CalOptima Health Board of Directors'
Quality Assurance Committee Meeting
October 9, 2024

Quality Improvement Health Equity Committee (QIHEC) Second Quarter 2024 Report

QIHEC Summary		
QIHEC Chair(s)	Quality Medical Director Chief Health Equity Officer	
Reporting Period	Quarter 2, 2024	
QIHEC Meeting Dates	April 9, 2024; May 14, 2024; and June 11, 2024	
Topics Presented and Discussed in QIHEC during the reporting period	• Chief Medical Officer updates • Access and Availability • Adult Wellness and Prevention • Behavioral Health Integration (BHI) • Blood Lead Screening • California Advancing and Innovating Medi-Cal (CalAIM) • CalOptima Health Comprehensive Community Cancer Screening Program • Care Management and Care Coordination • Chronic Conditions Management • Clinical Practice Guidelines • Continuity & Coordination of Care (Behavioral Health) • Credentialing and Recredentialing • Cultural and Linguistic • Customer Service • Diabetes Care • Delegation Oversight	• National Committee for Quality Assurance (NCQA) Accreditation • OneCare Model of Care • Pediatric Wellness and Prevention • Performance Improvement Projects • Policies • Population Health Management (PHM) • Potential Quality Issues (PQIs) • Prenatal and Postpartum Care • Preventive and Screening Services • Maternal Care • Quality Compliance Report • Quality Improvement Health Equity Transformation Program (QIHETP) and Work Plan (WP) • Quality Metrics

	- Encounter Data Review - Facility Site Review (FSR)/Medical Record Review (MRR)/Physical Accessibility Review Survey (PARS) - Grievance & Appeals Resolution Services - Health Education - Healthcare Effectiveness Data and Information Set (HEDIS) - Initial Health Appointment - Medicare Advantage Star Program Rating/Consumer Assessment of Healthcare Providers and Systems (CAHPS) - Member Experience	- Skilled Nursing Facility and Community Based Adult Services (CBAS) - Transitional Care Services - Utilization Management Program and Activities - Whole Child Model

QIHEC Actions in Quarter 2, 2024
QIHEC Approved the Following Items: - March 12, 2024, QIHEC Meeting Minutes   - April 9, 2024, QIHEC Meeting Minutes   - May 14, 2024, QIHEC Meeting Minutes   - Monitoring of Performance Improvement Project (PIP) in the Quality Improvement Work Plan to ensure CalOptima Health call center standards are compliant.   2024 QIHETP Description with 2024 QI Work Plan, Pay Value Program, Population Health Management Strategy, and Cultural and Linguistics Appropriate Services (CLAS) Program   2024 Medical Director Review of Clinical Practice Guidelines and 2024 Proposed Clinical Practice Guidelines. Going forward, ownership of the Clinical Practice Guidelines Policy GG.1204 will be responsibility of Medical Management/Utilization Management.   2023 Utilization Management Program Evaluation   2024 Utilization Management and Case Management Integrated Program Description   - Accept Board-Certified Consultants 2024   - HEDIS Goal Setting Methodology for Measurement Year 2024   2024 QIHETP Updated 4.1.24 (Redline)   2024 QIHETP Updated 4.1.24 (Clean)   2024 QI Work Plan Updated 4.1.24   2024 Culturally and Linguistic Appropriate Services Program Description (Clean)   **Policies:**   - GG.1132 Medi-Cal Annual Wellness Visit

QIHEC Actions in Quarter 2, 2024
• GG.1620 Quality Improvement and Health Equity Committee • GG.1608 Full Scope Site Reviews • GG.1603 Medical Records Maintenance • GG.1651 Assessment and Re-Assessment of Organizational Providers
Accepted and filed the following items: • Grievance and Resolutions Services Committee Meeting Minutes: February 14, 2024 • Member Experience Committee Meeting Minutes: November 28, 2023, and March 4, 2024 • Member Experience Committee Charter 2024 • Population Health Management Committee Meeting Minutes: February 29, 2024 • Population Health Management Committee Charter 2024 • Utilization Management Committee Meeting Minutes: February 22,2024 • Whole Child Model Clinical Advisory Committee Meeting Minutes: February 20, 2024 • Whole Child Model Clinical Advisory Committee Charter 2024 • 2024 QI Work Plan Q1
Committee Membership Updates: • Dr. Alan Rodriguez termed with University of California (UCI). Their last QIHEC meeting was April 2024.

QIHEC Quarter 2 2024 Highlights

• Chief Medical Officer updated the committee on the following:
  o California Department of Health Care Services (DHCS) audit was completed and anticipate a preliminary report in June.
  o CalOptima Health is preparing for a mock CMS audit with focus on OneCare and utilization.
  o CalOptima Health is drafting a response to a Corrective Action Plan (CAP) received from DHCS after the Prime facility onsite evaluation to ensure the following after the Prime terminations:
    ▪ A licensed physician is available seven days a week 24-hours a day to authorize medically necessary post stabilization care services and coordinate transfer
    ▪ There is appropriate communication with out of network facilities
    ▪ CalOptima Health subcontracts comply with the CAP requirements.
  o Pertussis increased across the United States and the committee members were asked to share CDC's recommendation around whooping cough vaccination.
• The 2024 QIHETP and Annual Work Plan were updated to include the Cultural and Linguistics Appropriate Services (CLAS) Program (added to appendix of the QIHETP).
• The QIHETP Work Plan was updated to include the following:
  o CLAS workplan elements
  o Monitoring Maternal and Adolescent Depression Screening.
  o A CAP to improve a Key Performance Indicator (KPI) for customer service.

QIHEC Quarter 2 2024 Highlights

- CalOptima Health was preparing for the NCQA Health Plan Accreditation Re-survey. CalOptima Health staff worked diligently to finalize documents for the April 30, 2024, submission date and prepare for the June 17 and 18, file review sessions.
- In May, staff reported to QIHEC a noncompliance regarding timely Fax Recipient Acknowledgements after 3,409 faxes were found to not have evidence of acknowledgement by the provider. Staff was conducting a barrier analysis to identify a root cause and identify options for remediation. Staff will provide a status update to QIHEC.
- Staff reported that the issue of noncompliance related to Whole Child Model (WCM) Health Needs Assessment (HNA) outreach and collection timeliness previously reported to QIHEC on April 9, 2024, has been resolved.
- CalOptima Health conducted annual Health Network audits and issued 12 CAPs for Family Choice Medical Group in the quarter. Utilization trends around timeliness of UM notification, processing of claims and outdated templates were identified.
- Cultural and Linguistic
  - Developed a Sexual Orientation Gender Identity (SOGI) Survey to collect members SOGI data. Survey will be loaded to the member portal and be mailed to members. CalOptima Health's claims system, FACETS, will store this data when collected.
  - Experienced an increase in requests for interpreter and translation services from both members and providers with Spanish being the language most requested.
  - BH telehealth provider support increased utilization of face-to-face interpreter services and expect the increase to continue.
- CalOptima Health reviewed Medi-Cal and OneCare Encounter data from Health Networks and no CAPs were issued for encounter data.
- CalOptima Health Comprehensive Community Cancer Screening and Support Program
  - A notice of funding opportunity was released on February 7, 2024, and closed on March 29, 2024.
  - Received 27 Community Grant applications for activities to increase screening and decrease late-stage discovery of breast, cervical, colorectal and lung cancer. The applications will be reviewed and scored and selected applications will be presented to the Board of Directors meeting.
- When comparing to last year's Star cut-off values, HEDIS Star measures have improved overall.
  - Five-star measures may receive a higher Star Rating.
  - The Plan All-Cause Readmissions (PRC) measure may receive a lower Star Rating.
  - HEDIS rates were not finalized but the administrative data refresh and medical record review for hybrid measures were completed. Next step was Medical Record Review Validation (MRRV), and final rates review and approval by auditors.

QIHEC Quarter 2 2024 Highlights

- o All Managed Care Accountability Set (MCAS) measures may not meet DHCS minimum performance levels (MPLs) and particularly measures related to Follow-Up After Emergency Department Visit are at risk.
- For OneCare, HEDIS 2024 Star rating results, based on 2023 dates of service, were slightly lower than they were the same time last year. There are nine measures at-risk for not meeting 3 Stars. Two measures have recently increased to a 3- and 4-Star rating. CalOptima Health Part D medication measures are at the 3 Star rating except for Medication Adherence for Cholesterol (Statins). CAHPS surveys were being collected through June and Call Center Monitoring for the TTY and Interpreter availability calls began in February and continue through May.
- CalOptima Health is expected to meet the Blood Lead Screening (BLS) MPL where the preliminary rate shows almost 60%, with the MPL at about 63%. BLS initiatives for 2024 include Member Health Rewards, text campaign, and a live-call campaign.
- Student Behavioral Health Incentive Program (SBHIP) met the program timelines. The last bi-quarterly report was submitted to DHCS in December 2023, received approval in March 2024 and will receive full funding for that period. CalOptima Health's Utilization Management department is working with the schools for additional support for access to Applied Behavioral Analyst services.
- Behavioral Health Integration reported low prospective rates for five BHI HEDIS quality measures related to Follow-Up After Emergency Department Visit, Diabetes Screening and Monitoring for People with Schizophrenia or Bipolar Disorder and Metabolic Monitoring for Children and Adolescents on Antipsychotics. These measures are at risk for not meeting the HEDIS MY2024 goals. Follow-Up Care for Children Prescribed ADHD medication (ADD) and Antidepressant Medication Management (AMM) are on target to meet goals. Interventions to address low performance include text message campaigns, member health rewards, member outreach and communications, and a new BH Pay-For-Value program.
- Customer Service: There was an increase in Medi-Cal call volume during Q1 2024 due to Kaiser Permanente and Optum Health transition affecting CalOptima Health's adult membership. There was a slight increase in the volume of OneCare member calls.
  - o CalOptima Health's internal goal for abandonment rate for OneCare and average speed of answer for both Medi-Cal and OneCare were not met. Additional staff was hired to help with the increase in the volume of calls. A new contact center NICE will be implemented in Q3, 2024. Customer Services Department has also secured a customer relationship management platform to enhance the existing member portal.
- Special Needs Plan (SNP) Model of Care (MOC): As of 5/8/24, MY2024 Health Risk Assessment member completion was at 30.09% (goal 65%) and staff continues to focus on collecting HRAs.
- Maternal and Child Health
  - o Rates for Prenatal and Postpartum Care: The rate for Timeliness of Prenatal Care (PPC) has improved compared to the same time last year. However, the Timeliness for Postpartum Care (PPC) is slightly lower compared to the same time last year.

QIHEC Quarter 2 2024 Highlights

- o CalOptima Health contracted with seven doula providers. Doula providers could be found on CalOptima.org website on the Provider Directory. CalOptima Health provides education and guidance for doulas interested in contracting with CalOptima Health to provide services.
- Preventive and Screening Services
  - o When reviewing 2024 prospective rates, the following measures performed better compared to the same time last year: Breast Cancer Screening (BCS) and Colorectal Cancer Screening (COL) for Medi-Cal and OneCare. However, Cervical Cancer Screening (CCS) has a lower rate when comparing the rate at the same time last year.
- Clinical Performance Improvement Projects (PIPs) Medi-Cal
  - o Well-Child visits in the first 15 months – Call campaign to help improve the rate among Black/African American population began in May 2024. Calls are utilized to remind members to get well child visits and to gather data on barriers to address health disparities for this population.
- Facility Site Review Medical Record Review and Physical Accessibility Review
  - o Compliance was 96% and 100% on the assessment of adult and pediatric comprehensive history and Physical and Member Risk Assessment.
  - o Compliance on assessment of Blood Lead Screening was 64%. Common recurring deficiencies in the FSR and MRR review were shared with the Committee. The Committee focused on the deficiency with California Immunization Registry (CAIR) utilization recommending additional education and training to providers on regulatory requirements to enroll in CAIR.

QIHEC Subcommittee Report Summary in Quarter 2, 2024
Credentialing and Peer Review Committee (CPRC)

- CPRC met on 01/25/2024, 01/29/2024 (ad Hoc), 02/22/2024, and 03/28/2024.
- Approved the following:
  - o Policy GG.1651: Assessment and Reassessment of Organizational Providers
  - o Newly recognized board, American Board of General Practice in Credentialing.
  - o CPRC charter to include DCMO and Manager Quality Improvement, and specified voting vs. non-voting members
  - o The Potential Quality Issues (PQIs) Cases and Trend Reports, the Credentialing Clean Lists, and the Credentialing Record Closing Lists each month.
- With help from QI team, Jiva QPI module by ZeOmega launched May 20, 2024.
- Five providers were in Fair Hearing process.
- Reviewed PQI and credentialing cases. One PQI was recommended for an administrative termination and one physician was referred to Fraud, Waste & Abuse.
- A total of 341 providers were credentialed. CalOptima Health has met all Turn-Around-Times (TAT) for credentialing and recredentialing applications but continues not meeting the initial credentialing for Behavioral Health Practitioners, who must be credentialed in 60 days. To help

QIHEC Subcommittee Report Summary in Quarter 2, 2024

with that process a Credentialing Verification Organization (CVO) vendor was implemented on 6/13/2024.

- A total of 70 FSRs and 50 MRRs were conducted.
  - 89% of completed FSR audits met the TAT. MRR audit TAT is dependent upon FSR. Two providers failed FRS audits, and five providers failed their MRR.
  - 31 CAPs were issued for critical elements and 22 for FSR. One PCP was terminated per APL 22-017. Barriers were identified and staff conducts regular provider office staff training.
- Reviewed Long Term Services and Supports, Community-Based Adult Services, and Multipurpose Senior Service Incident Reporting data.
- No new Provider Preventable Conditions (PCCs) were identified in Q1 2024.

Grievance & Appeals Resolution Services Committee (GARS)

- GARS Committee met on 5/14/2024.
- Q1 2024 trends by line of business.
- Reviewed Q1 2024 trends along with remediation activities.
- Medi-Cal Grievances: There was a decrease in grievances from the previous quarter. Areas of focus for grievances are: CCN, delays in referrals, wait time for appointments, and non-medical transportation (NMT).
- Medi-Cal Appeals: There was a decrease in appeals from the previous quarter with an overturn rate of 32%. Many of the appeals were related to CCN and Optum Healthcare: additional records received, medical criteria applied at the appeal level to support the requests and missing information received at the time of appeal
- OneCare Grievances: There was an increase in grievances from the previous quarter. Areas of focus for grievances are: Optum Healthcare, quality of services issues related to providers refusing care, NMT services where CalOptima Health transitioned NMT services to a new vendor.
- OneCare Appeals: There was a decrease in appeals from the previous quarter with an overturn rate of 48%. Many of the appeals were related to Optum Healthcare: out of network specialty care. Staff reached out to Optum Healthcare and resolved many of the issues.
- There were 11 state fair hearings requested and 1 overturned.
- Several departments took actions to remediate issues related to grievances:
  - Claims was conducting a claim sweep to adjust claims previously processed in error leading to grievance.
  - Network Operations was providing education to Health Networks on proper denials and assigning a new fax number so that authorization is properly and timely received.
  - Medical Management was providing education to providers on ABA denials and better coordination with HN contacts on discharges.

QIHEC Subcommittee Report Summary in Quarter 2, 2024
• Non-Compliance: Member Appeals had five cases submitted late due to high Nurse Specialist caseload. Staff created a report for clinical manager tracking and is being monitored daily to ensure that all denial cases are being submitted timely. • Member Grievances – In 2023 100% of all discrimination cases were closed timely. However, only 60% were sent to DHCS within the regulatory timeframe and in Q1 2024 two additional cases were submitted late. Late submission was due to reporting details not available however staff created a detail reporting to allow for proper monitoring.
Member Experience Committee (MemX)
• MemX met on 5/22/2024. • Approved updates to their charter. • BH member experience survey results – Medi-Cal member responses increased in 2023 from the previous year For Medi-Cal, the overall satisfaction rate decreased for Medi-Cal Mental Health population from 75% to 67% and increased in the Medi-Cal ABA population from 81% to 84%. 2023 was the first year OneCare members were surveyed for mental health experience. OneCare Mental Health overall satisfaction was 65%. The goal for the surveys was set at 85%, and all populations surveyed did not meet their target goal. • Reviewed status of the 2022 Timely Access survey CAPS where 117 CAPs were issued, and 11 CAPs were issued to the HNs. Staff provided a status on the 2023 Timely Access survey fielded from September to December of 2023 and rates to be available in June 2024. • Discussed results of the 2023 Annual Network Certification (ANC) and Subcontracted Network Certification (SNC) submissions including status of CAPs for health networks related to SNC. CalOptima Health continues to work with the HNs on improving the following areas: Mandatory Provider Types for licensed/certified midwives, provider to member ratios for specific provider type and time and distance for specific zip codes. OneCare met standards for network adequacy. • Introduced the Network Adequacy Validation (NAV) audit and provided update on progress; Virtual session scheduled for July 2024. • CAHPS status on fielding was provided. Final plan results will be available in Q3 2024.
Population Health Management (PHM) Committee
• PHM Committee met February 29, 2024, and May 16, 2024 • PHMC approved PHM Committee Charter, reviewed regulatory requirements and KPIs. • While Initial Health Appointment rates increased from 17% to 50%, most health networks are at risk of not meeting the goal. • Included pediatricians as providers for Maternal Health Depression for the PHM Strategic goal. • Shape Your Life informational flyer for the Health Education Program was shared. • Presentation to PHMC by OCHCA on Community Health Assessment (CHA)/Community Health Improvement Plan (CHIP).
Utilization Management Committee (UMC)
• **Benefits Management Subcommittee (BMSC)**

QIHEC Subcommittee Report Summary in Quarter 2, 2024
• **Pharmacy and Therapeutics Committee (P&T)**

• UMC met on May 23, 2024.
 • The Committee took the following actions:
     o Reviewed 2023 Utilization Metrics for 4th Quarter: Over and under-utilization rates against goals (Admits/PTMPY, Days/PTMPY, ALOS, Readmit %), identified an increase in rates for Long Term Care population and an increase in readmissions for most populations.
     o Reviewed Inpatient TAT - Compliant since November 2023.
     o Reviewed Prior Authorization TAT – Compliant for all measures.
     o Approved the 2024 UMC Charter revisions.
     o Set target goals for Bed Day and Readmits and created a Bed Day's Reduction workgroup to review data for inpatient Bed Days and Admits and to assist with improvements needed.
     o Approved 2024 Board Certified Consultants
     o Approved the 2024 Utilization Management Goals
 • The following quality improvement actions were implemented:
     o Reported to QIHEC that a system error caused fax receipt acknowledgement issue after the JIVA migration. Created a sub workgroup to analyze the list of outstanding fax acknowledgements and create interventions with a report on resolution.
 • Benefit Management Subcommittee was held on 2/28/24, 3/13/2024 and 3/27/2024.
     o 145 codes were reviewed and determined whether a prior authorization is required, not required or removed from the list.
     o 2024 Benefit Management Subcommittee Charter reviewed and approved.

Whole-Child Model Clinical Advisory Committee (WCM CAC)

• WCM CAC met on May 20, 2024.
 • Approved WCM CAC Charter updates.
 • Accepted Dr. Wyman Lai's resignation and added Dr. James Chu, pediatric cardiologist at CHOC Health Alliance as his replacement.
 • Unanimously voted to keep meeting virtual.
 • Reviewed WCM DHCS Assessment Report.
 • WCM membership continues to decrease. Largest enrollment was 15–19-year-olds.
 • WCM network adequacy standards met for the quarter.
 • Reviewed WCM utilization and service data.
     o Prospective rate for Behavioral Health Treatment Utilization – Low APM (Metabolic Monitoring for Children & Adolescents on Atypical Antipsychotics). Barrier was reported on receiving timely and accurate data. Remediation with staff education on APM best practice and follow-up visits with members are recommended.
     o For CalAIM, the highest utilization was in Enhanced Care Management, specifically housing navigation and medically tailored meals.

QIHEC Subcommittee Report Summary in Quarter 2, 2024
• Reviewed Pediatric Quality Measures – Opportunities for improvement are in the WCM 1-15 months of life; Combo-10 - Flu vaccine; Developmental screening; Topical Fluoride application; WCC 18-21. Strategy to close quality gap by leveraging opportunities during specialist visits and at special care centers; dental home for all WCM children; optimize TRC process for patients aging out.

For more detailed information on the workplan activities, please refer to the Second Quarter of the 2024 QIHETP Work Plan.

<u>Attachment</u>

Approved at QIHEC throughout Q2 2024: Second Quarter 2024 QIHETP Work Plan 2Q

Evaluation Category	2024 QIHETP Work Plan Element Description	Goal(s)	Planned Activities	Specific date of completion for each activity (i.e. MM/DD/YYYY)	Responsible Business owner	Support Staff	Department	Results/Metrics: Assessments, Findings, and Monitoring of Previous Issues *List any problems in reaching the goal or relevant data (i.e. state if goals were met or not met, include what caused the problem/issue)*	Next Steps Interventions / Follow-up Actions *State what will be done to meet the goal (i.e. continue with plan as listed or modify the plan: add a specific new process, etc.)*	Red - At Risk Yellow - Concern Green - On Target
Program Oversight	2024 Quality Improvement Annual Oversight of Program and Work Plan	Obtain Board Approval of 2024 Program and Workplan	Quality Improvement Health Equity Transformation Program (QIHETP) Description and Annual Work Plan will be adopted on an annual basis; QIHETP-QIHEC-BOD; Annual Work Plan-QIHEC-QAC	QIHEC: 02/13/2024 QAC: 03/13/2024 Annual BOD Adoption by April 2024	Director of Quality Improvement	Manager of Quality Improvement	Quality Improvement	2024 QIHETP Description and Annual Work Plan was first adopted by BOD on 4/4/24. Revisions were made to the QIHETP and Work Plan and was approved by QAC on 6/12/24. 1. Updated QIHETP staffing and resources to reflect current organizational structure and renamed Equity and Community Health Department formaly known as the Population Health Management Department. 2. Updated section in the QIHETP to reflect current operational and workflows. 3. Added Cultural and Linguistic Appropriate Services Program to QIHETP as Appendix D. 4. Added cultural linguistic and health equity goals and planned activities to the QIHETP Annual Work Plan.	The revised 2024 QIHETP Description and Work Plan was submitted for BoD approval at the 8/1/24 meeting.	
Program Oversight	2023 Quality Improvement Program Evaluation	Complete Evaluation 2023 QI Program	Quality Improvement Program and Annual Work Plan will be evaluated for effectiveness on an annual basis	QIHEC: 02/13/2024 QAC: 03/13/2024 Annual BOD Adoption by April 2024	Director of Quality Improvement	Manager of Quality Improvement	Quality Improvement	2023 Quality Improvement Program Evaluation was approved by BoD on 4/5/24.	Goal was completed	
Program Oversight	2024 Integrated Utilization Management (UM) and Case Management (CM) Program Description	Obtain Board Approval of 2024 UM and CM Program Description	UM and CM Program will be adopted on an annual basis.	QIHEC: 02/13/2024 QAC: 03/13/2024 Annual BOD Adoption by April 2024	ED of Clinical Operations	Director of Utilization Management	Utilization Management	The 2024 UM and CM Program was presented at the March 2024 BOD and approved	Goal Completed. Next steps not needed.	
Program Oversight	2023 Integrated Utilization Management and Case Management Program Evaluation	Complete Evaluation of 2023 UM CM Integrated Program Description	UM Program will be evaluated for effectiveness on an annual basis.	QIHEC: 02/13/2024 QAC: 03/13/2024 Annual BOD Adoption by April 2024	ED of Clinical Operations	Director of Utilization Management	Utilization Management	The 2023 UM and CM Program Evaluation was presented at the March 2024 BOD and approved. Based on the approval of the 2023 UM/CM Program Evaluation, the 2024 UM/CM Program was written.	The 2024 UM/Program will be evaluated in Q1 2025.	
Program Oversight	Population Health Management (PHM) Strategy	Implement PHM strategy	Conduct the following: (1) Population Needs Assessment (PNA) (2) Risk stratification (3) Screening and Assessment (4) Wellness and prevention	PHMC report to QIHEC: Q1 03/12/2024 Q2 06/11/2024 Q3 09/10/2024 Q4 12/10/2024	Director of Equity and Community Health	Manager of Population Health Management /Director of Care Management	Equity and Community Health	1) PNA: Completed 2024 Population Needs Assessment Report Draft. Engaged with OCHCA to begin implementation of collaborative Community Health Assessment for 2027 and beyond.	1) PNA: Report 2024 PNA Key Findings to MAC, PAC, and PHMC; Publish 2024 PNA to CalOptima Health Website	

2024 QIHETP Appendix A – 2024 QIHETP Work Plan
8/1/2024

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Program Oversight	2024 Population Health Management (PHM) Strategy Evaluation	Complete the Evaluation of the 2024 Population Health Managemet (PHM) Strategy	The Population Heath Management (PHM) Strategy will be evaluated for effectiveness on an annual basis.	QIHEC: 11/0520/24 QAC: 12/11/2024 Annual BOD Adoption by January 2025	Director of Equity and Community Health	Manager of Population Health Management /Director of Care Management	Equity and Community Health	DHCS paused reporting on PHM Program Key Performance Indicators (KPIs) until they update technical specifications. Developing shared SMART Goals with OCHCA related to improving outcomes for Maternal Depression and Childhood Blood Lead poisoning.	Evaluation of goals and KPIs to be included in PHM Strategy Evaluation in Q4 2024.	(green)
Program Oversight	2024 Cultural and Linguistic Services Program and Work Plan	Obtain Board Approval of 2024 Program and Workplan	Cultural and Linguistic Services Program Work Plan will be evaluated for effectiveness on an annual basis	QIHEC: 02/13/2024 QAC: 03/13/2024 Annual BOD Adoption by April 2024	Manager of Customer Service	Manager of Cultural and Linguistics	Cultural and Linguistic Services	Presented and approved in the June 2024 QAC meeting and set to go for Board approval in July 2024. The workplan was embedded in the QI workplan and also approved in the June 2024 QAC meeting.	Obtain BoD approval in July 2024.	(yellow)
Program Oversight	2024 Cultural and Linguistic Services Program Evaluation	Complete the Evaluation of the 2024 Cultural and Linguistic Services Program	The Cultural and Linguistic Services Program will be evaluated for effectiveness on an annual basis.	QIHEC: 11/05/2024 QAC: 12/11/2024 Annual BOD Adoption by January 2025	Manager of Customer Service	Manager of Cultural and Linguistics	Cultural and Linguistic Services	No activities in April-June.	Evaluation assessment to begin Q3 or Q4 2024.	(green)
Program Oversight	**Population Health Management (PHM) Committee** - Oversight of population health management activities to improve population health outcomes and advance health equity.	Report committee activities, findings from data analysis, and recommendations to QIHEC	(1) PHMC reviews, assesses, and approves the Population Needs Assessment (PNA), (2) PHM Strategy activities, and PHM Workplan progress and outcomes. (3) Committee meets at least quarterly, maintains and approve minutes, and reports to the QIHEC quarterly.	PHMC report to QIHEC: Q2 06/11/2024 Q3 09/10/2024 Q4 12/10/2024 Q1 03/11/2025	Director of Equity and Community Health	Manager of Equity and Community Health/ Director Case Management	Equity and Community Health	▪ Held second quarter PHM Committee Meeting in May 2024 which included both internal CalOptima Health updates on PHM Program and Community Spotlight on CHA/CHIP facilitated by OC HCA. ▪ Provided PHM Committee update for QIHEC in June 2024. ▪ Finalized the approval and reporting calendar, charter, and Policy GG. 1667. ▪ Developed and published PHM Committee SharePoint site to house committee materials	▪ Continue to assists this committee by reviewing relevant guidance, agenda setting, and presentation development, and deliverables shared with QIHEC. ▪ Next PHM Committee meeting is scheduled for August 2024 ▪ Report committee update to QIHEC in September 2024	(green)

Evaluation Category	2024 QIHETP Work Plan Element Description	Goal(s)	Planned Activities	Specific date of completion for each activity (i.e. MM/DD/YYYY)	Responsible Business owner	Support Staff	Department	Results/Metrics: Assessments, Findings, and Monitoring of Previous Issues *List any problems in reaching the goal or relevant data (i.e. state if goals were met or not met, include what caused the problem/issue)*	Next Steps Interventions / Follow-up Actions *State what will be done to meet the goal (i.e. continue with plan as listed or modify the plan: add a specific new process, etc.)*	Red - At Risk Yellow – Concern Green - On Target
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	Report committee activities, findings from data analysis, and recommendations to QIHEC	Review of Initial and Recredentialing applications approved and denied; Facility Site Review (including Medical Record Review (MRR) and Physical Accessibility Reviews (PARS)); Quality of Care cases leveled by committee, critical incidence reports and provider preventable conditions. Committee meets at least 8 times a year, maintains and approve minutes, and reports to the QIHEC quarterly.	CPRC report to QIHEC: Q2 06/11/2024 Q3 09/10/2024 Q4 12/10/2024 Q1 03/11/2025	Manager of Quality Improvement	Manager of Quality Improvement	Quality Improvement	There remain five physicians undergoing the Fair Hearing process. Six PQI cases leveled 1, 2 or 3 were presented to CPRC. Two PQIs were brought back to CPRC and the physicians were recommended for an administrative termination. In Q2, 2024, PQI launched a new system to track PQI cases called Jiva. PQI reporting is still being developed, so trends will be reported when the reports are available. We can report that we have 629 open PQI cases. At the end of Q1, we completed the annual audit of contracted hospitals to ensure they have a policy and procedure for ensuring a 72 supply of medications at discharge. 10 hospitals were audited and all were in compliance. There were no new PPCs or OPPCs identififed in Q2. Two policies were presented: GG.1650 and GG.1651 with minor changes.	Two of the Fair Hearings are scheduled to commence in Q3, 2024. In Q3, 2024, we aim to have reporting available for PQI developed and be able to report trends for Q1 and Q2. We will continue to monitor claims data for PPCs and OPPCs.	

2024 QIHETP Appendix A – 2024 QIHETP Work Plan
8/1/2024

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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.	Report committee activities, findings from data analysis, and recommendations to QIHEC	The GARS Committee reviews the Grievances, Appeals and Resolution of complaints by members and providers for CalOptima Health's network and the delegated health netwoks. Trends and results are presented to the committee quarterly. Committee meets at least quarterly, maintains and approve minutes, and reports to the QIHEC quarterly.	GARS Committee Report to QIHEC: Q2 06/11/2024 Q3 09/10/2024 Q4 12/10/2024 Q1 03/11/2025	Director of Grievance and Appeals	Manager of Grievance and Appeals	Grievance and Appeals Resolution Services	GARS Committee met on May 14 to review the trends and actions taken for the trends identified in Q1. During that discussion the following were presented: **Program - Grievances:** Medi-Cal received 3,713 grievances in Q1 and 15,420 appeals/payment disputes = 19,133 OneCare Connect received 2 Grievances in Q1 and 99 appeals/payment disputes = 101 OneCare received 475 grievances in Q1 and 1098 appeals/payment disputes = 20,807 There were no HN over the NCQA threshold Trending Health Networks for MediCal included - CCN at 2.48 per 1000 MM; Heritage at 1.32 per 1000 MM and Optum at 1.31 per 1000 MM Trending Health Networks for OneCare included - Prospect at 7.8 per 1000 MM, Optum at 7.6 MM and CCN at 7.6 MM Top reasons included transportation delays, provider service and CalOptima Services. Both Access to Care and Member Billing both saw a decrease in the volume over Q4. **Appeals:** No trends identified in appeals. Overturn rate in Q1 was 32% and the overturn reasons were consistent with prior quarters - additional records received, medical criteria not applied on the initial review used at the appeal level to support the request and missing information not available at the initial review received at the time of appeal.	The department will continue to perform quarterly reviews to identify trends. This information will be presented to GARS Committee as opportunies to improve operations across the organization. The department will host the next GARS Committee meeting on August 14 to discuss trends identified and any remediation activities found in Q2 2024.	

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Program Oversight	**Member Experience (MEMX) Committee Oversight -** Oversight of Member Experience activities to improve quality of service, member experience and access to care.	Report committee activities, findings from data analysis, and recommendations to QIHEC	The MEMX Subcommittee reviews the annual results of CalOptima Health'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. Committee meets at least quarterly, maintains and approve minutes, and reports to the QIHEC quarterly.	MemX Committee report to QIHEC: Q2 06/11/2024 Q3 09/10/2024 Q4 12/10/2024 Q1 03/11/2025	Director of Medicare Stars and Quality Initiatives	Project Manager Quality Analytics	Quality Analytics	In Q2, MemX Committee met 5/22/24 and reviewed/discussed the following: •Charter review and Committee approved the updates •Created quarterly reporting schedule •Reviewed Behavioral Health Member Experience Survey Results •Timely Access: Appointment Availability and Telephone Access: Reviewed the number of Provider and HN CAPS issued and received and DHCS audit findings. •Network Adequacy: SNC 2023 submitted 1/19/24 and revisions and corrective action plans submitted on 5/3/24. CalOptima's next quarterly update is due 7/1/24. ANC: phase 1 ANC 2023 submitted 2/1/24 and phase 2 ANC 2023 submitted 3/20/24. NAV audit: pre-virutal audit activities completed March-May 2024. CalOptima's virtual audit-7/25/24. •Improve Member Experience: Reviewed current response rates for HN and Plan level CAHPS. •KPI Updates: All KPI's for Customer Service, Health Ed, GARS, UM and CM were presented and are being monitored and addressed in respective committees.	Q3 meeting is scheduled for: 7/16/24	
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.	Report committee activities, findings from data analysis, and recommendations to QIHEC	UMC reviews medical necessity, cost-effectiveness of care and services, reviewed utilization patterns, monitored over/under-utilization, and reviewed inter-rater reliability results. Committee meets at least quarterly, maintains and approve minutes, and reports to the QIHEC quarterly. **P&T and BMSC** reports to the UMC, and minutes are submitted to UMC quarterly.	UMC Committee report to QIHEC: Q2: 06/11/2024 Q3: 09/10/2024 Q4: 12/10/2024 Q1 03/11/2025	Director of Utilization Management	Manager of Utilization Management	Utilization Management	Internal and External oversight monitoring established by the Bed Reduction Strategy sub work group and presented for approval at the 5/23/2024 UMC Committee. The goals were approved by the committee. Utilization information will continue to be shared in UMC meetings to monitor these goals going forward. The UMC Committee information was presented to QIHEC at the 6/11/2024 meeting.The Committee information will be presented next in September.	On track - UMC scheduled for 8/22 where information will be reviewed, and next report out scheduled for September QIHEC meeting.	

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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.	Report committee activities, findings from data analysis, and recommendations to QIHEC	WCM CAC reviews WCM data and provides clinical and behavioral service advice regarding Whole Child Model operations. Committee meets at least quarterly, maintains and approve minutes, and reports to the QIHEC quarterly. Annual Pediatric Risk Stratification Process (PRSP) monitoring (Q3)	WCM CAC report to QIHEC: Q2: 06/11/2024 Q3: 09/10/2024 Q4: 12/10/2024 Q1 03/11/2025	Whole Child Model Medical Director/Director of Case Management	Program Assistant QI	Medical Management	WCM CAC met 5/20/2024. They approved the 2/20/2024 meeting minutes and submitted a copy to QIHEC. WCM CAC unanimously voted to keep meeting virtually. The WCM CAC Charter updates were approved. Dr. Wyman Lai CHOC CCS representative resigned from serving on WCM CAC. Dr. James Chu, from CHOC is being considered to replace Dr. Lai. The Committee reviewed WCM data, pediatric quality improvement measures, pediatric CalAIM services.	CalOptima Health staff will continue active monitoring of WCM Health Network adequacy, collaborate with quality improvement staff on quality improvement strategies. Pediatric Risk Stratification Process (PRSP) monitoring will be reported at the next WCM CAC meeting scheduled for August 20, 2024.	
Program Oversight	Care Management Program	Report on key activities of CM program, analysis compared to goal, and improvement efforts	Report on the following activities: Enhanced Care Management (ECM) Complex Case Management (CCM) Basic PHM/CM Early and Periodic Screening, Diagnostic and Treatment (EPSDT) CM Transitional care services	Update from PHMC to QIHEC: Q2 06/11/2024 Q3 09/10/2024 Q4 12/10/2024 Q1 03/11/2025	Director of Care Management	TBD	Medical Management	Enhanced Care Management (ECM): a)CalAIM ECM provider report documenting Lead Care Managers in CalOptima Connect showed an improvement from 3% to 44%. This ensures the Lead Care Manager is notified of any admissions. Expectation moving forward is to have ECM Providers continue to document accurately. Complex Case Management (CCM) a) NCQA Accreditation Audit-passed 100% b) Continue Monthly NCQA file audit for CCN and Health Networks. Basic PHM/CM: Case Management's quarterly audit for MOC for delegated Health Networks. Early and Periodic Screening, Diagnostic and Treatment (EPSDT) a) CM: Implemented a multi-department work group to discuss EPSDT requirements meetings on 5/21/2024 and 7/1/2024. b) Health Network training 4/18/2024 on EPSDT. Transitional care services: a) Refer to Row 61 for TCS Updates. b) IT support for reporting to analyze outcomes on TCS response pending Phase II Jiva remediation c) Sharing of TCS qualifying discharge events with ECM providers to track successful outreach	Report on the following activities: Enhanced Care Management (ECM): a) Safety Net Connect to create self-reporting tool for Lead Care Manager to share contact information. Complex Case Management (CCM): a) Continue monthly NCQA file audits for CCN and HN members open to CCM level of care. Basic PHM/CM: Continue quarterly audits of delegated Health Networks for MOC oversight. Early and Periodic Screening, Diagnostic and Treatment (EPSDT) CM: a) continued workgroup to discuss requirements for EPSDT Transitional care services: a) See Row 61 for TCS updates. b) Outcome analysis of Health Networks for JOMS presentation pending IT support post JIVA Phase II remediation. c) continued requests to ECM providers for information on TCS outreach day 1-7 post qualifying discharge event.	

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Program Oversight	Delegation Oversight	Implement annual oversight and performance monitoring for delegated activities.	Report on the following activities: Implementation of annual delegation oversight activities; monitoring of delegates for regulatory and accreditation standard compliance that, at minimum, include comprehensive annual audits.	Report to QIHEC: Q2: 06/11/2024 Q3: 09/10/2024 Q4: 12/10/2024 Q1 03/11/2025	Director of Audit and Oversight	Manager of Audit and Oversight (Delegation)/ Manager Delegation Oversight	Delegation Oversight	Delegate: Family Choice Health Services/Conifer Health Solutions (MSO) (83) Family Choice Medical Group/Conifer Health Solutions (MSO) (21) Area(s) Assessed: Case Management; Claims; Compliance; Credentialing; Customer Service; Provider Network Contracting; Provider Relations; Sub-Contractual; Utilization Management Corrective Action Plan(s) Issued: Claims (Medi-Cal) – Accepted & Closed Compliance, Staff Initial Training (All Lines of Business) - Accepted & Closed Customer Service (All Lines of Business) – Monitoring Utilization Management, Concurrent Review (Medi-Cal) – Monitoring Utilization Management, Expedited & Standard Denials (Medi-Cal) – Monitoring Utilization Management, Physician Administered Drugs (All Lines of Business) – Accepted & Closed Utilization Management, Notice of Medicare Non-Coverage (OneCare) – Accepted & Closed Utilization Management, ODAG Denials (OneCare) – Monitoring Utilization Management, Physician Administered Drugs (All Lines of Business) – Accepted & Closed	Continue to monitor CAPs in "Monitoring" status through acceptance & closure.	
Program Oversight	Disease Management Program	Implement Disease Management	Report on the following activities: Evaluation of current utilization of disease management services Maintain business for current programs and support for community. Improve process of handling member and provider requests.	Update from PHMC to QIHEC: Q2 06/11/2024 Q3 09/10/2024 Q4 12/10/2024 Q1 03/11/2025	Director of Population Health Management	Manager of Equity and Community Health	Equity and Community Health	1) A 2 way text messages targeting members with asthma was implemented on 6/19/2024. In responding to the text, there were 232 members that requested a call back from a health coach. 2) A column was added to the monthly diabetes stratification results identifying members with Chronic Kidney Disease Stage III and IV. 3) Currently piloting stratification/segmentation data from PointClickCare to identify members with Congestive Heart Failure and from Decision Point Opus to identify members with Asthma for outreach by the health coaches. 4) Monitoring the bi-monthly New Member Mailing for low-risk members with asthma and diabetes taking place since February 2024. 5) Collaboration with CalAIM to refer asthma members to the Asthma Housing Remediation Community Supports program. 6) Process has been established between the CalOptima Health Pharmacy department to conduct the medication therapy management for members receiving health coaching and interventions from Registered Dietitians. 7) CalOptima Health RDs are able to assess and submit their own Medically Tailored Meals referrals for qualifying members.	1. A new risk stratification has been proposed for the chronic condition programs pending approval from the leadership team. 2. Working toward expending the Diabetes Prevention Program services. Currently, working to identify vendors. 3. Plan to initiate Registered Dietitian Member Satisfaction Survey via text message. 4. Plan to create separate condition-specific assessment in Jiva to identify members enrolled by conditions.	

Evaluation Category	2024 QIHETP Work Plan Element Description	Goal(s)	Planned Activities	Specific date of completion for each activity (i.e. MM/DD/YYYY)	Responsible Business owner	Support Staff	Department	Results/Metrics: Assessments, Findings, and Monitoring of Previous Issues *List any problems in reaching the goal or relevant data (i.e. state if goals were met or not met, include what caused the problem/issue)*	Next Steps Interventions / Follow-up Actions *State what will be done to meet the goal (i.e. continue with plan as listed or modify the plan: add a specific new process, etc.)*	**Red - At Risk** Yellow - Concern **Green - On Target**
Program Oversight	Health Education	Implement Health Education Program	Report on the following activities: (1) Evaluation of current utilization of health education services (2) Maintain business for current programs and support for community. (3) Improve process of handling member and provider requests.	Update from PHMC to QIHEC: Q2 06/11/2024 Q3 09/10/2024 Q4 12/10/2024 Q1 03/11/2025	Director of Equity and Community Health/Manager of Health Education	Manager of Equity and Community Health	Equity and Community Health	1) Evaluation of current utilization of health education services: -Most incoming referral are for weight control but hypertension continues to be one of the top health conditions. Exploring ways to target members who have high blood pressure, and to include efforts for making the blood pressure monitors more easily accessible as a covered benefit. 2) Maintain business for current programs and support for the community: -Expanded community classes and added ongoing Tuesdays and Thursdays virtual Zoom classes in English and Spanish. 3) Improve the process of handling member and provider requests: -Working on implementing a member self-referral form so that members can direly refer to health and wellness services.	1) Exploring available services, blood pressure cuff utilization among members, contracted pharmacy's locations and major gaps in services for members with hypertension. 2) Promoting community classes via a new standalone class flier, and exploring school interests for further collaboration with new community locations and potential new topics. 3) Seeking member feedback on the draft referral form.	
Program Oversight	Health Equity	Identify health disparities Increase member screening and access to resources that support the social determinants of health Report on quality improvement efforts to reduce disparities	Assess and report the following activities: 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	By December 2024 Update from PHMC to QIHEC: Q2 06/11/2024 Q3 09/10/2024 Q4 12/10/2024 Q1 03/11/2025	Director of Equity and Community Health	Manager of Equity and Community Health	Equity and Community Health	(1) SDOH Member assessment went live in the Member Portal and we continued to build out the assessment for integration into JIVA (2) Fully executed contract with FindHelp as the selected closed-loop referral vendor and working with JIVA for integration (3) HL4E certificate program continues through the end of the year to allow staff to complete their certifications. Currently, 73 out of 164 staff have completed their certification program. Four CalOptima Health staff participated in the Teach-back method Train the Trainer training.	(1) Update SDOH assessment in the Member portal to reflect updates done as part of the SDOH assessment integration into JIVA (2) Continue to work on integration of the closed-loop referral system into JIVA (3) Continue to encourage staff to complete their mini-credentials to earn their certification. Develop a Teach - Back method module to train new member facing staff as part of their onboarding process	

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Program Oversight	Long-Term Support Services (LTSS)	95% compliance with TAT	CalAIM Turnaround Time (TAT): Determination completed within 5 business days CBAS Inquiry to Determination (TAT): Determination completed within 30 calendar days CBAS Turnaround Time (TAT): Determination completed within 5 business days LTC Turnaround Time (TAT): Determination completed within 5 business days	Update from UMC to QIHEC Q2: 06/11/2024 Q3: 09/10/2024 Q4: 12/10/2024 Q1 03/11/2025	Director of LTSS	Manager of LTSS	Long Term Care	CalAIM TAT: Met - 99.68% CBAS Inquiry to Determination TAT: Met - 100% CBAS TAT: Met 99.66% LTC TAT: Met 99.93%	Continue to monitor TAT.	(green)
Program Oversight	National Committee for Quality Assurance (NCQA) Accreditation	CalOptima Health must have full NCQA Health Plan Accreditation (HPA) and NCQA Health Equity Accreditation by January 1, 2026	1) Implement activites for NCQA Standards compliance for HPA and Health Plan Renewal Submission by April 30, 2024. 2) Develop strategy and workplan for Health Equity Accreditation with 50% document collect for submission.	1) By April 30, 2024 2) By December 2024 Report program update to QIHEC Q2: 04/09/2024 Q3: 07/09/2024 Q4: 10/08/2024 Q1: 01/14/2025	Program Manger of Quality Improvement	Director of Quality Improvement	Quality Improvement	1) HP Accreditation: Successfully submitted all required documents by the submission deadline of 4/30/2024. Completed Virtual File Review with NCQA Surveyors on UM Appeals, UM Denials (BH, Pharmacy, Credentialing/Recred), and Complex Case Management (CCN and Delegates). We scored 100% on all File review elements. 2) HE Accreditation: initial GAP analysis report received on preliminary discovery meetings. Health Equity Workstreams Kick-Off meetings with project managers. Health Equity Guidelines and Elements Training. Currently building systems and processes (workstreams) in preparation for new GAP analysis meetings. 3) NCQA Consultants: Contracted with new NCQA Consultants Health Management Associates (HMA) to assist with the initial accreditation of 2025 Health Equity (HE) and 2027 Health Plan (HP) re-accreditation. Preliminary results indicate CalOptima Health met the required points to maintain NCQA HP Accreditation status.	1) HP Accreditation: Pending final report and decision letter from NCQA. Quality Improvement (QI) will develop a remediation plan for elements/factors missed. Share CalOptima Health's final HP accreditation results to the Oct QIHEC. 2) HE Accreditation: Schedule a meeting with PMs and new consultants for a new GAP Analysis. Submit Application for NCQA HE Survey by 9/2024. 3) NCQA Consultants: Kick-off meeting with new NCQA consultants scheduled July 24th.	(green)

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2024 QI Work Plan – Q2 Update

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Program Oversight	OneCare STARs Measures Improvement	Achieve 4 or above	Review and identify STARS measures for focused improvement efforts.	By December 2024 Report program update to QIHEC Q2: 04/09/2024 Q3: 07/11/2024 Q4: 10/08/2024 Q1: 01/14/2025	Director of Medicare Stars and Quality Initiatives	Manager of Quality Analytics	Quality Improvement	Created monthly workgroups for Operations, Equity and Community Health, Case Management / Utilization Management / Behavioral Health, and Pharmacy. Created process metrics and deliverables for all workgroups. Created glidepaths for all measures with monthly targets to track performance to goal (4 or 5 Stars). Created call scripts and workflow for the Case Management team to begin member outreach for the OMW measure. Ongoing telephonic outreach to members across multiple measures via vendor Carenet. All measures are performing better in 2024 as compared to same time last year except for OMW.	Continue with plan as listed.	(green)
Program Oversight	Value Based Payment Program	Report on progress made towards achievement of goals; distribution of earned P4V incentives and quality improvement grants - HN P4V - Hospital Quality	Assess and report the following activities: 1) Will share HN performance on all P4V HEDIS Measures via prospective rates report each month. 2) Will share hospital quality program performance	Report program update to QIHEC Q2: 04/09/2024 Q3: 07/09/2024 Q4: 10/08/2024 Q1: 01/14/2025	Manager of Quality Analytics	Manager Quality Analytics	Quality Analytics	There have been delays in sending monthly HN performance for P4V measures. Quality improvement grant process is on track.	Confer with the HEDIS team re: P4V reporting. Release the Medi-Cal NOFO as planned in Q3, and the OneCare NOFO as planned in Q4.	(yellow)
Program Oversight	Quality Performance Measures: Managed Care Accountability Set (MCAS) STAR measures	Track and report quality performance measures required by regulators	Track rates monthly Share final results with QIHEC annually	Report program update to QIHEC Q2: 05/14/2024 Q3: 08/13/2024 Q4: 11/05/2024 Q1 02/11/2025	Director of Quality Analytics	Manager Quality Analytics	Quality Analytics	HEDIS MY2023 preliminary rates reported to May QIHEC.FUA and FUM measures are below the MPL.	Final rates will be presented to QIHEC in August.	(green)

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Program Oversight	School-Based Services Mental Health Services	Report on activities to improve access to preventive, early intervention, and BH services by school-affiliated BH providers.	Assess and report the following Student Behavioral Health Incentive Program (SBHIP) activities: 1 Implement SBHIP DHCS targeted interventions 2. Bi-quarterly reporting to DHCS	Report program update to QIHEC Q2: 04/09/2024 Q3: 07/09/2024 Q4: 10/08/2024 Q1 01/14/2025	Director of Behavioral Health Integration	Project Manager Behavioral Health Integration	Behavioral Health Integration	1) SBHIP Partners completed and sent their Q2 progress reports - first of 10 OCDE/CHOC WellSpaces installed; grand opening held on May 3rd at Marco Forster Middle School. 2) SBHIP Partners Meetings include Kaiser; SBHIP Collaboration Meeting with OCDE, and their mental health leaders have been scheduled for 2024-25. 3) Prepared 4 DHCS Biquarterly Reports for June submission. 4) June the 2nd SBHIP payment/check request was completed and issued to CHOC, HAZEL, OCDE, and WYS. 5) Reviewed and approved 14 OCDE school district budget plans. 6) Hazel Health began sending monthly dashboards showing the number of referrals and student visits	1) Individual meetings with CHOC, HAZEL, WYS, and OCDE to review their SBHIP-funded project level of implementation for the remainder of the program. 2) CalOptima Health will be represented at the OCDE Mental Health Summit on August 22. 3) Discuss and confirm the installment dates for the remaining WellSpaces with CHOC. 4) Review the school-based mental health training curriculum with WYS 5) Priority topics selected with OCDE for the SBHIP Collab Meeting (plan for end-of-year accomplishments	
Program Oversight	CalOptima Health Comprehensive Community Cancer Screening Program	Increase capacity and access to cancer screening for breast, colorectal, cervical, and lung cancer.	Assess and report the following: 1) Establish the Comprehensive Community Cancer Screening and Support Grants program 2) Work with vendor to develop a comprehensive awareness and education campaign for members.	Report Program update to QIHEC Q2: 04/09/2024 Q3: 07/09/2024 Q4: 10/08/2024 Q1 01/14/2025	Director of Equity and Community Health	Manager of Equity and Community Health	Equity and Community Health	1) Reviewed, scored and selected 15 grant proposals for Board approval recommendation. Timeline for Board approval moved from June to August 2024. 2) Insight from the stakeholder sessions informed campaign strategy and approach, and staff is currently engaged with marketing firm in the development of creative concepts.	1) Subject to Board approval and contracting process, implementation of grant activities is expected to commence in September 2024. 2) Campaign soft launch is anticipated for Fall 2024.	
Quality of Clinical Care	Preventive and Screening Services	Cervical Cancer Screening (CCS), Colorectal Cancer Screening (COL), Breast Cancer Screening (BCS) MY 2024 Goals: CCS: MC 59.85% BCS-E: MC 62.67% OC 71% COL: OC 71%	Assess and report the following activities: 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.	Report progress to QIHEC Q1 2024 Update (05/14/2024) Q2 2024 Update (08/13/2024) Q3 2024 Update (11/5/2024) Q4 2024 Update (02/11/2025)	Director of Medicare Stars and Quality Initiatives	Quality Analyst	Quality Analytics	1. Member Health Reward:CCS:MC 290; BCS:MC 136; BCS:OC 20; COL: OC 7 2. CCS Mailing: 127,684 members; COL mailing 535 members; Text Campaign: CCS 85014 members; BCS MC 25538 members OC 1455; MC/OC live call campaign 3. Continuation of CCN OC COL GI outreach pilot program 4. Planning Phase for CCN Cologuard Project with Exact Sciences 5. May 2024 Prospective Rate Data: CCS: MC 38.27% BCS: MC 43.75%; BCS: OC 56%; COL: OC 52%	1. Continue to track CCS, BCS MC OC, COL OC member health reward 2. Continue member outreach campaigns: Mailing, IVR, text and MC/OC live call campaigns 3. Continue to monitor CCN OC COL GI outreach pilot program. 4. Kick off CCN Cologuard Project with Exact Sciences	

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Quality of Clinical Care	EPSDT Diagnostic and Treatment Services: ADHD Mental Health Services: Continuity and Coordination Between Medical Care and Behavioral Healthcare Appropriate Use Of Psychotropic Medications	Follow-Up Care for Children Prescribed ADHD medication (ADD) HEDIS MY2024 Goal: MC - Init Phase - 44.22% MC -Cont Phase - 50.98%	Assess and report the following activities: 1) Work collaboratively with the Communications department to Fax blast non-compliant providers letter activity (approx. 200 providers) by second quatre. 2) Participate in provider educational events, related to follow-up visits and best practices. 3) Continue member outreach to improve appointment follow up adherence. a. Monthly Telephonic member outreach (approx. 60-100 mbrs) b. Member Newsletter (Fall) c. Monthly Member two-way Text Messaging (approx. 60-100 mbrs) 4) Member Health Reward Program 5) Information sharing via provider portal to PCP on best practices, with list of members that need a diabetes screening.	Report progress to QIHEC Q1 2024 Update (05/14/2024) Q2 2024 Update (08/13/2024) Q3 2024 Update (11/05/2024) Q4 2024 Update (02/11/2025)	Director of Behavioral Health Integration	Behavioral Health Integration Program Specialist	Behavioral Health Integration	PR HEDIS RATES Q2 (May): Initiation Phase-46.50% Continuation and Maintenance Phase- 52.08% 1) Approved for printing vendor for printed flyers to send out for Member Health rewards. 2) Member Health reward approved by DHCS and added to CalOptima Health Website for members to access. 3) Text Messaging outreach to members sent May and June	1) Q3 data will be pulled to initiate fax blast for Non-Compliant Providers Provider best practices letter and tip-sheet to non-compliant providers. 2) Mail out Member Health Rewards flyer to eligible members. 3) Continue monthly data pull for text messaging campaign.	

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Evaluation Category	2024 QIHETP Work Plan Element Description	Goal(s)	Planned Activities	Specific date of completion for each activity (i.e. MM/DD/YYYY)	Responsible Business owner	Support Staff	Department	Results/Metrics: Assessments, Findings, and Monitoring of Previous Issues *List any problems in reaching the goal or relevant data (i.e. state if goals were met or not met, include what caused the problem/issue)*	Next Steps Interventions / Follow-up Actions *State what will be done to meet the goal (i.e. continue with plan as listed or modify the plan: add a specific new process, etc.)*	Red - At Risk Yellow – Concern Green - On Target
Quality of Clinical Care	Health Equity/Mental Health Services: Continuity and Coordination Between Medical Care and Behavioral Healthcare - Prevention Programs for Behavioral Healthcare	Improve Adverse Childhood Experiences (ACES) Screening	Assess and report the following activities: 1) Collaborative meetings between teams to identify best practices to implement 2) Provider and member education	Report progress to QIHEC Q1 2024 Update (05/13/2024) Q2 2024 Update (08/13/2024) Q3 2024 Update (11/052/2024) Q4 2024 Update (02/11/2025)	Director of Behavioral Health Integration	Program Specialist of Behavioral Health Integration	Behavioral Health	1) ACEs presentation to inform the group of our progress as a Health plan and educate on the importance of this screening given by BHI Executive Director at the BHQI Workgroup Meeting in April.	1) Continue collaborative meetings between teams to identify best practices to implement. 2) Continue Provider and member education. 3) Continue to participate in the ACEs stakeholder meetings.	

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Evaluation Category	2024 QIHETP Work Plan Element Description	Goal(s)	Planned Activities	Specific date of completion for each activity (i.e. MM/DD/YYYY)	Responsible Business owner	Support Staff	Department	Results/Metrics: Assessments, Findings, and Monitoring of Previous Issues List any problems in reaching the goal or relevant data (i.e. state if goals were met or not met, include what caused the problem/issue)	Next Steps Interventions / Follow-up Actions State what will be done to meet the goal (i.e. continue with plan as listed or modify the plan: add a specific new process, etc.)	Red - At Risk Yellow – Concern Green - On Target

Quality of Clinical Care	Mental Health Service: Continuity and Coordination Between Medical Care and Behavioral Healthcare	Metabolic Monitoring for Children and Adolescents on Antipsychotics (APM) HEDIS MY2024 Goals: Blood Glucose-All Ages:58.43% Cholesterol-All Ages: 40.50% Glucose and Cholesterol Combined-All Ages: 39.01%	Assess and report the following activities: 1) Monthly review of metabolic monitoring data to identify prescribing providers and Primary Care Providers (PCP) for members in need of metabolic monitoring. 2) Work collaboratively with provider relations to conduct monthly face to face provider outreach to the top 10 prescribing providers to remind of best practices for members in need of screening. 3) Monthly mailing to the next top 50 prescribing providers to remind of best practices for members in need of screening. 4) Send monthly reminder text message to members (approx 600 mbrs) 5) Information sharing via provider portal to PCP on best practices, with list of members that need a diabetes screening.	Report progress to QIHEC Q1 2024 Update (05/13/2024) Q2 2024 Update (08/13/2024) Q3 2024 Update (11/05/2024) Q4 2024 Update (02/11/2025)	Director of Behavioral Health Integration	Behavioral Health Integration Program Specialist	Behavioral Health Integration	PR HEDIS RATES Q2 (May) : Blood Glucose all ages: 29.61%, Cholesterol all ages: 16.75%, Glucose & Cholesterol Combined all ages: 16.10%
								1) Barriers included: Receiving timely data and accurate information.
								   a)Sub measure names for this measure changed in 2024, causing delay in receiving data.
								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 tool sheet) to the next top 50 providers on a monthly basis.
								6) Text Messaging Campaign
									1) Use provider portal to communicate follow-up best practice and guidelines for follow-up visits.
									2) Continue data pull for text messaging campaign.
									3) Continue mailings of Provider materials (Best Practices letter and Provider tip tool sheet) to the next top 50 providers on a monthly basis.
									4) Continue with Provider Relations to conduct in-person provider outreach with top 10 providers on a monthly basis.	

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Quality of Clinical Care	Mental Health Services: Continuity and Coordination Between Medical Care and Behavioral Healthcare - Appropriate Diagnosis, Treatment And Referral Of Behavioral Disorders Commonly Seen In Primary Care	Antidepressant Medication Management (AMM) HEDIS MY2024 Goal: Acute Phase - 74.16% Continuation Phase - 58.06%	Assess and report the following activities: 1) Educate providers on the importance of follow up appointments through outreach to increase follow up appointments for Rx management associated with AMM treatment plan. 2) Educate members on the importance of follow up appointments through newsletters/outreach to increase follow up appointments for Rx management associated with AMM treatment plan. 3) Track number of educational events on depression screening and treatment.	Report progress to QIHEC Q1 2024 Update (05/14/2024) Q2 2024 Update (08/13/2024) Q3 2024 Update (11/052/2024) Q4 2024 Update (02/11/2025)	Director of Behavioral Health Integration	Program Specialist Behavioral Health Integration	Behavioral Health Integration	PR HEDIS RATES Q2 (May): Effective acute Phase Treatment: 63.60%, Effective Continuation Phase Treatment: 39.66% 1) Worked with Quality Analytics/Financial Analysis team to develop a data report 2) Drafted following materials: a) Text Messaging script 1. Approved by DHCS b) Drafted AMM Provider Tip Sheet	1) Use provider portal to communicate follow-up best practice and guidelines for follow-up visits. 2) Send out Text Messaging campaign. 3) Submit Provider Best Practices Letter for internal review process.	
Quality of Clinical Care	Mental Health Services: Continuity and Coordination Between Medical Care and Behavioral Healthcare - Severe And Persistent Mental Illness	Diabetes Monitoring For People With Diabetes And Schizophrenia (SMD) HEDIS MY2024 Goal: 76.66%	Assess and report the following activities: 1) Collaborative meetings between teams to identify best practices to implement 2) Provider and member education	Report progress to QIHEC Q1 2024 Update (05/14/2024) Q2 2024 Update (08/13/2024) Q3 2024 Update (11/05/2024) Q4 2024 Update (02/11/2025)	Director of Behavioral Health Integration	Program Specialist Behavioral Health Integration	Behavioral Health Integration	PR HEDIS Rates Q2 (May): M/C:45.33% OC: N/A 1) We are currently monitoring this measure. 2) Member Fall Newsletter for members.	1) Continue to monitor prospective rates on a monthly basis. 2) Continue collaborative meetings between teams to identify best practices to implement.	

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Quality of Clinical Care	Mental Health Services: Continuity and Coordination Between Medical Care and Behavioral Healthcare- Exchange of Information	Follow-Up After Emergency Department Visit for Mental Illness (FUM) HEDIS MY2024 Goal: MC 30-Day: 60.08%; 7-day: 40.59% OC (Medicaid only)	Assess and report the following activities: 1) Share real-time ED data with our health networks on a secured FTP site. 2) Participate in provider educational events related to follow-up visits. 3) Utilize CalOptima Health NAMI Field Based Mentor Grant to assist members connection to a follow-up after ED visit. 4) Implement new behavioral health virtual provider visit for increase access to follow-up appointments. 5) Bi-Weekly Member Text Messaging (approx. 500 mbrs) 6) Member Newsletter (Spring)	Report progress to QIHEC Q1 2024 Update (05/13/2024) Q2 2024 Update (08/13/2024) Q3 2024 Update (11/05/2024) Q4 2024 Update (02/11/2025)	Director of Behavioral Health Integration	Behavioral Health Integration Program Specialist	Behavioral Health Integration	PR HEDIS Rates Q2 (May): 30 day- 22.66%, 7 day- 12.72% 1) The main barrier has been not havng the bandwidth for outreach to members that we have been receiving on a daily basis. 2) Working with vendor to create a cohort report of FUM data only. 3) sFTP folders have been established and BH ED data is being sent to Health networks on a daily basis. 4) BI-weekly Member text messaging. 5) Artcle emphasizing importance of Follow up appointment after ED visit created and will be included in Spring Member Newsletter.	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 and implementig a Pilot project for CCN members identified who meet FUM criteria. BH Telehealth provider to conduct the outreach and assist with member linakge. 3) Collaborate with NAMI to share real-time ED data for member outreach. 4) Collaborate with Telemed2U vendor and internal ITS team to develop implementation plan for Member Outreach.	

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Quality of Clinical Care	Mental Health Services: Continuity and Coordination Between Medical Care and Behavioral Healthcare- Management Of Coexisting Medical And Behavioral Conditions	Diabetes Screening for People with Schizophrenia or Bipolar Disorder (SSD) (Medicaid only) HEDIS 2024 Goal: MC 77.40% OC (Medicaid only)	Assess and report the following activities: 1) Identify members in need of diabetes screening. 2) Conduct provider outreach, work collabortively with the communications department to fax blast best practice and provide list of members still in need of screening to prescribing providers and/or Primary Care Physician (PCP). 3) Information sharing via provider portal to PCP on best practices, with list of members that need a diabetes screening. 4) Send monthly reminder text message to members (approx 1100 mbrs) 5) Member Health Reward Program.	Report progress to QIHEC Q1 2024 Update (05/14/2024) Q2 2024 Update (08/13/2024) Q3 2024 Update (11/05/2024) Q4 2024 Update (02/11/2025)	Director of Behavioral Health Integration	Behavioral Health Integration Program Specialist	Behavioral Health Integration	PR HEDIS Rates Q2 (May): M/C:46.75% OC: N/A 1) Identified members prescribed antipsychotic medication still in need of diabetes screening test through Tableau Report. 2) Conducted a text message campaign to reach out to members re: getting their glucose lab screening. 3) Barriers included: Receiving timely data, obtaining the correct contact information for members such as phone numbers. 4) Member Health reward approved by DHCS and added to CalOptima Health Website for members to access. 5) Mailed out Member Health reward flyer to eligible members. 6) Met with Quality Analytics Team to discuss data sourcing automation for Tableau on a monthly basis 7) Member Fall Newsletter for members.	1) Continue tracking members in need of glucose screening test. 2) Use provider portal to communicate follow-up best practice and guidelines for follow-up visits. 3) Continue data pull for text messaging campaign 4) Mail out member health rewards flyer to eligible members. 5) Mail out to top 60 providers with the following: - Medical Director Letter - List of members/patients in need of screening - Provider Tool Tip Sheet	

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Quality of Clinical Care	Performance Improvement Projects (PIPs) Medi-Cal BH	Meet and exceed goals set forth on all improvement projects	Non Clinical PIP:Improve the percentage of members enrolled into care management, Caloptima Helath community network (CCN) members, complex care management (CCM), or enhanced care management (ECM), within 14-days of a ED visit where the member was diagnosed with SMH/SUD.	Report progress to QIHEC Q1 2024 Update (05/14/2024) Q2 2024 Update (08/13/2024) Q3 2024 Update (11/05/2024) Q4 2024 Update (02/11/2025)	Director of Behavioral Health Integration	B Behavioral Health Integration Program Specialist	Behavioral Health Integration/ Quality Analytics	Conduct quarterly/Annual oversight of MC Non Clinical PIPs (Jan 2023 - Dec 2025) Improve the percentage of members enrolled: Baseline Measurement Period: 01/01/23-12/31/23 Remeasurement 1 Period : 01/01/24 -12/31/24 Remeasurement 2 Period : 01/01/25-12/31/25	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. Telehealth provider will conduct the outreach to members who meet FUM criteria and assist with linkage. Internal BHI PCC's to conduct outreach to members meeting FUA criteria and assist with linkage. Vendor and PCC's will also provide information about case managment 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 for the duration of each measuremnt period. 4) Work in collabration with internal Privacy dept to ensure compliance of data sharing with vendor.	
Quality of Clinical Care	Substance Use Disorder Services	Follow-Up After Emergency Department Visit for Alcohol and Other Drug Abuse or Dependence (FUA) MY2024 Goals: MC: 30-days: 36.34%; 7-days: 20.0%	Assess and report the following activities: 1) Share real-time ED data with our health networks on a secured FTP site. 2) Participate in provider educational events related to follow-up visits. 3) Utilize CalOptima Health NAMI Field Based Mentor Grant to assist members connection to a follow-up after ED visit. 4) Implement new behavioral health virtual provider visit for increase access to follow-up appointments. 5) Bi-Weekly Member Text Messaging (approx. 500 mbrs) 6) Member Newsletter (Spring)	Report progress to QIHEC Q1 2024 Update (05/14/2024) Q2 2024 Update (08/13/2024) Q3 2024 Update (11/05/2024) Q4 2024 Update (02/11/2025)	Director of Behavioral Health Integration	Behavioral Health Integration Program Specialist	Behavioral Health Integration	PR HEDIS Rates Q2 (May): 30-Day- 19.29%, 7-Day-9.94% 1) Sharing real-time ED data with our Health Networks on a sFTP Site. 2) Bi-weekly member text messaging 3) Member Newsletter Spring edition	1) Data anaylst scrub data for bi-weekly text messaging. 2) BHI is in the process of developing and implementig a Pilot project for CCN members identified who meet FUA criteria.	

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Quality of Clinical Care	Members with Chronic Conditions	Improve HEDIS measures related to Eye Exam for Patients with Diabetes (EED) MY2024 HEDIS Goals: MC 66.33% OC: 81%;	Assess and report the following activity: 1) Strategic Quality Initiatives Intervention Plan - Multi-modal, omni-channel targeted member, provider and health network engagement and collaborative efforts.	By December 2024 Update from PHMC to QIHEC: Q2: 06/11/2024 Q3: 09/10/2024 Q4: 12/10/2024 Q1 03/11/2025)	Director of Medicare Stars and Quality Initiatives	Manager of Quality Analytics	Quality Analytics	1. Member Health Reward: EED:MC 73; EED:OC 13 2. Text Message Campaign: MC 22254; OC 1190 3. EED VPS mailing for Jan to Jun: MC 3013; OC 988 4. VSP data sharing with HN kickoff 5. February 2024 Prospective Rate Data: EED: MC 35.36%; EED: OC 51%	1. Continue to track EED MC OC member health reward. 2. Continue member outreach campaigns: mailing, IVR, text and OC live call campaigns. 3. 2 way text message campaigns for diabetes by line of business 4. Finalize VSP data sharing with HN for production	Green
Quality of Clinical Care	Members with Chronic Conditions	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) MY2024 Goals: MC: 29.44%; OC: 20%	Assess and report the following activities: 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	Update from PHMC to QIHEC: Q2: 06/11/2024 Q3: 09/10/2024 Q4: 12/10/2024 Q1 03/11/2025	Director of Medicare Stars and Quality Initiatives	Manager of Quality Analytics	Quality Analytics	1. Member Health Reward: HBD:MC 90; HBD:OC 25 2. Text Message Campaign: MC 22254; OC 1190 3. February 2024 Prospective Rate Data: HBD PC: MC 77.34%; HBD PC:76% OC	1. Continue to track HBD MC OC member health reward. 2. Continue member outreach campaigns: mailing, IVR, text and OC live call campaigns. 3. 2 way text message campaigns for diabetes by line of business	Green

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Quality of Clinical Care	Maternal and Child Health: Prenatal and Postpartum Care Services	Timeliness of Prenatal Care and Postpartum Care (PHM Strategy). HEDIS MY2024 Goal: Postpartum: 82.0% Prenatal: 91.07%	Assess and report the following activities: 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. 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	By December 2024 Report progress to QIHEC Q1 2024 Update (05/14/2024) Q2 2024 Update (08/13/2024) Q3 2024 Update (11/05/2024) Q4 2024 Update (02/11/2025)	Director of Medicare Stars and Quality Initiatives	Manager of Quality Analytics	Equity and Community Health/ Quality Analytics	Member Initiatives: - Bright Steps Program - Member Health Reward for postpartum care Community Initiatives - Prenatal social media ads May 2024 Prospective Rate: Timeliness of Prenatal Care: 67.74%, performing slightly lower than this same time last year. Postpartum Care: 63.19% performing slightly higher than this same time last year.	Planned: Maternal health workgroup meeting in Q3. Continue with public awareness and educaiton campaigns (e.g., radio digital, social media).
Quality of Clinical Care	Maternal and Adolescent Depression Screening	Medi-Cal Only - Meet the following goals For MY2024 HEDIS: DSF-E Depression	1) Identification and distribution of best practices to health network and provider partners.	Report progress to QIHEC quarterly: Q2 2024	Director of Operations Management / Director of Behavioral	Manager of Quality Analytics / Manager of Behavioral	Operations Management / Behavioral Health Integration	**Maternal** Timely identification: QA has a maternal health workgroup planned for Q3 to discuss member journey and data management which is inclusive of early identification of members for postpartum visit.	Planned: Maternal health workgroup meeting in Q3. Fall 2024 Medi-Cal member newsletter article "Let's Talk About Mental Health and Pregnancy"

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		Screening and Follow-up for Adolescent and Adults - Screening: 2.97% PND-E Prenatal Depression Screening and Follow-up - Screening: 8.81% PDS-E Postpartum Depression Screening and Follow-up: 27.77%	2) Provide health network and provider partners with timely hospital discharge data specific to live deliveries to improve postpartum visit completion. 3) Targeted member engagement and outreach campaigns in coordination with health network partners. 4) Provider education (CE/CME) in Q3.	Update (08/13/2024) Q3 2024 Update (11/05/2024) Q4 2024 Update (02/11/2025)	Health Integration	Health Integration		Prenatal Depression Screening and Follow Up and Postpartum Depression Screening and Follow Up are new measure that will be held to the MPL beginning MY2025. Prenatal Depression Screening: 6.74% Prenatal Screening Follow Up: 90% Postpartum Depression Screening: 10.35% Postpartum Screening Follow Up: 66%		

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Quality of Clinical Care	Blood Lead Screening	HEDIS MY2024 Goal: 67.12%; Improve Lead Screening in Children (LSC) HEDIS measure.	Assess and report the following: Strategic Quality Initiatives Plan to increase lead testing will consist of: 1) A multi-modal, targeted member approach as well as provider and health network collaborative efforts 2) Partnership with key local stakeholders 2024 Member Quality Initiatives will consist of the following but not limited to: - Member health reward and monitoring of impact on LSC HEDIS rate - IVR campaign to - Texting campaign - Mailing campaign - Lead texting campaign for members - Medi-Cal member newsletter article(s) In partnership with the Orange County Health Care Agency, CalOptima Health will co-develop educational toolkit on blood lead testing.	By December 2024 Report progress to QIHEC Q1 2024 Update (05/14/2024) Q2 2024 Update (08/13/2024) Q3 2024 Update (11/05/2024) Q4 2024 Update (02/11/2025)	Director of Medicare Stars and Quality Initiatives	Manager of Quality Analytics	Quality Analytics	**Member Facing Initiatives:** - May: Launched an SMS text campaign via mPulse to encourage lead testing. - June: Launched telephonic outreach via CareNet vendor for members that are due for lead testing based on HEDIS and state testing requirements. - June: Launched 2-way SMS via Ushur for multiple pediatric age groups as part of pediatric wellness campaign. - Member health reward for members that test for lead at 12 months and 24 months of age. **Widespread Education Efforts:** May: PBS TV ad and radio ad for blood lead screening **Provider Facing Initiatives:** May: Presented at community health clinic forum on optimizing EMR processes to support state lead requirements. June: Developed provider facing education "Stay Compliant with State-Issued Lead Requirements." June: Email blast to providers who provide care to members ages 0-6. Email blast contained *Stay Compliant with State-Issued Lead Requirements* guide, informed providers of available health rewards including sample form, and attached OC HCA form to order free lead based educational materials for members. HEDIS measure is performing slightly higher than this same time around last year. March 2024 rate: 60.54%, MPL is 62.79%. Measure has not met MPL, therefore highlighted in yellow.	Continue with plan as listed. Planned: - Fax blast to providers to share lead based education - Continue with CareNet member outreach - CE/CME for in support of lead testing	

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Quality of Clinical Care	EPSDT/Children's Preventive Services: Pediatric Well-Care Visits and Immunizations	HEDIS **MY2024** Goal CIS-Combo 10: 45.26% IMA-Combo 2: 48.80% W30-First 15 Months: 58.38% W30-15 to 30 Months: 71.35% WCV (Total): 51.78%	Assess and report the following activities: 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. 3) Early Identification and Data Gap Bridging Remediation for early intervention.	Report progress to QIHEC Q1 2024 Update (05/14/2024) Q2 2024 Update (08/13/2024) Q3 2024 Update (11/05/2024) Q4 2024 Update (02/11/2025)	Director of Medicare Stars and Quality Initiatives	Manager of Quality Analytics	Quality Analytics	Launched 2-way SMS via Ushur for multiple pediatric age groups (launched on 6/20/24 and outreached to 4,292 members). Presented well-child visit best practices during the June monthly Community Clinic forum. Launched telephonic outreach via vendor Carenet. CIS performance is behind as compared to same time last year; as such, metric listed as yellow - concern. W30 performance is ahead of same time last year.	Continue with plan as listed and explore provider-facing education around parent declination for vaccines and parent-facing education around the importance of preventive care / well-child visits.	
Quality of Clinical Care	Quality Improvement activities to meet MCAS Minimum Performance Level	Meet and exceed MPL for DHCS MCAS	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. Perform root cause analysis, strategize and execute planned interventions targeting members, providers and systems.	Report progress to QIHEC Q1 2024 Update (05/14/2024) Q2 2024 Update (08/13/2024) Q3 2024 Update (11/05/2024) Q4 2024 Update (02/11/2025)	Director of Medicare Stars and Quality Initiatives	Manager of Quality Analytics	Quality Analytics	Launched 2-way SMS via Ushur for multiple pediatric age groups (launched on 6/20/24 and outreached to 4,292 members). Presented well-child visit best practices during the June monthly Community Clinic forum. Launched telephonic outreach via vendor Carenet.	Continue with plan as listed and explore parent-facing education around the importance of preventive care / well-child visits.	

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Quality of Clinical Care	Encounter Data Review	Conduct regular review of encounter data submitted by health networks	Monitors health network's compliance with performance standards regarding timely submission of complete and accurate encounter data.	Semi-Annual Report to QIHEC Q2: 04/09/2024 Q4: 10/08/2024	Director of Finance	Manager of Finance	Finance	No activities in April-June	N/A	
Quality of Clinical Care	Facility Site Review (including Medical Record Review and Physical Accessibility Review) Compliance	PCP and High Volume Specialist sites are monitored utilizing the DHCS audit tool and methodology.	Review and report conducted initial reviews for all sites with a PCP or high volume specialists and a review every three years. Tracking and trending of reports are reported quarterly.	Update volume from CPRC to QIHEC Q2: 06/12/2024 Q3: 09/10/2024 Q4: 12/10/2024 Q1 03/11/2025 Compliance details to QIHEC Q1 2024 Update (05/14/2024) Q2 2024 Update (08/13/2024) Q3 2024 Update (11/05/2024) Q4 2024 Update (02/11/2025)	Director Quality Improvement	Manager Quality Improvement	Quality Improvement	FSR/MRR/PARS, NF and CBAS Oversight A. FSR: Initial FSRs=18; Initial MRRs=13; Periodic FSRs=61; Periodic MRRs=66; On-Site Interims=19; Failed FSRs=3; Failed MRRs=13 CAPs: CE=39; FSR=54; MRR=64; 60 Periodic FSRs completed before 36 month due date. B. PARS: Competed PARS=114 (Basic Access=49/43% Limited Access=65/57%) C. CBAS: Critical Incidents=23; 22 Critical Incidents reported were COVID cases. Non-Critical Incidents=14; Falls=3; Completed Audits=10: CAPs=; Unannounced Visits=0 D. NF: Critical Incidents=1; On-Site Visits=8; Unannounced Visits=2	Continue with plan as listed.	

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Quality of Clinical Care	Potential Quality Issues Review	Referred quality of care grievances and PQIs are reviewed timely	Review and report conducted referred cases are properly reviewed by appropriate clinical staff, cases are leveled according to severity of findings, and recommendations for actions are made, which may include a presentation to the CPRC for peer reviewed.	Update from CPRC to QIHEC Q2: 06/12/2024 Q3: 09/10/2024 Q4: 12/10/2024 Q1 03/11/2025	Director Quality Improvement	Manager Quality Improvement	Quality Improvement	There remain five physicians undergoing the Fair Hearing process. Six PQI cases leveled 1, 2 or 3 were presented to CPRC. Two PQIs were brought back to CPRC and the physicians were recommended for an administrative termination. In Q2, 2024, PQI launched a new system to track PQI cases called Jiva. PQI reporting is still being developed, so trends will be reported when the reports are available. We can report that we have 629 open PQI cases.	Two of the Fair Hearings are scheduled to commence in Q3, 2024. In Q3, 2024, we hope to have reporting available for PQI developed and be able to report trends for Q1 and Q2. An open position for a RN for PQI has been recruited and the individual is expected to begin in early Q3.	
Quality of Clinical Care	Initial Provider Credentialing	All providers are credentialed according to regulatory requirements	Review and report providers are credentialed according to regulatory requirements and are current within 180 days of review and approval (60 days for BH providers)	Update from CPRC to QIHEC Q2: 06/12/2024 Q3: 09/10/2024 Q4: 12/10/2024 Q1 03/11/2025	Director Quality Improvement	Manager Quality Improvement	Quality Improvement	Initial BH Credentialing Q2 = 71; Initial CCN Credentialing Q2 = 59. For Q2 we did not have any initial credentialing files out of compliance.	Initial credentialing: We have contracted with a Credentialing Verification Organization (CVO) to assist with the credentialing of providers. This will ensure compliance and timeliness of the initial credentialling.	
Quality of Clinical Care	Provider Re-Credentialing	All providers are re-credentialed according to regulatory requirements	Review and report providers are re-credentialed within 36 months according to regulatory requirements	Update from CPRC to QIHEC Q2: 06/11/2024 Q3: 09/10/2024 Q4: 12/10/2024 Q1 03/11/2025	Director of Quality Improvement	Manager Quality Improvement	Quality Improvement	BH Recredentialing - Q2 =23; CCN Recredentialing Q2 =99. For Q2 we did not have any recredentialing files out of compliance.	Recredentialing: We have contracted with a Credentialing Verification Organization (CVO) to assist with the recredentialing of providers. This will ensure that we continue with compliance and timeliness of the recredentialling files.	

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Quality of Clinical Care	Chronic Care Improvement Projects (CCIPs) OneCare	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	Report progress to QIHEC Q1 2024 Update (05/14/2024) Q2 2024 Update (08/13/2024) Q3 2024 Update (11/05/2024) Q4 2024 Update (02/11/2025)	Director of Medicare Stars and Quality Initiatives	Manager of Quality Analytics	Quality Analytics	1. Health Coaches began calls from emerging risk call list.	1. Continue calls and refresh data. 2. Review completed assessment.	

Evaluation Category	2024 QIHETP Work Plan Element Description	Goal(s)	Planned Activities	Specific date of completion for each activity (i.e. MM/DD/YYYY)	Responsible Business owner	Support Staff	Department	Results/Metrics: Assessments, Findings, and Monitoring of Previous Issues List any problems in reaching the goal or relevant data (i.e. state if goals were met or not met, include what caused the problem/issue)	Next Steps Interventions / Follow-up Actions State what will be done to meet the goal (i.e. continue with plan as listed or modify the plan: add a specific new process, etc.)	Red - At Risk Yellow - Concern Green - On Target
Quality of Clinical Care	Special Needs Plan (SNP) Model of Care (MOC)	% of Members with Completed HRA: Goal 100% % of Members with ICP: Goal 100% % of Members with ICT: Goal 100%	Assess and report the following activities: 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 implmentation and monitoring.	Report progress to QIHEC Q1 2024 Update (05/13/2024) Q2 2024 Update (08/13/2024) Q3 2024 Update (11/05/2024) Q4 2024 Update (02/11/2025)	Director Medical Management /Case Management	Quality Improvement Nurse Specialist	Case Management	Assess and report the following activities: 1)Utilize newly developed monthly reporting to validate and oversee outreach and completion of both HRA and ICP per regulatory guidance. a) Core Report CC0258 continues in phase II Jiva Remediation for ICT/ICP/HRA data. b) Q1 DHCS reporting for HRA1 and ICP1 submitted to DHCS reflecting for HRA1 members who were reached and willing to complete HRA at 100%; for ICP1 members who were reached and willing to complete ICP at 64%. c) as 6/30/2024 41% of HRAs completed to date achieving two star rating d) ICT rates pending Jiva Phase II remediation 2) Develop communication process with Networks for tracking outreach and completion to meet benchmarks. a) Communications to CCN and Health Networks in April and May on ICP development status for newly effective members Q1 and Q2. b) Addition of annual ICP development status on April and May file. c) Communication of ECM-Like eligibility and members missing face-to-face interaction 3) Creation and implementation of the Oversight audit tool. a) Ongoing quarterly audits of delegated health networks.	Assess and report the following activities: 1) Continue to use monthly reporting to validate and oversee outreach and completion of both HRA and ICP per regulatory guidance. a) Core Report CC0258 remediation should be completed by 8/30/2024 b) Q2 DHCS reporting for HRA1 and ICP1 will be submitted by 8/30/2024. CM will share adjusted score for both HRA1 and HRA2 of members who were reached and willing to complete HRA and ICP. c) Share % of HRAs completed to date per HRA Star Dashboard. 2) Develop communication process with Networks for tracking outreach and completion to meet benchmarks. a) Continue communications to CCN and Health Networks for ICP1 development status for newly effective members Q2 and Q3. b) Continue to provide feedback on annual ICP development and missing face-to-face interactions. 3) Creation and implementation of the Oversight audit tool. a) Ongoing quarterly audits of delegated health networks.	
Quality of Service	Improve Network Adequacy: Reducing gaps in provider network	Increase provider network to meet regulatory access goals	Assess and report the following activities: 1) Conduct gap analysis of our network to identify opportunities with providers and expand provider network2) Conduct outreach and implement recruiting efforts to address network gaps to increase access for Members	Update from MemX to QIHECQ2: 06/11/2024Q3: 09/10/2024Q4: 12/10/2024Q1 03/11/2025	1) Director of Provider Network2) Director of Contracting	Analyst of Quality Analytics	Contracting	1. Hired PM 2. Established process for gap closure with Health Networks not meeting time and distance requirements 3. Closed CAPS for 2 health networks with Time and Distance gaps Transition - QI finalizizing transition plan	>Finalize transition plan, develop priorities of transition> Implement processes for network adequacy programs> Set up network adequacy workgroups to review gaps and trends	

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Quality of Service	Improve Timely Access: Appointment Availability/Telephone Access	Improve Timely Access compliance with Appointment Wait Times to meet 80% MPL	Assess and report the following activities: 1) Issue corrective action for areas of noncompliance 2) Collaborative discussion between CalOptima Health Medical Directors and providers to develop actions to improve timely acces. 3) Continue to educate providers on timely acces standards 4) Develop and/or share tools to assist with improving access to services.	Update from MemX to QIHEC Q2: 06/11/2024 Q3: 09/10/2024 Q4: 12/10/2024 Q1 03/11/2025	Director of Medicare Stars and Quality Initiatives	Manager of Quality Analytics / Project Manager of Quality Analytics	Quality Analytics	2023 CAP Responses: •In Q2, Timely Access workgroup/subgroup reviewed 8 (out of 11) HN CAP responses received. •Of the 117 Timely Access CAPs issued to individual providers, a total of 71 responses received by Q2, two termed and one provider passed away. June 2024, mailed approx 1400 non-compliance letters to individual providers based on the 2023 Access Survey (9/26-12/1/2023). •Education letters: 1034 •Warning letters: 281 •**Escalation/CAP letters: 110** RFP in the works for potential new vendor in 2025 and process will include additional surveying of those initially found non-compliant with annual survey. In June 2024, CareNet conducted an interim audit on providers who were identified as non-compliant with the 2022 survey results for telephone measure "instruct caller to dial 911 or go to nearest ER" to identify current status. Directors and Timely Access workgroup in the process of developing workflows and additional tools to facilitate standardization and better monitoring of the non-compliance and corrective action process.	For the three HN CAP responses not received, in the process of scheduling a meeting in July to discuss further with Optum. Issue HN Level CAPs in Q3 or Q4. Prep for fielding 2024 Timely Access Survey with a September target date Prep for fielding an In-Office wait Time Survey	

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Quality of Service	Improving Access: Subcontracted Network Certification	Comply with Subdelegate Network Certification requirements	1) Annual submission of SNC to DHCS with AAS or CAP 2) Monitor for Improvement 3) Communicate results and remediation process to HN	Submission: 1) By end of January 15, 2024 2) By end of Q2 2024 3) By end of Q3 2024 Update from MemX to QIHEC: Q2: 06/11/2024 Q3: 09/10/2024 Q4: 12/10/2024 Q1 03/11/2025	Director of Provider Network / Director of Medicare Stars and Quality Initiatives	Quality Analyst	Network Operations/Quality Analytics	SNC Report Q2 2024: May 274 File. Submitted quarterly CAP status and reviewed 7 of 7 updates from HNs. Optum integration decreased HN updates requested by 2. One HN closed their CAP (Regal). Six remain with open CAPS. 1.Time/Distance: In compliance with the regulatory guidelines specified in APL 23-006, Assigned membership methodology to pull the report form May 274 file. For plan level 2 zip codes did not meet for PCP Adult and Pediatric Core Specialty, and for Specialists Gastroenterology and Orthopedic surgery. Meetings with HNs to review gaps and discuss options for gap closures. For HN level: PCP (Internal Meds) è AltaMed and CHOC_OB/Gyn: AltaMed_Ophthalmology: AltaMed and Optum_Hematology & Oncology: AMVI, Noble, Optum_Neurology: AMVI_Pulmonology: AMVI, UCMG_Gastro: Optum_Orthopedic Surgery: Regal & Optum AMVI then Noble have the greatest number of non-compliance zip codes. The specialties with the most non-compliance zip codes are: Physical Med and Rehab then Endocrinology 2.Out-of-Network (OON): using MCPD - OON Data Q1 2024 submissions to DHCS. 99 total requested for OON referral requests, 3.Network Capacity and Ratios were met. 4. PCP Overcapacity: For Q2 2024, we reopened the panel for 7 provider and closed one panel for Dr. Mobarak and send a notification letter as certified mail. 5.Timely Access: The 2023 Timely Access Survey was fielded September 26 through December 1, 2023, and letters of non-compliance and Corrective Action Plans will be mailed to individual providers in late June or early July 2024. 6.California Children's Services (CCS) Program/Whole Child Model (WCM: 0 deficiencies. Plan Statewide Level - all specialties met. All networks confirmed as met, with exception of UCMG, although AMVI showed non-compliant for 6 specialties, CalOptima H ealth is in receipt of a HN Agreement between AMVI and CHOC.		

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Quality of Service	Increase primary care utilization	Increase rate of Initial Health Appointments for new members, increase primary care utilization for unengaged members.	Assess and report the following activities: 1) Increase health network and provider communications, trainings, and resources 2). Expand oversight of provider IHA completion 3) Increase member outreach efforts	Report progress to QIHEC Q1 2024 Update (05/14/2024) Q2 2024 Update (08/13/2024) Q3 2024 Update (11/12/2024) Q4 2024 Update (02/11/2025)	Director of Equity and Community Health	Manager of Equity and Community Health	Equity and Community Health	1) Increase health network and provider communications, trainings, and resources Goal being met, see below. a. HN and Provider Communications/Presentations: -Provider Monthly Newsletter: Send messaging out at least once per quarter; messaging sent in April and June. -Health Network Communication/ Presentations: Began meeting with each HN via Health Network Quality Update Meetings starting in May; Further follow-up Meetings began with HNs individually to discuss CAP process which includes the Delegation Oversight Dashboard Response Form; Meeting Presentations and individual follow up meetings replaced email communication in HN Weekly Update. b. Training/Presentations with IHA Updates: -Planning for a provider CME in August 2024. -Provider toolkit that includes the IHA is in progress. 2). Expand oversight of provider IHA completion: Goal being met, see below. a. Continue to audit CHCN clinics. b. Continuing to inform all HNs of the expectation to meet the minimum IHA completion rate of 50%; Still in discussion with management regarding the approach for establishing Corrective Action Plan. c. Provider office visits (CHCN): Established and implemented a process to visit providers and bring IHA data (or give staff presentations) and related resources. 3) Increase member outreach efforts: Goal being met, see below. a. Developing text campaign for new members +IHA: Message currently in review with internal team and vendor for DHCS submission preparation. b. Continuing IVR campaign twice monthly to new members. c. Message to new members on the IHA continues to be sent out in the new member handbook and in the Medi-Cal newsletter.	1) Continue collaboration with HNs and providers via Presentations and Newsletter updates. 2) Continue chart review efforts and provider office visits. 3) Continue identifying new members monthly and sending targeted messages via text, IVR and mailings.	
Quality of Service	Improving Access: Annual Network Certification	Comply with Annual Network Certification requirements	1) Annual submission of ANC to DHCS with AAS 2) Implement improvement efforts 3) Monitor for Improvement	Submission: 1) By June 2024 2) By December 2024 Update from MemX to QIHEC: Q2: 06/11/2024 Q3: 09/10/2024 Q4: 12/10/2024 Q1 03/11/2025	Director of Provider Network / Director of Medicare Stars and Quality Initiatives	Quality Analyst for Quality Analytics/ Manager of Provider Data Management Services	Provider Data Management Services	All ANC Phase 2 Time and Distance submissions were completed in March 2024, including Mandatory Provider Types Roster, P&Ps, MPT and Facility Validation supporting documentation, , Alternative Access Standard Analysis,	Ongoing monitoring in transition to PDMS.	

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Quality of Service	Improve Member Experience/CAHPS	Increase CAHPS performance to meet goal	Assess and report the following activities: 1) Conduct outreach to members in advance of 2024 CAHPS survey. 2) Just in Time campaign combines mailers with live call campaigns to members deemed likely to respond negatively. 3) These items also continue to be included in all P4V discussions with HNs.	Update from MemX to QIHEC Q2: 06/11/2024 Q3: 09/10/2024 Q4: 12/10/2024 Q1 03/11/2025	Director of Medicare Stars and Quality Initiatives	Quality Analytics Project Manager	Quality Analytics	1. 217,988 members were outreached to through live calls, text messaging and mailings for both lines of business. 2. CalOptima's Just In Time campaign used live calls and text messaging to reach members that were likely to respond negatively. 13,239 live calls and 57,169 text messages were sent to members in both lines of business. 3. CAHPS continues to be part of the P4V for the HN. Final CAHPS reports have not been received. Distribution to health networks is pending final reports due in July.	1. Closed 2. Closed 3. Share HNQR with the HN when available	
Quality of Service	Grievance and Appeals Resolution Services	Implement grievance and appeals and resolution process	Track and trend member and provider grievances and appeals for opportunities for improvement. Maintain business for current programs. Improve process of handling member and provider grievance and appeals	GARS Committee Report to QIHEC: Q2 06/11/2024 Q3 09/10/2024 Q4 12/10/2024 Q1 03/11/2025	Director of Grievance and Appeals Resolution Services	Manager of Grievance and Appeals Resolution Services	Grievance and Appeals Resolution Services	GARS identified and reported a non-compliance issue to the Committee regarding untimely Discrimination cases submitted to DHCS. Regulation APL21-004 requires that the named discrimination grievance coordinator properly investigates and responds to all complaints within 30 days of receipt. Additionally, within **10 calendar days** of mailing the discrimination grievance resoluion letter to a member, CalOptima Health must submit a copy to DHCS. CalOptima Health did not consistently submit within 10 days. Root cause: lack of reporting. Remediation: documented a process to be followed in Jiva that provides the ability to track not only the date of closure but also the date of submission to DHCS.	GARS will continue to identify and report any Compliance Issues to QIHEC related to either the GARS process, internal departments, providers and/or Health Networks at least quarterly. This report will include any remdiation activities if applicable.	

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Quality of Service	Customer Service	Implement customer service process and monitor against standards	Track and trend customer service utilization data Comply with regulatory standards Maintain business for current programs Improve process for handling customer service calls	Report progress to QIHEC Q2 2024 Update (04/09/2024) Q3 2024 Update (07/09/2024) Q4 2024 Update (10/08/2024) Q1 2025 Update (01/14/2025)	Associate Director of Customer Services	Manager of Customer Service	Customer Service	Customer Service ran KPI data and reported results to QIHEC. DHCS' average speed of answer of not exceeding 10 minutes: Goal was met (2 min and 1 sec). Internal business goal of abandonment rate not exceeding 5% met (exactly 5% for Q2). Accomplishments: Hired additional staff, various departments staggered member engagement campaigns, leveraging call back capabilities for inbound calling members opting in.	Continue working with HR to onboard additional staff (permanent vacant positions or temporary staff), maintain the telephonic call back offering, and partner with other departments (QA, Equity and Community Health, etc.) to stagger their member engagement campaigns (i.e., text messaging).	(green)
Quality of Service	Medi-Cal Customer Service Performance Improvement Project	To meet Medi-Cal Customer Service KPIs by December 31, 2024: Internal call abandonment rate of 5% or lower, DHCS' 10 minutes average speed of answer	1) Partnering with HR to onboard more permanent and temporary staff to service inbound calls. 2) Interacting with various departments involved with member engagement campaigns and determine if they're able to update instructions for targeted members (i.e., instead of calling customer service, have them utilize the member portal).	Report progress to QIHEC quarterly: ~~Q2 2024 Update (08/13/2024)~~ ~~Q3 2024 Update (11/05/2024)~~ Q3 2024 Update (07/09/2024) ~~Q4 2024 Update (02/11/2025)~~ Q4 2024 Update (10/08/2024) Q1 2025 Update (01/14/2025)	Associate Director of Customer Services	Manager of Customer Service	Customer Service	Customer Service ran KPI data and reported results to QIHEC. DHCS' average speed of answer of not exceeding 10 minutes: Goal was met (2 min and 1 sec). Internal business goal of abandonment rate not exceeding 5% met (exactly 5% for Q2). Accomplishments: Hired additional staff, various departments staggered member engagement campaigns, leveraging call back capabilities for inbound calling members opting in.	Continue working with HR to onboard additional staff (permanent vacant positions or temporary staff), maintain the telephonic call back offering, and partner with other departments (QA, Equity and Community Health, etc.) to stagger their member engagement campaigns (i.e., text messaging).	(yellow)

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Safety of Clinical Care	Coordination of Care: Member movement across practitioners	Improve coordination of care, prevention of complications, and facilitation of best practice diabetes care management between vision care specialists (SPCs) and primary care providers (PCPs)	Assess and report the following activities: 1) Collaborative meetings between teams to identify best practices to implement: 2) Provider and member education	Report progress to QIHEC Q1 2024 Update (05/14/2024) Q2 2024 Update (08/13/2024) Q3 2024 Update (11/05/2024) Q4 2024 Update (02/11/2025)	Director of Case Management	TBD	Medical Management	Assess and report the following activities: 1) Collaborative meetings between teams to identify best practices to implement a) Work-Plan goal revised on May 9 for multi-department approach between CM, PHM, QA, and other departments as indicated. b) Inter-department training not previously reported by PHM for CM department on 3/27/2024: Health Education Materials and Chronic Conditions Coaching TipsElisa Mora, MPH, RD, Manager, Chronic Conditions, PHM Noushin Dehbozorgi, MSN, PHN,RN,CCM, Health Coach, PHMPHM 2) Provider and member education a) existing information on CalOptima Website for both Provider and Member under Health and Wellness with links to Diabetes Management resources in video, download, or print format with language preference b) existing Health Education materials for members on Sharepoint that Case Managers can print and mail.	Assess and report the following activities: 1) Collaborative meetings between teams to identify best practices to implement a. Meeting on 7/8 between Claims, UM, and QA to discuss authorization requirement for diabetic eye exam and feasibility for this potential barrier to be eliminated. 2) Provider and member education a. Continue with existing Health Educational resources on Sharepoint and CalOptima Website. b. Member and Provider education in the event changes to authorization process are implemented.	
Safety of Clinical Care	Emergency Department Member Support	Emergency Department Diversion Pilot has been implemented. In 2024 plan to expand a virtual program to additional hospital partners starting with UCI.	Assess and report the following activities: 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	Update from UMC to QIHEC Q2: 06/11/2024 Q3: 09/10/2024 Q4: 12/10/2024 Q1 03/11/2025	Director of LTSS	Manager of LTSS	LTSS	Establishing the virtual program has not been accomplished due to the inability to execute a data usage agreement.	Two staff members (MSW & RN) were approved in the 2024/2025 budget to be embedded in the UCI emergency department. Currently in the process of developing job descriptions to begin recruitment. The plan is to have UCI ED embedded staff in place by the end of September 2024.	

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Safety of Clinical Care	Coordination of Care: Member movement across settings - Transitional Care Services (TCS)	UM/CM/LTC to improve care coordination by increasing successful interactions for TCS high-risk members within 7 days of their discharge by 10% from Q4 2023 by end of December 31,2024.	1) Use of Ushur 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.	UMC Committee report to QIHEC: Q2: 06/11/2024 Q3: 09/10/2024 Q4: 12/10/2024 Q1 03/11/2025	Director of UM, CM and LTSS	Manager of Medical Management	Utilization Management Case Management Long Term Care	•IPP 4.3 report (percentage of members who had ambulatory visits within 7 days post hospital discharge) – Enterprise Analytics updated report with the correct technical specifications. It helps monitor the effectiveness of TCS (mirror the state's monitoring approach). •CalAIM ECM provider report documenting Lead Care Managers in CalOptima Connect showed an improvement from 3% to 44%. This ensures the Lead Care Manager is notified of any admissions. Expectation moving forward is to have ECM Providers continue to document accurately.	•Develop a texting campaign leveraging the Usher platform •Develop report for FFS Medicare members •Develop process and desktop procedure outreaching to pregnant members (TCS high-risk) not enrolled in the Bright Steps program. •Continue motivational interviewing trainings (started in June).	Green
Cultural and Linguistic Appropriate Services	Performance Improvement Projects (PIPs) Medi-Cal	Increase well-child visit appointments for Black/African American members (0-15 months) from 41.90% to 55.78% by 12/31/2024.	Conduct quarterly/Annual oversight of MC PIPs (Jan 2023 - Dec 2025): 1) Clinical PIP – Increasing W30 6+ measure rate among Black/African American Population	Report progress to QIHEC Q1 2024 Update (05/14/2024) Q2 2024 Update (08/13/2024) Q3 2024 Update (11/05/2024) Q4 2024 Update (02/11/2025)	Director of Medicare Stars and Quality Initiatives	Quality Analyst	Quality Analytics	1. 85 African American members were identified for outreach. 34 parents/guardians were successfully outreached to. Members that were unsuccessfully reached via telephone were sent an unable to contact letter advising of attempt to reach and encouraged a call back to CalOptima Health. 2. Out of the 51 unsuccessful members, 10 were identified as having a email and CalOptima Health provided outreach to encourage reaching out to provider to make well-child visit. Out of the 10 emails, we encountered an error with one email and did not receive a response from the 9 other members outreached to. **Barriers:** Within the organization there was a data transition that contributed to delays in the identification of members in the population of focus. Data for member outreach was not available until April 2024 which resulted in delayed outreach. Barriers to member outreach: Various members has incorrect contact information. **Findings:** Final summary pending. Findings suggest that in scenarios where members were successfully outreached, many children had a well-child visit scheduled or one that was recently completed. When offered assistance to schedule future well-child visits, parents declined. Data suggests that parents are unaware of how often well-child visits should take place during the first few years of life.	Submission of results in September 2024. Quality Analytics team will utilize survey findings to inform interventions for 2025.	Yellow

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Cultural and Linguistic Appropriate Services	Cultural and Linguistics and Language Accessibility	Enhance interpreter and translation services	Track and trend interpreter and translation services utilization data and analysis for language needs. Comply with regulatory standards, including Member Material requirements Initiate Request for Proposal (RFP) to add and/or replace the translation and interpreter services vendors to improve the member experience.	Report progress to QIHEC Q2 2024 Update (04/09/2024) Q3 2024 Update (07/09/2024) Q4 2024 Update (10/08/2024) Q1 2025 Update (01/14/2025)	Director of Customer Service	Manager of Cultural and Linguistics	Cultural and Linguistic Services	The Request for Proposal (RFP) Scope of Work draft has been completed and currently under review by Vendor Management.	>Finalize Scope of Work and submit RFP bid. *The RFP's Scope of Work (SOW) is currently being reviewed by Vendor Management.*	

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Cultural and Linguistic Appropriate Services	Maternity Care for Black and Native American Persons	1) PPC Postpartum: Increase timely PPC postpartum appointments for CalOptima's Black members from 67.48% to 74.74% and Native Americans from 44.44 to 63.22% by 12/31/24. 2) PPC Prenatal: Increase timely PPC prenatal appointments for CalOptima's Black members from 53.77 to 72.37% and Native Americans from 27.78% to 59.43% by 12/31/24.	Assess and report the following activities: 1) Determine the primary drivers to noncompliance via member outreach and literature review 2) Targeted member engagement and outreach campaigns in coordination with health network partners 3) Strategic Quality Initiatives Intervention Plan - Multi-modal, omni-channel targeted member, provider and health network engagement and collaborative efforts. 4) 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 5) Implement Collaborative Member Engagement Event with OC CAP Diaper Bank and other community-based partners 6) Expand member engagement through direct services such as the Doula benefit and educational classes	By December 2024 Report progress to QIHEC Q1 2024 Update (05/14/2024) Q2 2024 Update (08/13/2024) Q3 2024 Update (11/05/2024) Q4 2024 Update (02/11/2025)	Manager Equity and Community Health/ Director of Operations Management	Program Manager of Quality Analytics/ Manager of Quality Analytics	Equity and Community Health	Data as of May 2024: PPC - Postparum Care: - 63.19% compliance rate for the entire population - 46.27% compliance rate for the Black population - 45.45% compliance rate for the Native American population PPC - Timeliness of Prenatal Care: - 67.74% compliance rate for the entire population - 55.22% compliance rate for the Black population - 63.64% compliance rate for the Native American population	Planned: Continue with public awareness and educaiton campaigns (e.g., radio digital, social media). Contiue to develop identification of eligible members to enroll with CalAIM providers. Continue to build doula provider network to ensure person-centered, culturally competent care that supports the racial, ethnic, linguistic and cultural diversity of members
Cultural and Linguistic	Data Collection on Member	Implement a process to collect member SOGI data	1) Develop and implement a survey to collect the	Report progress to QIHEC	Director of Customer Service	Manager of Cultural and Linguistics	Cultural and Linguistic Services	• The SOGI survey was submitted to Compliance and to The Department of Managed Health Services (DHCS) for review. • The survey has been approved by DHCS and translated in CalOptima	• ITS to complete upload survey to the Member Portal. • Work with Communications to create a new member mailing packet for mailing to new CalOptima members

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Appropriate Services	Demographic Information	by December 1st, 2024.	Member's Sexual Orientation and Gender Identity (SOGI) information from members (18+ years of age). 2) Update CalOptima Health's Core eligibility system to store SOGI data. 3) Collaborate with other participating CalOptima Health departments, to share SOGI data with the Health Networks. 4) Develop and implement a survey via the Member Portal, mail to new members adn other methods. 5) Share member demographic information with practitioners.	quarterly: ~~Q2 2024 Update (08/13/2024)~~ Q2 2024 Update (07/09/2024) ~~Q3 2024 Update (11/05/2024)~~ Q3 2024 Update (10/08/2024) ~~Q4 2024 Update (02/11/2025)~~ Q4 2024 Update 01/14/2025				Health's threshold languages. • The survey has been submitted to ITS to start the process of implementing into the Member Portal. • Facets Core system where data will be stored has been updated with the capabilities to store SOGI data that is collected from members.	(over the age of 18 years of age) • ITS to upgrade XXI in Facets for the survey to upload properly to prepare for the integration of the survey.	

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Cultural and Linguistic Appropriate Services	Data Collection on Practitioner Demographic Information	Implement a process to collect practitioner race/ethnicity/languages (REL) data by December 31, 2024.	1) Develop and implement a survey to collect practitioner REL data 2) Enter REL data into provider data system and ensure ability to retrieve and utilize for CLAS improvement. 3) Complete an analysis of the provider network capacity to meet language needs of the CalOptima Health membership. 4) Assess the provider network's capacity to meeting CalOptima Health's culturally diverse member needs. 5) Collaborate with other participating CalOptima Health departments, to share SOGI data with the Health Networks.	Report progress to QIHEC quarterly: Q2 2024 Update (08/13/2024) Q3 2024 Update (11/05/2024) Q4 2024 Update (02/11/2025)	Director of Provider Data Management Services	Manger Provider Data Management System	Provider Data Management Services	1. Meetings scheduled to plan 2. Develop plan for key activities 3. Identified stakeholders 4. Completed analysis of requirements	1. Set up indicators in Facets 2. Identify methods for collecting data 3. Survey and collect data 4. Enter data in FACETS 5. Set up on going process for collecting information	

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Cultural and Linguistic Appropriate Services	Experience with Language Services	Evaluate language services experience from member and staff	1) Develop and implement a survey to evaluate the effectiveness related to cultural and linguistic services. 2) Analyze data and identify opportunities for improvement.	Report progress to QIHEC quarterly: ~~Q2 2024 Update (08/13/2024)~~ Q2 2024 Update (07/09/2024) ~~Q3 2024 Update (11/05/2024)~~ Q3 2024 Update (10/08/2024) ~~Q4 2024 Update (02/11/2025)~~ Q4 2024 Update 01/14/2025)	Director of Customer Service	Manager of Cultural and Linguistics	Cultural and Linguistic Services	• Draft language experience Surveys for both members and staff has been completed and has been distributed to Health Equity workgroup for review and feedback. • C&L met with contracted vendors and internal workgroups on best approach to implement the member and staff survey • C&L met with contracted vendors and confirmed vendors, currently, cannot support CalOptima with conducting a member survey.	• Complete the review of draft surveys with internal workgroups. • Send draft surveys to consultants for review and feedback • Explore other options for conducting the survey including texting campaigns and live outreach.	