Related Social Needs Assessment 2. Worked with EPMO to draft a SOW for a close-loop referral tool. Vendor Management provided budget estimates from two potential vendors (FindHelp and WellSky) 3. Launched the Health Literacy for Equity (HL4E) program in collaboration with the Orange County Health Care Agency, Social Services Agency, St. Jude and the Institute for Healthcare Advancement. The goal of the program is to partner with other systems in Orange County to increase organizational health literacy through a variety of activities including leadership commitment, training courses and improvement projects.	Data evaluation of Annual Wellness visits incentives to evaluate HRSN reporting The Close loop referral tool changed priority status since DHCS changed the timeline/requirement for the close loop referral HL4E - training, certification, organizational assessment will continue through April 2024.	
Program Oversight	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		Review of Initial and Recredentialing applications approved and denied; Facility Site Review (including Physical Accessibility Reviews); Quality of Care cases leveled by committee.	1Q23 update (6/13 QIC) 2Q23 update (9/12 QIC) 3Q23 update (12/12 QIC) 4Q23 update (TBD 2024 QIC)	Laura Guest	Marsha Choo	I. FSR/PARS/NF/CBAS: A. FSR: Initials=8, Periodic=40, CE CAPs=39, FSR CAPs=39. Initial MRR=11, Periodic MRRs=53, MRR CAPs=42; Failed FSRs=3, Failed MRRs=3 B. PARS: PARS=133, Basic=60(45%); Limited=73 C. CBAS: No Critical Incidents reported, Non-critical declined; Fall similar to previous quarters; COVID dropped to nearly 0. Audit=13; CAPs=4; Unannounced Visits=0. D. NF: No Critical Incidents were reported in Q1. Audit=3; CAPs=0; Unannounced Visits=0. II. Credentialing: CCN initial credentialing=26, recredentials=29, BH initial credentialing=10, BH Recredentialing=13 III. PQIs: There were 158 cases closed in Q1. There were 16 PQI cases presented to CPRC. Medical Care: Mismanaged Care was the greatest category/subcategory of PQIs. The number of QOC Grievances reviewed were 502, declined grievances were 91. Created report to monitor TAT of Declined Grievance PQIs with goal of MD review in 30 days and TAT of PQIs with a goal of MD review in 90 days. Requested additional staffing to accommodate additional workload.	I. FSR/PARS/NF/CBAS A. FSR: Continue to audit. B. PARS: Continue to audit C. CBAS: Continue to audit and remind centers to report critical incidents. D. NF: Re-evaluate current processes. One LVN retired, so will recruit for this position. II. Credentialing A. Continue to perform credentialing and recredentialing if CCN and BH providers. B. Review and provide feedback to the delegated CCN provider groups regarding the monthly credentialing universes they submit. III. PQI 1. Review QOC grievances, Declined grievances and PQIs. Due to backlog of PQIs, hire temp to assist with medical record requests. Meet with Quality Medical Director to evaluate method for QOS cases that don't involve a PQI.	
Program Oversight	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 networks. Trends and results are presented to the committee quarterly.	1Q23 update (6/13 QIC) 2Q23 update (9/12 QIC) 3Q23 update (12/12 QIC) 4Q23 update (TBD 2024 QIC)	Tyronda Moses	Heather Sedillo	GARS Committee (held on 2/6/2023) was presented Q4 2022 data and reviewed the overall CY 2022 trends and remediation steps. The highest trending complaint reason remains the quality of service performed by our NMT services. However, the complaints remain under 1% of the total rides (they are meeting the service levels in the contract). There are additional collaboration steps that are being considered. GARS will continue to monitor and assess for remediation/recommendations for improved performance. Announced also during Committee were regulatory changes impacting DHCS reporting for Q4 and CMS/DHCS OneCare AIP impacts to appeals timeliness and grievance processing. Meeting minutes have been submitted	GARS continues bi-weekly communication with our NMT service provider for any actionable process improvements. next GARS Committee is scheduled for Q1 2023 review on May 8	

2023 Q1 Work Plan 1Q

Evaluation Category	2023 Q1 Work Plan Element Description	Goals	Planned Activities	Target Date(s) for Completion (i.e. 2Q 2023) for each activity	Responsible Business owner	Support Staff	Results/Metrics, Assessments, Findings, and Monitoring of Previous Issues <i>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)</i>	Next Steps Interventions / Follow-up Actions <i>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.)</i>	Red - At Risk Green - On Target
Program Oversight	Member Experience (MEMX) Committee Oversight - Oversight of Member Experience activities to improve quality of service and member experience to achieve the 2023 Q1 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.	1Q23 update (6/13 QIC) 2Q23 update (9/12 QIC) 3Q23 update (12/12 QIC) 4Q23 update (TBD 2024 QIC)	Marsha Choo	Karen Jenkins	In Q1, MemX Committee has reviewed/discussed the following: 3/16/2023 -Charter Review -Member Experience Workplan -OC Customer Service Member Outreach Campaign -Customer Service Interpreter Service -GARS Update -Network Adequacy Workgroup Update -Timely Access Workgroup Update & Discussion -CAHPS -Veyo Transportation	In Q2 MEMX Committee has two meetings scheduled, April 12 and May 17.	
Program Oversight	Utilization Management Committee (UMC) Oversight - Conduct Internal and External oversight of UM Activities to ensure over and under utilization patterns 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.	1Q23 update (4/11 QIC) 2Q23 update (7/11 QIC) 3Q23 update (10/10 QIC) 4Q23 update (Jan 2024 QIC)	Stacie Oakley	Teresa Smith	UMC met 2/23/23 and is on track to meet quarterly. Meeting minutes are available for review. Committee did the annual review of criteria used clinical decision making and Hierarchy of Clinical Decision making. Reviewed and approved IRR reports. 2022 Utilization Metrics: 4th Quarter, Pharmacy, BH and LTSS update.	UMC scheduled 5/25/23	
Program Oversight	Whole Child Model - Clinical Advisory Committee (WCM CAC) - Ensures clinical and behavior health services for children with California Children Services (CCS) eligible conditions are integrated into the design, implementation, operation, and evaluation of the CalOptima Health WCM program in collaboration with County CCS, Family Advisory Committee, and Health Network CCS Providers.		Meet quarterly to provide clinical and behavioral service advice regarding Whole Child Model operations 2023 Meeting Schedules WCM CAC Q1: February 21, 2023 WCM CAC Q2: May 16, 2023 WCM CAC Q3: August 15, 2023 WCM CAC Q4: November 14, 2023	1Q23 update (4/11 QIC) 2Q23 update (7/11 QIC) 3Q23 update (10/10 QIC) 4Q23 update (Jan 2024 QIC)	T.T. Nguyen, MD	Gloria Garcia	WCM CAC met 2/21/23 - See meeting minutes for details. A copy of those meeting minutes will be presented along with the WCM CAC report at the June 13, 2023 QIHEC.	Q2 meeting is scheduled for May 16, 2023. Continue with transition workgroup and follow up with HN relation to increase the number of contracted CCS paneled providers.	
Program Oversight	Health Network Quality Rating	Achieve 4 or above	Will share HN performance on all P4V HEDIS Measures via prospective rates report each month	end of 4Q 2023	Sandeep Mital		The Pay for Value (P4V) team generates a Prospective Rate (PR) report each month for all participating health networks and CalOptima Health to allow health networks their progress on clinical HEDIS measures in the P4V program. Performance on each measure is compared to the overall CalOptima Health performance, as well as to the National Medical HEDIS benchmarks established by NCOA.	The overall health network quality rating (HNQR) is the weighted average of the network's HEDIS and CAHPS measure ratings, as well as accreditation bonus points and is calculated on a scale of 0-5 (5 being the highest). The final HNQR is usually complete after the final HEDIS and CAHPS results are available in the fourth quarter of the following year.	
Program Oversight	Improvement Projects OneCare CCIPs	Meet and exceed goals set forth on all improvement projects (See individual projects for individual goals)	Conduct quarterly/Annual oversight of specific goals for OneCare CCIP (Jan 2023 - Dec 2025): CCIP Study - Comprehensive Diabetes Monitoring and Management Measures: Diabetes Care Eye Exam Diabetes Care Kidney Disease Monitoring Diabetes Care Blood Sugar Controlled Medication Adherence for Diabetes Medications Statin Use in Persons with Diabetes	end of 2Q2023	Helen Syn	Melissa Morales	Baseline Data: PR Report February 2023 HbA1c <8 Total (HBD): MC: Num 4,801/ Den 43,251 = 11.10% OC: Num 528/ Den 3,707 = 14.24% HbA1c <9 Total (Poor Control) (HBD): MC: Num 37,427/ Den 43,251 = 86.53% OC: Num 3,088/ Den 3,707 = 83.30% Eye Exam for Patients with Diabetes (EED): MC: Num 9,967/ Den 43,251 = 23.04% OC: Num 1,140/ Den 3,707 = 30.75% Kidney Health Evaluation for Patients with Diabetes (KED): MC: Num 3,961/ Den 43,707 = 9.06% OC: Num 473/ Den 4,586 = 10.31% Statin Use in Persons with Diabetes (SUPD) OC only: Pending data 1) Diabetes Member Mailers: MC Total sent: 34,773 members, OC Total sent: 3,547 2) SPD Statin mailers (bi annual): MC Total sent: 6,606 members, OC Total sent: 651 members. 3) Text Message Campaign A1C and Diabetes Eye Exam: Pending 4) IVR Campaign A1C and Diabetes Eye Exam: slated for Q3 2023/Q4 2023 5) Live Call Outreach: Pending 6) VSP Eye Exam Reminder Letters: MC Total sent in Q1 2023: 1,276, OC Total sent in Q1 2023: 533 7) Member Incentive: MC A1C Test: 19 approved, 2 denials, MC Eye Exam: 38 approved, 4 denials OC none, slated for distribution mid/late May 2023.	1) Track submitted diabetes member incentive forms 2) Continue Statin Mailer in Q3 2023 3) Obtain results from text message campaign 4) Obtain results from IVR campaign 5) Obtain results from Live Call Outreach campaign 6) Obtain results from VSP Eye Exam Reminder Letters	
Program Oversight	Improvement Projects Medi-Cal PIP	Meet and exceed goals set forth on all improvement projects	Conduct quarterly/Annual oversight of MC PIPs (Jan 2023 - Dec 2025): 1) Clinical PIP - Health Disparity remediation for W30 6+ measure (Jan) Pending January Module Training January 2023 projected. Please note that the focus for the Clinical and Non-Clinical PIP topics is related to DHCS' "50 by 2025: Bold Goals Initiatives". See links for more information on the Bold Goals Initiatives: https://www.dhcs.ca.gov/Documents/Budget-Highlights-Add-Docs/Equity-and-Practice-Transformation-Grants-May-Revise.pdf or https://www.dhcs.ca.gov/services/Documents/Formatte d-Combined-CQS-2-4-22.pdf	Quarterly Status update on modules as they are completed.	Helen Syn	Michelle Nobe	1) Clinical PIP - focuses on DHCS' statewide goals is to reduce the disparity among the Black/African American population for the Well-Child Visits in the First 30 Months of Life--Well-Child Visits in the First 15 Months--Six or More Well-Child Visits (W30-6) measure. Assigned 3/15/23: 2023-26 W30-6 Clinical PIP Topic Data Form.	1) Identify CalOptima Health's Black/African American W30-6+ population to complete the 2023-26 W30-6 Clinical PIP Topic Data Form. Submission due 4/11/23. 2) While the PIP deliverable will focus on the specific Black/African American sub-population, for purposes of a more thorough health equity assessment, the improvement project will include a broader health plan level project.	

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Evaluation Category	2023 Q1 Work Plan Element Description	Goals	Planned Activities	Target Date(s) for Completion (i.e. 2Q 2023) for each activity	Responsible Business owner	Support Staff	Results/Metrics: Assessments, Findings, and Monitoring of Previous Issues <i>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)</i>	Next Steps Interventions / Follow-up Actions <i>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.)</i>	Red - At Risk Green - On Target
Program Oversight	Improvement Projects Medical PIP(BH)	Meet and exceed goals set forth on all improvement projects	Non-Clinical PIP - FUM/FUA 1) Track real-time ED data for participating facilities on contracted vendor. 2) Establish reports for data sharing with Health Networks and/or established behavioral health provider to facilitate faster visibility of the ED visit. 3) Participate in educational events on provider responsibilities on related to follow-up visits. 4) Utilize CalOptima Health NAMI Field Based Mentor Grant to assist members connection to a follow-up after ED visit. 5) Implement new behavioral health virtual provider visit for increase access to follow-up appointments.	1. 2Q2023 2. 4Q2023 3. 3Q2023 4. 4Q2023 5. 4Q2023	Diane Ramos/ Natalie Zavala	Jeni Diaz	FUM/FUA update provided under Quality of Clinical Care Behavioral Health section below.	FUM/FUA next steps provided under Quality of Clinical Care Behavioral Health section below.	
Program Oversight	Managed Care Accountability Set (MCAS)	Achieve 50th percentile on all MCAS measures in 2021	Share results to Quality Improvement Committee annually	end of 3Q 2023	Paul Jiang		There is no update for Q1. No results until July		
Program Oversight	OneCare Performance measures	Achieve 4 or above	1) Implement Star Improvement Program 2) Track measures monthly 3) Implement OC Pay4Value	1. 1Q2023 2. 1Q2023 3. 3Q2023	Linda Lee	Sandeep Mital	Preliminary prospective rates published for OneCare Star and Pay4Value measures. Rates will be tracked monthly throughout year.	1) Stars/CAHPS work groups underway- five work groups (provider, medical management, pharmacy, customer service, and member material development) began on 4/14/2023. Work groups will meet weekly and report bimonthly to Steering Committee. 2) Stars dashboard- plan and Health Network level published beginning 4/7/2023. Dashboard updated and published monthly going forward. 3) OC Pay4Value program underway. Pay4Value score card updated and published monthly beginning 4/7/2023.	
Program Oversight	PPME/QIPE: HRA and ICP	3.2 ICP completion 90 days Benchmark 90% adjusted. 2.1 Initial HRA collected in 90 days from eligibility Benchmark: 95% adjusted.	1) Utilize newly developed monthly reporting to validate and oversee outreach and completion of both HRA and ICP per regulatory guidance. 2) Develop communication process with Networks for tracking outreach and completion to meet benchmarks.	1Q23 (5/8 QIC) 2Q23 (8/8 QIC) 3Q23 (11/14 QIC) 4Q23 (February 2024 QIC)	S. Hickman/D. Hood/M. Dankmyer/H. Kim		Regulatory reporting is currently in development and scheduled to be completed by end of April 2023. Communication with Networks has been initiated during Q1 to support tracking and completion to meet ICP benchmarks.	1) Finalize regulatory reporting to validate and oversee outreach and completion of both HRA and ICP per regulatory guidance. 2) Continue and enhance communication with Networks for tracking outreach and completion to meet benchmarks.	
Program Oversight	NCQA Accreditation	CalOptima Health must have full NCQA Health Plan Accreditation (HPA) and NCQA Health Equity Accreditation by no later than January 1, 2026.	1) Continue to Work with Business owners to collect all required documents for upcoming HP re-accreditation. (Must collect all Year one required documents by 2Q2023. 2) Complete Gap Analysis for Health Equity Accreditation.	1) end of 1Q2023 2) end of 2Q2023	Veronica Gomez	Marsha Choo	1) Continued to work with Business owners on the collection of Year one reports. Dashboard with status update will be presented at the April 10 NCQA Committee. Performed mock audits on CCM File review with Health Networks and CalOptima Health Staff. Will be closing Year one document required by end of 2Q2023. Will be performing UM Denial, Appeal, CR mock audits with Health Networks and CalOptima Health Staff. 2) Working with NCQA Consultant on Health Equity Timeline and performing GAP Analysis and next steps.	Upcoming File Review Mock Sessions w/Consultants Credentialing w/Sub-delegates (4/26/2023) Credentialing w/Health Networks (5/3/2023) Credentialing CCN (5/4/2023) UM Medical Denials w/Health Networks (5/8/2023) UM Medical Denials CCN (5/10/2023) Appeals CCN (5/11/2023)	
Program Oversight	Student Behavioral Health Incentive Program (SBHIP)	Achieve program implementation period deliverables	1) Implement SBHIP DHCS targeted interventions 2) bi-quarterly reporting to DHCS	1) 4Q2023 2) 4Q2023	Diane Ramos/ Natalie Zavala	Sherie Hopson	1) Completed DHCS follow-up requests for Milestone 1 - Needs Assessment and 4 Targeted Intervention Project Plans 2) Received DHCS approval for funding for Milestone 1 on 3/8/23 3) SBHIP MOU review with Contracting 1/12 4) OCHCA and BH work session 2/6 5) Executive Director/Manager attended the OCDE Mental Health Workshop meetings - 1/20, 2/10, and 3/3 6) 3/8 Meeting with OCDE purpose was to share with the group the current status of the program, and upcoming deliverables and expectations 7) Initial discussions with potential telehealth vendor, OCDE, and OCHCA regarding their services to support the LEA BH needs - 3/8, 3/27	1) Begin SBHIP MOU development 2) Collect data for upcoming bi-quarterly report due to DHCS end of 2nd quarter 3) Executive Director / Manager continue to attend OCDE Mental Health Workshop meetings 4) COBAR - prepare for May BOD to approve SBHIP funding strategy/plan	
Quality of Clinical Care	Cancer Screenings: Cervical Cancer Screening (CCS), Colorectal Cancer Screening (COL), Breast Cancer Screening (BCS)	MY 2023 Goals: CCS: MC 62.53% BCS: MC 61.27% OC 70% COL: OC 71%	1) Track member health reward impact on HEDIS rates for cancer screening measures. 2) Strategic Quality Initiatives Intervention Plan - Multimodal, omni-channel targeted member, provider and health network engagement and collaborative efforts.	1) Quarterly Updates 2) Per Quality Initiatives Calendar - ongoing updates	Helen Syn	Melissa Morales	1) 2023 Member Health Rewards processed as of 3/31/23: CCS: Processed 74 approved 72 for MC BCS: Processed 102 approved 84 for MC Processed 0 for OC COL: Processed 0 for OC 2) Member, Community and Provider Engagement IVR: CCS Texting: CCS Social Media (Passive): CCS completed January, COL completed March Social Media (Paid): CCS, COL Digital Ad: CCS, COL Print Ad: COL Radio: CCS PBS: BCS, CCS Community Connections: CCS completed January Provider Press: Screening Recommendations. Provider Updates: CCS, COL 3) 2023 February Prospective Rates (PR): Cervical Cancer Screening MC: 42.63% Measure is performing lower than same time last year and is below the 50th percentile (MPL). Goal is set to the 75th Percentile. Breast Cancer Screening MC: 42.21% Measure is performing lower than same time last year and below the 50th percentile (MPL). Goal is set to the 90th Percentile. OC: 48.60% Measure is performing lower than same time last year. Currently at 2 Star of 43% Goal is set to 4 Star of 70% Colorectal Cancer Screening OC: 47.05% Measure is performing higher than same time last year for OC. Currently at 2 Star of 43% Goal is set to 4 Star of 71%.	1) Continue to track BCS, CCS and COL member health reward. 2) Member, Community and Provider Engagement Mailing: CCS Mailing Schedule April. COL Mailing Schedule May BCS Mailing Schedule June IVR: COL scheduled May BCS Scheduled June Texting: BCS Schedule April Social Media (Passive): Women's Social Media (Paid): COL Digital Ad: COL Member Newsletter: MC Spring 2023 (drop 5/5); BCS COL OC Fall 2023; CCS, BCS, COL MC Fall 2023 Community Connections: CCS, BCS, COL scheduled April for National Cancer Awareness Provider Press: Cancer Screening for July Provider Updates: CCS, BCS, COL (April general cancer screening month)	

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Evaluation Category	2023 Q1 Work Plan Element Description	Goals	Planned Activities	Target Date(s) for Completion (i.e. 2Q 2023) for each activity	Responsible Business owner	Support Staff	Results/Metrics: Assessments, Findings, and Monitoring of Previous Issues <i>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)</i>	Next Steps Interventions / Follow-up Actions <i>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.)</i>	Red - At Risk Green - On Target
Quality of Clinical Care	CalOptima Health Comprehensive Community Cancer Screening Program	Increase capacity and access to cancer screening for breast, colorectal, cervical, and lung cancer.	1) Assess community infrastructure capacity for cancer screening and treatment 2) Establish the the Comprehensive Cancer Screening and Support Program Stakeholder Collaborative (in our Case I want to leverage OC3) 3) Develop comprehensive outreach campaign to outreach to members due for cancer screenings (mobile mammography, outbound calls, community health workers) 4) Integrate new community health worker benefit into cancer outreach and treatment services.	1) 1Q2023 2) 2Q2023 3) 3Q2023 3) 4Q2023	Katie Balderas/ Barbara Kidder	Barbara Kidder	1) Worked with the Coalition of Orange County to assess capacity of Community Health Centers to screen for breast, colorectal, cervical and lung cancer - 7 FQHCs reported having on-site equipment to screen for breast cancer. 3) Developed a mammogram screening pilot for CCN members in partnership with City of Hope. Pilot expected to launch early May 2023.	Launch mammogram pilot. Explore other efforts such as cancer screening access points with FQHCs that have on-site equipment and setting up a mobile mammography pilot. Develop cancer screening campaign and landing page in the CalOptima Health Website	
Quality of Clinical Care	COVID-19 Vaccination and Communication Strategy	Vaccine rate of 70% or more of CalOptima members (18 and over).	1) Communication Strategy of COVID vaccination incentive program through June 30, 2023 end date, focusing on unvaccinated, and missed booster opportunities. 2) Continue COVID Vaccination member health reward fulfillment process for all eligible age groups for boosters	1) end of 1Q2023 2) end of 4Q2023	Helen Syn	Linette Lorenzo	1. Targeted Ad Campaign in Q1 for encouraging starting COVID-19 Vaccinations by June 30, 2023 to qualify for a health reward 2. Social Media Outreach about the new program guidelines (i.e. Facebook, Instagram) 3. Internal communication to member-facing staff of program end date via internal FAQ 4. Updated COVID-19 Vaccine Incentive Program (VIP) website to reflect new guidelines 5. Worked with internal stakeholders to update the system flow and logic for faster delivery of outstanding gift cards to members 6. Reached 70.65% vaccination rate for CalOptima members (18 and older).	Texting campaign to address new eligibility guidelines. COVID-19 VIP processing continues as we begin planning for the official end date of the program.	
Quality of Clinical Care	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.	HEDIS MY2023 Goal: MC - Init Phase - 42.77% MC -Cont Phase - 51.78%	1) Continue the non-compliant providers letter activity. 2) Participate in educational events on provider responsibilities on related to follow-up visits. 3) Continue member outreach (through multiple modalities telephonic, newsletter, mobile device) to improve appointment follow up adherence.	1. 2Q2023 2. 4Q2023 3. 3Q2023	Diane Ramos/ Natalie Zavala	Valerie Venegas	PR HEDIS Rates Q1 (February): Initiation Phase- 40.11%, Continuation and Maintenance Phase- 51.15% 1) Continued member outreach for members that filled initial ADHD Rx 2) Worked with Communications on article for Treatment for Children with ADHD to educate members on ADHD to be included in the Medi-Cal Member Newsletter Spring 2023 edition 3) Met with PHM and received training on the process to send out text messages to members; drafted 2-way Text Message Script	1) Continue member outreach for those who filled an initial ADHD prescription 2) Pull report to identify trends in compliant and non-compliant providers 3) Review Text Message Script draft at BHQI Workgroup and finalize based on feedback 4) Treatment for Children with ADHD to be included in the Medi-Cal Member Newsletter Spring 2023 Ed.	
Quality of Clinical Care	Diabetes Screening for People with Schizophrenia or Bipolar Disorder (SSD) (Medicaid only)	HEDIS 2023 Goal: MC 77.48% OC (Medicaid only)	1) Identify members through internal data reports in need of diabetes screening test. 2) Conduct outreach to prescribing provider and/or primary care physician (PCP) to remind of best practice and provide list of members still in need of screening. 3) Remind prescribing providers to contact members' primary care physician (PCP) with lab results by providing name and contact information to promote coordination of care.	1. 2Q2023 2. 3Q2023 3. 2Q2023	Diane Ramos/ Natalie Zavala	Nathalie Pauli	PR HEDIS Rates Q1 (February): M/C: 26.89% OC: N/A 1) Barriers: No data 1st quarter from ITS Data Warehouse Team 2) Met with PHM and received training on the process to send out text messages to members as a potential opportunity for measure; drafted Text Message Script	1) Continue to work with ITS for Q1 data 2) Identify members in need of diabetes screening test and their prescribing providers 3) Remind prescribing [roviders of best practice, provide list of members to complete screening with PCP contact information for each member to promote coordination of care 4) Review Text Message Script draft at BHQI Workgroup and finalize based on feedback	
Quality of Clinical Care	Follow-Up After Emergency Department Visit for Mental Illness (FUM)	HEDIS MY2023 Goal: MC 30-Day: 54.51%; 7 day: 31.97% OC (Medicaid only)	1) Track real-time ED data for participating facilities on contracted vendor. 2) Establish reports for data sharing with Health Networks and/or established behavioral health provider to facilitate faster visibility of the ED visit. 3) Participate in educational events on provider responsibilities on related to follow-up visits. 4) Utilize CalOptima Health NAMI Field Based Mentor Grant to assist members connection to a follow-up after ED visit. 5) Implement new behavioral health virtual provider visit for increase access to follow-up appointments.	1. 2Q2023 2. 4Q2023 3. 3Q2023 4. 4Q2023 5. 4Q2023	Diane Ramos/ Natalie Zavala	Jeni Diaz	PR HEDIS Rates Q1 (February): 30 day- 19.42%, 7 day- 13.02% 1) Received Training from CalOptima Health vendor to receive real-time Emergency Department (ED) data from local participating hospitals in Orange County 2) Identified process to pull and review real-time ED data from vendor 3) Met with PHM and received training on the process to send out text messages to members as a potential opportunity for measure; drafted Text Message Script	1) Review Text Message Script draft at BHQI Workgroup and finalize based on feedback 2) BHI and QA develop process to share real-time ED Data with Health Networks	
Quality of Clinical Care	Follow-Up After Emergency Department Visit for Alcohol and Other Drug Abuse or Dependence (FUA)	MY2023 Goals: MC: 30-days: 21.24%; 7-days: 8.93%	1) Track real-time ED data for participating facilities on contracted vendor. 2) Establish reports for data sharing with Health Networks and/or established behavioral health provider to facilitate faster visibility of the ED visit. 3) Participate in educational events on provider responsibilities on related to follow-up visits. 4) Utilize CalOptima Health NAMI Field Based Mentor Grant to assist members connection to a follow-up after ED visit. 5) Implement new behavioral health virtual provider visit for increase access to follow-up appointments.	1. 2Q2023 2. 4Q2023 3. 3Q2023 4. 4Q2023 5. 4Q2023	Diane Ramos/ Natalie Zavala	Valerie Venegas	PR HEDIS Rates Q1 (February): 30 day- 17.48%, 7 Day Total- 9.31% 1) Received Training from CalOptima Health vendor to receive real time ED data from local participating hospitals in Orange County 2) Identified process to pull and review real-time ED data from vendor 3) Met with PHM and received training on the process to send out text messages to members as a potential opportunity for measure; drafted Text Message Script	1) Review Text Message Script draft at BHQI Workgroup and finalize based on feedback 2) BHI and QA will develop process to share real-time ED Data with Health Networks	
Quality of Clinical Care	Depression Remission or Response for Adolescents and Adults (DRR-E)	No benchmark	1) Develop a HEDIS reporting tip sheet to educate providers on the requirements 2) Participate in 1 educational events on depression screening, treatment, and follow up 3) Educate providers on depression screening via provider newsletters 4) Educate members on depression and the importance of screening and follow-up visits via member newsletters and other social media.	1. 2Q2023 2. 3Q2023 3. 4Q2023 4. 2Q2023	Diane Ramos/ Natalie Zavala	Mary Barranco/Alvin Ortin	PR HEDIS Rates Q1 (February): N/A; Not at risk for meeting the standard due to no benchmark set 1) Data collection continues to be a major challenge due to the lack of mechanisms for capturing provider data 2) Completed provider fax blast document encouraging screening for depression and best practice guidelines with member educational material on Understanding Depression 3) Met with PHM and received training on the process to send out text messages to members as a potential opportunity for measure; drafted Text Message Script 4) Submitted Understanding Depression article for OneCare (OC) and Medi-Cal Member Newsletter Fall 2023 edition	1) Review Text Message Script draft at BHQI Workgroup and finalize based on feedback 2) Collaborate with Communications to finalize article for Member Newsletter Fall 2023 Ed. 3) Distribute provider fax blast	

2023 Q1 Work Plan 1Q

Evaluation Category	2023 Q1 Work Plan Element Description	Goals	Planned Activities	Target Date(s) for Completion (i.e. 2Q 2023) for each activity	Responsible Business owner	Support Staff	Results/Metrics: Assessments, Findings, and Monitoring of Previous Issues <i>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)</i>	Next Steps Interventions / Follow-up Actions <i>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.)</i>	Red - At Risk Green - On Target
Quality of Clinical Care	Depression Screening and Follow-Up for Adolescents and Adults (DSF-E)	No benchmark	1) Develop a HEDIS reporting tip sheet to educate providers on the requirements 2) Participate in 1 educational events on depression screening and treatment 3) Educate providers on depression screening via provider newsletters 4) Educate members on depression and the importance of screening and follow up visits via member newsletters and other social media.	1. 2Q2023 2. 3Q2023 3. 4Q2023 4. 2Q2023	Diane Ramos/ Natalie Zavala	Mary Barranco/ Alvin Ortin	PR HEDIS Rates Q1 (February): N/A; Not at risk for meeting the standard due to no benchmark set 1) Data collection continues to be a major challenge due to the lack of mechanisms for capturing provider data 2) Completed provider fax blast document encouraging screening for depression and best practice guidelines with member educational material on Understanding Depression 3) Met with PHM and received training on the process to send out text messages to members as a potential opportunity for measure; drafted Text Message Script 4) Submitted Understanding Depression article for OC and Medi-Cal Member Newsletter Fall 2023 edition	1) Review Text Message Script draft at BHQI Workgroup and finalize based on feedback 2) Collaborate with Communications to finalize article for Member Newsletter Fall 2023 Ed. 3) Distribute provider fax blast	Green - On Target
Quality of Clinical Care	Improve HEDIS measures related to HbA1c Control for Patients with Diabetes (HbD); HbA1c Poor Control (this measure evaluates % of members with poor A1C control-lower rate is better)	MY2023 Goals: MC: 30.9%; OC: 17%	1) Strategic Quality Initiatives Intervention Plan - Multi-modal, omni-channel targeted member, provider and health network engagement and collaborative efforts. 2) Quality Incentives impact on quality measures	1) Per Quality Initiatives Calendar - ongoing updates 2) Annual Evaluation	Helen Syn	Melissa Morales	1) Member Incentive: MC A1C Test: 19 approved, 2 denials, 2) Member Engagement: Diabetes Member Mailers: MC Total sent: 34,773 members, OC Total sent: 3,547 Social Media (Passive): Social Media (Paid): Diabetes in January Digital Ad: Diabetes in January Radio: Diabetes January Provider Press: encourage members for A1c testing sent March to 2910 providers. 3) PR Report February 2023 HbA1c <8 Total (HbD): MC: Num 4,801/ Den 43,251 = 11.10% OC: Num 528/ Den 3,707 = 14.24% HbA1c >9 Total (Poor Control) (HbD): MC: Num 37,427/ Den 43,251 = 86.53% OC: Num 3,088/ Den 3,707 = 83.30%	2) Member, Community and Provider Engagement IVR: slated for Q3 2023/Q4 2023 Text: Scheduled for May . Will go to 10,136 Medi-Cal members.	Green - On Target
Quality of Clinical Care	Improve HEDIS measures related to Eye Exam for Patients with Diabetes (EED)	MY2023 HEDIS Goals: MC 63.75% OC: 79%;	1) Strategic Quality Initiatives Intervention Plan - Multi-modal, omni-channel targeted member, provider and health network engagement and collaborative efforts. 2) Quality Incentives impact on quality measures 3) VSP Collaborative gaps in care bridging efforts.	1) Per Quality Initiatives Calendar - ongoing updates 2) Annual Evaluation 3) End of Q2 2023	Helen Syn	Melissa Morales	1) Member Incentive: MC Eye Exam: 38 approved, 4 denials 2) Member Engagement Diabetes Member Mailers: MC Total sent: 34,773 members, OC Total sent: 3,547 Social Media (Paid): Diabetes in January Digital Ad: Diabetes in January Radio: Diabetes January VSP Eye Exam Reminder Letters: MC Total sent in Q1 2023: 1,276, OC Total sent in Q1 2023: 533 3) PR Report February 2023 Eye Exam for Patients with Diabetes (EED): MC: Num 9,967/ Den 43,251 = 23.04% OC: Num 1,140/ Den 3,707 = 30.75%	1) Member Incentive OC slated for distribution mid/late May 2023 2) Member, Community and Provider Engagement IVR: slated for Q3 2023/Q4 2023 Text: Scheduled for May . Will go to 10,136 Medi-Cal members.	Green - On Target
Quality of Clinical Care	Implement multi-disciplinary approach to improving diabetes care for CHCN Latino Members Pilot	1) Lower HbA1c to avoid complications (baseline: A1c ≥ 8%; varies by individual); 2) Improve member and provider satisfaction	<u>Final Pilot Program Design:</u> 1) CalOptima Health Pharmacist Involvement and Intervention 2) CalOptima Health CHW Involvement and Intervention (for the purpose of the prototype study, the workgroup will leverage Population Health Management department's Health Educators as CHW proxies) 3) PCP Engagement <u>Planned Activities:</u> Finalize member stratification Outreach to high volume PCPs Launch the pilot program	Finalize member stratification - end of Jan 2023 Outreach to high volume PCPs - end of Q1 Launch the pilot program - end of Q1	Joanne Ku	Nicki Ghazanfar/ Jocelyn Johnson/ Elisa Mora	Finalized member stratification in Jan 2023. Presented the pilot project status to QIC in Mar 2023. Began outreach to high volume PCPs in Q1. <u>Challenge:</u> Most high volume PCPs are FQHCs, and they already have a Clinical Pharmacist, a Health Educator or a multidisciplinary team to care for their patients with uncontrolled diabetes. Unable to launch the pilot program in Q1.	Continue outreach to CCN PCPs and look for partnership. Present the program at the June CCN Lunch & Learn to attract potential partners. Aim to launch the pilot - end of Q2/early Q3.	Yellow - At Risk
Quality of Clinical Care	STARs Measures Improvement	Achieve 4 or above	Review and identify STARs measures for focused improvement efforts. Measures include Special Needs Plan (SNP) Care Management, Comprehensive Diabetes Care (CDC) and Care for Older Adults (COA)	1) end of 4Q2023	Linda Lee	Helen Syn	Analyzed measures and prioritized SNP Care Management, HbA1c Control, and COA for intervention. Interventions assigned to business owners and quality initiatives for implementation	Quality initiatives team and business owners to implement and monitor monthly.	Green - On Target
Quality of Clinical Care	Prenatal and Postpartum Care Services (PPC): Timeliness of Prenatal Care and Postpartum Care (PHM Strategy).	HEDIS MY2023 Goal: Postpartum: 94.18% Prenatal: 91.89%	1) Track member health reward impact on HEDIS rates for cancer screening measures. 2) Strategic Quality Initiatives Intervention Plan - Multi-modal, omni-channel targeted member, provider and health network engagement and collaborative efforts. 3) Continue expansion of Bright steps comprehensive maternal health program through community partnerships, provider/health network partnerships, and member engagement. Examples: WIC Coordination, Diaper Bank Events 4) Implement Collaborative Member Engagement Event with OC CAP Diaper Bank and other community-based partners 5) Expand member engagement through direct services such as the Doula benefit and educational classes	1) Annual Evaluation 2) Per quality initiatives calendar - ongoing updates 3) Ongoing updates 4) 4Q2023 5) 3Q2023	Ann Mino/ Helen Syn	Leslie Martinez	1. Postpartum Member Incentive: 143 submissions, all approved. 2. Community partnerships: WIC, OC Perinatal Council, First 5 OC, OC Health Care Agency, OC Home Visiting Collaborative, OC Family Task Force. Presented Doula Benefit at 2 community collaborative groups. 3. Member engagement: - Bright Steps Program: 916 new PNRs, 343 Postpartum Assessments completed, 732 total unique outreaches to members. - Community events: Baby Shower Educational Event planned for Q2. 4. W30 Data Workgroup: Early Identification and Data Gap Bridging Remediation for early intervention. - Working to identify data sources for the early identification of pregnancies for member engagement. February 2023 Prospective Rates: Timeliness of Prenatal Care: Reporting issues with current rate on the latest PR report. Rate for this measure to be reported on next quarterly updated. Postpartum Care: Performing higher than last year in February 2022, but MPL not met. Rate: 55.999%, MPL Rate: 77.37%	1. Planned: Member engagement once data source is established to identify members: - Mailing (planned) for the promotion of postpartum care once data source is established to identify members. - Medi-Cal member newsletter article, slated for Q2. 2. Provider Engagement: - Provider Press Newsletter, slated for Q2 to promote Medi-Cal enrollment and postpartum Care.	Green - On Target
Quality of Clinical Care	MCAS Performance Measures Improvement Plan: Plan, Do, Study, Acts - PDSAs	Meet and exceed MPL for DHCS MCAS Corrective Action	Conduct quarterly/Annual oversight of MCAS Performance Improvement Plan PDSA: Well-Child Visits in the First 30 Months (W30-2+) - To increase the number of Medi-Cal members 15-30 months of age who complete their recommended well-child visits.	Quarterly Status update on modules as they are completed.	Helen Syn	Michelle Nohe	Well-Child Visits in the First 30 Months (W30-2+) PDSA Cycle 1: 11/4/22 - 3/17/23 SMART AIM Goal 1: By 02/28/2023, complete a minimum of 2 outreach call attempts, which includes both unsuccessful-unanswered calls and successful-unanswered calls by parent or guardian, to at least 90% of members (N=319) on the target list. Intervention Implementation Period: 2/17/23 - 2/10/23. Telephonic call campaign completed by 2 staff members, in-house. Outcomes: The results of this interventions indicated that 100% (313/313) of members were outreached at least 1 time, and 55.27% (173/313) of members were outreached at least 2 times. In order to meet the SMART AIM Goal there should have been at least 564 call attempts, but overall there were only 486. Therefore, the SMART AIM Goal 1 was not met. However, it was also evident that a 2nd attempt was not indicated in instances due to disconnected/wrong phone number/member refusal. Submitted Cycle 1 to DHCS: 3/23/23.	Well-Child Visits in the First 30 Months (W30-2+) PDSA 1) Proceed with Cycle 2: 3/24/23 - 7/14/23. Cycle 2 Intervention will include in-house telephonic call campaign and a birthday card mailer.	Green - On Target

2023 Q1 Work Plan 1Q

Evaluation Category	2023 Q1 Work Plan Element Description	Goals	Planned Activities	Target Date(s) for Completion (i.e. 2Q 2023) for each activity	Responsible Business owner	Support Staff	Results/Metrics, Assessments, Findings, and Monitoring of Previous Issues <i>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)</i>	Next Steps Interventions / Follow-up Actions <i>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.)</i>	Red - At Risk Green - On Target
Quality of Clinical Care	Pediatric Well-Care Visits and Immunizations - Includes measures such as W30 and IMA, Child and Adolescent Well-Care Visits and Immunizations - Includes measures such as WCV and IMA	HEDIS MY2023 Goal OIS-Combo 10: 49.76% IMA-Combo 2: 48.42% W30-First 15 Months: 55.72% W30-15 to 30 Months: 69.84% WCV (Total): 57.44%	1) Targeted member engagement and outreach campaigns in coordination with health network partners. 2) Strategic Quality Initiatives Intervention Plan - Multi-modal, omni-channel targeted member, provider and health network engagement and collaborative efforts. Examples: EPSDT DHCS promotional campaign; Back-to-School Immunization Clinics with Community Relations; expansion of Bright Steps comprehensive maternal health program through 1 year postpartum to include infant health, well-child visits, and immunization education and support 3) Early Identification and Data Gap Bridging Remediation for early intervention.	1) 3Q2023 2) Per quality initiatives calendar - ongoing updates 3) End of Q22023	Helen Syn	Michelle Nobe	1) Targeted member engagement and outreach campaigns in coordination with health network partners. - Met with Health Networks to share Quality Initiatives Activities Calendar for CY2023 2) Strategic Quality Initiatives Intervention Plan - Multi-modal, omni-channel targeted member, provider and health network engagement and collaborative efforts. - Well-Child Visits 0-30 Months Text Message Campaign (2/22-2/28/23): 8,183 messages sent, 152 members responded to text message; Well-Care Visits 3-17 Years Text Message Campaign (2/28-3/11/23): 72,870 messages sent, 3,887 members responded to text message; Plans to expand Bright Steps Program Well-Child Outreach Calls to include a 6 months old and 12 months old follow-up. 2-weeks high priority and 3-months old outreach calls are continued; IVR scripts are in development Updated and/or created artwork for the following: - Health Guide 0-2 Years Newsletter with Blood Lead Screening; Health Guide 3-6 Years Newsletter; Health Guide 7-12 Years Newsletter; Health Guide 18-21 Years Newsletter; Well-Child Visits Flyer Newsletter; First Birthday Card + Second Birthday Card. Artwork is complete and dashboard is developed. Working with Procurement to set up a monthly mailing cadence. 3) Early Identification and Data Gap Bridging Remediation for early intervention. W30 Data Strategies Workgroup: - Improved HN monthly Gap Reports to include more measures and details - Developing W30 Gap Report for HNs. Will pilot with 1 HN in Q2 for feedback. 4) February 2023 Prospective Rates GIS-Combo 10: 21.58%, performing lower than last year (2.72%), have not met goal (49.76%) IMA-Combo 2: 33.99%, performing lower than last year (35.45%), met the 33rd percentile, have not met goal (48.42%) W30-First 15 Months: 15.56%, performing better than last year (8.12%), have not met goal (55.72%) - +7.44% improvement W30-15 to 30 Months: 51.96%, performing better than last year (46.87%), have not met goal (69.84%) WCV (Total): 2.50%, performing better than last year (2.20%), have not met goal (57.44%)	1) Continue targeted member engagement and outreach campaigns in coordination with health network partners. 2) Continue with Strategic Quality Initiatives Intervention Plan. - Well-Child Visits 0-30 Months Text Message Campaign, slated for May - Well-Care Visits 3-17 Years Text Message Campaign, slated for June - Implement Bright Steps Program Well-Child Outreach Calls to include a 6 months old and 12 months old follow-up starting late April. - IVR scripts 1) W30: 0-14 months, 2) W30: 15-30 months, 3) WCV 3-17 years, and 4) WCV 18-21 Years scripts to be recorded in Q2. Tentative launch for W30 IVR campaigns in May-June. Mailings: - Health Guide 0-2 Years Newsletter with Blood Lead Screening, slated for April - Health Guide 3-6 Years Newsletter, slated for Q2 - Health Guide 7-12 Years Newsletter, slated for Q2 - Health Guide 18-21 Years Newsletter, slated for Q2 - Well-Child Visits Flyer Newsletter - First Birthday Card, slated for late April and June - Second Birthday Card, slated for late April and June 3) Continue efforts for early identification and Data Gap Bridging Remediation for early intervention. W30 Data Strategy Workgroup plans to come up with recommendation to present at May BOD.	
Quality of Clinical Care	Blood Lead Screening DHCS APL	1) Comply with APL requirements including quarterly reports of members missing blood lead screening 2) Increase Rates of successfully screened members to 8% 3) Put process in place of identify refusal of blood lead consent forms	- PBS television ad campaign that advises parents/guardians that a lead test is the only way to identify if a child has been exposed to lead. - Update Policy GG.1717 to include Health Network Attestation and conduct Health Network/Provider education - Add blood lead screening resources to CalOptima Health website: Comprehensive Health Assessment Forms, CDPH anticipatory guidance handout, - Launch IVR campaign to members with untested children - Member mailing campaign to members - Lead texting campaign for members - Medi-Cal member newsletter article(s)	All activities will be complete by 3Q, 2023	Helen Syn	Leslie Martinez	1. Policy GG.1717 updated to include attestation process for Health Networks and CCN providers to attest to operational and regulatory requirements for lead which include: documental of blood lead refusals, proper coding, provision of anticipatory guidance, following standards of care for lead testing. 2. PBS television ad campaign conducted in February and March 2023 to advise parents/guardians that a lead test is the only way to identify lead exposure. Total impressions: February 2023 = 20,390, March 2023= 9,439. 3. Anticipatory Guidance and Blood Lead Refusal form that was developed in house to support providers with documentation of blood lead refusals and anticipatory guidance was posted on the CalOptima Health Website along with Clinical Practice Guidelines. 4. IVR campaign launched in March 2023. Population approach was used to target members within the age ranges of a lead test. IVR left message or successfully played message to 3,801 members. 5. Provider Education via Provider Monthly Update to inform providers of operational and regulatory requirements pertaining to blood lead testing. 6. Provider Portal enhancements completed to include a blood lead screening dashboard to display quarterly reports for CCN providers, alerts for attestations. 7. Email alerts created for CCN Provider Portal users to be advised of the availability of new blood lead reports. 8. Blood Lead Screening Guide developed for Provider Portal users that outlines regulatory requirements for lead, steps for accessing quarterly blood lead reports and completing attestations on the Provider Portal, resources for lead testing, etc. February 2023 Prospective Rates: Currently performing higher than last year in February 2022, but has not met MPL Rate: 53.97%, MPL rate: 63.99%.	- Mailing (in progress): Health Guide 0-2 Years Newsletter with - - Blood Lead Screening, slated for Q2. - Lead texting campaign for members slated for April 2023. - Medi-Cal member newsletter article, slated for Q2. - Improvement of blood lead quarterly reports to align with standards of care for lead testing, slated for Q3. - Development of outreach report to proactively identify members that will be due for a 12 and 24 month blood lead test. - Provider Press article slated for Q3. - Bright Steps Program Well-Child Outreach Calls to include a 6 months old and 12 months old follow-up with blood lead testing education, slated for April 2023.	
Quality of Service	Improve Network Adequacy: Reducing gaps in provider network	Reduce OON requests by 25%	1) Actively recruit top 3 out-of-network (OON) specialties as shown on QMRT 2) Targeted outreach campaign and incentive to open their panels 3) Business consideration to require providers to participate in all programs. 4) Provider incentive for transportation vendor	by end of 4Q, 2023	Marsha Choo		Provider/HN workgroup has been created to focus on expanding the network. The workgroup has met twice to review data on the following provider types: PCPs and impacted specialists: cardiology, GI, pulmonology (tier 2- Neuro, Rheum, Urology)	Workgroup will determine if lower ratios or increased use of physician extenders is needed for these provider types.	
Quality of Service	Improve Timely Access: Appointment Availability	Improve Timely Access compliance with Appointment Wait Times to meet 80% MPL	1) Provider incentive to meet timely access standards 2) Provider incentive for extending office hours	by end of 2Q, 2023	Marsha Choo		Planning to begin in Q3, pending budget.	Draft scope of work and pull universe to facilitate 2023 Timely Access survey.	
Quality of Service	Improve Access: Telephone Access	Live Contacts Rate After 3 Attempts to meet 80%	1) Improve provider data in FACETs (i.e. Provider Directory Attestations, DHCS Quarterly and Monthly Provider Data Audits) 2) Individual Provider Outreach and Education (Timely Access Survey)	by end of 4Q, 2023	Marsha Choo		1. Providers/HNs have met compliance for provider directory validation and have provided provider's attestations timely overall. 2. Assigned HNs to follow-up with providers who received a 2nd year notice of non-compliance for educational purposes.	1a. Continue to work closely with all HNs to ensure directory validation accuracy continues to progress as needed. 1b. HN will evaluate their process and workflow to improve communications with providers as needed. 2. Continue to monitor and educate.	
Quality of Service	Improve Access: Access Dashboard	Develop an access dashboard for HN performance	1) Identify access measures to include in performance monitoring 2) Develop a methodology to monitor performance	by end of 2Q, 2023	Marsha Choo		Provider/HN workgroup has been created to focus on expanding the network and a dashboard template has been created for this workgroup to track accomplishments, milestones and outcomes.	Workgroup is working towards implementing initiatives to expand the network and will utilize the draft dashboard template to report to committee.	
Quality of Service	Improving Access: Subcontracted Network Certification	Certify all HNs for network adequacy	1) Mandatory Provider Types 2) Provider to Member Ratios 3) Time/Distance 4) Timely Access	by end of 4Q, 2023	Marsha Choo		Complete SNC submission to DHCS for the four elements and is now under review with Enterprise PMO. All HNs met Provider to Member Ratios and CCN is the only HN to meet Time/Distance for Medi-Cal LOB.	Finalize SNC submission and submit by end April.	
Quality of Service	Increase primary care utilization	Increase rates of Initial Health Appointments for new members, annual wellness visits for all members.	1) Increased Health Network/Provider education and oversight 2) Enhanced member outreach (IVR, digital engagement)	1) 1Q2023 2) 2Q2023	Katie Balderas	Anna Safari	1. PHM presented at the Feb. Health Network Forum, Three Joint Operations Meetings, and the March CCN Provider Lunch & Learn. 2. Obtained DHCS approval on IHA IVR campaign, established automated reports with ITS, IVR Call Campaign to launch Q2.	Update provider reference guide with current IHA codes, update IHA table logic with ITS to exclude specialists from universe, update reports with ITS to create actionable information for providers in portal.	
Quality of Service	STARs Measures Improvement	Achieve 4 or above	Review and identify STARs measures for focused improvement efforts. CAHPS Composites, and overall ratings; TTY Foreign language interpreter and Members Choices to Leave Plan	1) by end of 4Q2023	Linda Lee	Javier Sanchez	Analyzed measures and prioritized CAHPS composites and overall ratings. Interventions assigned to Stars/CAHPS work groups for implementation. TTY/Foreign language interpreter monitored by Stars/CAHPS Customer Service work group.	Stars/CAHPS work groups underway- five work groups (provider, medical management, pharmacy, customer service, and member material development) began on 4/14/2023. Work groups will meet weekly and report bimonthly to Steering Committee.	

2023 Q1 Work Plan 1Q

Evaluation Category	2023 Q1 Work Plan Element Description	Goals	Planned Activities	Target Date(s) for Completion (i.e. 2Q 2023) for each activity	Responsible Business owner	Support Staff	Results/Metrics, Assessments, Findings, and Monitoring of Previous Issues <i>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)</i>	Next Steps Interventions / Follow-up Actions <i>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.)</i>	Red - At Risk Green - On Target
Quality of Service	Improve Member Experience/CAHPS	Increase CAHPS to meet goal	1) Issue an RFI to obtain information on CAHPS improvement vendors and strategies, contract and launch program 2) Member outreach to all OneCare members 3) Track measures for monitoring individual provider performance (ie. number of grievances, number of CAPs issued) and take action based on committee action	by end of 3Q, 2023	Marsha Choo	Carol Matthews	1) The RFI was converted to a RFP. An enjoined RFP with the Member Engagement Platform was issued 3/23/2023 with proposals due 4/25/23.	1) Evaluation meeting scheduled 5/4/2023 with the goal of a vendor award on 5/29/2023.	Green - On Target
Safety of Clinical Care	Emergency Department Diversion Pilot	Pilot has been implemented. In 2023 plan to expand the program to additional hospital partners.	1. Promoting communication and member access across all CalOptima Networks 2. Increase CalAIM Community Supports Referrals 3. Increase PCP follow-up visit within 30 days of an ED visit 4. Decrease inappropriate ED Utilization	by end of 4Q, 2023	Michelle Findlater	Scott Robinson	Data shows that 177 Unique members were seen in the ED during the pilot timeframe. The data from these members was tested against a control group of 2,515 who visited the St. Joseph's during the months of November and December 2022 who did not participate in the Pilot program. 1.The members included in the ED Diversion pilot have much higher ED utilization (both prior and post ED visit at St. Joseph's) than the control group. In the six months prior to the St. Joseph's DOS, members included in the pilot program had an average of 1.39 ED visits PMPM compared to 0.18 ED visits PMPM for the control group. Similarly, in the 30 days post-DOS, members included in the pilot program had an average of 1.56 ED visits PMPM compared to 0.32 ED visits PMPM for the control group. 2.The members included in the ED Diversion pilot program have much higher ECM enrollment in comparison to the control group. Prior to the St. Joseph's ED visit, 5.08% of the members in the pilot program were enrolled in ECM compared to only 0.28% of the control group. In the 30 days post ED visit, 29.38% of the members in the pilot were enrolled ECM compared to only 0.08% of the control group. However, many of the members from the pilot who were enrolled in ECM did not stay enrolled. 39 of the 52 members from the pilot enrolled within 30 days are not currently enrolled in ECM. Today, 10.73% of the pilot members are enrolled in ECM compared to 0.32% of the control group. 3.The ED Diversion pilot had a much higher percentage of members identified as potentially eligible for a POF (in particular POF #2, High Utilizers). In the POF identification run immediately preceding the ED visit at St. Joseph's, 48.02% of the pilot members were identified as potentially eligible for a POF while only 12.29% of the control group was. In the most recent POF identification run, 64.97% of the pilot members were identified as potentially eligible for a POF while only 14.91% of the control group was. 4.The ED Diversion program had a higher percentage of members with a CS authorization within 30 days of DOS than the control group. There was a CS authorization for 12.99% of the pilot members compared to only 1.71% of the control group.	The ED Pilot program at St. Joseph's is now officially complete. Next steps in the program will be to transition the program to a virtual model. This will be executed by a combination of LTSS, CCR and Prior Auth staff members. The plan is for direct communication to occur with the focus transitioning to safe and expeditious discharges. The CalAIM referral process will fall back to the staff in the ED the referral forms as appropriate and not for the CalOptima Health Staff to complete them on the member's behalf. The CalOptima Health staff will maintain a log of all members who participated in the program so that there can be data pulls at designated intervals in the future.	Green - On Target
Safety of Clinical Care	Plan All-Cause Readmissions (PCR)	UM/CM/LTC to collaborate and set goals on improving care coordination after discharge. For example, including but not limited to improving PCP follow up post discharge rate by 48% each quarter (focus on getting discharge plans w/ PCP appt from hospitals)	<u>Planned Activities:</u> 1) Set up a Transition of Care workgroup among UM, CM and LTC to discuss ways to increase post hospitalization visits with PCP and address barriers. 2) Update the UTC letter for members that UM/CM are unable to reach post discharge.	Setting up the workgroup - end of 1Q 2023 Updating the UTC letter - end of 2Q 2023	Stacie Oakley Hannah Kim Scott Robinson	Joanne Ku	<u>Setting up the workgroup</u> – Not met. There has been a TCS Workgroup established to discuss TCS requirements outlined in the PHM Guide. However, it was noted that the TCS Workgroup was not the most suitable forum to discuss strategies to increase post hospital visits with the PCP. Therefore, we plan to set up a separate Transitions of Care Workgroup dedicated to post discharge PCP visit by the end of Q2 2023. <u>Updating the UTC letter</u> – Met. The post discharge UTC letter has been approved and is now available in GuidingCare. The post discharge CM DTP has been also updated to reflect that new letter when a member is unable to be reached post hospitalization. Clinical Operations also developed a Hospital Memo for hospital partners.	Set up a separate Transitions of Care Workgroup dedicated to post discharge PCP visit by the end of Q2 2023. The goals/reporting metrics are still pending; continue defining the goals/metrics by Q3 2023.	Yellow - At Risk

2023 QI Work Plan 2Q

Evaluation Category	2023 QI Work Plan Element Description	Goals	Planned Activities	Target Date(s) for Completion (i.e. 2Q 2023) for each activity	Responsible Business owner	Results/Metrics: Assessments, Findings, and Monitoring of Previous Issues <i>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)</i>	Next Steps Interventions / Follow-up Actions <i>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.)</i>	Red - At Risk Yellow - Concern Green - On Target
Program Oversight	2023 Quality Improvement Annual Oversight of Program and Work Plan	Obtain Board Approval of 2023 Program and Workplan	Quality Program and QI Work Plan will be adopted on an annual basis; QI Program Description-QIHEC-BOD; QI Work Plan-QIHEC-QAC	Annual Adoption by April 2023	Marsha Choo	Approved: QIHEC 2/14/2023, QAC 3/8/2023, BOD 4/6/2023		
Program Oversight	2022 Quality Improvement Program Evaluation	Complete Evaluation 2022 QI Program	QI Program and QI Work Plan will be evaluated for effectiveness on an annual basis	Annual Adoption by January 2023	Marsha Choo	Approved: QIHEC 2/15/2022, QAC 3/8/2023, BOD 4/6/2023		
Program Oversight	2023 Utilization Management and Case Management Program	Obtain Board Approval of 2023 UM Program	UM Program will be adopted on an annual basis.	Annual Adoption by April 2023	Kelly Giardina	Approved: UMC Committee via eVote on 4/7/2023, QIHEC 4/11/2023		
Program Oversight	2022 Utilization Management Program Evaluation	Complete Evaluation of 2022 UM Program	UM Program will be evaluated for effectiveness on an annual basis.	Annual Adoption by April 2023	Kelly Giardina	Approved: UMC Committee via eVote on 4/7/2023, QIHEC 4/11/2023		
Program Oversight	Cultural and Linguistic Services Program and Work Plan	Obtain Board Approval of 2023 Program and Workplan	Cultural and Linguistic Services Program and Cultural and Linguistic Work Plan will be evaluated for effectiveness on an annual basis	Annual Adoption by April 2023	Carlos Soto	Approved: QIHEC 4/11/2023		
Program Oversight	Population Health Management Strategy	Implement PHM strategy	Review and adopt on an annual basis.	Annual Review and Adoption Feb. 2023	Kate Balderas	2.1 Initial HRA collected in 90 days from eligibility Benchmark: 95% adjusted.	2.1 Initial HRA collected in 90 days from eligibility Benchmark: 95% adjusted.	
Program Oversight	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		Review of Initial and Recredentialing applications approved and denied; Facility Site Review (including Physical Accessibility Reviews); Quality of Care cases leveled by committee.	1Q23 update (6/13 QIHEC) 2Q23 update (9/12 QIHEC) 3Q23 update (12/12 QIHEC) 4Q23 update (TBD 2024 QIHEC)	Laura Guest	I. FSR/PARS/NF/CBAS: A. FSR: Initials=12; Periodic=5; CE CAPs=36; FSR CAPs=21. Initial MRR=15, Periodic MRRs=13; MRR CAPs=40; On-Site Interims=49; Failed FSRs=1; Failed MRRs=7. B. PARS: PARS=85; Basic=37 (45%); Limited=48 C. CBAS: No Critical Incidents reported; Non-critical=27; Falls=10; COVID=1 Audit=12; CAPs=10; Unannounced Visits=0. D. NF: No Critical Incidents were reported in Q2. Audit=3; CAPs=0; Unannounced Visits=0 II. Credentialing: CCN initial credentialing=61, recredentialing=151, BH initial credentialing=46, BH Recredentialing=37 III. A. PQIs: 162 cases were QOC; 13 (8%) PQI cases presented to CFRG. Medical Care: Mismanaged Care was the greatest category/subcategory of PQIs. QOC Grievances 532; 67 declined grievances. TAT of PQIs = 68% reviewed by MD in 90 days; declined grievances 94% reviewed in 30 days. Requested additional staffing to accommodate additional workload. B. No PPCs identified in Q2.	I. FSR/PARS/NF/CBAS A. FSR: Continue to audit. B. PARS: Continue to audit. C. CBAS: Continue to audit and remind centers to report critical incidents. D. NF: Re-evaluate current processes. Current QI Nurse Specialist will retire at the end of July 2023. 2 positions will be open. Currently recruiting for one position. Look at cross-training existing staff to fill position in interim. II. A. Credentialing: Continue to perform credentialing and recredentialing if CCN and BH providers. We have started the process to engage a Credentialing Verification Organization (CVO) to assist with the credentialing of providers. This will ensure compliance and timeliness of the initial credentialing and recredentialing of files. We have also in the process of reviewing all the credentialing processes with Anura which will identify gaps and improve overall workflow. A credentialing manager will be starting with the organization on 8/14. We have also engaged Sympler for additional Cactus training for the credentialing staff. III. PQI: Continue to monitor volume of PQIs and QOC grievances, and TAT of PQIs and declined grievances. Follow-up on request for additional staffing. Continue to review claims data for PPCs.	
Program Oversight	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 networks. Trends and results are presented to the committee quarterly.	1Q23 update (6/13 QIHEC) 2Q23 update (9/12 QIHEC) 3Q23 update (12/12 QIHEC) 4Q23 update (TBD 2024 QIHEC)	Tyromda Moses	Q1 2023 metrics, performance, trends and remediation efforts were presented to the Committee on May 8, 2023. GARS reported that the combined (CS and GARS) grievance totals for the Medi-Cal line of business decreased from Q4 2022; however, there was an increase in QOS complaints. These were related to new members who experienced some issues with their benefits. QOS complaints also include those related to transportation, where that volume has gone down but remains a trending issue. (Medi-Cal)The Health Plans over the 5 per 1000 NCOA benchmark in Q1 were CCN at 6.65 per 1000 members, Kaiser at 9.09 per 1000 members and Monarch at 5.25 per 1000 members. GARS met with QOptima to discuss the metrics for Monarch. There was a system conversion that caused delays in referrals with providers having difficulty accessing the system and the GARS team experiencing long hold times. The issues decreased in the latter part of Q1. Kaiser has reported their top issues to be behavior - discourteous/rude, diagnosis treatment or care and clinical service/item - service or item not sufficient or defective, they reported that this information is reported to the respective departments for possible training. GARS continues to report identified issues to A&O for review. CCN identified issues included delays in referrals, appointment availability and transportation services. Remediation actions for CCN included a review with UM on current process for possible process changes, coordination with Provider Relations on excessive wait times and the creation of a dedicated transportation team to identify true trends (locations and times). (Medicare)The Health Plans trending high for Q1 included CCN, Monarch, Prospect and Talbert - identified trends were mainly related to the OGC to OC conversion. Delays in eligibility reports caused many issues with providers/vendors verifying eligibility and authorizations not covering the transition dates. This information has since been updated and we began seeing a decreased in complaints by the end of Q1. Additionally, as with Medi-Cal, Optum's system conversion played a part in the higher volume of complaints and this conversion is now completed.	GARS will continue to monitor and report as appropriate.	
Program Oversight	Member Experience (MEMX) Committee Oversight - Oversight of Member Experience activities to improve quality of service and member experience to achieve the 2023 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.	1Q23 update (6/13 QIHEC) 2Q23 update (9/12 QIHEC) 3Q23 update (12/12 QIHEC) 4Q23 update (TBD 2024 QIHEC)	Marsha Choo	In Q2, MemX committee has reviewed/dissused the following: 5/17/23 • Charter updates and finalized • BH Text Message • Access and Availability Updates: o SNC Submissions o Timely Access Survey • CAHPS Update: o HN CAP o CAHPS Improvement Vendor RFP • Member Experience Improvement Program • OneCare Member Satisfaction Survey	In Q3 MEMX Committee has one meeting scheduled, August 22	
Program Oversight	Utilization Management Committee (UMC) Oversight - Conduct Internal and External oversight of UM Activities to ensure over and under utilization patterns 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.	1Q23 update (4/11 QIHEC) 2Q23 update (7/11 QIHEC) 3Q23 update (10/10 QIHEC) 4Q23 update (Jan 2024 QIHEC)	Slacie Oakley	UMC met 5/25/23 and is on track to meet quarterly. Meeting minutes are available for review. Quarterly Utilization Metrics Quarterly updates for (Pharmacy, BH and LTSS update). The BMSC 3/22/2023 minutes were presented & approved at the 5/25/23 meeting.	The next UMC meeting is scheduled for 8/24/23. The next BMSC will report to UMC meeting on 8/24/23.	
Program Oversight	Whole Child Model - Clinical Advisory Committee (WCM CAC) - Ensures clinical and behavior health services for children with California Children Services (CCS) eligible conditions are integrated into the design, implementation, operation, and evaluation of the CalOptima Health WCM program in collaboration with County CCS, Family Advisory Committee, and Health Network CCS Providers.		1) Meet quarterly to provide clinical and behavioral service advice regarding Whole Child Model operations 2023 Meeting Schedules WCM CAC Q1: February 21, 2023 WCM CAC Q2: May 16, 2023 WCM CAC Q3: August 15, 2023 WCM CAC Q4: November 14, 2023	1Q23 update (4/11 QIHEC) 2Q23 update (7/11 QIHEC) 3Q23 update (10/10 QIHEC) 4Q23 update (Jan 2024 QIHEC)	T.T. Nguyen, MD/Dr. Kim	1) WCM CAC met 5/16/23 - See meeting minutes for details. A copy of those meeting minutes were presented along with the WCM CAC report at the June 13, 2023 QIHEC.	1) Q3 meeting is scheduled for August 15, 2023. The Transition Workgroup will be added as a standing item to WCM CAC meeting for regular updates to the Committee.	
Program Oversight	Pediatric Risk Stratification Process (PRSP) monitoring		Discuss annually the Pediatric Risk Stratification algorithm with the CCS program	Aug-23	H. Kim	PRSP was presented at 5/16/23 WCM CAC and at the 5/25/23 UMC. Concluded with 47 ICD-10 diagnosis code sets for automatic high-risk and 8 ICD-10 diagnoses related to hearing and vision set for high-risk if claims/encounters within 12 months.	Update is scheduled to report to the August QIHEC. PRSP added as a standing item to WCM CAC meeting for annual updates to the Committee	

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Program Oversight	Managed Care Accountability Set (MCAS)	Achieve 50th percentile on all MCAS measures in 2021.	Share results to Quality Improvement Committee annually	end of 3Q 2023	Paul Jiang	HEDIS MY2022 results has been presented to QIHEC on 7/11. LSC didn't meet MPL.	Quality improvement team is working on the improvement plan.	
Program Oversight	Health Network Quality Rating	Achieve 4 or above	Will share HN performance on all P4V HEDIS Measures via prospective rates report each month	end of 4Q 2023	Sandeep Mittal	The Pay for Value (P4V) team generates a Prospective Rate (PR) report each month for all participating health networks and CalOptima Health to allow health networks monitor their progress on clinical HEDIS measures in the P4V program. Performance on each measure is compared to the overall CalOptima Health performance, as well as to the National Medicaid HEDIS benchmarks established by NCOA.	The overall health network quality rating (HNQR) is the weighted average of the network's HEDIS and CAHPS measure ratings, as well as accreditation bonus points and is calculated on a scale of 0-5 (5 being the highest). The final HNQR is usually complete after the final HEDIS and CAHPS results are available in the fourth quarter of the following year.	
Program Oversight	CalAIM	Improve Health & Access to care for enrolled members	1) Launch ECM Academy, a pilot program to bring on new ECM providers. 2) Increase CalOptima Health's capacity to provide community supports through continued expansion of provider network. 3) Continue to increase utilization of benefits. 4) Establish oversight strategy for the CalAIM program. 5) Implement Street Medicine Program 6) Select and fund HHP projects through Notice of Funding Opportunity. 7) Design and launch the Shelter Clinic Partnership Program (HCAP 2.0)	1) 1Q 2023 2) 4Q 2023 3) 4Q 2023 4) 3Q 2023 5) 1Q, 2Q 2023 6) 1Q 2023 7) 3Q 2023	Mia Arias	1) One cohort w/ 20 providers completed, second one with another 20 providers launched 7/1. 2) As of 8/01, we will have 66 providers of community supports. 3) There are 21,603 members receiving unique ECM and/or CS services as of 7/26. 4) We are waiting to onboard a CalAIM Medical Director before defining this process. 5) As of 06/30, Healthcare in Action has outreached to 176 individuals and had 85 active members. 6) We continue to monitor these grants projects. 7) The Notice of Funding Opportunity for this project will be released in Q4 with anticipated project start dates in Q1 of 2024.	Each of these projects will continue to be stewarded forward. No changes to the plan.	
Program Oversight	Health Equity	Increase member screening and access to resources that support the social determinants of health	1) Increase members screened for social needs 2) Implement a close-loop referral system with resources to meet members' social needs. 3) Implement an organizational health literacy (HL4E) project	1) 4Q 2023 2) 4Q 2023 3) 3Q 2023	Katie Balderas	1) Sources of data will include SDOH screening from AWW, HF/MET, Care Management System, and provider documentation. The only data point that has baseline for comparison is provider documentation as the other sources are newly collecting this information. 2) Pending direction on next steps. PHM worked with EPMD to do a market analysis of close-loop referrals options and co-developed a SOW 3.B) HL4E Certificate Program - Currently 149 sign-ups from 23 departments; 5 total have completed the program 3.B) HL4E Organizational Assessment - currently at 104 submissions; goal is set to 300+ completions	1) Identify how many providers have completed the SDOH screening as part of the AWW incentive program. Obtain DHCS approval to include SDOH screening question in HF/MET, establish uniform SDOH screening questions across all assessments built in to the Jiva Care Management platform, and develop regular cadence to monitor provider utilization of SDOH Z-Codes 2) Pending organization wide direction on acquisition of a close-loop referral system 3) Continue to promote completion of HL4E certificate program and promote submission of organizational assessment survey.	
Program Oversight	Improvement Projects Medi-Cal PIP(BH)	Meet and exceed goals set forth on all improvement projects	Non-Clinical PIP - FUM/FUA 1) Track real-time ED data for participating facilities on contracted vendor. 2) Establish reports for data sharing with Health Networks and/or established behavioral health provider to facilitate faster visibility of the ED visit. 3) Participate in educational events on provider responsibilities on related to follow-up visits. 4) Utilize CalOptima Health NAMI Field Based Mentor Grant to assist members connection to a follow-up after ED visit. 5) Implement new behavioral health virtual provider visit for increase access to follow-up appointments.	1. 2Q2023 2. 4Q2023 3. 3Q2023 4. 4Q2023 5. 4Q2023	Diane Ramos/ Natalie Zavala	Improve the percentage of members enrolled into care management, complex care management (CCM), or enhanced care management (ECM), within 14 days of a provider visit where the member was diagnosed with SMH/SUD.	1) Working with Caloptima Health Vendor to receive Real-Time ED data on a daily basis for CCN and COD members. 2) BHI is in the process of developing a Pilot project for CCN members identified who meet FUM/FUA criteria. BHI will conduct the outreach and provide information about case management including ECM and referrals. 3) Develop outreach and outcome data related to the percentage of members enrolled in CCM and ECM for CCN members identified who meet FUM/FUA criteria.	
Program Oversight	Improvement Projects OneCare CCIPs	Meet and exceed goals set forth on all improvement projects (See individual projects for individual goals)	Conduct quarterly/Annual oversight of specific goals for OneCare CCIP (Jan 2023 - Dec 2025): CCIP Study - Comprehensive Diabetes Monitoring and Management Measures: Diabetes Care Eye Exam Diabetes Care Kidney Disease Monitoring Diabetes Care Blood Sugar Controlled Medication Adherence for Diabetes Medications Statin Use in Persons with Diabetes	end of 2Q2023	Helen Syn	Baseline Data: PR Report May 2023 HbA1c <8 Total (HBD): MC: 26.76% OC: 36.3% HbA1c <9 Total (Poor Control) (HBD): MC: 68.09% OC: 57.71% Eye Exam for Patients with Diabetes (EED): MC: 33.89% OC: 44.93% Kidney Health Evaluation for Patients with Diabetes (KED): MC: 25.06% OC: 31.74% Statin Use in Persons with Diabetes (SUPD) OC only: 84.22% 1) Diabetes Member Mailers: MC Total sent: 34,773 members, OC Total sent: 3,547 2) SPD Statin mailers (bi annual): MC Total sent: 6,606 members, OC Total sent: 651 members. 3) Text Message Campaign A1C and Diabetes Eye Exam: MC: 10,163 members 4) VSP Eye Exam Reminder Letters: MC Total sent in Q2 2023: 978, OC Total sent in Q2 2023: 179 5) Member Incentive: A1C Test for MC Processed 47 approved 42 for OC Processed 2 approved 2 Eye Exam for MC Processed 89 approved 77 for OC Processed 1 approved 1 6) Member Newsletter: HBD, EED, BPD, SPD article Spring 2023	1) Track submitted diabetes member incentive forms 2) Continue Statin Mailer in Q3 2023 3) Obtain results from text message campaign 4) pending NR campaign 5) pending Live Call Outreach campaign 6) Obtain results from VSP Eye Exam Reminder Letters	
Program Oversight	Improvement Projects Medi-Cal PIP	Meet and exceed goals set forth on all improvement projects	Conduct quarterly/Annual oversight of MC PIPs (Jan 2023 - Dec 2025): 1) Clinical PIP - Health Disparity remediation for W30-6+ measure (Jan) Pending January Module Training January 2023 projected. Please note that the focus for the Clinical and Non-Clinical PIP topics is related to DHCS' '50 by 2025: Bold Goals Initiatives'. See links for more information on the Bold Goals Initiatives: https://www.dhcs.ca.gov/Documents/Budget-Highlights-Add-Docs/Equity-and-Practice-Transformation-Grants-May-Revise.pdf or https://www.dhcs.ca.gov/services/Documents/For-matted-Combined-COS-2-4-22.pdf	Quarterly Status update on modules as they are completed.	Helen Syn	1) Completed the identification of CalOptima Health's Black/African American W30-6+ population to complete the 2023-26 W30-6 Clinical PIP Topic Data Form. Submitted PIP Topic Data Form 4/11/23. HSAG approved 4/14/23. DHCS approved the W30-6 Measure Rate Among Black/African-American Population as CalOptima's 2023-26 Clinical PIP topic, 4/11/23. 2) Continue to conduct literature review and refine discovery phase to develop an intervention with a health equity lens. The improvement project will include a broader health plan level project, beyond the focus on Black/African-American population.	1) Develop W30-6 intervention plan based on literature review with a health equity lens. 2) Complete PIP Design: Complete Steps 1-6 of PIP Submission Form and submit by 9/28/23.	
Program Oversight	OneCare Performance measures	Achieve 4 or above	1) Implement Star Improvement Program 2) Track measures monthly 3) Implement OC Pay4Value	1. 1Q2023 2. 2Q2023 3. 3Q2023	Linda Lee	Preliminary prospective rates published for OneCare Star and Pay4Value measures. Rates will be tracked monthly throughout year.	1) Stars/CAHPS work groups underway - five work groups (provider, medical management, pharmacy, customer service, and member material development) began on 4/14/2023. Work groups will meet weekly and report bi-monthly to Steering Committee. 2) Stars dashboard- plan and Health Network level published beginning 4/7/2023. Dashboard updated and published monthly going forward. 3) OC Pay4Value program underway. Pay4Value score card updated and published monthly beginning 4/7/2023.	

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Program Oversight	Plan Performance Monitoring and Evaluation (PPME): HRA and ICP	3.2 ICP completion 90 days Benchmark 90% adjusted. 2.1 Initial HRA collected in 90 days from eligibility Benchmark: 95% adjusted.	1) Utilize newly developed monthly reporting to validate and oversee outreach and completion of both HRA and ICP per regulatory guidance. 2) Develop communication process with Networks for tracking outreach and completion to meet benchmarks.	1Q23 (5/9 QIHEC) 2Q23 (8/8 QIHEC) 3Q23 (1/11/4 QIHEC) 4Q23 (February 2024 QIHEC)	S. Hickman/M. Dankmyer/H. Kim	3.2 ICP completion 90 days Benchmark 90% adjusted. Q1/2023 DHCS reporting of members reached and willing and completed care plan is 31% and variables contributing: Large volume of OCC to OC transition members as seen in 11/2023 enrollment of 7686, February enrollment of 1028 members and; March enrollment of 866 members can be used for comparison. All members enrolled in Q1 2023 were referred for ICP development. For January through June 2023 Oversight process reflects 100% review of every ICP. There is backlog in review of these ICPs. As these ICPs are reviewed, Case Management would expect ICP completion rate to increase. DHCS has also sent guidance on 5/22/2023 of their awareness that ICP rates may appear to be depressed due to crosswalked HRA/ICPs from the report for the transition members. The oversight process changed on 7/1/2023 with sampling audit and Health Networks will move to a monthly tracking file report. The tracking file will be used for 2.1 and 3.2 Regulatory Reporting. Q2 2023 not yet submitted and we expect variables affecting to continue. 2.1 Initial HRA collected in 90 days from eligibility Benchmark: 95% adjusted. Q1 2023 DHCS reporting of members who were reached and willing to complete an assessment was 99% Q2 2023 not yet submitted we expect to be >95%	Q1 3.2 ICP completion 90 days Benchmark 90% adjusted. Q2 2.1 Initial HRA collected in 90 days from eligibility Benchmark: 95% adjusted. Core reports are not finalized and remain as "adhoc" in interim. Case management is using CC0258 to monitor HRA and ICP completion. Communications to Health Networks regarding ICPs that are coming due/overdue for return. With oversight restructure, data will pull from monthly tracking file versus PCC tracking script. Compliance aware of bundle review backlog and data to DHCS based on our current complete information. There is potential that Q1 may undergo revision and resubmission. Q2 data not available. Same approach will be used for Q2 as in Q1 with potential for revision and resubmission.	
Program Oversight	NCOA Accreditation	CalOptima Health must have full NCOA Health Plan Accreditation (HPA) and NCOA Health Equity Accreditation by no later than January 1, 2026.	1) Continue to Work with Business owners to collect all required documents for upcoming HP re-accreditation. (Must collect all Year one required documents by 2/2023. 2) Complete Gap Analysis for Health Equity Accreditation.	1) end of 1Q2023 2) end of 2Q2023	Veronica Gomez	1) Collected 98% of all HP accreditation documents due. Performed File review mock audits: File Review Mock Sessions w/Consultants - Credentialing w/SB-delegates (4/26/2023) - Credentialing w/Health Networks (5/3/2023) - Credentialing CCN (5/4/2023) - UM Medical Denials w/Health Networks (5/8/2023) - UM Medical Denials CCN (5/10/2023) - Appeals CCN (5/11/2023) 2) Developed Health Equity Timeline and currently performing GAP Analysis and next steps. Meeting with different departments in 3Q2023.	1) HP Accreditation: Dashboard with status updates and Year 2 documents docs due will be presented at the July 10th NCOA Committee meeting and August 8th QIHEC 2) Health Equity Accreditation: Will be scheduling meetings to review Health Equity standards and collect documents for initial consulting review. Consultant to give HE update the next steering committee.	
Program Oversight	Student Behavioral Health Incentive Program (SBHIP)	Achieve program implementation period deliverables	1) Implement SBHIP DHCS targeted interventions 2. bi-quarterly reporting to DHCS	1) 4Q2023 2) 4Q2023	Diane Ramos/ Natalie Zavala/Carmen Katsarov	1) SBHIP MOU completed and effective by June 13 for SBHIP Partners: Hazel Health, Western Youth Services, and CHOC 2) 4 Bi-quarterly reports completed by June 30 due date, resubmitted the SBHIP Transition Plan Part 1 with Kaiser contact. 3) Executive Director / Manager attended OCDE's SBHIP monthly meetings and workgroups. 4) SBHIP Funding Plan COGAR approved during May 4 BOO Meeting 5) SBHIP leadership team continues meetings with stakeholders to explore partnership opportunities.	1) Continue meeting with OCDE re 1/1/24 billing readiness (meetings to include SMEs from Claims, additional internal departments will be included in future meetings). 2) Prepare for SBHIP Implementation Update meeting scheduled July 18, this meeting is to provide program progress update to CalOptima Health business units that may be impacted to support the SBHIP implementation. 3) Coordinate with Contracting to begin developing Master Service Agreements for Western Youth Services and Hazel Health. 4) Finalize the OCDE SBHIP MOU. 5) Continue monthly meetings with all SBHIP partners.	
Quality of Clinical Care	CalOptima Health Comprehensive Cancer Screening Program	Increase capacity and access to cancer screening for breast, colorectal, cervical, and lung cancer.	1) Assess community infrastructure capacity for cancer screening and capabilities 2) Establish the Comprehensive Cancer Screening and Support Program Stakeholder Collaborative (in our Case I want to leverage OC3) 3) Develop comprehensive outreach campaign to outreach to members due for cancer screenings (mobile mammography, outbound calls, community health workers) 4) Integrate new community health worker benefit into cancer outreach and treatment services.	1) 1Q2023 2) 2Q2023 3) 3Q2023 4) 4Q2023	Katie Balders/ Barbara Kidder	1.A) Developed and launched a Mammography Capabilities and Processes Survey to assess contracted clinics and FQHC's capacity related to breast cancer screening o Survey released on July 10, 2023, to a total of 31 community health centers. As of July 24, 2023, 9 surveys were received. 1.B) Developed the Colorectal Cancer Screening Capabilities and Processes survey for Primary Care Providers and a separate survey for Gastro/Colorectal Specialist. o Surveys to be built into survey monkey in early August. 2) PHM Manager continues to attend the OC3 meetings 3.A) Working with Communications to develop a comprehensive members and communication campaign for members and providers 3) Working with communications to develop and launch a Cancer Screening landing page o Established an AdHoc workgroup to develop content for website o Developed proposals to share website vision and obtain approval from Comprehensive Community Cancer Screening and Support Core Team (Core Team). 4) Developed website mockups and met with Communications to confirm feasibility of adding a Cancer Screening and Support component to the CalOptima Health website. 4) Integration of new community workers pending organization wide contracting process	1.A. Survey results will be analyzed and presented to the Cancer Screening Core Group for intervention/pilot design considerations 1.B. Surveys to be built into survey monkey in early August Gastro/Colorectal Specialist survey may take a bit more time to get released given additional data coming to get a reliable list of providers 2. Continue to attend the OC3 meetings, provide update on the program and seek input on future developments 3.A. Communications to develop the Comprehensive Campaign plan for PHM to seek Board approval of funding allocation 3.B. Continue to work on website content development to launch the Cancer Screening landing page by end of Q4 4. Pending organization wide contracting, onboarding and implementation of CHWs.	
Quality of Clinical Care	STARs Measures Improvement	Achieve 4 or above	Review and identify STARS measures for focused improvement efforts. Measures include Special Needs Plan (SNP) Care Management, Comprehensive Diabetes Care (CDC) and Care for Older Adults (COA)	1) end of 4Q2023	Linda Lee	Q2 Update: CM has implemented process improvements to improve SNP Care Management measure including increasing HRA call attempts to 4 outreach calls. CDC and COA measures showing month over month increases.	Q3: Launch live call campaign to remind and assist members with PCP visits, provide education, and member incentive.	
Quality of Clinical Care	Follow-Up After Emergency Department Visit for Mental Illness (FUM)	HEDIS MY2023 Goal: MC 30-Day: 54.51%; 7-day: 31.97% OC (Medicaid only)	1) Track real-time ED data for participating facilities on contracted vendor. 2) Establish reports for data sharing with Health Networks and/or established behavioral health provider to facilitate faster visibility of the ED visit. 3) Participate in educational events on provider responsibilities on related to follow-up visits. 4) Utilize CalOptima Health NAMI Field Based Mentor Grant to assist members connection to a follow-up after ED visit. 5) Implement new behavioral health virtual provider visit for increase access to follow-up appointments.	1. 2Q2023 2. 4Q2023 3. 3Q2023 4. 4Q2023 5. 4Q2023	Diane Ramos/ Natalie Zavala	PR HEDIS Rates Q2 (MAY): 30 day- 26.81%, 7 day- 18.06% 1) The main barrier has been not having the bandwidth to outreach to members that we have been receiving on a daily basis. 2) Leadership is working on identifying a solution in collaboration with ITS and the Health Network relations to establish a secure method to share real time ED data with Health Networks. a) Several meetings have occurred between Health Network relations, ITS and BHI Leadership.	1) Working with CalOptima Health Vendor to receive Real-Time ED data on a daily basis. 2) Currently in the process of creating methods of disseminating data via sFTP with Health Networks on a daily basis. 3) Ticket has been submitted to ITS for assistance with establishing protocols to send and receive data through CalOptima Health sFTP site. 4) BHI is in the process of developing a Pilot project for CCN members identified who meet FUM criteria. 5) Explore with ITS options for notification of ED admits to assign PCP.	
Quality of Clinical Care	Blood Lead Screening DHCS APL	1) Comply with APL requirements including quarterly reports of members missing blood lead screening 2) Increase Rates of successfully screened members to #% 3) Put process in place to identify refusal of blood lead consent forms	- PBS television ad campaign that advises parents/guardians that a lead test is the only way to identify if a child has been exposed to lead. - Update Policy GG 1177 to include Health Network Attestation and conduct Health Network/Provider education - Add blood lead screening resources to Comprehensive Health website, Comprehensive Health Assessment Forms, CDPH anticipatory guidance handout. - Launch IVR campaign to members with untested children - Member mailing campaign to members - Lead testing campaign for members - Medi-Cal member newsletter article(s)	All activities will be complete by 3Q, 2023	Helen Syn	1) Quality Interventions: - Lead Screening Text Message Campaign, dropped 4/11/2023. Message campaign used a population approach to target members ages 10-35 months and are within the age of a catch up lead test. Live-Call Outreach (partnership with CalOptima Health's Bright Steps Program), went live on 4/19/2023. Well-child outreach calls at 6 month and 12 months of age include education on why children should test for lead and timing. This is in response to parent/guardian feedback at BTS events where parents/guardians have expressed lack of awareness on the importance of lead testing. - Member Medi-Cal Newsletter, dropped 5/5/23, sent to 593,671 members. Total reflects all threshold languages combined. Article "Testing Your Child for Lead: What You Need to Know," Additional newsletter slated for Q3, 2023. - Pediatric Mailing, Mailing included Health Guide 0-2 Years Newsletter, Well-Child Visits Flyer and Blood Lead Screening Flyer, mailing dropped 5/22/23 to 30,249 members. - PBS TV Ad Campaign, ran in May and June 2023. Campaign advises parents/guardians that a lead test is the only way to identify lead exposure. Total Impressions: May = 20,971; Jun = 18,335. - Digital Ads, ran June 2023 in various outlets targeting English, Spanish, and Vietnamese languages. Total impressions: 209,180. - Developed script for radio ad, slated for Q4, 2023. 2) May 2023 Prospective Rates: 58.85%; Prospective rates are trending higher than May of last year. 3) Preliminary Root Cause Analysis of provider barriers to testing identified through medical record review of MY2022 LSC HEDIS measure and preliminary conversations with high volume health networks. 4) Provider Focused Interventions: Blood Lead Testing Best Practices Guide for Providers: In development, slated for Q3 2023. Blood Lead Outreach Report: New report as of June 2023. Report identifies child members that will be due for lead testing at 12 and 24 months of age within 1-3 months of the report date. Shared monthly with Health Networks. Ship Q2 Blood Lead Performance report on July 13 in accordance with APL 23-016. Report contains members that have not tested for lead, CCN Virtual Meeting on June 14 to present on requirements, current rates, preliminary root causes related to lead testing and recommended solutions. CE/CME for Blood Lead: Coordinating CE with Childhood Lead Poisoning Prevention Branch and CE team, slated for Q3 2023.	1) Continue targeted member engagement and outreach campaigns in coordination with health network partners. 2) Finalize root cause analysis with high volume Health Networks by Q3 to identify the barriers for testing children for lead. 3) Continue with provider focused interventions.	

2023 Q1 Work Plan 2Q

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Quality of Clinical Care	Prenatal and Postpartum Care Services (PPC): Timeliness of Prenatal Care and Postpartum Care (PHM Strategy).	HEDIS MY2023 Goal: Postpartum: 84.18% Prenatal: 91.89%	1) Track member health reward impact on HEDIS rates for cancer screening measures. 2) Strategic Quality Initiatives Intervention Plan - Multi-modal, omni-channel targeted member, provider and health network engagement and collaborative efforts. 3) Continue expansion of Bright steps comprehensive maternal health program through outreach partnerships, provider/ health network partnerships, and member engagement. Examples: WIC Coordination, Diaper Bank Events 4) Implement Collaborative Member Engagement Event with OC CAP Diaper Bank and other community-based partners 5) Expand member engagement through direct services such as the Doula benefit and educational classes	1) Annual Evaluation 2) Per quality initiatives calendar - ongoing updates 3) Ongoing updates 4) Q2023 5) 3Q2023	Ann Mind/ Helen Syn	1) Member Interventions - Postpartum Care Incentive: 303 incentives processed through Q3 (cumulative). - Implemented First Baby Shower Event for CalOptima members on June 2 with 100 attendees. Partnered with numerous community organizations to provide pregnant or members who recently delivered received resources addressing SDOH needs. - SSA Newborn Eligibility Flyer; inclusion of information on keeping eligibility for newborn in Bright Steps Program packet and member informing article in the Spring Medical Newsletter. - Bright Steps Program: 862 new pregnancy notification reports received for member outreach, 2,449 Bright Steps assessments completed. Each assessment provides outreach at different trimesters: 2,212 2) Community partnerships with various organizations such as OC Health Care, Her Story Inc, independent doulas, First 5. Goal is to enhance our Medi-Cal services to pregnant members (e.g. connecting members to doula services) in order for BSP program to address member needs in a holistic way vs only 3) Early identification of members who delivered. Began conversations with PointClickCare, a vendor that provides CalOptima Health with hospital data on deliveries. Have assessed data available. 4) Media Campaigns (prenatal care) - Digital Ads, ran June 2023 in various outlets targeting English, Spanish, and Vietnamese languages. Total impressions: 209,180. 5) Provider Press Newsletter to promote Medi-Cal enrollment of newborns. 6) May 2023 Prospective Rates: - Timeliness of Prenatal Care: 45.94%, performing lower than this same time last year. - Postpartum Care: 65.07, performing higher than this same time last year.	1) Continue targeted member engagement and outreach campaigns in coordination with health network partners. 2) Operationalize the available delivery data to support targeted member outreach for postpartum and well-child.	
Quality of Clinical Care	COVID-19 Vaccination and Communication Strategy	Vaccine rate of 70% or more of CalOptima members (18 and over).	1) Communication Strategy of COVID vaccination incentive program through December 31, 2023, end date, focusing on unvaccinated, and missed booster opportunities. 2) Continue COVID Vaccination member health reward fulfillment process for all eligible age groups for boosters	1) end of 1Q2023 2) end of 4Q2023	Helen Syn	1. Internal communication to member-facing staff of program end date 2. Worked with internal stakeholders to update the system flow and logic to incorporate CDC's simplified vaccination recommendations 3. Reached 70.1% vaccination rate for CalOptima members (18 and older)	Texting campaign to address new eligibility guidelines and end date of the program. Update COVID-19 Vaccine Incentive Program (VIP) website to reflect new guidelines. COVID-19 VIP processing continues as we begin planning for the official end date of the program on 12/31/2023.	
Quality of Clinical Care	Metabolic Monitoring for Children and Adolescents on Antipsychotics (APM)- NEW	HEDIS MY2023 Goals: Blood Glucose-All Ages: 54.36% Cholesterol-All Ages: 36.17% Glucose and Cholesterol Combined-All Ages: 34.30%	1) Identify members in need of metabolic monitoring through internal data reports. 2) Conduct outreach to prescribing provider and/or primary care physician (PCP) to remind of best practice and provide list of members still in need of screening 3) Remind prescribing providers to contact members' primary care physician (PCP) with lab results by providing name and contact information to promote coordination of care. 4) Member outreach via Text Messaging Campaigns.	2Q2023 update(7/11)	Diane Ramos/ Natalie Zavala	PR HEDIS RATES Q2 (MAY): Blood Glucose all ages: 35.01%, Cholesterol all ages: 20.54%, Glucose & Cholesterol Combined all ages: 19.37% 1) Working with IT/SBHI Data Analyst to identify report specs a) Meetings have been scheduled. 2) Drafted the following materials: a) Text Messaging script b) Drafted APM Provider Tip Sheet. c) Drafted Provider Best Practices Letter. d) Drafted Provider Fax Status Letter. 3) Collaboration meeting with BH Medical Director to explore and develop standing lab order for children and adolescents working prescribing providers/PCPs	1) Submit Text Messaging draft for internal review process. 2) Submit Provider Tip sheet for internal review process. 3) Submit Provider Best Practices Letter for internal review process. 4) Submit Provider Fax Blast Letter for internal review.	
Quality of Clinical Care	Cancer Screenings: Cervical Cancer Screening (CCS), Colorectal Cancer Screening (COL), Breast Cancer Screening (BCS)	MY 2023 Goals: CCS: MC 82.53% BCS: MC 61.27% OC 70% COL: OC 71%	1) Track member health reward impact on HEDIS rates for cancer screening measures. 2) Strategic Quality Initiatives Intervention Plan - Multi-modal, omni-channel targeted member, provider and health network engagement and collaborative efforts.	1) Quarterly Updates 2) Per Quality Initiatives Calendar - ongoing updates	Helen Syn	1) 2023 Member Health Rewards processed as of 6/30/2023: CCS: Processed 646 approved 545 for MC; BCS: Processed 202 approved 167 for MC Processed 12 approved 10 for OC; COL: Processed 10 approved 10 for OC 2) Member, Community and Provider Engagement Mailing: CCS MC: 97,860 BCS MC: 28,975 OC: 2,279 COL OC: 33,172 IVR: COL OC: 3,157 Texting: BCS Social Media (Passive): BCS, CCS Social Media (Paid): COL Digital Ad: COL Radio: CCS Community Connections: BCS, CCS, COL Member Newsletter: BCS, CCS, COL 3) 2023 May Prospective Rates (PR): Cervical Cancer Screening MC: 44.59% Breast Cancer Screening MC: 40.95% OC: 51.74% Colorectal Cancer Screening OC: 49.69%	1) Continue to track BCS, CCS and COL member health reward. 2) Member, Community and Provider Engagement Mailing: CCS Mailing Schedule April. COL Mailing Schedule May BCS Mailing Schedule June IVR: COL scheduled May BCS Scheduled June Texting: BCS Schedule April Social Media (Passive): Social Media (Paid): BCS, CCS, COL Q3 Digital Ad: BCS, CCS Q3 Print Ad: COL Q3 Radio Ad: CCS, COL Q3 Member Newsletter: BCS COL OC Fall 2023, CCS, BCS, COL MC Fall 2023 Community Connections: BCS Q4 Provider Press: Cancer Screening for July Provider Updates.	
Quality of Clinical Care	Improve HEDIS measures related to Eye Exam for Patients with Diabetes (EED)	MY2023 HEDIS Goals: MC 63.75% OC: 79%;	1) Strategic Quality Initiatives Intervention Plan - Multi-modal, omni-channel targeted member, provider and health network engagement and collaborative efforts. 2) Quality Incentives impact on quality measures 3) VSP Collaborative gaps in care bridging efforts.	1) Per Quality Initiatives Calendar - ongoing updates 2) Annual Evaluation 3) End of Q2 2023	Helen Syn	1) Member Incentive: MC A1C Test: 19 approved, 2 denials. 2) Member Engagement Diabetes Member Mailers: MC Total sent: 34,773 members, OC Total sent: 3,547 Text: MC: 10,136 Radio: Diabetes April Community Connections: April Newsletter: MC and OC member newsletters 3) PR Report May 2023 HbA1c <8 Total (HBD): MC: 26.76% OC: 36.3% HbA1c <9 Total (Poor Control) (HBD): MC: 68.09% OC: 57.71%	1) Continue to track A1c member health reward. 2) Member, Community and Provider Engagement IVR: Q4 2023 Social Media (Passive): Q4 Social Media (Paid): Q4 Radio Ad: Q4 Print Ad: Q4 Digital Ad: Q4	
Quality of Clinical Care	Improve HEDIS measures related to HbA1c Control for Patients with Diabetes (HBD): HbA1c Poor Control (this measure evaluates % of members with poor A1C control-lower rate is better)	MY2023 Goals: MC: 30.5% OC: 17%	1) Strategic Quality Initiatives Intervention Plan - Multi-modal, omni-channel targeted member, provider and health network engagement and collaborative efforts. 2) Quality Incentives impact on quality measures	1) Per Quality Initiatives Calendar - ongoing updates 2) Annual Evaluation	Helen Syn	1) 2023 Member Health Rewards processed as of 6/30/23: Member Incentive: MC Eye Exam: 89 Process 77 approved OC Eye Exam: 1 Processed 1 approved. 2) Member Engagement Diabetes Member Mailers: MC Total sent: 34,773 members, OC Total sent: 3,547 Text: MC: 10,136 Radio: Diabetes April Community Connections: April Newsletter: May 3) VSP Eye Exam Reminder Letters: MC Total sent in Q2 2023: 978, OC Total sent in Q2 2023: 179 4) PR Report May 2023 Eye Exam for Patients with Diabetes (EED): MC: 33.89% OC: 44.93%	1) Continue to track Eye Exam member health reward. 2) Member, Community and Provider Engagement IVR: Q4 2023 Social Media (Passive): Q4 Social Media (Paid): Q4 Radio Ad: Q4 Print Ad: Q4 Digital Ad: Q4 3) Continue track VSP mailing	
Quality of Clinical Care	MCAS Performance Measures - Improvement Plan: Plan, Do, Study, Acts - PSDAS	Meet and exceed MPL for DHCS MCAS Corrective Action	Conduct quarterly/Annual oversight of MCAS Performance Improvement Plan PSDA: Well-Child Visits in the First 30 Months (W30-2+) - To increase the number of Medi-Cal members 15-30 months of age who complete their recommended well-child visits.	Quarterly Status update on modules as they are completed.	Helen Syn	Well-Child Visits in the First 30 Months (W30-2+) PSDA 1) Cycle 2: 3/27/23 - 7/28/23. Cycle 2 intervention included in-house telephonic call campaign and a birthday card mailer. SMART Aim Goal: By June 30, 2023, successfully outreach to 50% of members on outreach list (n=462) who are: Ages: 12 - 30 months old, Eligible CalOptima Health Medi-Cal member, Identify their ethnicity as: Guamanian, Laotian, Alaskan Native or American Indian, Samoan, Japanese, Black, Native Hawaiian, Asian or Pacific Islander, Asian Indian, or Amerasian. Intervention Implementation Period: 5/22/23 - 6/30/2023. Telephonic call campaign completed by 1 staff member, in-house. Outcomes: There was a total of 624 call attempts made for the 454 members on the target list (removed members who were not eligible). Of the members outreach, only 171 members were successfully outreach, which yields a call success rate of 37.67%. Unfortunately, the SMART Aim Goal of successfully outreach to 50% of the members on the outreach list was not met by -12.33%. Cycle 2 Worksheet is due to DHCS: 7/28/23.	Well-Child Visits in the First 30 Months (W30-2+) PSDA 1) Proceed with Cycle 3: 7/11/23 - 11/30/23. Cycle 3 intervention will include in-house telephonic call campaign and a birthday card mailer.	

2023 QI Work Plan 2Q

Evaluation Category	2023 QI Work Plan Element Description	Goals	Planned Activities	Target Date(s) for Completion (i.e. 2Q 2023) for each activity	Responsible Business owner	Results/Metrics: Assessments, Findings, and Monitoring of Previous Issues <i>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)</i>	Next Steps Interventions / Follow-up Actions <i>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.)</i>	Red - At Risk Yellow - Concern Green - On Target
Quality of Clinical Care	Pediatric Well-Care Visits and Immunizations - Includes measures such as W30 and IMA, Child and Adolescent Well-Care Visits and Immunizations - Includes measures such as WCV and IMA	HEDIS MY2023 Goal CIS-Combo 10: 49.76% IMA-Combo 2: 48.42% W30-First 15 Months: 55.72% W30-15 to 30 Months: 69.84% WCV (Total): 57.44%	1) Targeted member engagement and outreach campaigns in coordination with health network partners. 2) Strategic Quality Initiatives Intervention Plan - Multi-modal, omni-channel targeted member, provider and health network engagement and collaborative efforts. Examples: EPSTD DHCS promotional campaign; Back-to-School Immunization Clinics with Community Relations; expansion of Bright steps comprehensive maternal health program through 1 year postpartum to include infant health, well-child visits, and immunization education and support 3) Early Identification and Data Gap Bridging Remediation for early intervention.	1) 3Q2023 2) Per quality initiatives calendar - ongoing updates 3) End of Q22023	Helen Syn	1) Targeted member engagement and outreach campaigns in coordination with health network partners. Met with Health Networks to share Quality Initiatives Activities Calendar for CY2023 and Presented W30 Findings and Strategic Plan at CCN Virtual Meeting on 6/14/23. 2) Strategic Quality Initiatives Intervention Plan - Multi-modal, omni-channel targeted member, provider and health network engagement and collaborative efforts. This includes targeted ad campaigns on digital newspaper platforms, PBS television, and social media available to the public. Targeted efforts are as follows. Text/IVR Campaigns: IVR scripts 1) W30: 0-14 months, 2) W30: 15-30 months, 3) WCV 3-17 years, and 4) WCV 18-21 Years scripts and recordings are complete and available; Well-Child Visits 0-30 Months Text Message Campaign, dropped 5/11/23 to 8,716 members; Well-Child Visits 0-14 Months IVR dropped 6/1/23 to 3,998 members; Well-Child Visits 15-30 Months IVR dropped 6/13/23 to 3,938 members; Well-Care Visits 3-17 Years Text Message Campaign, dropped 6/27/23 to 87,923 members. Live-Call Outreach: Bright Steps Program Well-Child Outreach Calls to include a 6 months old and 12 months old follow-up went live 4/19/23. Mailings: Pediatric mailings included well-child visits flyer, Health Guide 0-2 Years Newsletter with Blood Lead Screening, dropped 5/22/23 to 30,249 members; Health Guide 3-6 Years Newsletter, slated for Q2, mail dropped 6/10/23 to 46,264 members; Health Guide 7-12 Years Newsletter, slated for Q2, mail dropped 6/10/23 to 66,737 members; Health Guide 13-17 Years Newsletter, mail dropped 6/10/23 to 71,409 members; Health Guide 18-21 Years Newsletter, slated for Q2, mail dropped 5/30/23 to 58,187 members. Ongoing Mailing: First Birthday Card, mailing completed for April-June Birthdays = 2,588 members. Will continue on a monthly basis for July - Dec 2023; Second Birthday Card, mailing completed for April-June Birthdays = 2,789 members. Will continue on a monthly basis for July - Dec 2023. 3) Early Identification and Data Gap Bridging Remediation for early intervention W30 Data Strategies Workgroup: Improved HN monthly Gap Reports to include more measures and details; Developing W30 Gap Report for HNs. First report slated to go out in July. Plans to present W30 Findings and Strategies at various forums and meetings. 4) May 2023 Prospective Rates. Change in methodology to remove continuous enrollment criteria* CIS-Combo 10: 27.12%, performing lower than last year (28.66%), have not met MPL (34.79%), IMA-Combo 2: 38.16%, performing lower than last year (40.52%), met MPL (35.04%); W30-First 15 Months: 22.13%, performing lower than last year (21.34%), have not met MPL (55.72%); W30-15 to 30 Months: 58.01%, performing lower than last year (60.80%), have not met MPL (65.83%); WCV (Total): 14.67%, performing lower than last year (15.98%), have not met MPL(48.93%)	1) Continue targeted member engagement and outreach campaigns in coordination with health network partners. 2) Continue with Strategic Quality Initiatives Intervention Plan. 3) Continue efforts for early Identification and Data Gap Bridging Remediation for early intervention. This includes working with health networks to establish supplemental data submission process.	
Quality of Clinical Care	Diabetes Screening for People with Schizophrenia or Bipolar Disorder (SSD) (Medicaid only)	HEDIS 2023 Goal: MC 77.48% OC (Medicaid only)	1) Identify members through internal data reports in need of diabetes screening test. 2) Conduct outreach to prescribing provider and/or primary care physician (PCP) to remind of best practice and provide list of members still in need of screening. 3) Remind prescribing providers to contact members' primary care physician (PCP) with lab results by providing name and contact information to promote coordination of care.	1. 2Q2023 2. 3Q2023 3. 2Q2023	Diane Ramos/ Natalie Zavala	PR HEDIS Rates Q2 (May): MC:50.14% OC: N/A 1) Identified members prescribed antipsychotic medication still in need of diabetes screening test through Tableau Report. 2) Conducted telephonic outreach to prescribing providers, then sent fax to include: a) List of members in need of diabetes screening. b) Best practice guidelines reminder. c) Members' primary care physician (PCP) name and contact information (to promote coordination of care by requesting prescribers to contact the PCP with lab results). 3) Barriers included: Receiving timely data, obtaining the correct contact information for the prescribing providers such as phone numbers, fax numbers, and providers no longer practicing. Other difficulties we have come to know is that some members with this diagnosis do not see their PCP regularly.	1) 3rd Quarter Report will be pulled in July. 2) Continue tracking members in need of diabetes screening test. 3) Continue outreach to prescribing providers	
Quality of Clinical Care	Implement multi-disciplinary approach to improving diabetes care for CHCN Latino Members Pilot	1) Lower HbA1c to avoid complications (baseline: A1c ≥ 8%, varies by individual); 2) Improve member and provider satisfaction	Final Pilot Program Design: 1) CalOptima Health Pharmacist Involvement and Intervention 2) CalOptima Health CHW Involvement and Intervention (for the purpose of the prototype study, the workgroup will leverage Population Health Management department's Health Educators as CHW proxies) 3) PCP Engagement Planned Activities: Finalize member stratification Outreach to high volume PCPs Launch the pilot program	Finalize member stratification - end of Jan 2023 Outreach to high volume PCPs - end of Q1 Launch the pilot program - end of Q1	Joanne Ku	Progress/Accomplishments: 1. Presented the pilot program at the CalOptima Health Community Network (CHCN) Virtual Learn on 6/13/23 2. Received one application from Family Health Matters; Planned Parenthood also expressed interest but has not submitted an application. 3. Met with Family Health Matters on 6/28/23 and obtained their buy in; they already have a clinical pharmacist in the clinic so we need to further discuss it what capacity we can help without duplicating any efforts. Family Health Matters expressed that their members will benefit from our Health Education resources. Challenge: Lack of provider interest or participation	1. With PR's help, this pilot program will be featured in the July provider update. 2. Meeting scheduled with Family Health Matters' Clinical Pharmacist on 7/13/23 to discuss each other's roles. 3. Goal is to start the pilot with Family Health Matters' CHCN members in the fall 2023. 4. Brainstorm other ways to promote this pilot opportunity.	
Quality of Clinical Care	Follow-Up After Emergency Department Visit for Alcohol and Other Drug Abuse or Dependence (FUA)	MY2023 Goals: MC: 30-days: 21.24%; 7 days: 8.93%	1) Track real-time ED data for participating facilities on contracted vendor. 2) Establish reports for data sharing with Health Networks and/or established behavioral health provider to facilitate faster visibility of the ED visit. 3) Participate in educational events on provider responsibilities on related to follow-up visits. 4) Utilize CalOptima Health NAMI Field Based Mentor Grant to assist members connection to a follow-up after ED visit. 5) Implement new behavioral health virtual provider visit for increase access to follow-up appointments.	1. 2Q2023 2. 4Q2023 3. 3Q2023 4. 4Q2023 5. 4Q2023	Diane Ramos/ Natalie Zavala	PR HEDIS Rates Q2 (May): 30-day: 19.00%, 7 Day Total- 10.06% 1) The main barrier has been not having the bandwidth to outreach to members that we have been receiving on a daily basis. 2) Leadership is working on identifying a solution in collaboration with ITS and the Health Network relations to establish a secure method to share real time ED data with Health Networks. 4) Several meetings have occurred between Health Network relations, ITS and BHI Leadership.	1) Working with Caloptima Health Vendor to receive Real-Time ED data on a daily basis. 2) Currently in the process of creating methods of disseminating data via sFTP with Health Networks on a daily basis. 3) Ticket has been submitted to ITS for assistance with establishing protocols to send and receive data through CalOptima Health sFTP site. 4) BHI is in the process of developing a Pilot project for CCN members identified who meet FUA criteria. 5) Explore with ITS options for notification of ED admits to assign PCP.	
Quality of Clinical Care	Follow-up Care for Children with Prescribed ADHD Medication (ADC): Continuation Phase. Increase chances to meet or exceed HEDIS goals through effective interventions that are aligned with current practice and technological options.	HEDIS MY2023 Goal: MC - Init Phase - 42.77% MC -Cont Phase - 51.78%	1) Continue the non-compliant providers letter activity. 2) Participate in educational events on provider responsibilities on related to follow-up visits. 3) Continue member outreach (through multiple modalities telephonic, newsletter, mobile device) to improve appointment follow up adherence.	1. 2Q2023 2. 4Q2023 3. 3Q2023	Diane Ramos/ Natalie Zavala	PR HEDIS Rates Q2 (May): Initiation Phase- 47.43%, Continuation and Maintenance Phase- 52.06% 1) Continued member telephonic outreach for members that filled initial ADHD Rx. 2) Article for Treatment of Children with ADHD to educate members on ADHD has been included in the Medi-Cal Member Newsletter Spring 2023 edition. 3) Pulled report and identified the non-compliant providers. 4) Updated Provider best practices letter to include current medical director's signature.	1) Continue member outreach for those who filled an initial ADHD prescription. 2) Initiate fax for Provider best practices letter and tip sheet to non-compliant providers.	
Quality of Clinical Care	Reporting of Communicable Diseases	Improve provider reporting of communicable disease	1) Educate provider on the requirements and process to report communicable disease	1. 2Q2023 2. 4Q2023 3. 3Q2023	Marsha Choo	1) Updated Policy GG.1630 to include language from the 2024 DHCS Contract.	1) Include requirements and process in the provider manual	
Quality of Service	Increase primary care utilization	Increase rates of Initial Health Appointments for new members, annual wellness visits for all members.	1) Increased Health Network/Provider education and oversight 2) Enhanced member outreach (IVR, digital engagement)	1) 10/2023 2) 2Q2023	Katie Balderas	1) Presented at 9 Health Network Joint Operations Meetings, held Continuing Medical Education (CME) event on IHA completion. Developing Chart Review process to validate IHA completion. 2) Launched IVR Campaign for new members in May 2023, conducting outreach to approximately 9,000 new Medi-Cal members per month.	1) Pilot IHA Chart Review Process. Refine process and distribute chart review tool to Health Networks and providers. 2) Monitor outcomes of IVR Campaign. Explore additional methods for digital outreach.	
Quality of Service	Improve Member Experience/CAHPS	Increase CAHPS to meet goal	1) Issue an RFI to obtain information on CAHPS improvement vendors and strategies, contract and launch program 2) Member outreach to all OneCare members 3) Track measures for monitoring individual provider performance (ie. number of grievances, number of CAPs issued) and take action based on committee action	by end of 3Q, 2023	Mike Wilson	1) RFP was launched for CAHPS Improvement March 2023 with vendor selection occurring May 2023. 2) Working to develop member material to educate members on such things as pharmacy benefits, etc.	1) Vendor is currently reviewing the contract with goal to execute contract in August. 2) Will continue to monitor and track data on member satisfaction data through various Member Experience workgroup and committees.	
Quality of Service	STARs Measures Improvement	Achieve 4 or above	Review and identify STARs measures for focused improvement efforts, CAHPS Composites, and overall ratings; TTY Foreign language interpreter and Members Choosing to Leave Plan	1) by end of 4Q2023	Linda Lee	Q2 Update: CAHPS improvement work teams have implemented short term interventions to improve CAHPS composites, preliminary TTY and disenrollment rates demonstrate improvement.	CAHPS improvement work teams developing mid and long term interventions and goals; Director Medicare Stars/Quality Initiatives presenting best practices.	

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Quality of Service	Provider Data Improvement	Improve Provider Data in Facets	1) Develop and implement a process to utilize Lexis Nexis data correct provider data errors 3)Establish process for ongoing review and maintenance of data	by end of 4Q, 2023	Debra Gonzalez	07/25/23: Task assigned.	Follow up actions: 1) Create new CORE report for auditing of the Facets data. 2) Work with the Lexis Nexis team to automate update into Facets.	Green
Quality of Service	Improve Network Adequacy: Reducing gaps in provider network	Reduce OON requests by 25%	1) Actively recruit top 3 out-of-network (OON) specialties as shown on QMRT 2) LOA project to outreach and recruit providers that are currently receiving letters of agreements.	by end of 4Q, 2023	Adriana Ramos	Progress: Initiated a plan to outreach and recruit providers currently listed in our system using letters of agreements to have them enter in full contract. Progress is slower than expected as provider data is not current and requires multiple outreach/persons for decision making.	Continue as planned for outreach and recruitment activities using LOA provider list.	Green
Quality of Service	Improve Timely Access: Appointment Availability	Improve Timely Access compliance with Appointment Wait Times to meet 80% MPL	1) Provider incentive to meet timely access standards 2) Provider incentive for extending office hours	by end of 2Q, 2023	Mike Wilson	Timely Access scope of work currently being drafted for 2023 survey and will include a 2-month extension to contract to end 12/31/23. Updating business requirements and working with PDMS to pull 2023 universe. Working with vendor to update compliance calculations so they are in alignment with CMS changes for PC and BH providers. This also caused a delay with the release of 2022 reports, as more time was required from the vendor to make modifications and QC the reports. Prep for In-Office Wait Time Survey to be fielded in Q3. Pull universe and identify support staff to make outreach calls to members to validate time spent in provider office before seeing provider.	Finalize 2023 Timely Access Scope in July/August and fielding to begin in Sept. Start RFP for 2024 and include In-Office Wait Time survey. QC and finalize 2022 Timely Access Reports Field In-office Wait Time survey Q3	Green
Quality of Service	Provider Data Improvement	Improve HN Provider data	1) Develop and implement process for auditing HN Directory data to meet SB 137 requirements 2) Create score cards for HN directory data accuracy 3) Establish process for auditing provider directory attestations	by end of 4Q, 2023	Silvia Peralta	1. Working in collaboration with Analytics Sr. Manager in creating a process to merge HNs Provider Directory Universe files and compare data discrepancies to meet SB137 requirements. 2. Working with HNR dept to communicate to HNs of the provider directory validation frequency change from Quarterly to Semi-annual and Annual attestation submission 3. Finalizing scorecard and submit to HNs with findings	1. Prepare and submit 3rd quarter directory universe validations to HNs and audit data responses. 2. Tabulate HN score by area to determine Met/Not Met Feedback to HN (meeting/email) Scorecard and audit data. 3. For the Annual Provider Attestation Validation, CalOptima's Audit department will distribute selections by email to designated CCN/HN staff by January 5th of each calendar year	Yellow
Quality of Service	Improving Access: Subcontracted Network Certification	Comply with Subdelegate Network Certification requirements	1) Submit SNC to DHCS 2) Develop a process for remediating and Capping efforts 3) Communicate results and remediation process to HN 4) Monitor for improvement	by end of 4Q, 2023	Quynh Nguyen/Mike Wilson	1. SNC Submitted to DHCS 2. Health Networks with deficiencies have been identified 3. Team in process of documenting process for monitoring	1. Discussion are in place to determine remediation efforts needed 2. Develop an SOP 3. Present Program and roll out plan to internal leadership/dept 4. Roll out to HNs 5. Monitor HN efforts 6. Assess results for escalation	Yellow
Safety of Clinical Care	Plan-All-Cause-Readmissions (PCR)-Transitional Care Services (TCS)	UM/CMLTC to collaborate and set goals on improving care coordination after discharge. For example, including but not limited to improving PCP follow up post discharge rate by 46% each quarter (focus on getting discharge plans w/ PCP appt from hospitals)	<u>Planned Activities:</u> 1) Set up a Transition of Care workgroup among UM, CM and LTC to discuss ways to increase post hospitalization visits with PCP and address barriers. 2) Update the UTC letter for members that UM/CM are unable to reach post discharge.	Setting up the workgroup - end of 1Q 2023 Updating the UTC letter - end of 2Q 2023	Stacie Oakley Hannah Kim Scott Robinson	1) Decided to discuss the plan all-cause readmissions (PCR) measure in the existing TCS workgroup in lieu of creating a separate workgroup. MET 2) Updated the UTC letter (specific TCS language that contains the NOOA requirement). MET	1) Collaborate and finalize the post discharge assessment tool to improve follow-up with members post-discharge to mitigate readmission. 2) Identify if we have an existing report for PCR measure or HEDIS data (baseline for PCR). 3) Enhance bed day goals to include readmissions. UM is working to remove LTAC and admin days from the calculation so we can re-run 2022 bed days. 4) Update the DTPs (CMLTC) to finalize processes for post-discharge follow-ups with high-risk PHM members, in order to decrease risk of readmission.	Green
Safety of Clinical Care	Emergency Department Diversion Pilot	Pilot has been implemented. In 2023 plan to expand the program to additional hospital partners.	1. Promoting communication and member access across all CalOptima Networks 2. Increase CalAIM Community Supports Referrals 3. Increase PCP follow-up visit within 30 days of an ED visit 4. Decrease inappropriate ED Utilization	by end of 4Q, 2023	Scott Robinson	Progress: Initiated a plan to implement a virtual communication process between UCI ED and CalOptima Health UMLTSS utilizing TEAMS. The project has not proceeded as expected due to PHI security processes that needed to be resolved. The security processes have now been resolved and we are in process of establishing the Teams channel with UCI. Next steps: UCI/CalOptima IT and clinical teams to finalize set-up, communication process and DTP. Goal is to go live by 9/1/2023.	Next steps: The UCI/CalOptima ITS and clinical teams to finalize connection, communication process, DTP and training. Goal: Go live on 9/1/2023.	Green

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Program Oversight	2023 Quality Improvement Annual Oversight of Program and Work Plan	Obtain Board Approval of 2023 Program and Workplan	Quality Program and QI Work Plan will be adopted on an annual basis; QI Program Description-QIHEC-BOD; QI Work Plan-QIHEC-QAC	Annual Adoption by April 2023	Marsha Choo	Approved: QIHEC 2/14/2023, QAC 3/8/2023, BOD 4/6/2023		
Program Oversight	2022 Quality Improvement Program Evaluation	Complete Evaluation 2022 QI Program	QI Program and QI Work Plan will be evaluated for effectiveness on an annual basis	Annual Adoption by January 2023	Marsha Choo	Approved: QIHEC 2/15/2022, QAC 3/8/2023, BOD 4/6/2023		
Program Oversight	2023 Utilization Management and Case Management Program	Obtain Board Approval of 2023 UM Program	UM Program will be adopted on an annual basis.	Annual Adoption by April 2023	Kelly Giardina	Approved: UMC Committee via eVote on 4/7/2023, QIHEC 4/11/2023, BOD 8/3/2023		
Program Oversight	2022 Utilization Management Program Evaluation	Complete Evaluation of 2022 UM Program	UM Program will be evaluated for effectiveness on an annual basis.	Annual Adoption by April 2023	Kelly Giardina	Approved: UMC Committee via eVote on 4/7/2023, QIHEC 4/11/2023, BOD 8/3/2023		
Program Oversight	Cultural and Linguistic Services Program and Work Plan	Obtain Board Approval of 2023 Program and Workplan	Cultural and Linguistic Services Program and Cultural and Linguistic Work Plan will be evaluated for effectiveness on an annual basis	Annual Adoption by April 2023	Carlos Soto	Approved: QIHEC 4/11/2023		
Program Oversight	Population Health Management Strategy	Implement PHM strategy	Review and adopt on an annual basis.	Annual Review and Adoption Feb 2023	Katie Balderas	Revised PHM Strategy to prepare for submission to DHCS, due 10/31. Held initial meeting with OC Health Care Agency (HCA) on 9/11 to discuss new PHM Requirements to include shared SMART objective. HCA and CalOptima teams agreed on blood lead screening objective. Have not been able to schedule further discussions with HCA despite multiple follow ups.	Continuing to outreach to HCA, discussing alternative objectives that we may be able to work on in addition to or instead of blood lead screening. Presenting revised PHM strategy to QIHEC for approval on 10/10/2023.	
Program Oversight	Credentialed 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		Review of Initial and Recredentialing applications approved and denied; Facility Site Review (including Physical Accessibility Reviews); Quality of Care cases leveled by committee.	1Q23 update (6/13 QIHEC) 2Q23 update (9/12 QIHEC) 3Q23 update (12/12 QIHEC) 4Q23 update (TBD 2024 QIHEC)	Laura Guest	I. FSR/MRR/PARS, NF and CBAS A. FSR: Initial FSRs=9 Initial MRRs=13 Periodic FSRs=41 Periodic MRRs=35 On-Site Interims=22; CAPs: CE=30 FSR=41 MRR=45 Failed FSRs=3 Failed MRRs=10 B. PARS: Completed PARS=61 BASIC Access=24 LIMITED Access=37 C. CBAS: No Critical Incidents reported. Non-Critical=30 Falls=10 COVID=15 Completed Audits=11 CAPs=9 Unannounced Visits=0 D. SNF: No Critical Incidents were reported in Q3. Completed Audits=0 CAPs=0 Unannounced Visits=0 II. Credentialing: CCN initial credentialing=73; recredentialing=101; BH initial credentialing=78; BH recredentialing=41 III. A. PQI - 165 PQIs were opened and 125 cases closed were in Q3. TAT - 41% of PQIs were initially reviewed by a Medical Director in 90 days; 40% of declined grievances were reviewed by a medical director in 30 days. The number of cases open at the end of Q3 is 389. Seven (7%) of the cases were presented at CPRC. Seventy-one of the cases were regarding Medical Care; 45 of those regarding Mismanaged Care. Nineteen cases (15%) were leveled QOC 1, 2 or 3. There were 587 QOC grievances reviewed in Q3. Two new positions have been submitted; 1 RN and 1 PS. The RN position has been posted for recruitment. We are in the process of testing a new system, Jiva, for the QOC grievances which is expected to be implemented in Q1 2024. B. PPOCs - There were 2 PPOCs identified through claims review.	I. FSR/MRR/PARS, NF and CBAS A. FSR: Continue to audit. Close issued CAPs by due dates. B. PARS: Completed PARS=61 BASIC Access=24 LIMITED Access=37 C. CBAS: Continue to complete annual audits and remind centers to report Critical Incidents. D. SNF: Currently recruiting for two QI Nurse Specialist-LVN positions. Re-evaluate current processes and procedures when new staff are hired. Consider cross-training existing staff to fill positions in interim. II. Credentialing: Continue to credentialing and recredentialing of CCN and BH providers. Started to engage a Credentialing Verification Organization (CVO) to assist with the credentialing of providers. This will ensure compliance and timeliness of the initial credentialing and recredentialing of files. Also in the process of reviewing credentialing processes with Ankura (Consulting Group) to identify gaps and improve overall workflow. Credentialing mgr started on 8/14. Engaged Symplr (Cactus Provider mgmt Platform) for additional Cactus training for the credentialing staff. III. PQI - Continue to monitor the volume and TAT of PQIs, DC and QOC Grievances. Hire and train new staff. Continue to test and train team on Jiva.	
Program Oversight	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 networks. Trends and results are presented to the committee quarterly.	1Q23 update (6/13 QIHEC) 2Q23 update (9/12 QIHEC) 3Q23 update (12/12 QIHEC) 4Q23 update (TBD 2024 QIHEC)	Tyronda Moses	GARS Committee met on August 15 where management of GARS presented trends and remediation activities for Q2 2023. Trends discussed were as follows: Medi-Cal Grievances: Increase across all categories with significant increases in QOS and Access. QOS Increase * Transportation - driver behavior/attitude and timeliness * Delay of referral provider/plan * Access Increase * Appointment availability (extended wait times) * Telephone Accessibility (answering the phone / not returning calls) * No significant provider trends identified. Medicare Grievances: Increase of 13% from Q1 - related to transportation; Decrease of 35% from Q1 - contributing to the decrease was the OCC to OC eligibility issues being resolved by Q2; Increase of 77% from Q1 - billing issues related to Hospitals, ER and urgent care facilities (members not presenting cards or facilities unable to verify benefits during transition) Grievance Remediation Activities: Transportation: Dedicated transportation team within GARS was formed in May 2023. Continued collaboration with vendor. Access: Appointment Availability: Reporting extended wait times for scheduling appointments for PR contact for education. Trending Specialists reported for contracting opportunities - neurologist, cardiologist, pulmonologist Medi-Cal Appeals: Increase of 58% from Q1 2023 - Contributing to the increase are authorization denials issued for medical necessity not met for services or redirections from tertiary level provider; Top Health Networks contributing Monarch and CCN. Overturn rate decreased; No significant trends in the Overturned appeals Medicare Appeals: Increase of 47% from Q1 2023 - Many of the Q2 appeals were carryovers from the OCC to OC transition with those members being seen and having authorization issues; Top Health Networks contributing were Monarch, CCN and Prospect; Overturn rate at 40% with 25 of 62 (Monarch - 1 total 30 with 10 Overturned = 9 medical necessity with records received during appeal + 1 denied in error as provider OON. Monarch was educated; Prospect - driven by 1 member who appealed 5 separate denials of payment for genetic testing ordered by a contracted Oncologist. Overturned due to Plan directed Care; Family Choice - Total 4 with 3 Overturned = 2 for specialty care at UCI not available in network + 1 denied for records received during appeal showing medical necessity Clinical Appeals Remediation Activities: CCN Authorizations denied as non-benefit in error - issue was communicated to UM Leadership in May 2023. PA team was re-educated on the TAR benefit lists and the issue has since been resolved.	GARS to continue to monitor and report as appropriate. Next GARS Committee meeting scheduled for November 14.	
Program Oversight	Member Experience (MEMX) Committee Oversight - Oversight of Member Experience activities to improve quality of service and member experience to achieve the 2023 Q1 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 HHS), review customer service metrics and evaluate complaints, grievances, appeals, authorizations and referrals for the "pain points" in health care that impact our members.	1Q23 update (6/13 QIHEC) 2Q23 update (9/12 QIHEC) 3Q23 update (12/12 QIHEC) 4Q23 update (TBD 2024 QIHEC)	Marsha Choo	In Q3, MemX Committee has reviewed/discussed the following: 8/22/23 Committee overview & purpose: -NCOA Reports -High level findings and action plan -Timely Access Survey - CAPS Close Out - 2022 Survey Results - 2023 Survey Fielding -Provider CAP Plan-Access -SNC Certification Update -CAHPS Update -2023 Medi-Cal CAHPS Results Plan and HN - CAP CAHPS Closure - 2023 Survey Fielding	Committee requested an additional meeting is scheduled in October. Meeting dates for Q4 will include: October 30 and November 28th.	

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Program Oversight	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.	1Q23 update (4/11 QIHEC) 2Q23 update (7/11 QIHEC) 3Q23 update (10/10 QIHEC) 4Q23 update (Jan 2024 QIHEC)	Stacie Oakley	UMC met 8/24/23 and is on track to meet quarterly. Meeting minutes are available for review. Quarterly Utilization Metrics Quarterly updates for (Pharmacy, BH and LTSS update). The BMSC 3/22/2023 minutes were presented & approved at the 8/21/23 meeting. UM data was presented at the 9/12/23 & UM is on track to report quarterly. Meeting minutes are available for review.	The next UMC meeting is scheduled for 11/16/23. The next BMSC will report to UMC meeting on 10/25/23.	
Program Oversight	Whole Child Model - Clinical Advisory Committee (WCM CAC)- Ensures clinical and behavior health services for children with California Children Services (CCS) eligible conditions are integrated into the design, implementation, operation, and evaluation of the CalOptima Health WCM program in collaboration with County CCS, Family Advisory Committee, and Health Network CCS Providers.		1) Meet quarterly to provide clinical and behavioral service advice regarding Whole Child Model operations 2023 Meeting Schedules WCM CAC Q1: February 21, 2023 WCM CAC Q2: May 16, 2023 WCM CAC Q3: August 15, 2023 WCM CAC Q4: November 14, 2023	1Q23 update (4/11 6/13QIHEC) 2Q23 update (7/11 6/13 QIHEC) 3Q23 update (9/12 QIHEC) 4Q23 update (Jan 2024 12/12 QIHEC)	T.T. Nguyen, MD/PH.Kim	WCM CAC met 8/16/23 they presented and discussed the following: -Behavioral Health SBHIP program updates. -Pediatric CalAIM. No available data since 7/1/23 launch. -UM Transition Workgroup was placed on hold until 2024. -WCM Member Inquiries data -Network Adequacy. Mike Wilson reported that Regal was non compliant for Ortho. -Case Management provided update on DHCS Audit & WCM Health Needs Assessment -Pediatric Quality Measure, Pharmacy, and GARS were deferred to the November meeting due to data unavailability. -In open discussion, Kaiser as a new Managed Care Plan transition effective 1/1/2024 and DHCS provider rate increase were discussed.	As a follow up, an email with information were sent on 8/16/23 to Committee members on: 1) Budget summary with information on the rate increase in the Medi-Cal Program 2) Information and flyers on CalOptima Health hosting a Back-to-School Event on Saturday, August 26th 2023. WCM CAC update will be provided to QIHEC on 9/12/23. The next WCM CAC meeting is scheduled for 11/7/2023.	
Program Oversight	Pediatric Risk Stratification Process (PRSP) monitoring		Discuss annually the Pediatric Risk Stratification algorithm with the CCS program	Aug-23	Hannah Kim	Presented at UM and QIHEC committee and will presented next in August 2024	Quarterly review to confirm that members risk stratified appropriately and then taper to annually.	
Program Oversight	Managed Care Accountability Set (MCAS)	Achieve 50th percentile on all MCAS measures in 2021	Share results to Quality Improvement Committee annually	end of 3Q 2023	Paul Jiang	HEDIS MY2022 results were presented to QIHEC on 7/11. LSC didn't meet MPL.	Quality improvement team is working on the improvement plan.	
Program Oversight	Health Network Quality Rating	Achieve 4 or above	Will share HN performance on all P4V HEDIS Measures via prospective rates report each month	end of 4Q 2023	Sandeep Mittal	The Pay for Value (P4V) team generates a Prospective Rate (PR) report each month for all participating health networks and CalOptima Health to allow health networks monitor their progress on clinical HEDIS measures in the P4V program. Performance on each measure is compared to the overall CalOptima Health performance, as well as to the National Medicaid HEDIS benchmarks established by NCOA.	The overall health network quality rating (HNQR) is the weighted average of the network's HEDIS and CAHPS measure ratings, as well as accreditation bonus points and is calculated on a scale of 1-5 (5 being the highest). The final HNQR for MY2022 for the Medi-Cal line of business for all participating health networks was presented at the QIHEC Committee meeting on September 12, 2023.	
Program Oversight	CalAIM	Improve Health & Access to care for enrolled members	1) Launch ECM Academy, a pilot program to bring on new ECM providers. 2) Increase CalOptima Health's capacity to provide community supports through continued expansion of provider network. 3) Continue to increase utilization of benefits. 4) Establish oversight strategy for the CalAIM program. 5) Implement Street Medicine Program 6) Select and fund HHIP projects through Notice of Funding Opportunity. 7) Design and launch the Shelter Clinic Partnership Program (HCAP 2.0)	1) 1Q 2023 2) 4Q 2023 3) 4Q 2023 4) 3Q 2023 5) 1Q, 2Q 2023 6) 1Q 2023 7) 3Q 2023	Mia Arias	1) A second academy cohort has launched with 15 ECM providers. 2) As of 10/1 there are 70 CS providers onboarded. 3) As of 10/1/23 there are 37,226 members receiving ECM, CS or both. 4) We are waiting to onboard a CalAIM Medical Director before defining this process. 5) As of 9/30 Healthcare In Action has reached out to 271 individuals and there are 102 active members in the program. 6) HHIP NOFO Round 2 awarded \$52.3M in grants to 15 capital projects to bring online affordable and permanent supportive housing. A Round 3 will be made available before the end of the year to provide additional support for systemic change in the continuum of homeless services. 7) A Notice of Funding Opportunity was released and providers will be selected and contracted to provide services as of 1/1/2024.	Continue with the plan as listed.	
Program Oversight	Health Equity	Increase member screening and access to resources that support the social determinants of health	1) Increase members screened for social needs 2) Implement a closed-loop referral system with resources to meet members' social needs. 3) Implement an organizational health literacy (HL4E) project	1) 4Q 2023 2) 4Q 2023 3) 3Q 2023	Katie Balderas	1) Proposed screening questions to be integrated into JIVA 2) Drafted the Closed-Loop Referral Platform SOW and initiated vendor management RFP process. 3) As of the end of this quarter, 157 CalOptima Health staff from 22 departments enrolled in the Health Literacy for Equity program with 22 successfully completing the certification program	1) Jiva questions finalized and being programmed into system. Will launch with Jiva implementation in January 2024. Added SDOH screening question to Health Information Form/Member Evaluation Tool (HIF-MET) and pending DHCS approval. ITS is developing SDOH screening in member portal using CMS Accountable Communities for Health questions. 2) Release Closed Loop Referral System RFP 3) Continue to encourage staff to complete the Health Literacy for Equity certificate program, get leadership support for completion of certificate	
Program Oversight	Improvement Projects Medi-Cal PIP(BH)	Meet and exceed goals set forth on all improvement projects	Non-Clinical PIP - FUM/FLUA 1) Track real-time ED data for participating facilities on contracted vendor. 2) Establish reports for data sharing with Health Networks and/or established behavioral health provider to facilitate faster visibility of the ED visit. 3) Participate in educational events on provider responsibilities on related to follow-up visits. 4) Utilize CalOptima Health NAMI Field Based Mentor Grant to assist members connection to a follow-up after ED visit. 5) Implement new behavioral health virtual provider visit for increase access to follow-up appointments.	1. 2Q2023 2. 4Q2023 3. 3Q2023 4. 4Q2023 5. 4Q2023	Diane Ramos/ Natalie Zavala	Improve the percentage of members enrolled into care management, complex care management (CCM), or enhanced care management (ECM), within 14-days of a Emergency Dept visit where the member was diagnosed with SM/HSUD. 1) Submitted BH Non-Clinical PIP to DHCS 9/29/23, awaiting feedback.	1) Working with Caloptima Health Vendor to receive Real-Time ED data on a daily basis for CCN and COD members. 2) BH is in the process of developing a Pilot project for CCN members identified who meet FUM/FLUA criteria. BH will conduct the outreach and provide information about case management including ECM and referrals. 3) Develop outreach and outcome data related to the percentage of members enrolled in CCM and ECM for CCN members identified who meet FUM/FLUA criteria. 4) Working with internal dep'ts to identify baseline data for CM, CCM, and ECM enrollment.	

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Program Oversight	Improvement Projects OneCare CCIPs	Meet and exceed goals set forth on all improvement projects (See individual projects for individual goals)	Conduct quarterly/Annual oversight of specific goals for OneCare CCIP (Jan 2023 - Dec 2025); CCIP Study - Comprehensive Diabetes Monitoring and Management Measures: Diabetes Care Eye Exam Diabetes Care Kidney Disease Monitoring Diabetes Care Blood Sugar Controlled Medication Adherence for Diabetes Medications Statin Use in Persons with Diabetes	end of 2Q2023	Helen Syn	Baseline Data: PR Report May 2023 HbA1C <8 Total (HBD): MC: 35.04% OC: 48.03% HbA1c>9 Total (Poor Control) (HBD): MC: 59.00% OC: 44.77% Eye Exam for Patients with Diabetes (EED): MC: 41.15% OC: 55.72% Kidney Health Evaluation for Patients with Diabetes (KED): MC: 35.60% OC: 46.02% Statin Use in Persons with Diabetes (SUPD) OC only: 86.09% 3)VSP Eye Exam Reminder Letters: MC Total sent in Q3 2023: 1000, OC Total sent in Q3 2023: 142 5) Member Incentive: A1C Test: Processed 785 approved 741 for MC; Processed 165 approved 160 for OC EED: Processed 631 approved 558 for MC; Processed 139 and approved 126 for OC	1) Track submitted diabetes member incentive forms 2) Continue Statin Mailer in Q4 3) Text message campaign for medication adherence (SPD) 4) IWR campaign for HBD/SPD Q4 5) Planned OC Live Call Outreach campaign for Q4 6) Obtain results from VSP Eye Exam Reminder Letters	Green - On Target
Program Oversight	Improvement Projects Medi-Cal PIP	Meet and exceed goals set forth on all improvement projects	Conduct quarterly/Annual oversight of MC PIPs (Jan 2023 - Dec 2025); 1) Clinical PIP - Health Disparity remediation for W30+ measure (Jan) Pending January Module Training January 2023 projected. Please note that the focus for the Clinical and Non-Clinical PIP topics is related to DHCS' '50 by 2025: Bold Goals Initiatives' - See links for more information on the Bold Goals Initiatives: https://www.dhcs.ca.gov/Documents/Budget-Highlights-Add-Docs/Equity-and-Practice-Transformation-Grants-May-Revise.pdf or https://www.dhcs.ca.gov/services/Documents/Formatted-Combined-CQS-2-4-22.pdf	Quarterly Status update on modules as they are completed.	Helen Syn	1) Identified CalOptima Health's Black/African American W30+ population. 2) Identified proposed intervention: Survey to identify barriers among Black/African American members in completing well-child visits. Survey developed. 3) September 2023 - Submitted the proposed clinical PIP design for review and approval.	1) Approval for clinical PIP design is expected October 2023. Proceed with implementation strategy once approved.	Green - On Target
Program Oversight	OneCare Performance measures	Achieve 4 or above	1) Implement Star Improvement Program 2) Track measures monthly 3) Implement OC Pay4Value	1. 1Q2023 2. 2Q2023 3. 3Q2023	Linda Lee	Monthly prospective rate reports for OneCare Star and Pay4Value measures are in production. Second plan review of 2024 Star measures received and reviewed in Sept 2023.	Identified Star measures for focused interventions for remainder of CY. Initiatives underway.	Green - On Target
Program Oversight	Plan Performance Monitoring and Evaluation (PPME): HRA and ICP	Retired: 3.2 ICP completion 90 days Benchmark 90% adjusted. 2.1 Initial HRA collected in 90 days from eligibility Benchmark: 95% adjusted. NEW: Successful transition to revised Oversight process.	1) Utilize newly developed monthly reporting to validate and oversee outreach and completion of both HRA and ICP per regulatory guidance. 2) Develop communication process with Networks for tracking outreach and completion to meet benchmarks. 3) Creation and implementation of the Oversight audit tool. Updated Oversight process implementation and monitoring.	1Q23 (5/9 QIHEC) 2Q23 (8/8 QIHEC) 3Q23 (11/14 QIHEC) 4Q23 (February 2024 QIHEC)	S. Hickman/M. Dankmyer/H. Kim	1) Utilize newly developed monthly reporting to validate and oversee outreach and completion of both HRA and ICP per regulatory guidance: Reporting MOC tracking file data. Ongoing communication with Networks for ICP bundles continues. 2) Develop communication process with Networks for tracking outreach and completion to meet benchmarks: ITS continues to build validation process for MOC tracking file data. Ongoing communication with Networks for ICP bundles continues. 3) Creation and implementation of the Oversight audit tool. Updated Oversight process implementation and monitoring: Audit tool was created and distributed to Networks. Training was provided to Networks. 2.1 Initial HRA collected in 90 days from eligibility Benchmark: 95% adjusted. Q3 Pending. Results for Q2 are 100% adjusted.	Develop communication process with Networks for tracking outreach and completion to meet benchmarks. ITS continues to build validation process for MOC tracking file data. Ongoing communication with Networks for ICP bundles continues. 2.1 Initial HRA collected in 90 days from eligibility Benchmark: 95% adjusted. Q3 Pending Q3 submission to DHCS due on 11/31/2023 anticipate benchmark to be met.	Green - On Target
Program Oversight	NCOA Accreditation	CalOptima Health must have full NCOA Health Plan Accreditation (HPA) and NCOA Health Equity Accreditation by no later than January 1, 2026.	1) Continue to Work with Business owners to collect all required documents for upcoming HP re-accreditation. (Must collect all Year one required documents by 2Q2023. 2) Complete Gap Analysis for Health Equity Accreditation.	1) end of 1Q2023 2) end of 2Q2023	Veronica Gomez	1) Finishing up Year-one of look-back period (4/30/2022-4/30/2023). Currently working with Business owner on the collection of Year-two documents needed (4/30/2023-Current). W 2) Developed Health Equity Timeline and currently waiting on GAP Analysis from NCOA Consultant on documents reviewed.	1) Continue to work with Business owners to collect all required documents for upcoming HP re-accreditation. (Must collect all Year-one required documents by 2Q2023) 2) NCOA Consultant to complete GAP Analysis report for Health Equity Accreditation.	Green - On Target
Program Oversight	Student Behavioral Health Incentive Program (SBHIP)	Achieve program implementation period deliverables	1) Implement SBHIP DHCS targeted interventions 2. bi-quarterly reporting to DHCS	1) 4Q2023 2) 4Q2023	Diane Ramos/ Natalie Zavala/Carmen Katsarov	1) Met with OCDE regarding billing readiness: OCDE decided not to use SBHIP funds for a 3rd party billing vendor; each school district will be directed to submit BH claims directly to CalOptima Health's clearinghouse. 2) 7/18/23 SBHIP Implementation Update meeting held; SMEs from CalOptima Health internal departments attended and provided how SBHIP impacts their departments. 3) Contracting process in progress for Western Youth Services and Hazel Health. 4) OCDE SBHIP MOU finalized and executed 7/13/23. 5) 8/9/23 BHI Manager attended a meeting with City of Anaheim representatives (Sandra Lozeau – Deputy Director, Grace Ruiz-Stepler – Director of Housing and Community Development, Dave Barry – EMS Director, Captain/Paramedic Manager providing a general update on the collaboration with all 29 LEAs, and OCDE and our OC partners OHCA, CHOC, WYS. 6) 8/8/23 BHI Director did a radio interview with KNX regarding SBHIP. 7) 9/15/23 received quarterly progress reports from SBHIP partners (CHOC, Hazel Health, WYS, and OCDE).	1) Prepare 4 Biquarterly reports to submit to DHCS by 12/31/2023. 2) Bi-weekly meetings with OCDE focusing on targeted intervention tasks and timelines; participate in the upcoming meetings OCDE will coordinate for school district representative to attend and focus on completing targeted intervention tasks. 3) Quarterly progress reports from the SBHIP partners expected 01/24. 4) Expect DHCS to publish BH billing fee schedule, once received meet with claims and other departments impacted by the new BH billing fee schedule. 5) Monitor credentialing process for western youth services, Hazel Health and the school districts. 6) Expecting bi-quarterly funding from DHCS for June 2023 deliverables.	Green - On Target
Quality of Clinical Care	CalOptima Health Comprehensive Community Cancer Screening Program	Increase capacity and access to cancer screening for breast, colorectal, cervical, and lung cancer.	1) Assess community infrastructure capacity for cancer screening and treatment 2) Establish the Comprehensive Cancer Screening and Support Program Stakeholder Collaborative (in our Case I want to leverage OC3) 3) Develop comprehensive outreach campaign to outreach to members due for cancer screenings (mobile mammography, outbound calls, community health workers) 4) Integrate new community health worker benefit into cancer outreach and treatment services.	1) 1Q2023 2) 2Q2023 2) 3Q2023 3) 4Q2023	Katie Baldaras	1) Assessment completed via meetings, survey and listening session with community stakeholders such as the University of California, Irvine Chao Family Comprehensive Cancer Center, Orange County Cancer Coalition (comprised of 19 organizations) and the Coalition of Orange County Community Health Centers; drafted COBAR for a Notice of Funding Opportunities (NOFO) in respond to the assessments and identified needs and opportunities. 2) CalOptima Health Staff continues to attend the OC3 meetings 3) COBAR going to the Board in November for a Comprehensive Cancer Screening Awareness and Education Campaign 4) No progress on integration of CHW into Cancer Screening Program as of this quarter.	1) Finalize development of the NOFO for released by January 2024 2) Continue to attend OC3 meetings and report on Cancer Screening program opportunities 3) Work with vendor to develop the Comprehensive Cancer Screening Awareness and Education Campaign 4) Work with the CalAIM team to strategized on integration of CHWs for cancer screening outreach and education	Green - On Target

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Quality of Clinical Care	STARs Measures Improvement	Achieve 4 or above	Review and identify STARs measures for focused improvement efforts. Measures include Special Needs Plan (SNP) Care Management, Comprehensive Diabetes Care (CDC) and Care for Older Adults (COA)	1) end of 4Q2023	Linda Lee	Live call campaign to remind and assist members with PCP visits, provide education, and member incentives underway. Developing IVR/text outreach for remainder of year for high priority members.	Continue member outreach for HRA completions, transitions of care, and care for older adults.	
Quality of Clinical Care	Follow-Up After Emergency Department Visit for Mental Illness (FUM)	HEDIS MY2023 Goal: MC 30-Day: 54.51%; 7-day: 31.97% OC (Medicaid only)	1) Track real-time ED data for participating facilities on contracted vendor. 2) Establish reports for data sharing with Health Networks and/or established behavioral health provider to facilitate faster visibility of the ED visit. 3) Participate in educational events on provider responsibilities on related to follow-up visits. 4) Utilize CalOptima Health NAMI Field Based Mentor Grant to assist members connection to a follow-up after ED visit. 5) Implement new behavioral health virtual provider visit for increase access to follow-up appointments.	1. 2Q2023 2. 4Q2023 3. 3Q2023 4. 4Q2023 5. 4Q2023	Diane Ramos/ Natalie Zavala	PR HEDIS Rates Q3 (August): 30 day- 38.75%, 7 day- 23.88% 1) The main barrier has been not having the bandwidth to outreach to members that we have been receiving on a daily basis. 2) Leadership is working on identifying a solution in collaboration with ITS and the Health Network relations to establish a secure method to share real time ED data with Health Networks. a) Several meetings have occurred between Health Network relations, ITS and BHI Leadership. b) sFTP folders have been established, ITS is in the process of testing and validating data.	1) Working with CalOptima Health Vendor to receive applicable Real-Time ED data on a daily basis. 2) Currently in the process of creating methods of disseminating data via sFTP with Health Networks on a daily basis. 3) Ticket has been submitted to ITS for assistance with establishing protocols to send and receive data through CalOptima Health sFTP site. 4) BHI is in the process of developing a Pilot project for CCN members identified who meet FUM criteria. 5) Explore with ITS options for notification of ED admits to assign PCP. 6) Data Analyst pull data for text messaging 7) PHM to schedule a meeting with vendor for Text Messaging Campaign	
Quality of Clinical Care	Blood Lead Screening DHCS APL	1) Comply with APL requirements including quarterly reports of members missing blood lead screening 2) Increase Rates of successfully screened members to #% 3) Put process in place of identify refusal of blood lead consent forms	- PBS television ad campaign that advises parents/guardians that a lead test is the only way to identify if a child has been exposed to lead. - Update Policy GG.1717 to include Health Network Attestation and conduct Health Network/Provider education - Add blood lead screening resources to CalOptima Health website. Comprehensive Health Assessment Forms, CDPH anticipatory guidance handout. - Launch IVR campaign to members with untested children - Member mailing campaign to members - Lead texting campaign for members - Medi-Cal member newsletter article(s)	All activities will be complete by 3Q, 2023	Helen Syn	1) Quality Interventions: - Blood Lead Outreach Report - Report was first introduced in June 2023 to identify members that will be due for lead testing at 12 and 24 months of age in the next 1 - 3 months. September 2023, this report was merged with the Blood Lead Performance Report to streamline information sharing with providers. - Ad campaigns- 1) Digital targeted ads ran from August to October 2023; 2) Radio Ad for blood lead ran in September 2023; 3) Targeted social media ads ran in September 2023 and 4) PBS TV campaign ran in September 2023. - Social Media Post- August 2023- Educating public on lead exposure and steps to prevent lead poisoning. - Text Campaign- August 2023 - Campaign to inform members that they may be due for a blood lead test. Targeting members 9 - 12 months and 21-24 months of age. - Pediatric Telephonic Call Campaign - phase 2 (7/28-8/10), phase 3 (8/11-9/20), phase 4 is in progress as of 9/25/23 - W30 focused campaigns with education of lead testing. Note phase 1 conducted in Q2 2023. 2) August Prospective Rates - 59.91% The measure is faring higher than this same time last year in August 2022. This rate is expected to be higher as it the final rate will show continuous enrollment criteria per HEDIS. 3) Provider Focused Interventions: - Blood Lead Testing Guide for providers developed. Guide incorporated information on testing requirements, testing timeframes for children, coding. This effort was a result of the root cause analysis conducted in Q2 2023. - CCN Lunch and Learn - September 2023 - Introduced blood lead best practices (e.g., testing requirements, coding, optimizing office practices) & shared lead resources that include the documentation of lead refusals in member medical record and sharing of OCHCA's Lead Hazard Removal Program. - CE/CME in August 2023 - Conducted The Prevention of Childhood Lead Poisoning; Why Health Care Providers Should Counsel on Lead and Screen for Lead Exposure in collaboration with the Childhood Lead Poisoning Prevention Branch's Medical Officer.	1) Continue with ad campaigns to support increased awareness and education around blood lead. 2) Continue to monitor prospective rates for trends including high opportunity providers. 3) Continue with targeted messaging to parent/guardians of members that have not tested for lead. Complete an IVR in November 2023. 4) Consider implementation of a blood lead member incentive to drive testing rates.	
Quality of Clinical Care	Prenatal and Postpartum Care Services (PPC): Timeliness of Prenatal Care and Postpartum Care (PHM Strategy).	HEDIS MY2023 Goal: Postpartum: 94.18% Prenatal: 91.89%	1) Track member health reward impact on HEDIS rates for postpartum care measure. 2) Strategic Quality Initiatives Intervention Plan - Multi-modal, omni-channel targeted member, provider and health network engagement and collaborative efforts. 3) Continue expansion of Bright steps comprehensive maternal health program through community partnerships, provider/health network partnerships, and member engagement. Examples: WIG Coordination, Diaper Bank Events 4) Implement Collaborative Member Engagement Event with OC CAP Diaper Bank and other community-based partners 5) Expand member engagement through direct services such as the Doula benefit and educational classes	1) Annual Evaluation 2) Per quality initiatives calendar - ongoing updates 3) Ongoing updates 4) 4Q2023 5) 3Q2023	Ann Mino/ Helen Syn	1) Quality Interventions/Programs: - Bright Steps Program: 888 PNRs received, 541 assessment completed., 508 unique members served during Q3 2023. - Postpartum Care Incentive: XX incentives processed through Q3 (cumulative). - Doula - September 2023- Contract approved by board and expected to be effective as of October 2023. - Media Campaigns - Digital Ads August - September 2023, Targeted Social Media Ads - August - September 2023. 2) August Prospective Rates: Timeliness of Prenatal Care: 43.39%. Lower than this same time last year in August 2022. Postpartum Care: 68.37%. Lower than this same time last year in August 2022.	1) Continue targeted member engagement and outreach campaigns in coordination with health network partners. 2) Operationalize the available delivery data to support targeted member outreach for postpartum and well-child. 3) By the end of Q4 2023, will develop new PBS TV campaign content in support of maternal health to launch in 2024. 4) By the end of Q4 2023 will deploy text campaign to members to encourage the completion of postpartum visits. 5) Continue to work with HNS and HEDIS team to identify root causes of low prenatal rates compared to previous year.	
Quality of Clinical Care	COVID-19 Vaccination and Communication Strategy	Vaccine rate of 70% or more of CalOptima members (18 and over).	1) Communication Strategy of COVID vaccination incentive program through December 31, 2023, end date, focusing on unvaccinated, and updated dosage opportunities. 2) Continue COVID Vaccination member health reward fulfillment process for all eligible age groups for updated doses.	1) end of 2Q2023 2) end of 3Q2023	Helen Syn	1. Internal communication to member-facing staff of program end date. 2. Texting campaign to address eligibility guidelines and end date of the program. 3. Updated COVID-19 Vaccine Incentive Program (VIP) website to reflect new guidelines. 4. Reached 70.3% vaccination rate for CalOptima members (18 and older).	COVID-19 VIP processing continues - official end date of the program is 12/31/2023.	
Quality of Clinical Care	Metabolic Monitoring for Children and Adolescents on Antipsychotics (APM)	HEDIS MY2023 Goals: Blood Glucose-All Ages: 54.36% Cholesterol-All Ages: 36.17% Glucose and Cholesterol Combined-All Ages: 34.30%	1) Communication Strategy of COVID vaccination incentive program through December 31, 2023, end date, focusing on unvaccinated, and updated dosage opportunities. 2) Continue COVID Vaccination member health reward fulfillment process for all eligible age groups for updated doses.	2Q2023 update(7/11)	Diane Ramos/ Natalie Zavala	PR HEDIS RATES Q3 (August): Blood Glucose all ages: 45.72%, Cholesterol all ages: 30.04%, Glucose & Cholesterol Combined all ages: 28.72% 1) Working with ITS/BHI Data Analyst to identify report specs. a) Meetings have been scheduled. i) Data Pull has begun. 2) The following materials have been submitted and approved: a) Text Messaging script, (DHCS) b) APM Provider Tip Sheet. c) Provider Best Practices Letter. d) Provider Fax Blast Letter. 3) Collaboration meeting with BH Medical Director to explore and develop standing lab order for children and adolescents for prescribing providers/PCPs.	1) Begin process to send Provider Tip sheet. 2) Begin process to send Provider Best Practices Letter. 3) Begin process to send Provider Fax Blast Letter. 4) Data Analyst pull data for text messaging. 5) PHM to schedule a meeting with vendor for Text Messaging Campaign	

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Evaluation Category	2023 Q1 Work Plan Element Description	Goals	Planned Activities	Target Date(s) for Completion (i.e. 2Q 2023) for each activity	Responsible Business owner	Results/Metrics: Assessments, Findings, and Monitoring of Previous Issues <i>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)</i>	Next Steps Interventions / Follow-up Actions <i>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.)</i>	Red - At Risk Yellow - Concern Green - On Target
Quality of Clinical Care	Cancer Screenings: Cervical Cancer Screening (CCS), Colorectal Cancer Screening (COL), Breast Cancer Screening (BCS)	MY 2023 Goals: CCS: MC 62.53% BCS: MC 61.27% OC 70% COL: OC 71%	1) Track member health reward impact on HEDIS rates for cancer screening measures. 2) Strategic Quality Initiatives Intervention Plan - Multi-modal, omni-channel targeted member, provider and health network engagement and collaborative efforts.	1) Quarterly Updates 2) Per Quality Initiatives Calendar - ongoing updates	Helen Syn	1) 2023 Member Health Rewards processed as of 9/30/2023: CCS: Processed 924 approved 816 for MC; BCS: Processed 763 approved 674 for MC Processed 139 approved 124 for OC; COL: Processed 109 approved 86 for OC 2) Member, Community and Provider Engagement Live Call Campaign: OC members due for BCS and COL Digital Ad: BCS, CCS Print Ad: COL Radio: CCS, COL Social Media (Paid): BCS, CCS, COL TV Ad: BCS, CCS (Women's Cancer Screenings) 3) 2023 August Prospective Rates (PR): Cervical Cancer Screening MC: 46.54% Breast Cancer Screening MC: 44.51% OC: 56.35% Colorectal Cancer Screening OC: 54.28%	1) Continue to track BCS, CCS and COL member health reward. 2) Member, Community and Provider Engagement Mailing: CCS Mailing Schedule Q4 Texting: BCS, CCS Schedule Q4 (Women Screening) Live Call Campaign for OC Medication Adherence cohort due for BCS and COL measure Digital Ad: BCS Q4 Print Ad: BCS Q4 Radio Ad: CCS Q4 Social Media (Paid): BCS, CCS Q4 Social Media (Passive): BCS Q4 Community Connectors: BCS Q4	
Quality of Clinical Care	Improve HEDIS measures related to Eye Exam for Patients with Diabetes (EED)	MY2023 HEDIS Goals: MC: 63.75% OC: 79%;	1) Strategic Quality Initiatives Intervention Plan - Multi-modal, omni-channel targeted member, provider and health network engagement and collaborative efforts. 2) Quality Incentives impact on quality measures 3) VSP Collaborative gaps in care bridging efforts.	1) Per Quality Initiatives Calendar - ongoing updates 2) Annual Evaluation 3) End of Q2 2023	Helen Syn	1) 2023 Member Health Rewards processed as of 9/30/2023: EED: Processed 631 approved 558 for MC; Processed 139 and approved 126 for OC 2) Member, Community and Provider Engagement Live Call Campaign: OC members due for EED 3) VSP Eye Exam Reminder Letters: MC Total sent in Q3 2023: 1000, OC Total sent in Q3 2023: 142 4) PR Report May 2023 Eye Exam for Patients with Diabetes (EED): MC: 41.13% OC: 55.72%	1) Continue to track Eye Exam member health reward. 2) Member, Community and Provider Engagement Live Call Campaign for OC Medication Adherence population for EED measure Digital Ad: Q4 Print Ad: Q4 Radio Ad: Q4 Social Media (Paid): Q4 Television Ad: Development of Script Social Media (Passive): Q4 3) Continue tracking VSP mailing	
Quality of Clinical Care	Improve HEDIS measures related to HbA1c Control for Patients with Diabetes (HBD); HbA1c Poor Control (this measure evaluates % of members with poor A1C control-lower rate is better)	MY2023 Goals: MC: 30.9%; OC: 17%	1) Strategic Quality Initiatives Intervention Plan - Multi-modal, omni-channel targeted member, provider and health network engagement and collaborative efforts. 2) Quality Incentives impact on quality measures	1) Per Quality Initiatives Calendar - ongoing updates 2) Annual Evaluation	Helen Syn	1) 2023 Member Health Rewards processed as of 9/30/2023: A1C Test: Processed 785 approved 741 for MC; Processed 165 approved 160 for OC 2) Member, Community and Provider Engagement Live Call Campaign: OC members due for HBD 3) PR Report May 2023 HbA1c <8 Total (HBD): MC: 35.04% OC: 48.03% HbA1c >9 Total (Poor Control) (HBD): MC: 59.00% OC: 44.77%	1) Continue to track A1c member health reward. 2) Member, Community and Provider Engagement (V/R: Q4 2023) Live Call Campaign for OC Medication Adherence population for HBD poor control measure Digital Ad: Q4 Print Ad: Q4 Radio Ad: Q4 Social Media (Paid): Q4 Television Ad: Development of Script Social Media (Passive): Q4	
Quality of Clinical Care	MCAS Performance Measures - Improvement Plan: Plan, Do, Study, Acts - PDSAs	Meet and exceed MPL for DHCS MCAS Corrective Action	Conduct quarterly/Annual oversight of MCAS Performance Improvement Plan PDSA: Well-Child Visits in the First 30 Months (W30-2+) - To increase the number of Medi-Cal members 15-30 months of age who complete their recommended well-child visits.	Quarterly Status update on modules as they are completed.	Helen Syn	Well-Child Visits in the First 30 Months (W30-2+) PDSA 1) Cycle 3 intervention period: 7/31/23 - 11/30/23. Cycle 3 intervention will include in-house telephonic call campaign and a birthday card mailer. The in-house telephonic call campaign started on September 25, 2023.	Well-Child Visits in the First 30 Months (W30-2+) PDSA 1) Evaluation of Cycle 3 Intervention for period: 7/31/23 - 11/30/23.	
Quality of Clinical Care	Pediatric Well-Care Visits and Immunizations - Includes measures such as W30 and IMA, Child and Adolescent Well-Care Visits and Immunizations - Includes measures such as WCV and IMA	HEDIS MY2023 Goal CIS-Combo 10: 49.76% IMA-Combo 2: 48.42% W30-First 15 Months: 55.72% W30-15 to 30 Months: 69.84% WCV (Total): 57.44%	1) Targeted member engagement and outreach campaigns in coordination with health network partners. 2) Strategic Quality Initiatives Intervention Plan - Multi-modal, omni-channel targeted member, provider and health network engagement and collaborative efforts. Examples: EPSTD DHCS promotional campaign; Back-to-School Immunization Clinics with Community Relations; expansion of Bright steps comprehensive maternal health program through 1 year postpartum to include infant health, well-child visits, and immunization education and support 3) Early Identification and Data Gap Bridging Remediation for early intervention.	1) 3Q2023 2) Per quality initiatives calendar - ongoing updates 3) End of Q2/2023	Helen Syn	1) Pediatric Telephonic Call Campaign, phase 1 (6/27-7/27), phase 2 (7/28-8/10), phase 3 (8/11-9/20), phase 4 is in progress as of 9/25/23. 2) Hosted CCN Lunch and Learn Pediatric Quality Measures Meeting to educate offices on new MCAS measures, 9/28/23. 3) W30 text message campaign 9/25/23 to 13,949 unique phone numbers. 4) W30 Member Detail Report is now available to health networks via sFTP. Started with June 2023 PR (July posting). 5) In alignment with the detail report, sent W30 opportunities report with potential to impact rate to Health Networks, 9/13/23 6) Mom and Baby W30 Chase Logic successfully implemented and reflected in August 2023 PR. Impacts W30-First 15 Months Measure* 7) August 2023 Prospective Rates (noCE): CIS-Combo 10: 28.58%, performing lower than last year (30.37%), have not met MPL (34.79%); IMA-Combo 2: 41.31%, performing lower than last year (43.88%), met MPL (35.04%); W30-First 15 Months: 38.51%, performing higher than last year (30.85%), have not met MPL (55.72%); W30-15 to 30 Months: 64.72%, performing lower than last year (66.75%), have not met MPL (65.83%); WCV (Total): 28.87%, performing lower than last year (30.43%), have not met MPL (48.93%).	1) Continue targeted member engagement and outreach campaigns. A) Evaluate pediatric telephonic call campaign (June-October 2023). 2) Continue with Strategic Quality Initiatives Intervention Plan. A) Launch WCV text message campaign for year-end push. 2) Build out Pediatric/Adolescent text campaign with new vendor. 3) W30 Member Detail Report. A) Update report to include ICD10/ICPT codes for each respective DOS. B) CCN Provider Portal solution to share gap report.	
Quality of Clinical Care	Diabetes Screening for People with Schizophrenia or Bipolar Disorder (SSD) (Medicaid only)	HEDIS 2023 Goal: MC 77.48% OC (Medicaid only)	1) Identify members through internal data reports in need of diabetes screening test. 2) Conduct outreach to prescribing provider and/or primary care physician (PCP) to remind of best practice and provide list of members still in need of screening. 3) Remind prescribing providers to contact members' primary care physician (PCP) with lab results by providing name and contact information to promote coordination of care.	1. 2Q2023 2. 3Q2023 3. 2Q2023	Diane Ramos/ Natalie Zavala	PR HEDIS Rates Q3 (Aug): MC:63.28% OC: N/A 1) Identified members prescribed antipsychotic medication still in need of diabetes screening test through Tableau Report. 2) Conducted telephonic outreach to prescribing providers, then sent fax to include: a) List of members in need of diabetes screening. b) Best practice guidelines reminder. c) Members' primary care physician (PCP) name and contact information (to promote coordination of care by requesting prescribers to contact the PCP with lab results). 3) Barriers included: Receiving timely data, obtaining the correct contact information for the prescribing providers such as phone numbers, fax numbers, and providers no longer practicing. Other difficulties we have come to know is that some members with this diagnosis do not see their PCP regularly. 4) In process of developing new outreach strategies working with internal desks (Case Management) to help out to members. 5) Text Messaging approved by DHCS.	1) 4rd Quarter Report will be pulled in October. 2) Continue tracking members in need of diabetes screening test. 3) Continue outreach to prescribing providers. 4) Data Analyst pull data for text messaging. 5) PHM to schedule a meeting with vendor for Text Messaging Campaign.	
Quality of Clinical Care	Implement multi-disciplinary approach to improving diabetes care for CHCN Latino Members Pilot	1) Lower HbA1c to avoid complications (baseline: A1c ≥ 8%; varies by individual) 2) Improve member and provider satisfaction	Final Pilot Program Design: 1) CalOptima Health Pharmacist Involvement and Intervention 2) CalOptima Health CHW Involvement and Intervention (for the purpose of the prototype study, the workgroup will leverage Population Health Management department's Health Educators as CHW proxies) 3) PCP Engagement Planned Activities: Finalize member stratification Outreach to high volume PCPs Launch the pilot program	Finalize member stratification - end of Jan 2023 Outreach to high volume PCPs - end of Q1 Launch the pilot program - end of Q1	Joanne Ku	On August 7, 2023, Medical Management leadership decided to sunset this project as we have not had the needed commitment from our provider partners to continue this effort.		

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Quality of Clinical Care	Follow-Up After Emergency Department Visit for Alcohol and Other Drug Abuse or Dependence (FUA)	MY2023 Goals: MC- 30-days: 21.24%; 7-days: 8.93%	1) Track real-time ED data for participating facilities on contracted vendor. 2) Establish reports for data sharing with Health Networks and/or established behavioral health provider to facilitate faster visibility of the ED visit. 3) Participate in educational events on provider responsibilities on related to follow-up visits. 4) Utilize CalOptima Health NAMI Field Based Mentor Grant to assist members connection to a follow-up after ED visit. 5) Implement new behavioral health virtual provider visit for increase access to follow-up appointments.	1. 2Q2023 2. 4Q2023 3. 3Q2023 4. 4Q2023 5. 4Q2023	Diane Ramos/ Natalie Zavala	PR HEDIS Rates Q3 (August): 30 day- 20.79%, 7 Day Total- 10.83% 1) The main barrier has been not having the bandwidth to outreach to members that we have been receiving on a daily basis. 2) Leadership is working on identifying a solution in collaboration with ITS and the Health Network relations to establish a secure method to share ED data with Health Networks. a) Several meetings have occurred between Health Network relations, IT Sand BHI leadership. b) sFTP folders have been established, ITS is in the process of testing and validating data.	1) Working with CalOptima Health Vendor to receive applicable Real-Time ED data on a daily basis. 2) Currently in the process of creating methods of disseminating data via sFTP with Health Networks on a daily basis. 3) Ticket has been submitted to ITS for assistance with establishing protocols to send and receive data through CalOptima Health sFTP site. 4) BHI is in the process of developing a Pilot project for CCN members identified who meet FUA criteria. 5) Explore with ITS options for notification of ED admits to assign PCP. 6) Data Analyst pull data for text messaging. 7) PHM to schedule a meeting with vendor for Text Messaging Campaign.	Green - On Target
Quality of Clinical Care	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.	HEDIS MY2023 Goal: MC - Init Phase - 42.77% MC -Cont Phase - 51.78%	1) Continue the non-compliant providers letter activity. 2) Participate in educational events on provider responsibilities on related to follow-up visits. 3) Continue member outreach (through multiple modalities telephonic, newsletter, mobile device) to improve appointment follow up adherence.	1. 2Q2023 2. 4Q2023 3. 3Q2023	Diane Ramos/ Natalie Zavala	PR HEDIS Rates Q3 (August): Initiation Phase- 48.15%, Continuation and Maintenance Phase- 52.04% 1) Continued member telephonic outreach for members that filled initial ADHD Rx. 2) In process of developing new outreach strategies for members regarding medication compliance. 3) Text messaging approved by DHCS	1) Continue member outreach for those who filled an initial ADHD prescription. 2) Meeting scheduled with Case Management to develop strategy to outreach members. 3) Data Analyst pull data for text messaging. 4) PHM to schedule a meeting with vendor for Text Messaging Campaign	Green - On Target
Quality of Clinical Care	Reporting of Communicable Diseases	Improve provider reporting of communicable disease	1) Educate provider on the requirements and process to report communicable disease	1. 2Q2023 2. 4Q2023 3. 3Q2023	Marsha Choo	Policy GG. 1630 was updated as of 9/7/23 and the updated policy was shared with the HNs as part of the regular polyc communication process. QI staff is currently working to develop a provider communication to educate the providers on this requirement.	The developed provider communication to educate provider of this requirement will be sent out in the next quarter.	Green - On Target
Quality of Service	Increase primary care utilization	Increase rates of Initial Health Appointments for new members, annual wellness visits for all members.	1) Increased Health Network/Provider education and oversight 2) Enhanced member outreach (IVR, digital engagement)	1) 1Q2023 2) 2Q2023	Katie Balderas	1) Presented at QIHEC, CCN Virtual Learning Session and at 7 JOMs. Piloted the chart review process for IHA completion with one clinic. Provided updated IHA content for Provider Annual/Onboarding Training for implementation. Updated logic on IHA Reports CC0163 and CC0163B to ensure only qualified PCP types are given IHA credit, or specialists assigned to SPD members as PCP. 2) Developed and submitted PHM Key Performance Indicators to DHCS. Prototyped a dashboard to analyze by race/ethnicity, language, age, and other factors. Developed interactive text message campaign for unengaged members (members that haven't engaged with PCP in prior 9 months), currently with DHCS for approval.	1) Finalize chart review process and transition from pilot to regular implementation. Update IHA Reference Guide on website. Send quarterly communication to providers/health networks on relevant IHA updates. Validating new data logic and communicating logic changes to Health Networks and stakeholders. 2) Launch interactive campaign for unengaged members and develop regular process for monitoring outcomes. ITS to develop dashboard for PHM KPIs in 2024 (pending capacity from Jiva implementation.).	Green - On Target
Quality of Service	Improve Member Experience/CAHPS	Increase CAHPS to meet goal	1) Issue an RFI to obtain information on CAHPS improvement vendors and strategies, contract and launch program 2) Member outreach to all OneCare members 3) Track measures for monitoring individual provider performance (ie. number of grievances, number of CAPs issued) and take action based on committee action	by end of 3Q, 2023	Mike Wilson	Started working with Rex Wallace Consulting and Decision Point in an effort to improve the CAHPS results. Currently creating content and planning interventions/campaigns to happen potentially in Q4 and definitely in Q1 2024.	Continue building strategies and campaigns for deployment throughout 2024	Green - On Target

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Quality of Service	STARs Measures Improvement	Achieve 4 or above	Review and identify STARs measures for focused improvement efforts. CAHPS Composites, and overall ratings; TTY Foreign language interpreter and Members Choosing to Leave Plan	1) by end of 4Q2023	Linda Lee	Member experience improvement teams have developed mid and long term interventions based on best practices. Conducted development meetings with USHUR for member engagement strategies for Q4 and just in time CAHPS outreach campaigns	Prioritize and implement USHUR campaigns for high priority campaigns.	Green - On Target
Quality of Service	Provider Data Improvement	Improve Provider Data in Facets	1) Develop and implement a process to utilize Lexis Nexis data correct provider data errors 3) Establish process for ongoing review and maintenance of data	by end of 4Q, 2023	Debra Gonzalez	1) The PDMS is reviewing and working the Lexis Nexis report monthly. We receive the report around the 5th monthly. The report is worked by contracted and non-contracted, and errors identified. 2) Non-contracted providers with no claim's history for the past 24 months are sent to ITS to deactivate in Facets. Contracted providers, PDMS works directly with Provider Relations/HN to obtain updated information.	Continue review of monthly report which include the following categories: 1- Inactive Practitioners 2- Opt out Practitioners 3- Bad Phone 4- Inactive Address 5- Inactive Other 6- Fed Board Action Practitioner	Green - On Target
Quality of Service	Improve Network Adequacy: Reducing gaps in provider network	Reduce OON requests by 25%	1) LOA project to outreach and recruit providers that are currently receiving letters of agreements.	by end of 4Q, 2023	Adriana Ramos	CalOptima Health has aggressively outreached and attempted to recruit providers with identified LOA and/or claim submissions as noncontracted. During outreach attempts and visits, providers do not want to pursue contract for multiple reasons, citing unable to open panel, already at capacity, and take on LOA's to assist members and/or unique cases.	Continue building strategies and campaigns for deployment throughout 2024	Yellow - Concern
Quality of Service	Improve Timely Access: Appointment Availability	Improve Timely Access compliance with Appointment Wait Times to meet 80% MPL	1) Provider incentive to meet timely access standards 2) Provider incentive for extending office hours	by end of 2Q, 2023	Mike Wilson	There have been no talks of incentives for providers around access.	We are continuing to address appointment availability and timely access, but nothing in regard to incentives.	Yellow - Concern
Quality of Service	Provider Data Improvement	Improve HN Provider data	1) Develop and implement process for auditing HN Directory data to meet SB 137 requirements 2) Create score cards for HN directory data accuracy 3) Establish process for auditing provider directory attestations	by end of 4Q, 2023	Silvia Peralta	1. Currently working with Health Networks and collecting Provider Directory Universe files. Once all universe files have been received; Audit team will be working with Analytics manager and merging all data and mapping discrepancies to meet SB137 requirements. 2. Score card will be applied to each Health Network based on findings by middle of Dec. 3. Audit team communicated to designated CCNHN of the selected provider list that will be distributed by e-mail for Attestation to be submitted back to CalOptima Health by end of 4th Quarter.	1. Q3 Provider Directory Validation in progress (Findings shall be available end of 4th Quarter) 2. The results will include score card 3. Attestation will be collected at end of 4th Quarter Dec/Jan	Green - On Target
Quality of Service	Improving Access: Subcontracted Network Certification	Comply with Subdelegate Network Certification requirements	1) Submit SNC to DHCS 2) Develop a process for remediating and Capping efforts 3) Communicate results and remediation process to HN 4) Monitor for improvement	by end of 4Q, 2023	Quynh Nguyen/Mike Wilson	-Director of Provider Ops presented CAPs process to leadership on 8/30/2023. -On September 13th and 14th, Health Network Certification Results were sent via email to networks, except KP. Email included HN's network adequacy results: Timely Access, Network Adequacy Scorecard, and SNC Results Letter. -Early October, it was confirmed CalOptima Health will not be sending KP individual Health Network results since they are terminating eff 12/31/2023, and therefore a CAP is not required if they are found non-compliant.	Review HN's Plan of Actions upon submission and determine next steps.	Green - On Target
Safety of Clinical Care	Transitional Care Services (TCS)	UMI/CM/LTC to collaborate and set goals on improving care coordination after discharge. For example, including but not limited to improving successful interactions for TCS high-risk members within 7 days of their discharge.	<u>Planned Activities:</u> 1) Set up a Transition of Care workgroup among UMI, CM and LTC to discuss ways to increase post hospitalization visits with PCP and address barriers. 2) Update the UTC letter for members that U/MCM are unable to reach post discharge.	Setting up the workgroup - end of 1Q 2023 Updating the UTC letter - end of 2Q 2023	Stacie Oakley Hannah Kim Scott Robinson	Worked w/ ITS to modify the Post D/C Assessment report. It is done and live. Finalized the PCP D/C Notice.	Submit the PCP D/C notice through CAR (communications approval request) and work with Medical Management System Program Manager to configure the letter in GuidingCare. CM to continue outreaching to TCS high-risk members (started July 1, 2023).	Yellow - Concern
Safety of Clinical Care	Emergency Department Diversion Pilot	Pilot has been implemented. In 2023 plan to expand the program to additional hospital partners.	1. Promoting communication and member access across all CalOptima Networks 2. Increase CalAIM Community Supports Referrals 3. Increase PCP follow-up visit within 30 days of an ED visit 4. Decrease inappropriate ED Utilization	by end of 4Q, 2023	Scott Robinson	None to report	In process of establishing a virtual TEAM channel with St. Joseph's Hospital and UCI MC emergency departments. CalOptima Health ITS has reviewed and confirmed security clearance. Currently working with both hospital ITS departments to clear security.	Yellow - Concern

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Program Oversight	2023 Quality Improvement Annual Oversight of Program and Work Plan	Obtain Board Approval of 2023 Program and Workplan	Quality Program and QI Work Plan will be adopted on an annual basis; QI Program Description-QIHEC-BOD; QI Work Plan-QIHEC-QAC	Annual Adoption by April 2023	Marsha Choo	Approved: QIHEC 2/14/2023, QAC 3/8/2023, BOD 4/6/2023		
Program Oversight	2022 Quality Improvement Program Evaluation	Complete Evaluation 2022 QI Program	QI Program and QI Work Plan will be evaluated for effectiveness on an annual basis	Annual Adoption by January 2023	Marsha Choo	Approved: QIHEC 2/15/2022, QAC 3/8/2023, BOD 4/6/2023		
Program Oversight	2023 Utilization Management and Case Management Program	Obtain Board Approval of 2023 UM Program	UM Program will be adopted on an annual basis.	Annual Adoption by April 2023	Kelly Giardina	Approved: UMC Committee via eVote on 4/7/2023, QIHEC 4/11/2023, BOD 8/3/2023		
Program Oversight	2022 Utilization Management Program Evaluation	Complete Evaluation of 2022 UM Program	UM Program will be evaluated for effectiveness on an annual basis.	Annual Adoption by April 2023	Kelly Giardina	Approved: UMC Committee via eVote on 4/7/2023, QIHEC 4/11/2023, BOD 8/3/2023		
Program Oversight	Cultural and Linguistic Services Program and Work Plan	Obtain Board Approval of 2023 Program and Workplan	Cultural and Linguistic Services Program and Cultural and Linguistic Work Plan will be evaluated for effectiveness on an annual basis	Annual Adoption by April 2023	Carlos Soto	Approved: QIHEC 4/11/2023		
Program Oversight	Population Health Management Strategy	Implement PHM strategy	Review and adopt on an annual basis.	Annual Review and Adoption Feb 2023	Katie Balderas	<p>Hit one major milestone with the first ever submission of our PHM Strategy to DHCS. As part of the PHM Strategy, the PHM team worked with stakeholders from across the organization to identify gaps and opportunities to better serve the CalOptima Health population.</p> <p>Partnered with the Orange County Health Care Agency (OCHCA) to identify mutual priorities within their Community Health Assessment and Community Health Improvement Plan process to develop shared goals and SMART objectives that will be part of our 2024 PHM Strategy.</p> <p>Obtained approval from the Quality Improvement Health Equity Committee (QIHEC) to form a new PHM committee that will report up to the QIHEC and provide oversight and guidance on the PHM Strategy implementation</p>	<p>1) Implementation of PHM Strategy</p> <p>2) Continue collaboration with the OCHCA to support development of goals and objectives for the CHIP and continue refining SMART objectives for the PHM Strategy</p> <p>3) Commence the PHM Committee in Q1 2024</p>	
Program Oversight	Credentiaing 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		Review of Initial and Recredentialing applications approved and denied; Facility Site Review (including Physical Accessibility Reviews);Quality of Care cases leveled by committee.	<p>1Q23 update (6/13 QIHEC)</p> <p>2Q23 update (9/12 QIHEC)</p> <p>3Q23 update (12/12 QIHEC)</p> <p>4Q23 update (TBD 2024 QIHEC)</p>	Laura Guest	<p>I. FSR/MRR/PARS, NF and CBAS</p> <p>ii. Credentialing: CCN Initial Credentialing=64; CCN Recredentialing=98; BH Initial Credentialing=26; BH Recredentialing=33</p> <p>iii. A. PQI - In Q4 176 PQIs were opened, which has remained steady from Q2-Q4, and 121 were closed, which is a drop from Q1 and Q2. Six cases were presented at CPRC. 57% of the cases were categorized as Medical Care; 67% of those were Mismanged care. 11% of the cases were leveled as 1, 2 or 3. 98% (improvement over Q3) of DG were reviewed in 30 days. At the end of Q4, 437 cases were in queue, a sharp rise from 343 at the end of Q1. 37% (drop from Q3) of PQIs were reviewed in 90 days. The number of QOC grievances reviewed in Q4 was 600, which was a 2%-17% increase over previous quarters. We interviewed for 1 new RN and 1 PS. We have been in involved with testing and training for a new system, Jiva for the QOC grievances, which will be implemented in Q1.</p> <p>B. PPCs - There were no PPCs identified through claims review in Q4.</p>	<p>I. FSR/MRR/PARS, NF and CBAS</p> <p>A. FSR: Initial FSRs=11 Initial MRRs=2 Periodic FSRs=30 Periodic MRRs=35 On-Site Interims=12 Failed FSRs=1 Failed MRRs=9 CAPs: CE=27 FSR=33 MRR=38</p> <p>B. PARS: Completed PARS=78 BASIC Access=27 LIMITED Access=51</p> <p>C. CBAS: Critical Incidents=5, All Critical Incidents reported were COVID cases. Non-Critical Incidents=14 Falls=9 Completed Audits=14 CAPs=10 Unannounced Visits=1</p> <p>NF: No Critical Incidents were reported in Q4. Completed Audits=0 Unannounced Visits=0</p> <p>ii. Credentialing: Continue to credentialing and recredentialing of CCN and BH providers. Have engaged with a Credentialing Verification Organization (CVO) to assist with the credentialing of providers. This will ensure compliance and timeliness of the initial credentialing and recredentialing files. We have also hired temporary positions to assist in the high volume of initial credentialing providers. Additional training by Symplr (Cactus Provider Mgmt Platform), for the credentialing staff occurred in the 4th Qtr of 2023.</p> <p>iii. A. PQI - Continue to monitor the volume and TAT of PQIs, DC and QOC Grievances. Hire and train new staff. Continue to test and train team on Jiva for QOC grievances and prepare for the implementation of the PQI module.</p> <p>B. PPCs - Continue to review claims for PPCs and report them to the DHCS.</p>	
Program Oversight	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 networks. Trends and results are presented to the committee quarterly.	<p>1Q23 update (6/13 QIHEC)</p> <p>2Q23 update (9/12 QIHEC)</p> <p>3Q23 update (12/12 QIHEC)</p> <p>4Q23 update (TBD 2024 QIHEC)</p>	Tyronda Moses	<p>Meeting occurred on November 14, 2023 - Committee Approved Q2 GARS Committee minutes and reviewed Q3 trends by LOB.</p> <p>Trends and Remediation for Medi-Cal: Medi-Cal Grievances increased from 1.57 (Q2) to 1.77 (Q3) average rate per 1000/member months</p> <p>Atributing Factor: (NMT Transportation Q2 302 to Q3 612, MTM changed the Veyo members to align with the MTM system/platform on August 1, 2023 - significant hold times in the month of August.Calls answered by a national call center vs. a dedicated call center for CalOptima Health - this lead to incorrect benefits being quoted/services denied</p> <p>Remediation, which continues:</p> <ul style="list-style-type: none"> - Benefits training by MTM for their staff on the rich CalOptima Health transportation benefits - Additional staff hired by MTM to answer calls - Frequent meetings as needed but no less than weekly - Effective April 2024, MovivCare will be the new servicing vendor for CalOptima Health transportation <p>Trends and Remediation for OneCare: OneCare Grievances decreased from 19.06 (Q2) to 14.66 (Q3) aveage rate per 1000/member months</p> <p>Atributing Factors: (Decrease in Member Billing complaints Q2 112 to Q3 22, Decrease in Member Access complaints Q2 201 to Q3 65, Trending member dis-satisfaction, NMT Transportation, Provider Attitude)</p> <p>Remediation, which continues:</p> <ul style="list-style-type: none"> - Benefits training on MTM for their staff on the rich CalOptima Health transportation benefits - Frequent meetings as needed but no less than weekly - Effective April 2024, MovivCare will be the new servicing vendor for CalOptima Health transportation - Provider and Health Network education and reminders on access standards - Provider and Health Network notification and/or request for training on any issues identified or perceived by our members 	GARS to continue to monitor and report as appropriate. Next GARS Committee meeting scheduled for February 8	

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Program Oversight	Member Experience (MEMX) Committee Oversight - Oversight of Member Experience activities to improve quality of service and member experience to achieve the 2023 Q1 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.	1Q23 update (6/13 QIHEC) 2Q23 update (9/12 QIHEC) 3Q23 update (12/12 QIHEC) 4Q23 update (TBD 2024 QIHEC)	Marsha Choo	In Q4, MemX Committee repurposed the ad-hoc meeting date of 10/30/2023 and met on 11/28/23 following its' quarterly cadence. Agenda items reviewed and discussed at November meeting are as follows: •Predictive Analytics RFP •Fast Facts Scorecard for Customer Service, Claims, GARS •CAHPS •Medi-Cal Plan/HN and MC HN Corrective Action •OneCare HN •Improve CAHPS •Member Experience Improvement Program •CY2024 OneCare Stars •Corrective Action Plan update •Increase Primary Care Utilization •Network Adequacy •Regulatory Updates •Reduce gaps in network and OON requests •Data analysis and reporting •Network Adequacy Workgroup •Timely Access •Regulatory updates •Timely Access Survey- Data Collection •Timely Access Workgroup	Met goal and continue to meet in 2024	Green
Program Oversight	Utilization Management Committee (UMC) Oversight Conduct Internal and External oversight of UM Activities to ensure over and under utilization patterns 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.	1Q23 update (4/11 QIHEC) 2Q23 update (7/11 QIHEC) 3Q23 update (10/10 QIHEC) 4Q23 update (Jan 2024 QIHEC)	Stacie Oakley	UMC met 11/16/23 and is on track to meet quarterly. Meeting minutes are available for review. Quarterly metrics for UM, pharmacy, BHI, and LTSS are updated and presented. The BMSC meeting minutes from 8/30/23 and 9/20/23 were presented and approved.	An Ad Hoc UMC is scheduled for 1/25/24 and the next regular quarterly meeting is scheduled for 2/22/24	Green
Program Oversight	Whole Child Model - Clinical Advisory Committee (WCM CAC) : Ensures clinical and behavior health services for children with California Children Services (CCS) eligible conditions are integrated into the design, implementation, operation, and evaluation of the CalOptima Health WCM program in collaboration with County CCS, Family Advisory Committee, and Health Network CCS Providers.		1) Meet quarterly to provide clinical and behavioral service advice regarding Whole Child Model operations 2023 Meeting Schedules WCM CAC Q1: February 21, 2023 WCM CAC Q2: May 16, 2023 WCM CAC Q3: August 15, 2023 WCM CAC Q4: November 14, 2023	1Q23 update (4/11 QIHEC) 2Q23 update (7/11 6/13 QIHEC) 3Q23 update (9/12 QIHEC) 4Q23 update (Jan 2024 12/12 QIHEC)	T.T. Nguyen, MD/H.Kim	WCM Met 11/7/2023. They presented and discussed the following: •Update by DCMO on redetermination efforts •Shared flyer with information regarding Medi-Cal Dental covered services •Care Coordination membership data and risk levels. •ECM and respite service for the CalAim program •WCM age-out process improvement efforts on hold and further discussion in Q1 2024 •WCM DHCS Assessment Report - Process improvement in pediatric risk stratification showed an increase in identified High Risk members •Transplant Program status update on continued efforts to obtain contracts with more hospitals. •Network Adequacy - All networks met the network adequacy requirement for WCM. •Utilization Management – Admits and days PTMPY increased slightly, and all TAT goals were met. •Grievance and Appeals Resolution Services data - There were no significant changes for overall grievance and appeals in Q2 over Q1 however Behavioral Health grievances were trending lower. •Whole Child Model Member Inquiries - 7 of the 10 top categories remained the same. General questions received regarding the Medi-Cal Program more for WCM members than non WCM members; Questions regarding change of network were received by more non WCM members than WCM members. Inbound calls increased for behavioral health customer service since the pandemic but no trends have been identified •Pediatric Quality Measures - Well-Child Visits in the First 30 Months of Life: First 15 Months (W30) overall WCM rates are lower than the overall rates by about five points. All the other metrics for WCM surpasses the non WCM population. •Behavioral Health Quality Measures/Utilization - Increase in BHT excluding Kaiser members. Will monitor to see if this is a result of the effects from the pandemic. No significant changes on the number of members receiving ABA services. •Update - Student Behavioral Health Incentive Program, Pediatric California Advancing & Innovating Medi-Cal, and Pharmacy. •DHCS and CalOptima Health Policies affecting Whole Child Model - New release.	WCM CAC members requested consideration to include UM data for entire plan/MCP. CalOptima Health will discuss internally for data retrieval approach. The next meeting is scheduled for 2/20/24.	Green
Program Oversight	Pediatric Risk Stratification Process (PRSP) monitoring		Discuss annually the Pediatric Risk Stratification algorithm with the CCS program	Aug-23	Hannah Kim	Reviewed with QIHEC and no input/updates provided.	Review annually in 2024.	Green
Program Oversight	Managed Care Accountability Set (MCAS)	Achieve 50th percentile on all MCAS measures for MY2022	Share results to Quality Improvement Committee annually	end of 3Q 2023	Paul Jiang	Results presented.	Review annually in 2024.	Green
Program Oversight	Health Network Quality Rating	Achieve 4 or above	Will share HN performance on all P4V HEDIS Measures via prospective rates report each month	end of 4Q 2023	Sandeep Mital	The Pay for Value (P4V) team generates a Prospective Rate (PR) report each month for all participating health networks and CalOptima Health to allow health networks monitor their progress on clinical HEDIS measures in the P4V program. Performance on each measure is compared to the overall CalOptima Health performance, as well as to the National Medicaid HEDIS benchmarks established by NCOA.	The overall health network quality rating (HNQR) is the weighted average of the network's HEDIS and CAHPS measure ratings, as well as accreditation bonus points and is calculated on a scale of 1-5 (5 being the highest). The final HNQR for MY2022 for the Medi-Cal line of business for all participating health networks was presented at the QIHEC Committee meeting on September 12, 2023.	Green
Program Oversight	CalAIM	Improve Health & Access to care for enrolled members	1) Launch ECM Academy; a pilot program to bring on new ECM providers. 2) Increase CalOptima Health's capacity to provide community supports through continued expansion of provider network. 3) Continue to increase utilization of benefits. 4) Establish oversight strategy for the CalAIM program. 5) Implement Street Medicine Program 6) Select and fund HHIP projects through Notice of Funding Opportunity. 7) Design and launch the Shelter Clinic Partnership Program (HCAP 2.0)	1) 1Q 2023 2) 4Q 2023 3) 4Q 2023 4) 3Q 2023 5) 1Q, 2Q, 2023 6) 1Q 2023 7) 3Q 2023	Mia Arias	1. ECM Academy has graduated 40 providers. 2. The CalAIM provider network has grown to 77 providers. 3. The utilization of benefits has continued to grow and is now reaching levels of 44,000 members served. 4. Now that a CalAIM Medical Director has been onboarded; this oversight strategy will be developed. 5. Street Medicine has been operating in Garden Grove since April 2023; it will expand to Costa Mesa and Anaheim in the coming months. 6. HHIP Round 2 proposals were selected and approved in October 2023; \$52.3 million was committed to 15 proposals to develop permanent housing. 7. HCAP will be re-launched as of January 1, 2024.	Work on these efforts will continue as described.	Green

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Program Oversight	Health Equity	Increase member screening and access to resources that support the social determinants of health	1) Increase members screened for social needs 2) Implement a closed-loop referral system with resources to meet members' social needs. 3) Implement an organizational health literacy (HL4E) project	1) 4Q 2023 2) 4Q 2023 3) 3Q 2023	Katie Balderas	1) Activities reported in Q3 carried on during Q4. SDOH questions finalized are being programmed into JIVA. Pending DHCS approval on the SDOH screening question added to the Health Information Form/Member Evaluation Tool (HIF-MET). ITS continued development of the SDOH screening in member portal using CMS Accountable Communities for Health questions. 2) Received and review closed-loop referrals RFPs 3) As of the end of this quarter, 159 CalOptima Health Staff from 22 departments enrolled in the Health Literacy for Equity program with 42 successfully completing the certificate program.	1) SDOH screening questions will launch with Jiva implementation in January 2024. Pending DHCS approval of SDOH questions added to the HIF-MET tool. Continue development of the SDOH Screening in the member portal 2) Continue RFP process and bring recommendation to CalOptima Health for approval of a closed-loop referral vendor 3) Continue to encourage staff to complete the Health Literacy for Equity certificate.	
Program Oversight	Improvement Projects Medi-Cal PIP(BH)	Meet and exceed goals set forth on all improvement projects	Non-Clinical PIP - FUM/FUA 1) Track real-time ED data for participating facilities on contracted vendor. 2) Establish reports for data sharing with Health Networks and/or established behavioral health provider to facilitate faster visibility of the ED visit. 3) Participate in educational events on provider responsibilities on related to follow-up visits. 4) Utilize CalOptima Health NAMI Field Based Mentor Grant to assist members connection to a follow-up after ED visit. 5) Implement new behavioral health virtual provider visit for increase access to follow-up appointments.	1. 2Q2023 2. 4Q2023 3. 3Q2023 4. 4Q2023 5. 4Q2023	Diane Ramos/ Natalie Zavala	Improve the percentage of members enrolled into care management, complex care management (CCM), or enhanced care management (ECM), within 14-days of an Emergency Dept visit where the member was diagnosed with SMH/SUD. 1) Submitted BH Non-Clinical PIP to DHCS 9/29/23, awaiting feedback. 2) Feedback from DHCS received-Technical assistance was provided by DHCS. 3) Resubmitted PIP on 11/29/2023. 4) Received final 2023-24 PIP validation findings on 01/04/24 and no further action is required.	1) Working with Caloptima Health Vendor to receive Real-Time ED data on a daily basis for CCN and COD members. 2) BHI is in the process of developing a Pilot project for CCN members identified who meet FUM/FUA criteria. BHI will conduct the outreach and provide information about case management including ECM and referrals. 3) Develop outreach and outcome data related to the percentage of members enrolled in CCM and ECM for CCN members identified who meet FUM/FUA criteria. 4) Working with internal depts to identify baseline data for CM, CCM, and ECM enrollment.	
Program Oversight	Improvement Projects OneCare CCIPs	Meet and exceed goals set forth on all improvement projects (See individual projects for individual goals)	Conduct quarterly/Annual oversight of specific goals for OneCare CCIP (Jan 2023 - Dec 2025): CCIP Study - Comprehensive Diabetes Monitoring and Management Measures: Diabetes Care Eye Exam Diabetes Care Kidney Disease Monitoring Diabetes Care Blood Sugar Controlled Medication Adherence for Diabetes Medications Statin Use in Persons with Diabetes	end of 2Q2023	Helen Syn	Live Call: CM and Dm Medication Adherence Call Campaign and due for other measures (HBD, EED, SPD, KED) Statin Mailer (SPD) Medication Adherence Text Campaign (SPD) IVR Campaign (HBD/SPD) Baseline Data: PR Report Nov 2023 HbA1c <8 Total (HBD): MC: 40.41% OC: 52.79% HbA1c >9 Total (Poor Control) (HBD): MC: 53.40% OC: 40.56% Eye Exam for Patients with Diabetes (EED): MC: 48.68% OC: 64.84% Kidney Health Evaluation for Patients with Diabetes (KED): MC: 42.38% OC: 53.07% Statin Use in Persons with Diabetes (SUPD) OC only: 82.87% 3)VSP Eye Exam Reminder Letters: MC Total sent in Q4 2023: 4521, OC Total sent in Q4 2023: 1199 5) Member Incentive: A1C Test: Processed 1566 approved 1498 for MC; Processed 337 approved 329 for OC EED: Processed 1341 approved 1243 for MC; Processed 309 and approved 291 for OC	1) Track submitted diabetes member incentive forms 2) Chronic Disease Management Group: Initiate Emerging Risk Diabetes Cohort. 3) Diabetes Live Call Outreach campaign 4) Continue VSP Eye Exam Reminder Letters 5) Continue multimodal member engagement and outreach campaigns.	
Program Oversight	Improvement Projects Medi-Cal PIP	Meet and exceed goals set forth on all improvement projects	Conduct quarterly/Annual oversight of MC PIPs (Jan 2023 - Dec 2025): 1) Clinical PIP - Health Disparity remediation for W30 6+ measure (Jan Pending January Module Training January 2023 projected. Please note that the focus for the Clinical and Non-Clinical PIP topics is related to DHCS' '50 by 2025: Bold Goals Initiatives' - See links for more information on the Bold Goals Initiatives: https://www.dhcs.ca.gov/Documents/Budget-Highlights-Add-Docs/Equity-and-Practice-Transformation-Grants-May-Revise.pdf or https://www.dhcs.ca.gov/services/Documents/Formatted-Combined-CQS-2-4-22.pdf	Quarterly Status update on modules as they are completed.	Helen Syn	1) CalOptima received final validation findings for PIP and was approved by HSAG	Next Steps - Working to identify staffing resources to support PIP intervention. Expecting to launch call campaign in Feb 2024	
Program Oversight	OneCare Performance measures	Achieve 4 or above	1) Implement Star Improvement Program 2) Track measures monthly 3) Implement OC Pay4Value	1. 1Q2023 2. 2Q2023 3. 3Q2023	Linda Lee	2024 Part C improved to 3.0 stars from 2.5 in the prior year. 2024 Part D and overall star rating remained at 3.5 an 3.0 stars, respectively.	Identified Star measures for focused interventions for remainder of CY. Initiatives underway.	
Program Oversight	Plan Performance Monitoring and Evaluation (PPME): HRA and ICP	Retired: 3.2 ICP completion 90 days Benchmark 90% adjusted. 2.1 Initial HRA collected in 90 days from eligibility Benchmark: 95% adjusted. NEW: Successful transition to revised Oversight process.	1) Utilize newly developed monthly reporting to validate and oversee outreach and completion of both HRA and ICP per regulatory guidance. 2) Develop communication process with Networks for tracking outreach and completion to meet benchmarks. 3) Creation and implementation of the Oversight audit tool. Updated Oversight process implementation and monitoring.	1Q23 (5/9 QIHEC) 2Q23 (8/8 QIHEC) 3Q23 (11/14 QIHEC) 4Q23 (February 2024 QIHEC)	S. Hickman/M. Dankmyer/H. Kim	1) Met 2023 Utilize newly developed monthly reporting to validate and oversee outreach and completion of both HRA and ICP per regulatory guidance: December file used to provide feedback to Health Networks. 2) Met 2023 Develop communication process with Networks for tracking outreach and completion to meet benchmarks: December MOC tracking file analysis with feedback sent to Health Networks. 3) Met 2023 Creation and implementation of the Oversight audit tool. Updated Oversight process implementation and monitoring: This has been implemented and is ongoing with each Health Network reviewed on quarterly basis. 4) Met 2023 Initial HRA collection in 90 days from eligibility benchmark 95% adjusted for Core 2.1 reporting. Revision were submitted to DHCS for Q1, Q2, and Q3 as follows: Q1: Members unwilling to participate 10% (93) Members unable to be reached 26% (252) Members who completed assessment 64%(605) Members reached, willing and completed assessment 100% Q2: Members unwilling to participate 5% (45) Members unable to be reached 18% (159) Members who completed assessment 77%(675) Members reached, willing and completed assessment 100% Q3: Members unwilling to participate 3% (28) Members unable to be reached 18% (149) Members who completed assessment 78% (637) Members reached, willing and completed assessment 100% 5) Not Met 2023: "benchmark (90%) not met for 3.2 ICP completion 90 days in Q1-3. Root causes relate to mass transition of OCC to OC members 1/1/2023; and, DHCS revision of technical specifications on 11/17/2023 retroactive to 1/1/2023." Initial ICP collection in 90 days from eligibility for Core 3.2 which has been removed from Q1 Workplan: Reporting revised Q1/2/3 rates with DHCS resubmission: Q1: Members unwilling to participate 10% (99) Members unable to be reached 14% (133) Members who completed assessment 43%(406) Members reached, willing and completed care plan 56% Q2: Members unwilling to participate 9% (82) Members unable to be reached 20% (178) Members who completed assessment 54% (571) Members reached, willing and completed care plan 76% Q3: Members unwilling to participate 15% (124) Members unable to be reached 23% (185) Members who completed assessment 371 (46%) Members reached, willing and completed care plan 73%	1) Utilize newly developed monthly reporting to validate and oversee outreach and completion of both HRA and ICP per regulatory guidance: Will require remediation with JIVA. 2) Continue with monthly communication to Networks for tracking ICP outreach and completion to meet benchmarks and establish MOC Tracking file error validation response process. 3) Ongoing quarterly audit of Health Networks using Oversight audit tool. Creation of tracking tool for score summary month by month. 4) Initial HRA collection in 90 days from eligibility benchmark 95% adjusted for Core 2.1 reporting.	

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Program Oversight	NCOA Accreditation	CalOptima Health must have full NCOA Health Plan Accreditation (HPA) and NCOA Health Equity Accreditation by no later than January 1, 2026.	1) Continue to Work with Business owners to collect all required documents for upcoming HP re-accreditation.(Must collect all Year one required documents by 2Q2023 2) Complete Gap Analysis for Health Equity Accreditation.	1) end of 1Q2023 2) end of 2Q2023	Veronica Gomez	A. Health Plan Accreditation 1. 95% of Year-One documents (4/30/2022-4/30/2023) have been collected. 2. 80% of Year-two documents (4/30/2023- 4/30/2024) have been collected. Staff completing final reviews and revisions to documents before submitting for final review by consultant. B. Health Equity Accreditation 1. Consultant completed a review of all the applicable standards. 2. Developed a work plan. 3. Several working sessions have taken place to meet with owners and identify gaps in meeting specific elements. 4. Consultant does not anticipate any difficulty in meeting the June 2025 target date for completing Health Equity accreditation.	The collection and completion of deliverables for both Health Plan and Health Equity accreditation will continue until the submission date. CalOptima's Health NCOA Consultant has developed a detailed work plan that outlines all the gaps, recommended actions and dates for actions that need to be completed for Health Equity Accreditation. The consultant will set up recurring meetings with CalOptima Health staff to go over the work plan and monitor the completion of tasks. The recurring meetings will also be used to answer questions for staff and go over their documents in a working session.	Green - On Target
Program Oversight	Student Behavioral Health Incentive Program (SBHIP)	Achieve program implementation period deliverables	1 Implement SBHIP DHCS targeted interventions 2. bi-quarterly reporting to DHCS	1) 4Q2023 2) 4Q2023	Diane Ramos/ Natalie Zavala/Carmen Katsarov	1) Completed and submitted 4 Biquarterly Reports, sent to RAC 12/28 prior to the DHCS due date of 12/31/23. 2) Conducted Bi-weekly meetings with OCDE to identify and prioritize SBHIP activities to be discussed during the monthly OCDE SBHIP collaborative meeting. 3) Received and reviewed the quarterly progress reports from SBHIP partners CHOC, WYS, OCDE, and Hazel Health. 4) Received the DHCS statewide multi-payer school-linked fee schedule; forwarded to internally impacted departments. 5) Credentialing completed for Hazel Health leading to the completion and execution of the Hazel Health and CalOptima Health provider service contract effective Jan 2024. WYS will not be able to proceed with a contract until they are Medi-Cal enrolled. 6) Received funding in Oct from DHCS for the June 2023 biquarterly submission.	1) Gather 1st quarter 2024 SBHIP partners implementation status on the services they are building/designing via SBHIP funding - OCDE, WYS, CHOC, and Hazel Health. 2) Identify and track partner deliverables stemming from the monthly OCDE and SBHIP Partner meetings. 3) Prepare workflow for school districts to become COH contracted providers, including assistance from IT, contracting, claims, and provider relations. 4) Continue to support OCDE reviewing school districts' budget plans for their SBHIP funds.	Green - On Target
Quality of Clinical Care	CalOptima Health Comprehensive Community Cancer Screening Program	Increase capacity and access to cancer screening for breast, colorectal, cervical, and lung cancer.	1) Assess community infrastructure capacity for cancer screening and treatment 2) Establish the Comprehensive Cancer Screening and Support Program Stakeholder Collaborative (in our Case I want to leverage OCG) 3) Develop comprehensive outreach campaign to outreach to members due for cancer screenings (mobile mammography, outbound calls, community health workers) 4) Integrate new community health worker benefit into cancer outreach and treatment services.	1) 1Q2023 2) 2Q2023 2) 3Q2023 3) 4Q2023	Katie Balderas	1) Community infrastructure and capacity for cancer screening and treatment was accomplished in Q3, information from assessments was used to develop a funding opportunity to address barriers and opportunities 2) This activity was accomplished early in 2023 with a CalOptima Health staff joining the Orange County Cancer Coalition and continuing participating in these meetings to provide updates, share opportunities and develop collaborative partnerships with the 19+ organizations who attend the OCG meetings. 3) Kick off discovery phase with vendor for development of the Comprehensive Community Cancer Screening Awareness and Education Campaign. Began collaborative meetings with Northgate Market to plan a mobile mammography screening event. 4) No progress on integration of CHW into Cancer Screening Program as of this quarter, but facilitated e-introductions between organizations doing cancer and our CalAIM team leading the CHW benefit rollout.	1) Seek Board approval of funding opportunity to address barriers and opportunities identified during the brainstorming sessions. Release Notice of Funding opportunity and launch a community grant program. 2) Continue to attend OCG meetings 3) Engage community partners to inform discovery phase for the Comprehensive Community Cancer Screening Awareness and Education Campaign 4) Continue to work with the CalAIM for the integration of CHWs to support members with their cancer screening and treatment journey.	Green - On Target
Quality of Clinical Care	STARs Measures Improvement	Achieve 4 or above	Review and identify STARs measures for focused improvement efforts. Measures include Special Needs Plan (SNP) Care Management, Comprehensive Diabetes Care (CDC) and Care for Older Adults (COA)	1) end of 4Q2023	Linda Lee	Based on MY2002 results, prioritize new star measures and lower performing measures including: transitions of care, plan all cause readmissions, and follow up after ED visit for people with multiple high-risk chronic conditions.	Current interventions will continue for remainder of Q4. Identified measures will be carried over and prioritized for improvement activities in CY2024.	Green - On Target
Quality of Clinical Care	Follow-Up After Emergency Department Visit for Mental Illness (FUM)	HEDIS MY2023 Goal: MC 30-Day: 54.51%; 7-day: 31.97% OC (Medicaid only)	1) Track real-time ED data for participating facilities on contracted vendor. 2) Establish reports for data sharing with Health Networks and/or established behavioral health provider to facilitate faster visibility of the ED visit. 3) Participate in educational events on provider responsibilities on related to follow-up visits 4) Utilize CalOptima Health NAMI Field Based Mentor Grant to assist members connection to a follow-up after ED visit. 5) Implement new behavioral health virtual provider visit for increase access to follow-up appointments.	1. 2Q2023 2. 4Q2023 3. 3Q2023 4. 4Q2023 5. 4Q2023	Diane Ramos/ Natalie Zavala	PR HEDIS Rates Q4 (November): 30 day- 35.75%, 7 day- 21.28% 1) The main barrier has been not having the bandwidth to outreach to members that we have been receiving on a daily basis. 2) sFTP folders have been established and BH ED data is being sent to Health networks on a daily basis. 3) Bi-weekly Member text messaging campaign. a. 1st wave sent in late November 2023 b. 2nd wave sent in Mid December 2023	1) Pull data for Data Analyst to send out bi-weekly text messages based on real time ED data. 2) BHI is in the process of developing a Pilot project for CN members identified who meet FUM/FUA criteria. BHI will conduct the outreach and provide information about case management including ECM and referrals. 3) Develop 2024 text message campaign schedule	Yellow - Potentially Green
Quality of Clinical Care	Blood Lead Screening DHCS APL	1) Comply with APL requirements including quarterly reports of members missing blood lead screening 2) Increase Rates of successfully screened members to #% 3) Put process in place of identify refusal of blood lead consent forms	- PBS television ad campaign that advises parents/guardians that a lead test is the only way to identify if a child has been exposed to lead. - Update Policy GG.1717 to include Health Network Attestation and conduct Health Network/Provider education - Add blood lead screening resources to CalOptima Health website: Comprehensive Health Assessment Forms, CDPH anticipatory guidance handout. - Launch IVR campaign to members with untested children - Member mailing campaign to members - Lead texting campaign for members - Medi-Cal member newsletter article(s)	All activities will be complete by 3Q, 2023	Helen Syn	1) Quality Interventions - Quality Committee approval for member health reward for lead testing at 12 and 24 months of age which is in alignment with the clinical recommendations for testing. Member health reward expected to launch in Q1 2024. - November 2023: Member IVR campaign launched to target members not compliant with HEDIS. - Campaigns (dates vary): PBS TV Campaign ran November 2023; Social media ad campaign ran October & November 2023; Radio ad campaign ran October & November 2023; Digital ad campaign ran October & November 2023. - November 29, 2023: Participated in HCCN Clinical Quality Champion meeting to provide key clinics with an overview of blood lead testing, current clinic rates and best practices to support increased testing. - October, November, December 2023- (ongoing effort) Health Networks and CCN providers were issued Blood Lead Screening Reports with member detail data of members who have not tested for lead in alignment with clinical guidelines. Reports also proactively identify the members that will be due for lead testing at 12 and 24 months within 1-3 months of the report issue date. - October 2023 - Notified Health Networks of the availability of CalOptima Health Pediatric Quality Guide which contains a Blood Lead Testing Guide to support clinical best practices for lead testing. - October - December 2023: Bright Steps completed 6 month (66 members) and 12 month well child follow-ups (5 members) and provided parents/guardians with education and lead testing requirements at 12 months of age. 2) Community Focused Efforts: December 2023-Participated in CalOptima Health Bright Steps Program baby shower and provider lead screening education to parents/guardians of child members. Began discussions with Orange County Health Care Agency (OCHCA) to partner and develop joint strategies that support the increase of blood lead testing. 3) November Prospective Rate: 60.66% (non continuous enrollment rate): This measure is faring slightly higher than the same time last year in November 2022 (59.95%). The final rate is still pending and is expected to be higher as this is a hybrid measure. We are projecting that the LSC measure will meet the MY2023 minimum performance level.	Next Steps: - Launch the blood lead screening health reward for lead testing at 12 and 24 months of age. - Continue with various member and public facing campaigns to support education efforts to increase awareness of the importance of lead testing. - Update existing Protect Your Family from Lead Poisoning member education piece to - Continue to develop provider based efforts to increase blood lead testing rates. - Continue to monitor prospective rates for testing rates and high opportunity providers for collaboration. - Continue to work with OCHCA to develop initiatives to support an increase in blood lead testing. - Continue issuing the Blood Lead Performance Report to support identification of members not tested for lead in accordance with state requirements.	Yellow - Potentially Green

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Quality of Clinical Care	Prenatal and Postpartum Care Services (PPC): Timeliness of Prenatal Care and Postpartum Care (PHM Strategy).	HEDIS MY2023 Goal: Postpartum: 84.18% Prenatal: 91.89%	1) Track member health reward impact on HEDIS rates for postpartum care measure. 2) Strategic Quality Initiatives Intervention Plan - Multi-modal, omni-channel targeted member, provider and health network engagement and collaborative efforts. 3) Continue expansion of Bright steps comprehensive maternal health program through community partnerships, provider/health network partnerships, and member engagement. Examples: WIC Coordination, Diaper Bank Events 4) Implement Collaborative Member Engagement Event with OC CAP Diaper Bank and other community-based partners 5) Expand member engagement through direct services such as the Doula benefit and educational classes	1) Annual Evaluation 2) Per quality initiatives calendar - ongoing updates 3) Ongoing updates 4) 4Q2023 5) 3Q2023	Ann Mino/ Helen Syn	1) Quality Interventions - Bright Steps Program: 762 PNRs received, 810 assessment completed, 681 unique members served during Q4 2023. - Postpartum Care Incentive: A total of 511 postpartum incentives have been processed through Q4 (cumulative) - October 2023 Postpartum Text Campaign to 219 members that were not compliant with postpartum care that still had time to get the care. - October 2023 Telephone Outreach campaign to 165 members that were not compliant with postpartum care that still had time to get the care. - December 2023: Bright Steps Program baby shower. Total of 450 attendees. Provided information on timely postpartum visits, postpartum care health rewards. - Campaigns (dates vary): Social media ad campaign ran October for prenatal care and ran November and December 2023 for postpartum care. - New PBS TV ad for prenatal care in production and preparing for launch in 2024. - November 29, 2023: Participated in HCCN Clinical Quality Champion meeting to provide clinics with an overview of prenatal and postpartum care including best practices and current rates per clinic. - Doula Services: CCN has contracted with 2 doulas and an additional 11 LOAs have been approved for doula services to support the PPC measure. 2) Community Focused Efforts: Began discussions with Orange County Health Care Agency (OCHCA) to partner and develop joint strategies that support maternal mental health. 3) November Prospective Rates: Timeliness of Prenatal Care: 46.15% and is performing lower than this same time last year in November 2022. Postpartum Care: 63.74% and is performing higher than this same time last year in November 2022.	Next Steps: - Continue with various member and public facing campaigns to support education efforts on prenatal and postpartum care - Continue to monitor prospective rates - Continue to work with OCHCA to develop initiatives to support comprehensive maternal mental health - Strategize delivery data to support targeted member outreach for postpartum care and the identification of early pregnancies. - Work with HNs and HEDIS team to identify root causes of low prenatal rate	Red
Quality of Clinical Care	COVID-19 Vaccination and Communication Strategy	Vaccine rate of 70% or more of CalOptima members (18 and over).	1) Communication Strategy of COVID vaccination incentive program through December 31, 2023, end date, focusing on unvaccinated, and updated dosage opportunities. 2) Continue COVID Vaccination member health reward fulfillment process for all eligible age groups for updated doses.	1) end of 2Q2023 2) end of 3Q2023	Helen Syn	1. Internal communication to member-facing staff of program end date. 2. Texting campaign to address eligibility guidelines and end date of the program - goal met. 3. Reached 70% vaccination rate for CalOptima members (18 and older).	COVID-19 VIP processing continues - official end date of the program is 12/31/2023.	Green
Quality of Clinical Care	Metabolic Monitoring for Children and Adolescents on Antipsychotics (APM)	HEDIS MY2023 Goals: Blood Glucose-All Ages: 54.36% Cholesterol-All Ages: 36.17% Glucose and Cholesterol Combined-All Ages: 34.30%	1) Communication Strategy of COVID vaccination incentive program through December 31, 2023, end date, focusing on unvaccinated, and updated dosage opportunities. 2) Continue COVID Vaccination member health reward fulfillment process for all eligible age groups for updated doses.	2Q2023 update(7/11)	Diane Ramos/ Natalie Zavala	PR HEDIS RATES Q4 : Blood Glucose all ages: 53.61%, Cholesterol all ages: 35.32%, Glucose & Cholesterol Combined all ages: 34.13% 1) Barriers included: Receiving timely data and accurate information. 2) Identified members prescribed antipsychotic medication still in need of diabetes screening, cholesterol screening, and both cholesterol and diabetes screening test through Tableau Report. 3) The following materials have been disseminated to Providers: a) Provider Best Practices Letter. b) APM Provider Tip Sheet. 4) Collaboration with Provider Relations to conduct in-person provider outreach with top 10 providers on a monthly basis. 5) Mailings of Provider materials (Best Practices letter and Provider tip sheet) to the next top 50 providers on a monthly basis. 6) Text Messaging Campaign was sent out to members in the month of December.	1) Develop 2024 text message campaign schedule. 2) Pull data for Data Analyst to send out monthly text messages. 3) Use provider portal to communicate follow-up best practice and guidelines for follow-up visits.	Green
Quality of Clinical Care	Cancer Screenings: Cervical Cancer Screening (CCS), Colorectal Cancer Screening (COL), Breast Cancer Screening (BCS)	MY 2023 Goals: CCS: MC 62.53% BCS: MC 61.27% OC 70% COL: OC 71%	1) Track member health reward impact on HEDIS rates for cancer screening measures. 2) Strategic Quality Initiatives Intervention Plan - Multi-modal, omni-channel targeted member, provider and health network engagement and collaborative efforts.	1) Quarterly Updates 2) Per Quality Initiatives Calendar - ongoing updates	Helen Syn	1) 2023 Member Health Rewards processed as of 1/22/2023: CCS: Processed 1564 approved 1412 for MC; BCS: Processed 1538 approved 1383 for MC Processed 282 approved 264 for OC; COL: Processed 196 approved 154 for OC 2) Member, Community and Provider Engagement Mailing: CCS Texting: BCS, CCS (women Screening) Live Call Campaign for OC Medication Adherence Cohort: OC members due for BCS and COL Digital Ad: BCS Print Ad: BCS Radio: CCS Social Media (Paid): BCS, CCS Social Media (Passive): BCS Community Update: BCS 3) 2023 November Prospective Rates (PR): Cervical Cancer Screening MC: 52.24% Breast Cancer Screening MC: 54.29% OC: 63.23% Colorectal Cancer Screening OC: 60.28%	1) Continue to track member health reward impact on HEDIS rates for cancer screening measures. New Colorectal Cancer Screening Reward added for Medi-Cal LOB. 2) Continue multimodal member engagement and outreach campaigns. 3) Addition of provider and health network engagement and collaborative efforts. 4) Development of new text message campaigns for cancer screening with new Vendor.	Yellow
Quality of Clinical Care	Improve HEDIS measures related to Eye Exam for Patients with Diabetes (EED)	MY2023 HEDIS Goals: MC 63.75% OC: 79%;	1) Strategic Quality Initiatives Intervention Plan - Multi-modal, omni-channel targeted member, provider and health network engagement and collaborative efforts. 2) Quality Incentives impact on quality measures 3) VSP Collaborative gaps in care bridging efforts.	1) Per Quality Initiatives Calendar - ongoing updates 2) Annual Evaluation 3) End of Q2 2023	Helen Syn	1) 2023 Member Health Rewards processed as of 1/22/23: EED: Processed 1341 approved 1243 for MC; Processed 139 and approved 126 for OC 2) Member, Community and Provider Engagement Live Call Campaign: OC Medication Adherence population for EED Digital Ad Print Ad Radio Ad Social Media (Paid) Television Ad: Diabetes PBS ad video in review 3) VSP Eye Exam Reminder Letters: MC Total sent in Q4 2023: xx, OC Total sent in Q4 2023: xx 4) PR Report Nov 2023 Eye Exam for Patients with Diabetes (EED): 48.68 MC: % OC: 64.84%	1) Continue to track member health reward impact on HEDIS rates for EED. 2) Continue multimodal member engagement and outreach campaigns. 3) Initiate Emerging Risk Diabetes Cohort. 4) Addition of provider and health network engagement and collaborative efforts. 5) Development of new text message campaigns for cancer screening with new Vendor.	Yellow

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Quality of Clinical Care	Improve HEDIS measures related to HbA1c Control for Patients with Diabetes (HBD); HbA1c Poor Control (this measure evaluates % of members with poor A1C control-lower rate is better)	MY2023 Goals: MC: 30.9%; OC: 17%	1) Strategic Quality Initiatives Intervention Plan - Multi-modal, omni-channel targeted member, provider and health network engagement and collaborative efforts. 2) Quality Incentives impact on quality measures	1) Per Quality Initiatives Calendar - ongoing updates 2) Annual Evaluation	Helen Syn	1)2023 Member Health Rewards processed as of 1/22/2024: A1C Test: Processed 1556 approved 1498 for MC, Processed 337 approved 329 for OC 2) Member, Community and Provider Engagement IVR Live Call Campaign for OC medication adherence population for HBD poor control measure Digit Ad Print Ad Radio Ad Social Media (Paid) Television Ad: Diabetes PBS ad video in review Live Call Campaign: OC members due for HBD 3) PR Report Nov 2023 HbA1C Poor Control Total (HBD) MC: 53.4% OC: 40.56%	1) Continue to track member health reward impact on HEDIS rates for HBD. 2) Continue multimodal member engagement and outreach campaigns. 3) Initiate Emerging Risk Diabetes Cohort. 4) Addition of provider and health network engagement and collaborative efforts. 5) Development of new text message campaigns for cancer screening with new Vendor.	Yellow
Quality of Clinical Care	MCAS Performance Measures - Improvement Plan: Plan, Do, Study, Acts - PDSAs	Meet and exceed MPL for DHCS MCAS Corrective Action	Conduct quarterly/Annual oversight of MCAS Performance Improvement Plan PDSA: Well-Child Visits in the First 30 Months (W30-2+) - To increase the number of Medi-Cal members 15-30 months of age who complete their recommended well-child visits.	Quarterly Status update on modules as they are completed.	Helen Syn	Well-Child Visits in the First 30 Months (W30-2+) PDSA Cycle 3: 7/31/23 – 11/30/23. Intervention included an in-house telephonic call campaign and a birthday card mailer. SMART Aim Goal: By October 31, 2023, successfully outreach to 45% of members who completed PDSA Cycle 2 (n=104) and who meet outreach criteria. Intervention Implementation Period: 09/25/23 – 10/26/23. Telephonic call campaign completed by 1 staff member, in-house. Results: 54.55% confirmed they attended their scheduled WCV. 46.94% confirmed they scheduled their child's next WCV. Outreach success rate of 50.96% to confirm Cycle 2 outcomes. The SMART Aim Goal of successfully met.	W30-2+ PDSA was approved on 1/21/2024. The findings concluded members who had 2 successful telephonic outreaches is impactful. Will plan to continue with telephonic outreach calls in the future.	Yellow
Quality of Clinical Care	Pediatric Well-Care Visits and Immunizations - Includes measures such as W30 and IMA, Child and Adolescent Well-Care Visits and Immunizations - Includes measures such as WCV and IMA	HEDIS MY2023 Goal CIS-Combo 10: 49.76% IMA-Combo 2: 48.42% W30-First 15 Months: 55.72% W30-15 to 30 Months: 69.64% WCV (Total): 57.44%	1) Targeted member engagement and outreach campaigns in coordination with health network partners. 2) Strategic Quality Initiatives Intervention Plan - Multi-modal, omni-channel targeted member, provider and health network engagement and collaborative efforts. Examples: EPSDT DHCS promotional campaign; Back-to-School Immunization Clinics with Community Relations; expansion of Bright steps comprehensive maternal health program through 1 year postpartum to include infant health, well-child visits, and immunization education and support 3) Early Identification and Data Gap Bridging Remediation for early intervention.	1) 3Q2023 2) Per quality initiatives calendar - ongoing updates 3) End of Q22023	Helen Syn	1)Pediatric telephonic call campaigns. Phase 4: 9/25 – 11/1, outreached to 722 members. 2)1st and 2nd Birthday Card Mailing in October, November and December to 5,262 members. 3)W30 Member Detail Report continues to be available to health networks in alignment with PR data. 4)WCV 3-17 Years Text Campaign 10/6/23 to 67,891 members. 5)WCV 3-17 Years IVR Campaign 11/6/23 to 33,823 members. 6)November 2023 Prospective Rate (noCE): CIS-Combo 10: 28.95%, performing lower than last year (30.93%), have not met MPL, did not meet goal 49.76% pending medical record review; IMA-Combo 2: 42.52%, performing lower than last year (44.90%), met MPL, have not met goal 48.42%. There has been an uptick in vaccine hesitancy in 2023. W30-First 15 Months: 41.96%, performing higher than last year (35.91%), has not met MPL, has not met goal (55.72%); W30-15 to 30 Months: 65.66%, performing lower than last year (68.37%), has not met MPL, has not met goal (69.64%); WCV-Total: 41.36%, performing lower than last year (42.34%), has not met MPL, has not met goal (57.44%). Well care visits continue to be a challenge.	1) Continue targeted member engagement and outreach campaigns. Leverage new avenues to reach members and providers. 2) Continue providing W30 Member Detail Report to health networks as aligned with Prospective Rates Report. 3) Build out new age-based, growth and development milestones text message campaign for pediatric and adolescent group.	Red
Quality of Clinical Care	Diabetes Screening for People with Schizophrenia or Bipolar Disorder (SSD) (Medicaid only)	HEDIS 2023 Goal: MC 77.48% OC (Medicaid only)	1) Identify members through internal data reports in need of diabetes screening test. 2) Conduct outreach to prescribing provider and/or primary care physician (PCP) to remind of best practice and provide list of members still in need of screening. 3) Remind prescribing providers to contact members' primary care physician (PCP) with lab results by providing name and contact information to promote coordination of care.	1. 2Q2023 2. 3Q2023 3. 2Q2023	Diane Ramos/ Natalie Zavala	PR HEDIS Rates Q4 (Nov): M/C:70.75% OC: N/A 1) Identified members prescribed antipsychotic medication still in need of diabetes screening test through Tableau Report. 2) Conducted telephonic outreach to prescribing providers, then sent fax to include: a) List of members in need of diabetes screening. b) Best practice guidelines reminder. c) Members' primary care physician (PCP) name and contact information (to promote coordination of care by requesting prescribers to contact the PCP with lab results). 3) Barriers included: Receiving timely data, obtaining the correct contact information for the prescribing providers such as phone numbers, fax numbers, and providers no longer practicing. Other difficulties we have come to know is that some members with this diagnosis do not see their PCP regularly. 4) In process of developing new outreach strategies working with internal depts (Case Management) to help reach out to members. 5) Text messaging outreach campaign sent out in December.	1) 1st Quarter Report will be pulled in April 2024 2) Continue tracking members in need of diabetes screening test. 3) Continue outreach to prescribing providers. 4) Data Analyst pull data for text messaging. 5) Text Messaging Campaign will continue on a monthly basis. 6) Use provider portal to communicate follow-up best practice and guidelines for Diabetes screening. 7) Develop 2024 text message campaign schedule	Yellow
Quality of Clinical Care	Implement multi-disciplinary approach to improving diabetes care for CHCN Latino Members Pilot	1) Lower HbA1c to avoid complications (baseline: A1c 8%; varies by individual); 2) Improve member and provider satisfaction	Final Pilot Program Design: 1) CalOptima Health Pharmacist Involvement and Intervention 2) CalOptima Health CHW Involvement and Intervention (for the purpose of the prototype study, the workgroup will leverage Population Health Management department's Health Educators as CHW proxies) 3) PCP Engagement Planned Activities: Finalize member stratification Outreach to high volume PCPs Launch the pilot program	Finalize member stratification - end of Jan 2023 Outreach to high volume PCPs - end of Q1 Launch the pilot program - end of Q1	Joanne Ku	Although the pilot program received interest from one provider, due to the overall lack of provider engagement, CalOptima Health's senior leadership decided that it was in our best interest to sunset this pilot project and re-strategize future efforts.	N/A	Yellow
Quality of Clinical Care	Follow-Up After Emergency Department Visit for Alcohol and Other Drug Abuse or Dependence (FUA)	MY2023 Goals: MC: 30-days: 21.24%; 7-days: 8.93%	1) Track real-time ED data for participating facilities on contracted vendor. 2) Establish reports for data sharing with Health Networks and/or established behavioral health provider to facilitate faster visibility of the ED visit. 3) Participate in educational events on provider responsibilities on related to follow-up visits. 4) Utilize CalOptima Health NAMI Field Based Mentor Grant to assist members connection to a follow-up after ED visit. 5) Implement new behavioral health virtual provider visit for increase access to follow-up appointments.	1. 2Q2023 2. 4Q2023 3. 3Q2023 4. 4Q2023 5. 4Q2023	Diane Ramos/ Natalie Zavala	PR HEDIS Rates Q4 (November): 30 day- 20.53%, 7 day- 10.79% 1) The main barrier has been not having the bandwidth to outreach to members that we have been receiving on a daily basis. 2) sFTP folders have been established and BH ED data is being sent to Health networks on a daily basis. 3) Bi-weekly Member text messaging. a. 1st wave sent in late November 2023 b. 2nd wave sent in Mid December 2023	1) Pull data for Data Analyst to send out bi-weekly text messages based on real time ED data. 2) BHI is in the process of developing a Pilot project for CCN members identified who meet FUM/FUA criteria. BHI will conduct the outreach and provide information 3) Develop 2024 text message campaign schedule	Green

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Evaluation Category	2023 Q1 Work Plan Element Description	Goals	Planned Activities	Target Date(s) for Completion (i.e. 2Q 2023) for each activity	Responsible Business owner	Results/Metrics: Assessments, Findings, and Monitoring of Previous Issues <i>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)</i>	Next Steps Interventions / Follow-up Actions <i>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.)</i>	Red - At Risk Yellow - Caution Green - On Target
Quality of Clinical Care	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.	HEDIS MY2023 Goal: MC - Init Phase - 42.77% MC -Cont Phase - 51.78%	1) Continue the non-compliant providers letter activity. 2) Participate in educational events on provider responsibilities on related to follow-up visits. 3) Continue member outreach (through multiple modalities telephonic, newsletter, mobile device) to improve appointment follow up adherence.	1. 2Q2023 2. 4Q2023 3. 3Q2023	Diane Ramos/ Natalie Zavala	PR HEDIS Rates Q3 (November): Initiation Phase- 48.15%, Continuation and Maintenance Phase- 53.66% 1) In process of developing new outreach strategies for members regarding medication compliance. 2) Continued member telephonic outreach for members that filled ADHD Rx. 3) Text messaging outreach campaign sent in December.	1) Pull monthly data for data analyst to scrub for text messaging. 2) Use provider portal to communicate follow-up best practice and guidelines for follow-up visits. 3) Member Health Reward Incentives. 4) Develop 2024 text message campaign schedule	Green - On Target
Quality of Clinical Care	Reporting of Communicable Diseases	Improve provider reporting of communicable disease	1) Educate provider on the requirements and process to report communicable disease	1. 2Q2023 2. 4Q2023 3. 3Q2023	Marsha Choo	A Communication was developed explaining the responsibility for contracted Providers to report any suspected case(s) of any diseases or conditions listed on the California Department of Public Health (CDPH) website to the local health officer. The address, phone, and fax number was provided to the local Orange County Local Health Department. The communication was sent over to the Communications Department and provided in the January Provider Newsletter .	Work with our communications department to set up a standing article for regular provider education on this topic.	Green - On Target
Quality of Service	Increase primary care utilization	Increase rates of Initial Health Appointments for new members, annual wellness visits for all members.	1) Increased Health Network/Provider education and oversight 2) Enhanced member outreach (IVR, digital engagement)	1) 1Q2023 2) 2Q2023	Katie Balderas	Activities presented in Q3 were accomplished as follows: 1a. Chart review process was transitioned from pilot to regular implementation. 1b. IHA Reference Guide was updated on the provider website page. 1c. Quarterly communications were sent to providers/health networks on relevant IHA updates. 1d. New data logic was validated. The Health Networks and providers/stakeholders were informed of new performance measure expectation. Challenges: The logic change was not shared with the Health Networks or providers/stakeholders as it held no relevance to the current goal. The focus was placed on educating the Health Networks and Providers of the new goal for the IHA completion rate. 2a. IVR were implemented as an interactive campaign for unengaged members. 2b. ITS developed a report on the provider portal that shows new members and the IHA due date. Challenges: In 2a. above, the plan from Q3 was to develop regular process for monitoring outcomes of the interactive campaign for unengaged members. However, this process has not started as the implementation of chart review took up more resources and time. We still plan on reviewing this data and decide on an appropriate intervention in 2024.	1) Track IHA completion rate among Health Networks and share results with the Health Networks, providers and QIHEC quarterly. 2) Monitor outcomes of the interactive campaigns for unengaged members and establish a follow up intervention.	Green - On Target
Quality of Service	Improve Member Experience/CAHPS	Increase CAHPS to meet goal	1) Issue an RFI to obtain information on CAHPS improvement vendors and strategies, contract and launch program 2) Member outreach to all OneCare members 3) Track measures for monitoring individual provider performance (ie. number of grievances, number of CAPs issued) and take action based on committee action	by end of 3Q, 2023	Mike Wilson	1) Contract was signed with Ushur/Decision Point. Implementation in process.	1) Met goal - initial call campaigns either have begun or will begin early Q1 2024, mailers are in final stages of approval before being sent to identified membership	Green - On Target
Quality of Service	STARs Measures Improvement	Achieve 4 or above	Review and identify STARs measures for focused improvement efforts. CAHPS Composites, and overall ratings; TTY Foreign language interpreter and Members Choosing to Leave Plan	1) by end of 4Q2023	Linda Lee	2023 CAHPS scores remain largely unchanged compared to prior year results. One rate, Rating of Health Care Quality, improved significantly from one to three stars. Other member experience measures demonstrating improvement include: members choosing to leave the plan, timely decisions about appeals, reviewing appeals decisions, and call center foreign language interpreter and TTY availability.	Current interventions will continue for remainder of Q4. Identified measures will be carried over and prioritized for improvement activities in CY2024.	Green - On Target
Quality of Service	Provider Data Improvement	Improve Provider Data in Facets	1) Develop and implement a process to utilize Lexis Nexis data correct provider data errors 3) Establish process for ongoing review and maintenance of data	by end of 4Q, 2023	Debra Gonzalez	Goals were not met. Resources needed to work with the vendor to understand the data output and develop a process for utilizing the data.	Meetings with Lexis Nexis to understand data specs. Pend until resources are available.	Green - On Target
Quality of Service	Improve Network Adequacy: Reducing gaps in provider network	Reduce OON requests by 25%	1) LOA project to outreach and recruit providers that are currently receiving letters of agreements.	by end of 4Q, 2023	Adriana Ramos	Met - Developed and implemented process for Letters of Interest Packets Met - Established application process for all provider types, streamline and expediting application through credentialing and contracting of new providers	Continue with plan and monitoring interventions being developed to address the letter of interest process.	Green - On Target
Quality of Service	Improve Timely Access: Appointment Availability	Improve Timely Access compliance with Appointment Wait Times to meet 80% MPL	1) Provider incentive to meet timely access standards 2) Provider incentive for extending office hours	by end of 2Q, 2023	Mike Wilson	Timely access was still an area with many opportunities for improvement with our provider community. The most recent data (collected in Fall 2022) was shared with providers and health networks in Q4. This is still an area of emphasis and a point that is being addressed in multiple ways with our external partners.	Provided scripting to assist offices with scheduling, education for providers and health networks around the timely access standards, increased monitoring to have better access to real-time data	Green - On Target
Quality of Service	Provider Data Improvement	Improve HN Provider data	1) Develop and implement process for auditing HN Directory data to meet SB 137 requirements 2) Create score cards for HN directory data accuracy 3) Establish process for auditing provider directory attestations	by end of 4Q, 2023	Silvia Peralta	Met - Developed and implemented process for auditing HN Directory data to meet SB 137 requirements Met - Created score cards for HN directory data accuracy Met - Established process for auditing provider directory attestations	Plan will continue to be as listed.	Green - On Target
Quality of Service	Improving Access: Subcontracted Network Certification	Comply with Subdelegate Network Certification requirements	1) Submit SNC to DHCS 2) Develop a process for remediating and capping efforts 3) Communicate results and remediation process to HN 4) Monitor for improvement	by end of 4Q, 2023	Quynh Nguyen/Mike Wilson	SNC was submitted on time in Q4 and Health Networks were sent CAPs for non-compliance related to SNC. Work is ongoing to improve all areas of non-compliance including network adequacy and timely access.	Continue with plan with additional interventions being developed to address deficiencies.	Green - On Target

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Evaluation Category	2023 Q1 Work Plan Element Description	Goals	Planned Activities	Target Date(s) for Completion (i.e. 2Q 2023) for each activity	Responsible Business owner	Results/Metrics: Assessments, Findings, and Monitoring of Previous Issues <i>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)</i>	Next Steps Interventions / Follow-up Actions <i>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.)</i>	Red - At Risk Yellow - Off Target Green - On Target
Safety of Clinical Care	Transitional Care Services (TCS)	UM/CM/LTC to collaborate and set goals on improving care coordination after discharge. For example, including but not limited to improving successful interactions for TCS high-risk members within 7 days of their discharge.	<u>Planned Activities:</u> 1) Set up a Transition of Care workgroup among UM, CM and LTC to discuss ways to increase post hospitalization visits with PCP and address barriers. 2) Update the LTC letter for members that UM/CM are unable to reach post discharge.	Setting up the workgroup - end of 1Q 2023 Updating the UTC letter end of 2Q 2023	Stacie Oakley Hannah Kim Scott Robinson	1) Initiated audits on completion of outreach for members in need of TCS for High Risk Members. 2) Automation of validation process for Health Network monthly TCS files used for oversight and DHCS reporting. 3) Discussed TCS during Hospital Info Series 12/14/2023 with providers. 4) UM-working on enhanced PCP discharge notice	1) Use of Usher platform to outreach to members post discharge. 2) Implementation of TCS support line. 3) Ongoing audits for completion of outreach for High Risk Members in need of TCS. 4) Ongoing monthly validation process for Health Network TCS files used for oversight and DHCS reporting. 5) Revision of Goals and Activities for 2024 TCS	Green - On Target
Safety of Clinical Care	Emergency Department Diversion Pilot	Pilot has been implemented. In 2023 plan to expand the program to additional hospital partners.	1. Promoting communication and member access across all CalOptima Networks 2. Increase CalAIM Community Supports Referrals 3. Increase PCP follow-up visit within 30 days of an ED visit 4. Decrease inappropriate ED Utilization	by end of 4Q, 2023	Scott Robinson	The UCI ED pilot was not started due to the inability to create a secure teams channel and execute a data useage agreement. Ther are currently no metrics to report.	Continue to work with the ITS, legal and contracting. The goal is to implement this program in Q1 2024.	Yellow - Off Target