



CalOptima Health Board of Directors
Quality Assurance Committee Meeting
March 13, 2024

Quality Improvement Health Equity Committee (QIHEC)
Fourth Quarter 2023 Report

| QIHEC Summary | |
|---|---|
| QIHEC Chair(s) | Quality Medical Director Chief Health Equity Officer |
| Reporting Period | Quarter 4, 2023 |
| QIHEC Meeting Dates | October 10, 2023; November 11, 2023; and December 12, 2023 |
| Topics Presented and Discussed in QIHEC during the reporting period | <ul style="list-style-type: none"> • Access and Availability • Adult Wellness and Prevention • Behavioral Health Integration (BHI) • Blood Lead Screening • Care Management and Care Coordination • Chronic Conditions Management • Credentialing and Recredentialing • Cultural and Linguistic • Customer Service • Delegation Oversight • Emergency Department Diversion Program • Facility Site Review (FSR)/Medical Record Review (MRR)/Physical Accessibility Review Survey (PARS) • Grievance & Appeals Resolution Services • Health Education • Health Equity • Initial Health Appointment • Long Term Support Services • Member Experience • NCQA Accreditation • OneCare Model of Care • Pediatric Wellness and Prevention • Population Health Management • Potential Quality Issues (PQIs) • Maternal Care • Redetermination • Social Determinants of Health • Transitional Care Services • Utilization Management Program and Activities |

QIHEC Actions in Quarter 4, 2023

QIHEC Approved the Following Items:

- September 12, 2023, QIHEC Meeting Minutes
- October 10, 2023, QIHEC Meeting Minutes
- November 11, 2023, QIHEC Meeting Minutes
- 2023 Cultural and Linguistic Evaluation
- 2024 Cultural and Linguistic Program and Work Plan
- Changes to the Initial Health Appointment Key Performance Indicators (KPIs) for delegated networks, where goal increased from 17% to 50%
- Population Health Management Strategy Updates
- 2023 QI Work Plan 3rd Quarter

Policies:

- GG.1110 Primary Care Practitioner Definition, Role, and Responsibilities
- GG.1617 Infection Control Plan
- GG.1621 CBAS Quality Assurance and Site Visits
- GG.1633 Board Certification Requirements for Physicians
- GG.1602 Non-Physician Medical Practitioner (NMP) Scope of Practice
- GG.1628 Confidentiality of Quality Improvement Activities
- GG.1639 Post Hospital Discharge Medication Supply
- GG.1643 Minimum Physician Credentialing Standards
- GG.1655 Reporting Provider Preventable Conditions
- GG.1656 Quality Improvement and Utilization Management Conflicts of Interest
- GG.1657 State Licensing Board and the National Practitioner Data Bank (NPDB) Reporting
- GG.1713 Certified Nurse Midwife Practice Guidelines
- GG.1652 DHCS Notification of Change in the Availability or Location of Covered Services
- GG.1615 Corrective Action Plan for Practitioners and Organizational Providers

Accepted and filed the following items:

- Utilization Management Committee Meeting Minutes: August 24, 2023
- Member Experience Committee Meeting Minutes: August 22, 2023
- Delegation Oversight Committee Meeting Minutes: June/July 2023
- Whole Child Model Clinical Advisory Committee Meeting Minutes: August 15, 2023
- Grievance and Resolutions Services Committee Meeting Minutes: August 15, 2023

Committee Membership Updates:

- New Health Equity Officer for CalOptima Health
- New CalAIM Medical Director for CalOptima Health
- New member representing Latino Health Access
- New member representing the County of Orange Social Services Agency

QIHEC Quarter 4 2023 Highlights

- QIHEC was made aware of an increase in turnaround time for Community Based Adult Services (CBAS) authorizations. A follow-up report in Q3 2023 indicated that the CBAS team implemented interventions that reduced the authorization turnaround times for CBAS from 5.77 to 1.57 days in mid-October.
- QIHEC was made aware of an increase in non-medical transportation services in Q3 2023 due to the vendor's change in system platforms. A follow-up report in Q3 2023 indicated that staff conducted remediation efforts which include daily collaboration meetings to discuss progress and vendor staff education and saw a reduction of grievances by 60%. In addition, CalOptima Health will be transitioning to a new vendor in April 2024.
- QIHEC was made aware of an issue with authorization in the Provider Portal where files were not loaded for referrals when the system migrated to the cloud. The provider portal team and UM staff resolved all impacted authorizations by end of day 11/15/2023.
- CalOptima staff continues to monitor the OneCare CMS star rating that was below 3.0 for Part C. The star rating has improved for the reporting year 2024 and, due to its improvement, staff expect that CMS will close the current Corrective Action Plan for low performance. A new Stars Steering Committee will commence on January 2024 to track and implement performance improvement activities for Part C and D Star measures.
- CalOptima Health conducted five annual audits of the delegates in Q3 2023. Delegation Oversight found trends in utilization management related to HN's decision and notification timeliness, translation of member notifications, missing or not current member attachments, and missing forms in NEMT reviews. CAPs are issued for areas of noncompliance.
- CalOptima Health continues to plan for the transition to a new clinical management system, Jiva, and system readiness will go-live on 1/15/24 and operations will go-live on 2/1/24.
- Due to a change in the credentialing turnaround times from 180-days to 60-days for mental health and substance use disorder providers, 98 providers are past the 60-day credentialing period, where 70 of the providers are Applied Behavioral Analysis (ABA) provider who are currently working under the supervision of a credentialed provider. To remediate, temporary staff has been hired, internal staff has been trained to assist in credentialing, and staff is seeking services from a Credentialing Verification Organization (CVO).
- COVID-19 Vaccination and Communication Strategy met the 70% goal with a vaccination rate of 70.28%. Program will end on 12/31/2023.
- CalOptima Health continues to not meet Initial Health Appointment (IHA) goals of members obtaining an IHA within 120-days of member enrollment. IHAs were being completed by specialists instead of a Primary Care Physician (PCP). Interventions to include an updated IHA report, provider education, and a pilot chart review.
- CalAIM is on track to meeting the six goals for the program. CalAIM activities include launching the Enhanced Care Management (ECM) Academy Pilot to bring on new ECM provider beyond the HNs, Street Medicine and Shelter Clinic Partnership Program (HCAP), increase utilization and establish an oversight strategy.

| QIHEC Subcommittee Report Summary in Quarter 4, 2023 | |
|--|---|
| Credentialing and Peer Review Committee (CPRC) | <ul style="list-style-type: none"> • CPRC met on 10/18/2023, 11/16/2023, and 12/14/2023. • Reviewed PQI and credentialing cases. • Three new medical directors joined CPRC. • Approved two new certifications for credentialing of providers. • Reviewed PQI cases and trend report. • Four physicians were recommended for de-credentialing. |
| Grievance & Appeals Resolution Services Committee (GARS) | <ul style="list-style-type: none"> • GARS Committee met on 11/14/2023. • Reviewed Q3 trends by line of business. • Increase in Medi-Cal grievances related to NMT as the vendor transitioned to a new system platform. Vendor remediation efforts are ongoing. Effective April 2024, a new vendor will provide NMT services. • OneCare grievances decreased due to a decrease in complaints regarding member billing and member access. |
| Member Experience Committee (MemX) | <ul style="list-style-type: none"> • MemX met on 11/28/2023. • Reviewed the 2022 Timely Access Survey Results. Corrective action plans were issued to providers for immediate action. • Reviewed the 2023 CAHPS Survey Results. Measure performance was between the 10th and 33rd percentile when compared to the Quality Compass benchmarks. • CalOptima Health submitted the Subcontractor Network Certification Submission to DHCS, where CAPs will be issued to HNs for areas of noncompliance. • CAHPS improvement activities using predictive analytics to be launched in January to March 2024. |
| Utilization Management Committee (UMC) <ul style="list-style-type: none"> • Benefits Management Subcommittee (BMSC) • Pharmacy and Therapeutics Committee (P&T) | <ul style="list-style-type: none"> • UMC met on November 16, 2023 • Reviewed over and under-utilization rates against goals. • The TCS process improvement project was a joint effort with Case Management and Utilization Management staff to create a new discharge script to enhance reporting and gather information regarding contacts. • Staff developed and implemented three workgroups focused on utilization patterns, oversight, and monitoring of bed day and readmission reduction, authorization strategy. |
| Whole-Child Model Clinical Advisory Committee (WCM CAC) | <ul style="list-style-type: none"> • WCM CAC met on November 12, 2023. |

| QIHEC Subcommittee Report Summary in Quarter 4, 2023 | |
|---|---|
| | <ul style="list-style-type: none">• WCM CAC charter was updated and approved adding a representative from Regional Center of Orange County (RCOC) and County of Orange Social Services Agency (SSA) to voting membership.• Reviewed WCM utilization and service data.• Customer Service data indicates that Medi-Cal Program, ABA Services and Change of Network were the top three categories for 2022 and 2023. |

2023 Q1 Work Plan 4Q

| Evaluation Category | 2023 Q1 Work Plan Element Description | Goals | Planned Activities | Target Date(s) for Completion (i.e. 2Q 2023) for each activity | Responsible Business owner | Results/Metrics: Assessments, Findings, and Monitoring of Previous Issues <i>List any problems in reaching the goal or relevant data (i.e. state if goals were met or not met, include what caused the problem/issue)</i> | Next Steps Interventions / Follow-up Actions <i>State what will be done to meet the goal (i.e. continue with plan as listed or modify the plan: add a specific new process, etc.)</i> | Red - At Risk Yellow - Caution Green - On Target |
|---------------------|---|--|---|---|----------------------------|--|---|--|
| Program Oversight | 2023 Quality Improvement Annual Oversight of Program and Work Plan | Obtain Board Approval of 2023 Program and Workplan | Quality Program and QI Work Plan will be adopted on an annual basis; QI Program Description-QIHEC-BOD; QI Work Plan-QIHEC-QAC | Annual Adoption by April 2023 | Marsha Choo | Approved: QIHEC 2/14/2023, QAC 3/8/2023, BOD 4/6/2023 | | |
| Program Oversight | 2022 Quality Improvement Program Evaluation | Complete Evaluation 2022 QI Program | QI Program and QI Work Plan will be evaluated for effectiveness on an annual basis | Annual Adoption by January 2023 | Marsha Choo | Approved: QIHEC 2/15/2022, QAC 3/8/2023, BOD 4/6/2023 | | |
| Program Oversight | 2023 Utilization Management and Case Management Program | Obtain Board Approval of 2023 UM Program | UM Program will be adopted on an annual basis. | Annual Adoption by April 2023 | Kelly Giardina | Approved: UMC Committee via eVote on 4/7/2023, QIHEC 4/11/2023, BOD 8/3/2023 | | |
| Program Oversight | 2022 Utilization Management Program Evaluation | Complete Evaluation of 2022 UM Program | UM Program will be evaluated for effectiveness on an annual basis. | Annual Adoption by April 2023 | Kelly Giardina | Approved: UMC Committee via eVote on 4/7/2023, QIHEC 4/11/2023, BOD 8/3/2023 | | |
| Program Oversight | Cultural and Linguistic Services Program and Work Plan | Obtain Board Approval of 2023 Program and Workplan | Cultural and Linguistic Services Program and Cultural and Linguistic Work Plan will be evaluated for effectiveness on an annual basis | Annual Adoption by April 2023 | Carlos Soto | Approved: QIHEC 4/11/2023 | | |
| Program Oversight | Population Health Management Strategy | Implement PHM strategy | Review and adopt on an annual basis. | Annual Review and Adoption Feb 2023 | Katie Balderas | Hit one major milestone with the first ever submission of our PHM Strategy to DHCS. As part of the PHM Strategy, the PHM team worked with stakeholders from across the organization to identify gaps and opportunities to better serve the CalOptima Health population. Partnered with the Orange County Health Care Agency (OCHCA) to identify mutual priorities within their Community Health Assessment and Community Health Improvement Plan process to develop shared goals and SMART objectives that will be part of our 2024 PHM Strategy. Obtained approval from the Quality Improvement Health Equity Committee (QIHEC) to form a new PHM committee that will report up to the QIHEC and provide oversight and guidance on the PHM Strategy implementation | 1) Implementation of PHM Strategy 2) Continue collaboration with the OCHCA to support development of goals and objectives for the CHIP and continue refining SMART objectives for the PHM Strategy 3) Commence the PHM Committee in Q1 2024 | |
| Program Oversight | Credentiaing Peer Review Committee (CPRC) Oversight - Conduct Peer Review of Provider Network by reviewing Credentialing Files, Quality of Care cases, and Facility Site Review, to ensure quality of care delivered to members | | Review of Initial and Recredentialing applications approved and denied; Facility Site Review (including Physical Accessibility Reviews);Quality of Care cases leveled by committee. | 1Q23 update (6/13 QIHEC) 2Q23 update (9/12 QIHEC) 3Q23 update (12/12 QIHEC) 4Q23 update (TBD 2024 QIHEC) | Laura Guest | I. FSR/MRR/PARS, NF and CBAS II. Credentialing: CCN Initial Credentialing=64; CCN Recredentialing=98; BH Initial Credentialing=26; BH Recredentialing=33 III. A. PQI - In Q4 176 PQIs were opened, which has remained steady from Q2-Q4, and 121 were closed, which is a drop from Q1 and Q2. Six cases were presented at CPRC. 57% of the cases were categorized as Medical Care; 67% of those were Mismanged care. 11% of the cases were leveled as 1, 2 or 3. 98% (improvement over Q3) of DG were reviewed in 30 days. At the end of Q4, 437 cases were in queue, a sharp rise from 343 at the end of Q1. 37% (drop from Q3) of PQIs were reviewed in 90 days. The number of QOC grievances reviewed in Q4 was 600, which was a 2%-17% increase over previous quarters. We interviewed for 1 new RN and 1 PS. We have been in involved with testing and training for a new system, Jiva for the QOC grievances, which will be implemented in Q1. B. PPCs - There were no PPCs identified through claims review in Q4. | I. FSR/MRR/PARS, NF and CBAS A. FSR: Initial FSRs=11 Initial MRRs=2 Periodic FSRs=30 Periodic MRRs=35 On-Site Interims=12 Failed FSRs=1 Failed MRRs=9 CAPs: CE=27 FSR=33 MRR=38 B. PARS: Completed PARS=78 BASIC Access=27 LIMITED Access=51 C. CBAS: Critical Incidents=5, All Critical Incidents reported were COVID cases. Non-Critical Incidents=14 Falls=9 Completed Audits=14 CAPs=10 Unannounced Visits=1 NF: No Critical Incidents were reported in Q4. Completed Audits=0 Unannounced Visits=0 II. Credentialing: Continue to credentialing and recredentialing of CCN and BH providers. Have engaged with a Credentialing Verification Organization (CVO) to assist with the credentialing of providers. This will ensure compliance and timeliness of the initial credentialing and recredentialing files. We have also hired temporary positions to assist in the high volume of initial credentialing providers. Additional training by Symplr (Cactus Provider Mgmt Platform), for the credentialing staff occurred in the 4th Qtr of 2023. III. A. PQI - Continue to monitor the volume and TAT of PQIs, DC and QOC Grievances. Hire and train new staff. Contine to test and train team on Jiva for QOC grievances and prepare for the implementation of the PQI module. B. PPCs - Continue to review claims for PPCs and report them to the DHCS. | |
| Program Oversight | Grievance and Appeals Resolution Services (GARS) Committee - Conduct oversight of Grievances and Appeals to resolve complaints and appeals for members and providers in a timely manner. | | The GARS Committee oversees the Grievances, Appeals and Resolution of complaints by members and providers for CalOptima's network and the delegated health networks. Trends and results are presented to the committee quarterly. | 1Q23 update (6/13 QIHEC) 2Q23 update (9/12 QIHEC) 3Q23 update (12/12 QIHEC) 4Q23 update (TBD 2024 QIHEC) | Tyronda Moses | Meeting occurred on November 14, 2023 - Committee Approved Q2 GARS Committee minutes and reviewed Q3 trends by LOB. Trends and Remediation for Medi-Cal: Medi-Cal Grievances increased from 1.57 (Q2) to 1.77 (Q3) average rate per 1000/member months Attributing Factor: (NMT Transportation Q2 302 to Q3 612, MTM changed the Veyo members to align with the MTM system/platform on August 1, 2023 - significant hold times in the month of August.Calls answered by a national call center vs. a dedicated call center for CalOptima Health - this lead to incorrect benefits being quoted/services denied Remediation, which continues: - Benefits training by MTM for their staff on the rich CalOptima Health transportation benefits - Additional staff hired by MTM to answer calls - Frequent meetings as needed but no less than weekly - Effective April 2024, MovivCare will be the new servicing vendor for CalOptima Health transportation Trends and Remediation for OneCare: OneCare Grievances decreased from 19.06 (Q2) to 14.66 (Q3) aveage rate per 1000/member months Attributing Factors: (Decrease in Member Billing complaints Q2 112 to Q3 22, Decrease in Member Access complaints Q2 201 to Q3 65,Trending member dis-satisfaction, NMT Transportation,Provider Attitude) Remediation, which continues: - Benefits training on MTM for their staff on the rich CalOptima Health transportation benefits - Frequent meetings as needed but no less than weekly - Effective April 2024, MovivCare will be the new servicing vendor for CalOptima Health transportation - Provider and Health Network education and reminders on access standards - Provider and Health Network notification and/or request for training on any issues identified or perceived by our members | GARS to continue to monitor and report as appropriate. Next GARS Committee meeting scheduled for February 8 | |

2023 Q1 Work Plan 4Q

| Evaluation Category | 2023 Q1 Work Plan Element Description | Goals | Planned Activities | Target Date(s) for Completion (i.e. 2Q 2023) for each activity | Responsible Business owner | Results/Metrics: Assessments, Findings, and Monitoring of Previous Issues <i>List any problems in reaching the goal or relevant data (i.e. state if goals were met or not met, include what caused the problem/issue)</i> | Next Steps Interventions / Follow-up Actions <i>State what will be done to meet the goal (i.e. continue with plan as listed or modify the plan: add a specific new process, etc.)</i> | Red - At Risk Yellow - Caution Green - On Target |
|---------------------|--|---|---|---|----------------------------|--|---|--|
| Program Oversight | Member Experience (MEMX) Committee Oversight - Oversight of Member Experience activities to improve quality of service and member experience to achieve the 2023 Q1 Goal of improving CAHPS and Access to Care. | | The MEMX Subcommittee assesses the annual results of CalOptima's CAHPS surveys, monitor the provider network including access & availability (CCN & the HNs), review customer service metrics and evaluate complaints, grievances, appeals, authorizations and referrals for the "pain points" in health care that impact our members. | 1Q23 update (6/13 QIHEC) 2Q23 update (9/12 QIHEC) 3Q23 update (12/12 QIHEC) 4Q23 update (TBD 2024 QIHEC) | Marsha Choo | In Q4, MemX Committee repurposed the ad-hoc meeting date of 10/30/2023 and met on 11/28/23 following its' quarterly cadence. Agenda items reviewed and discussed at November meeting are as follows: •Predictive Analytics RFP •Fast Facts Scorecard for Customer Service, Claims, GARS •CAHPS •Medi-Cal Plan/HN and MC HN Corrective Action •OneCare HN •Improve CAHPS •Member Experience Improvement Program •CY2024 OneCare Stars •Corrective Action Plan update •Increase Primary Care Utilization •Network Adequacy •Regulatory Updates •Reduce gaps in network and OON requests •Data analysis and reporting •Network Adequacy Workgroup •Timely Access •Regulatory updates •Timely Access Survey- Data Collection •Timely Access Workgroup | Met goal and continue to meet in 2024 | |
| Program Oversight | Utilization Management Committee (UMC) Oversight Conduct Internal and External oversight of UM Activities to ensure over and under utilization patterns do not adversely impact member's care. | | UMC meets quarterly; monitors medical necessity, cost-effectiveness of care and services, reviewed utilization patterns, monitored over/under-utilization, and reviewed inter-rater reliability results. P&T and BMSC reports to the UMC, and minutes are submitted to UMC quarterly. | 1Q23 update (4/11 QIHEC) 2Q23 update (7/11 QIHEC) 3Q23 update (10/10 QIHEC) 4Q23 update (Jan 2024 QIHEC) | Stacie Oakley | UMC met 11/16/23 and is on track to meet quarterly. Meeting minutes are available for review. Quarterly metrics for UM, pharmacy, BHI, and LTSS are updated and presented. The BMSC meeting minutes from 8/30/23 and 9/20/23 were presented and approved. | An Ad Hoc UMC is scheduled for 1/25/24 and the next regular quarterly meeting is scheduled for 2/22/24 | |
| Program Oversight | Whole Child Model - Clinical Advisory Committee (WCM CAC) : Ensures clinical and behavior health services for children with California Children Services (CCS) eligible conditions are integrated into the design, implementation, operation, and evaluation of the CalOptima Health WCM program in collaboration with County CCS, Family Advisory Committee, and Health Network CCS Providers. | | 1) Meet quarterly to provide clinical and behavioral service advice regarding Whole Child Model operations 2023 Meeting Schedules WCM CAC Q1: February 21, 2023 WCM CAC Q2: May 16, 2023 WCM CAC Q3: August 15, 2023 WCM CAC Q4: November 14, 2023 | 1Q23 update (4/11 6/13QIHEC) 2Q23 update (7/11 6/13 QIHEC) 3Q23 update (9/12 QIHEC) 4Q23 update (Jan 2024 12/12 QIHEC) | T.T. Nguyen, MD/H.Kim | WCM Met 11/7/2023. They presented and discussed the following: •Update by DCMO on redetermination efforts •Shared flyer with information regarding Medi-Cal Dental covered services •Care Coordination membership data and risk levels. •ECM and respite service for the CalAim program •WCM age-out process improvement efforts on hold and further discussion in Q1 2024 •WCM DHCS Assessment Report - Process improvement in pediatric risk stratification showed an increase in identified High Risk members •Transplant Program status update on continued efforts to obtain contracts with more hospitals. •Network Adequacy - All networks met the network adequacy requirement for WCM. •Utilization Management – Admits and days PTMPY increased slightly, and all TAT goals were met. •Grievance and Appeals Resolution Services data - There were no significant changes for overall grievance and appeals in Q2 over Q1 however Behavioral Health grievances were trending lower. •Whole Child Model Member Inquiries - 7 of the 10 top categories remained the same. General questions received regarding the Medi-Cal Program more for WCM members than non WCM members; Questions regarding change of network were received by more non WCM members than WCM members. Inbound calls increased for behavioral health customer service since the pandemic but no trends have been identified •Pediatric Quality Measures -Well-Child Visits in the First 30 Months of Life: First 15 Months (W30) overall WCM rates are lower than the overall rates by about five points. All the other metrics for WCM surpasses the non WCM population. •Behavioral Health Quality Measures/Utilization - Increase in BHT excluding Kaiser members. Will monitor to see if this is a result of the effects from the pandemic. No significant changes on the number of members receiving ABA services. •Update - Student Behavioral Health Incentive Program, Pediatric California Advancing & Innovating Medi-Cal, and Pharmacy. •DHCS and CalOptima Health Policies affecting Whole Child Model - New release. | WCM CAC members requested consideration to include UM data for entire plan/MCP. CalOptima Health will discuss internally for data retrieval approach. The next meeting is scheduled for 2/20/24. | |
| Program Oversight | Pediatric Risk Stratification Process (PRSP) monitoring | | Discuss annually the Pediatric Risk Stratification algorithm with the CCS program | Aug-23 | Hannah Kim | Reviewed with QIHEC and no input/updates provided. | Review annually in 2024. | |
| Program Oversight | Managed Care Accountability Set (MCAS) | Achieve 50th percentile on all MCAS measures for MY2022 | Share results to Quality Improvement Committee annually | end of 3Q 2023 | Paul Jiang | Results presented. | Review annually in 2024. | |
| Program Oversight | Health Network Quality Rating | Achieve 4 or above | Will share HN performance on all P4V HEDIS Measures via prospective rates report each month | end of 4Q 2023 | Sandeep Mital | The Pay for Value (P4V) team generates a Prospective Rate (PR) report each month for all participating health networks and CalOptima Health to allow health networks monitor their progress on clinical HEDIS measures in the P4V program. Performance on each measure is compared to the overall CalOptima Health performance, as well as to the National Medicaid HEDIS benchmarks established by NCOA. | The overall health network quality rating (HNQR) is the weighted average of the network's HEDIS and CAHPS measure ratings, as well as accreditation bonus points and is calculated on a scale of 1-5 (5 being the highest). The final HNQR for MY2022 for the Medi-Cal line of business for all participating health networks was presented at the QIHEC Committee meeting on September 12, 2023. | |
| Program Oversight | CalAIM | Improve Health & Access to care for enrolled members | 1) Launch ECM Academy; a pilot program to bring on new ECM providers. 2) Increase CalOptima Health's capacity to provide community supports through continued expansion of provider network. 3) Continue to increase utilization of benefits. 4) Establish oversight strategy for the CalAIM program. 5) Implement Street Medicine Program 6) Select and fund HHIP projects through Notice of Funding Opportunity. 7) Design and launch the Shelter Clinic Partnership Program (HCAP 2.0) | 1) 1Q 2023 2) 4Q 2023 3) 4Q 2023 4) 3Q 2023 5) 1Q, 2Q, 2023 6) 1Q 2023 7) 3Q 2023 | Mia Arias | 1. ECM Academy has graduated 40 providers. 2. The CalAIM provider network has grown to 77 providers. 3. The utilization of benefits has continued to grow and is now reaching levels of 44,000 members served. 4. Now that a CalAIM Medical Director has been onboarded; this oversight strategy will be developed. 5. Street Medicine has been operating in Garden Grove since April 2023; it will expand to Costa Mesa and Anaheim in the coming months. 6. HHIP Round 2 proposals were selected and approved in October 2023; \$52.3 million was committed to 15 proposals to develop permanent housing. 7. HCAP will be re-launched as of January 1, 2024. | Work on these efforts will continue as described. | |

2023 Q1 Work Plan 4Q

| Evaluation Category | 2023 Q1 Work Plan Element Description | Goals | Planned Activities | Target Date(s) for Completion (i.e. 2Q 2023) for each activity | Responsible Business owner | Results/Metrics: Assessments, Findings, and Monitoring of Previous Issues <i>List any problems in reaching the goal or relevant data (i.e. state if goals were met or not met, include what caused the problem/issue)</i> | Next Steps Interventions / Follow-up Actions <i>State what will be done to meet the goal (i.e. continue with plan as listed or modify the plan: add a specific new process, etc.)</i> | Red - At Risk Yellow - Yellow Green - On Target |
|---------------------|--|---|---|--|-------------------------------------|---|---|---|
| Program Oversight | Health Equity | Increase member screening and access to resources that support the social determinants of health | 1) Increase members screened for social needs 2) Implement a closed-loop referral system with resources to meet members' social needs. 3) Implement an organizational health literacy (HL4E) project | 1) 4Q 2023 2) 4Q 2023 3) 3Q 2023 | Katie Baldaras | 1) Activities reported in Q3 carried on during Q4. SDOH questions finalized are being programmed into JIVA. Pending DHCS approval on the SDOH screening question added to the Health Information Form/Member Evaluation Tool (HIF-MET). ITS continued development of the SDOH screening in member portal using CMS Accountable Communities for Health questions. 2) Received and review closed-loop referrals RFPs 3) As of the end of this quarter, 159 CalOptima Health Staff from 22 departments enrolled in the Health Literacy for Equity program with 42 successfully completing the certificate program. | 1) SDOH screening questions will launch with Jiva implementation in January 2024. Pending DHCS approval of SDOH questions added to the HIF-MET tool. Continue development of the SDOH Screening in the member portal 2) Continue RFP process and bring recommendation to CalOptima Health for approval of a closed-loop referral vendor 3) Continue to encourage staff to complete the Health Literacy for Equity certificate. | Red - At Risk |
| Program Oversight | Improvement Projects Medi-Cal PIP(BH) | Meet and exceed goals set forth on all improvement projects | Non-Clinical PIP - FUM/FUA 1) Track real-time ED data for participating facilities on contracted vendor. 2) Establish reports for data sharing with Health Networks and/or established behavioral health provider to facilitate faster visibility of the ED visit. 3) Participate in educational events on provider responsibilities on related to follow-up visits. 4) Utilize CalOptima Health NAMI Field Based Mentor Grant to assist members connection to a follow-up after ED visit. 5) Implement new behavioral health virtual provider visit for increase access to follow-up appointments. | 1. 2Q2023 2. 4Q2023 3. 3Q2023 4. 4Q2023 5. 4Q2023 | Diane Ramos/ Natalie Zavala | Improve the percentage of members enrolled into care management, complex care management (CCM), or enhanced care management (ECM), within 14-days of an Emergency Dept visit where the member was diagnosed with SMH/SUD. 1) Submitted BH Non-Clinical PIP to DHCS 9/29/23, awaiting feedback. 2) Feedback from DHCS received-Technical assistance was provided by DHCS. 3) Resubmitted PIP on 11/29/2023. 4) Received final 2023-24 PIP validation findings on 01/04/24 and no further action is required. | 1) Working with Caloptima Health Vendor to receive Real-Time ED data on a daily basis for CCN and COD members. 2) BHI is in the process of developing a Pilot project for CCN members identified who meet FUM/FUA criteria. BHI will conduct the outreach and provide information about case management including ECM and referrals. 3) Develop outreach and outcome data related to the percentage of members enrolled in CCM and ECM for CCN members identified who meet FUM/FUA criteria. 4) Working with internal depts to identify baseline data for CM, CCM, and ECM enrollment. | Green - On Target |
| Program Oversight | Improvement Projects OneCare CCIPs | Meet and exceed goals set forth on all improvement projects (See individual projects for individual goals) | Conduct quarterly/Annual oversight of specific goals for OneCare CCIP (Jan 2023 - Dec 2025): CCIP Study - Comprehensive Diabetes Monitoring and Management Measures: Diabetes Care Eye Exam Diabetes Care Kidney Disease Monitoring Diabetes Care Blood Sugar Controlled Medication Adherence for Diabetes Medications Statin Use in Persons with Diabetes | end of 2Q2023 | Helen Syn | Live Call: CM and Dm Medication Adherence Call Campaign and due for other measures (HBD, EED, SPD, KED) Statin Mailer (SPD) Medication Adherence Text Campaign (SPD) IVR Campaign (HBD/SPD) Baseline Data: PR Report Nov 2023 HbA1C <8 Total (HBD): MC: 40.41% OC: 52.79% HbA1c<9 Total (Poor Control) (HBD): MC: 53.40% OC: 40.56% Eye Exam for Patients with Diabetes (EED): MC: 48.68% OC: 64.84% Kidney Health Evaluation for Patients with Diabetes (KED): MC: 42.38% OC: 53.07% Statin Use in Persons with Diabetes (SUPD) OC only: 82.87% 3)VSP Eye Exam Reminder Letters: MC Total sent in Q4 2023: 4521, OC Total sent in Q4 2023: 1199 5) Member Incentive: A1C Test: Processed 1566 approved 1498 for MC; Processed 337 approved 329 for OC EED: Processed 1341 approved 1243 for MC; Processed 309 and approved 291 for OC | 1) Track submitted diabetes member incentive forms 2) Chronic Disease Management Group: Initiate Emerging Risk Diabetes Cohort. 3) Diabetes Live Call Outreach campaign 4) Continue VSP Eye Exam Reminder Letters 5) Continue multimodal member engagement and outreach campaigns. | Green - On Target |
| Program Oversight | Improvement Projects Medi-Cal PIP | Meet and exceed goals set forth on all improvement projects | Conduct quarterly/Annual oversight of MC PIPs (Jan 2023 - Dec 2025): 1) Clinical PIP - Health Disparity remediation for W30 6+ measure (Jan Pending January Module Training January 2023 projected. Please note that the focus for the Clinical and Non-Clinical PIP topics is related to DHCS' '50 by 2025: Bold Goals Initiatives' - See links for more information on the Bold Goals Initiatives: https://www.dhcs.ca.gov/Documents/Budget-Highlights-Add-Docs/Equity-and-Practice-Transformation-Grants-May-Revise.pdf or https://www.dhcs.ca.gov/services/Documents/Formatted-Combined-CQS-2-4-22.pdf | Quarterly Status update on modules as they are completed. | Helen Syn | 1) CalOptima received final validation findings for PIP and was approved by HSAG | Next Steps - Working to identify staffing resources to support PIP intervention. Expecting to launch call campaign in Feb 2024 | Green - On Target |
| Program Oversight | OneCare Performance measures | Achieve 4 or above | 1) Implement Star Improvement Program 2) Track measures monthly 3) Implement OC Pay4Value | 1. 1Q2023 2. 2Q2023 3. 3Q2023 | Linda Lee | 2024 Part C improved to 3.0 stars from 2.5 in the prior year. 2024 Part D and overall star rating remained at 3.5 an 3.0 stars, respectively. | Identified Star measures for focused interventions for remainder of CY. Initiatives underway. | Green - On Target |
| Program Oversight | Plan Performance Monitoring and Evaluation (PPME): HRA and ICP | Retired: 3.2 ICP completion 90 days Benchmark 90% adjusted. 2.1 Initial HRA collected in 90 days from eligibility Benchmark: 95% adjusted. NEW: Successful transition to revised Oversight process. | 1) Utilize newly developed monthly reporting to validate and oversee outreach and completion of both HRA and ICP per regulatory guidance. 2) Develop communication process with Networks for tracking outreach and completion to meet benchmarks. 3) Creation and implementation of the Oversight audit tool. Updated Oversight process implementation and monitoring. | 1Q23 (5/9 QIHEC) 2Q23 (8/8 QIHEC) 3Q23 (11/14 QIHEC) 4Q23 (February 2024 QIHEC) | S. Hickman/M. Dankmyer/H. Kim | 1) Met 2023 Utilize newly developed monthly reporting to validate and oversee outreach and completion of both HRA and ICP per regulatory guidance: December file used to provide feedback to Health Networks. 2) Met 2023 Develop communication process with Networks for tracking outreach and completion to meet benchmarks: December MOC tracking file analysis with feedback sent to Health Networks. 3) Met 2023 Creation and implementation of the Oversight audit tool. Updated Oversight process implementation and monitoring: This has been implemented and is ongoing with each Health Network reviewed on quarterly basis. 4) Met 2023 Initial HRA collection in 90 days from eligibility benchmark 95% adjusted for Core 2.1 reporting. Revision were submitted to DHCS for Q1, Q2, and Q3 as follows: Q1: Members unwilling to participate 10% (93) Members unable to be reached 26% (252) Members who completed assessment 64%(605) Members reached, willing and completed assessment 100% Q2: Members unwilling to participate 5% (45) Members unable to be reached 18% (159) Members who completed assessment 77%(675) Members reached, willing and completed assessment 100% Q3: Members unwilling to participate 3% (28) Members unable to be reached 18% (149) Members who completed assessment 78% (637) Members reached, willing and completed assessment 100% 5) Not Met 2023: "benchmark (90%) not met for 3.2 ICP completion 90 days in Q1-3. Root causes relate to mass transition of OCC to OC members 1/1/2023; and, DHCS revision of technical specifications on 11/17/2023 retroactive to 1/1/2023." Initial ICP collection in 90 days from eligibility for Core 3.2 which has been removed from Q1 Workplan: Reporting revised Q1/2/3 rates with DHCS resubmission: Q1: Members unwilling to participate 10% (99) Members unable to be reached 14% (133) Members who completed assessment 43%(406) Members reached, willing and completed care plan 56% Q2: Members unwilling to participate 9% (82) Members unable to be reached 20% (178) Members who completed assessment 54% (571) Members reached, willing and completed care plan 76% Q3: Members unwilling to participate 15% (124) Members unable to be reached 23% (185) Members who completed assessment 371 (46%) Members reached, willing and completed care plan 73% | 1) Utilize newly developed monthly reporting to validate and oversee outreach and completion of both HRA and ICP per regulatory guidance: Will require remediation with JIVA. 2) Continue with monthly communication to Networks for tracking ICP outreach and completion to meet benchmarks and establish MOC Tracking file error validation response process. 3) Ongoing quarterly audit of Health Networks using Oversight audit tool. Creation of tracking tool for score summary month by month. 4) Initial HRA collection in 90 days from eligibility benchmark 95% adjusted for Core 2.1 reporting. | Red - At Risk |

2023 Q1 Work Plan 4Q

| Evaluation Category | 2023 Q1 Work Plan Element Description | Goals | Planned Activities | Target Date(s) for Completion (i.e. 2Q 2023) for each activity | Responsible Business owner | Results/Metrics: Assessments, Findings, and Monitoring of Previous Issues <i>List any problems in reaching the goal or relevant data (i.e. state if goals were met or not met, include what caused the problem/issue)</i> | Next Steps Interventions / Follow-up Actions <i>State what will be done to meet the goal (i.e. continue with plan as listed or modify the plan: add a specific new process, etc.)</i> | Red - At Risk Yellow - Potentially Green - On Target |
|--------------------------|---|--|---|--|---|---|---|---|
| Program Oversight | NCOA Accreditation | CalOptima Health must have full NCOA Health Plan Accreditation (HPA) and NCOA Health Equity Accreditation by no later than January 1, 2026. | 1) Continue to Work with Business owners to collect all required documents for upcoming HP re-accreditation.(Must collect all Year one required documents by 2Q2023 2) Complete Gap Analysis for Health Equity Accreditation. | 1) end of 1Q2023 2) end of 2Q2023 | Veronica Gomez | A. Health Plan Accreditation 1. 95% of Year-One documents (4/30/2022-4/30/2023) have been collected. 2. 80% of Year-two documents (4/30/2023- 4/30/2024) have been collected. Staff completing final reviews and revisions to documents before submitting for final review by consultant. B. Health Equity Accreditation 1. Consultant completed a review of all the applicable standards. 2. Developed a work plan. 3. Several working sessions have taken place to meet with owners and identify gaps in meeting specific elements. 4. Consultant does not anticipate any difficulty in meeting the June 2025 target date for completing Health Equity accreditation. | The collection and completion of deliverables for both Health Plan and Health Equity accreditation will continue until the submission date. CalOptima's Health NCOA Consultant has developed a detailed work plan that outlines all the gaps, recommended actions and dates for actions that need to be completed for Health Equity Accreditation. The consultant will set up recurring meetings with CalOptima Health staff to go over the work plan and monitor the completion of tasks. The recurring meetings will also be used to answer questions for staff and go over their documents in a working session. | Green - On Target |
| Program Oversight | Student Behavioral Health Incentive Program (SBHIP) | Achieve program implementation period deliverables | 1 Implement SBHIP DHCS targeted interventions 2. bi-quarterly reporting to DHCS | 1) 4Q2023 2) 4Q2023 | Diane Ramos/ Natalie Zavala/Carmen Katsarov | 1) Completed and submitted 4 Biquarterly Reports, sent to RAC 12/28 prior to the DHCS due date of 12/31/23. 2) Conducted Bi-weekly meetings with OCDE to identify and prioritize SBHIP activities to be discussed during the monthly OCDE SBHIP collaborative meeting. 3) Received and reviewed the quarterly progress reports from SBHIP partners CHOC, WYS, OCDE, and Hazel Health. 4) Received the DHCS statewide multi-payer school-linked fee schedule; forwarded to internally impacted departments. 5) Credentialing completed for Hazel Health leading to the completion and execution of the Hazel Health and CalOptima Health provider service contract effective Jan 2024. WYS will not be able to proceed with a contract until they are Medi-Cal enrolled. 6) Received funding in Oct from DHCS for the June 2023 biquarterly submission. | 1) Gather 1st quarter 2024 SBHIP partners implementation status on the services they are building/designing via SBHIP funding - OCDE, WYS, CHOC, and Hazel Health. 2) Identify and track partner deliverables stemming from the monthly OCDE and SBHIP Partner meetings. 3) Prepare workflow for school districts to become COH contracted providers, including assistance from IT, contracting, claims, and provider relations. 4) Continue to support OCDE reviewing school districts' budget plans for their SBHIP funds. | Green - On Target |
| Quality of Clinical Care | CalOptima Health Comprehensive Community Cancer Screening Program | Increase capacity and access to cancer screening for breast, colorectal, cervical, and lung cancer. | 1) Assess community infrastructure capacity for cancer screening and treatment 2) Establish the Comprehensive Cancer Screening and Support Program Stakeholder Collaborative (in our Case I want to leverage OCG) 3) Develop comprehensive outreach campaign to outreach to members due for cancer screenings (mobile mammography, outbound calls, community health workers) 4) Integrate new community health worker benefit into cancer outreach and treatment services. | 1) 1Q2023 2) 2Q2023 2) 3Q2023 3) 4Q2023 | Katie Balderas | 1) Community infrastructure and capacity for cancer screening and treatment was accomplished in Q3, information from assessments was used to develop a funding opportunity to address barriers and opportunities 2) This activity was accomplished early in 2023 with a CalOptima Health staff joining the Orange County Cancer Coalition and continuing participating in these meetings to provide updates, share opportunities and develop collaborative partnerships with the 19+ organizations who attend the OCG meetings. 3) Kick off discovery phase with vendor for development of the Comprehensive Community Cancer Screening Awareness and Education Campaign. Began collaborative meetings with Northgate Market to plan a mobile mammography screening event. 4) No progress on integration of CHW into Cancer Screening Program as of this quarter, but facilitated e-introductions between organizations doing cancer and our CalAIM team leading the CHW benefit rollout. | 1) Seek Board approval of funding opportunity to address barriers and opportunities identified during the brainstorming sessions. Release Notice of Funding opportunity and launch a community grant program. 2) Continue to attend OCG meetings 3) Engage community partners to inform discovery phase for the Comprehensive Community Cancer Screening Awareness and Education Campaign 4) Continue to work with the CalAIM for the integration of CHWs to support members with their cancer screening and treatment journey. | Green - On Target |
| Quality of Clinical Care | STARs Measures Improvement | Achieve 4 or above | Review and identify STARs measures for focused improvement efforts. Measures include Special Needs Plan (SNP) Care Management, Comprehensive Diabetes Care (CDC) and Care for Older Adults (COA) | 1) end of 4Q2023 | Linda Lee | Based on MY2002 results, prioritize new star measures and lower performing measures including: transitions of care, plan all cause readmissions, and follow up after ED visit for people with multiple high-risk chronic conditions. | Current interventions will continue for remainder of Q4. Identified measures will be carried over and prioritized for improvement activities in CY2024. | Green - On Target |
| Quality of Clinical Care | Follow-Up After Emergency Department Visit for Mental Illness (FUM) | HEDIS MY2023 Goal: MC 30-Day: 54.51%; 7-day: 31.97% OC (Medicaid only) | 1) Track real-time ED data for participating facilities on contracted vendor. 2) Establish reports for data sharing with Health Networks and/or established behavioral health provider to facilitate faster visibility of the ED visit. 3) Participate in educational events on provider responsibilities on related to follow-up visits 4) Utilize CalOptima Health NAMI Field Based Mentor Grant to assist members connection to a follow-up after ED visit. 5) Implement new behavioral health virtual provider visit for increase access to follow-up appointments. | 1. 2Q2023 2. 4Q2023 3. 3Q2023 4. 4Q2023 5. 4Q2023 | Diane Ramos/ Natalie Zavala | PR HEDIS Rates Q4 (November): 30 day- 35.75%, 7 day- 21.28% 1) The main barrier has been not having the bandwidth to outreach to members that we have been receiving on a daily basis. 2) sFTP folders have been established and BH ED data is being sent to Health networks on a daily basis. 3) Bi-weekly Member text messaging campaign. a. 1st wave sent in late November 2023 b. 2nd wave sent in Mid December 2023 | 1) Pull data for Data Analyst to send out bi-weekly text messages based on real time ED data. 2) BHI is in the process of developing a Pilot project for CN members identified who meet FUM/FUA criteria. BHI will conduct the outreach and provide information about case management including ECM and referrals. 3) Develop 2024 text message campaign schedule | Yellow - Potentially Green |
| Quality of Clinical Care | Blood Lead Screening DHCS APL | 1) Comply with APL requirements including quarterly reports of members missing blood lead screening 2) Increase Rates of successfully screened members to #% 3) Put process in place of identify refusal of blood lead consent forms | - PBS television ad campaign that advises parents/guardians that a lead test is the only way to identify if a child has been exposed to lead. - Update Policy GG.1717 to include Health Network Attestation and conduct Health Network/Provider education - Add blood lead screening resources to CalOptima Health website: Comprehensive Health Assessment Forms, CDPH anticipatory guidance handout, - Launch IVR campaign to members with untested children - Member mailing campaign to members - Lead texting campaign for members - Medi-Cal member newsletter article(s) | All activities will be complete by 3Q, 2023 | Helen Syn | 1) Quality Interventions - Quality Committee approval for member health reward for lead testing at 12 and 24 months of age which is in alignment with the clinical recommendations for testing. Member health reward expected to launch in Q1 2024. - November 2023: Member IVR campaign launched to target members not compliant with HEDIS. - Campaigns (dates vary): PBS TV Campaign ran November 2023; Social media ad campaign ran October & November 2023; Radio ad campaign ran October & November 2023; Digital ad campaign ran October & November 2023. - November 29, 2023: Participated in HCCN Clinical Quality Champion meeting to provide key clinics with an overview of blood lead testing, current clinic rates and best practices to support increased testing. - October, November, December 2023- (ongoing effort) Health Networks and CCN providers were issued Blood Lead Screening Reports with member detail data of members who have not tested for lead in alignment with clinical guidelines. Reports also proactively identify the members that will be due for lead testing at 12 and 24 months within 1-3 months of the report issue date. - October 2023 - Notified Health Networks of the availability of CalOptima Health Pediatric Quality Guide which contains a Blood Lead Testing Guide to support clinical best practices for lead testing. - October - December 2023: Bright Steps completed 6 month (66 members) and 12 month well child follow-ups (5 members) and provided parents/guardians with education and lead testing requirements at 12 months of age. 2) Community Focused Efforts: December 2023-Participated in CalOptima Health Bright Steps Program baby shower and provider lead screening education to parents/guardians of child members; Began discussions with Orange County Health Care Agency (OCHCA) to partner and develop joint strategies that support the increase of blood lead testing. 3) November Prospective Rate: 60.66% (non continuous enrollment rate): This measure is faring slightly higher than the same time last year in November 2022 (59.95%). The final rate is still pending and is expected to be higher as this is a hybrid measure. We are projecting that the LSC measure will meet the MY2023 minimum performance level. | Next Steps: - Launch the blood lead screening health reward for lead testing at 12 and 24 months of age. - Continue with various member and public facing campaigns to support education efforts to increase awareness of the importance of lead testing. - Update existing Protect Your Family from Lead Poisoning member education piece to - Continue to develop provider based efforts to increase blood lead testing rates. - Continue to monitor prospective rates for testing rates and high opportunity providers for collaboration. - Continue to work with OCHCA to develop initiatives to support an increase in blood lead testing. - Continue issuing the Blood Lead Performance Report to support identification of members not tested for lead in accordance with state requirements. | Yellow - Potentially Green |

2023 Q1 Work Plan 4Q

| Evaluation Category | 2023 Q1 Work Plan Element Description | Goals | Planned Activities | Target Date(s) for Completion (i.e. 2Q 2023) for each activity | Responsible Business owner | Results/Metrics: Assessments, Findings, and Monitoring of Previous Issues <i>List any problems in reaching the goal or relevant data (i.e. state if goals were met or not met, include what caused the problem/issue)</i> | Next Steps Interventions / Follow-up Actions <i>State what will be done to meet the goal (i.e. continue with plan as listed or modify the plan: add a specific new process, etc.)</i> | Red - At Risk Yellow - Caution Green - On Target |
|--------------------------|--|---|--|---|-----------------------------|---|---|--|
| Quality of Clinical Care | Prenatal and Postpartum Care Services (PPC): Timeliness of Prenatal Care and Postpartum Care (PHM Strategy). | HEDIS MY2023 Goal: Postpartum: 84.18% Prenatal: 91.89% | 1) Track member health reward impact on HEDIS rates for postpartum care measure. 2) Strategic Quality Initiatives Intervention Plan - Multi-modal, omni-channel targeted member, provider and health network engagement and collaborative efforts. 3) Continue expansion of Bright steps comprehensive maternal health program through community partnerships, provider/health network partnerships, and member engagement. Examples: WIC Coordination, Diaper Bank Events 4) Implement Collaborative Member Engagement Event with OC CAP Diaper Bank and other community-based partners 5) Expand member engagement through direct services such as the Doula benefit and educational classes | 1) Annual Evaluation 2) Per quality initiatives calendar - ongoing updates 3) Ongoing updates 4) 4Q2023 5) 3Q2023 | Ann Mino/ Helen Syn | 1) Quality Interventions - Bright Steps Program: 762 PNRs received, 810 assessment completed, 681 unique members served during Q4 2023. - Postpartum Care Incentive: A total of 511 postpartum incentives have been processed through Q4 (cumulative) - October 2023 Postpartum Text Campaign to 219 members that were not compliant with postpartum care that still had time to get the care. - October 2023 Telephone Outreach campaign to 165 members that were not compliant with postpartum care that still had time to get the care. - December 2023: Bright Steps Program baby shower. Total of 450 attendees. Provided information on timely postpartum visits, postpartum care health rewards. - Campaigns (dates vary): Social media ad campaign ran October for prenatal care and ran November and December 2023 for postpartum care. - New PBS TV ad for prenatal care in production and preparing for launch in 2024. - November 29, 2023: Participated in HCCN Clinical Quality Champion meeting to provide clinics with an overview of prenatal and postpartum care including best practices and current rates per clinic. - Doula Services: CCN has contracted with 2 doulas and an additional 11 LOAs have been approved for doula services to support the PPC measure. 2) Community Focused Efforts: Began discussions with Orange County Health Care Agency (OCHCA) to partner and develop joint strategies that support maternal mental health. 3) November Prospective Rates: Timeliness of Prenatal Care: 46.15% and is performing lower than this same time last year in November 2022. Postpartum Care: 63.74% and is performing higher than this same time last year in November 2022. | Next Steps: - Continue with various member and public facing campaigns to support education efforts on prenatal and postpartum care - Continue to monitor prospective rates - Continue to work with OCHCA to develop initiatives to support comprehensive maternal mental health - Strategize delivery data to support targeted member outreach for postpartum care and the identification of early pregnancies. - Work with HNs and HEDIS team to identify root causes of low prenatal rate | Red |
| Quality of Clinical Care | COVID-19 Vaccination and Communication Strategy | Vaccine rate of 70% or more of CalOptima members (18 and over). | 1) Communication Strategy of COVID vaccination incentive program through December 31, 2023, end date, focusing on unvaccinated, and updated dosage opportunities. 2) Continue COVID Vaccination member health reward fulfillment process for all eligible age groups for updated doses. | 1) end of 2Q2023 2) end of 3Q2023 | Helen Syn | 1. Internal communication to member-facing staff of program end date. 2. Texting campaign to address eligibility guidelines and end date of the program - goal met. 3. Reached 70% vaccination rate for CalOptima members (18 and older). | COVID-19 VIP processing continues - official end date of the program is 12/31/2023. | Green |
| Quality of Clinical Care | Metabolic Monitoring for Children and Adolescents on Antipsychotics (APM) | HEDIS MY2023 Goals: Blood Glucose-All Ages: 54.36% Cholesterol-All Ages: 36.17% Glucose and Cholesterol Combined-All Ages: 34.30% | 1) Communication Strategy of COVID vaccination incentive program through December 31, 2023, end date, focusing on unvaccinated, and updated dosage opportunities. 2) Continue COVID Vaccination member health reward fulfillment process for all eligible age groups for updated doses. | 2Q2023 update(7/11) | Diane Ramos/ Natalie Zavala | PR HEDIS RATES Q4 : Blood Glucose all ages: 53.61%, Cholesterol all ages: 35.32%, Glucose & Cholesterol Combined all ages: 34.13% 1) Barriers included: Receiving timely data and accurate information. 2) Identified members prescribed antipsychotic medication still in need of diabetes screening, cholesterol screening, and both cholesterol and diabetes screening test through Tableau Report. 3) The following materials have been disseminated to Providers: a) Provider Best Practices Letter. b) APM Provider Tip Sheet. 4) Collaboration with Provider Relations to conduct in-person provider outreach with top 10 providers on a monthly basis. 5) Mailings of Provider materials (Best Practices letter and Provider tip sheet) to the next top 50 providers on a monthly basis. 6) Text Messaging Campaign was sent out to members in the month of December. | 1) Develop 2024 text message campaign schedule. 2) Pull data for Data Analyst to send out monthly text messages. 3) Use provider portal to communicate follow-up best practice and guidelines for follow-up visits. | Green |
| Quality of Clinical Care | Cancer Screenings: Cervical Cancer Screening (CCS), Colorectal Cancer Screening (COL), Breast Cancer Screening (BCS) | MY 2023 Goals: CCS: MC 62.53% BCS: MC 61.27% OC 70% COL: OC 71% | 1) Track member health reward impact on HEDIS rates for cancer screening measures. 2) Strategic Quality Initiatives Intervention Plan - Multi-modal, omni-channel targeted member, provider and health network engagement and collaborative efforts. | 1) Quarterly Updates 2) Per Quality Initiatives Calendar - ongoing updates | Helen Syn | 1) 2023 Member Health Rewards processed as of 1/22/2023: CCS: Processed 1564 approved 1412 for MC; BCS: Processed 1538 approved 1383 for MC Processed 282 approved 264 for OC; COL: Processed 196 approved 154 for OC 2) Member, Community and Provider Engagement Mailing: CCS Texting: BCS, CCS (women Screening) Live Call Campaign for OC Medication Adherence Cohort: OC members due for BCS and COL Digital Ad: BCS Print Ad: BCS Radio: CCS Social Media (Paid): BCS, CCS Social Media (Passive): BCS Community Update: BCS 3) 2023 November Prospective Rates (PR): Cervical Cancer Screening MC: 52.24% Breast Cancer Screening MC: 54.29% OC: 63.23% Colorectal Cancer Screening OC: 60.28% | 1) Continue to track member health reward impact on HEDIS rates for cancer screening measures. New Colorectal Cancer Screening Reward added for Medi-Cal LOB. 2) Continue multimodal member engagement and outreach campaigns. 3) Addition of provider and health network engagement and collaborative efforts. 4) Development of new text message campaigns for cancer screening with new Vendor. | Yellow |
| Quality of Clinical Care | Improve HEDIS measures related to Eye Exam for Patients with Diabetes (EED) | MY2023 HEDIS Goals: MC 63.75% OC: 79%; | 1) Strategic Quality Initiatives Intervention Plan - Multi-modal, omni-channel targeted member, provider and health network engagement and collaborative efforts. 2) Quality Incentives impact on quality measures 3) VSP Collaborative gaps in care bridging efforts. | 1) Per Quality Initiatives Calendar - ongoing updates 2) Annual Evaluation 3) End of Q2 2023 | Helen Syn | 1) 2023 Member Health Rewards processed as of 1/22/23: EED: Processed 1341 approved 1243 for MC; Processed 139 and approved 126 for OC 2) Member, Community and Provider Engagement Live Call Campaign: OC Medication Adherence population for EED Digital Ad Print Ad Radio Ad Social Media (Paid) Television Ad: Diabetes PBS ad video in review 3) VSP Eye Exam Reminder Letters: MC Total sent in Q4 2023: xx, OC Total sent in Q4 2023: xx 4) PR Report Nov 2023 Eye Exam for Patients with Diabetes (EED): 48.68 MC: % OC: 64.84% | 1) Continue to track member health reward impact on HEDIS rates for EED. 2) Continue multimodal member engagement and outreach campaigns. 3) Initiate Emerging Risk Diabetes Cohort. 4) Addition of provider and health network engagement and collaborative efforts. 5) Development of new text message campaigns for cancer screening with new Vendor. | Yellow |

2023 Q1 Work Plan 4Q

| Evaluation Category | 2023 Q1 Work Plan Element Description | Goals | Planned Activities | Target Date(s) for Completion (i.e. 2Q 2023) for each activity | Responsible Business owner | Results/Metrics: Assessments, Findings, and Monitoring of Previous Issues <i>List any problems in reaching the goal or relevant data (i.e. state if goals were met or not met, include what caused the problem/issue)</i> | Next Steps Interventions / Follow-up Actions <i>State what will be done to meet the goal (i.e. continue with plan as listed or modify the plan: add a specific new process, etc.)</i> | Red - At Risk Yellow - Caution Green - On Target |
|--------------------------|---|--|---|--|-----------------------------|--|---|--|
| Quality of Clinical Care | Improve HEDIS measures related to HbA1c Control for Patients with Diabetes (HBD); HbA1c Poor Control (this measure evaluates % of members with poor A1C control-lower rate is better) | MY2023 Goals: MC: 30.9%; OC: 17% | 1) Strategic Quality Initiatives Intervention Plan - Multi-modal, omni-channel targeted member, provider and health network engagement and collaborative efforts. 2) Quality Incentives impact on quality measures | 1) Per Quality Initiatives Calendar - ongoing updates 2) Annual Evaluation | Helen Syn | 1)2023 Member Health Rewards processed as of 1/22/2024: A1C Test: Processed 1556 approved 1498 for MC, Processed 337 approved 329 for OC 2) Member, Community and Provider Engagement IVR Live Call Campaign for OC medication adherence population for HBD poor control measure Digit Ad Print Ad Radio Ad Social Media (Paid) Television Ad: Diabetes PBS ad video in review Live Call Campaign: OC members due for HBD 3) PR Report Nov 2023 HbA1C Poor Control Total (HBD) MC: 53.4% OC: 40.56% | 1) Continue to track member health reward impact on HEDIS rates for HBD. 2) Continue multimodal member engagement and outreach campaigns. 3) Initiate Emerging Risk Diabetes Cohort. 4) Addition of provider and health network engagement and collaborative efforts. 5) Development of new text message campaigns for cancer screening with new Vendor. | Yellow |
| Quality of Clinical Care | MCAS Performance Measures - Improvement Plan: Plan, Do, Study, Act - PDSAs | Meet and exceed MPL for DHCS MCAS Corrective Action | Conduct quarterly/Annual oversight of MCAS Performance Improvement Plan PDSA: Well-Child Visits in the First 30 Months (W30-2+) - To increase the number of Medi-Cal members 15-30 months of age who complete their recommended well-child visits. | Quarterly Status update on modules as they are completed. | Helen Syn | Well-Child Visits in the First 30 Months (W30-2+) PDSA Cycle 3: 7/31/23 – 11/30/23. Intervention included an in-house telephonic call campaign and a birthday card mailer. SMART Aim Goal: By October 31, 2023, successfully outreach to 45% of members who completed PDSA Cycle 2 (n=104) and who meet outreach criteria. Intervention Implementation Period: 09/25/23 – 10/26/23. Telephonic call campaign completed by 1 staff member, in-house. Results: 54.55% confirmed they attended their scheduled WCV. 46.94% confirmed they scheduled their child's next WCV. Outreach success rate of 50.96% to confirm Cycle 2 outcomes. The SMART Aim Goal of successfully met. | W30-2+ PDSA was approved on 1/21/2024. The findings concluded members who had 2 successful telephonic outreaches is impactful. Will plan to continue with telephonic outreach calls in the future. | Yellow |
| Quality of Clinical Care | Pediatric Well-Care Visits and Immunizations - Includes measures such as W30 and IMA, Child and Adolescent Well-Care Visits and Immunizations - Includes measures such as WCV and IMA | HEDIS MY2023 Goal CIS-Combo 10: 49.76% IMA-Combo 2: 48.42% W30-First 15 Months: 55.72% W30-15 to 30 Months: 69.64% WCV (Total): 57.44% | 1) Targeted member engagement and outreach campaigns in coordination with health network partners. 2) Strategic Quality Initiatives Intervention Plan - Multi-modal, omni-channel targeted member, provider and health network engagement and collaborative efforts. Examples: EPSDT DHCS promotional campaign; Back-to-School Immunization Clinics with Community Relations; expansion of Bright steps comprehensive maternal health program through 1 year postpartum to include infant health, well-child visits, and immunization education and support 3) Early Identification and Data Gap Bridging Remediation for early intervention. | 1) 3Q2023 2) Per quality initiatives calendar - ongoing updates 3) End of Q22023 | Helen Syn | 1)Pediatric telephonic call campaigns. Phase 4: 9/25 – 11/1, outreached to 722 members. 2)1st and 2nd Birthday Card Mailing in October, November and December to 5,262 members. 3)W30 Member Detail Report continues to be available to health networks in alignment with PR data. 4)WCV 3-17 Years Text Campaign 10/6/23 to 67,891 members. 5)WCV 3-17 Years IVR Campaign 11/6/23 to 33,823 members. 6)November 2023 Prospective Rate (noCE); CIS-Combo 10: 28.95%, performing lower than last year (30.93%), have not met MPL, did not meet goal 49.76% pending medical record review; IMA-Combo 2: 42.52%, performing lower than last year (44.90%), met MPL, have not met goal 48.42%. There has been an uptick in vaccine hesitancy in 2023. W30-First 15 Months: 41.96%, performing higher than last year (35.91%), has not met MPL, has not met goal (55.72%); W30-15 to 30 Months: 65.66%, performing lower than last year (68.37%), has not met MPL, has not met goal (69.64%); WCV-Total: 41.36%, performing lower than last year (42.34%), has not met MPL, has not met goal (57.44%). Well care visits continue to be a challenge. | 1) Continue targeted member engagement and outreach campaigns. Leverage new avenues to reach members and providers. 2) Continue providing W30 Member Detail Report to health networks as aligned with Prospective Rates Report. 3) Build out new age-based, growth and development milestones text message campaign for pediatric and adolescent group. | Red |
| Quality of Clinical Care | Diabetes Screening for People with Schizophrenia or Bipolar Disorder (SSD) (Medicaid only) | HEDIS 2023 Goal: MC 77.48% OC (Medicaid only) | 1) Identify members through internal data reports in need of diabetes screening test. 2) Conduct outreach to prescribing provider and/or primary care physician (PCP) to remind of best practice and provide list of members still in need of screening. 3) Remind prescribing providers to contact members' primary care physician (PCP) with lab results by providing name and contact information to promote coordination of care. | 1. 2Q2023 2. 3Q2023 3. 2Q2023 | Diane Ramos/ Natalie Zavala | PR HEDIS Rates Q4 (Nov): M/C:70.75% OC: N/A 1) Identified members prescribed antipsychotic medication still in need of diabetes screening test through Tableau Report. 2) Conducted telephonic outreach to prescribing providers, then sent fax to include: a) List of members in need of diabetes screening. b) Best practice guidelines reminder. c) Members' primary care physician (PCP) name and contact information (to promote coordination of care by requesting prescribers to contact the PCP with lab results). 3) Barriers included: Receiving timely data, obtaining the correct contact information for the prescribing providers such as phone numbers, fax numbers, and providers no longer practicing. Other difficulties we have come to know is that some members with this diagnosis do not see their PCP regularly. 4) In process of developing new outreach strategies working with internal depts (Case Management) to help reach out to members. 5) Text messaging outreach campaign sent out in December. | 1) 1st Quarter Report will be pulled in April 2024 2) Continue tracking members in need of diabetes screening test. 3) Continue outreach to prescribing providers. 4) Data Analyst pull data for text messaging. 5) Text Messaging Campaign will continue on a monthly basis. 6) Use provider portal to communicate follow-up best practice and guidelines for Diabetes screening. 7) Develop 2024 text message campaign schedule | Yellow |
| Quality of Clinical Care | Implement multi-disciplinary approach to improving diabetes care for CHCN Latino Members Pilot | 1) Lower HbA1c to avoid complications (baseline: A1c 8%; varies by individual); 2) Improve member and provider satisfaction | Final Pilot Program Design: 1) CalOptima Health Pharmacist Involvement and Intervention 2) CalOptima Health CHW Involvement and Intervention (for the purpose of the prototype study, the workgroup will leverage Population Health Management department's Health Educators as CHW proxies) 3) PCP Engagement Planned Activities: Finalize member stratification Outreach to high volume PCPs Launch the pilot program | Finalize member stratification - end of Jan 2023 Outreach to high volume PCPs - end of Q1 Launch the pilot program - end of Q1 | Joanne Ku | Although the pilot program received interest from one provider, due to the overall lack of provider engagement, CalOptima Health's senior leadership decided that it was in our best interest to sunset this pilot project and re-strategize future efforts. | N/A | Green |
| Quality of Clinical Care | Follow-Up After Emergency Department Visit for Alcohol and Other Drug Abuse or Dependence (FUA) | MY2023 Goals: MC: 30-days: 21.24%; 7-days: 8.93% | 1) Track real-time ED data for participating facilities on contracted vendor. 2) Establish reports for data sharing with Health Networks and/or established behavioral health provider to facilitate faster visibility of the ED visit. 3) Participate in educational events on provider responsibilities on related to follow-up visits. 4) Utilize CalOptima Health NAMI Field Based Mentor Grant to assist members connection to a follow-up after ED visit. 5) Implement new behavioral health virtual provider visit for increase access to follow-up appointments. | 1. 2Q2023 2. 4Q2023 3. 3Q2023 4. 4Q2023 5. 4Q2023 | Diane Ramos/ Natalie Zavala | PR HEDIS Rates Q4 (November): 30 day- 20.53%, 7 day- 10.79% 1) The main barrier has been not having the bandwidth to outreach to members that we have been receiving on a daily basis. 2) sFTP folders have been established and BH ED data is being sent to Health networks on a daily basis. 3) Bi-weekly Member text messaging. a. 1st wave sent in late November 2023 b. 2nd wave sent in Mid December 2023 | 1) Pull data for Data Analyst to send out bi-weekly text messages based on real time ED data. 2) BHI is in the process of developing a Pilot project for CCN members identified who meet FUM/FUA criteria. BHI will conduct the outreach and provide information. 3) Develop 2024 text message campaign schedule | Green |

2023 Q1 Work Plan 4Q

| Evaluation Category | 2023 Q1 Work Plan Element Description | Goals | Planned Activities | Target Date(s) for Completion (i.e. 2Q 2023) for each activity | Responsible Business owner | Results/Metrics: Assessments, Findings, and Monitoring of Previous Issues <i>List any problems in reaching the goal or relevant data (i.e. state if goals were met or not met, include what caused the problem/issue)</i> | Next Steps Interventions / Follow-up Actions <i>State what will be done to meet the goal (i.e. continue with plan as listed or modify the plan: add a specific new process, etc.)</i> | Red - At Risk Yellow - Warning Green - On Target |
|--------------------------|---|--|---|--|--------------------------------|---|---|--|
| Quality of Clinical Care | Follow-up Care for Children with Prescribed ADHD Medication (ADD): Continuation Phase. Increase chances to meet or exceed HEDIS goals through effective interventions that are aligned with current practice and technological options. | HEDIS MY2023 Goal: MC - Init Phase - 42.77% MC -Cont Phase - 51.78% | 1) Continue the non-compliant providers letter activity. 2) Participate in educational events on provider responsibilities on related to follow-up visits. 3) Continue member outreach (through multiple modalities telephonic, newsletter, mobile device) to improve appointment follow up adherence. | 1. 2Q2023 2. 4Q2023 3. 3Q2023 | Diane Ramos/ Natalie Zavala | PR HEDIS Rates Q3 (November): Initiation Phase- 48.15%, Continuation and Maintenance Phase- 53.66% 1) In process of developing new outreach strategies for members regarding medication compliance. 2) Continued member telephonic outreach for members that filled ADHD Rx. 3) Text messaging outreach campaign sent in December. | 1) Pull monthly data for data analyst to scrub for text messaging. 2) Use provider portal to communicate follow-up best practice and guidelines for follow-up visits. 3) Member Health Reward Incentives. 4) Develop 2024 text message campaign schedule | Green - On Target |
| Quality of Clinical Care | Reporting of Communicable Diseases | Improve provider reporting of communicable disease | 1) Educate provider on the requirements and process to report communicable disease | 1. 2Q2023 2. 4Q2023 3. 3Q2023 | Marsha Choo | A Communication was developed explaining the responsibility for contracted Providers to report any suspected case(s) of any diseases or conditions listed on the California Department of Public Health (CDPH) website to the local health officer. The address, phone, and fax number was provided to the local Orange County Local Health Department. The communication was sent over to the Communications Department and provided in the January Provider Newsletter . | Work with our communications department to set up a standing article for regular provider education on this topic. | Green - On Target |
| Quality of Service | Increase primary care utilization | Increase rates of Initial Health Appointments for new members, annual wellness visits for all members. | 1) Increased Health Network/Provider education and oversight 2) Enhanced member outreach (IVR, digital engagement) | 1) 1Q2023 2) 2Q2023 | Katie Balderas | Activities presented in Q3 were accomplished as follows: 1a. Chart review process was transitioned from pilot to regular implementation. 1b. IHA Reference Guide was updated on the provider website page. 1c. Quarterly communications were sent to providers/health networks on relevant IHA updates. 1d. New data logic was validated. The Health Networks and providers/stakeholders were informed of new performance measure expectation. Challenges: The logic change was not shared with the Health Networks or providers/stakeholders as it held no relevance to the current goal. The focus was placed on educating the Health Networks and Providers of the new goal for the IHA completion rate. 2a. IVR were implemented as an interactive campaign for unengaged members. 2b. ITS developed a report on the provider portal that shows new members and the IHA due date. Challenges: In 2a. above, the plan from Q3 was to develop regular process for monitoring outcomes of the interactive campaign for unengaged members. However, this process has not started as the implementation of chart review took up more resources and time. We still plan on reviewing this data and decide on an appropriate intervention in 2024. | 1) Track IHA completion rate among Health Networks and share results with the Health Networks, providers and QIHEC quarterly. 2) Monitor outcomes of the interactive campaigns for unengaged members and establish a follow up intervention. | Green - On Target |
| Quality of Service | Improve Member Experience/CAHPS | Increase CAHPS to meet goal | 1) Issue an RFI to obtain information on CAHPS improvement vendors and strategies, contract and launch program 2) Member outreach to all OneCare members 3) Track measures for monitoring individual provider performance (ie. number of grievances, number of CAPs issued) and take action based on committee action | by end of 3Q, 2023 | Mike Wilson | 1) Contract was signed with Ushur/Decision Point. Implementation in process. | 1) Met goal - initial call campaigns either have begun or will begin early Q1 2024, mailers are in final stages of approval before being sent to identified membership | Green - On Target |
| Quality of Service | STARs Measures Improvement | Achieve 4 or above | Review and identify STARs measures for focused improvement efforts. CAHPS Composites, and overall ratings; TTY Foreign language interpreter and Members Choosing to Leave Plan | 1) by end of 4Q2023 | Linda Lee | 2023 CAHPS scores remain largely unchanged compared to prior year results. One rate, Rating of Health Care Quality, improved significantly from one to three stars. Other member experience measures demonstrating improvement include: members choosing to leave the plan, timely decisions about appeals, reviewing appeals decisions, and call center foreign language interpreter and TTY availability. | Current interventions will continue for remainder of Q4. Identified measures will be carried over and prioritized for improvement activities in CY2024. | Green - On Target |
| Quality of Service | Provider Data Improvement | Improve Provider Data in Facets | 1) Develop and implement a process to utilize Lexis Nexis data correct provider data errors 3)Establish process for ongoing review and maintenance of data | by end of 4Q, 2023 | Debra Gonzalez | Goals were not met. Resources needed to work with the vendor to understand the data output and develop a process for utilizing the data. | Meetings with Lexis Nexis to understand data specs. Pend until resources are available. | Green - On Target |
| Quality of Service | Improve Network Adequacy: Reducing gaps in provider network | Reduce OON requests by 25% | 1) LOA project to outreach and recruit providers that are currently receiving letters of agreements. | by end of 4Q, 2023 | Adriana Ramos | Met - Developed and implemented process for Letters of Interest Packets Met - Established application process for all provider types, streamline and expediting application through credentialing and contracting of new providers | Continue with plan and monitoring interventions being developed to address the letter of interest process. | Green - On Target |
| Quality of Service | Improve Timely Access: Appointment Availability | Improve Timely Access compliance with Appointment Wait Times to meet 80% MPL | 1) Provider incentive to meet timely access standards 2) Provider incentive for extending office hours | by end of 2Q, 2023 | Mike Wilson | Timely access was still an area with many opportunities for improvement with our provider community. The most recent data (collected in Fall 2022) was shared with providers and health networks in Q4. This is still an area of emphasis and a point that is being addressed in multiple ways with our external partners. | Provided scripting to assist offices with scheduling, education for providers and health networks around the timely access standards, increased monitoring to have better access to real-time data | Green - On Target |
| Quality of Service | Provider Data Improvement | Improve HN Provider data | 1) Develop and implement process for auditing HN Directory data to meet SB 137 requirements 2) Create score cards for HN directory data accuracy 3) Establish process for auditing provider directory attestations | by end of 4Q, 2023 | Silvia Peralta | Met - Developed and implemented process for auditing HN Directory data to meet SB 137 requirements Met - Created score cards for HN directory data accuracy Met - Established process for auditing provider directory attestations | Plan will continue to be as listed. | Green - On Target |
| Quality of Service | Improving Access: Subcontracted Network Certification | Comply with Subdelegate Network Certification requirements | 1) Submit SNC to DHCS 2) Develop a process for remediating and capping efforts 3) Communicate results and remediation process to HN 4) Monitor for improvement | by end of 4Q, 2023 | Quynh Nguyen/Mike Wilson | SNC was submitted on time in Q4 and Health Networks were sent CAPs for non-compliance related to SNC. Work is ongoing to improve all areas of non-compliance including network adequacy and timely access. | Continue with plan with additional interventions being developed to address deficiencies. | Green - On Target |

2023 Q1 Work Plan 4Q

| Evaluation Category | 2023 Q1 Work Plan Element Description | Goals | Planned Activities | Target Date(s) for Completion (i.e. 2Q 2023) for each activity | Responsible Business owner | Results/Metrics: Assessments, Findings, and Monitoring of Previous Issues <i>List any problems in reaching the goal or relevant data (i.e. state if goals were met or not met, include what caused the problem/issue)</i> | Next Steps Interventions / Follow-up Actions <i>State what will be done to meet the goal (i.e. continue with plan as listed or modify the plan: add a specific new process, etc.)</i> | Red - At Risk Yellow - Off Target Green - On Target |
|-------------------------|---------------------------------------|--|---|---|---|---|--|---|
| Safety of Clinical Care | Transitional Care Services (TCS) | UM/CM/LTC to collaborate and set goals on improving care coordination after discharge. For example, including but not limited to improving successful interactions for TCS high-risk members within 7 days of their discharge. | <u>Planned Activities:</u> 1) Set up a Transition of Care workgroup among UM, CM and LTC to discuss ways to increase post hospitalization visits with PCP and address barriers. 2) Update the LTC letter for members that UM/CM are unable to reach post discharge. | Setting up the workgroup - end of 1Q 2023 Updating the UTC letter end of 2Q 2023 | Stacie Oakley Hannah Kim Scott Robinson | 1) Initiated audits on completion of outreach for members in need of TCS for High Risk Members. 2) Automation of validation process for Health Network monthly TCS files used for oversight and DHCS reporting. 3) Discussed TCS during Hospital Info Series 12/14/2023 with providers. 4) UM-working on enhanced PCP discharge notice | 1) Use of Usher platform to outreach to members post discharge. 2) Implementation of TCS support line. 3) Ongoing audits for completion of outreach for High Risk Members in need of TCS. 4) Ongoing monthly validation process for Health Network TCS files used for oversight and DHCS reporting. 5) Revision of Goals and Activities for 2024 TCS | Green - On Target |
| Safety of Clinical Care | Emergency Department Diversion Pilot | Pilot has been implemented. In 2023 plan to expand the program to additional hospital partners. | 1. Promoting communication and member access across all CalOptima Networks 2. Increase CalAIM Community Supports Referrals 3. Increase PCP follow-up visit within 30 days of an ED visit 4. Decrease inappropriate ED Utilization | by end of 4Q, 2023 | Scott Robinson | The UCI ED pilot was not started due to the inability to create a secure teams channel and execute a data useage agreement. Ther are currently no metrics to report. | Continue to work with the ITS, legal and contracting. The goal is to implement this program in Q1 2024. | Yellow - Off Target |