NOTICE OF A
REGULAR MEETING OF THE
CALOPTIMA BOARD OF DIRECTORS'
ONECARE CONNECT CAL MEDICONNECT PLAN
(MEDICARE-MEDICAID PLAN)
MEMBER ADVISORY COMMITTEE

AUGUST 23, 2018
3:00 P.M.

CALOPTIMA
505 CITY PARKWAY WEST, SUITE 109-N
ORANGE, CALIFORNIA 92868

AGENDA

This agenda contains a brief, general description of each item to be considered. The Committee may take any action on all items listed. Except as otherwise provided by law, no action shall be taken on any item not appearing in the following agenda.

Information related to this agenda may be obtained by contacting the CalOptima Clerk of the Board at 714.246.8806 or by visiting our website at www.caloptima.org. In compliance with the Americans with Disabilities Act, those requiring special accommodations for this meeting should notify the Clerk of the Board's office at 714.246.8806. Notification at least 72 hours prior to the meeting will allow time to make reasonable arrangements for accessibility to this meeting.

I.   CALL TO ORDER
Pledge of Allegiance

II.   ESTABLISH QUORUM

III.   APPROVE MINUTES
   A. Approve Minutes of the June 28, 2018 Regular Meeting of the CalOptima Board of Directors' OneCare Connect Member Advisory Committee (OCC MAC).

IV.   PUBLIC COMMENT
At this time, members of the public may address the Committee on general topics. Public Comment on posted item(s) will follow staff presentation of the item(s) to the Committee. If you wish to speak on an item contained in the agenda, please complete a Public Comment Request Form(s) identifying the item(s) and submit the form to the assistant to the PAC. When addressing the Committee, it is requested that you state your name for the record. Please address the Committee as a whole through the Chair. Comments to individual Committee members or staff are not permitted. Speakers will be limited to three (3) minutes.

V.   REPORTS
None

VI.   CEO AND MANAGEMENT REPORTS
A. Chief Executive Officer (CEO) Update
B. Chief Medical Officer (CMO) Update
C. Federal and State Legislative Update

VII.   INFORMATION ITEMS
A. OneCare Connect Member Advisory Committee Member Updates
B. Intergovernmental Transfer (IGT) Funds 5, 6 and 7 Update
C. Health Homes Program Update
D. Annual Healthcare Effectiveness Data and Information Set (HEDIS) and
Consumer Assessment of Healthcare Providers and Systems (CAHPS) Update

VIII. COMMITTEE MEMBER COMMENTS

IX.   ADJOURNMENT

MINUTES

**REGULAR MEETING OF THE
CALOPTIMA BOARD OF DIRECTORS'
ONECARE CONNECT
CAL MEDICONNECT PLAN (MEDICARE-MEDICAID PLAN)
MEMBER ADVISORY COMMITTEE**

June 28, 2018

The Regular Meeting of the CalOptima Board of Directors' OneCare Connect Cal MediConnect Plan (Medicare-Medicaid Plan) Member Advisory Committee (OCC MAC) was held on June 28, 2018 at CalOptima, 505 City Parkway West, Orange, California.

CALL TO ORDER
Acting Chair Christine Chow called the meeting to order at 3:07 p.m. and led the Pledge of Allegiance.

ESTABLISH QUORUM

Members Present:	Christine Chow, Acting Chair; Ted Chigaros, Josefina Diaz, Sandy Finestone, Sara Lee, Adam Crits (non-voting), Kristin Trom
Members Absent:	Gio Corzo, Chair; Patty Mouton, Vice Chair; John Dupies, Erin Ulibarri (non-voting), Jyothi Atluri (non-voting), Richard Santana
Others Present:	Ladan Khamseh, Chief Medical Officer; Richard Bock, M.D., Chief Medical Officer; Phil Tsunoda, Executive Director, Public Affairs; Candice Gomez, Executive Director, Program Implementation; Sesha Mudunuri, Executive Director, Operations; Tracy Hitzeman, Executive Director, Clinical Operations; Dr. Emily Fonda, Medical Director, Medical Management; Albert Cardenas, Director, Customer Service (Medicare); Becki Melli, Customer Service; Eva Garcia, Customer Service

MINUTES

Approve the Minutes of the April 26, 2018 Regular Meeting of the CalOptima Board of Directors' OneCare Connect Member Advisory Committee

> *Action:*   *On motion of Member Sandy Finestone, seconded and carried, the OCC MAC approved the minutes as submitted.*

PUBLIC COMMENT
There were no requests for public comment.

CEO AND MANAGEMENT TEAM DISCUSSION

Chief Medical Officer (CMO) Update
Richard Bock, M.D., Chief Medical Officer introduced Betsy Ha as the new Executive Director in the Quality Analytics Department. Dr. Bock reported that CalOptima received a 100% score on the recent data validation audit conducted by the Centers for Medicare & Medicaid Services (CMS), and noted

that the National Committee for Quality Assurance (NCQA) surveyors will be on site in July to review CalOptima's quality standards.

Federal and State Legislative Update
Philip Tsunoda, Executive Director, Public Affairs provided a Federal and State Legislative update. At their June 7, 2018 meeting, the Board authorized the release of Requests for Information (RFI) for Intergovernmental Transfer Funds (IGT) 5 categories identified in the recent CalOptima Member Health Needs Assessment, and the RFIs are due by July 9, 2018.

INFORMATION ITEMS

OCC MAC Member Updates
Acting chair Christine Chow reported that, on June 7, 2018, the Board of Directors reappointed the following individuals to the OCC MAC for FY 2018-19: Ted Chigaros, Long-Term Care Facility Representative; Gio Corzo, Community-Based Adult Services Representative; Patty Mouton, Seniors Representative; and Christine Chow, Member Advocate. The Board also approved the appointment of Keiko Gamez as the OneCare Connect Member/Family Member Representative, whose term will begin on July 1, 2018. Gio Corzo and Patty Mouton were reappointed to serve as Chair and Vice Chair, respectively, for FY 2018-19. It was reported that Orange County In Home Support Services (IHSS) Public Authority Representative Amber Nowak has resigned. Staff anticipates that IHSS will designate a representative to serve on the OCC MAC in the coming months.

In response to Acting Chair Chow's request for topics for the August 23, 2018 OCC MAC meeting agenda, Member Chigaros requested adding an item regarding transportation for dialysis members, and IHSS Union Provider Representative Santana will provide a presentation, and OCC MAC Member/Family Member Trom will provide a presentation at the October 25, 2018 meeting.

OCC MAC Member Presentation on Ombudsman Update
Sara Lee, Members from Ethnic or Cultural Community Representative, presented an Ombudsman update. Ms. Lee reported on inquiries received by the Office of the Ombudsman pertaining to Denti-Cal benefits. Discussion ensued regarding OCC member eligibility as it relates to Medi-Cal benefits and share of cost. Staff provided an overview of eligibility and enrollment including communication with affected members regarding the process.

Palliative Care Presentation Update
Tracy Hitzeman, Executive Director, Clinical Operations, reported that the Department of Health Care Services (DHCS) released an All-Plan letter to health plans in November 2017, which became effective January 1, 2019. DHCS identified eligibility criteria for this initiative that focused on four general categories: cancer, chronic obstructive pulmonary disease, congestive heart failure, and liver disease, as well as sub-criteria to meet eligibility. CalOptima's health networks are responsible for all palliative care services for their assigned members, and the DHCS provides guidance regarding reporting requirements used to evaluate the effectiveness of program implementation.

OCC MAC Member Presentation on Access to Care
Marsha Choo, Manager, Quality Analytics, provided an overview on Access to Care with the goal to: ensure the provision of medically necessary services in a timely manner; monitor accessibility and availability of appropriate clinical care and network providers; identify opportunities for improvement and improve overall access to care; and to meet all access regulatory requirements, regulations and reporting requirements to DHCS and CMS.

OCC MAC Member Presentation on Grievance and Appeals Process
Ana Aranda, Grievance and Appeals Director, presented an overview on the Grievance and Appeals process, including member submittal of a grievance, and the review process for member grievances received. Multiple departments work together to address access to care issues, and providers are educated to provide awareness and encourage action. Grievance tracking and trending reports are in place to address areas of improvement and information is shared with internal and external stakeholders for further action.

ADJOURNMENT
Acting Chair, Christine Chow announced that the next OCC MAC Meeting will be held on Thursday, August 23, 2018.

Hearing no further business, the meeting adjourned at 4:19 p.m.

_ /s/ Eva Garcia_
Eva Garcia
Program Assistant

Approved: August 23, 2018

MEMORANDUM

DATE:	August 2, 2018
TO:	CalOptima Board of Directors
FROM:	Michael Schrader, CEO
SUBJECT:	CEO Report
COPY:	Suzanne Turf, Clerk of the Board; Member Advisory Committee; Provider Advisory Committee; OneCare Connect Member Advisory Committee

Whole-Child Model (WCM) Planning Takes Priority as Transition Approaches

CalOptima is intensifying preparation for the January 2019 transition to the WCM for California Children's Services (CCS) in Orange County. Your August Board meeting will include several items to ensure our readiness to integrate care for medically vulnerable children. Please see below for updates about our proposed payment methodology, stakeholder outreach and engagement, and operational changes.

- *Payment Methodology*: CalOptima's Finance team has met twice in the past two months with the provider community to communicate our proposed approach to WCM reimbursement. Delegated health networks will receive one capitation rate for a child's CCS and non-CCS services, plus an administrative fee. CalOptima will also take several important steps to reduce financial risk for our partners, including carving out prescription drugs, managed long-term services and supports, transportation costs, and members with high-cost conditions. Further, CalOptima will offer cash flow protections for catastrophic cases on a quarterly basis and establish annual retrospective risk corridors to protect health networks and hospitals that incur high expenses above certain percentages of capitation. The goal is to have a stable provider network in the WCM's first year while data is collected and then adjust payment methods as needed in future years.
- *Stakeholder Outreach and Engagement*: In June, CalOptima welcomed more than 60 community-based organization representatives in focus groups to gather feedback on four topics: transition details, continuity of care, age-out process and member communication. The information has been valuable in guiding our implementation. In late July, more than 125 providers and member advocates attended CalOptima's stakeholder event at the Garden Grove Community Meeting Center offering general updates about our clinical and operational approach to the WCM.
- *Operational Changes*: The WCM transition is complex because it integrates systems and processes both inside and outside of CalOptima. A thorough review of affected policies and procedures has been completed, resulting in the modifications being brought to your Board this month for approval. In addition, CalOptima plans to learn from the three other County Organized Health Systems that transitioned July 1, 2018. Expressing generally positive results, CenCal Health, Central California Alliance for Health and Health Plan of San Mateo representatives shared their experiences at a July 11 CCS Advisory Group meeting I attended in Sacramento. Among all the counties transitioning to WCM, Orange County has the highest number of children with CCS conditions, at approximately 13,000.

CalOptima Meetings With Providers Ensure Understanding of New Directed Payments
The federal Medicaid Mega Reg has changed future supplemental payments for hospitals providing services to the uninsured and Medi-Cal population. In FY 2017–18, the former Quality Assurance Fee process will be replaced by directed payments. There are separate programs for public and private hospitals. CalOptima's Finance team reviewed the changes during the June 14 Provider Advisory Committee meeting and then again July 31 with hospital leaders who are members of the Hospital Association of Southern California. CalOptima wants to ensure our hospital partners are reporting all utilization data in order to retain access to the significant supplemental funding available.

National Committee for Quality Assurance (NCQA) Standards Review a Success
In early July, NCQA surveyors were on-site to review our quality standards, which are the clinical and operational guidelines we follow aimed at delivering quality health care. This comprehensive review of our quality standards happens every three years and is part of our accreditation and overall NCQA rating. At the end of their visit, surveyors stated that CalOptima's preliminary score was quite high. Our final score will be released in mid-August.

Assembly Members Tour Program of All-Inclusive Care for the Elderly (PACE)
PACE recently welcomed Assembly Members Phillip Chen and Sharon Quirk-Silva. During separate tours, PACE Director Elizabeth Lee updated the elected officials on PACE expansion initiatives, including alternative care settings, service area expansion to South Orange County and community-based physicians. Both Chen and Quirk-Silva appreciated learning about PACE as an option for Orange County seniors, and they were happy to hear about the current success and growth of the center.

CalOptima Board Chair Elected Orange County Medical Association (OCMA) President
CalOptima Board Chair Paul Yost, M.D., an anesthesiologist, was installed this past month as president of the OCMA. His term is July 1, 2018, to June 30, 2019. In these times of change, CalOptima is fortunate to benefit from Dr. Yost's insight into the local physician community and from the OCMA's leadership in organized medicine statewide. Further, we appreciate our professional relationships with OCMA Board Member Dr. Nikan Khatibi, who is CalOptima Board Vice Chair, and OCMA Member Alexander Nguyen, M.D., a CalOptima Board member.

CalOptima Visionary and Former Chief Medical Officer Kenneth Bell, M.D., Passes Away
Obstetrician/gynecologist Kenneth Bell, M.D., who played a major role in CalOptima's formation and later became Chief Medical Officer, passed away July 14 at age 82. In 1994, Dr. Bell arranged funding through Kaiser Permanente that enabled the development of CalOptima as a solution to Orange County's Medi-Cal crisis at the time. From 2001 to 2007, he served as CalOptima Chief Medical Officer, overseeing a period of growth and the launch of OneCare, a Medicare program. Like so many of Dr. Bell's CalOptima colleagues past and present, I am saddened by his passing but honored to have known him and experienced his passionate advocacy and insightful leadership on behalf of Orange County's vulnerable population.

Intergovernmental Transfer (IGT) Funds Timeline*

IGT 5 Community Grants — $14.4 Million

June 8, 2018	Release Requests for Information (RFIs) — *completed*
July 9, 2018	RFI responses due — *completed*
October 2018	Release 11 Requests for Proposal (RFPs)
December 2018	RFP responses due
February 2019	Award grants

IGT 6/7 Community Grants — $17.7 Million

October 19, 2017	Release Letters of Interest/Information (LOIs) — *completed*
November 13, 2017	LOI responses due — *completed*
September 2018	Release 6 Requests for Proposal (RFPs)
November 2018	RFP responses due
February 2019	Award grants

IGT 8 ≈ $40 Million

Use of funds to be approved by CalOptima Board of Directors. Funds must be used for Medi-Cal covered services.

January 2019   Funds anticipated to be received by CalOptima

IGT 9 ≈ $40 Million

Use of funds to be approved by CalOptima Board of Directors. Funds must be used for Medi-Cal covered services.

Timeline for funds availability is not currently available.

Health Homes Program (HHP)

OneCare Connect Member Advisory Committee
August 23, 2018

Candice Gomez, Executive Director
Program Implementation

HHP Background: Authorization

- Federal: Authorized under Section 2703 of the Affordable Care Act (ACA)
  - State option to implement
  - 90 percent funding for eight quarters and 50 percent thereafter
  - Must be available to dual eligible
- State: California's AB 361 (2013) authorizes HHP participation
  - Implementation permitted if no General Funds used
  - Requires Department of Health Care Services (DHCS) evaluation within two years of state's initial implementation
- CalOptima scheduled to Go-Live:
  - July 1, 2019: Members with chronic conditions
  - January 1, 2020: Members with Serious Mental Illnesses or Serious Emotional Disturbance (SMI)

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DHCS HHP California Model

Department of Health Care Services

Lead Entities

Qualifying Medi-Cal managed care plans (MCP)
Orange County: CalOptima

Community-Based Care Management Entities (CB-CMEs)

Sample organizations include Primary Care Providers Federally Qualified Health Centers, physician groups, hospitals and behavioral health entities or MCP

Community and Social Support Services

Sample organizations include supportive housing providers, food banks, employment assistance and social services

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DHCS HHP Member Eligibility

- Medi-Cal members eligible for HHP

  1. Conditions/combination of conditions specified by DHCS
     - Chronic physical conditions, including substance use disorder or
     - Serious mental illness/Serious emotional disorder

  2. Acuity/complexity (**one** of the below):
     - Three specified conditions
     - One inpatient stay
     - Three Emergency Department (ED) visits in year
     - Chronic homelessness

Conditions

Acuity/ Complexity

HHP Eligibles

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HHP Member Exclusions

- Residing in nursing facility (NF)
- Enrolled in hospice
- Participating in other programs (member must choose as they cannot participate in both)
  - ➢ Most county-operated Targeted Case Management (TCM), not Mental Health TCM
  - ➢ 1915(c) Waiver programs including HIV/AIDS, Assisted Living Waiver (ALW), Developmentally Disabled (DD), In-Home Operations (IHO), Multipurpose Senior Services Program (MSSP), Nursing Facility Acute Hospital (NF/AH), and Pediatric Palliative Care (PPC)
  - ➢ PACE
  - ➢ Cal MediConnect

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Demographics

Languages	Gender
English — 72% Spanish — 21% Vietnamese — 5%	Female — 55% Male — 45%

Health Network Distribution Based on DHCS Data

Active Outreach		DHCS Assumed Opt-In Rate	CalOptima Assumed Opt-In Rate		
Health Network	Count	Targeted 25%	20%	15%	10%
Monarch	4,774	1,194	955	716	477
CCN	4,761	1,190	952	714	476
CHOC	3,937	984	787	591	394
Arta	3,050	763	610	458	305
Kaiser	2,096	524	419	314	210
AltaMed	2,048	512	410	307	205
Prospect	1,580	395	316	237	158
Family Choice	1,420	355	284	213	142
Talbert	1,225	306	245	184	123
Noble	1,148	287	230	172	115
United	950	238	190	143	95
AMVI	538	135	108	81	54
HPN Regal	236	59	47	35	24
OC Advantage	44	11	9	7	4
Totals	**27,807**	**6,952**	**5,561**	**4,171**	**2,781**

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HHP Service Requirements

Enhanced Core Service Categories	New Services
• Provide comprehensive care management • Conduct health assessments and develop action plans • Provide comprehensive transitional care • Offer care coordination and health promotion • Offer individual and family support • Make referrals to community and social support services	• Follow up on referrals to ensure services are offered and accessed • Accompany highest risk participants to critical appointments (risk tier criterion determined by MCP) • Assist homeless members with housing navigation • Manage transitions from non-hospital or nursing facility settings, such as jail and residential treatment programs • Assess family/caregiver support • Develop trauma informed care standards

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HHP CB-CME Staffing

- Clinical Consultant
- HHP Director
- Dedicated Care Coordinator
  - ➤ 60:1 member to Care Coordination ratio expected after two years
- Housing Navigator for members experiencing homelessness
- Community Health Worker recommended but not required

Community Services Analysis

- External consultant conducted survey of Orange County community-based organizations (CBOs) providing HHP-like services
  - Surveys conducted September–November 2017

- Results
  - 48 of 72 CBOs responded to survey
    - 14 were Federally Qualified Health Center (FQHC)/Clinics and substantially completed the survey
  - Six community-based organizations with a total 27 sites providing most or all HHP-like services
    - Covering all cities with high-density of potential HHP members projected
    - Four identified as FQHCs or medical clinics

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Approach

- CalOptima acts as CB-CME for all Health Networks (HN) and CalOptima Direct/CalOptima Community Network (COD/CCN) members
  - Exception: Health networks may elect to provide CB-CME services for their assigned members
  - Members electing to participate in HHP will move to CCN or electing HN
  - CalOptima to "buy" select "new" services that may be leveraged by health networks, e.g., housing related services and accompaniment

CalOptima's Mission

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

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HEDIS® 2018 Results
(MY 2017 Performance)

OneCare Connect Member Advisory Committee
August 23, 2018

Irma Munoz
Lead Project Manager, Quality Analytics (HEDIS)

Marsha Choo
Manager, Quality Analytics (Quality Initiatives)

What is HEDIS?

- The Healthcare Effectiveness Data and Information Set (HEDIS) is a performance measurement tool used by health plans to reliably compare how they perform on important dimensions of care and service.

- HEDIS makes it possible to compare performance on an "apples-to-apples" basis to national benchmarks in more than 91 measures across seven domains of care

- All HEDIS results are independently audited annually

- Results are calculated and reported annually

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How did CalOptima perform? (2017 results)

- Medi-Cal
  - **All DHCS Minimum Performance Levels have been met !!**
  - 35 of 62 (56 percent) measures met goal (vs. 44 percent last year)
  - 48 of 62 (76 percent) measures are better than last year (72 percent)
  - Opportunities for Improvement: Respiratory, Cardiovascular and Access of Care measures

- OneCare
  - 56 percent of measures met goal (vs. 62 percent last year)
  - 74 percent measures are better than last year (67 percent)
  - Opportunities for Improvement: Diabetes Nephropathy and Breast Cancer Screening

*Goals were set to the next higher NCQA percentile based on previous performance. Some goals were "stretch goals."

How did CalOptima perform? (2017 results) (cont.)

- OneCare Connect
  - 33 percent measures met goal
  - 74 percent measures are better than last year
  - Opportunities for Improvement: Diabetes and Behavioral Health measures

*Goals were set to the next higher NCQA percentile based on previous performance. Some goals were "stretch goals."

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NCQA Percentiles Achievement

LOB	HEDIS	Number of Measures at NCQA National Medicaid/Medicare Percentiles										Total # of measures*	Percent of measures at National 50th percentile or higher
		90th Percentile		75th Percentile		50th Percentile		25th Percentile		<=10th Percentile			
		# of measures	% of total measures	# of measures	% of total measures	# of measures	% of total measures	# of measures	% of total measures	# of measures	% of total measures		
Medi-Cal	2018	13	21%	17	27%	15	24%	9	15%	8	13%	62	73%
	2017	6	10%	12	19%	22	35%	13	21%	9	15%	62	65%
OneCare	2018	1	4%	5	19%	11	41%	5	19%	5	19%	27	63%
	2017	0	0%	5	19%	7	26%	8	30%	7	26%	27	44%
OneCare Connect	2018	2	5%	1	3%	12	31%	16	41%	8	21%	39	38%
	2017	1	3%	1	3%	11	28%	15	38%	11	28%	39	33%

*reported measures in the domains of Effectiveness of Care and Access/Availability of Care only

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Select HEDIS 2018 Medi-Cal Measures

	National Medicaid 50th percentile	CalOptima 2018 Rate	CalOptima 2018 Rate compared to 50th percentile
Adult BMI Assessment	86.24%	**95.00%**	⬆
Weight Assessment and Counseling for Children/Adolescents — (BMI)	72.22%	**90.32%**	⬆
Weight Assessment and Counseling for Children/Adolescents — (Nutrition)	68.05%	**87.10%**	⬆
Weight Assessment and Counseling for Children/Adolescents — (Physical Activity)	59.26%	**80.65%**	⬆
Childhood Immunization Status — (combo 10)	33.09%	**45.01%**	⬆
Immunization for Adolescents — (combo 2)	19.79%	**49.39%**	⬆
Comprehensive Diabetes Care — (HbA1c Testing)	87.10%	**90.75%**	⬆
Comprehensive Diabetes Care — HbA1c Poor Control — (>9.0%)*	41.12%	**22.87%**	⬆
Comprehensive Diabetes Care — HbA1c Control — (<8.0%)	48.87%	**63.99%**	⬆
Comprehensive Diabetes Care — (Eye Exam)	55.11%	**65.94%**	⬆
Comprehensive Diabetes Care — (Medical Attention for Nephropathy)	90.27%	**91.73%**	⬆
Comprehensive Diabetes Care — (Blood Pressure Controlled <140/90 mm Hg)	60.60%	**72.26%**	⬆

Lower rate indicates better performance

Green=higher than last year; Red=lower than last year

Select HEDIS 2018 Medi-Cal Measures

	National Medicaid 50th percentile	CalOptima 2018 Rate	CalOptima 2018 Rate compared to 50th percentile
Well-Child Visits in the First 15 Months of Life — (6+ visits)	62.06%	48.18%	⬇
Well-Child Visits in the 3rd, 4th, 5th and 6th Years of Life	72.45%	83.15%	⬆
Adolescent Well-Care Visits	50.12%	51.11%	⬆
Controlling High-Blood Pressure	56.93%	69.59%	⬆
Prenatal and Postpartum Care — (Timeliness of Prenatal Care)	83.56%	86.16%	⬆
Prenatal and Postpartum Care — (Postpartum Care)	64.38%	71.75%	⬆
Lead Screening in Children	71.38%	77.86%	⬆
Breast Cancer Screening	58.99%	63.73%	⬆
Cervical Cancer Screening	58.48%	60.24%	⬆

Lower rate indicates better performance

Green=higher than last year; Red=lower than last year

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OneCare Results

Select HEDIS 2018 OneCare Measures

	National Medicaid 50th percentile	CalOptima 2018 Rate	CalOptima 2018 Rate compared to 50th percentile
Comprehensive Diabetes Care — (HbA1c Testing)	93.82%	**90.32%**	⬇
Comprehensive Diabetes Care – (HbA1c Poor Control >9.0%)*	22.95%	**18.95%**	⬆
Comprehensive Diabetes Care — HbA1c Control (<8.0%)	64.72%	**76.61%**	⬆
Comprehensive Diabetes Care — (Eye Exam)	70.91%	**76.61%**	⬆
Comprehensive Diabetes Care — (Medical Attention for Nephropathy)	95.86%	**89.52%**	⬇
Comprehensive Diabetes Care (Blood Pressure Controlled <140/90 mm Hg)	65.82%	**79.03%**	⬆
Controlling High Blood Pressure	69.90%	**76.14%**	⬆
Care for Older Adults — (Pain Screening)	N/A	**88.16%**	
Care for Older Adults — (Medication Review)	N/A	**90.13%**	
Colorectal Cancer Screening	68.09%	**63.07%**	⬇

Lower rate indicates better performance

Green=higher than last year; Red=lower than last year

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OneCare Connect Results

Select HEDIS 2018 OneCare Connect Measures

	National Medicaid 50th percentile	CalOptima 2018 Rate	CalOptima 2018 Rate compared to 50th percentile
Comprehensive Diabetes Care — (HbA1c Testing)	93.82%	90.05%	⬇
Comprehensive Diabetes Care — (HbA1c Poor Control >9.0%)*	22.91%	21.94%	⬆
Comprehensive Diabetes Care — (HbA1c Control <8.0%)	64.72%	70.15%	⬆
Comprehensive Diabetes Care — (Eye Exam)	70.91%	77.55%	⬆
Comprehensive Diabetes Care — (Medical Attention for Nephropathy)	95.86%	95.15%	⬇
Comprehensive Diabetes Care — (Blood Pressure Controlled <140/90 mm Hg)	65.82%	69.90%	⬆
Controlling High Blood Pressure	69.90%	76.72%	⬆
Care for Older Adults — (Pain Screening)	N/A	75.67%	
Care for Older Adults — (Medication Review)	N/A	79.81%	
Colorectal Cancer Screening	68.09%	61.99%	⬇
Breast Cancer Screening	72.22%	66.93%	⬇
Follow up After Hospitalization for Mental Illness — (30-days)	52.40%	46.81%	⬇

*Lower rate indicates better performance

Green=higher than last year; Red=lower than last year

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Medi-Cal Member Experience (CAHPS)

Member Experience Surveys

- Medi-Cal adult and child survey are conducted at plan level
  - Sample size for adult survey is 1,350; response rate was 24 percent
  - Sample size for child survey is 1,650; response rate was 28 percent
- Medi-Cal adult and child survey at the health network level are also conducted
  - Total adult survey sample size for all health networks is 17,183; overall response rate is 30 percent
  - Total child survey sample size for all health networks is 15,397; overall response rate is 37 percent

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Member Experience Surveys (cont.)

- Medicare member experience surveys conducted for OneCare at plan level and OneCare Connect at both plan level and health network level
  - ➢ **Results for OC/OCC member experience surveys are not yet available**

Medi-Cal Adult Survey Results

- Results are consistent with last year (25th percentile)
- Pain points that keep us low scoring:
  - Member experience benchmarks have risen across the nation (bar continues to be raised)
  - "Rating of Health Plan" is double weighted; our score is at less than 25th percentile
  - Coordination of Care is statistically significantly lower than last year
  - Getting Needed Care, Getting Care Quickly, Rating of Specialist all stay at the < 25th percentile
  - There were three health networks with many areas statistically below the CalOptima average

Medi-Cal Child Survey Results

- Results improved from the previous year
  - "Rating of Health Plan" is statistically significantly higher than the previous year
- Pain points that keep us low scoring:
  - Rating of Specialist is lower than the previous year
  - Getting Needed Care, Getting Care Quickly, How Well Doctors Communicate, and Customer Service continue to be areas of focus
  - There were two health networks with many areas statistically below the CalOptima average

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Medi-Cal CAHPS Adult and Child Member Survey Results

Measures	Adult		Child	
Overall Ratings and Composites	2018 Percentile	Benchmark Met / Not Met	2018 Percentile	Benchmark Met / Not Met
All Health Care	25th	Not Met	Below 25th	Not Met
Personal Doctor	Below 25th	Not Met	Below 25th	Not Met
Specialist Seen Most Often	Below 25th	Not Met	25th	Not Met
Health Plan/Program	25th	Not Met	Below 25th	Not Met
Getting Needed Care	Below 25th	Not Met	Below 25th	Not Met
Getting Care Quickly	Below 25th	Not Met	25th	Not Met
How Well Doctors Communicate	Below 25th	Not Met	25th	Not Met
Customer Service	Below 25th	Not Met	Below 25th	Not Met

Benchmark = 50th percentile (NCQA Quality Compass 2017 National Medicaid Percentiles)

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Next Steps

- Implement strategies on low performing areas
  - ➢ Priority areas will include low areas of performance and areas related to strategic initiatives (DHCS MPL, NCQA Accreditation, NCQA Health Plan Ratings, Medicare Star Rating)
  - ➢ Member Experience Initiatives (provider coaching)

- Present results to stakeholder groups and committees
  - ➢ We will share the OCC Member Experience results when they are available — Q4

- Await NCQA Health Plan Rating results

- Begin preparations for HEDIS 2019!

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Mission Statement

The mission of CalOptima is to provide members with access to **quality health care** services delivered in a cost-effective and compassionate manner.