



**2022**

**QUALITY IMPROVEMENT  
PROGRAM ANNUAL  
EVALUATION**





**2022 QUALITY IMPROVEMENT PROGRAM ANNUAL EVALUATION  
SIGNATURE PAGE**

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04/05/2023

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**Date**

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3/15/23

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# 2022 Quality Improvement Program Evaluation of Overall Effectiveness

## EXECUTIVE SUMMARY

The 2022 Quality Improvement (QI) Evaluation analyzes the core clinical and service indicators to determine if the QI Program has achieved key performance goals during the year. This evaluation focuses on quality activities initiated during measurement years 2021 and 2022, which impacted results in 2022, to improve health care and services available to CalOptima Health members.

The QI Program for 2022 outlined the major program initiatives. Threaded into the initiatives continued to be impact of the COVID-19 pandemic and the ongoing public health emergency that began in 2020. The Department of Health Care Services (DHCS) and the Centers for Medicare & Medicaid Services (CMS) issued several guidance documents with flexibility in regulations addressing member access to care during the pandemic.

In December 2020, when the COVID-19 vaccine became available, CalOptima Health pivoted to quickly and equitably assist our members in protecting themselves and their families. Strategies included providing each member a \$25 Target gift card incentive per dose, participating in the DHCS COVID-19 Vaccination Incentive Program, and collaborating with Orange County Health Care Agency on the Vaccine Equity Pilot Program, which directly allocated COVID-19 vaccine doses to health network providers and community health centers. CalOptima Health also conducted multifaceted member engagement and outreach and supported vaccination clinics for diverse communities to address vaccine hesitancy. CalOptima Health is committed to continuing member outreach, targeting disproportionately affected communities and increasing vaccination rates until community immunity is reached.

In 2022, the QI Program Initiatives aligned with CalOptima Health's strategic priorities with a focus on health equity, social determinants of health, member engagement, improved access to care and improved quality outcomes. CalOptima Health remained focused on advancing QI initiatives to achieve 2022 QI goals and objectives to provide members with access to quality health care services. CalOptima Health continued to utilize the Plan-Do-Study-Act (PDSA) approach to developing initiatives in 2021 that continued into 2022. These initiatives are focused on long-term improvement efforts for selected high-priority measures. In 2023, based on the 2022 QI Program Evaluation, QI will continue to support a strategy, as identified in the 2023 QI Program, that aligns with CalOptima Health's strategic priorities and regulatory requirements and focuses on activities and incentives that will improve member engagement, access to care and quality outcomes. The 2023 QI Work Plan will profile key areas that offer opportunities for improvement to be implemented or continued as outlined in the 2023 QI Program.



## 2022 Achievements

### Awards and Recognitions

**September 2022:** CalOptima Health received a rating of 4 out of 5 in the National Committee for Quality Assurance’s Medicaid Health Plan Ratings 2022. No other Medi-Cal Plan in California earned a rating higher than 4 out of 5. This is the eighth year in a row that CalOptima Health has received this distinction.

**October 2022:** Chief Executive Officer Michael Hunn and Chief Medical Officer Richard Pitts, D.O., Ph.D., were recognized as 2022 OC Visionaries in a special publication of the LA Times OC. Their selection acknowledges their noteworthy accomplishments and impact at CalOptima Health and in Orange County. Fewer than 20 individuals were recognized within the health care industry.

**November 2022:** CalOptima Health won an award from mPulse Mobile for Most Improved Consumer Experience with its multilingual, two-way SMS texting program that addressed language barriers around food security. The program educated members on the availability and benefits of CalFresh, which provides monthly food benefits to low-income individuals and families, encouraging members to apply through a direct link provided in two-way text workflows. The innovative program expanded to seven languages and allowed members to respond in their native language with simple statements like, “I already have CalFresh” or “I want to apply.”

**November 2022:** CalOptima Health and the Orange County Health Care Agency won the Public-Private Partnership Award from the Orange County Business Council Turning Red Tape Into Red Carpet Awards. The award recognizes both agencies for the launch of Be Well OC’s campus in the city of Orange as a first-of-its-kind center that provides comprehensive behavioral health care to improve mental health and substance use disorder services for Orange County residents.



## Review of 2022 Recommendations

CalOptima Health's QI Goals and Objectives were aligned with the agency's 2022–23 Strategic Goals.

- Develop and implement a comprehensive Health Equity framework that transforms practices, policies and systems at the member, organizational and community levels.
- Improve quality of care and member experience by maintaining NCQA Health Plan Rating of 4.0, and at least a Four-Star Rating for Medicare.
- Engage providers through the provision of Pay for Value (P4V) programs for Medi-Cal, OneCare and Hospital Quality.

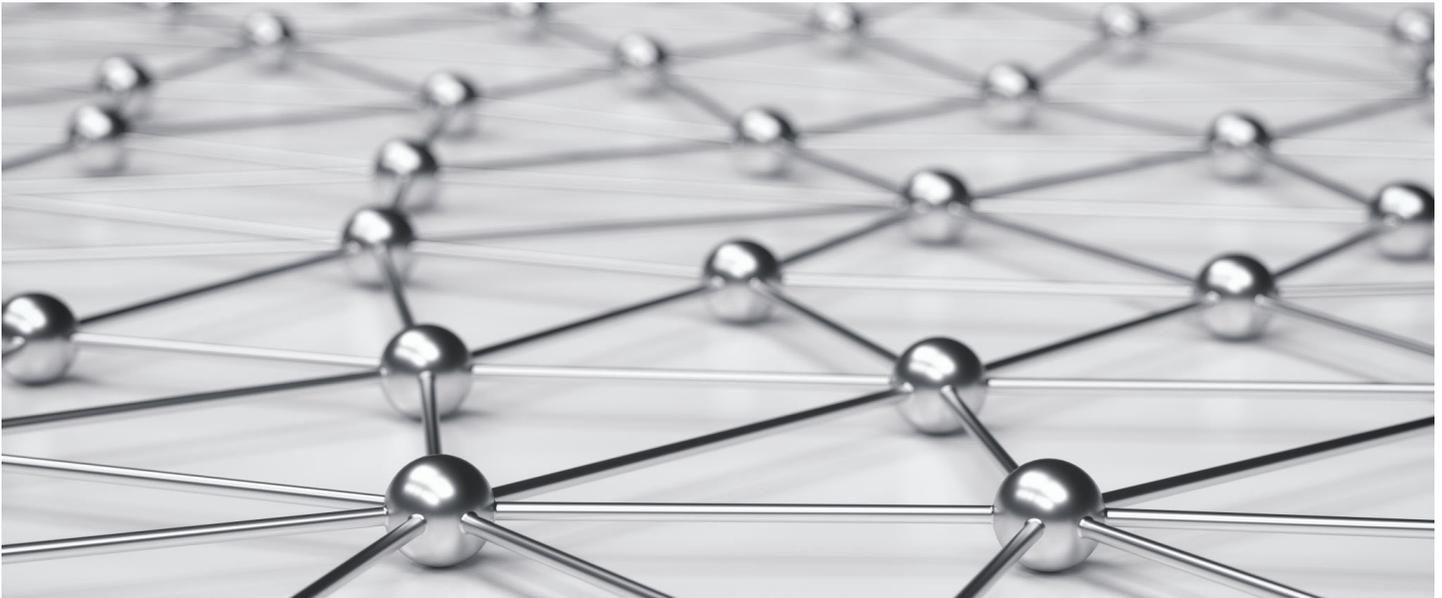
These top three priority goals were chosen to be aligned with CalOptima's strategic objectives, the COVID-19 pandemic, as well as continued goals related to access to care and NCQA accreditation. The 2022 QI Work Plan details the planned activities to meet the COVID-19 vaccine aim, which include strategies for immunization, targeted communication and member incentives. The planned activities related to members' ability to access care are captured as a communication and corrective action strategy for providers not meeting timely access standards, as measured by the annual Timely Access study. All goals and sub-goals will be measured and monitored in the QI Work Plan, reported to QIC quarterly and evaluated annually.

## Recommendations for 2023

This past year continued to bring uncertainty in health care delivery due to the unprecedented COVID-19 pandemic that has impacted lives locally, nationally and globally. CalOptima Health's QI Program and Work Plan for 2023 will be flexible to align with the new strategic goals and objectives as defined by the Board of Directors. Staff will remain agile in the shifting health care landscape while continuing to stay focused on providing members with timely access to quality health care services in a compassionate and equitable manner.

Based on the 2022 QI Program Evaluation, in addition to continuing to advance CalOptima Health's mission and improve quality outcomes of members, we recommend the following initiatives and projects to drive improvements that impact members.

- Incorporate Social Determinants of Health (SDOH) factors and analysis of health disparities in the strategic plan for targeted quality initiatives and population health programs
- Collaborate with external stakeholders and partners in comprehensive assessments of members.
- Develop robust community-based interventions using analytical tools, such as geo-mapping, in collaboration with community partners and entities that have a good understanding of the target population barriers and behaviors
- Strategize and streamline member outreach by using multiple modes of communication via contracted external vendors, including through website, direct mailings, email, Interactive Voice Response (IVR) calls, mobile texting, targeted social media campaigns and robocall technology
- Expand collaboration on quality initiatives in partnership with health networks to broaden and expand the reach of coordinated data sharing to close gaps in care
- Continue to implement Enhanced Care Management (ECM) and Community Supports as part of California Advancing and Innovating Medi-Cal (CalAIM)
- Increase emphasis on preventive measures and screenings that may have been neglected during the pandemic with programs that support:
  1. Early detection and cancer screening for breast, cervical, colorectal and lung cancer.
  2. Targeted interventions and member engagement for well-child visits, blood lead screening and childhood immunizations.
- Align initiatives to support the DHCS 2022 Comprehensive Quality Strategy
- Implement DHCS Population Health Management Program
- Expand CalAIM team to support implementation of oversight strategy, and provision of services that best meet member needs
- Continue to promote treatment for healthy cholesterol levels for members with diabetes and support compliance with diabetic HbA1c testing and eye exams through provision of member incentives and education
- Implement Homeless Response team and Street Medicine Program to support members experiencing homelessness
- Expand behavioral health interventions to support complex mental health needs and improve follow up after hospital utilization
- Promote prenatal and postpartum care for members through provision of member incentives and education and reduce health disparities through targeted interventions
- Expand quality initiatives to improve member experience, focused on increasing member access to care



## SECTION 1: QUALITY IMPROVEMENT PROGRAM STRUCTURE

Activities in the 2022 Quality Improvement (QI) Program and associated Work Plan focused on refining the structure and process of care delivery, with the emphasis on member-centric activity and consistency with regulatory and accreditation standards. All activities were undertaken in direct support of the Mission, Vision, Values and Strategic Initiatives of CalOptima Health’s Board of Directors.

For 2022, CalOptima Health had adequate staffing and resources and a well-defined quality committee structure in place to meet the required needs of the QI Program. The QI Program structure includes a Quality Improvement Committee (QIC), with several subcommittees reporting to the QIC, which included the Whole-Child Model Clinical Quality Committee (WCM CAC), Utilization Management Committee (UMC), Credentialing and Peer Review Committee (CPRC), Member Experience Committee (MEMX), and Grievance Appeal and Resolution Services (GARS) Committee.

The QIC consists of eight CalOptima Health medical directors, four CalOptima Health staff and seven health network medical director representatives, plus an Orange County Health Care Agency behavioral health representative. The Committee is supported by additional CalOptima Health staff. The QIC had exceptional participation from external and internal practitioners as well as staff. Annually, a draft of the QI Program is presented to the QIC for review and approval. Committee members are asked to provide feedback on quality initiatives and activities presented in the program. QIC has oversight of the QI Program and Work Plan. Thorough the year, CalOptima Health staff and practitioners review progress reports and updates on quality activities that address necessary improvements in the quality of care delivered by all providers in any setting and take appropriate action to improve upon Health Equity.

### Components of the QI Program and Structure

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

#### QI Program Documents

- Annual Evaluation — Completed a comprehensive evaluation of the QI Program and QI Work Plan at the end of the fiscal year that assesses the performance on measures and indicators.
- Program Description — Developed and implemented a robust written QI Program description that focused on improving standards of care and addressing gaps in care identified in the prior year’s evaluation. The organization enhanced the QI Program by including “new initiatives” in the QI Program description that will outline measurable goals and objectives that CalOptima Health will focus on in subsequent years.
- Work Plan — Created to monitor and evaluate performance of QI measures and interventions on an ongoing basis. This is a dynamic document that may change throughout the year based on priorities and opportunities.
- Policies and Procedures — Ensure that the organization has developed and implemented appropriate policies and procedures that are needed to provide care to members and align with regulatory and accreditation requirements.
- Delegation Grid — Describes activities delegated to the health networks.
- Organizational Chart — Provides a visual presentation of the reporting structure of the QI Committee, its subcommittees, and its relationship to the CalOptima Health Board of Directors

## Reviews of QI Documents

- CalOptima Health successfully completed reviews of all of the above documents with the QI committees during 2022. The documents were reviewed and approved by the CalOptima Health Board of Directors.
- Feedback from the practitioners who participated in the QI committee meetings was included in program documents (i.e., Program Description, Work Plan and Annual Evaluation).

## Quality Improvement Committee (QIC)

- The QIC is the primary committee that is responsible for the QI Program, Work Plan and Evaluation, and reports to the Quality Assurance Committee (QAC) of the CalOptima Health Board of Directors
- The committee provides critical feedback and guidance to the QI department on key initiatives. The QIC also reviewed and approved all the key QI documents in a timely manner
- The QIC reviewed and provided feedback on key clinical and other coordination of care initiatives, including member outreach, provider education and outreach, incentives, educational materials and more
- The committee reviewed and approved the policies and procedures and made recommendations regarding policy decisions
- The committee reviewed and provided feedback on key reports: annual analysis of Healthcare Effectiveness Data and Information Set (HEDIS) and Consumer Assessment of Healthcare Providers and Systems (CAHPS) access to care; and complaints and appeals. Part of the feedback included specific actions that CalOptima Health could take to improve performance
- The committee received quarterly reports from the Credentialing and Peer Review Committee (CPRC), Utilization Management Committee (UMC), Member Experience Committee (MEMX), Grievance and Appeals Resolution Services (GARS) and Whole Child Model Clinical Advisory Committee (WCM CAC). These reports were summarized and presented quarterly to the QAC

## Assessment of QI Staff and Resources

CalOptima Health continues to dedicate significant resources and staffing to meet the needs of the QI Program. In 2022, the QI department added staff to support anticipated changes to the Department of Health Care Services (DHCS) requirements for Facility Site Review (FSR). In Q3 2022, the DHCS FSR and Medical

Record Review (MRR) tools and standards were implemented. Staff in Potential Quality Issues (PQI) were shifted to support quality of care grievance reviews. Credentialing delegation oversight was transferred from QI to the Audit & Oversight department in December 2022. To support the development of the Health Equity Framework, a Manager of Population Health Management focusing on health equity was created. In addition, an Executive Director of Quality position was created, and this position will work closely with the Executive Director of Population Health Management to ensure staff has adequate support to meet the needs of the QI Program. The QI department also received support from other key departments within the organization, including but not limited to the following:

- Quality Analytics
- Population Health Management
- Behavioral Health Integration
- Case Management
- Member Services (including outreach and engagement)
- Provider Relations and Contracting

## Review of System Resources

CalOptima Health has dedicated significant resources to ensuring there are adequate systems in place to monitor and evaluate performance of QI programs on an ongoing basis. The resources include HEDIS analysts for reporting, plus extensive analytic staff support. Additional support and collaboration were provided by the Provider Relations, Network Management, GARS and Customer Service departments.

CalOptima Health also utilizes three enterprise systems for utilization and care management (GuidingCare by Altruista), claims payment (Facets) as well as credentialing data management (Cactus by Symplr). Although these systems are not integrated, data from the systems are stored in a data warehouse, and resources are allocated to create robust tools utilizing Tableau to analyze and generate quality reports, gaps in care reports and other relevant reports needed to support the QI Program. There is a robust data integration flow in place that allows the organization to use data from different sources and identify improvement opportunities. The team also has an adequate number of business analysts as well as an ITS department that can support the reporting needs of the organization.

CalOptima Health issued a Request for Proposal (RFP) for both the utilization and care management system and credentialing, contracting and provider data management system. In 2022, CalOptima Health sought to contract with vendors who best meet system and business needs.

## Overall Assessment of Program Structure

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

The Charter was reviewed, and the following modifications were made: the committees may meet virtually or in-person, the Deputy Chief Medical Officer and Quality Medical Director were added and the subcommittees

of QIC were updated. In addition, the purpose and desired outcome of the committee will be added to each agenda, and the following responsibilities were added: review and assess compliance with QI and Health Equity standards and oversight of compliance issues including but not limited to timeliness of clinical care and services provided to members.

## Program Oversight



### 2022 UM Program Evaluation

**CalOptima Health direct networks CalOptima Health Community Network (CCN) and CalOptima Health Direct Network (COD) saw a downward movement between** Q1 2022 to Q3 2022 in volume for one-day stays in inpatient facilities. There was a slight uptick in Q2 2022 by 0.5% and a decrease by 0.88% in Q3 for one-day stays. CalOptima health worked with the highest volume facility for one-day stays to pilot a treatment authorization nurse that was embedded in the Emergency Department (ED) to promote real time support for members to approve and coordinate ambulatory care prior to leaving the ED. All three quarters of 2022 showed Sepsis as the top diagnosis for inpatient, one-day stays. CalOptima health implemented weekly inpatient rounds with all nine adult facilities with the top 10 high-volume facilities and the pediatric weekly rounds are slated to start in Q1 of 2023. All-cause readmissions had a slight increase from Q1 22 to Q2 by .003% and a 14% decrease from Q1 to Q3 for all-cause readmits within 30 days for CalOptima Health's direct networks. -CalOptima Health had implemented rounds by Q3 with all five of the top facilities with greatest volume of readmissions within 30 days that included support of the internal complex discharge team and referrals to complex case management, Enhanced Case Management and CalAIM community supports. These efforts will continue into 2023 to address inpatient utilization trends.

## **Credentialing and Peer Review Committee (CPRC) Oversight**

The purpose of the CPRC is to maintain a peer review and credentialing program that aligns with the regulatory and accreditation standards, promotes continuous improvement of the quality of health care provided by the CalOptima Health network, conducts peer-level review and evaluation of provider performance and credentialing information against CalOptima Health requirements and appropriate clinical standards, and investigates patient care outcomes that raise quality and safety concerns for corrective actions. In 2022, the committee met monthly, cancelling one meeting.

This year, the CPRC had one community physician resign due to retirement. In June, a new community physician was added who specializes in pulmonary and critical care medicine, and neurological critical care, and represents the Noble Mid-Orange health network. Additionally, the Committee added new CalOptima Health medical directors as they came aboard. In October, the Chair of the Committee transitioned to a new medical director. To date, the Committee consists of nine CalOptima Health medical directors and four community physicians representing various health networks. CalOptima staff and General Counsel provide support to the CPRC.

The CPRC continued to review credentialing, recredentialing, ongoing monitoring and peer review activities and trends. The committee also reviewed changes to all QI policies and procedures including those related to credentialing, potential quality issues and FSRs. This year, two separate Judicial Hearing Committees (JHC) were commenced and concluded in two separate cases. CPRC adopted the recommendation of each of the JHCs, which led to the termination and an 805 action against one physician.

In 2023, the committee plans to meet monthly and maintain committee member composition. The committee will review applicable NCQA audit measures and report any noncompliance of regulatory and/or accreditation to QIC.

## **Grievance and Appeals Resolution Services (GARS) Committee**

The committee met quarterly in 2022. In an ongoing effort to identify initiatives to improve access to care and services, the committee analyzes member experience results. The GARS Committee reviewed for trends in dissatisfaction quarterly and the GARS department reports on actions taken to correct/improve the trend. The review includes categories of dissatisfaction, provider trends in quality of care and service complaints, complaints related to vendors, denial rates and reasons.

Reported during the year were efforts to improve trends including telephone accessibility, appointment availability and transportation.

In 2023, the committee plans to meet quarterly and maintain committee member composition. The committee will review applicable NCQA audit measures and report any noncompliance of regulatory and/or accreditation to QIC.

## **Member Experience Committee (MEMX) Oversight**

The purpose of the MEMX is to improve the member experience and drive initiatives to achieve member experience goals established by the corporate strategic plan or QI Work Plan. The MEMX also ensures members have access to quality health care services for all product lines and programs.

In 2022, the committee met bimonthly, though one meeting was canceled. The committee is chaired by the Executive Director of Operations, has membership including the Chief Medical Officer and Quality Medical

Director, is represented by the business units that impact the member experience and is supported by staff in Quality Analytics. Reporting to the committee are the following workgroups: Timely Access and Network Adequacy Workgroups.

The committee reviewed the charter and made the following changes:

- Changed the title of the Co-Chair to Chair
- Added the Executive Director, Behavioral Health Services, and Director, Program Initiatives
- Added the Provider Action Workgroup to address non-clinical provider issues.

In 2022, the committee reviewed the Provider Satisfaction Survey questions and methodology. The survey was created to retrieve feedback from contracted providers as to what CalOptima Health does well and areas that need improvement. The survey was finalized, fielded July to September 2022, and resulted in the following areas of feedback:

- Increase reimbursement rates
- Difficulty contacting Claims, Customer Service and GARS departments
- Enhance online tools
- Issues with authorizations and referrals
- Improve contracting and credentialing processes
- Poor access to resources such as preauthorization denials and medications
- Difficulty contacting staff at CalOptima Health.

The committee also reviewed the Whole Child Model program for California Children's Services (CCS) participation in each specialty. It was identified that one health network was noncompliant for Physical Medicine and Rehabilitation. Action was escalated by the committee for resolution by the health network.

Finally, the committee reviewed non-clinical issues related to providers. The Provider Action Workgroup was developed to review and address these issues, which may include, for example, panel closures.

In 2023, the committee plans to meet quarterly and maintain committee member composition. The committee will review applicable NCQA audit measures and report any noncompliance of regulatory and/or accreditation to QIC.

## **Utilization Management Committee (UMC)**

The purpose of the UMC is to provide oversight and direction for continuous improvements to the UM functions and activities performed by CalOptima Health that aligns with overall strategic goals and priorities. The UMC is multidisciplinary and provides a comprehensive approach to support the UM Program in the management of resource allocation through systematic monitoring of medical necessity and quality, while maximizing the efficiencies of the care and services provided to members.

The UM committee reviews and approves on an annual basis the core mission-aligned, regulatory and NCQA required artifacts including but not limited to UM Program description, Medical Necessity Criteria, UMC charter and UM program description. The committee provides guidance to the Pharmacy and Therapeutics and Benefits Subcommittees, both of which report to UMC.

UMC Scope and Responsibilities:

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

- Oversees the UM activities and compliance with federal and state statutes and regulations, and contractual and NCQA requirements that govern the UM process,
- Reviews and approves the UM Program Description, Medical Necessity Criteria, UMC Charter and UM Program Evaluation on an annual basis
- Reviews and analyzes UM Operational and Outcome data, and reviews trends and/or utilization patterns presented at committee meetings and makes recommendations for further action.
- Reviews and approves annual UM Metric targets and goals
- Reviews progress toward UM Program Goals on a quarterly basis, providing input for improving the effectiveness of initiatives and projects
- Promotes a high level of satisfaction with the UM Program across members, practitioners, stakeholders, and client organizations by examining results of annual member and practitioner satisfaction surveys to determine overall satisfaction with the UM Program, identify areas for performance improvement, and evaluate performance improvement initiatives
- Reviews, assesses and recommends UM best practices used for selected diagnoses or disease classes
- Conducts under/over utilization monitoring in accordance with UM Policy and Procedure GG.1532 Over and Under Utilization Monitoring, and sets appropriate upper and lower thresholds for over/under utilization trend reports

The committee met quarterly in 2022 and plans to meet quarterly in 2023. The committee will continue to provide oversight and direction of UM functions and will report any noncompliance of regulatory and/or accreditation to QIC.

## Pharmacy and Therapeutics (P&T) Committee

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

The P&T Committee meets a minimum of four times per year and reports to the UM Committee. In 2022, the committee met on February 17, May 19, August 18 and November 17.

### P&T Committee Goals:

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

### P&T Committee Responsibilities:

- Review new medications and prior authorization criteria as outlined in CalOptima Health policy GG.1409: Drug Formulary Development and Management and policy MA.6103: Pharmacy and Therapeutics Committee.

- Review individual requests for changes to the formularies from practitioners in the community.
- Review and update the formularies on an ongoing basis to ensure access to quality pharmaceutical care that is consistent with the program’s scope of benefits.
- Review anticipated and actual utilization trends overall as well as for specific drug classes.
- Review and evaluate pharmacy-related issues related to delivery of health care to CalOptima Health members.
- Assess outcomes of pharmacy-related HEDIS and Medicare Star measures to drive improvements.
- Review and evaluate patterns of pharmaceutical care and key utilization performance indicators.
- Evaluate and make recommendations on pharmacy issues that pertain to CalOptima Health-wide initiatives, such as treatment guidelines, disease management programs, QI studies, etc.
- Review and make recommendations on selected pharmaceutical provider educational activities.
- Recommend pharmacy-related policy decisions.

In 2023, the P&T Committee plans to continue to meet quarterly and maintain the current committee member composition. They will report any noncompliance of regulatory and/or accreditation to QIC.

### **Benefit Management Subcommittee (BMSC)**

The purpose of the BMSC is to evaluate and maintain the benefit set. The committee determines if new or revised codes require a prior authorization for each line of business within CalOptima Health that is aligned with regulatory, statutory, contractual or clinical best practice standards. The committee, as a subcommittee to UMC, oversees all revised and updated authorization rules.

In 2022, the committee met eight times, and in 2023, it plans to meet at least six times. The committee will maintain the current committee members composition and will report any noncompliance of regulatory and/or accreditation to QIC.

### **Whole Child Model Clinical Advisory Committee (WCM CAC)**

In 2022, the committee met quarterly. At the February meeting, the committee revised its charter to add a pediatric pulmonologist since several of the California Children’s Services (CCS)-related conditions require evaluation from a pulmonologist. The committee reviewed the following quality initiatives this year:

- Discussed an effort to engage UCLA providers to participate in the CalOptima Health network. UCLA agreed to move forward with pediatric organ transplantation for people younger than 21 years of age.
- Informed CalOptima Health providers of Neonatal Intensive Care Unit (NICU) MCG guideline changes.
- Analyzed Customer Service data identifying notable trends related to WCM members and recommended strategies for improvement.
- Developed workgroups to address members experiencing transplantation, hemophilia, aging-out of CCS services, and care coordination with the goal of ensuring a smooth transition of care.
- Reviewed data related to WCM members from supporting departments, including HEDIS MY2021 rates, utilization, behavioral health, grievance and customer data, influenza and COVID-19 immunization rates, and health network adequacy.

One physician left the committee in November, and that seat will be filled in 2023. Additionally, the committee added new CalOptima Health medical directors as they came aboard in 2022. The committee consists of eight CalOptima Health medical directors, one Orange County Health Care Agency psychiatrist, and nine community physicians representing various health networks. CalOptima Health staff provided support to the committee.

In 2023, the committee plans to meet at least quarterly and maintain the current committee member composition. The committee will review NCQA standards and report noncompliance of regulatory and/or accreditation to QIC.

## Program Initiatives for 2022



### **Mitigate Impact and Improve Health Equity: COVID-19 Pandemic**

The COVID-19 pandemic created a public health emergency (PHE) that has changed the landscape of delivering quality health care to members. The 2022 QI Program goals and initiatives are designed to address the COVID-19 PHE and include initiatives to mitigate the impact of the pandemic. Examples include the Orange County COVID-19 Nursing Home Prevention Program, the Long-Term Care (LTC) Facility Transfer Plan due to COVID-19 pandemic, the Health Equity strategy, as well as the COVID-19 Vaccination and Communication strategy. Health care disparities play a major role in quality outcomes. Historic and academic publications have shown that health care disparities in race and ethnicity have existed for decades. The COVID-19 pandemic shined a bright light on the health disparities and inequity. The California Department of Public Health COVID-19 analysis by race and ethnicity in September 2021 revealed that Latinx people account for 45.9% of coronavirus deaths, in a state where they are 38.9% of the population, and Black people account for 6.7% of the deaths but are only 6% of the population. Since health care disparities play a major role in quality outcomes, CalOptima Health identified opportunities to improve health equity as part of the QI Work Plan.

### **Orange County COVID-19 Nursing Home Prevention Program**

The University of California, Irvine (UCI) COVID-19 Skilled Nursing Facility (SNF) Prevention Program developed a toolkit and implemented training to improve prevention and readiness and to restrict, to the extent

possible, the impact of the anticipated COVID-19 surge to Orange County SNFs and the local systems of care. The project included collaboration with Orange County Health Care Agency (OCHCA) and leveraging their efforts in developing the local public health response to clusters and cases in SNFs, as well as incorporating CDC and public health guidance.

## Interventions

- UCI Prevention Team provided consultative services for COVID-19 prevention to contracted OC SNFs. Twelve SNFs received intensive training with weekly feedback of staff safety metrics. A total of 150 hours of consultation was provided to 31 additional SNFs.
- UCI created a free online toolkit available to all OC SNFs. Receiving more than 3,000 web views, the kit contained three modules, 51 documents and 20 videos.
- UCI distributed training materials to more 55 OC SNFs, including 1,100 informational wall-clings and 90 binders filled with education materials.
- UCI launched a confidential helpline for COVID-19 questions. More than 250 helpline inquiries addressing questions about COVID-19 prevention, vaccines, safety, etc. were received.
- UCI hosted seven free webinars with invitations to all staff at OC SNFs.

## Findings

UCI continued to conduct point prevalence sweeps of residents for multidrug-resistant organisms. UCI trained 12 SNFs for collection of surveillance samples.

Facility Type	Average Percentage of Residents with Completed Primary Vaccinations	Average Percentage of Staff with Completed Primary Vaccination	Average Residents Total Confirmed COVID-19	Average Residents Total COVID-19 Deaths	Average Staff Total Confirmed COVID-19	Average Staff Total COVID-19 Deaths
Intensive Training Group	90.6%	96%	114	16	118	1
All Other OC SNFs	89.6%	96.8%	85	11	93	>1
CA SNFs	89.6%	95.1%	78	8	82	>1

*Intensive Training Group = 12 OC SNFs received intensive, hands-on prevention training; All Other OC SNFs = Did not receive intensive hands-on training, but had access to all training materials and consultations; CA SNFs = All California SNFs outside Orange County, did not receive prevention training from UCI*

### 1. Analysis

This was an educational outreach project to reduce the spread of COVID-19 in OC SNFs. It was a two-year project, ending May 31, 2022. Baseline data was not collected. Although UCI met all the objectives, the data collected by CMS in August 2022 indicates the program was minimally effective when compared with SNFs not receiving prevention training.

### 2. Barriers

- High SNF staff turnover made it difficult to ensure all staff received the COVID-19 prevention training.

- Data was difficult to collect. UCI spent a sizeable amount of time measuring vaccine uptake, those receiving a vaccine, in OC SNFs. They found the actual uptake was far lower than the reported numbers. This was largely due to the challenge of identify staff due to time-off and staff working at multiple facilities.

### **3. Opportunities for Improvement**

This program concluded in May 2022, so no further activity will be reported. Should CalOptima Health perform future programs with UCI, measurable goals and baseline metrics will be established, and will be reported quarterly.



## **COVID-19 Vaccination and Communication Strategy**

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

On January 7, 2021, the CalOptima Health Board of Directors (BOD) approved the COVID-19 Member Vaccine Incentive Program (VIP). The goal of this program was to motivate members to obtain the required doses of COVID-19 vaccination by providing nonmonetary gift cards. The proposed efforts were funded through Intergovernmental Transfer (IGT) funds and awarded a \$25 nonmonetary gift card per dose of the COVID-19 vaccine. The organizational goal was set to achieve a COVID-19 vaccination rate of 80% for all eligible members.

Today, the COVID-19 VIP eligibility has expanded to other brands, doses and younger age groups to align with the most up-to-date vaccination recommendations. Members who are 6 months of age and older may now qualify for a gift card. CalOptima Health also expanded the COVID-19 VIP eligibility criteria to include Kaiser Medi-Cal members as an eligible population. In addition to offering nonmonetary incentives, an essential strategy to promote vaccination efforts was tailored member education. The member education materials focused on the importance of vaccination, aimed to correct misconceptions and promoted community vaccination events.

## 1. COVID-19 Member Vaccine Incentive Program (VIP)

CalOptima Health has been committed to executing interventions that promote COVID-19 vaccinations. These include member health rewards as a part of the COVID-19 VIP; member and provider publications; social media messaging; text message campaigns; and vaccination events through collaborations with the Orange County Health Care Agency, community-based organizations and schools.

- COVID-19 VIP: CalOptima Health currently offers up to three health rewards to qualifying members who are vaccinated with the COVID-19 vaccine.
- Multiple member and provider campaigns were launched throughout the year providing education about COVID-19 and the vaccines. The campaigns included member and provider publications, social media posts on Facebook, Instagram and Twitter, and text messaging campaigns to members.
- CalOptima Health collaborated with the Orange County Health Care Agency, community-based organizations and schools to coordinate vaccination events. There was a total of 23 vaccination events in which qualified members for the COVID-19 VIP received a \$25 gift card upon getting vaccinated.

## 2. Findings

As of October 31, 2022, out of all CalOptima Health eligible members ages 6 months and up (933,791), the total vaccinated membership was 553,542, which yields a total vaccination percentage of 59.3%. Review of the vaccination rates by race/ethnicity shows that most categories have achieved at least a 50% vaccination rate with Asian being the highest at 80.5% and Black being the lowest at 46.5%. See Table A: COVID-19 Vaccination Rates by Race/Ethnicity.

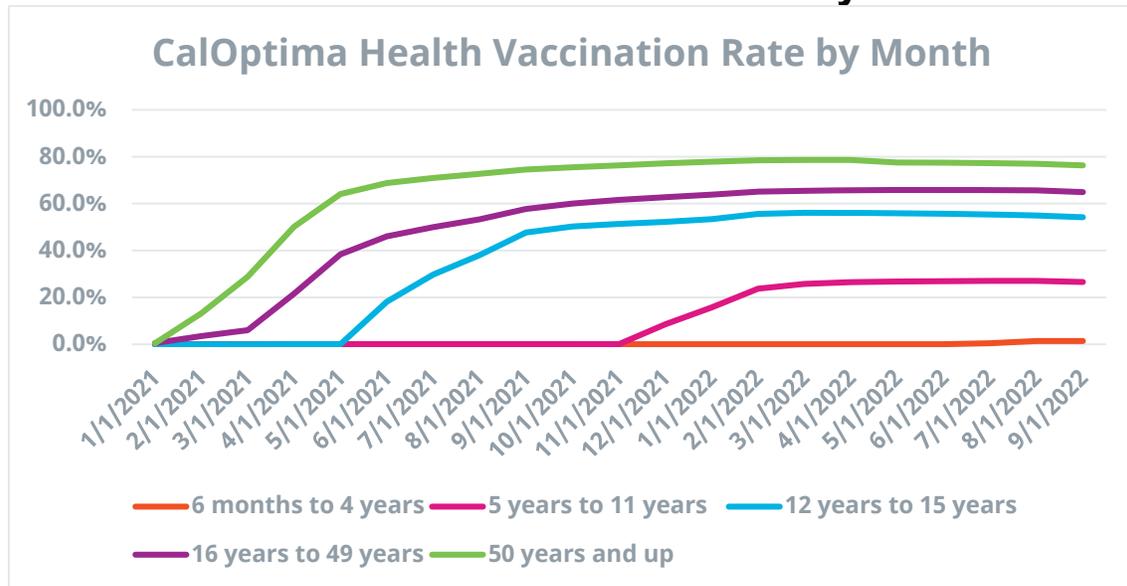
**Table A: COVID-19 Vaccination\* Rates by Race/Ethnicity**

Vaccination Rates as of 10/31/2022	Race/Ethnicity					
	<i>Alaskan Native/ American Indian</i>	<i>Asian</i>	<i>Black</i>	<i>Hispanic</i>	<i>Others</i>	<i>White</i>
<b>Numerator</b>	788	147,894	7,872	215,760	98,027	83,201
<b>Denominator</b>	1,565	183,612	16,940	409,533	167,399	154,742
<b>Rate</b>	50.4%	80.5%	46.5%	52.7%	58.6%	53.8%

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

- CalOptima Health's COVID-19 VIP eligibility focuses on members in three programs. As of 10/31/2022, OneCare Connect (OCC) had reached an 81.8% vaccination rate, OneCare (OC) 83.9% and Medi-Cal (MC) 58.8%.
- Upon review of vaccination rates by age bands per month, there is a plateauing trend for most age groups. See Chart A: COVID-19 Member Vaccination Rates by Month.

## Chart A: COVID-19 Member Vaccination\* Rates by Month

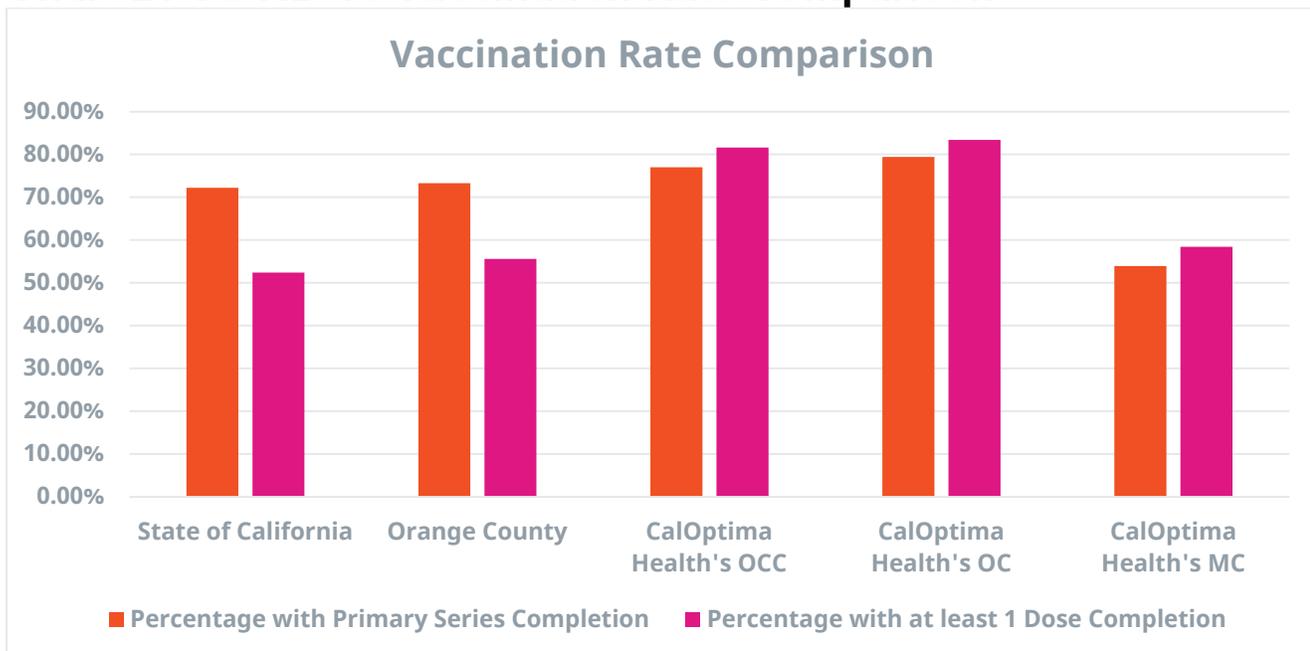


\*Vaccination rate includes members who have been vaccinated with at least 1 dose of the COVID-19 vaccine.

### 3. Analysis

- a. OC and OCC vaccination rates have surpassed the organizational goal of 80% vaccination rate. OC and OCC populations were among the first group to be recommended the COVID-19 vaccine based risk level, and they have had the most time to begin inoculation. In addition, several outreach efforts have been performed by CalOptima Health since the inception of the COVID-19 VIP.

## Chart B: COVID-19 Vaccination Rate Comparison



State and County data pulled from: <https://www.dhcs.ca.gov/Documents/COVID-19/DHCS-COVID-19-Vaccine-Stats.pdf> CalOptima Health data pulled from: <https://dwtabpr.caloptima.org/#/site/CO/views/CalOptimaCOVID-19VaccineAnalysis/COVID-19VaccinatedMembersbyVaccinationStatusFullvsPartial?.iid=1>

- b. The continuous recommendations for age expansions and increase in dose approvals has made the denominator for the COVID-19 VIP MC population grow and has had an effect on vaccination rates for MC members. Upon further analysis, vaccinations among younger populations were met with increased hesitancy and Chart A shows that ages 6 months to 4 years have had a slow start after CDC approval.
- c. Most members vaccinated with at least one dose of the COVID-19 vaccine have plateauing trends and do not show increasing numbers. This means that in general, most age groups are not starting their vaccination series at this time and the likelihood of beginning COVID-19 vaccine inoculation for those who are not vaccinated at all is minimal.
- d. COVID-19 interventions focused on encouraging vaccinations and providing education through various means of communication. These strategies have been successful in driving member vaccinations as seen in vaccination rates among OC/OCC members. MC members ages 16 and up have plateaued at 70% and further interventions are needed for younger age groups to boost the overall MC vaccination rate of 58.8%.

#### **4. Barriers**

- CDC’s continuous efforts to build on recommendations for the COVID-19 vaccine may have led to confusion surrounding vaccination guidelines for different age bands.
- Some members experienced COVID-19 vaccination hesitancy, especially for younger ages groups (6 months to 4 years).
- COVID-19 VIP is a passive gift card assignment; members do not need to submit any documentation to CalOptima Health to receive a health reward. Instead, CalOptima Health relies on multiple sources to receive member vaccination data (i.e., California Immunization Registry, claims and encounter data). The multiple data sources, and state lag time increased various data inaccuracies. This caused many members to experience a waiting period of several months after completing their COVID-19 vaccinations to receive incentives.
- COVID-19 VIP is not aligned with CDC’s current recommendations. Staff is recommending a modification to the COVID-19 VIP to continue to encourage vaccine adherence and give younger age groups sufficient time start their inoculation.

#### **5. Opportunities for Improvement**

- CalOptima Health will provide continued updated booster promotion via publications to minimize misconceptions and provide education.
- CalOptima Health will create text messaging campaigns to survey members about the COVID-19 VIP program and provide educational links while encouraging members to get their updated boosters.
- CalOptima Health will work with multiple departments to continue to align recommendations for the COVID-19 VIP system flow and logic that feeds into assignment of COVID-19 health rewards.
- CalOptima Health will create a call center members to ask about the COVID-19 VIP program. This would bring value to the member experience because it gives members the opportunity to get clarification on questions or unclear guidelines and minimizes frustration that members may have about COVID-19 VIP program.
- Staff received approval of three modifications to the COVID-19 VIP program from the CalOptima Health Board in November 2022, which included an extension of the COVID-19 VIP to June 30, 2023, to provide ample time for younger age groups to receive vaccinated status, an increase of the rewards to four rewards to all qualifying members to encourage updated booster vaccinations, and to update all

communication tools to provide clear health reward guidelines and encourage member inoculation before the end of the COVID-19 VIP.

## Department of Health Care Services (DHCS) Comprehensive Quality Strategy (CQS)

In February 2022, DHCS launched the Comprehensive Quality Strategy (CQS), a 10-year quality vision to improve quality of life and eliminate health disparities focused on integrating a whole-system, person-centered and population health approach to care and building partnerships with Medi-Cal members and organizations in the community. The CQS focuses on the three target clinical areas: (1) Children’s preventive care, (2) Behavioral Health Integration and (3) Maternal Care. It also establishes a CalAIM Population Health Management (PHM) Strategy to address member needs across a continuum of care.

### Interventions

1. Continue to implement CalAIM
2. Plan and prepare for Health Equity Accreditation
  - a. Purchased Health Equity Accreditation Standards
  - b. Contracted with an NCQA Consultant to conduct a gap analysis related to Health Equity Accreditation
3. Conducted a PHM Readiness Assessment
4. Developed a CalOptima Health PHM Strategy that aligns with the DHCS PHM Strategy and Roadmap

Elements of the CQS are evaluated separately and the evaluation of each element can be found throughout the QI Evaluation.



## Health Equity Workgroup and Social Determinants of Health (SDOH) Workgroup

In January 2022, the Health Equity and SDOH Workgroup (the workgroup) was formed as part of a larger organization-wide Equity Initiative, which aimed to create a culture of equity throughout the organization. Since its inception, the workgroup has remained active and engaged in building foundational knowledge of health equity concepts, co-creating a health equity definition and adapting a framework to guide health equity efforts.

## Evaluation

### 1. Interventions/Strategies

Leveraging the Institute for Healthcare Improvement’s health equity framework, the workgroup is anchoring their efforts in five areas: (1) Make health equity a strategic priority, (2) Develop structure and process to support health equity work, (3) Deploy specific strategies to address SDOH, (4) Develop partnerships with community organizations to improve health, and (5) Ensure COVID-19 vaccination and communication strategy incorporate health equity. The following activities support work in these areas:

Developed of survey to collect feedback from PHM staff to inform development of operational plans for the Overcoming Health Disparity Strategic priority (*Fig. 1*).

- Adopted a framework (*Fig. 2*) to guide health equity efforts.

Established action teams to focus on the following projects:

- Health Equity and SDOH Data – to explore SDOH Data, utilization of SDOH Z Codes by providers, and inventory of internal health assessment utilized to capture SDOH-related needs.
- Health Equity Training – to develop a health equity training program, including an assessment to identify specific training needs.

Engaged with Orange County’s Equity in OC initiative — a CDC-funded, community-informed and data-driven initiative to address health inequities and disparities in Orange County by laying the foundation for creating a healthier, more resilient and equitable community.

- Four workgroup participants are currently participating in the Population Health Equity Collectives focused on the Latinx, Black, LGBTQ+ and Older Adults populations. The collectives are tasked with creating a health equity plan, including landscape analysis of the respective populations, defining SDOH-focused areas and outlining strategies and projects.

Supported efforts to promote COVID-19 vaccination, including:

- Tailoring member education on the importance of vaccination.
- Sending targeted text messages to population segments who are at high risk for not getting vaccinated.
- Providing member incentives to ensure health equity across race, ethnicity and socioeconomic status (extended our COVID-19 incentive program until 2023, which far surpasses what other health plans have done).
- Coordinated with the Orange County Health Care Agency and other community partners to plan community-based clinics.

## Findings

There is a strong organizational commitment to advance health equity and CalOptima Health is taking unprecedented steps to address health inequities, including:

- Changing the mission and vision to reflect the evolution of the organization and our member population.
- Dedicating one of the five strategic priorities in the strategic plan framework exclusively to overcoming health disparities.
- Approving a Chief Health Equity Officer position to start active recruitment ahead of the DHCS's 2024 contracting requirement.
- Purchasing the NCQA Health Equity Accreditation standards to begin reviewing and exploring the application process ahead of the DHCS' 2026 contracting requirement.
- Contracting with a NCQA consultant to conduct a gap analysis in preparation for Health Equity Accreditation.

Research conducted by the Health Equity Data Action Teams regarding SDOH data found the following:

- Low utilization of SDOH Z-Codes in claims submitted by providers:
  - i. 6.70 % of providers are using SDOH Z Codes
  - ii. .45% of total claims/encounters include SDOH Z Codes
  - iii. 3.14% total members have claims with SDOH Z Codes

No evidence-based, validated SDOH screening tool is used consistently across member-facing departments:

1. 13 known assessments in GuidingCare, of which nine include SDOH-related fields (two known assessments for food insecurity, 10 known assessments for housing)

Research conducted by the Health Equity Training Action Teams found the following:

- CalOptima Health University has more than 350 training modules referencing health equity at the manager level and close to 200 results at the individual contributor level.

1. There are two types of subscriptions, each with access to different content. One of the subscriptions is only available to staff in leadership level positions, thus the difference in access to courses.

## Analysis

Based on the five areas prioritized by the workgroup to guide and evaluate their impact, the activities that took place in 2022 demonstrate significant contributions by the workgroup, in some areas more than others.

- There were significant gains in making health equity a strategic priority, developing structure and process to support health equity work, and ensuring COVID-19 vaccination and communication strategy incorporate health equity.
- Under deploying specific strategies to address SDOH, the work was significant in the exploration and research face and recommendations were drafted by the workgroup to develop strategies. This will be an area of focus for 2023.
- Under developing partnerships with community organizations to improve health and equity, the workgroup is exploring potential opportunities (listed below) and will make this an area of focus for 2023.

## Barriers

- Work produced by the workgroup is done in addition to current job responsibilities.
- The workgroup is mostly PHM staff and lacks cross-functional expertise from other departments.
- Doing health equity requires dedicated time and resources.
- Staff come from different levels of awareness and building foundational knowledge requires intentionality.
- Data to inform strategy development for SDOH is limited to claim data, which current analysis demonstrated low utilization of SDOH Z Codes in claims submitted by providers.
- No evidence-based, validated SDOH screening tool is used consistently across member-facing departments.

## Opportunities for Improvement

- a. Engage additional CalOptima Health staff from cross-functional areas to participate in the workgroup.
- b. Recognize workgroup participants who have remain engaged in the workgroup.
- c. Expediate hiring of Chief Health Equity Officer, reactivate other Equity Initiative workgroups and dedicate a team to work on health equity efforts across the organizations.
- d. Incentivize and encourage utilization of SDOH Z Codes among providers.
- e. Promote network/provider SDOH screening using evidence-based screening tools (ex: PRAPARE, utilization of SDOH Z Codes).
- f. Use the transition to a new care management platform (JIVA) to ask consistent, evidence-based questions across all member-facing departments/programs and link members to resources for social needs using closed-loop referral system (such as FindHelp, Unite Us, etc.).
- g. Work with Human Resources to catalog existing health equity training content within CalOptima Health University, curate content to select short videos that can be sent out to staff and/or assigned by managers.
- h. Extend CalOptima Health University subscription to eliminate tiers and ensure all materials available at the leadership level are available across all employee levels.
- i. Conduct an organization-wide health equity and/or SDOH benchmarking assessment.
- j. Administer a survey to inform training needs and opportunities for capacity building.
- k. Research best practices, develop training plan and work with vendor management to contract a health equity trainer.
- l. Conduct a landscape analysis of community-based organizations and expand partnerships and level of engagement.

# Overcoming Health Disparities Strategic Priority

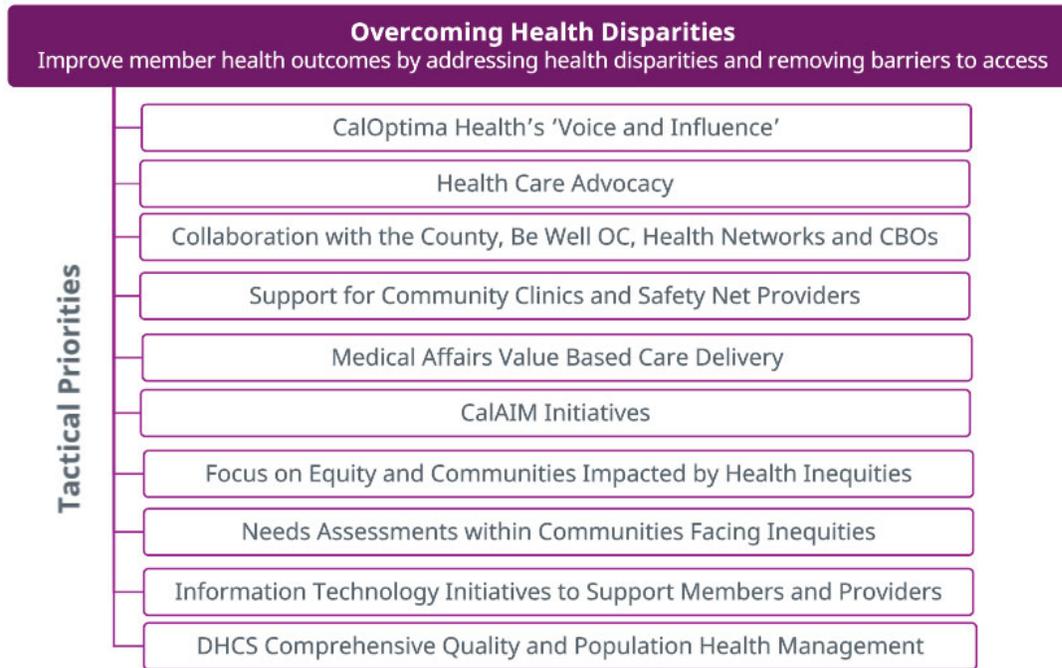


Fig. 1: Overcoming Health Disparities Strategic Priority

## Framework



Fig. 2: Health Equity and SDOH Workgroup framework



## California Advancing and Innovating Medi-Cal (CalAIM)

CalAIM is a multiyear initiative, spanning from 2022 to 2027, by DHCS to improve the quality of life and health outcomes of the Medi-Cal population by implementing broad delivery system, program and payment reforms. CalAIM has three primary goals:

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

### Interventions

#### a. Enhanced Care Management and Community Supports

Beginning on January 1, 2022, CalOptima Health implemented two CalAIM components: Enhanced Care Management (ECM) and Community Supports. ECM provides a whole-person approach to care that addresses the clinical and non-clinical circumstances of high-need Medi-Cal members. Community Supports are medically appropriate, flexible, wrap-around services that addresses the member's complex medical and social needs. Community Supports are alternatives to covered services, which are provided to reduce or avoid admissions to a hospital or skilled nursing facility admission, emergency department visits and discharge delays.

CalOptima Health's implementation of ECM and Community Supports built upon the Health Homes Program (HHP) and Whole-Person Care (WPC) Pilot infrastructures by preserving existing member relationships with HHP and WPC service providers. CalOptima Health's HHP Community- Based Care Management Entities have transitioned to become ECM providers. This means that CalOptima Health and our delegated health networks have been providing ECM services as ECM providers to eligible populations. Members participating in WPC and/or HHP were automatically transitioned into ECM. These providers are responsible for coordinating care with members' existing providers and other agencies to deliver the following seven core service components:

1. Outreach and engagement
2. Comprehensive assessment and care management plan
3. Enhanced coordination of care
4. Health promotion
5. Comprehensive transitional care
6. Member and family supports
7. Coordination of and referral to community and social support services

#### **b. Enhanced Care Management**

Beginning January 1, 2022, ECM went live for the following populations of focus:

1. Individuals and families experiencing homelessness
2. Adults at risk for avoidable hospital or Emergency Department (ED) utilization
3. Adults with serious mental illness (SMI) or substance use disorder (SUD)
4. Adults with Intellectual or Developmental Disabilities (I/DD)
5. Adults transitioning from incarceration
6. Adult pregnant and postpartum individuals at-risk for adverse perinatal outcomes

Beginning January 1, 2023, the following additional populations of focus will go live:

1. Adults eligible for long-term care
2. Adult nursing facility residents

And then on July 1, 2023, the last population of focus will go live:

1. Children with special conditions: high utilizers, serious emotional disturbance (SED), California Children's Services (CCS), Whole-Child Model (WCM), child welfare and transitioning from incarceration

#### **c. Community Supports**

Community Supports services include the 14 captured below. CalOptima Health launched these services on the following dates:

On January 1, 2022, the following services went live:

- i. Housing transition navigation services
- ii. Housing deposits
- iii. Housing tenancy and sustaining services
- iv. Recuperative care (medical respite)

On July 1, 2022, the next round of services went live:

- i. Short-term post-hospitalization housing
- ii. Day habilitation
  - i. Personal care and homemaker services
  - ii. Medically tailored meals
  - iii. Sobering centers

On January 1, 2023, the last of the supports went live: 10) Respite services, 11) Environmental accessibility adaptations (home modifications), 12) Nursing facility transition/diversion to assisted living facilities, 13) Community transition services/nursing facility transition to a home, and 14) Asthma remediation.

#### d. Building the Provider Network

CalOptima Health has prioritized building a diverse provider network over the past year, ensuring culturally relevant and accessible care. The CalAIM team has engaged in numerous meet and greets, attended service provider meetings, trained providers at any opportunity offered, and taken the time to really get to know providers, the members they serve and how we can best help them meet members’ needs. Further, the team has found that engaging providers by touring their facilities, trying their meals and allowing them to share their many accomplishments has built a solid foundation for partnership. Once engaged and interested in partnering, the CalAIM team has served as liaisons to support and assist providers on their journey to becoming a CalOptima Health provider. The team starts by being transparent and educating on the onboarding process, keeping in routine contact, providing updates on their status, responding quickly to inquiries, and holding individualized training sessions. These various efforts have allowed for growth of the provider network. With the launch of services in January, CalOptima Health has 53 providers. While building the provider network, the CalAIM team has seen firsthand that an investment in providers is an investment in CalOptima Health members.

## 1. Findings

### Table A

Community Support	Key Performance Indicator	Total
CalAIM Members	# of unique members in CalAIM	5,065
	# of Community Supports only members	1,045
	# of Community Supports to ECM members	362
Recuperative Care	# of unduplicated members of receiving recuperative care	308
	# of recuperative care days provided	14,684
	Average length of stay	28
Housing Navigation	# of unduplicated members receiving housing navigation services	1,452
Housing Deposits	# of unduplicated members receiving deposits	177
	Average amount spent on each member for housing deposits	\$2,192.72

<b>Housing Sustainability</b>	# of unduplicated members receiving Housing Sustainability services	429
<b>Short-Term Post Hospitalization (STPH)</b>	# of members receiving STPH	22
	# of STPH days provided	671
	# of members rolling over from recuperative care	20
	Average length of stay	30
<b>Day Habilitation</b>	# of members receiving Day Habilitation	38
	# of Day Habilitation days provided	82
<b>Medically Tailored Meals</b>	# of members receiving meals	45
	# of children/youth <= 21	1
	# of Adults > 21 and <65	37
	# of Seniors 65+	7
	# of meals served/provided	2,737
	Average number of meals provided	60
<b>Sobering Centers</b>	# of members receiving sobering services	22
<b>Enhanced Care Management</b>	# of members receiving ECM	1,398
	# of members receiving both ECM and Community Supports	524
	# of members in Population of Focus (POF) 1: Individuals and Families Experiencing Homelessness	1,165
	# of members in POF 2: Adult High Utilizers	888
	# of members in POF 3: Adult SMI/SUD	149
	# of members that are children/youth	192
	# of members outreached	4,020
	# of members self-referred	362
	# of members declined ECM services	2,000
	# of discontinued ECM services	613

2. Table caption: Data demonstrating the growth of ECM and Community Supports benefits.

## Analysis

- a. CalAIM has seen considerable growth since launching in January 2022; data as of mid-November demonstrates 5,065 unique members have been served with ECM, Community Supports or both. Table A demonstrates the number of unique members benefitting from each of the nine Community Supports that were available first.
- b. Because CalAIM only launched in January 2022, there are no findings from the previous year by which to compare.
- c. The following objectives in the annual QI plan were met:
  - Complete transition of all enrolled HHP members to CalAIM ECM Q1 2022. All HHP members were successfully transitioned to CalAIM ECM without an interruption in service.
  - Complete transition of all enrolled WPC members to CalAIM ECM Q1 2022. While objective was not met in Q1 2022, all WPC members were successfully transitioned to CalAIM ECM without an interruption in service in Q2.

- Establish DHCS reporting process was completed in Q3. A DHCS reporting process has been established. ITS leads the data collection and Care Management, LTSS and CalAIM teams review and attest to the data before DHCS submission. Monthly data improvement calls are hosted to ensure data captured is accurate and up to date.

d. The following objectives in the annual QI plan are in progress:

- Establish oversight strategy for the CalAIM program. The team has begun this effort but has spent more time launching the program and ensuring services are accessible and being delivered. Next year, building out this strategy and implementing it will be priorities for the team.

## Barriers

Most objectives have been accomplished for this program. EMC and Community Supports services have been launched, members are being connected to services, and the CalAIM team continues to build out the provider network to adequately serve the members' unique and diverse needs and backgrounds. With so much effort concentrated on launching the program, designing the benefits, engaging providers and ensuring services are accessible, the team has not fully designed the oversight strategy for CalAIM programs. This will be the focus in 2023.

## Opportunities for Improvement

CalOptima Health continues to build its CalAIM team. Additional team members will help support the workload to establish and launch the oversight strategy. Furthermore, the team is designing reporting templates to monitor utilization of these benefits. By establishing, reviewing and acting on these reports, the team will continue to evolve the services to best meet member needs.



## Homeless Health Initiatives (HHI)

In 2019, CalOptima Health’s Board of Directors allocated \$100 million toward increasing access to health care and housing support services for unhoused individuals in Orange County. Programs included Clinical Field Teams, Homeless Clinic Access Program and Homeless Response Team among others. DHCS launched the Housing and Homelessness Incentive Program (HHIP) in January 2022. The remaining, unspent funds for HHI, totaling \$40.1 million, were then approved by the Board for reallocation to be used as community investments in support of HHIP. Prior to the September reallocation of HHI funds, the Board approved staff’s request to proceed with development of a new street medicine program.

## Homeless Response Team

## 1. Interventions

- a. The Homeless Response Team (HRT) continued with virtual hours at shelters in the area during the first two quarters. In the third quarter, the HRT began providing in-person shelter outreach. CalOptima Health members were able to connect with a Homeless Response Team Personal Care Coordinator directly. The Personal Care Coordinators assisted members with scheduling PCP appointments, replacing CalOptima Health identification cards, and answering questions about authorizations, transportation, Denti-Cal and CalFresh as well as other services. Members are also often referred to Case Management, Enhanced Care Management and Community Supports as applicable.
- b. The Clinical Field Teams (CFTs) provided urgent care services to individuals experiencing homelessness throughout 2022. These urgent care services included wound care, evaluation of physical signs and symptoms, such as cough or pain, and assessments for recuperative care. The CFTs were available six days/week (Monday–Saturday). HRT often coordinates and collaborates with the CFT to mutually support members.

## 2. Findings

- a. Virtual outreach to shelters was expanded in 2022 to include two additional shelters: Huntington Beach Navigation Center and Costa Mesa Shelter. The HRT continued virtual outreach to Yale Navigation Center, and in the third quarter, began providing in-person assistance there. With the observed benefits to CalOptima Health members experiencing homelessness, expansion of in-person outreach is continuously being explored with a plan to add three additional shelters in the fourth quarter.
- b. The CFT program dispatches contract community health centers to provide urgent care, on-call services wherever the individual is located — More than 99% of all visits for care are completed face-to-face. From January 1, 2022, through November 30, 2022, HRT received 421 calls and dispatched the CFTs a total of 404 times. Of those calls dispatched, 375 individuals were treated, and 289 (77%) were CalOptima Health members. The CFTs made 81 referrals to Recuperative Care. Orange County’s Outreach & Engagement (O&E) and the Mental Health Association (MHA) are the top two referring agencies, producing 76% of all referrals made to the HRT dispatch line.

## 3. Analysis

- a. The HRT met its objectives of expanding its virtual shelter outreach in quarters one and two and beginning in-person outreach in quarter three.
- b. When comparing 2021 data to 2022, the CFT program saw increases across the board on nearly all key process measures except for referrals to Recuperative Care, which decreased. The percentage of time where visits were conducted face-to-face remained consistent at over 99%. A comparison of the data can be found in the table below:

Process Measure	2021	2022	% Change*
Calls Received by HRT	355	421	19%
Total Number of Dispatches	339	404	19%
Total Number of Individuals Treated	305	375	23%

<b>Members Treated</b>	241	289	20%
<b>Referrals to Recuperative Care</b>	91	81	-12%

\*Rounded up to the nearest whole number

#### 4. Barriers

The main barrier to expanding the virtual outreach in quarters one and two were the technical limitations of the shelters to provide phone and video access for members. Physical space at the shelters was available as they have been receptive and open to HRT’s presence.

#### 5. Opportunities for Improvement

The HRT will continue to increase its presence in the community by providing in-person assistance to members at high-volume shelters.

### Street Medicine Pilot Program

The goal of street medicine is to provide health care services, both preventive and urgent, to unhoused members where they are located. The selected providers for the Street Medicine Pilot Program will be contracted before the end of 2022. The preliminary plan is to launch the program in early 2023.

#### 1. Interventions

- a. A Request for Qualifications (RFQu) was launched in July 2022 to solicit proposals from providers to participate in the inaugural Street Medicine Pilot Program. Through that process, two providers were selected to participate in and support the launch of an innovative two-pronged street outreach and medicine program that targets both unsheltered and sheltered individuals in Orange County.
- b. This pilot will launch in Garden Grove, where we hope to establish a collaborative service delivery model between the service providers, local stakeholders, Be Well, other related county agencies, and homeless service providers. The planning phase is anticipated to begin in December 2022, with actual services launching in early 2023.

#### 2. Findings

There are no findings from the previous year as this is a pilot program.

#### 3. Analysis

CalOptima Health staff met their objectives of developing a scope of work, administering an RFQu, and selecting two providers to begin providing services in Garden Grove. The remaining objective is to finalize the Street Medicine scope of work with selected providers, develop payment terms and execute contracts.

## 4. Barriers

- a. CalOptima Health staff do not anticipate hitting any barriers to achieving the remaining objectives, as noted on item 3a above. Moreover, while it was established that the program would only launch in Garden Grove, staff recognize the need to scale services throughout Orange County, though a timeline for scaling the pilot program is still to be determined.

## 5. Opportunities for Improvement

- a. CalOptima Health staff will continue collaboration with the two providers who will be contracted to provide services through this pilot program to build out a plan for expanding service reach throughout the county in a timely manner.

## Housing and Homelessness Incentive Program

### 1. Interventions

- a. The CalAIM team implemented the Housing and Homelessness Incentive Program (HHIP), in coordination with the local continuum of care (CoC) and other key stakeholders, to increase capacity and develop partnerships among homeless services providers — serving a more active role in reducing and preventing homelessness in Orange County. The team implemented the Investment Plan to meet specific measures around increased data integration, access to culturally appropriate care, and building up the infrastructure to support more complete and comprehensive systems.

### 2. Findings

- a. HHIP began in January 2022, thus, there are no points for comparison to the previous year. The first incentive payment of \$4.1 million for completion of the Local Homelessness Plan (LHP) was transmitted to CalOptima Health in October 2022.
- b. Staff initiated community investment recommendations to CalOptima Health Board of Directors. Staff began the process to execute identified contracts and/or launch opportunities for a competitive bidding process for certain activities. These activities were funded by HHI funds (\$40.1 million) that the Board approved for reallocation.
- c. There are no findings from the previous year as the program launched January 1, 2022.

### 3. Analysis

- a. Staff met the initial objectives for HHIP by submitting a LHP and Investment Plan (IP) to DHCS by the specified deadlines (June 30, 2022, and September 30, 2022, respectively).
- b. Staff achieved their objective to involve/inform the community at large to the greatest extent possible in Q3 of 2022. This includes but is not limited to:
  - i. Convening a public listening session in August 2022.

- ii. Seeking approval and/or feedback of staff recommendations for the IP at CalOptima Health's Board of Directors and various Advisory Committee meetings.
- iii. Presented the draft IP to Orange County's CoC and obtained a signed letter of support (a key elements for submission of the IP to DHCS).

#### **4. Barriers**

- a. DHCS requirements for obtaining full points for achieving HHIP measures continue to cause concern.
- b. Administrative lift and timing related to development and implementation of both contracts and competitive funding opportunities.
- c. Overlap with other funding can potentially lead to duplication of services. There is also a significant amount of funding that needs to be disbursed into the community, and it needs to be done in a fair, consistent and meaningful way.

#### **5. Opportunities for Improvement**

- a. Continue to meet with other HHIP participating managed care plans and communicate with DHCS about concerns, while also proposing potential alternatives to ensure plans can maximize incentive funds earned.
- b. Collaborate with key internal and external stakeholders to effectively navigate any administrative barriers, ensuring processes are as streamlined as possible.
- c. Map out the county homelessness service continuum and implement appropriate and impactful strategies to minimize systemic redundancy. Consider best practices to ensure the greatest return on investment without sacrificing service quality.



## Quality Withhold for OneCare Connect (OCC)

To better align quality with cost of care, DHCS and CMS have constructed a quality withhold process, which applies to Medi-Cal and Medicare Part A and B capitation to health plans. The amounts of the withhold are 1% for Year One (calendar year 2015), 2% for Year Two (calendar year 2016), and 3% for Years Three, Four and Five (calendar years 2017–19). All or a part of the withhold may be earned back based on a percentage of quality withhold measures that achieved benchmarks established by DHCS and CMS. Measures and benchmarks are based on final guidance received from CMS and DHCS.

The CalOptima Health Pay for Value (P4V) team monitors the OCC withhold measures on a quarterly basis.

Quality withhold payments are determined based on the percentage of all withhold measures, including CMS core and state-specific measures, each managed care plan (MCP) meets. All measures are weighted equally, with no distinction made between measures that earned a “met” designation by meeting the benchmark and measures that earned a “met” designation by meeting the gap closure target. In general, benchmarks for CMS core measures are established using national data such that all MCPs across demonstrations are held to a consistent level of performance. For state-specific measures, benchmarks are developed by states using state-specific data, as well as national data when available/appropriate

**For MY2022, CalOptima Health has passed 6 of 10 as of September 30, 2022. The four measures that we will be closely monitoring for the last quarter include:**

1. Controlling Blood Pressure
2. Encounter Data Submission
3. Follow-up After Hospitalization 30 days
4. Interaction with Care Team

# DY8 (CY2022) Preliminary Analysis

Quality Withhold Analysis – 4% Withhold	
Quarter 3 Results	
Total number of measures	10
Total number of measures passed	6
Percent of measures passed	60%
Percent of withhold plan receives	75%



## Quality Analytics Program Updates (Health Network Quality Rating, 1MCAS, P4V, Data Mining/Bridge Efforts)

CalOptima Health’s Pay for Value (P4V) program recognizes outstanding performance and supports ongoing improvement to strengthen CalOptima Health’s mission of serving members with excellence and providing quality health care. CalOptima Health currently has P4V programs for Medi-Cal and OCC. All CalOptima Health networks (HNs), including the directly managed CalOptima Health Community Network (CCN), and primary care providers (PCPs) are eligible to participate in the P4V programs.

The purpose of CalOptima Health’s P4V program is to:

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<sup>1</sup> MCAS = Managed Care Accountability Set

- a. Recognize and reward HNs and their physicians for demonstrating quality performance;
- b. Provide comparative performance information for members, providers and the public on CalOptima Health's performance; and
- c. Provide industry benchmarks and data-driven feedback to HNs and physicians on their quality improvement efforts.

A new methodology for the Medi-Cal P4V Program was adopted for measurement year (MY) 2020–21, aiming for greater transparency, consistency and administrative simplification. This new HN Quality Rating (HNQR) methodology aligns with changes to measures for CalOptima Health's National Committee for Quality Assurance (NCQA) Accreditation status, CMS Star Rating status, DHCS (MCAS) and overall NCQA Health Plan Rating. Having a standard Quality Rating Methodology provides CalOptima Health with one reliable methodology to establish an overall quality rating score for each Health Network. The quality rating score may be used for future P4V payment methodology, incorporated into the new Auto Assignment policy, or other future programs to improve health care quality for CalOptima Health members.

- a. Each HN quality rating score will be calculated annually.
- b. The HN quality rating score will be derived from the most recently available audited, plan-level HEDIS results, which are based on the administrative methodology. For measures that have a hybrid method option, the additional percentage from medical records collection (i.e., the difference between CalOptima's hybrid and administrative result) will be added to each HN's results.
- c. HN-level Adult and Child Consumer Assessment of Healthcare Providers and Systems (CAHPS) results will be used for member experience scoring.
- d. NCQA Quality Compass National Medicaid percentiles will be used as benchmarks.
- e. All Managed Care Accountability Set (MCAS) measures that are required for Minimum Performance Level (MPL) by DHCS are used.
- f. CAHPS measures are used for member experience.
- g. Measures with small denominators (HEDIS < 30; CAHPS < 100) are not used in the score calculation.

The new methodology was approved by the CalOptima Health Board of Directors on February 6, 2020. The Board of Directors also approved an increase in the per member per month (PMPM) incentive for CCN providers and HNs from \$2.00 PMPM to \$5.00 PMPM.



## Development of the Pay-for-Value (P4V) OneCare Program for MY2023

CalOptima Health's P4V team compiled a set of Medicare Part C, Part D and Member Experience measures as proposed metrics for the measurement year (MY) 2023 OneCare P4V program, which was approved by the CalOptima Health Board of Directors.

The OneCare measures for MY2023 are as follows:

- a. Part C Measures: Breast Cancer Screening, Colorectal Cancer Screening, Diabetes Care – Eye Exam, Diabetes Care – Hemoglobin A1c Control, and Controlling Blood Pressure.
- b. Controlling Blood Pressure Part D Measures: Medication Adherence for Diabetes, Medication Adherence for Hypertension, Medication Adherence for Cholesterol and Statin Use in Persons with Diabetes
- c. Member Experience Measures: Care Coordination, Getting Care Quickly and Getting Needed Care

## Development of Hospital Quality Program

In December 2022, the CalOptima Health Board approved a new Hospital Quality Program for CalOptima Health contracted hospitals for calendar year 2023 to 2027. The goal of the program is to improve quality of care to our members through increased patient safety efforts and performance-driven processes. Hospitals holding a direct Medi-Cal contract with CalOptima Health are eligible to participate in the Hospital Quality Program. The Hospital Quality Program will establish a process to measure performance and incentivize contracted hospitals to deliver quality care. The program will:

- Leverage publicly available hospital data and performance listed on CMS Care Compare and the Leapfrog Group to minimize hospital burden

- Require contracted hospital participation in CMS Care Compare (for hospital inpatient, hospital outpatient, PPS-exempt cancer, or inpatient psychiatric measures) and/or Leapfrog Group Hospital Rating
  - Contracted hospitals not listed on CMS Care Compare for quality and patient experience will be assessed using the Leapfrog Hospital Rating.
  - Contracted hospitals not listed on either CMS Care Compare or Leapfrog will not qualify for incentive payments.
- Allocate a maximum of \$30 million per year for five years
- Hospital incentive payments distribution
  - Incentive awards will be based on performance compared with quality thresholds and allocated based on the sum of claims and encounter inpatient days gathered six months after the end of the measurement period, to allow for data lag.

Measurement Area	Data Source	Percent of Incentive Pool	Performance Range	Incentive
<b>Quality</b>	CMS Care Compare or Leapfrog Hospital Rating	40%	5 stars 4 stars 3 stars 1 – 2 stars	100% of incentive 75% of incentive 50% of incentive 0% of incentive
<b>Patient Experience</b>	CMS Care Compare or Leapfrog Hospital Rating	40%	5 stars 4 stars 3 stars 1 – 2 stars	100% of incentive 75% of incentive 50% of incentive 0% of incentive
<b>Hospital Safety</b>	Leapfrog Hospital Safety Grade	20%	Grade A Grade B Grade C Grade D or F	100% of incentive 75% of incentive 50% of incentive 0% of incentive

CalOptima Health recognizes that hospitals may not currently participate in these public reporting programs. To promote hospital participation, CalOptima Health will provide a ramp-up period to allow hospitals to participate in CMS/Leapfrog reporting. During this time, CalOptima Health will provide hospital reporting incentive payments in an amount of \$150,000 per eligible hospital per calendar year.



## Performance Improvement Projects (PIP)

The following is a summary of the PIPs for all lines of business.

### Health Equity Performance Improvement Project (PIP) — Medi-Cal

DHCS requires that Medi-Cal MCPs conduct a PIP that targets health care disparity that is related to a Managed Care Accountability Set (MCAS) metric on which the MCP is performing below the minimum performance level. Particular focus may be on a disparity that may have been exacerbated by COVID-19 pandemic.

CalOptima Health's PIP focused on Breast Cancer Screening (BCS) based on a decreased breast cancer screening rate from 63.4% in HEDIS MY2019 to 59.52% in HEDIS MY2020. In addition, of the approximately 33,774 female Medi-Cal members ages 50–74 identified, 14,519 did not have a BCS between 1/1/2020 and 12/31/2020. When we categorize members based on written language, we see that Korean and Chinese have the lowest rate of BCS of 58% and 45% respectively, and Vietnamese has the highest rate 67%. Because of this disparity, CalOptima Health chose to focus the PIP on female members ages 50–74 who have their written language identified as Korean and Chinese. Interventions focused on increasing culturally appropriate outreach and education to the Korean and Chinese Medi-Cal membership population about the importance of screening and the no-cost screening benefit for CalOptima Health members.

#### Intervention

##### **Improving Breast Cancer Screening (BCS) rates for Korean and Chinese CalOptima Health Medi-Cal Members (March 1, 2020–December 31, 2022)**

- a. Per the HEDIS Technical Specification, the description of the BCS measure is: The percentage of women ages 50–74 who had a mammogram to screen for breast cancer.
- b. CalOptima Health estimates that there are 1,272 Medi-Cal members ages 50–74 who have their written language identified as Korean and Chinese who are eligible to complete a mammogram to screen for breast cancer.

- i. **Goal:** By 12/31/2022, increase the percentage of breast cancer screening among Korean and Chinese Medi-Cal member ages 50–74 from 53.62% to 57.63%
  - ii. **Target Population:** Total number of Korean and Chinese CalOptima Health Med-Cal members ages 50–74 as of December 31.
  - iii. **Intervention:** Mobile Mammography Community Event Clinic. Members ages 50–74 were mailed a mobile mammography event letter and completed a mammogram at the mobile mammography community event.
  - iv. **Activity:** CalOptima Health partnered with Provider Office A and a mobile mammography vendor for multiple mobile mammography community events to eligible CalOptima Health members held once per quarter.
- c. Two additional events were held August 15 and October 24, 2022.

## Findings

- d. Table 1 shows the results for Cycle 1 mobile mammography community event intervention held in February 2022, and Cycle 2 held in May 2022.

**Table 1: Health Equity PIP Cycle 1 and 2 Results**

Testing Period	Numerator	Denominator	Percentage
1/12/2022–2/2/2022	4	71	5.63%
2/3/2022–5/17/2022	10	112	8.93%

*Numerator: Number of Korean and Chinese CCN Medi-Cal members ages 50-74 for Provider Office A who were mailed a mobile mammography event letter and completed a mammogram at the mobile mammography community event. Denominator: Total number of Korean and Chinese CCN Medi-Cal members ages 50–74 for Provider Office A who are eligible to complete a mammogram to screen for breast cancer and in the mailing for the mobile mammography community event letter.*

## Analysis

Provider Office A became a new site for mobile mammography community event. This gave members access to breast cancer screenings in a familiar environment. Provider office A staff was available to assist members with check-in for their appointment and completing necessary paperwork in the member’s preferred language. Provider Office A had previously stated that members had a language barrier when visiting a radiography facility.

In January 2022, of the 71 members who were mailed the mobile mammography event letter, 4 members completed a mammogram at the mobile mammography event held on February 2022. The percentage of eligible Korean and Chinese CalOptima Health CalOptima Community Network (CCN) Medi-Cal members ages 50–74 for Provider Office A who were mailed a mobile mammography event letter and completed a mammogram at the mobile mammography community event was 5.63% (4/71). In April 2022, of the 112 members who were mailed the mobile mammography event letter, 10 members completed a mammogram at the mobile mammography event held on May 2022. The percentage of eligible Korean and Chinese CalOptima Health CCN Medi-Cal members ages 50–74 for Provider Office A who were mailed a mobile mammography event letter and completed a mammogram at the mobile mammography community event was 8.93% (10/112).

## Barriers

Two barriers that were being addressed by hosting a mobile mammography event at Provider Office A were language barrier and an access barrier. Provider Office A discussed the challenges that are faced by their members when going to the radiology facility. During the events, Provider Office A staff was available to provide interpretation services to the members. Hosting the mobile mammography event at the clinic, the members were familiar with the location.

### Additional Barriers Included:

- a. The data that was used for the mailing was not up to date for Korean and Chinese members who were due for breast cancer screening for 2022. CalOptima Health was only able to identify 71 current members who were due for breast cancer screening.
- b. The mobile mammography vendor required a minimum of 25 scheduled appointments for the event to occur. The vendor scheduled members under their Every Women Counts (EWC) outreach database to fill open time slots to ensure the required capacity.
- c. Only 10 members from the mailing of the 112 that were identified attended the event. The additional members were scheduled via Provider Office A health navigator telephonic outreach.

## Opportunities for Improvement

- a. For the proceeding events, current data of Korean and Chinese members due for breast cancer screening will be obtained for the event mailing.
- b. Only members who are assigned to Provider Office A will be scheduled.
- c. Part of intervention step was to share the outreach mailing list with the Provider Office A health navigator. CalOptima Health will request that the Health Navigator conduct follow-up calls after mailing to Korean and Chinese members identified on the mailing list.
- d. In MY2023, the PIP will expand by adding a mobile mammography community event to Provider Office A new site location to target more of the Chinese CalOptima Health CCN Medi-Cal members.



## **2020-22 Well-Child Visits in the First 30 Months of Life (W30-6+) Performance Improvement Project (PIP)**

DHCS requires that Medi-Cal MCPs conduct a PIP that targets a child and adolescent health metric related to the Managed Cared Accountability Set (MCAS) on which the MCP performance is below the minimum performance level and has been exacerbated by COVID-19 pandemic.

CalOptima Health's overall Well-Child Visits in the First 15 Months of Life (W15) HEDIS® rate, which has been revised to Well-Child Visits in the First 30 Months of Life (W30-6+) HEDIS® measure, has declined over the past six years while the National Quality Compass benchmarks continue to grow. The rates have been trending downward from 70.37% (2014) to 51.09 % (2018). The rates continued to decline with the Medicaid expansion in 2014 where CalOptima Health increased its membership by 234,000 members.

Well-child visits are the foundation of pediatric health and wellness. At these visits, medical providers provide immunizations, assess the child's growth and development, and provide anticipatory guidance for parents. The Bright Futures/American Academy of Pediatrics (AAP) developed a periodicity schedule for preventative pediatric health care best practices from infancy to adolescence. These best practices are highlighted in the HEDIS® Well-Child Visits in the First 30 Months of Life (W30) measure which requires six or more well-child visits in the first 15 months of life, and additionally two or more well-child visits between 15–30 months of life. These visits must be completed by a PCP.

Based on decreasing performance and the importance of well-child visits, CalOptima Health initiated a well-child PIP in 2020 and continued the PIP through 2022.

## Improving Well-Care Visits for Children in Their First 30 Months of Life (W30) for CalOptima Health Medi-Cal members with Provider Office A (June 1, 2021–December 31, 2021)

- a. Per the HEDIS Technical Specifications, the description of the W30-6+ measure is the percentage of members who had the following number of well-child visits with a PCP during the last 15 months during the measurement year: six or more well-child visits.
- b. CalOptima Health established a data sharing procedure between the MCO and the provider office to identify members due for outreach. The W30-6+ target list was shared with the provider office on a quarterly basis. The provider office had approximately 60 days to reconcile the target list with their internal records and provide the list back to CalOptima Health. The provider office aimed to outreach to members who had not completed their visits. The intervention was implemented in late October 2021 and ran through the end of December 2022.
  - i. **Goal:** By 12/31/2022, use key driver diagram interventions to increase the percentage of well-care visits among Medi-Cal members turning 15 months old for Provider Office A, from 39.47% to 44.96%.
  - ii. **Target Population:** Medi-Cal members assigned to Provider Office A, who turn 15 months old during the measurement year.
  - iii. **Intervention:** CalOptima Health established a data sharing procedure between MCO and the provider office to identify members due for outreach. The W30-6+ target list was shared with the provider office on a quarterly basis. The provider office had approximately 60 days to reconcile the target list with their internal records and provide the list back to CalOptima Health. The provider office aimed to outreach to members who were due for their visit. The intervention was implemented in late October 2021 and ran through the end of December 2022.

## Findings

### Table 1: W30 PIP Cycle 1–3 Outcomes

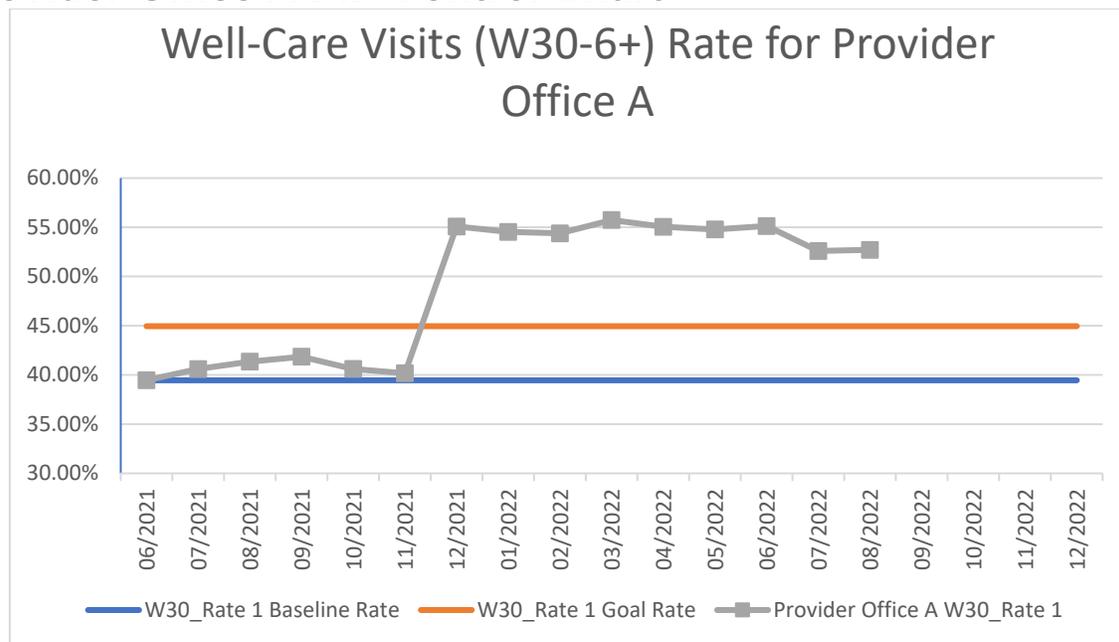
Outcomes	W30 PIP Intervention Cycles			
	Cycle 1	Cycle 2	Cycle 3	Cycle 4
<b>Intervention period</b>	10/2021–12/2021	04/2022–06/2022	07/2022–09/2022	10/2022–12/2022
<b>Status</b>	Completed	Completed	Completed	In Progress
<b>Denominator</b>	467	487	672	672
<b>Numerator negative</b>	319	435	588	384
<b>Data reconciliation completion rate</b>	100%	100%	100%	N/A
<b>Number of members found to have completed their well-child visits (6+)</b>	153	176	283	N/A
<b>Administrative data variance rate</b>	47.96%	40.46%	48.13%	N/A

*Denominator is defined as the provider office's member population who meet the W30 HEDIS specifications. Numerator negative is defined as the number of members who have not completed 6+ well-child visits. Data reconciliation rate is defined as number of records in the target list shared reconciled with provider office's electronic medical records. Administrative data variance rate is defined as the number of member records found to be inaccurate as a result of the target list reconciliation intervention.*

## Analysis

- a. Cycles 1–3 findings indicate there is a data gap between services rendered and what is captured through claims and encounter data. On average, 45.52% of the members who were indicated as missing well-child visits were found to have completed 6 or more well-child visits.
- b. CalOptima Health was able to establish a data sharing procedure with Provider Office A to send their W30-6+ target list on a quarterly basis.
- c. Provider Office A was able to reconcile their target list with their internal records for Cycles 1–3. The target list has allowed the office to readily identify which members fell into the W30-6+ denominator and close gaps by outreaching to members who have not yet completed their visits and submitting supplemental data for services rendered.
- d. The intervention period is in progress, but as shown in Figure 1, the provider office W30-6+ rate, based on a 12-month rolling methodology, to evaluate intervention impact, demonstrates that they have surpassed the goal rate of 44.96%. As of December 2021, the office has shown a steady trend between 54.38%–55.73%. The next steps are to continue to monitor their W30-6+ rate to see if the performance is maintained through the end of 2022.

**Figure 1: The Percentage of Well-Care Visits for Children in Their First 30 Months of Life (W30-6+) for CalOptima Health Medi-Cal Members with Provider Office A PIP Control Chart**



Provider Office A Well-Child visits in the First 30 Months of Life-First 15 (W30-6+) rate was established using a 12-month rolling methodology and removes continuous enrollment criteria. The W30-6+ baseline rate is: 39.47%, goal rate: 44.96%. Intervention was implemented late October 2021 and will continue through December 2022.

## Barriers

- CalOptima Health Prospective Rates Report do not capture all the services rendered by a provider office for well-child visits. Each cycle showed a discrepancy between what is captured through claims and encounters data and the information found in the provider office’s electronic health record system.
- Provider offices who are contracted with multiple health networks must access different platforms and files to identify their true W30-6+ denominator.
- Not all provider offices are aware of which well-child visits are captured or not captured by the MCP.
- Staff turnover in the provider offices creates a gap in the continuous intervention process.
- Members are unable to schedule future well-child visit appointment(s) due to scheduling system limitations. Schedules are not open more than 2–3 months out from current date.
- Members are unable to attend well-child visits because of scheduling conflicts related to work and provider office hour availability.
- Members are unaware of the importance of well-child visits and are unaware of the number of visits recommended in the first few years of life.

- Transportation and ease of accessibility is a barrier for members to attend their well-child visits. Members are not aware of CalOptima Health's Medi-Cal transportation benefit. Some parents prefer a location closer to home (e.g., community health event) rather than their assigned PCP office.

### **Opportunities for Improvement**

- a. For future collaborations with provider offices, CalOptima Health will consider providing the member population specifications to the office to identify their own target list for more accurate information.
- b. We will consider providing one singular opportunity gap report that includes all members assigned to the provider office which will include the date of service for the various well-child visits needed to meet HEDIS measure, regardless of health network.
- c. CalOptima Health will work with provider offices to proactively identify and outreach to newborn members versus waiting until the measurement year when the members turn 15 months to start interventions. This action will help to foster well-child visits following the Bright Futures Periodicity Table visits in a timely fashion.
- d. We will collaborate with the provider offices to understand their challenges, successes and current process with regard to well-child visits. We will develop a best practice guide for providers to better operationalize and close the gaps in ensuring timely well-child visits.
- e. CalOptima Health will increase the telephonic call campaigns from an annual to a quarterly campaign to catch members before they age out of the measure. This campaign will allow us to remind parents or guardians to schedule their child's next well-child visit and other preventative care (e.g., vaccinations, blood lead test).



## Quality Improvement Projects

The following are a summary of all Quality Improvement Projects (QIP) for all lines of business.

### COVID-19 Quality Improvement Plan (COVID-19 QIP)

DHCS required all MCPs to submit a COVID-19 Quality Improvement Plan (COVID-19 QIP). The initial submission included three strategies related to the Managed Care Accountability Set (MCAS) measure domains, one of which must address the behavioral health domain. The three domains CalOptima Health chose to focus on were the behavioral health domain, women’s health, and child and adolescent health. The initial COVID-19 QIP submissions were due to DHCS on September 31, 2021, and the six-month progress submission was due to DHCS on March 31, 2022.

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

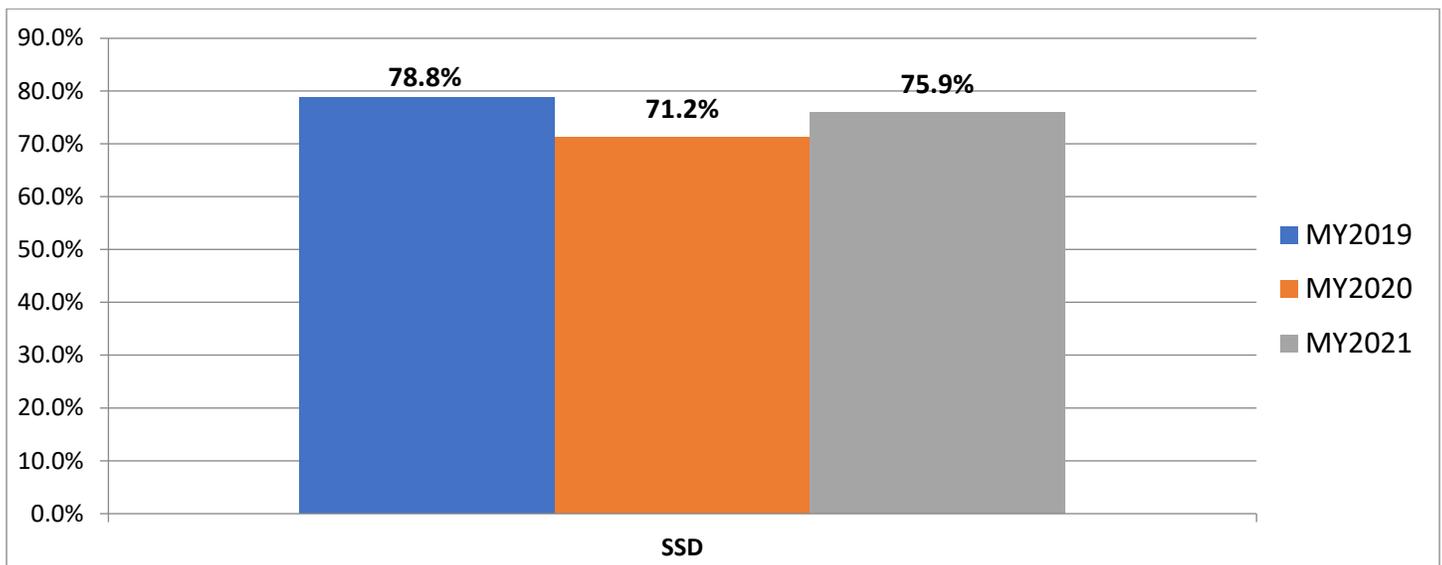
CalOptima Health’s program assesses the percentage of members ages 18–64 with schizophrenia, schizoaffective disorder or bipolar disorder, who were dispensed an antipsychotic medication and had a diabetes screening test during the measurement year. Members with severe mental illness who use antipsychotics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

#### Interventions

- a. The BHI Quality Team worked with Quality Analytics to develop a report to identify members ages 18–64 with schizophrenia, schizoaffective disorder or bipolar disorder, who were dispensed an antipsychotic medication and did not have a diabetes screening test.
- b. In 2021, BHI Quality Team conducted provider outreach targeted to the top 50 prescribing providers of antipsychotic medications in the CalOptima Health network:
  - i. Provider offices were contacted telephonically to confirm that provider was still practicing at that location and confirm the provider’s fax number is accurate to protect patient privacy in adherence with HIPAA regulations.
  - ii. A letter was sent to prescribing providers. The letter contained a comprehensive list of members with the name of the member’s PCP, the PCP contact information and an SSD provider educational tool tip sheet, which indicates industry best practices.

**Below are the findings for the Measurement Year 2021**

**Graph A**



HEDIS Measure	QC 33rd Percentile	QC 66th Percentile	QC 90th Percentile	Goal	Reporting Requirements**
Diabetes Screening for People with Schizophrenia or Bipolar Disorder who are using Antipsychotic medications (SSD)	74.94%	78.90%	82.53%	73.69%	HPR

## Analysis

- a. In 2021, CalOptima Health met the HEDIS goal of 73.69% for the SSD measure going slightly higher by 2.21%. This was a slight increase from the final rate for MY 2020 (71.2%). The rates indicate a slight improvement in the number of members completing a diabetes screening for MY 2021. With the interventions being implemented at the end of the year we anticipate seeing a decrease of members needing a diabetic screening test in the upcoming measurement year 2022.

## Barriers

- a. The BHI department came across some barriers while completing interventions related to obtaining the contact information for the prescribing providers such as phone numbers, fax numbers, address and providers no longer practicing. This was due to inaccurate provider information within the system. Providers may forget to update their information. Providers are also being reminded of the need to update information during outreach efforts.
- b. Prescribing provider offices have shared some of the barriers they experience, such as patients do not always visit their PCP and a lack of transportation.
- c. Due to the impact of the pandemic, individuals may have been less likely to attend routine or follow-up appointments and complete health services recommended by their providers.

## Opportunities for Improvement

- a. CalOptima Health's BHI department has chosen to work on improving the number of members completing a blood glucose or HbA1c test that have a diagnosis of schizophrenia and were dispensed an antipsychotic medication. Discussions on various opportunities are being explored within the Behavioral Health Quality Improvement (BHQI) Workgroup such as:
  - Continue to identify members in need of a diabetes screening test, conducting outreach to help raise awareness to the prescribing providers of the need to have members get a blood glucose or an HbA1c test.
  - Possible collaboration with county behavioral health. Given the severity of the diagnoses included in the HEDIS measure, it is believed that a number of members may be receiving antipsychotic medications from one of the county clinic-based providers. This may also assist in identifying providers listed as prescribers who are not in the CalOptima Health network.

## Women's Health Strategy

- a. A hybrid HEDIS and MCAS measure, Cervical Cancer Screening (CCS), examines the percentage of women age 21–64 who received one or more screening tests for cervical cancer during or within the three years prior to the measurement year, or five years for women ages 30–64 with Human Papilloma Virus (HPV) co-testing.

- b. The goal of the intervention is to increase the number of Medi-Cal members age 21–64 years of age who were screened for cervical cancer. The intervention will test if member outreach reminders via letter and/or phone call increase CCS rates among eligible CalOptima Health members. The focus is on Medi-Cal members age 21–64 assigned to a specific HN and selected provider office sites. The member outreach modality was chosen by each provider office site based on staffing and resources.
- i. **Goal 1:** By the end of March 2022, an outreach attempt to CalOptima Health members for the completing of the cervical cancer screening will be performed for at least 90% of the target list at the selected HN provider offices. If goal 1 was met, the provider office staff received a predetermined incentive based on the count of the target outreach (Table 2).
  - ii. **Target Population:** Medi-Cal members ages 21–64 who are due to complete the cervical cancer screening.
  - iii. **Interventions:** CalOptima Health, in collaboration with the contracted HN, identified provider offices that have a high volume of CalOptima Health Medi-Cal members who are due for CCS and are performing low for the measure. Five of the HN provider offices agreed to participate in the intervention. Combined, the CCS denominator of members was 5,035, with a target outreach population of 2,671 members.

## Findings (6-month progress)

- a. Women’s Health Strategy 2
  - a. Provider Office 1: There were 1,347 members eligible to complete their cervical cancer screening. Staff chose to do telephonic outreach as the outreach method. A total number of 576 members were outreached to by telephone. The result for this intervention indicated that 42.76% of members on the target list had been contacted, and, therefore, the <sup>2</sup>SMART AIM goal 1 was not reached (Table 1). The provider office did not receive the staff incentive (Table 2).
  - b. Provider Office 2: There were 494 members eligible to complete cervical cancer screening. Staff chose to do telephone outreach followed by member mailing as their outreach methodologies. The total number of members who were contacted were 494. The result for this intervention indicated that 100.00% of members on the target list had been contacted, therefore, the SMART AIM goal 1 was reached (Table 1). Provider office staff received the provider office staff incentive (Table 2).
  - c. Provider Office 3: There were 331 members eligible to complete cervical cancer screening. Staff chose to do telephone outreach as their outreach method. The total number of members that were outreached was 86. The result for this intervention indicated that 25.98% of members on the target list had been contacted. The SMART AIM goal 1 was not reached (Table 1). The provider office staff did not receive provider office staff incentive (Table 2).

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<sup>2</sup> SMART - Specific, Measurable, Attainable, Relevant, Time-bound

## Table 1: Cycle 1 Provider Office Cervical Cancer Screening Member Outreach

Provider Office	Count of Member on Target List	SMART AIM Goal 1: 90% of Target List	Cycle 1 Count of Member Outreach	Outreach Rate	Cycle 1 Goal Met
Provider Office 1	1,347	1,212	576	42.76%	No
Provider Office 2	494	445	494	100.00%	Yes
Provider Office 3	331	298	86	25.98%	No
<b>Total</b>	2,172	1,955	1,156	53.22%	No

*Women's Health Strategy Results/Progress member outreach at 6 months*

## Table 2: Provider Office Staff Incentive for Cycle 1

Provider Office	Gift Card Amount	Gift Card Quantity	Monthly Total	Frequency	Total per office for the cycle
Provider Office 1	\$75.00	15	\$1,125.00	1	\$1,125.00
Provider Office 2	\$75.00	5	\$375.00	1	\$375.00
Provider Office 3	\$75.00	2	\$150.00	1	\$150.00

*Table caption: Women's Health Strategy 2 cycle 1 provider office staff incentive by provider office*

- a. Table 3 shows the breakdown for all 135 members who were scheduled by the provider offices. The breakdown was as follows: provider office 1 had 126 members scheduled, provider Office 2 had three members scheduled, and provider office 3 had six members scheduled. Appointments scheduled were outside of the cycle 1 timeframe. During the cycle 2, the focus will be on the number of completed cervical cancer screenings from those members who were contacted during cycle 1.
- b. Member outreach was able to identify eight members who had a hysterectomy and therefore will be excluded for the cervical cancer screening measure.
- c. During the member outreach, provider staff were able to schedule appointments for 135 members for cervical cancer screening; three members were referred to a gynecologist for cervical cancer screening (Table 3).
- d. The provider office staff identified 13 members who had cervical cancer screening completed elsewhere. The provider office staff will follow-up on closing care gaps by obtaining the medical records for these members.
- e. There were 76 members who were contacted who requested call-back at a later date. The provider office staff will follow-up with these members (Table 3).

### Table 3: Cycle 1 Provider Office Cervical Cancer Screening Member Outreach Outcomes

Provider Office	Member Scheduled	Referral Created	Member Requested a call back
Provider Office 1	126	1	71
Provider Office 2	3	0	0
Provider Office 3	6	2	5
<b>Total</b>	135	3	76

Table caption: Women’s Health Strategy 2 outcomes in cycle 1. Member was schedule for appointment, referral created to see specialist, or member requested call back at a later date.

#### Analysis

At the initiation of this intervention, five HN provider offices agreed to participate in the intervention. Only three provider offices continued their participation after 6 months. Two provider offices did not initiate outreach during the cycle 1 period due to the lack of staff resources. Table 1 above shows the results at the end of cycle 1 for the three provider offices that conducted member outreach efforts. The total number of members in the target outreach list was 2,172. The combined outreach rate at the end of cycle 1 was 53.22% (1,156/2,172).

#### Barriers

Two of the five initial provider offices were unable to complete the member outreach. Provider Office 1 had a reorganization to their outreach department that led them to be short staffed and unable to reach their goal. Provider Office 3 had limited staff resources and were unavailable to perform outreach functions. Provider Office 1 and 2 have a team who perform outreach as part of their role. Provider Office 3 has only one staff member available to conduct member outreach.

#### Opportunities for Improvement

- CalOptima health will attempt different engagement strategies. For members who are hard-to-reach via phone, a member mailing will be sent out after telephone outreach to increase awareness about cervical cancer screenings.
- Obtaining Provider Office staff feedback is crucial to intervention implementation success. HN staff reported more frequently when they were notified that the member outreach was delayed due to staff availability.
- More time is needed to determine if the member reminder notice was successful (voice mail messages, mailing) and if members are willing to schedule cervical cancer screening. For cycle 2, provider offices will continue to outreach members on the target list and monitor if they were able to schedule or completed cervical cancer screening.
- Receiving tracking logs quarterly, allowed the HN staff to address issues and provide feedback to CalOptima Health that may not be identified until the end of the year. We were able to identify members (13 members) who had received cervical cancer screenings elsewhere.
- The intervention completed in this cycle focused on provider office staff reaching out to members to schedule cervical cancer screenings. For cycle 2, provider office staff will continue to focus on

contacting members to schedule cervical cancer screening. CalOptima Health plans to add a provider office staff incentive that focuses on the number of completed cervical cancer screenings.



### Pediatric Strategy 3- Increase Childhood Immunization Status (CIS-Combo 10) Rate for CalOptima Medi-Cal Members with Provider Office A (October 1, 2021–September 30, 2022)

CalOptima Health identified provider offices that had a high volume of CalOptima Health Medi-Cal members due for childhood vaccinations and low performing for the Childhood Immunization Status (CIS-Combo 10) HEDIS measure. Vaccinations included: DTAP, IPV, MMR, HiB, Hep B, VZV, Pneumococcal conjugate, Hep A, RV, Influenza.<sup>3</sup>

- a. **Goal:** COVID 19 QIP Strategy 3 aimed to increase immunization rates of Medi-Cal members turning 2 years of age who were due for vaccinations.
- b. **Target Audience:** Provider Office A had 663 Medi-Cal members who fell in the CIS-Combo 10 denominator for MY 2021. The target outreach population was 611 child members
- c. **Intervention:** The Provider Office had a CIS-Combo 10 rate of 7.84% based on claims and encounters processed through August 2021. The NCQA 50th Percentile Benchmark for CIS-10 is 38.20%. The intervention included a single provider office contacting the parent, or guardian, via telephone whose child was due for an immunization(s). The purpose of the intervention was to increase immunization rates. CalOptima Health provided a target list of

<sup>3</sup> DTAP – diphtheria, tetanus toxoid, acellular pertussis; IPV – inactivated poliovirus; MMR – measles, mumps, rubella; HiB – haemophilus influenzae type b; Hep B – hepatitis B; VZV – varicella zoster virus; Hep A – hepatitis A; RV - rotavirus

members due for an immunization to the provider office which contacted the parent, or guardian, to educate them on the importance of vaccinations, schedule appointment(s) and complete visits/vaccinations. These efforts were measured and equated to the provider office staff incentive (POSI). The provider office staff incentive tier payment system was based on metrics as established by CalOptima Health.

## Findings

- a. Cycle 1: October 2021–December 2021
  - i. Metric 1: POSI was based on the percentage of members contacted with outcomes tracked on the member target list by 12/31/21. The provider office contacted all of their target list. Out of 611 members who were due for vaccinations, 557 were successfully contacted on the first call attempt. Furthermore, 26 additional members were successfully reached on second call attempt. Of the 28 members unable to be reached by telephone, 18 received a letter by mail. For 10 members, no additional outreach was performed since the member had not established care with the provider.
  - ii. Metric 2: POSI was based on the percentile Provider Office’s MY 2021 CIS-Combo 10 rate meets by 12/31/21. This will be based on administrative data only.
    1. Based on December 2021 Prospective Rate Report, Provider Office CIS-Combo 10 rate, the Provider Office rate was 44.34%, which is the 66th percentile based on NCQA Quality Compass Benchmarks as of September 24, 2021.
- b. Cycle 2: January 2022–March 2022
  - i. Due to HEDIS data limitations, no target list was provided to the Provider Office during this measurement period. CalOptima Health continued to provide guidance and acted as a liaison for inquiries for the Provider Office staff. Cycle 2 allowed for data collection through claims and encounters to establish baseline for calendar year 2022. Based on February 2022 Prospective Rates, Provider Office CIS-Combo 1, the office rate was 31.91% (216/677).
- c. Cycle 3: April 2022–June 2022
  - i. Metric 1: POSI was based on the percentage of member records reconciled and an outreach was attempted. Call outcomes were tracked on the member target list by 06/30/2022.
    1. Provider Office reconciled and provided documentation demonstrating that they made an outreach attempt to 100% of their target list.
  - ii. Metric 2: POSI was based on the number of members who completed their scheduled appointments. The Provider Office documented scheduled appointments on the member target list and indicated if the visit was completed. Visits were validated through claims and encounters data. The time period was 04/18/2022–06/30/2022.

1. The Provider Office was able to meet a 72% scheduling rate. There are 339 members who have not aged out of the measure and were due for vaccinations. CalOptima Health was able to confirm through data reconciliation that 100 members were compliant; 10 members were removed from the denominator due to being ineligible or other factors. Furthermore, 78 members had a successful appointment from 04/01/2022, 7 members completed their visit after 6/30/2022 and, 48 members were in on-hold while waiting for the influenza vaccine to become available.
- d. Cycle 4: July 2022–September 2022
1. Intervention cycle was completed. The validation findings are still pending.

## Analysis

- a. The Provider Office was able to successfully reconcile 100% of the target list with internal medical records and provided feedback.
- b. The Provider Office was able to contact the parent or guardian of the members who were due for vaccinations and schedule their appointments.
- c. The Provider Office was also able to document the reasons why members were unable to complete all of their vaccinations, e.g., refused the influenza vaccination.

## Barriers

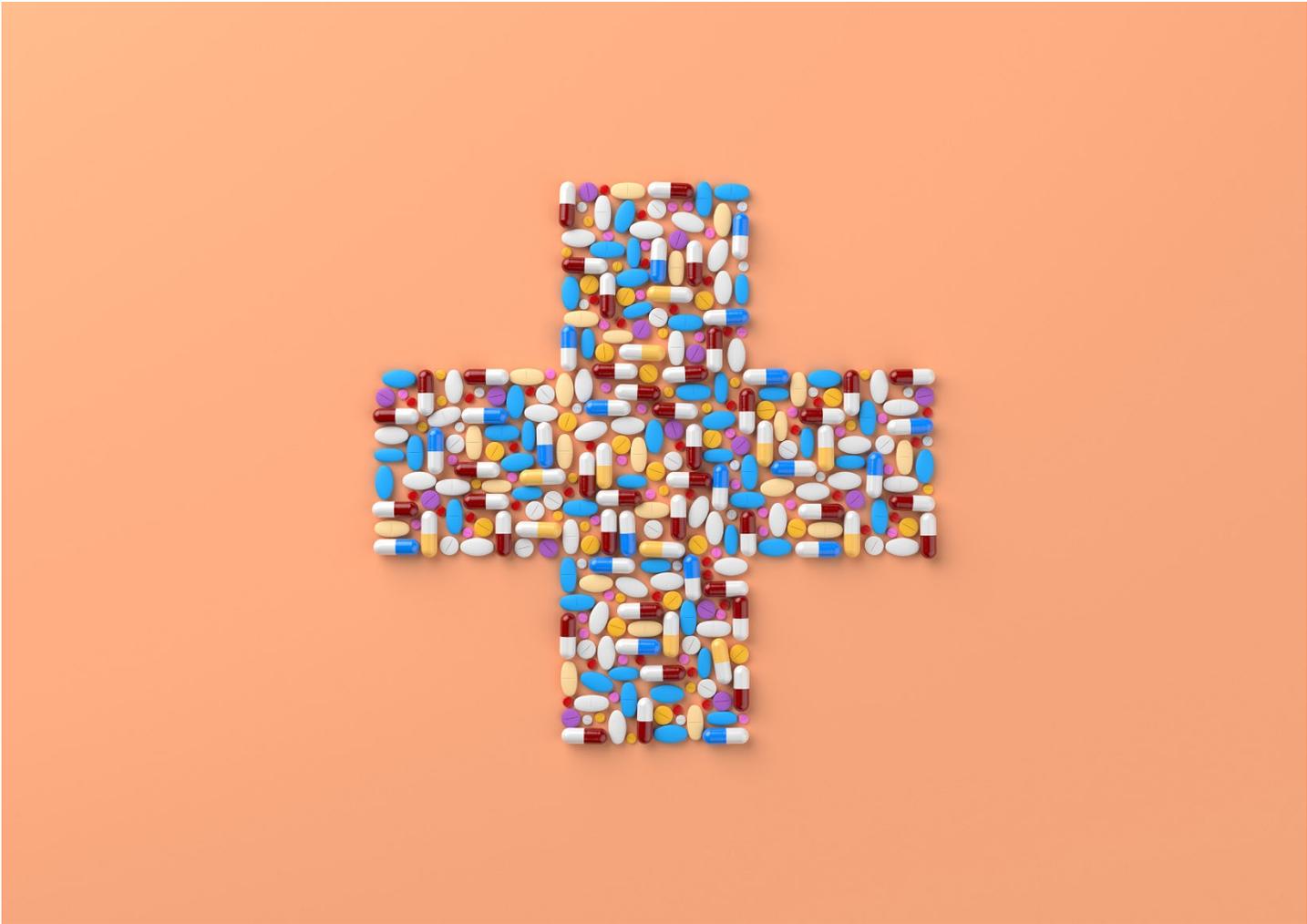
- a. Members refused the influenza vaccination.
- b. Members missing rotavirus vaccination and completing the dosage off-schedule.
- c. Influenza vaccine availability may impact the member's compliance.
- d. The vaccination schedule begins at birth. If a member is off-schedule and is trying to catch-up, it makes it difficult to complete all 10 vaccinations by 2 years of age.

## Opportunities for Improvement

- a. CalOptima Health will begin contacting members who are due for vaccinations early-on instead of waiting until the measurement year when member turns 2 years old.
- b. CalOptima Health will develop member health education tools regarding vaccinations to aid the conversation between providers and members, and to reduce the rate of vaccination refusal.

## Patient Safety QIP– OneCare Connect Population and Medi-Cal

To improve statin adherence for patients with diabetes intervention, a mailing was sent that targets all three lines of business: Medi-Cal (MC), OneCare (OC) and OneCare Connect (OCC). The Medi-Cal results are reported to NQQA to satisfy the Patient Safety standard. The OneCare Connect results are reported to CMS as part of a QIP.



**Improving Statins Use for Patients with Diabetes (SPD) 2019-21**

- a. Per the MY 2021 HEDIS Technical Specifications, the description of the SPD measures is the percentage of members ages 40–75 during the measurement year with diabetes who do not have clinical atherosclerotic cardiovascular disease (ASCVD) who meet the following criteria. Two rates are reported:
- b. Received Statin Therapy. Members who were dispensed at least one statin medication of any intensity during the measurement year.
- c. Statin Adherence 80%. Members who remained on a statin medication of any intensity for at least 80% of the treatment period.
- d. The improving statin adherence for patients with diabetes intervention is a mailing that targets all three lines of business: Medi-Cal (MC), OneCare (OC) and OneCare Connect (OCC).
  - i. **Goal:** By the end of the year, the goal was to reduce the rate of members who have yet to receive therapy/maintain adherence by five percentage points.

- ii. **Target Population:** All CalOptima Health members who are diagnosed with diabetes.
- iii. **Interventions:** A member-focused multi-modal promotion campaign was implemented to reduce cardiovascular risk among CalOptima Health members diagnosed with diabetes. A SPD member mailing was sent in tandem with an existing provider focused program to promote statin use among members diagnosed with diabetes and to encourage members to have a discussion with their health care provider about whether a statin is best for them.
- iv. **Activities:** Quarterly mailings were initiated to encourage members to consider the benefits of preventing cardiovascular complications. This mailer was sent to an average of 4,476 members in 2021. Data collection was performed by LOB to track and monitor throughout 2021.

## Findings

- a. For 2021, the baseline was modified and updated because members who have yet to receive therapy/maintain adherence in the SPD adherence and therapy sub measures in Q1 2021 were included. This updated baseline was set at 29.96%. This represents the rate of members who have yet to receive therapy/maintain adherence in the SPD Adherence and Therapy sub-measure. For each quarter, members who have yet to receive therapy/maintain adherence were sent the statin mailer. The overall goal of this intervention in 2021 was to reach the target goal of  $\leq 24.96\%$  (a lower percentage is an improvement) a 5-percentage point decrease. Toward the end of 2021, the numerator and denominator decreased. However, the rate of members who have yet to receive therapy/maintain adherence in the SPD Adherence and Therapy sub-measures was 32.58% and did not meet the target goal of 24.96%. There was a 7.89 percentage point increase of members who have yet to receive therapy/maintain adherence.

**Table 1: SPD Adherence Sub-measure**

	<i>Description</i>	<i>Baseline 2020</i>	<i>2020 Results</i>
	<b>Total Number of Population</b>	1,242	1,562
<b>B1a</b>	<b>Number of Enrollees who have yet to maintain adherence (adherence measure):</b>	260	291
<b>B1b</b>	<b>Number of Enrollees who were in adherence measure:</b>	1,242	1,562
<b>B1</b>	<b>Results and/or Percentage:</b>	20.93%	18.63%

*SPD Adherence 2020 Prospective Rate Data and 2021 SPD Mailer Data*

## Table 2: SPD Therapy and Adherence Sub-measure

	Description	Baseline 2021	2021 Results
	<b>Total Number of Population</b>	2,193	2,004
<b>B1</b>	<b>Number of Enrollees who have yet to receive therapy/maintain adherence (therapy &amp; adherence measures):</b>	657	653
<b>B1b</b>	<b>Number of Enrollees who were in therapy &amp; adherence measures:</b>	2,193	2,004
<b>B1</b>	<b>Results and/or Percentage:</b>	29.96%	32.58%

SPD Therapy Adherence 2021 Prospective Rate Data 2021 SPD Mailer Data

- a. We unable to compare the 2021 result to 2020 result since it is not a direct correlation to trend year over year due to the change in measurement methodology. Towards the end of 2020, the rate was 18.63% but this is only for the SPD non-adherent (members who have yet to maintain adherence) members only. The SPD adherence sub-measure was the focus of the intervention in 2020, but in 2021 the SPD Therapy sub-measure was included. A better comparison of the 2021 rate will be available in the next evaluation, since the 2022 methodology includes both members who have yet to receive therapy/maintain adherence in the SPD Adherence and Therapy sub-measures.
- b. Table 5 and Table 6 depict the ethnic breakdown of the SPD sub-measures. The Vietnamese, Filipino and Asian or Pacific Islander ethnic groups met the key performance indicator (KPI) for these two sub-measures. The Hispanic, White and Black did not meet the KPI and will be the focus of priority in 2023. The categories of No response and Other do not contain enough information to make any determination.

## Table 5: SPD Statin Adherence

All LOBs	Race/Ethnicity									
	Hispanic	Vietnamese	White	No response	Other	Filipino	Asian or Pacific Islander	Korean	Black	Asian Indian
<b>HEDIS MY 2021</b>										
<b>Numerator</b>	4,678	2,939	1,716	1,676	452	450	385	62	167	190
<b>Denominator</b>	7,045	3,529	2,409	2,245	613	529	488	344	259	259
<b>Rate</b>	66.40%	83.28%	71.23%	74.65%	73.74%	85.07%	78.89%	81.98%	64.48%	73.36%
<b>KPI (QC 50th %)</b>	78.76%	78.76%	78.76%	78.76%	78.76%	78.76%	78.76%	78.76%	78.76%	78.76%
<b>Met/Not Met</b>	Not Met	<b>Met</b>	Not Met	Not Met	Not Met	<b>Met</b>	<b>Met</b>	<b>Met</b>	Not Met	Not Met

HEDIS MY 2021 SPD Statin Adherence sub measure results. Based on the top 10 highest race/ethnicity denominators. Four out of the 10 Race/Ethnicity met the 50th percentile for Hemoglobin A1c Testing.

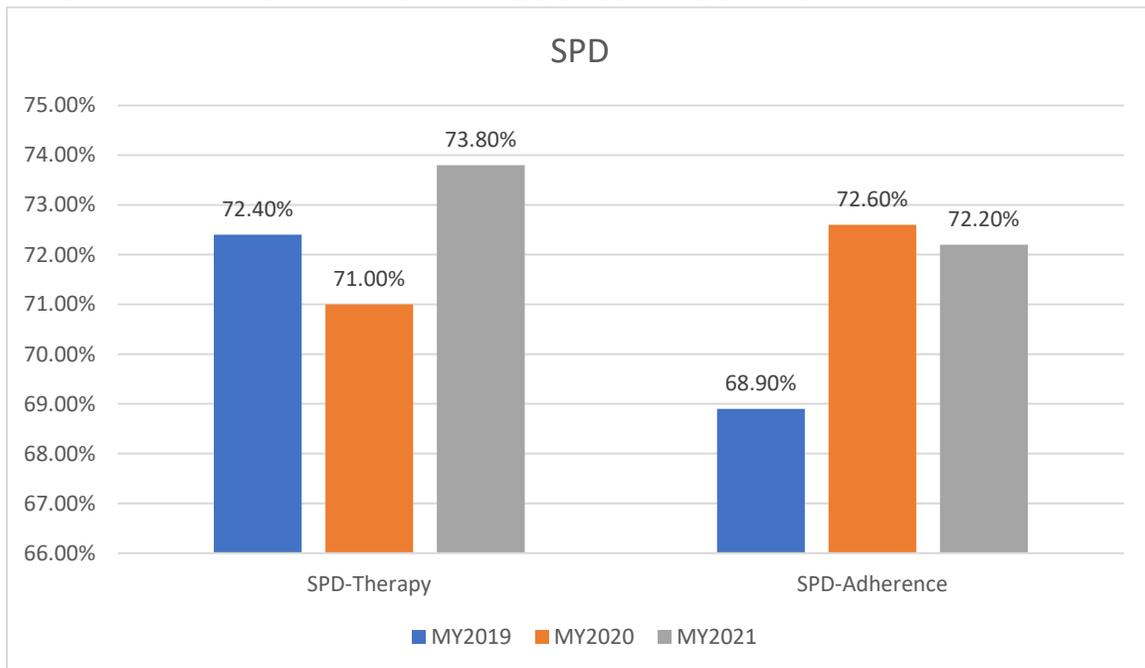
**Table 6: SPD Received Statin Therapy**

All LOBs	Race/Ethnicity									
	Hispanic	Vietnamese	White	No Response	Other	Filipino	Asian/Pacific Islander	Korean	Black	Asian Indian
<b>HEDIS MY 2021</b>										
<b>Numerator</b>	7,045	3,529	2,409	2,245	613	529	488	344	259	259
<b>Denominator</b>	9,849	4,148	3,515	3,042	806	629	621	427	411	334
<b>Rate</b>	71.53%	85.08%	68.53%	73.80%	76.05%	84.10%	78.58%	80.56%	63.02%	77.54%
<b>KPI (QC 50th %)</b>	74.00%	74.00%	74.00%	74.00%	74.00%	74.00%	74.00%	74.00%	74.00%	74.00%
<b>Met/Not Met</b>	Not Met	<b>Met</b>	Not Met	Not Met	<b>Met</b>	<b>Met</b>	<b>Met</b>	<b>Met</b>	Not Met	<b>Met</b>

HEDIS MY2021 SPD Received Statin Therapy sub-measure results. Based on the top 10 highest race/ethnicity denominators. Six out of the 10 Race/Ethnicity met the 50th percentile for Hemoglobin A1c Testing.

- a. Figure 1 shows the Medi-Cal HEDIS MY 2019, MY 2020, MY 2021 results for SPD Therapy and SPD Adherence. When comparing MY 2020 to MY 2021 SPD Therapy rates, the rate increased by 2.80 percentage points. When comparing MY 2020 to MY 2021 SPD Adherence rates, the rate decreased by 0.40 percentage points.

**Figure 1: SPD HEDIS MY 2021 Results: Medi-Cal**



SPD Therapy and Adherence rates by measurement year (MY)

- a. Table 7 identifies the reporting requirements and goals for SPD and its sub-measures. This is used to track progress and ensure compliance as a health plan.

**Table 7: SPD HEDIS MY 2021 Goals, Medi-Cal**

HEDIS Measure	Percentile, Goal, Reporting Requirements					
HEDIS MY 2021 Medi-Cal	QC 33rd Percentile	QC 66th Percentile	QC 90th Percentile		Goal	Reporting Requirements*
<b>Statin Therapy for Patients with Diabetes (SPD) - therapy</b>	63.47%	68.57%	72.23%	<b>72.23%</b>	HPR	
<b>Met/Not Met</b>			Met MY 2021 Goal, met 90th percentile			
<b>Statin Therapy for Patients with Diabetes (SPD) - adherence</b>	64.95%	71.95%	80.00%		<b>73.43%</b>	HPR
<b>Met/Not Met</b>		Did not met MY 2021 Goal, met 66th percentile				

SPD Therapy and Adherence results MY 2021 Medi-Cal. ++ measure triple weighted for Health Plan Ratings ↑ ↓ statistically higher or lower ↔ statistically no difference \*\*HPR=Health plan ratings, MPL=DHCS Minimum Performance Level, P4V=Pay for Value

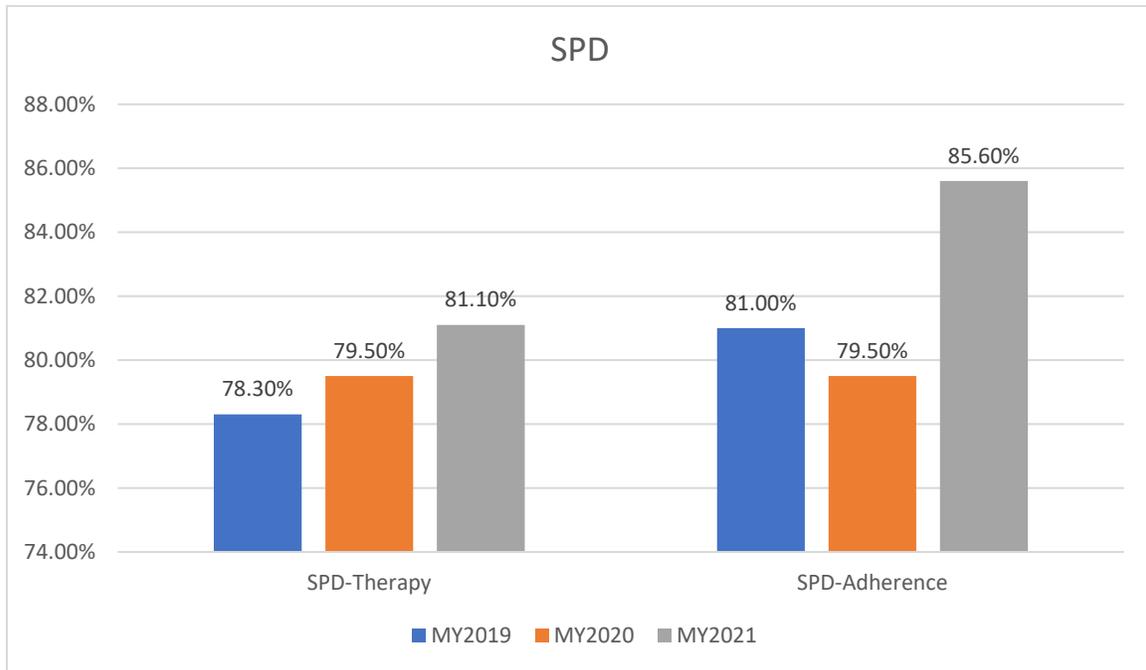
- Figure 2 shows the OneCare Connect HEDIS MY 2019, MY 2020, MY 2021 results for SPD Therapy and SPD Adherence. When comparing MY 2020 to MY 2021 SPD Therapy rates, the rate increased by 1.60 percentage points. When comparing MY 2020 to MY 2021 SPD Adherence rates, the rate increased by 6.10 percentage points.
- Table 8 shows the 2021 and 2022 SPD Therapy and Adherence measure Prospective Rate Data for Medi-Cal. When comparing the rates from September 2022 and September 2021, both SPD measures show a 4.5 percentage point increase for Statin Adherence and a 0.55 percentage point increase for Statin Therapy. This reflects the positive impact of the SPD intervention.

**Table 8: September Prospective Rates for SPD – Medi-Cal**

September Prospective Rates Medi-Cal	SPD Statin Adherence		SPD Statin Therapy	
	September 2021	September 2022	September 2021	September 2022
<b>Numerator</b>	7,665	8,589	15,308	17,871
<b>Denominator</b>	15,308	17,871	21,831	25,503
<b>Rate</b>	50.07%	48.06%	70.12%	70.07%
<b>KPI (QC 50th %)</b>	64.25%	68.75%	65.92%	66.47%
<b>Met/Not Met</b>	Not Met	Not Met	<b>Met</b>	<b>Met</b>

SPD Therapy and Adherence 2021 Prospective Rate Data 2021

**Figure 2: SPD HEDIS MY 2021 Results – OneCare Connect**



SPD Therapy and Adherence rates by measurement year (MY)

- a. Table 9 identifies the reporting requirements and goals for SPD and its sub-measures. This is used to track progress and ensure compliance as a health plan.

**Table 9: Goals, OneCare Connect**

HEDIS Measure	Percentile, Goal, Reporting Requirements				
	QC 33rd Percentile	QC 66th Percentile	QC 90th Percentile	Goal	Reporting Requirements**
<b>HEDIS MY 2021 OneCare Connect</b>					
<b>Statin Therapy for Patients with Diabetes (SPD) - therapy</b>	81.00%	84%	89%	<b>81.00%</b>	Star
<b>Met/Not Met</b>	Met MY 2021 goal, met 33rd Percentile				
<b>Statin Therapy for Patients with Diabetes (SPD) - adherence</b>	83.23%	87.35%	90.94%	<b>82.27%</b>	CMS
<b>Met/Not Met</b>	Met MY 2021 goal, met 33rd Percentile				

SPD Therapy and Adherence results MY 2021 OneCare Connect. \*Star cut points are previous year ↑ ↓ statistically higher or lower ↔ statistically no difference

- a. Table 10 shows the 2021 and 2022 SPD Therapy and Adherence measure Prospective Rate Data for OneCare. When comparing the rates from September 2022 and from September 2021, both SPD measures show a 4.5 percentage point increase for Statin Adherence and a 0.55 percentage point increase for Statin Therapy. This reflects the positive impact of the SPD intervention.

**Table 10: September Prospective Rates for SPD – OneCare**

September Prospective Rates OneCare Connect	SPD Statin Adherence		SPD Statin Therapy	
	September 2021	September 2022	September 2021	September 2022
<b>Numerator</b>	946	931	1,585	1,694
<b>Denominator</b>	1,585	1,694	2,007	2,105
<b>Rate</b>	59.68%	54.96%	78.97%	80.48%
<b>KPI (QC 50th %)</b>	78.03%	83.76%	74.13%	77.77%
<b>Met/Not Met</b>	Not Met	Not Met	<b>Met</b>	<b>Met</b>

*SPD Therapy and Adherence 2021 Prospective Rate Data 2021*

## Analysis

- a. CalOptima Health’s desired outcome was to help reduce the number of non-adherent members by targeting outreach efforts. To meet this objective, the pharmacy department provided a list of members for outreach to provider offices every quarter in 2021. The Pharmacy department met their objectives for 2021 by strategizing their outreach methodology.
- b. CalOptima Health’s Population Health Management department similarly utilized the Pharmacy department’s member list for a statin information and education mailer. The statin member mailer included a cover letter to encourage members to talk to their doctor about statins as well as the “What is a Statin?” fact sheet document and provided contact information for members with questions. The objectives of this initiative were met since the mailer was sent to 100% of the members on the priority list.
- c. When analyzing the 2021 results in the table above, the results show that there was an increase in the SPD Therapy and Adherence sub-measure rate. By having multiple methods to target providers and members, the rate for 2021 improved.

## Barriers

- a. Claims lag created a challenge for this intervention. Since a direct correlation could not be established, data needed to be compared at the end of the year. Data was checked to see if the members had filled a statin medication and if the member remained on a statin medication of any intensity for at least 80% of the treatment period.
- b. Changing the members’ behavior toward medication adherence is another barrier. It may take time and multiple attempts for these interventions to take effect since medication adherence is behavior dependent.

- c. Members may be reluctant going to the pharmacy to get their medications due to the impact of the COVID-19 pandemic.
- d. Obtaining the medication may also be a factor. Providers reported that socioeconomic status may affect the members' ability access to medication. Lack of transportation plays a factor in the access to medication as well as members may be unable to get to the pharmacy. It was also reported that members were concerned regarding the potential interactions of statins with other medications or alcohol, causing some members to wait for their body to process the alcohol or other medications first and before taking the medication.
- e. In Q3 2021, the mailing distribution was delayed due to an urgent COVID-19 ad-hoc mailer that required distribution during the same timeframe.
- f. In Q4 2021, the mailing distribution was delayed due to a DHCS audit that occurred during the same timeframe.

### **Opportunities for Improvement**

- a. If the drug medication formulary changes for statins changes, the "What is a Statin?" document may need to be updated. Providing the member with a medication list that is consistent with the formulary will help ensure the medication is covered. Completing the fulfillment of statin mailers as early as possible will ensure timely dissemination.
- b. Working with CalOptima Health's Pharmacy department is considered a best practice for this intervention. This multipronged approach not only provided a medium for providers to outreach to those non-adherent members, but it also allowed Population Health Management to target specific members and reduce the number of non-adherent members. Also, utilizing the Pharmacy department's "What is a Statin?" fact sheet document for our member mailers ensures consistent messaging and statin information. In addition, the "What is a Statin?" fact sheet document also encouraged members to speak with their doctor about statin medication, which is aligned with improving statin use and adherence among these members.
- c. For future member targeted efforts beyond 2022, Population Health Management will consider pulling its own member list eliminating the dependency on the Pharmacy department and improving the time needed for printing, fulfillment and distribution of the mailing.



## Chronic Care Improvement Programs (CCIPs) (All Lines of Business)

On December 9, 2019, CMS informed Medicare Advantage Organizations and Medicare-Medicaid Plans that they are required to attest that they have, or will have, an ongoing Chronic Care Improvement Program (CCIP) with a focus on promoting effective management of chronic disease. CalOptima Health chose to focus on diabetes, particularly members who fall in the category of “emerging risk,” defined as a new lab hemoglobin A1c (HbA1c) levels 8.0–9.0 when previously under 8%, as the target condition for this CCIP. These members are at higher risk of having uncontrolled diabetic management. The rationale for targeting this population is to assist members with newly emerging risk before they reach the point of poor HbA1c control, defined as a HbA1c levels 9.1 or above, and assist with their management to return below an HbA1c of 8%.

### Emerging Risk Health Coaching Telephonic Outreach CCIP

- a. In an effort to address emerging risks in a timely fashion, eligible members with diabetes who had an HbA1c test result below 8.0% but tested between 8.0% and 9.0% in their most recent HbA1c test were identified as Emerging Risk members. Telephonic outreach was conducted by a health coach to identify solutions for Emerging Risk members to manage their HbA1c levels below 8.0%.

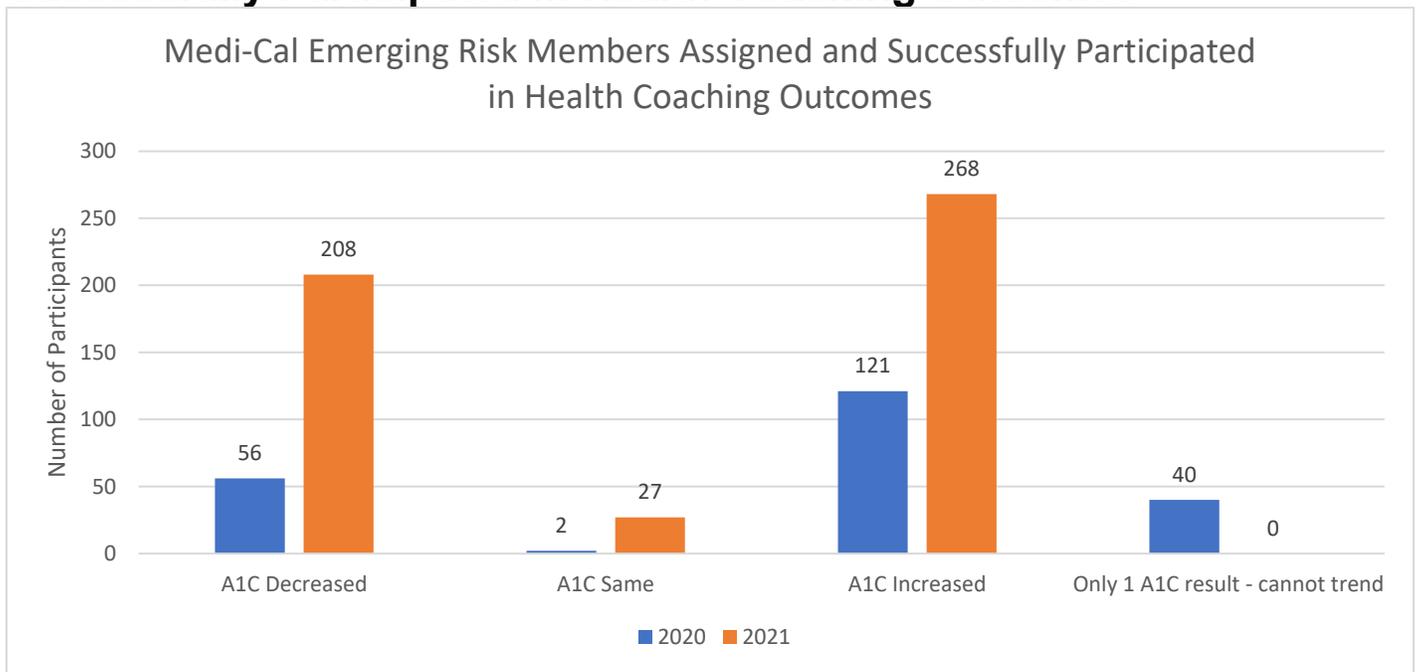
#### Findings

- a. Medi-Cal: When comparing the rates of Emerging Risk members with a successful outreach by a Health Coach for each quarter in 2020 to the respective quarter in 2021, there was trend of increased successful outreach for each quarter.
- b. On a quarterly basis when the outreach outcomes were compared from 2020 and 2021, there is an upward trend. Figure 1 depicts the improvement of successful outreach attempts to members in 2021 when compared with the same quarter the previous year in 2020.

### Figure 1: Medi-Cal Emerging Risk Member Health Coach Telephonic Outreach

- a. In 2022, the Health Coach telephonic outreach to Emerging Risk Medi-Cal members was 57.74% to 67.11.% each quarter, and it was higher every quarter than in outreach attempts in 2021.
- b. Emerging Risk is defined as a HbA1c between 8.0 to 9.0. During the intervention, members were tracked to identify how many Emerging Risk members improved their HbA1c, stayed the same or worsened. When comparing the 2020 HbA1c trend to the 2021 HbA1c trend, there was an increased number of members with a reduced HbA1c result in 2021. Figure 2 illustrates in 2021 208 participants had HbA1c outcomes reduced while 268 participants had HbA1c outcomes increased.

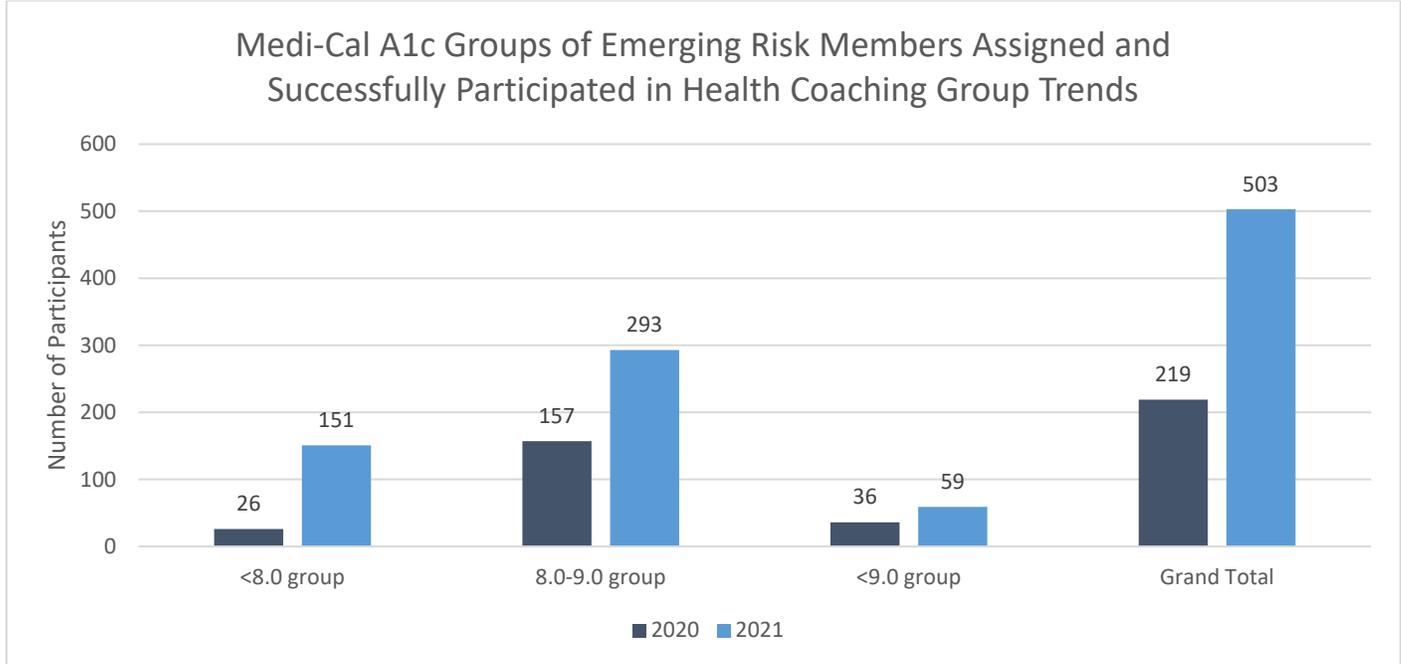
**Figure 2: 2020 and 2021 Emerging Risk Members Assigned and Successfully Participated in Health Coaching Outcomes**



The chart above indicates the results in 2020 and 2021 of the Emerging Risk members' HbA1c Trend when comparing their most current HbA1c test against their immediately previous HbA1c result. If a member only had a total of 1 HbA1c result on their record, they were categorized as "Only 1 HbA1c result-Cannot trend." These members were assigned to a Health Coach for telephonic outreach and successfully participated in Health Coaching.

- a. When comparing the rate of 2020 Emerging Risk HbA1c Group of Emerging Risk members that fell into "A1c <8.0 group" ( $26/219 = 11.87\%$ ) against the 2021 HbA1c Emerging Risk HbA1c <8.0 group figures ( $151/503 = 30.02\%$ ), the rate improved by 18.15%. Members who participated in telephonic outreach experienced a reduction in their HbA1c. Yet, in 2021, there were 293 members who fell into the Emerging Risk category who had an increase when compared with 2020.

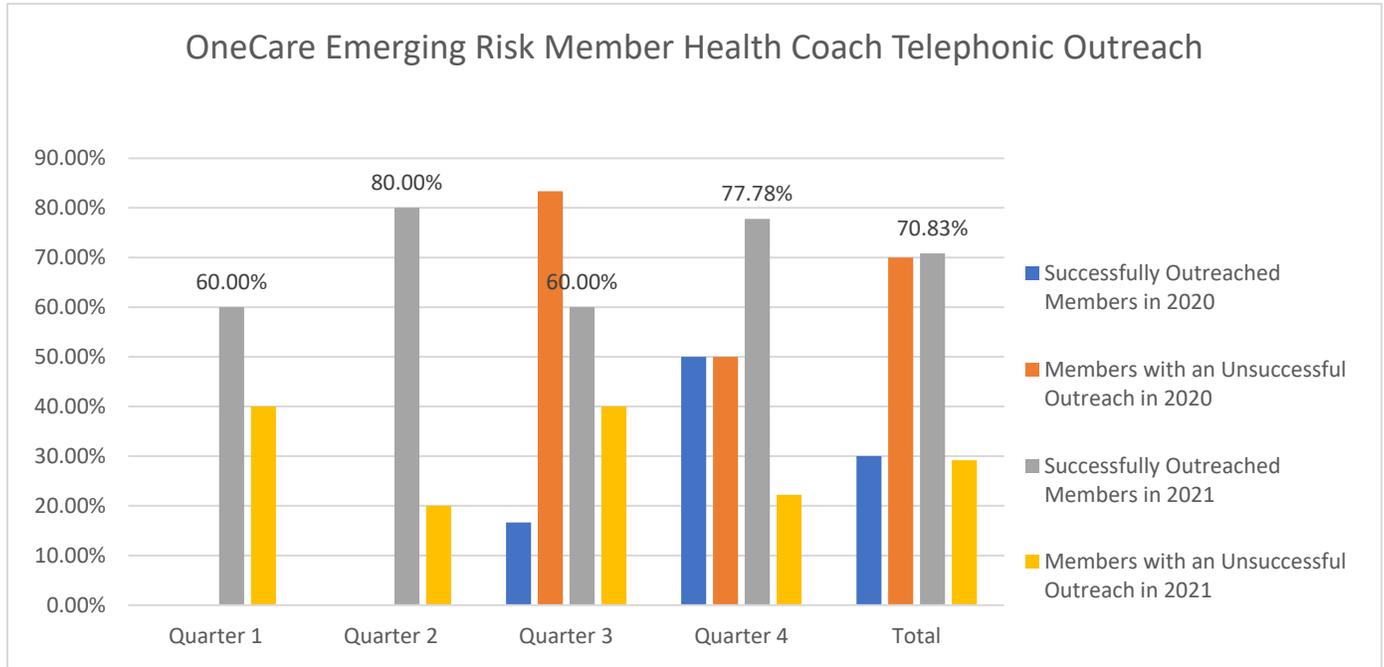
### Figure 3: 2020 Medi-Cal HbA1c Groups of Emerging Risk Members Assigned and Successfully Participated in Health Coaching Group Trends



The chart above shows the HbA1c groups of assigned Emerging Risk members who successfully participated in Health Coaching and which HbA1c Groups they fell into at the end of 2020 and 2021.

- a. OneCare: When comparing the rates of Emerging Risk members with a successful contact by a Health Coach for each quarter in 2020 to the respective quarter in 2021, there was trend of increased successful outreach for each quarter. Figure 4 showcased the rate of outreach per assigned member in 2020 and 2021. There was a significant improvement in the rate of successful outreach attempts to members in 2021.

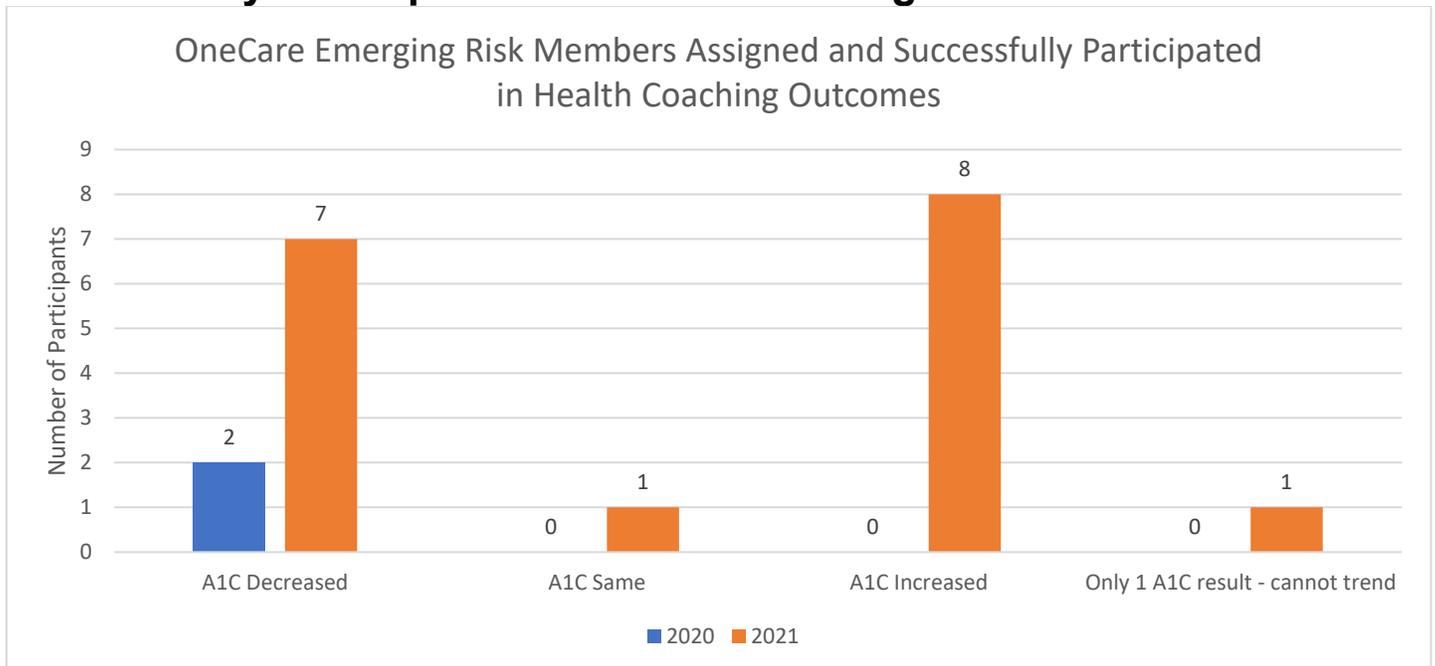
**Figure 4: OneCare Emerging Risk Member Health Coach Telephonic Outreach**



The chart above shows results of the intervention in 2020 and 2021 by quarter. The number of Emerging Risk members (2nd column), the rate of assigned Emerging Risk members with a successful outreach by a health coach (3rd column) and rate of assigned Emerging Risk members with an unsuccessful outreach (4th column).

- a. When comparing the 2020 HbA1c trend to the 2021 HbA1c trend, there was an increased number of members with a decreased HbA1c result in 2021. Yet, there was a significant number of members whose HbA1c increased after participating in the program, as depicted in Figure 5.

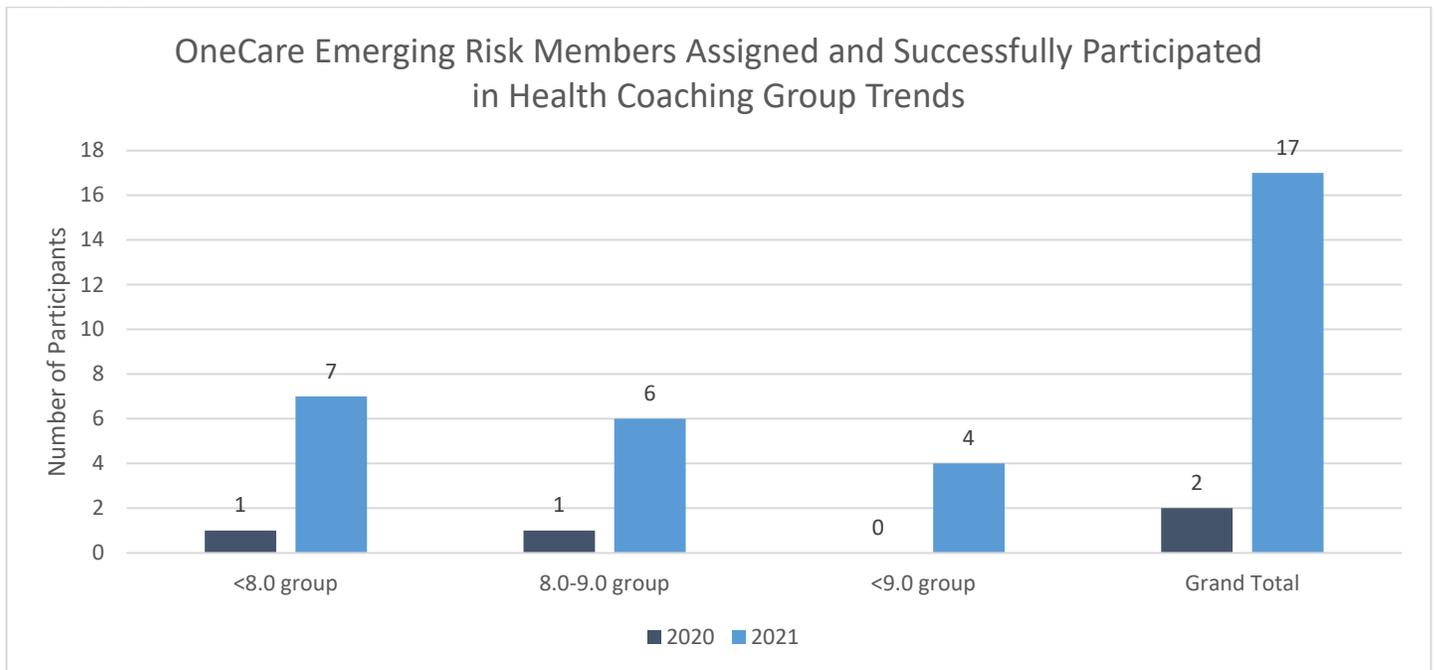
**Figure 5: OneCare Emerging Risk Members Assigned and Successfully Participated in Health Coaching Outcomes**



The chart above indicates the results in 2020 and 2021 of the Emerging Risk members' HbA1c Trend when comparing their most current HbA1c test against their immediately previous HbA1c result. If a member only had a total of only 1 HbA1c result on their record, they were categorized as "Only 1 HbA1c result-Cannot trend." These members were assigned to a Health Coach for telephonic outreach and successfully participated in Health Coaching.

- a. When comparing the rate of 2020 Emerging Risk HbA1c Group of Emerging Risk members that fell into "HbA1c <8.0 group" (1/2 = 50.00%) against the 2021 HbA1c Emerging Risk HbA1c <8.0 group figures (7/17 = 41.18%), the rate improved by 8.82% but there were more members who were assigned and fell into the HbA1c <8.0 group in 2021. Further details are depicted in Figure 6.

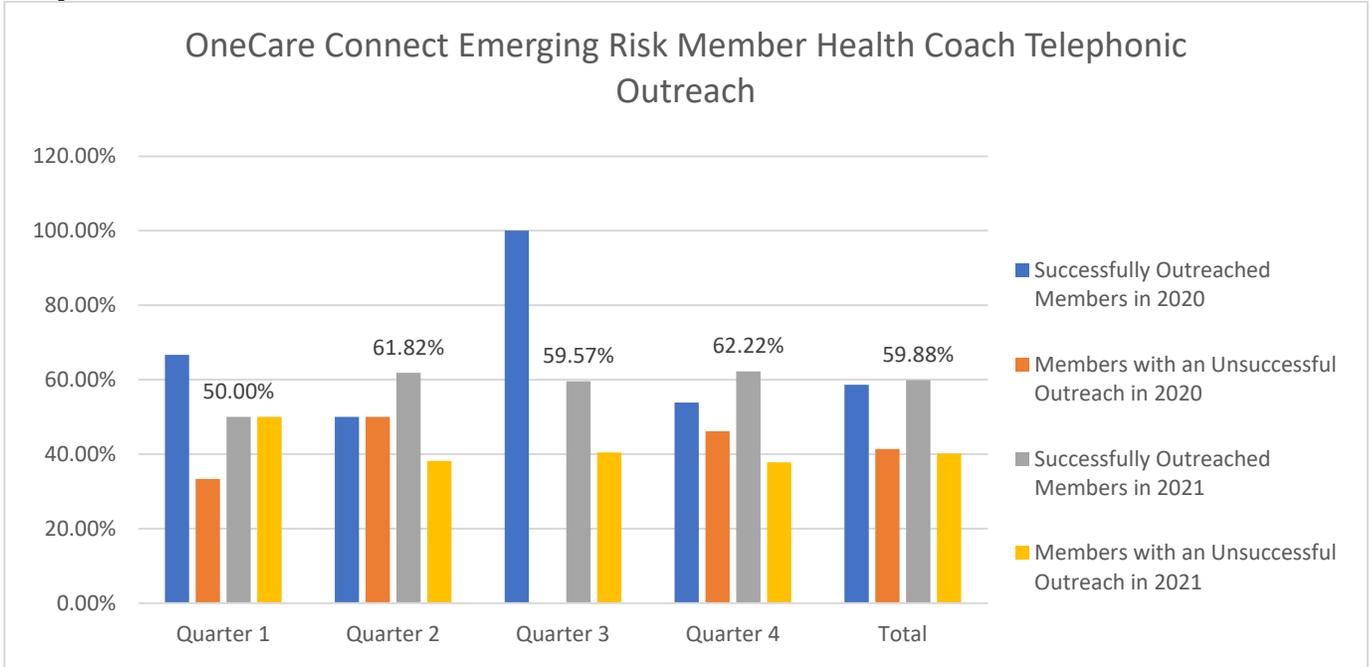
**Figure 6: OneCare HbA1c Groups of Emerging Risk Members Assigned and Successfully Participated in Health Coaching Group Trends**



The chart above shows the HbA1c groups of assigned Emerging Risk members who successfully participated in Health Coaching and which HbA1c groups they fell into at the end of 2020 and 2021.

- b. OneCare Connect (OCC): When comparing the rates of Emerging Risk members with a successful outreach by a Health Coach for each quarter in 2020 to the respective quarter in 2021, the trend varied for each quarter but overall, there was an improvement in 2021 by 1.26%.

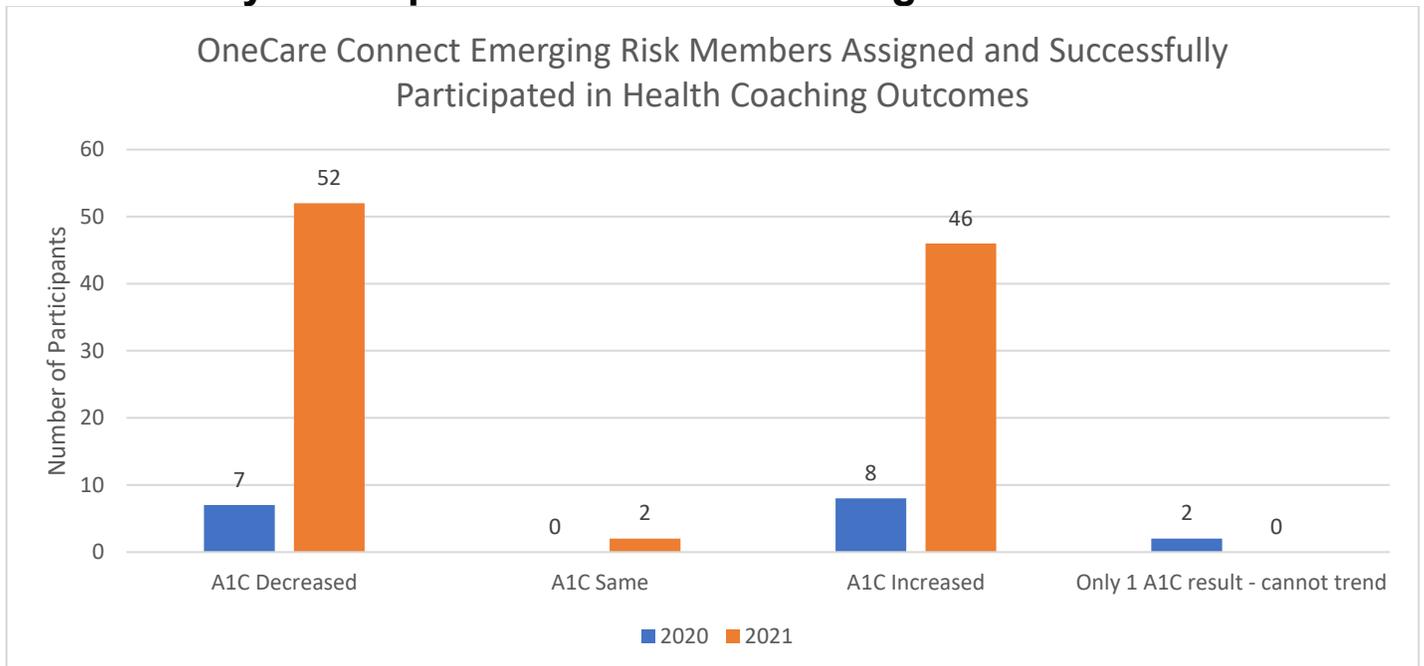
## Figure 7: OneCare Connect Emerging Risk Member Health Coach Telephonic Outreach



The chart above shows results of the intervention in 2020 and 2021 by quarter. The number of Emerging Risk members (2nd column), the rate of assigned Emerging Risk members with a successful outreach by a health coach (3rd column) and rate of assigned Emerging Risk members with an unsuccessful outreach (4th column).

- a. When comparing the 2020 HbA1c trend to the 2021 HbA1c trend, there was an increased number of members with a decreased HbA1c result in 2021. Figure 8 demonstrates that for the OneCare Connect population in 2021 this program helped reduce the HbA1c for most participants.

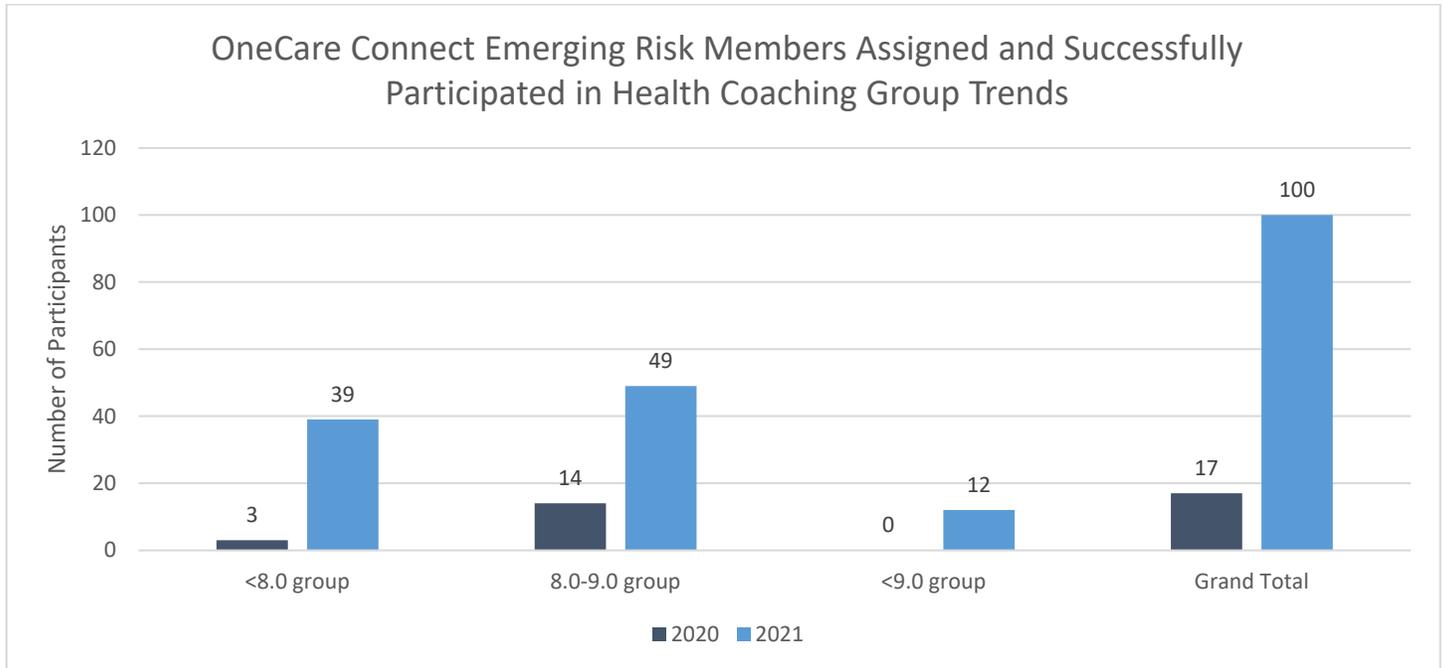
## Figure 8: OneCare Connect Emerging Risk Members Assigned and Successfully Participated in Health Coaching Outcomes



The chart above indicates the results in 2020 and 2021 of the Emerging Risk members' HbA1c trend when comparing their most current HbA1c test against their immediately previous HbA1c result. If a member only had a total of only 1 HbA1c result on their record, they were categorized as "Only 1 HbA1c result-Cannot trend." These members were assigned to a Health Coach for telephonic outreach and successfully participated in Health Coaching.

- a. When comparing the rate of 2020 Emerging Risk HbA1c Group of Emerging Risk members that fell into "HbA1c <8.0 group" ( $3/17 = 17.65\%$ ) against the 2021 HbA1c Emerging Risk HbA1c <8.0 group figures ( $39/100 = 39.00\%$ ), rate improved by 21.35%.

**Figure 9: OneCare Connect HbA1c Groups of Emerging Risk Members Assigned and Successfully Participated in Health Coaching Group Trends**



The chart above shows the HbA1c groups of assigned Emerging Risk members who successfully participated in Health Coaching and which HbA1c Groups they fell into at the end of 2020 and 2021.

- a. Table 1 illustrates the HEDIS rate based on race and ethnic breakdown.

**Table 1: All LOBs HEDIS MY 2021 Rates by Race/Ethnicity CDC HbA1c Testing**

Table S	Race/Ethnicity									
HEDIS MY 2021	Hispanic	White	Vietnamese	No Response	Other	Filipino	Asian/Pacific Islander	Black	Korean	Asian Indian
<b>Numerator</b>	14,589	4,993	5,190	4,427	1,157	913	758	598	571	480
<b>Denominator</b>	17,274	6,182	5,719	5,223	1,372	1,022	865	753	667	548
<b>Rate</b>	84.46%	80.77%	90.75%	84.76%	84.33%	89.33%	87.63%	79.42%	85.61%	87.59%
<b>KPI (QC 50th %)</b>	89.30%	89.30%	89.30%	89.30%	89.30%	89.30%	89.30%	89.30%	88.66%	89.30%
<b>Met/Not Met</b>	Not Met	Not Met	<b>Met</b>	Not Met	Not Met	<b>Met</b>	Not Met	Not Met	Not Met	Not Met

*HEDIS MY 2021 CDC HbA1c Testing sub-measure results. Based on the top 10 highest race/ethnicity denominators. Two out of the 10 Race/Ethnicity met the 50th percentile for HbA1c Testing.*

**Analysis**

a. Medi-Cal

- i. Goal: By 12/31/2021, the target goal of this intervention would be to reduce the number of Medi-Cal emerging risk members by 5% for those who participated in the telephonic health coaching intervention.
- ii. As shown in the findings section, out of the 503 members who successfully participated in Health Coaching, 151 members fell into the <8.0 group, which gives a rate of 30.02%. There were 293 members that remained in the 8.0–9.0 group (Emerging Risk) from the 503 members that successfully participated in Health Coaching, which gives a rate of 58.25%. The target goal for this intervention was to reduce the number of Medi-Cal Emerging Risk members by 5% by 12/31/2021, for those who participated in the telephonic health coaching intervention. At the end of 2021, the total number of members who received the telephonic health coaching intervention was 503. To achieve a 5% reduction of that figure, we needed at least 26 Emerging Risk members to be placed in the <8.0 group by the end of the year. The 2021 outcomes show that there were 151 Emerging Risk members who participated in the telephonic health coaching outreach placed in the <8.0 Group (good control). This indicates that we met the goal of reducing the emerging risk members by 5%.

b. OneCare

- i. Goal: By 12/31/2021, the target goal of this intervention would be to reduce the number of OneCare Emerging Risk members by 50% for those who participated in the telephonic health coaching intervention.

- ii. As shown in the findings section out of the 17 members that successfully participated in Health Coaching, 7 members fell into the <8.0 group, which gives a rate of 41.18%. There were 6 members who remained in the 8.0–9.0 group (Emerging Risk) from the 17 members who successfully participated in Health Coaching, which gives a rate of 35.29%. The target goal for this intervention was to reduce the number of OneCare Emerging Risk members by 50% (from baseline of 5) by 12/31/2021, for those who participated in the telephonic health coaching intervention. At the end of 2021, the total number of members who received the telephonic health coaching intervention was 17. To achieve a 50% reduction of that figure we needed at least 9 Emerging Risk members to be placed in the <8.0 group by the end of the year. The 2021 outcomes show that there were 7 Emerging Risk members who participated in the telephonic health coaching outreach placed in the <8.0 Group (good control). This indicates that we did not meet the goal of reducing the Emerging Risk members by 50%.
- c. OneCare Connect
- i. Goal: By 12/31/2021, the target goal of this intervention would be to reduce the number of OneCare Connect Emerging Risk members by 5% for those who participated in the telephonic health coaching intervention.
  - ii. As shown in the findings section, out of the 100 members who successfully participated in Health Coaching, 39 members fell into the <8.0 group, which gives a rate of 39%. There were 49 members that remained in the 8.0–9.0 group (Emerging Risk) from the 100 members who successfully participated in Health Coaching, which gives a rate of 49%. The target goal for this intervention was to reduce the number of OneCare Connect Emerging Risk members by 5% by 12/31/2021, for those who participated in the telephonic health coaching intervention. At the end of 2021, the total number of members that received the telephonic health coaching intervention was 100. To achieve a 5% reduction of that figure we needed at least 5 Emerging Risk members to be placed in the <8.0 group by the end of the year. The 2021 outcomes show that there were 39 Emerging Risk members who participated in the telephonic health coaching outreach placed in the <8.0 Group (good control). This indicates that we met the goal of reducing the Emerging Risk members by 5%.

## Barriers

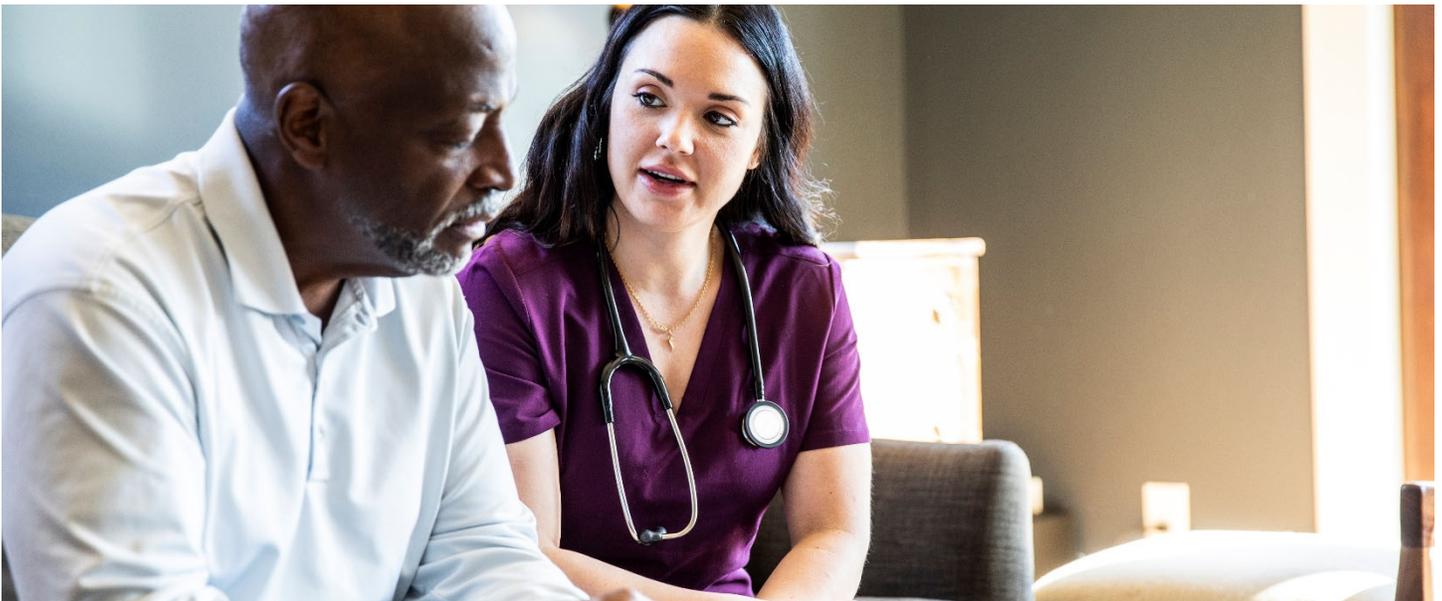
Barriers encountered during the Health Coach telephonic outreach include:

- a. Limited capacity for the health educators to conduct outbound calls due to their competing volume of daily tasks.
- b. Difficulty with scheduling appointments. Appointments are very far away, especially with endocrinologist due to limited office hours.
- c. With the COVID-19 pandemic, telehealth appointments were difficult for some members due to the lack of access to a smartphone or not understanding the instructions on how to connect to video calls.
- d. Members relying on natural remedies to reduce their blood sugar.
- e. Members face challenges with access to broadband internet based on their economic status or place of residence.

- f. Members may require transportation to attend appointments and may be unaware of their transportation benefits.

### **Opportunities for Improvement**

- a. Instruct Health Coaches to assist members with scheduling appointments whenever possible. Teach members how to navigate the health system and telehealth appointments. Encourage members to communicate needs and challenges timely to their provider.
- b. During outbound calls conduct a short questionnaire screening for social determinants of health and connect members with other resources to assist specific needs.
- c. Update telephonic scripting to offer resources for members with diabetes and provide information regarding telehealth services.
- d. Seek ways to improve data needs and streamline how members are assigned to the Health Coaches, moving from manual to an automated method.
- e. Conduct a multi-layered analysis of membership data by volume, ZIP code, ethnicity and age groups to determine if social determinants of health are creating barriers for CalOptima Health members. Moving forward, additional analysis is needed to create appropriate programs that will make an impact to address barriers and inequities among the targeted groups in the regions we serve.



## **Model of Care: Plan Performance Monitoring and Evaluation and Quality Improvement Program Effectiveness – Health Risk Assessments**

Monitoring of dashboard performance and effectiveness by Case Management for OneCare and OneCare Connect in 2022 continued with the same metrics as performed in 2021. Two additional metrics were added related to Health Risk Assessment (HRA)s, in the Long-Term Care (LTC) population; and a goal-target for California Medicare-Medicaid plans (CA) 1.5 was defined.

## OneCare and OneCare Connect

### Interventions

Case Management’s interventions for OneCare and OneCare Connect monitored the outreach efforts for HRA collection, both initial and annual. The volume of HRAs sent to delegated networks was tracked and involved 100% oversight review of each bundle and the designation of a care management level. Additionally, when each bundle was returned, interventions demonstrate 100% review of each bundle with goal of this review being completed within 10-business days of receipt. Several regulatory measures were monitored for the OneCare Connect model: CA 1.5 Individualized Care Plan (ICP) completion for high and low risk members; CA 1.6 documentation of care goal discussion; and Medicare-Medicaid (MMP) 3.2 Members with ICP completed in 90 days of enrollment. Finally, members in Long-Term Care were identified and ensured to receive their HRAs according to the Model of Care.

### Findings

Table A

Line of Business	Performance Area	Goal	Qtr Q1 2022	Qtr 2 2022	Qtr 3 2022
OneCare	HRA <i>Initial Outreach</i>	95%	99%	100%	100%
	HRA <i>Annual Outreach</i>	95%	100%	99%	100%
	<i>Each HRA reviewed and sent</i> for care plan development	90%	100%	100%	100%
	<i>Each Care Plan bundle reviewed within 10 business days</i> from bundle return	10 days; or 90%	Jan: 100% Feb: 100% Mar: 88%	Apr: 33% May: 20 days Jun: 25 days	Jul: 30days Aug: 17days Sep: Pending
OneCare Connect	HRA <i>Initial Outreach</i>	95%	100%	100%	100%
	HRA <i>Annual Outreach</i>	95%	99%	100%	100%
	<i>Each HRA reviewed and sent</i> for care plan development	90%	100%	100%	100%
	<i>Each Care Plan bundle reviewed within 10 business days</i> from bundle return	10 days; or 90%	Jan: 100% Feb: 94% Mar: 48%	Apr: 21% May: 30days Jun: 30days	Jul: 30days Aug: 17days Sep: 18days
Regulatory Monitoring	1.5 Care Plan - High risk	75%	85%	87%	89%
	1.5 Care Plan - Low risk	75%	78%	81%	83%
	1.6 Care Goal Discussion	95%	98%	99%	99%
	3.2 ICP Completion	85%	85%	81%	89%
LTC HRA	HRA Outreach Missing	0	3	7	0

### Analysis

- a. HRA outreach met the benchmarks for 2022 and is consistent with the 2021 data.

- b. Health Network MOC Oversight tracks two variables. The benchmark for review of HRA and CML setting has met benchmarks for 2022 and is consistent with 2021 data. ICP review in a 10-business-day turnaround has not met benchmarks that were effectively met in 2021. This is an internal standard and not a regulatory standard. ICP bundles returned are being reviewed but at longer than expected interval and barriers are outlined below.
- c. CA 1.5 had benchmark goal set and met for 2022 data.
- d. CA 1.6 members with an ICP and care goal discussion is a withhold measure and benchmark of 95% has been met for 2022 and is consistent with 2021 data.
- e. MMP 3.2 newly eligible members with ICP completed in 90 days of enrollment is also a withhold measure with benchmark of 85% and is on track to be met for 2022. Data is consistent with 2021.
- f. LTC HRA monitoring on quarterly basis to confirm members flagged as LTC are outreached for the HRA process. This was new monitoring and feedback provided in Q1 and Q2. Q3 has demonstrated this new monitoring and process change as all LTC members received HRA outreach in Q3. All members from Q1 and Q2 have since been outreached to for the HRA process.

## **Barriers**

- a. There are multiple factors that have lengthened turnaround times for ICP review. One barrier surrounds the medical management system and changes made to file-listening process in March 2022. The changes prevented or delayed access and visibility by oversight to the ICP files needing review. Ongoing technical issues led to challenges in receiving files.
- b. New processes implemented for members who either declined or where unable to be contacted for HRA. This group of members now require review for a data ICP and a CML setting. This evaluation is prioritized above review of returned ICP files. The prioritization of HRAs amplified in May 2022 when DHCS expanded Medi-Cal eligibility.

## **Opportunities for Improvement**

- a. Case Management's oversight role and function will be restructured and implemented in phases. The first phase was implemented in November 2022 and will continue into 2023. Improvement efforts for 2022 oversight benchmarks are tempered with this awareness. The Model of Care (MOC) tracking file was modified for OneCare and OneCare Connect in November 2022. Health Networks submitted a revised MOC tracking file that contained additional data fields to ensure compliance with MOC. For 2023, restructuring of oversight will occur in which a select number of members will be reviewed allowing for improved efficiencies, minimizing technical challenges, and alignment of audit and oversight practices.



## Behavioral Health

### Applied Behavior Analysis Pay for Value Performance Program

The Applied Behavior Analysis (ABA) is a type of Behavioral Health Treatment (BHT) service. It is a Medi-Cal covered service under the Early and Periodic Screening, Diagnostic and Treatment (EPSDT) benefit for members under 21 years of age. ABA therapy is intense, with treatment hours averaging 9 to 10 per week. It has been identified as an evidenced-based approach for preventing or minimizing the adverse effects of behaviors that interfere with learning and social interaction. The course of treatment can last for several years or longer. Most of the direct services are rendered by paraprofessionals who are unlicensed and require ongoing supervision. Since DHCS implemented the BHT benefit in 2014, CalOptima Health has followed the State Plan Amendment (SPA 14-026) regarding the types of providers allowed to supervise paraprofessionals:

- Board Certified Behavior Analyst (BCBA)
- Behavior Management Consultant (BMC)
- Behavior Management Assistant (BMA)
- Board Certified Assistant Behavior Analyst (BCaBA)

The BCBA and BMC are considered the top tier supervisor types, while BMA and BCaBA fall under the mid-tier level. When a paraprofessional is supervised by a mid-tier provider, a BCBA or BMC is still required to oversee the work to ensure quality of care. In 2018, CalOptima Health proposed to phase out the mid-tier level (BMAs and BCaBAs) within a one-year period. The rationale for phasing out mid-tier was to raise the overall quality of care and align our approach with most commercial insurance plans and the Regional Center of Orange County. At that time, ABA providers expressed concerns over lack of available CBAs and the associated cost. As a result, CalOptima Health has continued to maintain the 3-Tier model approach.

In 2019, DHCS conducted a medical audit. The file review showed some ABA providers were not providing the hours as stated in individual members' treatment plans. DHCS noted that when ABA providers insufficiently deliver direct service hours, members may not receive effective treatment and consequently, the quality of care may be compromised.

## ABA P4V Performance Metrics

To improve the quality of ABA services, Behavioral Health Integration (BHI) addressed the quality issues by implementing an ABA Pay for Value (P4V) program starting January 1–December 2021 and received Board of Directors approval to extend the program through December 31, 2022. The program was designed to incentivize ABA provider groups who demonstrate improvement in supervision hours and utilization of one-on-one (1:1) services. There are no HEDIS or standardized measures for the quality of ABA services. Two performance metrics were proposed and approved by the Board of Directors:

- Applied Behavior Analysis Hours (ABAH) - ABA Supervision Hours termed as the percentage of supervision hours completed by a BCBA or BMC
- Applied Behavior Analysis Utilization (ABAU) - ABA Utilization is termed as the percentage of 1:1 hours utilized vs. authorized

To establish a baseline period for the performance metrics, claims data from January 1–December 31, 2020, was used. However, if an ABA provider group did not have an established 2020 baseline rate, 2021 claims data were used to establish their baseline. The ABA provider group had to reach the metric targeted goal percentage/rate to receive an incentive payment. The payments were set at four incentive tier levels and were no more than 4% of the provider group’s annual claims.

Incentive Tier Levels	1	2	3	4
Incentive by annual claims paid	0.50%	1.00%	1.50%	2.00%

- a. ABAH Metric – goal is to obtain 50% or higher to receive an incentive payment

Incentive Tier Levels	1	2	3	4
Metric Target Goal	50.00%	65.00%	80.00%	95.00%

- b. ABAU Metric – goal is to obtain a higher percentage than the baseline rate

			1	2	3	4
Baseline rate			Metric Target Goal			
70%	and	up	72.50%	75.00%	77.50%	80.00%
65%	to	69%	68.75%	72.50%	76.25%	80.00%
60%	to	64%	65.00%	70.00%	75.00%	80.00%
55%	to	59%	61.25%	67.50%	73.75%	80.00%
50%	to	54%	57.50%	65.00%	72.50%	80.00%
45%	to	49%	53.75%	62.50%	71.25%	80.00%
40%	to	44%	50.00%	60.00%	70.00%	80.00%
0%	to	39%	46.25%	57.50%	68.75%	80.00%

- c. Example

	ABAH	ABAU
<b>Y2020 Baseline Rate</b>	40%	38%
<b>Y2021 Measurement Rate</b>	50%	46.25%
<b>Incentive by Annual Claims Paid</b>	0.50% (tier level 1)	0.50% (tier level 1)
Provider qualifies for a total of 1% incentive based on their Y2021 claims \$400,000 = payout \$4,000 Q1 2022		

## Program Analysis

	<b>CY 2020 (Baseline)</b>	<b>Program Year 1 CY 2021 (Measurement period)</b>	<b>Program Year 1 CY 2022 (Measurement period)</b>
<b>Metric ABAU</b>	56.1%	56.6%	TBD
<b>Metric ABAH</b>	51.7%	50.4%	TBD

- 94 ABA provider groups were eligible to participate in the program; 73 of the 94 (78%) received an ABA P4V incentive payment.
- The 1:1 utilization rate for 2021 was 56.6% and the BCBA/BMC Supervision rate for 2021 was 50.4%. The incentive payout for year 2021 was \$621,980.28.
- For 2021, metric percentages were calculated by looking at authorizations completed in 2021. Due to the limitations of utilizing 6-month authorization claims data with services still occurring, the same logic was applied to the 2022 program year.

## Program Barriers

- The supervision metric addressed a concern since the start of CalOptima Health's ABA program. At that time, CalOptima Health met with ABA provider groups, and it was agreed to phase out the mid-tier level (BMAs and BCaBAs) within a one-year period. Approximately 50% of supervisions were conducted by the mid-tier level supervisors, which all providers agreed was not ideal.
- The rationale for phasing out mid-tier level supervisors was to raise the overall quality of care provided to members, align our approach with commercial insurance plans and the Regional Center of Orange County. This did not happen as quickly as was expected, perhaps due to the unexpected increase in the members receiving ABA.

## Opportunities for Improvement

The program will end December 31, 2022. For 2022, the metrics performance will be evaluated, reported and ABA provider groups incentive payments will be issued in Q2 2023.



## **Behavioral Health Integration Incentive Program (BHIIP)**

DHCS initiated a statewide BHIIP funded under Proposition 56 (excise tax rate increase on cigarettes and tobacco products). The primary objectives of the program were to incentivize MCPs to improve physical and behavioral health outcomes, care delivery efficiency and patient experience, and to establish or expand fully integrated care in their network. CalOptima Health summoned interested network provider groups to complete a BHIIP application identifying which of the six DHCS-approved project/project options they would choose to build an infrastructure to meet the objectives of the program. CalOptima Health submitted the applications to DHCS, and seven provider groups representing Federally Qualified Health Centers (FQHCs) and a behavioral health provider were approved by DHCS to participate in the program. The BHIIP was targeted to begin on April 1, 2020, however, due to COVID-19, the program’s start date was delayed. In November 2020, DHCS announced that CalOptima Health had been approved to implement its BHIIP starting January 1, 2021, and continue through December 31, 2022. CalOptima Health’s responsibility is/was to oversee the provider groups’ project performance and issuance of the incentive payments for their project’s completed milestones. CalOptima Health continues to be eligible to earn a total incentive payment of up to \$13.2 million. This amount includes:

- \$2.5 million earnable once the approved selected provider groups signed their Memorandums of Understanding (MOUs)
- \$5.3 million earnable for achievement of Project Milestones in Program Year 1 (January 1, 2021–December 31, 2021)
- \$5.3 million earnable for achievement of Project Milestones in Program Year 2 (January 1, 2022–December 31, 2022)

### **BHIIP Project Options**

#### **a. Basic Behavioral Health Integration (Project Option Identifier 3.1)**

- **Population Goal** — Improve evidence-based medical and behavioral health integration practices with a primary care, specialty care or behavioral health provider’s office or clinic. This package is best suited for practices that are new to behavioral health integration.

- b. Maternal Access to Mental Health and Substance Use Disorder (SUD) Screening and Treatment (Project Option Identifier 3.2)
  - Population Goal — Increase prenatal and postpartum access to mental health and substance use disorder screening and treatment.
- c. Medication Management for Beneficiaries with Co-Occurring Chronic Medical and Behavioral Diagnoses (Project Option Identifier 3.3)
  - Population Goal — Improve evidence-based behavioral health prescribing and management of psychotropic, opioid use disorder (OUD), and alcohol use disorder medications.
- d. Diabetes Screening and Treatment for People with Serious Mental Illness (SMI) (Project Option Identifier 3.4)
  - Population Goal — Improve health indicators for patients with both diabetes and serious mental illness.
- e. Improving Follow-Up After Hospitalization for Mental Illness (Project Option Identifier 3.5)
  - Population Goal — Improve timely follow up after hospitalization for mental illness.
- f. Improving Follow-Up After Emergency Department Visit for Behavioral Health Diagnosis (Project Option Identifier 3.6)
  - Population Goal — Improve timely follow-up after emergency department visit for mental illness and substance use disorder.

**3. CalOptima Network Provider Groups Approved by DHCS to Participate in the BHIP**

- Families Together of Orange County
- KCS Health Center
- Providence St. Joseph Heritage Healthcare
- North Orange County Regional Health Foundation
- Share Our Selves
- Southland Integrated Services Inc.
- Harbor Psychiatry and Mental Health

**4. CalOptima Provider Groups and Approved Selected Project Option(s)**

Provider Group	Project Options					
	3.1	3.2	3.3	3.4	3.5	3.6
Families Together of Orange County		X	X	X		
Harbor Psychiatry and Mental Health					X	
KCS Health Center			X			X
North Orange County Regional Health Foundation	X					
Providence St. Joseph Heritage Healthcare (#225)	X					
Share Our Selves	X					
Southland Integrated Services Inc.	X			X	X	

## Findings

- Due to the delayed start of BHIIP, provider groups were not able to establish a 2020 baseline prior to the start of the program. CalOptima Health received approval from DHCS to have Program Year 1 2021 act as the baseline year and Program Year 2 2022 to act as the measurement year.
- As of Q3 2022, six of the seven provider groups continue to participate in the program and are submitting their project milestones and supporting documentation quarterly as directed.
- By Q2 2022, CalOptima Health has invoiced and received payments in the amount of \$5.2 million (97% of the eligible funding) from DHCS for Program Year 1 2021 and \$2.3 million for Program Year 2 2022. These payments are used to incentivize the provider groups for completing their quarterly milestones as outlined in their MOUs.
- Due March 31, 2023, CalOptima Health will submit an annual report to DHCS showing the program performance measure results for the 2022 measurement year.

## Analysis

- Each BHIIP provider group is required to submit a quarterly milestone reporting template listing the projects anticipated quarterly milestones and its associated payment as identified in their MOU(s). The provider group must provide documentation supporting the milestone's completion.
- Milestone completion rate for Program Year 1 — 91%

## Barriers

Due to the delayed start of BHIIP, during late 2021, one of the provider groups was unable to establish the required infrastructure to support their selected project, therefore, they were unable to complete the project's quarterly milestones and opted out of the program per DHCS guidance.

## Opportunities for Improvement

The program ends December 31, 2022; however, the provider groups are encouraged to maintain the enhancements, health programs and patient experience activities they have deployed during the BHIIP operations duration.



## Student Behavioral Health Incentive Program (SBHIP)

As a component of the Child and Youth Behavioral Health Initiative (CYBHI) and in accordance with State law AB 133, Welfare & Institutions Code Section 5961.3, DHCS designed the SBHIP to support early identification and treatment through school-affiliated behavioral health services and reduce progression to serious mental illness and substance use disorders (SUDs). The program has a statewide funding allocation of \$389 million designated over a three-year period January 1, 2022–December 31, 2024. The program will provide incentive payments when SBHIP goals and metrics are met by CalOptima Health. Increasing the coordination among Local Education Agencies (LEAs), behavioral health community services and the county mental health plan agency will significantly impact the delivery systems.

The SBHIP goals and metrics are associated with targeted interventions approved by DHCS to increase access for preventive, early intervention and behavioral health services by school-affiliated behavioral health providers for TK–12 children in public schools. Developing partnerships between LEAs and community resources will create a comprehensive and continuous system of care for Medi-Cal students to access the entire scope of available benefits consistent with the national movement of increasing access to Medicaid services in schools.

### SBHIP Goals

- Break down silos and improve coordination of child and adolescent student behavioral health services through increased communication with schools, school-affiliated programs, managed care providers, counties and mental health providers.
- Increase the number of TK–12 students enrolled in Medi-Cal receiving behavioral health services through schools, school-affiliated providers, county behavioral health departments and county offices of education.
- Increase non-specialty services on or near school campuses.
- Address health equity gaps, inequalities and disparities in access to behavioral health services.

### SBHIP Performance Outcome Metrics

- a. Performance Outcome Metric #1: Increase access to behavioral health services (capacity, infrastructure, sustainability, behavioral health service) for Medi-Cal beneficiaries on or near campus
- b. Performance Outcome Metric #2: Increase access to behavioral health services (capacity, infrastructure, sustainability, behavioral health service) for Medi-Cal beneficiaries provided by school-affiliated behavioral health providers

### SBHIP Partners

All 29 Orange County school districts will be participating in SBHIP.

### SBHIP Targeted Interventions

- Behavior Health Screenings and Referrals: Enhance Adverse Childhood Experiences and other age and developmentally appropriate behavioral health screenings to be performed on or near school campuses, and build out referral processes in schools (completed by behavioral health provider), including when positive screenings occur, providers taking immediate steps, including providing brief interventions (e.g., motivational interviewing techniques) on or near school campuses and ensuring access or referral to further evaluation and evidence-based treatment, when necessary.
- Building Stronger Partnerships to Increase Access to Medi-Cal Services: Build stronger partnerships between schools, MCPs and county behavioral health plans so students have greater access to Medi-Cal covered services. This may include providing for technical assistance, training, toolkits, and/or learning networks for schools to build new or expand capacity of Medi-Cal services for students, integrate local resources, implement proven practices, ensure equitable care and drive continuous improvement.
- Technical Assistance Support for Contracts: Medi-Cal managed care plans execute contracts with county behavioral health departments and/or schools to provide preventive, early intervention and behavioral health services. It is expected that this targeted intervention would go above and beyond the MOU requirement.
- Technology Enhancements for Behavioral Health Services: Implement information technology and systems for cross-system management, policy evaluation, referral, coordination, data exchange, and/or billing of health services between the school and the MCP and county behavioral health department.

### PSBHIP Funding Allocation and Targeted Intervention Incentive Payments

- DHCS has allocated \$25 million to Orange County, representing 29 LEA/school districts within the county. Incentive payments will be dispersed by DHCS based on the completion of all DHCS SBHIP requirements.
- CalOptima Health may earn up to 20% of the maximum allocation for each targeted intervention. The remaining 20% may be earned for one additional targeted intervention or be divided among the targeted interventions as deemed appropriate by the MCP.
- Each targeted intervention is capped at 40% of the maximum allocated.

### Program Year 1 – 2022: Required Program Deliverables and Due Dates

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Deliverable	Due Date	Description
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Needs Assessment Package	12/31/2022	Stakeholder Meetings Attestation Data Collection Strategy Needs Assessment Template LEA and Community Resource Map LEA and External Referral Process
Project Plans	12/31/2022	Project Plan(s) outlined for each Targeted Intervention(s).
Receive funding allocation for approved 2022 deliverables	04/2023	Needs Assessment: Up to 50% of Assessment allocation Project Plan: 50% of the Targeted Intervention allocation



## Performance Outcomes

### Cancer Screenings: Cervical Cancer Screening (CCS), Colorectal Cancer Screening (COL), Breast Cancer Screening (BCS)

#### Cervical Cancer Screening (CCS)

A hybrid HEDIS<sup>1</sup> and MCAS<sup>2</sup> measure, Cervical Cancer Screening (CCS) measures the percentage of women ages 21–64 who received one or more screening tests for cervical cancer during or within the three years prior to the measurement year, or five years for women ages 30–64 with HPV co-testing.

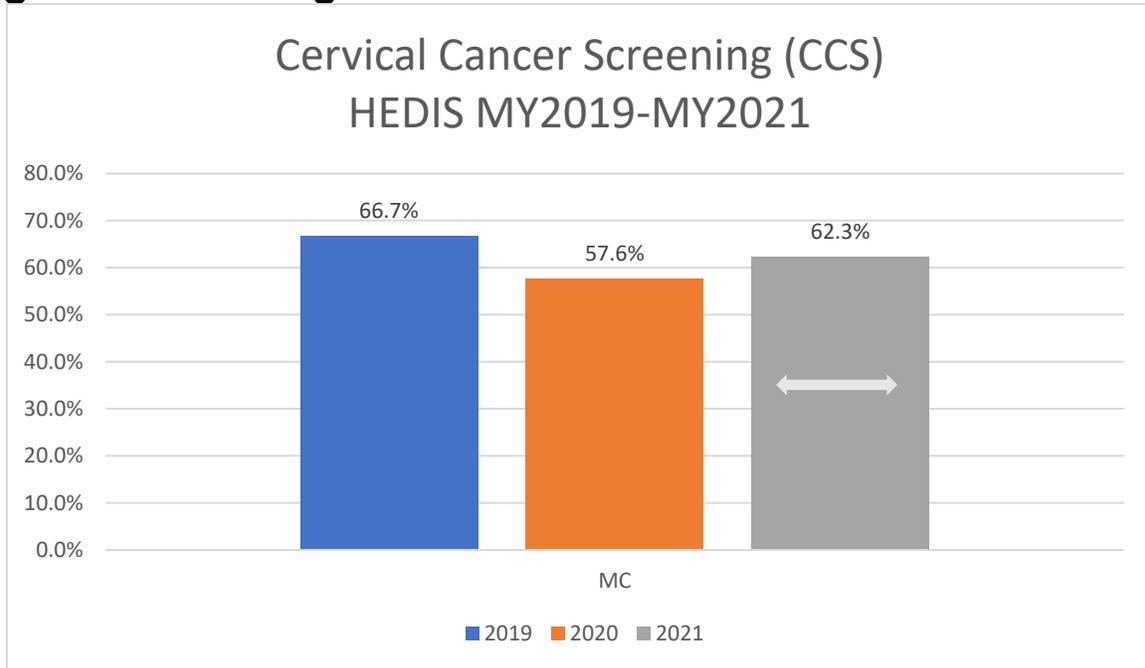
#### Interventions

The 2021 CCS member health reward was promoted through the CalOptima Health website, member newsletters, electronic newsletters and provider newsletters.

#### Findings

Figure 1 below compares CalOptima Health Medi-Cal CCS rates for HEDIS MY 2019–MY2021. The rate increased by 4.7 percentage points from the prior year but there is statistically no difference between MY 2020 to MY 2021. The rate met the minimum performance level (MPL) and the internal goal of 59.12% by 3.2 percentage points (Table 1).

# CCS Figure 1: Trending HEDIS Rates MY 2019–MY 2021 Results: MC



CCS hybrid rate shown. ↓↑ statistically higher or lower ↔ statistically no difference

## CCS Table 1: CCS Measure Medi-Cal Percentiles, Goal and Report Requirements

HEDIS Measure	Percentile, Goal, Reporting Requirements					
	QC 33rd Percentile	QC 66th Percentile	QC 90th Percentile	Goal	Goal Met/Not Met	Reporting Requirements**
<b>Cervical Cancer Screening (CCS)</b>	54.01%	61.08%	67.99%	59.12%	Met	HPR, *MPL, P4V

\*MPL met ++ measure triple weighted for Health Plan Ratings \*\*HPR is health plan ratings, MPL is DHCS Minimum Performance Level, P4V is Pay for Value.

Table 2 examines the race/ethnicity rates for the top 10 race/ethnicity by denominator for the administrative HEDIS MY 2021 rate (n=170,402) population. Race/Ethnicity rates that fell below MPL of 59.12% for Hispanic, White, No Response, Other, Korean, Black, Filipino, Chinese, and Asian/Pacific Islander population. The lowest rate was for members that identified as Other (39.86%) followed by members who identified as Korean (42.27%). Vietnamese members have the highest rates at 65.65% and met the 75th percentile (63.66%) followed by Hispanic members 57.05%.

## CCS Table 2: Medi-Cal Administrative HEDIS MY 2021 Rate by Race/Ethnicity

Admin	Race/Ethnicity									
HEDIS MY 2021	Hispanic	White	Vietnamese	No Response	Other	Korean	Black	Filipino	Chinese	Asian/Pacific Islander
Numerator	34,256	17,023	17,359	13,238	2,786	1,797	1,582	1,455	975	963
Denominator	60,041	34,961	26,443	23,966	6,989	4,251	3,150	2,947	2,245	2,036
Rate	57.05%	48.69%	65.65%	55.24%	39.86%	42.27%	50.22%	49.37%	43.43%	47.30%
KPI (QC 50th %= 59.12%)*	Not Met	Not Met	Met 75th	Not Met	Not Met	Not Met	Not Met	Not Met	Not Met	Not Met

Top 10 race/ethnicity by denominator count. \*Medicaid Quality Compass MY2020 50th percentile.

Table 3 examines rates by age groups for the administrative HEDIS MY 2021 rate (n= 170,402) population. Age groups that fell below MPL of 59.12% were 21–30, 31–44 and 60–64. The lowest rate was for members in age category 21–30 (45.79%) followed by members in age category 60–64. Members in age category 45–59 have the highest rates at 60.07% and met 50th percentile (59.12%)

## CCS Table 3: Medi-Cal Administrative HEDIS MY 2021 Rate by Age

Admin	Age Group				
HEDIS MY 2021	21–30	31–44	45–59	60–64	Grand Total
Numerator	20,368	31,397	31,718	9,526	93,009
Denominator	44,482	55,411	52,801	17,708	170,402
Rate	45.79%	56.66%	60.07%	53.79%	54.58%
KPI (QC 50th %= 59.12%)*	Not Met	Not Met	Met 50th	Not Met	Not Met

Medi-Cal CCS administrative rate by age group. \*Medicaid Quality Compass MY 2020 50th percentile.

### a. CCS Member Health Reward

- CCS health reward mailing was not conducted for MY 2021. There was a decrease in the number of member health rewards submissions from 1,165 in MY 2020 to 555 in MY 2021 (Table 4).

## CCS Table 4: 2021 Cervical Cancer Screening Member Health Reward

Forms Received	HEDIS Qualified	HEDIS Denominator*	HEDIS Eligible Participation Rate
555	458	169,047	0.27%

The HEDIS administrative denominator was used to calculate the participation rate. \* Medi-Cal HEDIS denominator dual eligible beneficiaries are removed.

## Analysis

There was a total of 555 CCS health reward submissions with 533 approved to receive the \$25 gift card. Of the 555 health reward submissions, 458 CCS health reward form submissions remained in the CCS measure denominator and 445 were approved to receive the gift card. The health reward participation rate for the HEDIS MY 2021 CCS measure was 0.27% (458/169,047).

## Barriers

- Members may not be able to complete cervical cancer screening because of lack of general knowledge about the test itself or the physical or psychological discomfort associated with the screening.
- Members may also have a fear about the test and test results and avoid getting screened.
- Members may not be aware of the frequency of screening especially after having a previous screening with a negative result. Approximately 12% of members who remained unscreened at the end of MY 2021 had a history of previously completing a cervical cancer screening.
- There was no direct mailing to members about the CCS health reward mailing in MY 2021, which resulted in a low participation rate.
- The member health reward form requires a signed/stamped attestation by the provider performing the CCS. This may prevent some members from participating in the CCS health reward.
- Providers may be unaware of members who are due for CCS.
- Provider offices may not have the capability of in-office screening and must refer members to specialists.
- Continued hesitancy of going into the medical office for preventive screenings like CCS continued due to COVID-19 pandemic, which may have also affected member submissions of the health reward forms.

## 5. Opportunities for Improvement

### CCS Table 5: MY 2022 Medi-Cal CCS Prospective Rate Results

September 2021		September 2022		
<i>Denominator</i>	<i>Rate</i>	<i>Denominator</i>	<i>Numerator</i>	<i>Rate</i>
172,335	52.48%	191,605	98,507	51.41%

*Claims/Encounters processed through September 2022*

- As of September 2022, the CCS prospective rate was 51.41%, which is lower than the September 2021 prospective rate of 52.48% by 1.07 percentage points (Table 5).
- The hybrid CCS measure reached MPL in MY 2021. The new national benchmark was released in September 2022 and the MPL has decreased from 59.12% to 57.64%. Opportunity remains to increase the hybrid CCS measure to the pre-pandemic level of MY 2019 of 66.7%. The measure should continue to be a high priority for quality initiatives and member engagement.
- In MY 2022, member engagement initiatives that were placed on hold, due to the COVID-19 pandemic and Telephone Consumer Protection Act (TCPA), resumed. These included member reminders and enhanced promotion of the CCS member health rewards. Multiple modes of communication, including direct member mailing, Interactive Voice Response (IVR) campaigns, passive social media posts, and a mobile texting campaign, were performed. The multiple methods of communication will continue in MY 2023.
- At the conclusion of MY 2021, the Population Health Management department identified the top cities and languages for unscreened members who were due for CCS. In collaboration with the

Communications department, this information was used in MY 2022 to develop a digital ad campaign and paid social media campaign in English, Spanish and Vietnamese. These campaigns will continue in MY 2023.

- Additional mass media efforts that began in MY 2022 and will continue for MY 2023. They included radio ads in Spanish and Vietnamese and television ad campaigns on Public Broadcasting Service (PBS).
- Messaging will be more targeted for members previously screened and members will be provided with health education about the frequency of each screening.
- Target higher-risk members with health inequities caused by age or race. For the Medi-Cal population, when examining the top three race/ethnicity groups, White members have the lowest rate of screening as compared with Hispanic and Vietnamese members. In addition, we see that women ages 21–30 are less likely to be screened than women ages 31–44 and women ages 45–59.
- Continue the CCS member health reward through 2023 to allow more time for members to become aware of the reward, and to improve promotion and member engagement efforts.
- Promote the CCS health reward among providers to increase participation in the program and motivate members to schedule and complete their cervical cancer screening. Have greater direct collaboration with CCN providers and health network quality teams.
- CalOptima Health will retain CCS on the 2023 QI Work Plan and continue to focus on preventive care screenings to address expected dips in utilization by conducting multicomponent interventions to increase demand for cervical cancer screening.

## Colorectal Cancer Screening (COL)

A hybrid HEDIS measure, Colorectal Cancer Screening (COL), measures the percentage of members ages 50–75 who had appropriate screening for colorectal cancer, which includes either fecal occult blood test (FOBT) during the measurement year, a flexible sigmoidoscopy during the past five years, or a colonoscopy within the past 10 years.

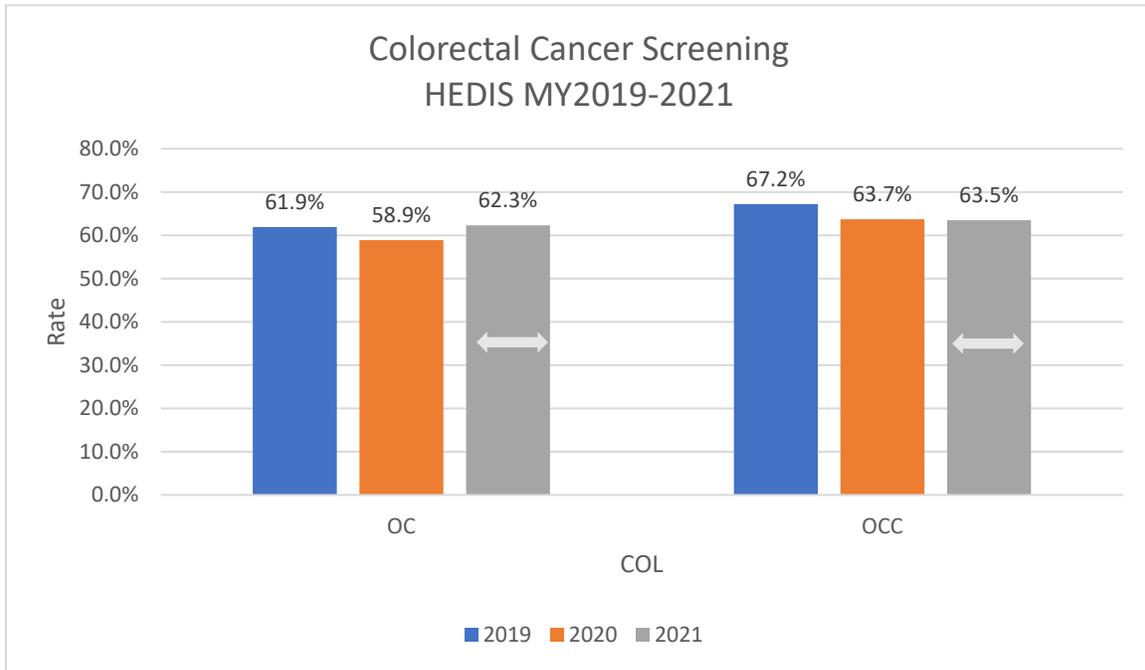
### Interventions

From 1/1/2021 to 12/31/2021, CalOptima Health offered a \$50 gift card to eligible CalOptima Health OneCare and OneCare Connect members who completed a sigmoidoscopy or colonoscopy between January to December 2021. The 2021 COL member health reward was promoted through the CalOptima Health website, member newsletters, electronic newsletters, provider newsletters and member mailings.

### Findings

Figure 1 below compares CalOptima Health COL rates for HEDIS MY 2019–MY 2021 by line of business. The MY 2021 COL hybrid rate for OneCare (OC) was 62.3% (Figure 1). The rate increased by 3.4 percentage points from the prior year but was statistically no difference between MY 2020 to MY 2021. The rate met the projected 3-Star and the internal goal of 62% by 0.3 percentage points (Table 1). The MY 2021 rate for OneCare Connect (OCC) was 63.5%. The rate decreased by 0.2 percentage points from the prior year but was statistically no different between MY 2020 to MY 2021. The rate met the projected 3-Star and the internal goal of 62% by 1.5 percentage points (Table 1).

COL Figure 1: Trending HEDIS Rates MY 2019–MY2021 Results: OC, OCC



COL Hybrid Rate Shown ↓↑ statistically higher or lower ↔ statistically no difference

## COL Table 1: COL Measure OC and OCC Percentiles, Goal and Report Requirements

HEDIS Measure	Percentile, Goal, Reporting Requirements					
HEDIS MY2021	Projected 3-Star**	Projected 4-Star**	Projected 5-Star**	Goal	Goal Met/Not Met	Reporting Requirements**
OC Colorectal Cancer Screening (COL)	62%	71%	80%	62%	Met	Star
OCC Colorectal Cancer Screening (COL)	62%	71%	80%	62%	Met	Star, P4V

\*\*Star cut points are previous year

OneCare: Table 2 examines the race/ethnicity rates for the top 10 race/ethnicity by denominator for the administrative OneCare HEDIS MY 2021 rate (n=1,338) population. Race/ethnicity rates that fell below the CMC MY 2020 Quality Compass 50th percentile of 72.02% for White, Hispanic, No response, Vietnamese, Other, Filipino, Black, and Asian Indian members. The lowest rate is for members that identified as Other (40.00%) but this group has a low denominator count. The lowest rate with substantial denominator count (n > 100) is for Vietnamese members (44.53%). Asian/Pacific Islander members have the highest rate at 84.62% followed by Chinese members at 80.00% but both groups have a low denominator count. The highest rate with substantial denominator count (n>100) is for members who identified as No response (57.54%) followed by White members (55.08%).

## COL Table 2: OneCare Administrative HEDIS MY 2021 Rate by Race/Ethnicity

Admin	Race/Ethnicity									
HEDIS MY 2021	White	Hispanic	No Response	Vietnamese	Other	Filipino	Black	Asian/Pacific Islander	Asian Indian	Chinese
<b>Numerator</b>	271	211	103	61	14	19	13	11	6	8
<b>Denominator</b>	492	392	179	137	35	31	20	13	10	10
<b>HEDIS Rates</b>	55.08%	53.83%	57.54%	44.53%	40.00%	61.29%	65.00%	84.62%	60.00%	80.00%
<b>KPI (QC 50th % 72.02%) *</b>	Not Met	Not Met	Not Met	Not Met	Not Met	Not Met	Not Met	Met 90th	Not Met	Met 75th

Top 10 race/ethnicity by denominator count. \*CMC benchmark are from Quality Compass MY 2020 50th percentile

OneCare Connect: Table 3 examines the race/ethnicity rates for the top 10 race/ethnicity by denominator for the administrative OneCare Connect HEDIS MY 2021 rate (n= 6,439) population. Race/ethnicity rates that fell below the CMC MY 2020 Quality Compass 50th percentile of 72.02% for Hispanic, White, No response, Vietnamese, Other, Asian/Pacific Islander, Black, Filipino and Unknown. The lowest rate was for No response (77.59%) followed by Asian/Pacific Islander members (52.84%). Chinese members have the highest rate at 78.69% followed by members identified as Unknown at 62.20% but both groups have a low denominator count. The highest rate with substantial denominator count (n>100) is for members that identified as Filipino (60.15%) followed by Hispanic members (59.10%).

## COL Table 3: OneCare Connect Total HEDIS MY 2021 Rate by Race/Ethnicity

Admin	Race/Ethnicity									
HEDIS MY 2021	Hispanic	White	No Response	Vietnamese	Other	Asian/Pacific Islander	Black	Filipino	Unknown	Chinese
<b>Numerator</b>	1,075	858	566	379	249	149	79	80	51	45
<b>Denominator</b>	1,819	1,578	1,079	708	429	282	140	133	82	58
<b>Rate</b>	59.10%	54.37%	52.46%	53.53%	58.04%	52.84%	56.43%	60.15%	62.20%	77.59%
<b>KPI (QC 50th % 72.02%) *</b>	Not Met	Not Met	Not Met	Not Met	Not Met	Not Met	Not Met	Not Met	Not Met	Met 75th

Top 10 race/ethnicity by denominator count. \*CMC benchmark are from Quality Compass MY 2020 50th percentile

OneCare: Table 4 examines age group rates for the administrative OneCare HEDIS MY 2021 rate (n=1,338). All age groups fell below the CMC MY 2020 Quality Compass 50th percentile of 72.02%. The lowest rate was for members in age category 75–99 (50.00%) but the category had a low denominator count. The lowest rate with substantial denominator count (n>100) is for age category 65–74 (52.85%). Members in age category 60–64 have the highest rates at 58.60%.

### COL Table 4: OneCare Administrative HEDIS MY 2021 Rate by Age

Admin	Age Group				
HEDIS MY 2021	50–59	60–64	65–74	75–99	Grand Total
<b>Numerator</b>	135	109	482	1	727
<b>Denominator</b>	238	186	912	2	1,338
<b>Rate</b>	56.72%	58.60%	52.85%	50.00%	54.33%
<b>KPI (QC 50th % 72.02%) *</b>	Not Met	Not Met	Not Met	Not Met	Not Met

OneCare COL administrative rate by age group. \*CMC benchmark are from Quality Compass MY 2020 50th percentile

OneCare Connect: Table 5 examines age groups rates for the administrative OneCare Connect HEDIS MY 2021 rate (n=6,439). All age groups fell below the CMC MY 2020 Quality Compass 50th percentile of 72.02%. The lowest rate was for members in age category 50–59 (51.39%). Members in age category 60–64 have the highest rate at 57.84%.

### COL Table 5: OneCare Connect Administrative HEDIS MY 2021 Rate by Age

Admin	Age Group				
HEDIS MY 2021	50–59	60–64	65–74	75–99	Grand Total
<b>Numerator</b>	371	358	2,671	205	3,605
<b>Denominator</b>	722	619	4,743	355	6,439
<b>Rate</b>	51.39%	57.84%	56.31%	57.75%	55.99%
<b>KPI (QC 50th % 72.02%) *</b>	Not Met	Not Met	Not Met	Not Met	Not Met

Medi-Cal CCS administrative rate by age group. \*CMC benchmark are from Quality Compass MY 2020 50th percentile

OneCare: Table 6 examines gender group rates for the administrative OneCare HEDIS MY 2021 rate (n=1,338). All gender groups fell below the CMC MY 2020 Quality Compass 50th percentile of 72.02%. The lowest rate was the male category (52.89%).

## COL Table 6: OneCare Administrative HEDIS MY 2021 Rate by Gender

Admin	Gender		
HEDIS MY 2021	Female	Male	Grand Total
Numerator	398	329	727
Denominator	716	622	1,338
Rate	55.59%	52.89%	54.33%
KPI (QC 50th % 72.02%) *	Not Met	Not Met	Not Met

Medi-Cal CCS administrative rate by age group. \*CMC benchmark are from Quality Compass MY 2020 50th percentile

OneCare Connect: Table 7 examines gender group rates for the administrative OneCare Connect HEDIS MY 2021 rate (n=6,439). All gender groups fell below the CMC MY 2020 Quality Compass 50th percentile of 72.02%. The lowest rate was the male category (54.59%).

## COL Table 7: OneCare Connect Administrative HEDIS MY 2021 Rate by Gender

Admin	Gender		
HEDIS MY 2021	Female	Male	Grand Total
Numerator	1,986	1,619	3,605
Denominator	3,473	2,966	6,439
Rate	57.18%	54.59%	55.99%
KPI (QC 50th % 72.02%) *	Not Met	Not Met	Not Met

Medi-Cal CCS administrative rate by age group. \*CMC benchmark are from Quality Compass MY 2020 50th percentile

### a. COL Member Health Reward

The COL health reward mailing occurred in June 2021 to 310 OC HEDIS unscreened members and to 2,042 OCC HEDIS unscreened members who opted to receive CalOptima Health member mailing (Table 8). There was an increase in the number of member health rewards submissions from 0 in MY 2020 to 5 in MY 2021 for OC and 30 in MY 2020 to 42 in MY 2021 for OCC.

## COL Table 8: MY 2021 Colorectal Cancer Screening Health Reward Mailing Campaign

Line of Business	Forms Mailed	Forms Received	HEDIS Qualified	HEDIS Denominator	HEDIS Eligible Participation Rate
OneCare	310	5	4	1,338	0.30%
OneCare Connect	2,042	42	35	6,439	0.54%

The HEDIS administrative denominator was used to calculate the participation rate.

## Analysis

### a. OneCare

- i. In June 2021, of the 310 members who were mailed the health reward form, 246 members remained in the denominator for the administrative HEDIS MY 2021 COL measure. Sixty-eight (68) members completed a COL screening after the mail drop date with a rate of 5.08% (68/1,338). Of the 5 COL health reward submissions, 4 COL health reward form submissions remained in the COL measure denominator. The health reward participation rate for the HEDIS MY 2021 COL measure was 0.30% (4/1,338).

### b. OneCare Connect

- i. In June 2021, of the 2,042 members who were mailed the health reward form, 1,825 members remained in the denominator for the administrative HEDIS MY 2021 COL measure. A total of 410 members completed a COL screening after the mail drop date with a rate of 6.36% (410/6,439). Of the 41 COL health reward submissions, 35 COL health reward form submissions remained in the COL measure denominator. The health reward participation rate for the HEDIS MY 2021 COL measure was 0.54% (35/6,439).

## Barriers

- Members may not complete their colorectal cancer screening because of lack of general knowledge about the test itself or the physical or psychological discomfort associated with the screening.
- Members may also have a fear about the test and test results and avoid getting screened.
- Members are not aware of the multiple screening options that are available to them and the frequency of screening for each option. CalOptima Health currently does not offer member health incentive for completing colorectal cancer screening via a home testing kit, requiring the member to see a provider to get a test ordered/performed.
- Members may not be aware of the frequency of each screening type especially after having a previous screening with a negative result. For example, approximately 30% of OneCare members who remained unscreened at the end of 2021 had a history of previously completing a colorectal cancer screening.
- The member health reward form requires a signed/stamped attestation by the provider. This may prevent some members from participating in the program.
- The PCP may be unaware of assigned members who are due for COL screenings. PCP offices must refer members to a specialist to complete screening.
- Continued hesitancy of going into medical office for preventive screening like COL continues due to the COVID-19 pandemic, which may have affected member submission of the health reward forms.

## Opportunities for Improvement

### COL Table 9: MY 2022 OC and OCC COL Prospective Rate Results

Line of Business	September 2021		September 2022		
	Denominator	Rate	Denominator	Numerator	Rate
OneCare	1,280	47.50%	1,973	97391	46.68%
OneCare Connect	6,561	50.10%	6,790	3,566	52.52%

Claims/Encounters processed through September 2022

- As of September 2022, the COL OneCare prospective rate is at 46.68%, which is lower than the September 2021 prospective rate of 47.50% by 0.82 percentage points. The COL OneCare Connect prospective rate is at 52.52%, which is higher than the September 2021 rate of 50.10% by 2.42 percentage points (Table 9). On December 31, 2022, the OneCare Connect plan will end and members will transition to OneCare, which may impact rates going forward.
- The hybrid COL measure reached the projected 3 Star rating but did not meet the CMC Quality Compass MY 2020 50th percentile for both OneCare and OneCare Connect. The new national benchmark was released in October 2022 and the 50th percentile has decreased from 72.02% to 71.78%. Opportunity remains to increase the Hybrid COL measure above the pre-pandemic level of MY 2019 of 61.9% for OneCare and 67.2% for OneCare Connect. The COL measure will change in MY 2024 to only reporting via electronic clinical data systems (ECDS). The measure will continue to be a high priority for quality initiatives and member engagement.
- In MY 2022, CalOptima Health resumed member engagement initiatives that were placed on hold due to COVID-19 pandemic and Telephone Consumer Protection Act (TCPA). Member reminders and enhanced participation in the COL member health reward were conducted. Multiple modes of communication were used, including direct member mailing, IVR campaigns and passive social media campaigns. The multi-modes of communication will continue in MY 2023 with the addition of a texting campaign for the Medi-Cal population as the Medicaid product line was added to the administrative data collection method and the age range was revised from ages 50–75 to ages 45–75 in MY 2022.
- At the conclusion of MY 2021, the Population Health Management department identified the top cities and languages for unscreened members due for COL. In collaboration with the Communication department, this information was used in MY 2022 to develop a digital and print ad campaign and paid social media campaign in English, Spanish and Vietnamese. These campaigns will continue in MY 2023.
- Messaging could be more targeted to members who were previously screened. In the messaging, CalOptima Health will include information about the screening options and frequency.
- Target higher-risk members with health inequities caused by age, race or gender. In MY 2022, HEDIS added new data element tables for race and ethnicity stratification reporting to the COL measure. CalOptima Health will target higher-risk members due to health inequities caused by age or ethnicity. For OC and OCC populations, when examining ethnicity, White members had the lowest rate of screening when compared with other ethnic groups. In addition, members ages 65–75 are less likely to be screened than members ages 60–64.
- CalOptima Health will continue the COL member health reward through 2023 to allow more time for members to be aware of the health reward offered. In MY 2022, new rewards and incentive program regulations from CMS require offering rewards uniformly and without discrimination to all enrollees who qualify for the incentive's services; therefore, HEDIS measure age eligibility was removed from the health reward for OneCare and OneCare Connect.
- CalOptima Health will promote the COL health reward among providers to increase participation in the program and motivate members to schedule and complete their colorectal cancer screening. CalOptima Health will seek greater collaboration with CCN providers and health network quality teams.
- CalOptima Health will retain COL for the 2023 QI Work Plan and continue to focus on preventive care screenings to address expected dips in utilization through multimedia awareness messaging and communication.

## Breast Cancer Screening (BCS)

The administrative HEDIS and MCAS measure, Breast Cancer Screening (BCS), measures the percentage of members who are women in the age range of 50–74 years, and have received one or more mammograms on or between October 1 two years prior to the measurement year and December 31 of the measurement year. Figure 1 below compares CalOptima Health BCS rates for HEDIS MY 2019–MY2021 by line of business.

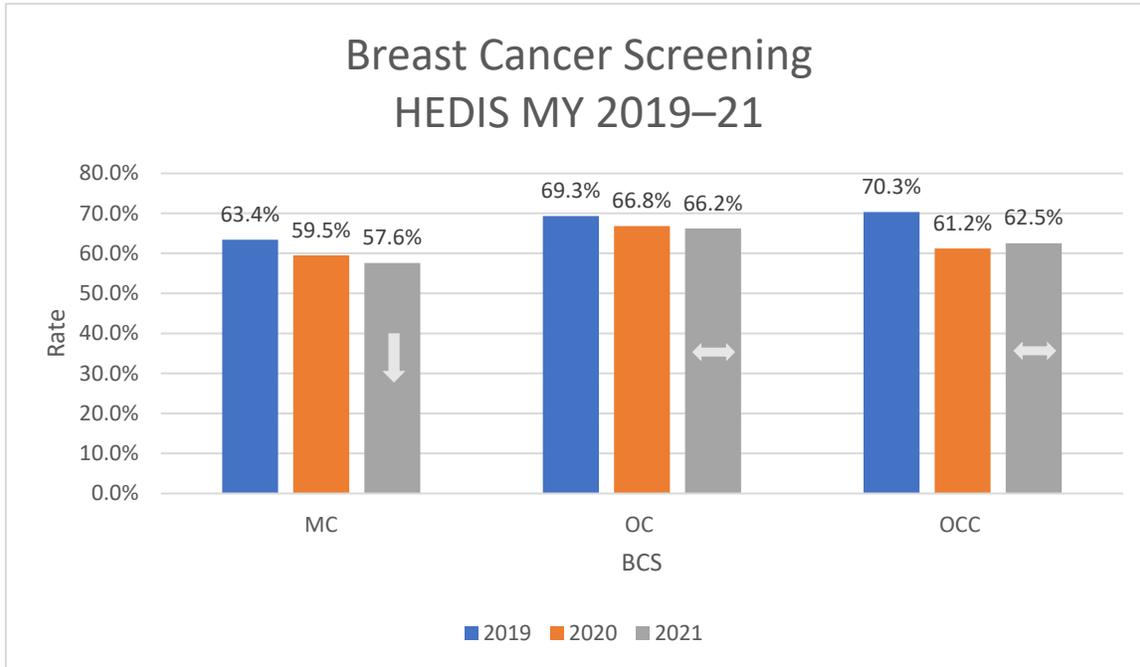
## Interventions

From 1/1/2021 to 12/31/2021, CalOptima Health offered a \$25 gift to eligible Medi-Cal members ages 50–74 and OneCare and OneCare Connect members who completed a breast cancer screening mammogram between January to December 2021. The 2021 BCS member health reward program was promoted through the CalOptima Health website, member newsletters, electronic newsletters, provider newsletters and member mailings.

## Findings

- a. Medi-Cal: CalOptima Health’s HEDIS MY 2021 BCS rate for Medi-Cal (MC) was 57.6% (Figure 1). The rate decreased by 1.9 percentage points from the prior year and was a statistically significant decrease between MY 2020 to MY 2021. The rate met the minimum performance level (MPL) of 53.93% but did not meet the internal goal of 61.24% (Table 1).
- b. OneCare: CalOptima Health’s HEDIS MY 2021 BCS administrative rate for OneCare (OC) was 66.2% (Figure 1). The rate decreased by 0.6 percentage points from the prior year but there was statistically no difference between MY 2020 to MY 2021. The rate met the projected 3-Star of 61% but did not meet the internal goal of 69% (Table 2).
- c. OneCare Connect: CalOptima Health HEDIS MY 2021 BCS administrative rate for OneCare Connect (OCC) was 62.5% (Figure 1). The rate increased by 1.3 percentage points from the prior year but there was statistically no difference between MY 2020 to MY 2021. The rate met the projected 3-Star of 61% but did not meet the internal goal of 69% (Table 2).

# BCS Figure 1: Trending HEDIS Rates MY 2019–21 Results: MC, OC, OCC



BCS Rate Shown ↓ statistically higher or lower ↔ statistically no difference

## BCS Table 1: BCS Measure Medi-Cal Percentiles, Goal and Report Requirements

HEDIS Measure	Percentile, Goal, Reporting Requirements					
HEDIS MY 2021	QC 33rd Percentile	QC 66th Percentile	QC 90th Percentile	Goal	Goal Met/Not Met	Reporting Requirements**
Breast Cancer Screening (BCS)	51.20%	56.72%	63.77%	61.24%	Not Met	HPR, *MPL, P4V

\*MPL met \*\*HPR is health plan ratings, MPL is DHCS Minimum Performance Level, P4V is Pay for Value

## BCS Table 2: BCS Measure OC and OCC Percentiles, Goal and Report Requirements

HEDIS Measure	Percentile, Goal, Reporting Requirements					
HEDIS MY 2021	Projected 3-Star**	Projected 4-Star**	Projected 5-Star**	Goal	Goal Met/Not Met	Reporting Requirements**
OC Breast Cancer Screening (BCS)	61%	69%	76%	69%	Not Met	Star
OCC Breast Cancer Screening (BCS)	61%	69%	76%	69%	Not Met	Star, P4V

\*\*Star cut points are previous year

Medi-Cal: Table 3 examines the race/ethnicity rates for the top 10 race/ethnicity by denominator for the administrative Medi-Cal HEDIS MY 2021 rate (n= 43,983) population. Race/Ethnicity rates fell below MPL of 53.93% for White, Other, Chinese and Black population. The lowest rate was for members who identified as Chinese (46.71%) followed by members who identified as Other (47.05%). Vietnamese members have the highest rate at 66.03% followed by Hispanic members 60.94% and met the 90th percentile (63.77%) and the 75th percentile (58.70%), respectively.

### BCS Table 3: Medi-Cal Administrative HEDIS MY 2021 Rate by Race/Ethnicity

Admin	Race/Ethnicity									
<b>HEDIS MY2021</b>	<i>Hispanic</i>	<i>Vietnamese</i>	<i>White</i>	<i>No Response</i>	<i>Other</i>	<i>Korean</i>	<i>Filipino</i>	<i>Asian/Pacific Islander</i>	<i>Chinese</i>	<i>Black</i>
<b>Denominator</b>	12,738	10,210	8,666	5,432	1,560	1,212	890	866	775	587
<b>Numerator</b>	7,762	6,742	4,119	3,162	734	663	520	476	362	293
<b>HEDIS Rates</b>	60.94%	66.03%	47.53%	58.21%	47.05%	54.70%	58.43%	54.97%	46.71%	49.91%
<b>KPI (QC 50<sup>th</sup> % 53.93%)</b>	Met 75th	Met 90th	Not Met	Met 50th	Not Met	Met 50th	Met 50th	Met 50th	Not Met	Not Met

Top 10 race/ethnicity by denominator count. \*Medicaid Quality Compass MY2020 50<sup>th</sup> percentile.

Table 4 examines the race/ethnicity rates for the top 10 race/ethnicity by denominator for the administrative OneCare HEDIS MY 2021 rate (n= 668) population. Race/ethnicity rates that fell below CMC MY 2020 Quality Compass 50th percentile of 70.34% for Hispanic, White, Filipino, Other, Black, Asian Indian and Chinese members. The lowest rate is for Chinese members (50.00%) but this group has a low denominator count (n< 100). The lowest rate with substantial denominator count (n>100) is for White members (58.57%). Asian/Pacific Islander members have the highest rate at 85.71% followed by Vietnamese members at 78.26% but both groups have a low denominator count. The highest rate with substantial denominator count (n>100) is for Hispanic members at 68.89%.

### BCS Table 4: OneCare Administrative HEDIS MY 2021 Rate by Race/Ethnicity

Admin	Race/Ethnicity									
<b>HEDIS MY2021</b>	<i>Hispanic</i>	<i>White</i>	<i>No Response</i>	<i>Vietnamese</i>	<i>Filipino</i>	<i>Other</i>	<i>Black</i>	<i>Asian/Pacific Islander</i>	<i>Asian Indian</i>	<i>Chinese</i>
<b>Numerator</b>	155	123	66	54	9	9	6	6	4	2
<b>Denominator</b>	225	210	93	69	17	14	11	7	6	4
<b>HEDIS Rates</b>	68.89%	58.57%	70.97%	78.26%	52.94%	64.29%	54.55%	85.71%	66.67%	50.00%
<b>KPI (QC 50<sup>th</sup> % 70.34%)</b>	Not Met	Not Met	Met 50th	Met 75th	Not Met	Not Met	Not Met	Met 90th	Not Met	Not Met

Top 10 race/ethnicity by denominator count. \*CMC benchmark from Quality Compass MY2020 50th percentile.

OneCare Connect: Table 5 examines the race/ethnicity rates for the top 10 race/ethnicity by denominator for the administrative OneCare Connect HEDIS MY 2021 rate (=3,074) population. Race/ethnicity rates that fell below the CMC MY 2020 Quality Compass 50th percentile of 70.34% for Hispanic, White, No Response, Vietnamese, Other, Asian Pacific Islander, Black and Unknown. The lowest rate is for White members (52.17%) followed by members who did not respond to race/ethnicity (56.47%). Filipino members have the highest rate at 84.51% but this group has a low denominator count (n<100). The highest rate with substantial denominator count (n>100) is for Hispanic members at 69.29%.

## BCS Table 5: OneCare Connect Administrative HEDIS MY 2021 Rate by Race/Ethnicity

Admin	Race/Ethnicity									
HEDIS MY 2021	Hispanic	White	No Response	Vietnamese	Other	Asian/Pacific Islander	Black	Filipino	Unknown	Chinese
<b>Numerator</b>	625	372	310	204	127	85	51	60	31	20
<b>Denominator</b>	902	713	549	299	194	139	73	71	45	27
<b>HEDIS Rates</b>	69.29%	52.17%	56.47%	68.23%	65.46%	61.15%	69.86%	84.51%	68.89%	74.07%
<b>KPI (QC 50<sup>th</sup> % 70.34%)</b>	Not Met	Not Met	Not Met	Not Met	Not Met	Not Met	Not Met	Met 90th	Not Met	Met 50th

Top 10 race/ethnicity by denominator count. \*CMC benchmark from Quality Compass MY 2020 50th percentile.

Medi-Cal: Table 6 examines rate by age group for the administrative Medi-Cal HEDIS MY 2021 rate (n=43,983) population. All age groups reached MPL of 53.93%. The lowest rate was for members in age category 65–74 (55.67%) followed by members in age category 50–59 (57.46%). Members in age category 60–64 have the highest rate at 58.81% and met 75th percentile (58.70%).

## BCS Table 6: Medi-Cal HEDIS MY 2021 Rate by Age

Admin	Age Group			
HEDIS MY 2021	50–59	60–64	65–74	Grand Total
<b>Numerator</b>	13,063	8,622	3,668	25,353
<b>Denominator</b>	22,734	14,660	6,589	43,983
<b>Rate</b>	57.46%	58.81%	55.67%	57.64%
<b>KPI (QC 50<sup>th</sup> % 53.93%)*</b>	Met 50th	Met 75th	Met 50th	Met 50th

Medi-Cal BCS rate by age group. \*Medicaid Quality Compass MY 2020 50th percentile.

OneCare: Table 7 examines rate by age group for the administrative OneCare HEDIS MY 2021 rate (n= 668) population. Age groups that fell below MPL of 70.34% were 45–59 and 65–74. The lowest rate was for members in age category 65–74 (64.23%) followed by members in age category 50–59. Members in age category 60–64 have the highest rate at 78.16% and met 75th percentile (76.36%).

### BCS Table 7: OneCare HEDIS MY 2021 Rate by Age

Admin	Age Group			
	50–59	60–64	65–74	Grand Total
HEDIS MY 2021	50–59	60–64	65–74	Grand Total
Numerator	58	68	316	442
Denominator	89	87	492	668
Rate	65.17%	78.16%	64.23%	66.17%
KPI (QC 50th % 70.34%)*	Not Met	Met 75th	Not Met	Not Met

OneCare BCS rate by age group. \*CMC benchmark are from Quality Compass MY 2020 50th percentile

OneCare Connect: Table 8 examines rate by age group for the administrative OneCare Connect HEDIS MY 2021 rate (n= 3,074) population. Age groups that fell below MPL of 70.34% were 45–59, 60–64 and 65–74. The lowest rate was for members in age category 50–59 (53.62%) followed by members in age category 65–74. Members in age category 60–64 have the highest rate at 63.77%.

### BCS Table 8: OneCare Connect HEDIS MY 2021 Rate by Age

Admin	Age Group			
	50–59	60–64	65–74	Grand Total
HEDIS MY 2021	50–59	60–64	65–74	Grand Total
Numerator	148	169	1,605	1,922
Denominator	276	265	2,533	3,074
Rate	53.62%	63.77%	63.36%	62.52%
KPI (QC 50th % 70.34%)*	Not Met	Not Met	Not Met	Not Met

OneCare Connect BCS rate by age group. \*CMC benchmark are from Quality Compass MY 2020 50th percentile

### BCS Health Reward

The BCS health reward mailing occurred in June 2021. The mailing was sent to 222 OC HEDIS unscreened members, 1,785 OCC HEDIS unscreened members, and in November 2021 to 1,069 HEDIS unscreened members that lived within 5 miles from a mobile mammography event location and who opted to receive CalOptima Health member mailings (Table 9). There was a decrease in the number of member health rewards submissions from 681 in MY 2020 to 454 in MY 2021 for MC. There was an increase in the number of member health rewards submissions from 3 in MY 2020 to 10 MY 2021 for OC and 72 in MY 2020 to 87 in MY 2021 for OCC.

## BCS Table 9: MY 2021 Breast Cancer Screening Health Reward Mailing Campaign.

Line of Business	Forms Mailed	Forms Received	HEDIS Qualified	HEDIS Denominator	HEDIS Eligible Participation Rate
Medi-Cal*	1,069	454	242	40,247	0.60%
OneCare	222	10	10	668	1.50%
OneCare Connect	1,785	87	81	3,074	2.64%

The HEDIS administrative denominator was used to calculate the participation rate. \*Medi-Cal HEDIS denominator dual eligible beneficiaries are removed.

### Analysis

#### a. Medi-Cal

In November 2021, of the 1,069 members who were mailed the health reward form, 1,053 members remained in the denominator for the administrative HEDIS MY 2021 BCS measure. Three members completed a breast cancer screening after the mail drop date with a rate of 0.007% (3/40,247). Of the 454 BCS health reward submissions, 242 BCS health reward submissions remained in the BCS measure denominator. The health reward participation rate for the HEDIS MY 2021 BCS measure was 0.60% (242/40,247).

#### b. OneCare

- i. In June 2021, of the 222 members who were mailed the health reward form, 181 members remained in the denominator for the administrative HEDIS MY 2021 BCS measure. Forty-two members completed a breast cancer screening after the mail drop date with a rate of 6.59% (42/668). Of the 10 BCS health reward submissions, 10 BCS health reward form submissions remained in the BCS measure denominator. The health reward participation rate for the HEDIS MY 2021 BCS measure was 1.50% (10/668).

#### c. OneCare Connect

- i. In June 2021, of the 1,785 members who were mailed the health reward form, 1,582 remained in the denominator for the administrative HEDIS MY 2021 BCS measure. Two hundred eighty-two members completed a breast cancer screening after the mail drop date with a rate of 9.17% (282/3,074). Of the 87 BCS health reward submissions, 81 BCS health reward form submissions remained in the BCS measure denominator. The health reward participation rate for the HEDIS MY 2021 BCS measure was 2.64% (81/3,074).

### Barriers

- Members may not complete their breast cancer screening because of a lack of general knowledge about the test itself or the physical or psychological discomfort associated with the the screening.
- Members may also have a fear about the test and test results and avoid getting screened.
- Members may not be aware of the frequency of screening especially after having a previous screening with a negative result. For example, approximately 30% of Medi-Cal members who were unscreened in 2021 had a history of previously completing a mammogram.

- There was no large direct member mailing to Medi-Cal members about the BCS health reward in MY 2021, which resulted in low participation.
- The member health reward form requires a signed/stamped attestation by the PCP or imaging center, which may prevent some members from participating in the BCS health reward.
- PCPs may be unaware of the assigned members who are due for BCS. Members may be unable to schedule a timely appointment at an imaging center.
- Hesitancy of going into a medical office for preventive screenings continued due to the COVID-19 pandemic, which may have affected member submissions of the health reward forms.

## Opportunities for Improvement

### BCS Table 10: MY 2022 MC, OC and OCC BCS Prospective Rate Results

Line of Business	September 2021		September 2022		
	<i>Den</i>	<i>Rate</i>	<i>Den</i>	<i>Num</i>	<i>Rate</i>
Medi-Cal	44,821	50.82%	53,514	29,065	54.31%
OneCare	633	57.35%	1,001	616	61.54%
OneCare Connect	3,124	56.47%	3,200	1,983	61.97%

*Claims/Encounters processed through September 2022*

- As of September 2022, the BCS Medi-Cal prospective rate is 54.31%, which is higher than the September 2021 rate of 50.82% by 3.49 percentage points. The BCS OneCare prospective rate is 61.54%, which is higher than the September 2021 prospective rate of 57.35% by 4.19 percentage points. The BCS OneCare Connect prospective rate is at 61.97% which is higher than the September 2021 rate of 56.47% by 5.50 percentage points (Table 10). On December 31, 2022, the OneCare Connect plan ended and members transitioned to OneCare, which may impact the OneCare rate going forward.
- The BCS measure reached MPL in MY 2021. The new national benchmark for Medi-Cal was released in September 2021 and the MPL has decreased from 53.93% to 50.95%. The BCS measure reached the projected 3-Star rating but did not meet the CMC Quality Compass MY 2020 50th percentile for both OneCare and OneCare Connect. The new national benchmark for Medicare was released in October 2022 and the 50th percentile has decreased from 70.34% to 69.58%. In MY 2023, opportunity remains to increase the BCS measure to the pre-pandemic level of MY 2019 of 63.4% for MC, 69.03% for OC. In MY 2023, the BCS measure will transition to electronic clinical data systems (ECDS) only reporting, and the measure should continue to be a high priority for quality initiatives and member engagement.
- In MY 2022, CalOptima Health resumed member engagement initiatives that were placed on hold due to COVID-19 pandemic and Telephone Consumer Protection Act (TCPA). CalOptima Health conducted member reminders and enhanced participation in the BCS member health reward. Multiple modes of communication including direct member mailing, IVR campaigns, passive social media campaign, as well as the initiation of a texting campaign for Medi-Cal members-only were utilized.
- CalOptima Health also resumed community events in MY 2022. There were collaborative community events with CalOptima Health Community Network (CCN) mobile mammography vendors for the

purpose of informing CCN members of the importance of completing their mammogram. CalOptima Health will continue to promote mobile mammography community events to CCN members in MY2023.

- Mass media efforts, such as a television ad campaign on Public Broadcasting Service (PBS), which began in MY 2022, will continue in MY 2023.
- At the conclusion of MY 2021, the Population Health Management department identified the top cities and languages for unscreened members due for BCS. In collaboration with the Communication department, this information was used in MY 2022 to develop digital and print ad campaigns and paid social media campaigns in English, Spanish and Vietnamese. These campaigns will continue in MY 2023.
- Messaging could be more targeted for members previously screened and the frequency of screening could be provided.
- CalOptima Health will target higher risk members due to health inequities caused by age or race. In MY 2023, HEDIS will add a new data element table for race and ethnicity stratification reporting to the BCS measure. For the MC, OC and OCC population, when looking at the top three race/ethnicity results, White members have the lowest rate of screening when compared with Hispanic and Vietnamese members. In addition, women ages 65–74 are less likely to be screened than women 60–64 years of age.
- CalOptima Health will continue the BCS health reward program through 2023 to allow more time for members to be aware of the health reward offered. In MY 2022, new rewards and incentive program regulation from CMS required to offer rewards uniformly and without discrimination to all enrollees who qualify for the incentive’s services. As such, the HEDIS measure age eligibility was removed from the health reward for OneCare and OneCare Connect.
- CalOptima Health will promote the BCS health reward among providers and imaging centers to increase participation in the program. CalOptima Health will seek to improve direct collaboration with CCN providers and health network quality teams.
- CalOptima Health will retain BCS on the 2023 QI Work Plan and continue to focus on preventive care screenings to address expected dips in utilization through multimedia awareness messaging and communication.



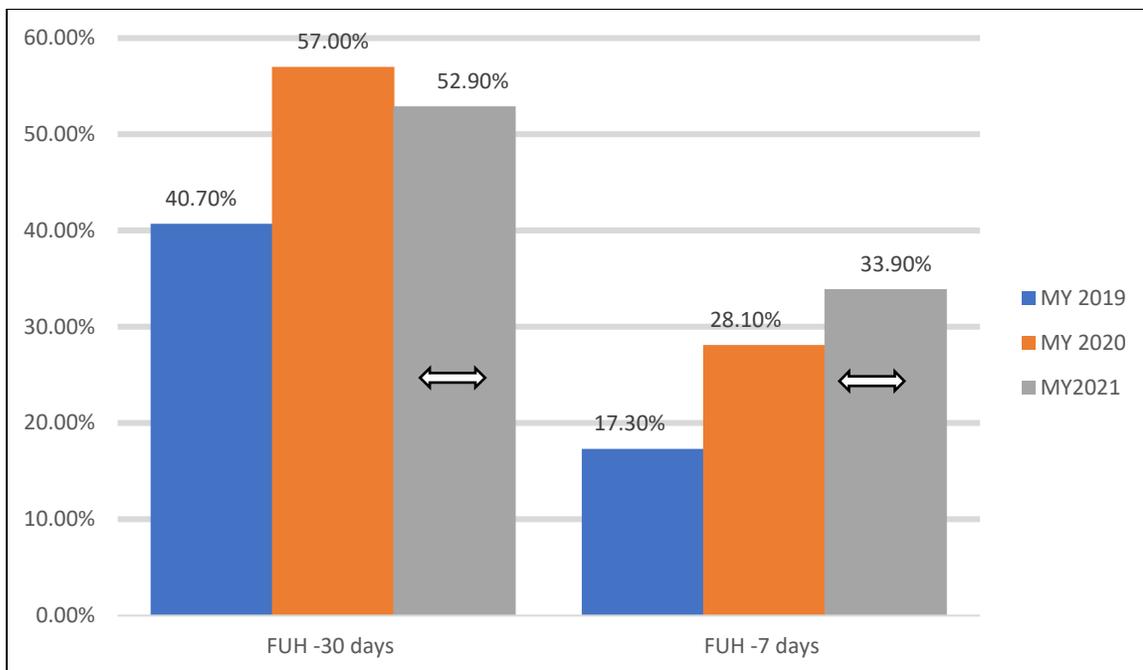
## Follow-Up After Hospitalization for Mental Illness Within 7 and 30 Days of Discharge (FUH)

CalOptima Health’s program assesses the percentage of discharges for members ages 6 and older who were hospitalized for treatment of selected mental illness or intentional self-harm diagnoses and who had a follow-up visit with a mental health provider. Two rates are measured in this program: the percentage of discharges for which the member received follow-up care within 30 days of discharge, as well as the percentage of discharges for the member who received follow-up care within 7 days after discharge.

### Interventions

- The Transition of Care Management (TCM) team continued outreach to members post-discharge to coordinate follow-up appointments and address potential barriers (e.g., transportation). The team continued to build relationships with facilities, behavioral health (BH) providers, and county staff that further increased engagement.
- The TCM team continued weekly clinical round meetings to discuss concurrent reviews and internal coordination interventions.
- In January 2021, CalOptima Health launched the Behavioral Health Integration Incentive Program (BHIIP). The DHCS incentive program allowed plan providers to apply for various projects focused on improving health outcomes, care delivery efficiency and patient experience. Two provider groups were selected for the Improving Follow-Up After Hospitalization for Mental Illness project. In June, the Behavioral Health Integration (BHI) quality team attended a learning collaborative meeting. This meeting provided a discussion regarding successes and barriers for the providers focused on follow-up visits post-discharge.

### Findings



HEDIS Measure	QC 33rd Percentile	QC 66th Percentile	QC 90th Percentile	Goal	Reporting Requirements**
Follow-Up After Hospitalization for Mental Illness (FUH) – 30 Days	41.22%	54.93%	73.03%	56.0%*	Withhold
Follow-Up After Hospitalization for Mental Illness (FUH) – 7 Days ++	22.22%	34.67%	50.74%	34.67%	CMS

\*=less than 3 - Star or 33rd percentile, ++ measure triple weighted for Health Plan Ratings, \*\*Star cut points are previous year ↑ ↓ statistically higher or lower ↔ statistically no difference

## Analysis

In 2021, CalOptima Health’s Health Effectiveness Data Information Set (HEDIS) goal for OCC FUH-30 days was 56%; CalOptima Health fell short of the goal by 3.10 percentage points with a final rate of 52.90%. The goal for FUH-7 days was set at 34.67%. CalOptima Health missed this goal by 0.77 percentage points with a final rate of 33.90%. The 30-day follow-up decreased in 2021 by 4.10 percentage points from the previous year. We have continued to establish a significant upward pattern over the past few years in the 7-day follow-up appointments, which had an increase of 5.8 percentage points in 2021.

## Barriers

- Due to invalid member contact information, the TCM team had difficulty in reaching members and were unable to assist with linkage or confirm follow-up appointments. This issue is especially true for those members experiencing homelessness.
- Rapid readmissions into the hospital after an initial discharge did not allow the TCM team a chance to outreach to some members, which resulted in a missed opportunity for appointment linkage.
- An increased number of members have declined assistance with Outpatient Behavioral Health appointment linkage.

## Opportunities for Improvement

- The TCM team will continue to monitor and conduct post discharge outreach to ensure members are able to schedule and attend follow-up appointments.
- The BHI management team will visit additional hospitals with inpatient psychiatric units to discuss CalOptima Health’s concurrent review and transition of care process and address any questions or concerns.
- The BHI management team will improve collaboration efforts with provider groups selected for the BHIIP project to improve follow-up after hospitalization.



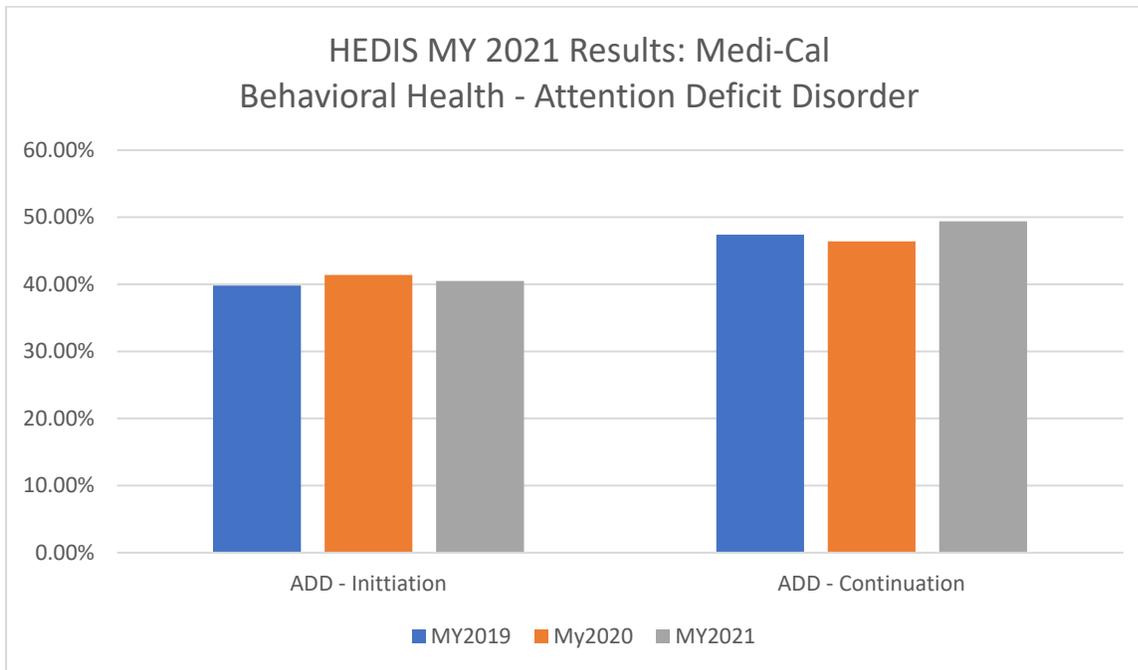
## Follow-Up Care for Children with Prescribed ADHD Medication (ADD)

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

### Interventions

- The BHI Quality Team tracked providers who showed as noncompliant for follow-up visits with members. Providers with a high frequency of noncompliance were sent a letter to educate them on the ADD measure requirements and the importance of follow-up visits with members prescribed ADHD medications.
- The BHI Quality Team tracked members who filled an initial ADHD medication and conducted member outreach to ensure a 30-day follow-up appointment had been scheduled.
- The BHI Quality Team submitted an article for the Spring 2022 edition of CalOptima Health’s member newsletter to educate on the importance of attending follow-up visits with a provider.

## Findings



HEDIS Measure	QC 33rd Percentile	QC 66th Percentile	QC 90th Percentile	Goal	Reporting Requirements**
Follow-up Care for Children Prescribed ADHD Medication (ADD) – Initiation Phase	40.17%	47.74%	55.99%	44.51%	
Follow-up Care for Children Prescribed ADHD Medication (ADD) – Continuation Phase	48.92%	60.35%	67.61%	55.96%	HPR

## Analysis

CalOptima Health’s 2021 HEDIS Initiation Phase final rate was 40.5%, which did not meet the intended goal of 44.51%. The 2021 HEDIS Continuation Phase final rate was 49.4%, which also did not meet the intended goal of 55.96%. The Initiation Phase has not demonstrated slight change over the past three years. The Continuation Phase has demonstrated slight change over the past three years.

## Barriers

- The provider letter was faxed to the fax number on record. We are aware that the fax may not always go to the intended provider to whom the letter was faxed.
- Due to the ongoing COVID-19 PHE, there was limited access to appointment scheduling in a timely manner for the member. This could be attributed to ongoing provider office staffing issues during the PHE.

## Opportunities for Improvement

- The BHI Quality Team will continue to monitor providers not meeting the ADD requirements and conduct outreach efforts to provide education on the importance of follow-up visits with members prescribed ADHD medication.
- The BHI Quality Team will continue to explore opportunities for member outreach to remind families of the importance of attending follow-up visits and will work to identify barriers and assist members with appointment scheduling.
- ADD materials will be updated yearly and the team will distribute new materials to providers and members as part of the outreach effort.



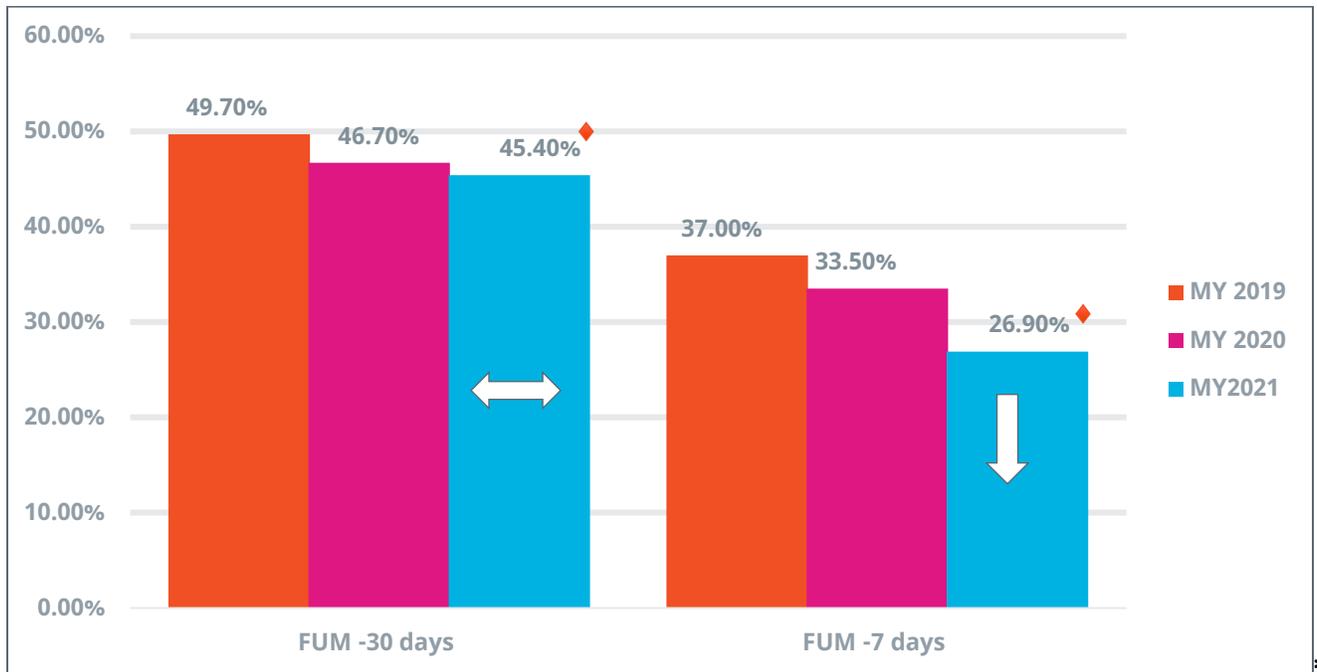
## Follow-Up After Emergency Department Visit for Mental Illness (FUM)

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

### Interventions

- Measure identified as a Health Network (HN) Pay 4 Value (P4V) in MY 2022.
- BHI worked with Information Technology Services (ITS) to create an internal Tableau report to assist in identifying and analyzing potential trends in data (i.e., potential trends for health networks, ED facilities, members, providers, etc.).
- BHI participated in a pilot program to facilitate linkage to BH services post ED visits for a medical condition when a BH need is identified with a few of the local EDs in Orange County.

## Findings



HEDIS Measure	QC 33rd Percentile	QC 66th Percentile	QC 90th Percentile	Goal	Reporting Requirements**
Follow-Up After ED visit for Mental Illness (FUM) – 30 Days	48.41%	60.94%	74.39%	53.54%	
Follow-Up After ED visit for Mental Illness (FUM) – 7 Days ++	32.49%	46.38%	61.36%	38.55%	<b>HPR</b>

◆ =less than 33rd percentile, ++ measure triple weighted for Health Plan Ratings, \*\*Star cut points are previous year ↑ ↓ statistically higher or lower ↔ statistically no difference \*\*HPR = Health plan ratings, MPL= DHCS Minimum Performance Level, P4V= Pay for Value

## Analysis

Findings reflect 2022 reporting year HEDIS Final Rates for MY 2021 data in table above. The BHI department began monitoring year-to-date rates in MY 2022.

## Barriers

- The main barrier for the FUM measures has been obtaining real-time data for ED visits in order to conduct interventions to assist in follow-up visit attendance. Through MY 2022, BHI had access to year-to-date rates from claims data.
- Scheduling appointments with mental health providers may have been challenging for members due to the ongoing pandemic.

## Opportunities for Improvement

CalOptima Health recently began exploring opportunities with the vendor Collective Medical, which provides real-time data related to ED visits. With the ED visit data from Collective Medical, BHI will explore opportunities to conduct member outreach to engage and assist members in providing linkage and support in scheduling follow-up visits.



### Improve HEDIS Measures Related to Comprehensive Diabetes Care (CDC): HbA1c Poor Control

The HEDIS measure Comprehensive Diabetes Care (CDC): HbA1c Poor Control is part of the Medi-Cal Managed Care Accountability Set (MCAS), which is required to meet the minimum performance level (MPL) of 50th percentile as defined by the NCQA National Quality Compass Benchmarks. CDC is defined as members ages 18–75 with diabetes (type 1 and type 2) who had a recent HbA1c level of >9.0% or who are missing a result, or if an HbA1c test was not done during the measurement year (lower is better).

### CDC: HbA1c Poor Control

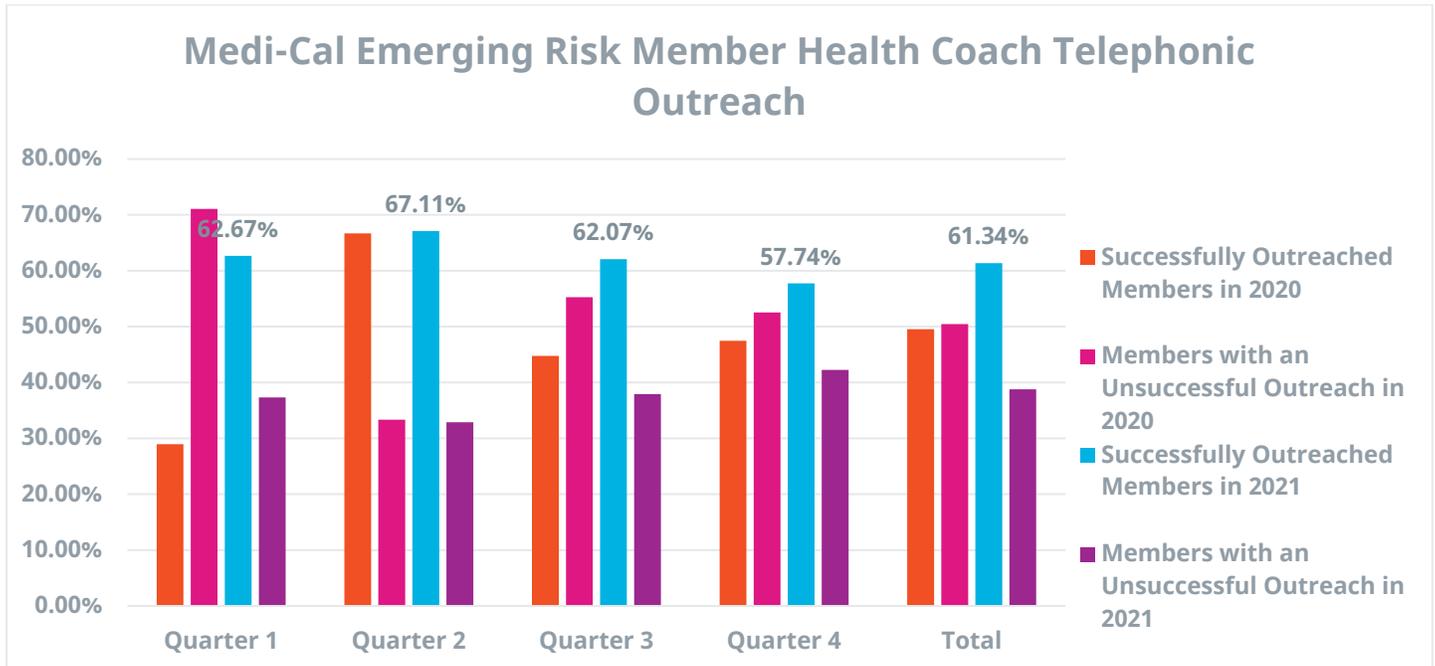
#### Interventions

- **Health Coaching:** To address an emerging risk in a timely fashion, eligible members with diabetes who had an HbA1c test result below 8.0% but tested between 8.0% and 9.0% in their most recent HbA1c test were identified as Emerging Risk members. Telephonic outreach is conducted by a health coach to identify solutions for Emerging Risk members to manage their HbA1c levels below 8.0%.
- **Member Incentive:** CalOptima Health offered a \$25 gift card to eligible Medi-Cal members ages 18–75 who completed an HbA1c test between January to December 2021. The 2021 HbA1c test member health reward programs was promoted through the CalOptima Health website, member and provider newsletters, and social media including Facebook, Instagram and Twitter.

## Findings

The rate of Emerging Risk members with a successful outreach by a Health Coach showed an increase in the trend of successful outreach attempts for each quarter. There was an increased number of members with a reduced HbA1c result in 2021.

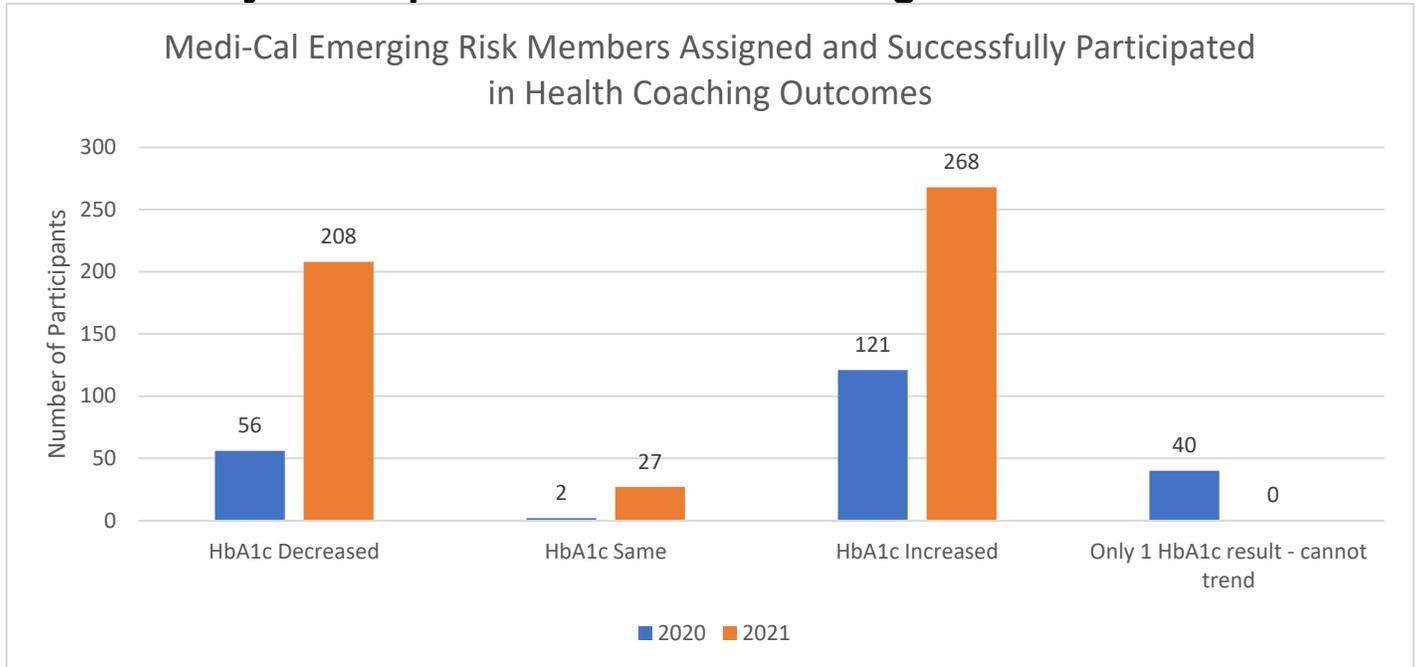
**Figure 1: Medi-Cal Emerging Risk Member Health Coach Telephonic Outreach**



The chart above shows results of the intervention in 2020 and 2021 by quarter. The number of Emerging Risk members (second column), the rate of assigned Emerging Risk members with a successful outreach by a health coach (third column) and rate of assigned Emerging Risk members with an unsuccessful outreach (fourth column).

When comparing the 2020 HbA1c trend to the 2021 HbA1c trend, there was an increased number of members with a reduced HbA1c result in 2021. Figure 2 illustrates in 2021 208 participants had HbA1c outcomes reduced while 268 participants had HbA1c outcomes increased.

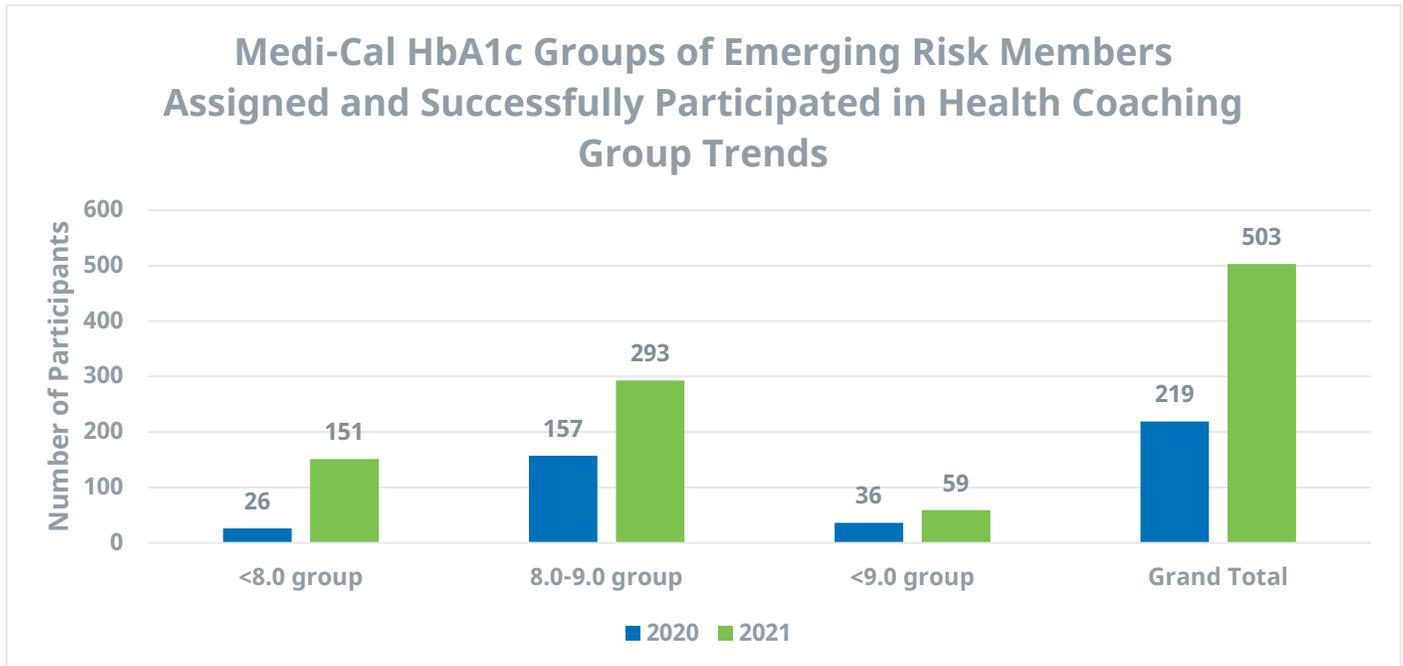
**Figure 2: 2020 and 2021 Emerging Risk Members Assigned and Successfully Participated in Health Coaching Outcomes**



The chart above indicates the results in 2020 and 2021 of the Emerging Risk members' (HbA1c 8.0–9.0) HbA1c trend when comparing their most current HbA1c test against their immediately previous HbA1c result. If a member only had a total of only 1 HbA1c result on their record, they were categorized as "Only 1 HbA1c result-cannot trend." These members were assigned to a Health Coach for telephonic outreach and successfully participated in Health Coaching.

When comparing the rate of 2020 Emerging Risk HbA1c Group of Emerging Risk members that fell into "HbA1c <8.0 group" ( $26/219 = 11.87\%$ ) against the 2021 HbA1c Emerging Risk HbA1c <8.0 group figures ( $151/503 = 30.02\%$ ), the rate improved by 18.15%. Members who participated in telephonic outreach experienced a reduction in their HbA1c. Yet, in 2021 there were 293 members who fell into the Emerging Risk category, an increase when compared with 2020.

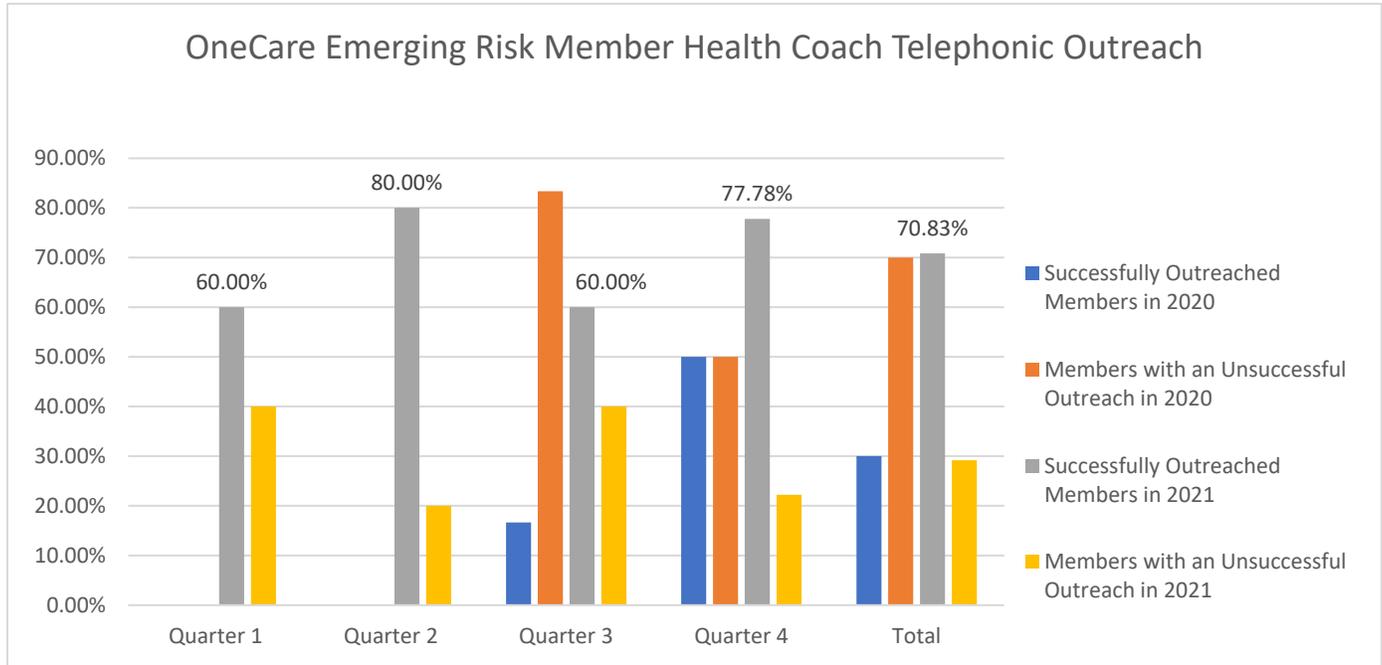
**Figure 3: 2020 Medi-Cal HbA1c Groups of Emerging Risk Members Assigned and Successfully Participated in Health Coaching Group Trends**



The chart above shows the HbA1c groups of assigned Emerging Risk members who successfully participated in Health Coaching and which HbA1c Groups they fell into at the end of 2020 and 2021.

OneCare: When comparing the rates of Emerging Risk members with a successful outreach by a Health Coach for each quarter in 2020 to the respective quarter in 2021, there was trend of increased successful outreach for each quarter. Figure 4 showcases the rate of outreach per assigned member in 2020 and 2021. There was a significant improvement in the rate of successful outreach to members in 2021.

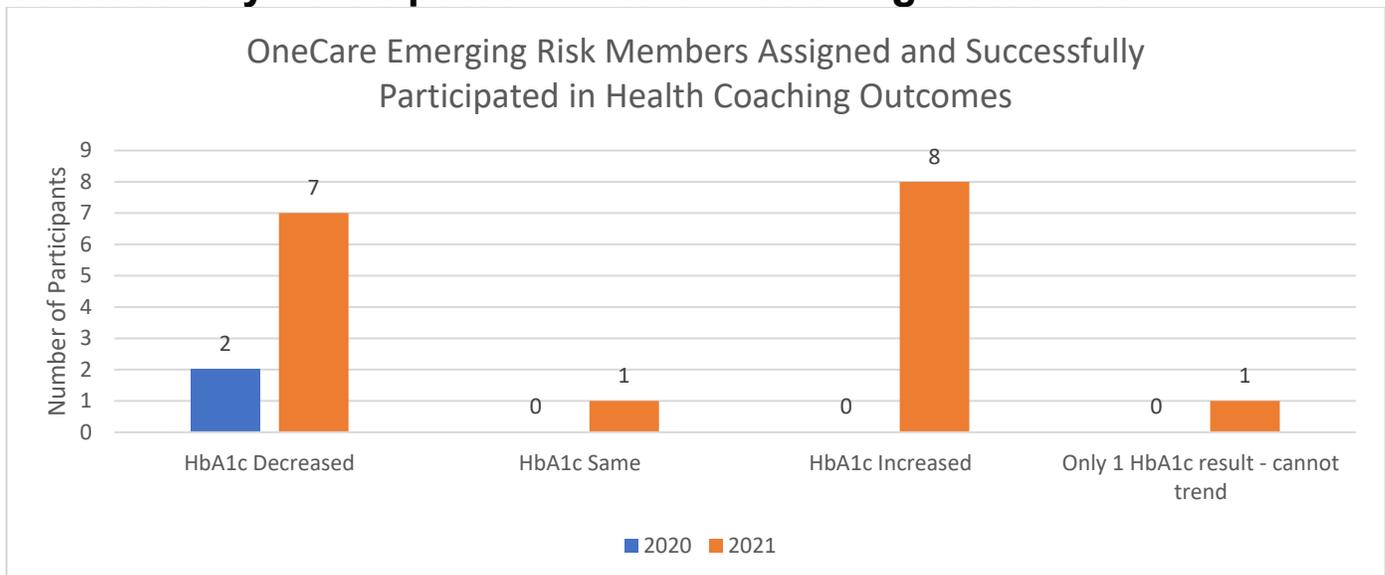
## Figure 4: OneCare Emerging Risk Member Health Coach Telephonic Outreach



The chart above shows results of the intervention in 2020 and 2021 by quarter. The number of Emerging Risk members (second column), the rate of assigned Emerging Risk members with a successful outreach by a health coach (third column) and rate of assigned Emerging Risk members with an unsuccessful outreach (fourth column).

When comparing the 2020 HbA1c trend to the 2021 HbA1c trend, there was an increased number of members with a decreased HbA1c result in 2021. Yet, there was a significant number of members whose HbA1c increased after participating in the program, as depicted in Figure 5.

## Figure 5: OneCare Emerging Risk Members Assigned and Successfully Participated in Health Coaching Outcomes

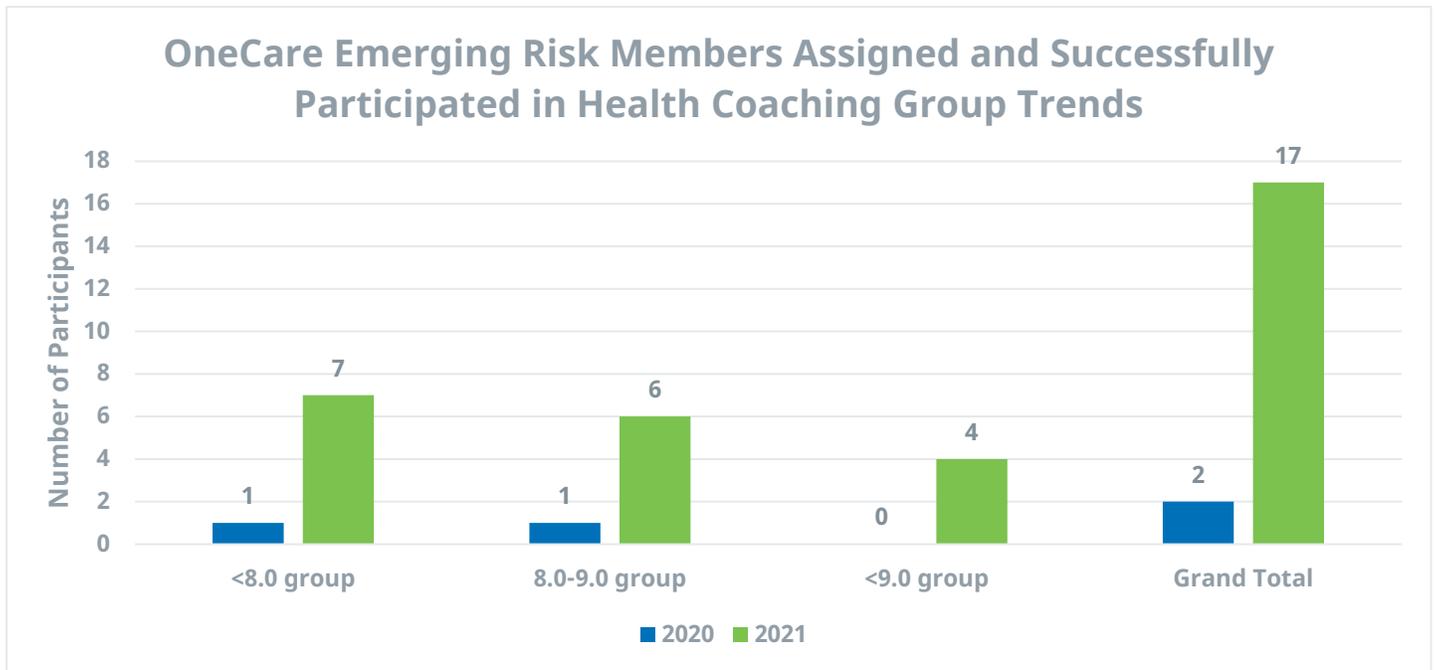


The chart above indicates the results in 2020 and 2021 of the Emerging Risk members' (HbA1c 8.0–9.0) HbA1c trend when comparing their most current HbA1c test against their immediately previous HbA1c result. If a member only had a total of only 1 HbA1c result on their record, they were

categorized as “Only 1 HbA1c result-Cannot trend.” These members were assigned to a Health Coach for telephonic outreach and successfully participated in health coaching.

When comparing the rate of 2020 Emerging Risk HbA1c Group of Emerging Risk members that fell into “HbA1c <8.0 group” (1/2 = 50.00%) against the 2021 HbA1c Emerging Risk HbA1c <8.0 group figures (7/17 = 41.18%), the rate improved by 8.82% but there were more members who were assigned and fell into the HbA1c <8.0 group in 2021. Further details are in Figure 6.

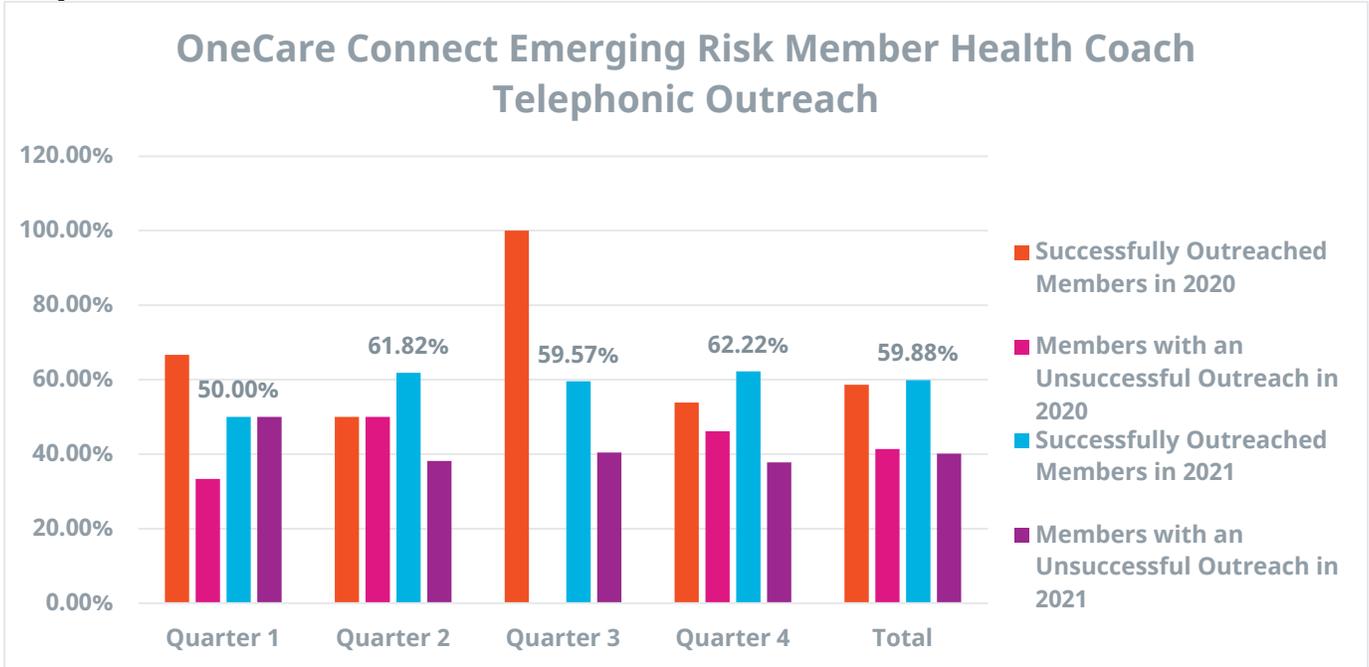
### Figure 6: OneCare HbA1c Groups of Emerging Risk Members Assigned and Successfully Participated in Health Coaching Group Trends



The chart above shows the HbA1c groups of assigned Emerging Risk members who successfully participated in Health Coaching and which HbA1c Groups they fell into at the end of 2020 and 2021.

OneCare Connect: When comparing the rates of Emerging Risk members with a successful outreach by a Health Coach for each quarter in 2020 to the respective quarter in 2021, the trend varied for each quarter but overall, there was an improvement in 2021 by 1.26%.

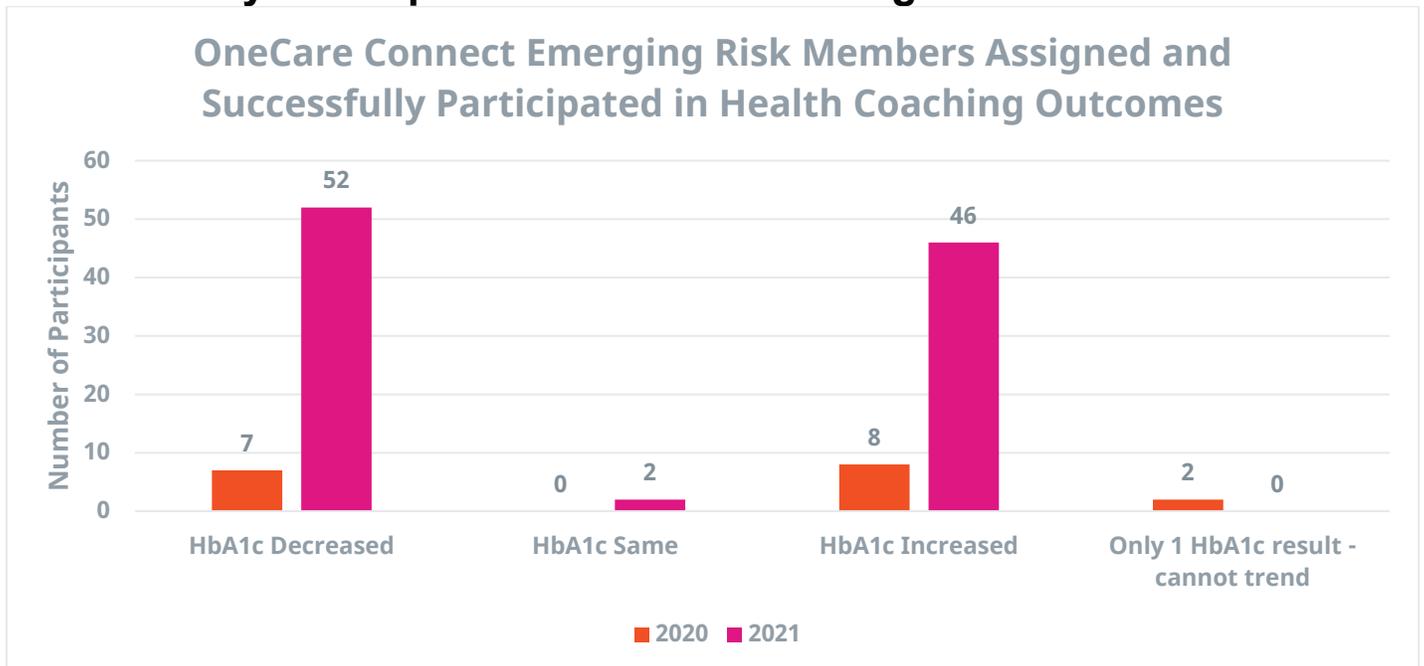
**Figure 7: OneCare Connect Emerging Risk Member Health Coach Telephonic Outreach**



The chart above shows results of the intervention in 2020 and 2021 by quarter. The number of Emerging Risk members (second column), the rate of assigned Emerging Risk members with a successful outreach by a health coach (third column) and rate of assigned Emerging Risk members with an unsuccessful outreach (fourth column).

When comparing the 2020 HbA1c trend to the 2021 HbA1c trend, there was an increased number of members with a decreased HbA1c result in 2021. Figure 8 demonstrates that for the OneCare Connect population in 2021 this program helped reduce the HbA1c for most participants.

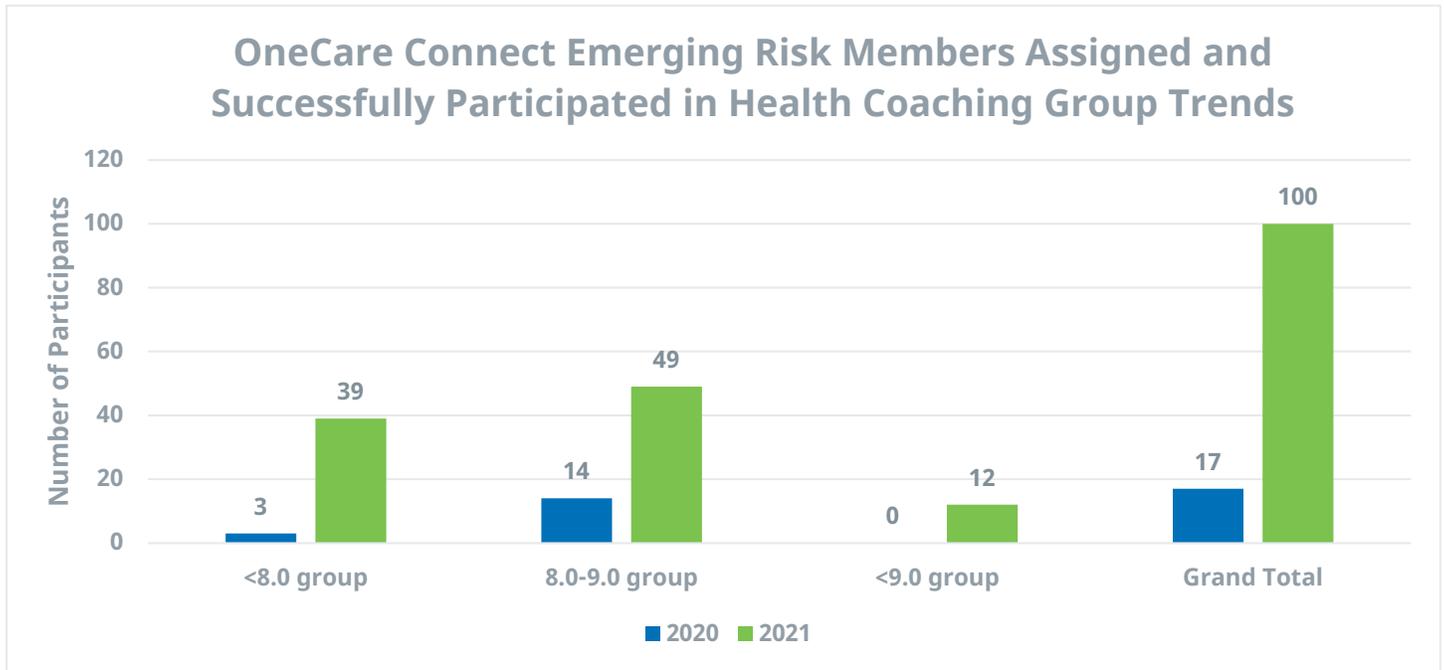
**Figure 8: OneCare Connect Emerging Risk Members Assigned and Successfully Participated in Health Coaching Outcomes**



The chart above indicates the results in 2020 and 2021 of the Emerging Risk members' (HbA1c 8.0–9.0) HbA1c Trend when comparing their most current HbA1c test against their immediately previous HbA1c result. If a member only had a total of only 1 HbA1c result on their record, they were categorized as "Only 1 HbA1c result-Cannot trend." These members were assigned to a Health Coach for telephonic outreach and successfully participated in health coaching.

When comparing the rate of 2020 Emerging Risk HbA1c Group of Emerging Risk members who fell into "A1c <8.0 group" ( $3/17 = 17.65\%$ ) against the 2021 HbA1c Emerging Risk HbA1c <8.0 group figures ( $39/100 = 39.00\%$ ), rate improved by 21.35 percentage points.

### Figure 9: OneCare Connect HbA1c Groups of Emerging Risk Members Assigned and Successfully Participated in Health Coaching Group Trends



The chart above shows the HbA1c groups of assigned Emerging Risk members who successfully participated in health coaching and which HbA1c groups they fell into at the end of 2020 and 2021.

**Table 1: All LOBs HEDIS MY 2021 Rates by Race/Ethnicity CDC HbA1c Testing**

Table 1	Race/Ethnicity									
HEDIS MY 2021	Hispanic	White	Vietnamese	No Response	Other	Filipino	Asian/Pacific Islander	Black	Korean	Asian Indian
<b>Numerator</b>	14,589	4,993	5,190	4,427	1,157	913	758	598	571	480
<b>Denominator</b>	17,274	6,182	5,719	5,223	1,372	1,022	865	753	667	548
<b>Rate</b>	84.46%	80.77%	90.75%	84.76%	84.33%	89.33%	87.63%	79.42%	85.61%	87.59%
<b>KPI (QC 50th %)</b>	89.30%	89.30%	89.30%	89.30%	89.30%	89.30%	89.30%	89.30%	88.66%	89.30%
<b>Met/Not Met</b>	Not Met	Not Met	<b>Met</b>	Not Met	Not Met	<b>Met</b>	Not Met	Not Met	Not Met	Not Met

HEDIS MY 2021 CDC HbA1c Testing submeasure results. Based on the top 10 highest race/ethnicity denominators. Two out of the 10 Race/Ethnicity met the 50th percentile for HbA1c Testing.

**Member Incentive**

Table 2 shows the HbA1c Test member incentive results and participation. When comparing the 2020 response rate to the 2021 response rate, it decreased by 2.98 percentage points.

**Table 2: MY 2020 and MY 2021 Medi-Cal Member Incentive: HbA1c Test**

Measure	HEDIS Non-Compliant Members Eligible		Health Reward Forms Received		Response Rate	
	2020	2021	2020	2021	2020	2021
<b>HbA1c Test</b>	20,532	18,368	863	225	4.20%	1.22%

**HEDIS Rates**

Table 3 below shows the 2021 and 2022 HbA1c Poor Control Prospective Rate Data for Medi-Cal. When comparing the rates from September 2022 and from September 2021, the HbA1c Poor Control measure showed a 5.72 percentage point increase.

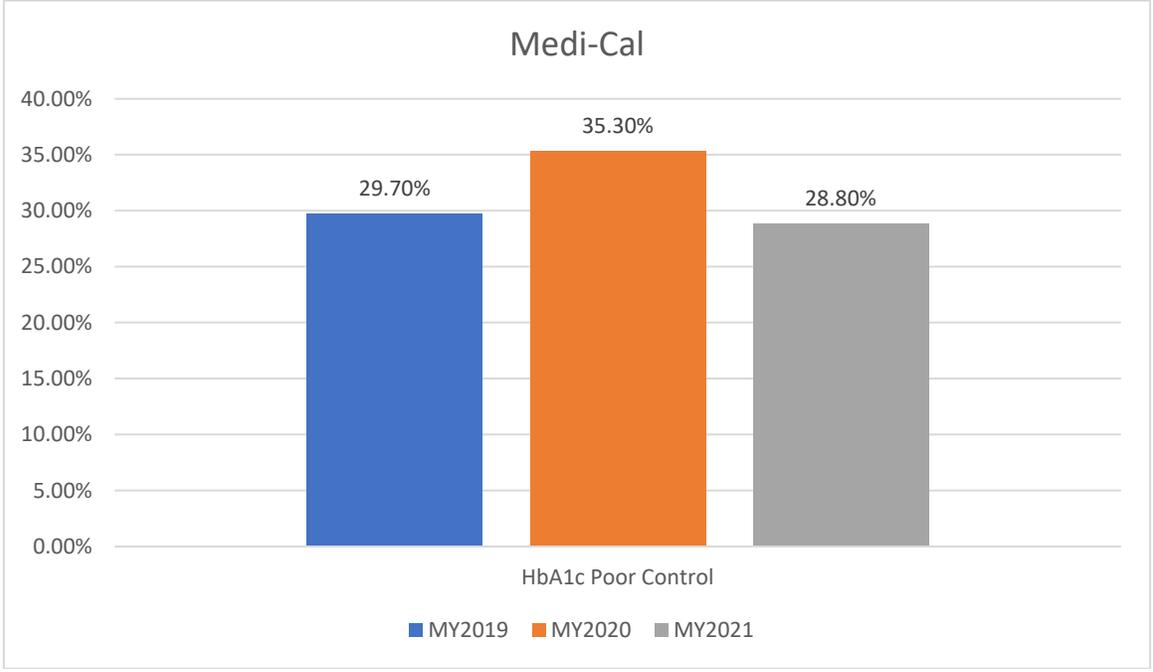
**Table 3: HbA1c Poor Control**

MY 2021 and MY 2022 Prospective Rates	HbA1c Poor Control (This measure evaluates % of members with poor A1C control — lower rate is better)	
Medi-Cal	September 2021	September 2022
<b>Numerator</b>	20,028	21,891
<b>Denominator</b>	34,991	38,738
<b>Rate</b>	57.24%	56.51%
<b>KPI (QC 50th %)</b>	37.47%	43.19%

Met/Not Met	Not Met	Not Met
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The Figure 10 shows the Medi-Cal HEDIS MY 2019, MY 2020, MY 2021 results for HbA1c Poor Control. When comparing MY 2020 to MY 2021 HbA1c Poor Control rates, the rate decreased by 6.5 percentage points.

**Figure 10: CDC HbA1c Poor Control HEDIS Results by Measurement Year: Medi-Cal**

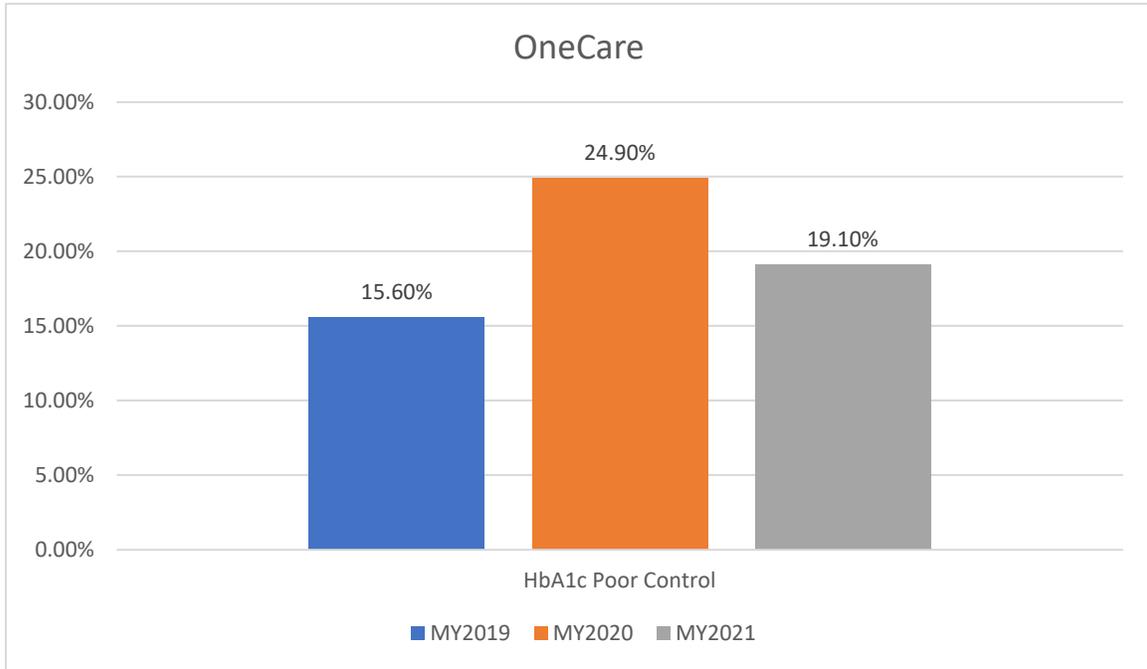


HEDIS Measure	Percentile, Goal, and Reporting Requirements				
	QC 33rd Percentile	QC 66th Percentile	QC 90th Percentile	Goal	Reporting Requirements**
HEDIS MY 2021 Medi-Cal					
HbA1c Poor Control (>9.0%) (Lower is better)	48.18%	39.66%	34.06%	34.06%	++MPL, P4V
Goal Met/Not Met			Goal Met in MY 2021 90th Percentile		

Met 90th percentile in MY 2021 for Medi-Cal. \* MPL met, ++ measure triple weighted for Health Plan Ratings ↑ ↓ statistically higher or lower ↔ statistically no difference \*\*HPR=Health plan ratings, MPL=DHCS Minimum Performance Level, P4V=Pay for Value

Figure 11 shows the OneCare HEDIS MY 2019, MY 2020, MY 2021 results for HbA1c Poor Control. When comparing MY 2020 to MY 2021 HbA1c Poor Control rates, the rate decreased by 5.8 percentage points.

**Figure 11: CDC HbA1c Poor Control HEDIS Results by Measurement Year: OneCare**



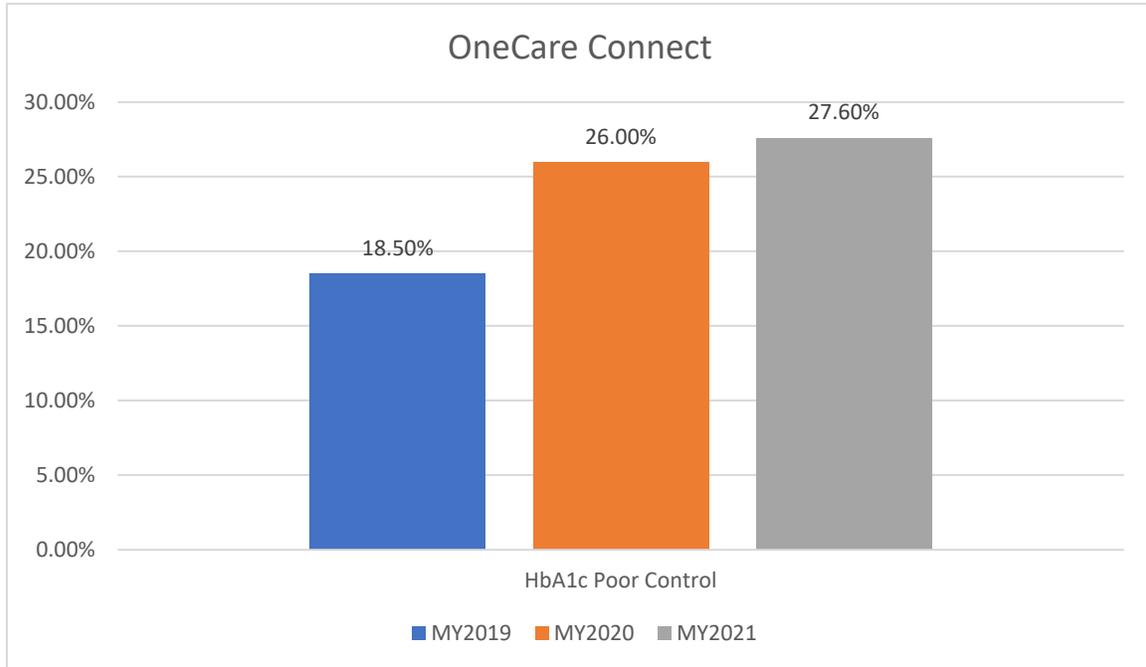
HEDIS Measure	Percentile, Goal, and Reporting Requirements				
	3-Star/33rd percentile	4-Star/66th percentile	5-Star/90th percentile	Goal	Reporting Requirements**
<b>HEDIS MY 2021 OneCare</b>					
<b>HbA1c Poor Control (&gt;9.0%) (Lower is better)</b>	40%	28%	19%	19%	Star
<b>Goal Met/ Not Met</b>		Not Met in MY 2021, reached 66th percentile			

Met the 4-Star/66th percentile in MY 2021 for OneCare.

\*\*Star cut points are previous year ↑ ↓ statistically higher or lower ↔ statistically no difference

Figure 12 shows the OneCare Connect HEDIS MY 2019, MY 2020, MY 2021 results for HbA1c Poor Control. When comparing MY 2020 to MY 2021 HbA1c Poor Control rates, the rate increased by 1.60 percentage points.

**Figure 12: CDC HbA1c Poor Control HEDIS Results by Measurement Year: OneCare Connect**



HEDIS Measure	Percentile, Goal, and Reporting Requirements				
	3-Star/33rd percentile	4-Star/66th percentile	5-Star/90th percentile	Goal	Reporting Requirements**
HEDIS MY 2021 OneCare Connect					
HbA1c Poor Control (>9.0%) (Lower is better)	40%	28%	19%	19%	Star, P4V
Goal Met/Not Met		Not Met in MY 2021, reached 66th percentile			

Met the 4-Star/66th percentile in MY 2021 for OneCare Connect.

\*\*Star cut points are previous year ↑ ↓ statistically higher or lower ↔ statistically no difference.

## Analysis

### a. Health Coaching

#### i. Medi-Cal

1. Goal: By 12/31/2021, the target goal of this intervention is to reduce the number of Medi-Cal Emerging Risk members by 5% for those who participated in the telephonic health coaching intervention.

2. As shown in the Findings section, out of the 503 members who successfully participated in health coaching, 151 members fell into the <8.0 group, which gives a rate of 30.02%. There were 293 members who remained in the 8.0–9.0 group (Emerging Risk) from the 503 members who successfully participated in health coaching, which gives a rate of 58.25%. The target goal for this intervention was to reduce the number of Medi-Cal Emerging Risk members 5% by 12/31/2021, for those who participated in the telephonic health coaching intervention. At the end of 2021, the total number of members who received the telephonic health coaching intervention was 503. To achieve 5%, 26 emerging risk members were needed to be placed in the <8.0 group by the end of the year. The data shows that the Emerging Risk members at the end of 2021 were reduced by 151 Emerging Risk members who participated in the telephonic health coaching outreach being in the <8.0 Group (good control). This indicates that the goal of reducing the Emerging Risk members by 5% was met.

ii. OneCare

1. Goal: By 12/31/2021, the target goal of this intervention is to reduce the number of OneCare Emerging Risk members by 50% for those who participated in the telephonic health coaching intervention.
2. As shown in the Findings section, out of the 17 members who successfully participated in health coaching, 7 members fell into the <8.0 group, which gives a rate of 41.18%. There were 6 members who remained in the 8.0–9.0 group (Emerging Risk) from the 17 members who successfully participated in health coaching, which gives a rate of 35.29%. The target goal for this intervention was to reduce the number of OneCare Emerging Risk members 50% (from baseline of 5) by 12/31/2021, for those who participated in the telephonic health coaching intervention. At the end of 2021, the total number of members who received the telephonic health coaching intervention was 17. To achieve a 50% reduction of that figure, we needed at least 9 Emerging Risk members to be placed in the <8.0 group by the end of the year. The data shows that the 7 Emerging Risk members at the end of 2021 who participated in the telephonic health coaching outreach were placed in the <8.0 Group (good control). This indicates that we did not meet the goal of reducing the Emerging Risk members by 50%.

iii. OneCare Connect

1. Goal: By 12/31/2021, the target goal of this intervention is to reduce the number of OneCare Connect emerging risk members by 5% for those who participated in the telephonic health coaching intervention.

2. As shown in the Findings section, out of the 100 members who successfully participated in health coaching, 39 members fell into the <8.0 group, which gives a rate of 39%. There were 49 members who remained in the 8.0–9.0 group (Emerging Risk) from the 100 members who successfully participated in health coaching, which gives a rate of 49%. The target goal for this intervention was to reduce the number of OneCare Connect Emerging Risk members by 5% by 12/31/2021, for those who participated in the telephonic health coaching intervention. At the end of 2021, the total number of members who received the telephonic health coaching intervention was 100. To achieve a 5% reduction of that figure, at least 5 Emerging Risk members needed to be placed in the <8.0 group by the end of the year. The data shows that 39 Emerging Risk members at the end of 2021 who participated in the telephonic health coaching outreach were placed in the <8.0 Group (good control). This indicates that we met the goal of reducing the Emerging Risk members by 5%.

b. Member Incentive

- i. In MY 2020 of the 20,532 who were eligible for the HbA1c Test member health reward, 863 submitted HbA1c Test health reward forms, yielding a 4.20% response rate.
- ii. In MY 2021 of the 20,532 who were eligible for the HbA1c Test member health reward, 863 submitted HbA1c Test health reward forms, yielding a 4.20% response rate.

## Barriers

c. Barriers encountered during the Health Coach telephonic outreach include:

- i. There was limited capacity for the health educators to conduct outbound calls due to their competing volume of daily tasks.
- ii. The Health Coaches had difficulty with scheduling appointments. Appointments are scheduled far out, especially for endocrinologists due to their limited office hours.
- iii. With the COVID-19 pandemic, telehealth appointments were difficult for some members to perform due to the lack of access to a smartphone or not understanding the instructions on how to connect to a video call.
- iv. Members rely on natural remedies to reduce their blood sugar.
- v. Members face challenges with access to broadband/internet based on their economic status or place of residence.
- vi. Members may require transportation to attend appointments and may not be aware of their transportation benefits.

d. Barriers encountered for member incentive include:

- i. Members may continue to be reluctant to go to their provider's office due to the COVID-19 pandemic.

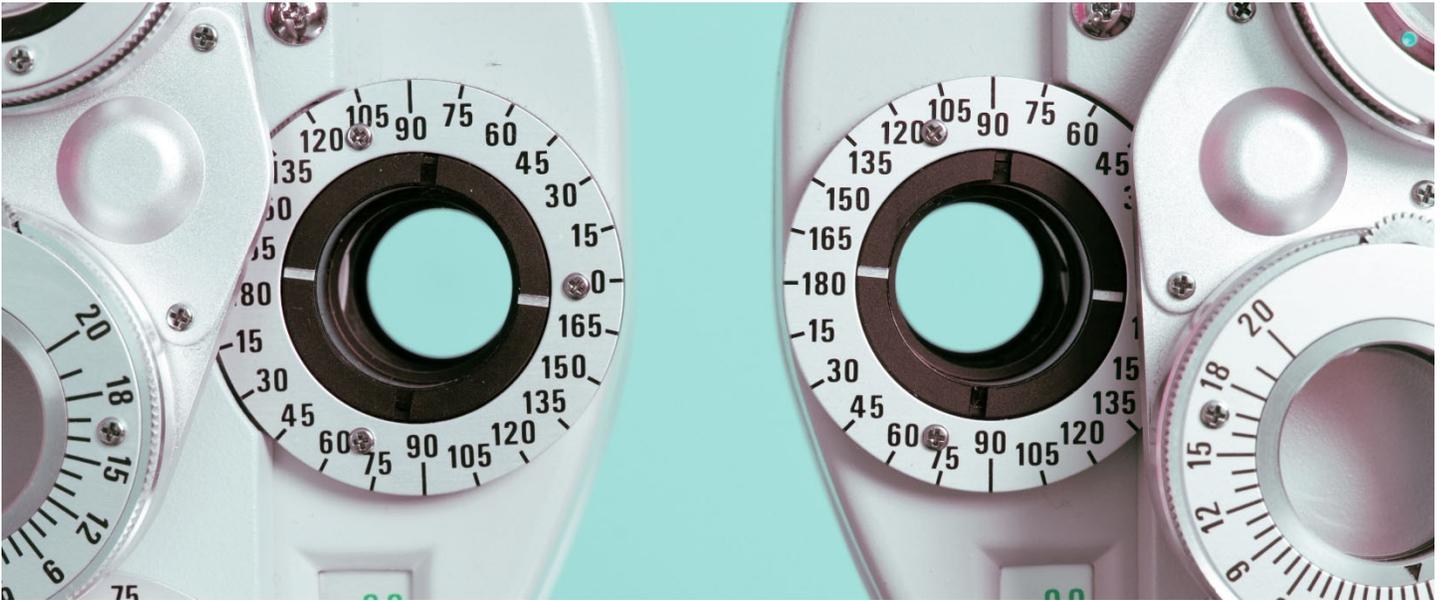
- ii. Incomplete Forms: HbA1c test reward forms regularly came back with the HbA1c value field empty, or members completed the form themselves with a blood sugar value reading rather than a HbA1c test value.
- iii. Our current process may be a barrier for members to complete forms and acquire signatures.
- iv. Many members completed and submitted the forms without having the test performed. Some of the forms submitted contained old dates of service, which disqualified them for receiving the member incentive.
- v. Members gave the form to their provider assuming the provider will fax the completed form to CalOptima Health. However, CalOptima Health often did not receive those submissions.
- vi. Members submit the form but with a date of service outside the incentive timeframe.
- vii. The HbA1c testing is usually performed quarterly or as directed by a provider. This may have led to member lab visit fatigue due to the frequent lab visits for testing.
- viii. In 2021, CalOptima Health did not conduct member mailers for HbA1c due to budget limitations with mailing health reward forms to eligible members.
- ix. It was observed that the Electronic Health Record (EHR) often lacked data or was missing lab data. This impacted the measure because we were unable to distinguish compliant from noncompliant members.
- x. Members who did not qualify for the member incentive rewards, including OneCare, OneCare Connect and Kaiser members, attempted to participate in the program.
- xi. Members who were not diagnosed as diabetic attempted to participate in member incentive rewards.

## Opportunities for Improvement

### e. Health Coaching

- i. Instruct Health Coaches to assist members with scheduling appointments whenever possible. Teach members how to navigate the health system and telehealth appointments. Encourage members to communicate needs and challenges timely to their provider.
- ii. During outbound calls, conduct a short questionnaire screening for social determinants of health and connect members with other resources to assist with specific needs.
- iii. Update telephonic scripting to mention diabetic resources and telehealth options.
- iv. Seek ways to improve data needs and streamline how members are assigned to Health Coaches moving from manual to an automated method.

- v. Conduct a multilayered analysis of membership data by volume, ZIP code, ethnicity and age groups to determine if social determinants of health that may be creating barriers for CalOptima Health members. Moving forward, additional analysis is needed to create appropriate programs that will make an impact to address barriers and inequities among the targeted groups in the regions we serve.
- f. Member Incentive
- i. Need to improve and place a greater emphasis on compliance with diabetic HbA1c testing and eye exams. Along with all other incentives, there should be a more concerted effort for greater promotion and marketing of the diabetes member rewards through the health networks, CCN providers and the community.
  - ii. Reiterate the importance of fully completing the member health reward forms and following up with the provider, through provider fax updates or phone calls to the provider offices.
  - iii. Consider adding mail distribution costs to the budget for the mailing of health reward forms to eligible members to increase awareness.
  - iv. Leverage social media as a platform to encourage HbA1c testing.
  - v. Allocate resources to improve data collection and access to an EHR by improving lab data completion.
  - vi. Collaborate closely with community partners when implementing health rewards to raise member awareness.
  - vii. Conduct current member data analysis considering age groups, ethnicity and ZIP codes for non-compliance trends and to strategize for better outcomes.



## Improve HEDIS Measures Related to Comprehensive Diabetes Care (CDC): Eye Exam

Comprehensive Diabetes Care (CDC): Eye Exam is defined as members ages 18–75 with diabetes (type 1 and type 2) who had a recent retinal eye exam during the measurement year. Screening or monitoring for diabetic retinal disease as identified by administrative data.

### CDC: Eye Exam

#### Interventions

Member Incentive: CalOptima Health offered a \$25 gift card to eligible Medi-Cal members ages 18–75 who completed a diabetes retinal eye exam test between January to December 2021. The 2021 Eye Exam member health reward was promoted through the CalOptima Health website, member and provider newsletters, and social media, including Facebook, Instagram and Twitter.

#### Findings

Member Incentive: Table 1 below shows the Eye Exam member incentive results. When comparing the 2020 response rate to the 2021 response rate, it decreased by 4.21 percentage points.

**Table 1: Member Incentive**

MY 2020 – MY 2021 Medi-Cal Member Incentive: Eye Exam						
	<i>HEDIS Non-Compliant Members Eligible</i>		<i>Health Reward Forms Received</i>		<i>Response Rate</i>	
Measure	2020	2021	2020	2021	2020	2021
Eye Exam	15,196	22,884	736	144	4.84%	0.63%

Table 2 shows the 2021 and 2022 Eye Exam Prospective Rate Data for Medi-Cal. When comparing the rates from September 2022 and from September 2021, the Eye Exam measure showed a 7.28 percentage point decrease.

## Table 2: Eye Exam

MY 2021 and Prospective Rates for MY 2022	Eye Exam	
Medi-Cal	September 2021	September 2022
Numerator	16,044	17,524
Denominator	34,991	38,738
Rate	45.85%	45.24%
KPI (QC 50th %)	58.64%	51.36%
Met/Not Met	Not Met	Not Met

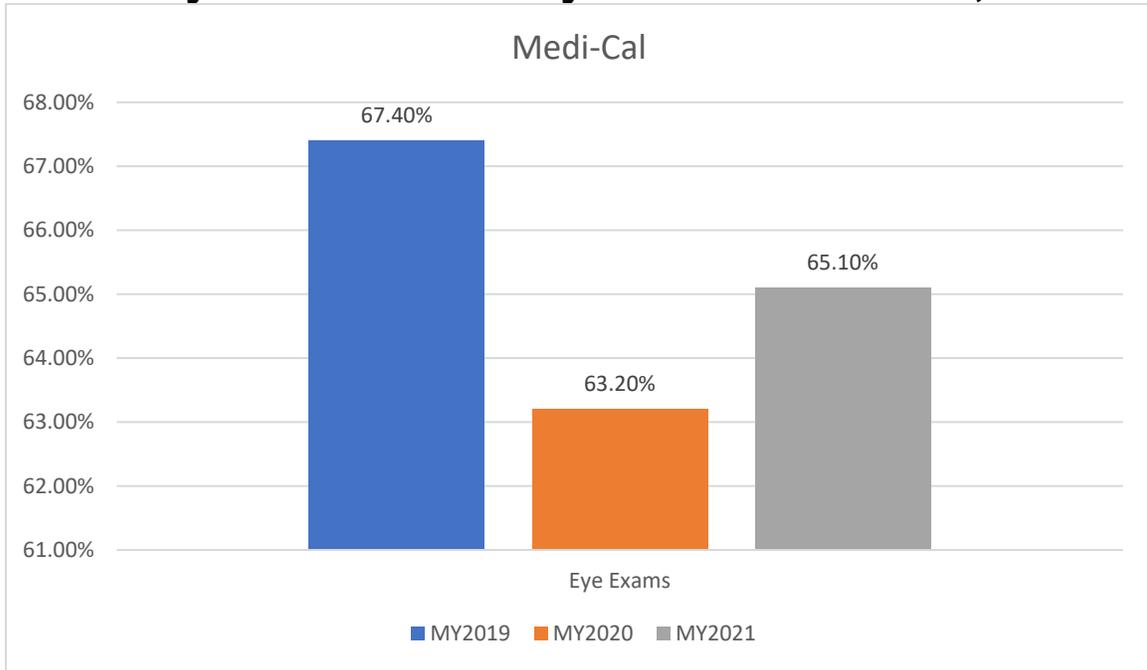
## Table 3: All LOBs HEDIS MY 2021 Rates by Race/Ethnicity CDC Eye Exam

Admin	Race/Ethnicity									
HEDIS MY 2021	Hispanic	White	Vietnamese	No Response	Other	Filipino	Asian/Pacific Islander	Korean	Black	Asian Indian
Numerator	8,614	2,484	3,295	2,442	580	542	423	384	327	285
Denominator	15,715	5,358	5,294	4,591	1,149	890	714	654	653	499
Rate	54.81%	46.36%	62.24%	53.19%	50.48%	60.90%	59.24%	58.72%	50.08%	57.11%
KPI (QC 50th %)	63.35%	63.35%	63.35%	63.35%	63.35%	63.35%	63.35%	63.35%	62.15%	63.35%
Met/Not Met	Not Met	Not Met	Not Met	Not Met	Not Met	Not Met	Not Met	Not Met	Not Met	Not Met

*HEDIS MY 2021 CDC Eye Exam submeasure results. Based on the top 10 highest race/ethnicity denominators. Out of the 10 Race/Ethnicity listed above, none met the 50th percentile for Eye Exam.*

Figure 1 below shows the Medi-Cal HEDIS MY 2019, MY 2020, MY 2021 results for Eye Exam. When comparing MY 2020 to MY 2021 Eye Exam rates, the rate increased by 1.9 percentage points.

**Figure 1: CDC Eye Exam Results by Measurement Year, Medi-Cal**

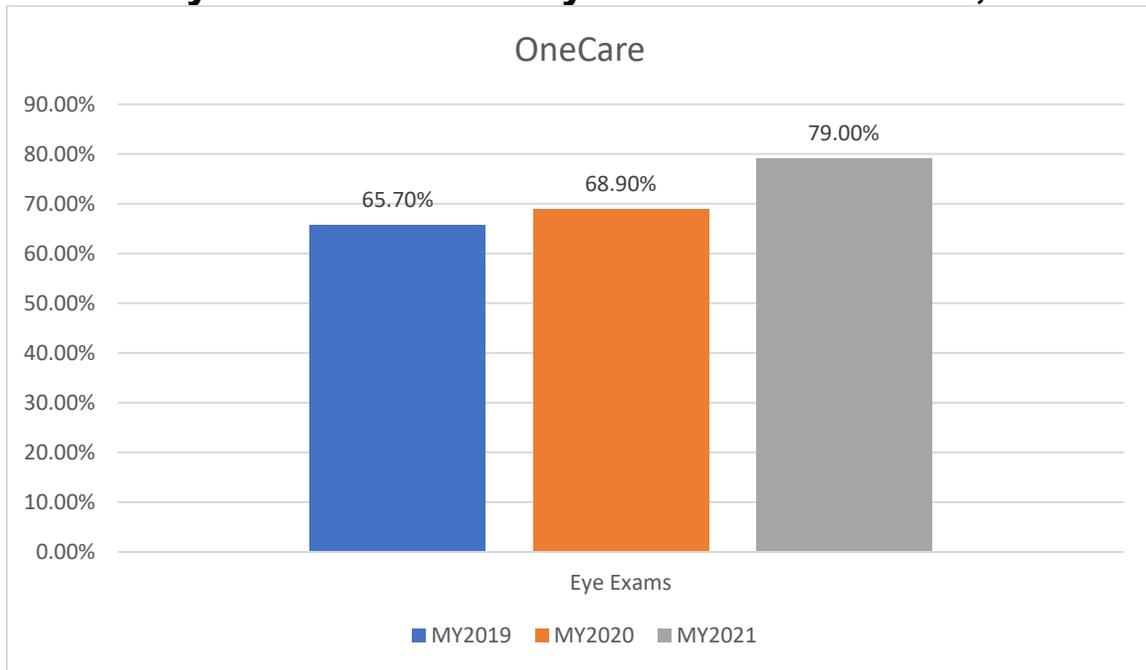


HEDIS Measure	Percentile, Goal and Reporting Requirements				
	QC 33rd Percentile	QC 66th Percentile	QC 90th Percentile	Goal	Reporting Requirements**
HEDIS MY 2021 Medi-Cal					
Eye Exam	54.26%	63.26%	71.23%	71.23%	HPR
Goal Met/Not Met		Goal not met in MY 2021, met 66th Percentile			

Met 66th percentile in MY 2021 for Medi-Cal. ++ measure triple weighted for Health Plan Ratings ↑ ↓ statistically higher or lower ↔ statistically no difference \*\*HPR=Health plan ratings, MPL=DHCS Minimum Performance Level, P4V=Pay for Value

Figure 2 shows the OneCare HEDIS MY 2019, MY 2020, MY 2021 results for Eye Exam. When comparing MY 2020 to MY 2021 Eye Exam rates, the rate increased by 10.1 percentage points.

**Figure 2: CDC Eye Exam Results by Measurement Year, OneCare**

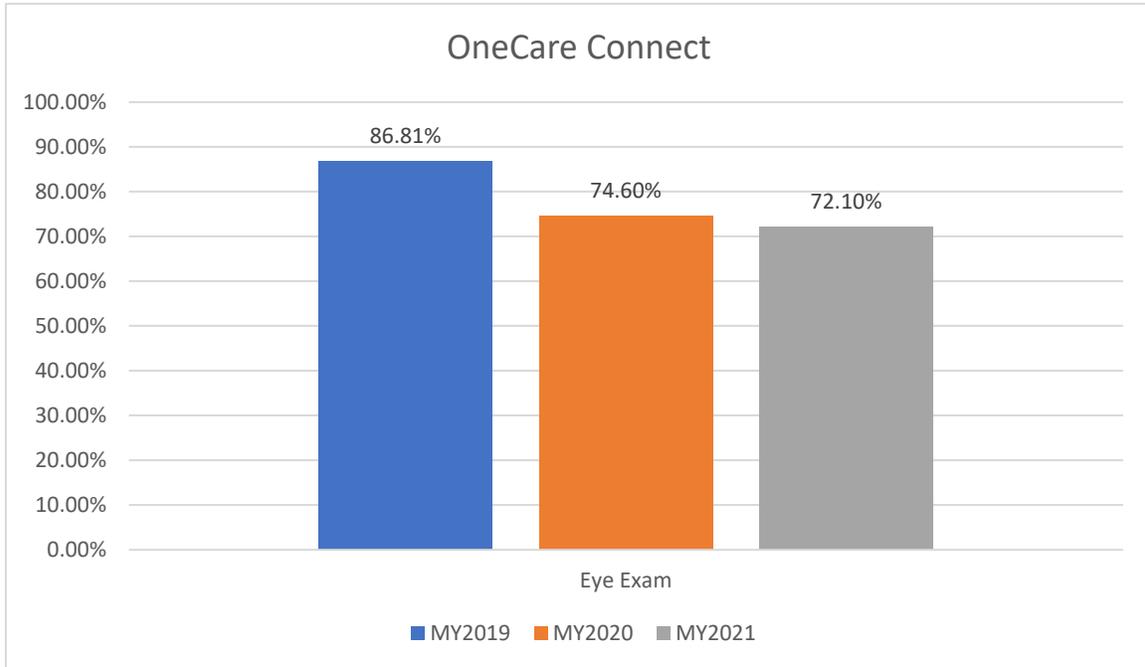


HEDIS Measure	Percentile, Goal and Reporting Requirements				
	HEDIS MY 2021 OneCare	3-Star/33rd percentile	4-Star/66th percentile	5-Star/90th percentile	Goal
Eye Exam	62%	71%	79%	<b>71%</b>	Star
Goal Met/Not Met			Goal met in MY 2021, met 90th Percentile		

*Met 5-Star/90th percentile in MY 2021 for OneCare. \*\*Star cut points are previous year ↑ ↓ statistically higher or lower ↔ statistically no difference*

Figure 3 shows the OneCare Connect HEDIS MY 2019, MY 2020, MY 2021 results for Eye Exam. When comparing MY 2020 to MY 2021 Eye Exam rates, the rate decreased by 2.50 percentage points.

**Figure 3: CDC Eye Exam Results by Measurement Year, OneCare Connect**



HEDIS Measure	Percentile, Goal and Reporting Requirements				
	3-Star/33rd percentile	4-Star/66th percentile	5-Star/90th percentile	Goal	Reporting Requirements**
HEDIS MY 2021 OneCare Connect					
Eye Exam	62%	71%	79%	79%	Star
Goal Met/Not Met		Goal not met in MY 2021, met 66th Percentile			

Met 4-Star/66th percentile in MY 2021 for OneCare Connect. \*\*Star cut points are previous year ↑ ↓ statistically higher or lower ↔ statistically no difference

**Analysis**

Member Incentive: In MY 2020 of the 15,196 who were eligible for the Eye Exam member health reward, 736 submitted Eye Exam health reward forms, yielding a 4.84% response rate. In MY 2021, the response rate was 0.63% yielding 144 of the 22,884 who were eligible.

**Barriers**

- a. Barriers encountered for the member incentives include:
  - i. Members may still be reluctant to go to their provider’s office due to the COVID-19 pandemic.
  - ii. The Eye Exam reward forms were often returned, incomplete, contained incorrect information, were not signed by the provider or were illegible.

- iii. Many members completed and submitted the forms without having the test performed or submitted the forms with old dates of service, which disqualified them for receiving the member incentive.
- iv. Members gave the form to their provider assuming the provider will fax the completed form to CalOptima Health. However, CalOptima Health often did not receive those submissions.
- v. In 2021, CalOptima Health did not conduct member mailers for Eye Exam due to budgetary limitations with mailing health reward forms to eligible members.
- vi. It was observed that the Electronic Health Record (EHR) often lacked data or was missing lab data causing us to be unable to distinguish compliant from noncompliant members.
- vii. Members who did not qualify for the member incentive rewards, including OneCare and OneCare Connect and Kaiser members, attempted to participate in the program.
- viii. Members who were not diagnosed as diabetic attempted to participate in member incentive rewards

## **Opportunities for Improvement**

### **b. Member Incentive**

- i. CalOptima Health will consider having the diabetes reward available to all CalOptima Health members with diabetes to encourage yearly eye exams.
- ii. CalOptima Health needs to improve and place a greater emphasis on compliance with Diabetes HbA1c Testing and Eye Exam and will make a greater effort for promotion and marketing of the diabetes member rewards through the health networks, CCN providers and the community.
- iii. CalOptima Health will reiterate the importance of completing health reward forms in full and following through with the submission of forms.
- iv. CalOptima Health will consider budgeting for mailing health reward forms to eligible members to increase awareness.
- v. CalOptima Health will leverage social media as a platform to encourage obtaining Eye Exams.
- vi. CalOptima Health will allocate resources to EHR to improve data collection and access, which will reduce issues related to missing data.

### **c. Improve collaborations with key stakeholders**

- i. CalOptima Health will collaborate closely with community partners when implementing health rewards to raise awareness of the program for members.

- ii. CalOptima Health will conduct current member data analysis considering age groups, ethnicity and ZIP codes for noncompliance trends and to strategize for better outcomes.
- iii. In 2022, CalOptima Health implemented a co-branding reminder letter with VSP Vision Plan to improve the Diabetic Annual Eye Exam completion rate.



## **Prenatal and Postpartum Care Services (PPC): Timeliness of Prenatal Care and Postpartum Care**

Prenatal and Postpartum Care (PPC) is a hybrid measure and Managed Care Accountability Set (MCAS) measure with two components: the Timeliness of Prenatal Care, and Postpartum Care. PPC measures the percentage of deliveries on or between October 8 of the year prior to the measurement year and October 7 of the measurement year in which the members: 1) received a prenatal care visit in the first trimester, and 2) obtained a postpartum care visit on or between 7 and 84 days (1–12 weeks) after delivery. PPC is held to the minimum performance level (MPL) as determined by the NCQA National Quality Compass Benchmarks.

### **Interventions**

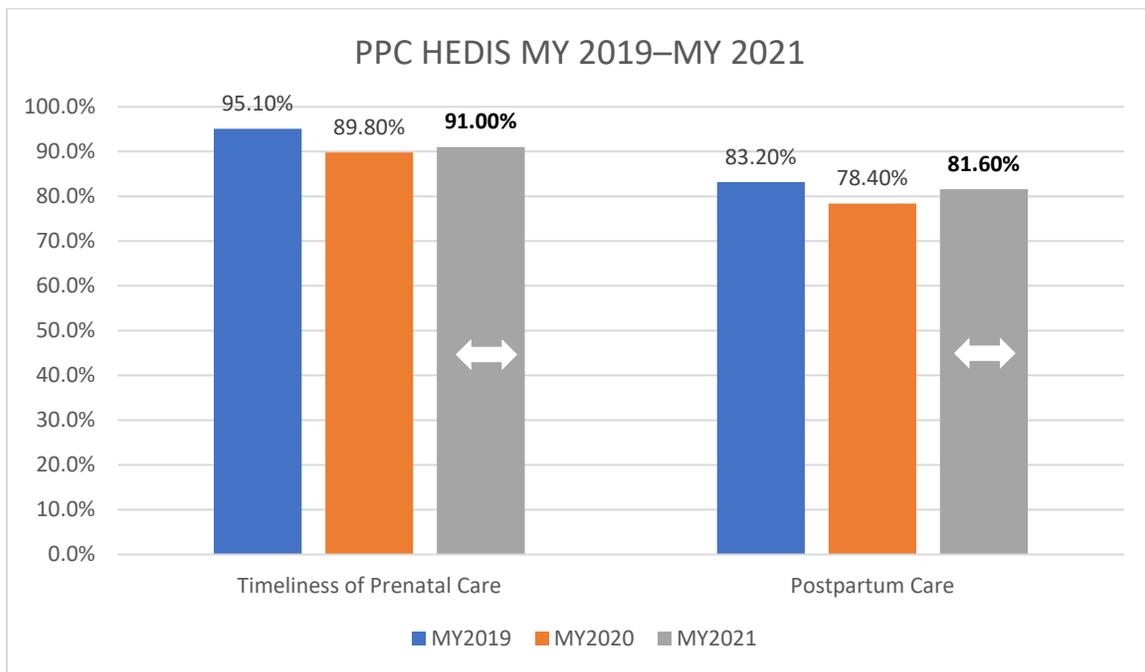
- a. Bright Steps Program (BSP) for Perinatal and Postpartum Members: BSP is a CalOptima Health program that offers education, educational materials, resources and support for mom and baby via phone calls throughout each trimester and the postpartum timeframe. BSP was launched in September 2018. Since then, the program has evolved to include a post BSP well-child follow up call initiative to support the member's continuum of care.
  - i. Members engaged in Comprehensive Perinatal Services Program (CPSP) through a CPSP certified provider. During the 2021 calendar year, the BSP conducted outreach to 4,128 members for a total of 1,148 completed assessments.
  - ii. BSP offers participants a member mailing with topics related to prenatal and postpartum care. During the 2021 calendar year, 1,988 members received a BSP packet mailing.
- b. Medi-Cal members received a \$50 Postpartum Checkup Health Reward for completing a postpartum checkup. The health reward was promoted to members via CalOptima Health website, Medi-Cal member newsletter and BSP. During the 2021 calendar year, 400 members were approved for the health reward.

- c. Additional intervention included Pay 4 Value (P4V) metrics for prenatal and postpartum care, social media campaign, CalOptima Health website promotion, Healthcare Chat Video, member newsletter, and provider newsletter and fax.

### Findings

Prenatal and Postpartum Care achieved the HEDIS MPL rate, 91.00% and 81.60% respectively. See Figure 1. Statistically there was no difference from MY 2020 to MY 2021 rates. Postpartum care rates are lower than prenatal care rates, thus interventions should continue to drive postpartum care efforts.

## Figure 1: PPC Trending HEDIS Rates MY 2019–MY 2021 Results: Medi-Cal Timeliness of Prenatal Care and Postpartum Care



*Trend analysis of final HEDIS rates for Prenatal Care and Postpartum Care (PPC). **Bold** percentile indicates that the organization’s goal was met. White arrow indicates that there was no statistical significance in rates when compared to the year prior.*

- d. In addition to meeting the MPL, Prenatal and Postpartum Care met the organization’s percentile goal, 90.75% and 79.56% respectively. See Table 1.

# Table 1: Prenatal and Postpartum Care Measure Medical Percentiles and Organization Goal

HEDIS Measure	Percentile, Goal Reporting Requirements						Metrics Met
	QC 33rd Percentile	QC 66th Percentile	QC 90th Percentile	Final HEDIS Rate	Goal	Reporting Requirements**	
<b>HEDIS MY 2021</b>							
<b>Prenatal Care</b>	81.51%	88.32%	92.21%	91.00%	90.75%	HPR, MPL, P4V	Organization goal, MPL
<b>Postpartum Care</b>	73.72%	78.35%	83.70%	81.60%	79.56%	HPR, MPL, P4V	Organization goal, MPL

\*\*HPR is health plan ratings, MPL is DHCS Minimum Performance Level, P4V is Pay for Value

Table 2 examines prenatal and postpartum care rates by ethnicity. When analyzing timely prenatal care by ethnicity, Korean members have the highest rates of timely prenatal care (90.41%) compared with other groups. Korean members along with other groups (e.g., Filipino, Chinese, Asian or Pacific Islander) represent a small portion of the total denominator. The Hispanic group represents the highest volume with more than half of the HEDIS denominator, but overall compliance is 82.60%. When analyzing timely postpartum care by ethnicity, Vietnamese members have the highest rates of timely postpartum care (85.25%) compared with other groups but represent a small volume. In terms of volume, the Hispanic group is the largest, but their rate of timely postpartum care is 70.70%. See Table 2.

## Table 2: MY 2021 Prenatal and Postpartum Care HEDIS Results by Ethnicity

Hybrid	Ethnicity									
	Hispanic	Other	White	Vietnamese	No response	Black	Filipino	Korean	Asian or Pacific Islander	Chinese
<b>HEDIS MY 2021</b>										
<b>Denominator</b>	3,942	1,335	953	488	326	136	77	73	47	35
<b>Prenatal Care Numerator</b>	3,256	1,088	734	375	264	109	58	66	35	28
<b>Prenatal Care Rate</b>	82.60%	81.50%	77.02%	76.84%	80.98%	80.15%	75.32%	90.41%	74.47%	80.00%
<b>Postpartum Care Numerator</b>	2,787	948	608	416	222	93	53	58	39	27
<b>Postpartum Care Rate</b>	70.70%	71.01%	63.80%	85.25%	68.10%	68.38%	68.83%	79.45%	82.98%	77.14%

Table 2 displays top 10 ethnicities with the highest denominator based on total HEDIS population and the completion rates of timely prenatal and postpartum care. Prenatal and Postpartum are hybrid measures. The total rate does not indicate the final HEDIS rate. Note: Includes Kaiser members.

Table 3 examines postpartum care rates by member written language. The highest postpartum care completion rate is among Vietnamese members (84.87%), although this group represents less than 5% of the total denominator (n=7,497). The lowest rate is among English speaking members (69.37%), but the group represents the largest percentage of the total denominator (74.60%). MY 2021 findings are consistent with MY 2020 findings.

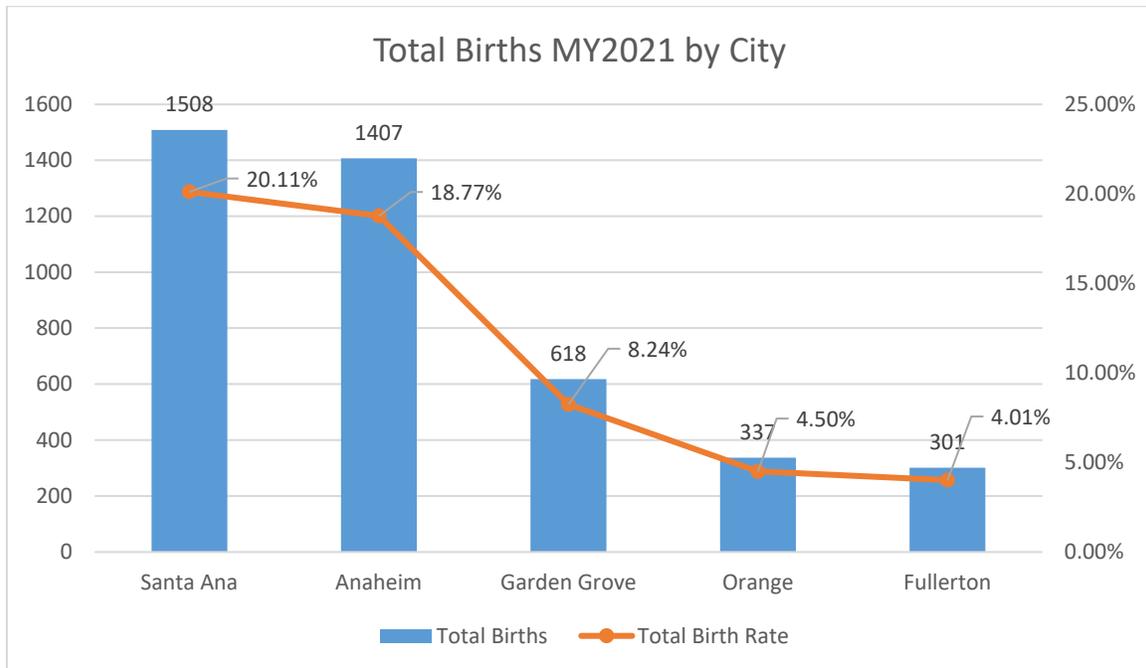
### Table 3: MY 2021 Postpartum Care HEDIS Results by Threshold Language

Hybrid	Threshold Language					
	English	Spanish	Vietnamese	Arabic	Korean	Farsi
<b>HEDIS MY 2021</b>						
<b>Numerator (completed postpartum care)</b>	3,880	1,044	286	37	23	20
<b>Denominator</b>	5,593	1,441	337	52	31	28
<b>Postpartum Care Completion Rate</b>	69.37%	72.44%	84.87%	71.15%	74.19%	71.43%
<b>% of Total Denominator</b>	74.60%	19.22%	4.50%	0.69%	0.41%	0.37%

Table 3 displays the top threshold languages for members. The numerator indicates the members with that preferred language who received postpartum care. Note: Based on member written language preference; includes Kaiser members.

Figure 2 examines total births by city. Santa Ana, Anaheim and Garden Grove have the highest birth rate in Orange County at 20.11%, 18.77% and 8.24% respectively. This finding is consistent with the MY 2020 findings; no statistical significance and aligns with the total membership volume by city. Furthermore, these cities have the highest rate of members who do not receive timely prenatal and postpartum care, which is also consistent with MY 2020 findings.

## Figure 2: Total Births in MY 2021 by City



*Top 5 cities that represent the highest births in MY 2021.*

- a. Out of the total births (n=7,497) in MY 2021, 6,072 (81.00%) members completed prenatal care in a timely manner, 5,302 (70.72%) completed postpartum care, and 4,596 (61.03%) completed both prenatal and postpartum care, which represents a 1.23 percentage point increase from the MY 2020 rate (59.80%).
- b. When analyzing members who received both timely prenatal and postpartum care, members 19 years of age and under have lower timely care rates (55.43%) than other age groups. When analyzing prenatal and postpartum care independently, differences can be seen across different age groups. Members who are 19 years of age and under have the lowest timely prenatal care rates (77.12%) compared with other age groups. See Table 4. Members ages 35–39 (69.02%) had lower completion rates of postpartum care, followed by those 19 years of age and younger (69.80%).

## Table 4: Prenatal and Postpartum Care HEDIS Measure Rate by Age

Hybrid	Age Group						
	≤19	≤20–24	≤25–29	≤30–34	≤35–39	≤40–44	≥45
HEDIS MY 2021							
MY 2021 Denominator	341	1,720	2,333	1,796	1,007	281	19
Prenatal Care Numerator	263	1,410	1,911	1,448	805	220	15
Prenatal Care Rate	77.12%	81.98%	81.91%	80.62%	79.94%	78.29%	78.94%
Postpartum Care Numerator	238	1,211	1,640	1,298	695	203	17
Postpartum Care Rate	69.80%	70.41%	70.30%	72.27%	69.02%	72.24%	89.47%

A total of 2,211 PNRs were received into the Bright Steps program, a 29.49% of the total births in MY 2021.

### Analysis

Member engagement with BSP increased in MY 2021 by 5.49%. See Table 5. BSP engagement is defined as a member who successfully is outreach to during the second, third or fourth (postpartum) trimester and completes a BSP assessment.

## Table 5: BSP Engagement in MY 2020 and MY 2021

HEDIS MY	BSP Engagement (Includes members who did not receive timely PPC)	HEDIS Denominator	BSP Engagement Rate
2020	787	7,223	10.90%
2021	1,229	7,497	16.39%

*Bright Steps Program (BSP) engagement is defined as successful outreach and assessment completion during the second, third or fourth (postpartum) trimester.*

- e. In MY 2021, 77.62% of members who engaged in BSP received timely postpartum care, compared with members who were not outreached at all (69.77%). This represents <1% increase from MY 2020. In addition, we analyzed members who were successfully outreached during the postpartum timeframe by BSP and 78.30% received timely postpartum care. While most members are under the care of a CPSP provider for services comparable to BSP, this finding suggests that BSP supports timely postpartum care.
- f. Postpartum health reward participation rate (10.53%) among members who completed a Bright Steps postpartum assessment (n=940) was lower than MY 2020. Members who are achieving timely postpartum care may be opting not to participate in the reward program or the postpartum member health reward may not be a contributing factor to timely care. This is consistent with MY 2020.
- g. Ongoing provider education and monitoring may support increased provider and Health Network awareness of the requirement to submit PNRs. The provider fax and mailing interventions did not drive a statistically significant improvement in the PNR submission rate.

- h. Table 6 examines the Medi-Cal prenatal and postpartum care measure prospective rates. There is an increase in the September 2022 rates for prenatal care (80.30%) and postpartum care (64.36%) compared with the previous year’s rate in the same month.

**Table 6: MY 2022 Medi-Cal Prenatal and Postpartum Care Prospective Rate Results**

HEDIS Prospective Rates	<i>Prenatal Care September 2021</i>	<i>Prenatal Care September 2022</i>	<i>Postpartum Care September 2021</i>	<i>Postpartum Care September 2021</i>
<b>Numerator</b>	5,427	5,436	4,228	4,357
<b>Denominator</b>	6,917	6,770	6,917	6,770
<b>Rate</b>	78.86%	80.30%	61.12%	64.36%

*Claims/Encounters processed through September 2022. Prenatal and Postpartum Care are hybrid measures. Prospective rates are solely administrative and do not consider the hybrid sample.*

**Barriers**

- BSP outreach is predominantly driven by a PNR to CalOptima Health. No notification form results in a missed opportunity for outreach, program engagement as well as resource linkage to members.
- Similarly, a late pregnancy notification results in a missed opportunity to provide support and critical information early in the member’s pregnancy.
- The national COVID-19 PHE continued throughout MY 2021. This may have contributed to instances where members sought care in later stages of their pregnancy, thus impacting the timeliness of prenatal care and the timeliness in which a PNR was submitted to CalOptima Health. The PHE also led to reduced office visits due to the concerns about exposure for an expectant mother.
- BSP engages only a small portion of the HEDIS denominator. Engagement in the Bright Steps and Postpartum member health reward has increased, but the overall participation rates remain low among members who receive timely prenatal and postpartum care indicating that members may not be aware of or may not be taking advantage of these programs. Limited participation creates challenges in identifying the impact of these programs on completing timely care.
- Lack of Telephone Consumer Protection Act (TCPA) consent did not allow for member text message campaigns to launch in 2021. In addition, a limited number of members have TCPA consent on record, which places limitations on the members who can be outreached.
- Delays in claims and encounter data do not allow for the timely identification of a pregnancy or a delivery, which impacts the timeliness of member engagement.

**Opportunities for Improvement**

- Opportunities remain to increase promotion of and leverage the postpartum health reward to support timely postpartum care among members.
- As of April 1, 2022, the Medi-Cal postpartum benefit was expanded to one year after delivery. Subsequently the BSP also expanded services to offer additional member education to include maternal mental health, infant development and milestones among other important topics. This expansion may drive support during the postpartum experience.
- In MY 2022, the Spring and Summer Medi-Cal newsletter were programmed to include an article on the importance of prenatal care and advise members of the postpartum coverage expansion.
- As of July 1, 2022, DHCS added Community Health Worker (CHW) services as a Medi-Cal benefit. Maternal health quality metrics are being integrated into the organization’s CHW scope of work. As

trusted members of the communities they serve, CHWs may bring opportunities for maternal and child health education, may identify and address member barriers to care, and facilitate the coordination of care with the member's OB/GYN provider.

- Beginning January 1, 2023, DHCS will be adding a doula benefit to the list of preventive services covered under Medi-Cal. Doula services include personal support throughout the pregnancy, childbirth and postpartum experience. The doula benefit may help maternal health outcomes for black and other persons of color while supporting safe and healthy deliveries. Doula care has been found to improve birth outcomes and reduce health disparities, by providing emotional and physical support to women during pregnancy, childbirth and the postpartum period. The American College of Obstetricians and Gynecologists and the Society for Maternal-Fetal Medicine found that continuous labor support is among the most effective tools to improve labor and delivery outcomes.<sup>4</sup>
- In MY 2022, prenatal and postpartum rates were analyzed by ZIP code and language. The results were used to develop targeted prenatal and postpartum social media and digital ad campaigns to cities with the lowest rates. The ads were developed in English, Spanish and Vietnamese and launched throughout the 2022 calendar year. These languages are consistent with high-volume threshold languages (see Table 3).
- CalOptima Health will continue to expand on the member communication and engagement strategy to include multimodal approach via: Medi-Cal member newsletters, paid digital media campaigns, PBS TV campaigns, CalOptima Health website, and live calls.
- CalOptima Health will continue to expand on a provider communication and engagement strategy to include a multimodal approach via the following platforms: Provider Press Newsletters, Provider Update, CCN Virtual Meetings, and collaboration with high volume/high opportunity providers. In MY 2022, an article that discusses PNR requirements went into the Fall Provider Press newsletter.
- Opportunities remain in linking maternal and child health together to drive positive health behaviors early in the pregnancy, which will carry through the entire pregnancy and infant's life. In MY 2022, BSP transitioned workflows to conduct well-child follow-up calls at the 6- and 12-month period in support of a member continuum of care and participated in six diaper-day community events with a focus on resource linkages to address social determinants of health. At the end of Q3 MY 2022, a maternal and child health proposal draft was finalized to support DHCS' Comprehensive Quality Strategy and Bold Goals that places maternal and child health as a priority for CalOptima Health.
- There are opportunities to close gaps in care and support reductions in health disparities by conducting targeted interventions such as a live-call campaign to racial/ethnic groups that have not completed a timely postpartum visit and who represent less than 5% of the total population. A live-call campaign intervention can include a member barrier analysis, support a positive member experience and encourage a positive relationship for the member with their primary care provider. However, because Hispanic members represent the largest group in volume for the PPC measure, interventions should continue to target this group.
- Opportunities remain in augmenting partnerships that support data exchange to facilitate the early identification of pregnancies as well as deliveries for early outreach, education and resource linkage.

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<sup>4</sup> Caughey, A. B., Cahill, A. G., Guise, J. M., & Rouse, D. J. (2014). Safe prevention of the primary cesarean delivery. *American Journal of Obstetrics and Gynecology*, 210(3), 179–193.



## **Pediatric and Adolescent Well-Care Visits and Immunizations – Includes Well-Child Visits in the First 30 Months of Life (W30), Childhood Immunization Status (CIS Combo 10), Child and Adolescent Well-Care Visits (WCV) and Immunizations for Adolescents (IMA Combo 2)**

### **Well-Child Visits in the First 30 Months of Life (W30)**

Well-Child Visits in the First 30 Months of Life (W30) HEDIS measure is a part of the Medi-Cal Managed Care Accountability Set (MCAS), which is required to meet the minimum performance level (MPL) of 50th percentile as defined by the NCQA National Quality Compass Benchmarks. MY 2021 is the first year reported rate. W30 evaluates the percentage of members who had the following number of well-child visits with a PCP during the past 15 months.

#### **Interventions**

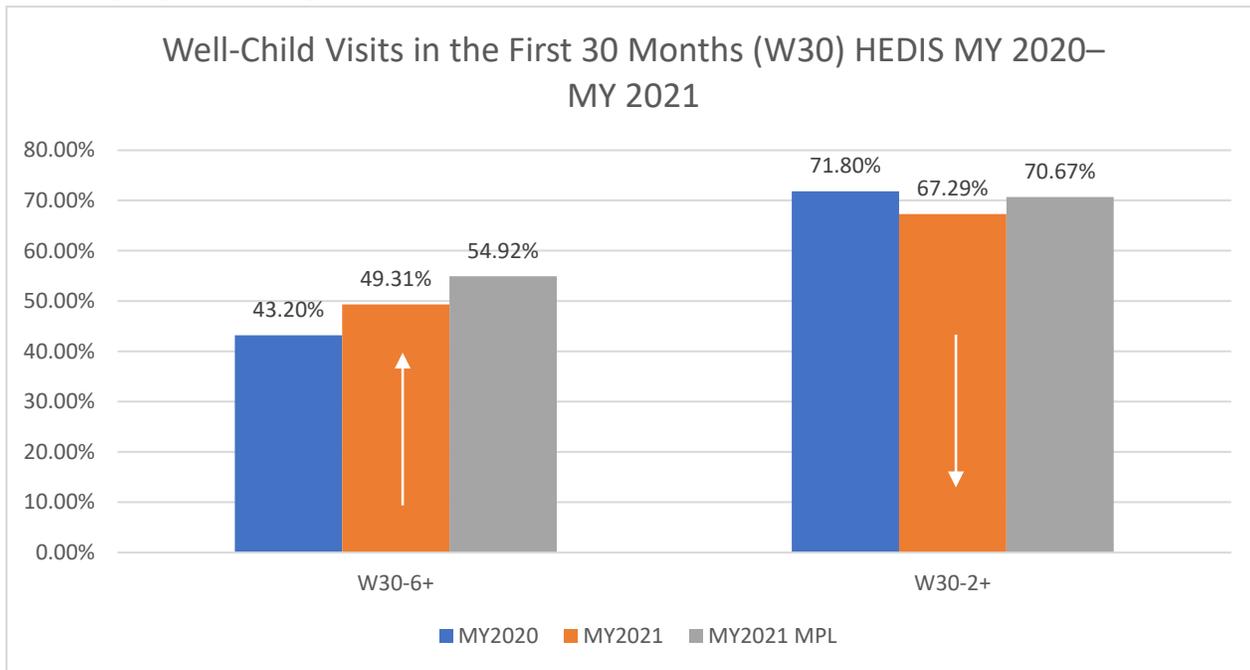
CalOptima Health has been committed to interventions that promote well-child visits. These include utilizing the BSP for follow-up phone calls, community newsletters and television advertisements.

#### **Findings**

CalOptima Health's HEDIS MY 2021 W30 did not meet MPL, see Figure 1 below. The W30-6+ rate (49.31%) increased by 6.1 percentage points and had significant improvement compared with last year and met the 33rd percentile (48.90%). The W30-2+ rate (67.30%) did not have significant improvement and decreased 4.5 percentage points compared with last year.

Figure 1 shows the increase in W30-6+ rate and a decline in W30-2+ rate compared with MY 2020. There was significant improvement in the W30-6+ rate but unfortunately did not meet the MPL of 54.92%. Additionally, W30-2+ did not meet the MPL of 70.67%. As such, improvement projects will stem from HEDIS MY 2021 results to ensure efforts are made to increase the W30 measure to meet MPL for HEDIS MY 2023.

**Figure 1: Well-Child Visits in the First 30 Months of Life Final HEDIS MY 2020–MY 2021**



*W30 HEDIS MY 2020 was a display measure. W30 HEDIS MY 2021 was first year reported. MPL is the 50th percentile for Quality Compass Benchmarks. W30 is an administrative measure.*

- a. The Post Bright Steps Well-Child Follow-Up Call Initiative began in September 2020, and for HEDIS MY 2021, only W30-2+ members would be impacted by the outreach.
  - i. 109 of 8,749 members were outreached via the Bright Steps Program Well-Baby Call Initiative. 72 unique members were successfully outreached, which means a live-person contact was made and the script questions were answered. 17 unique members were unsuccessfully outreached, which means no script questions were answered and no notes were captured by the Health Educator.
  - ii. 44 of the 72 members who were successfully outreached completed at least six well-child visits in their first 15 months of life (W30-6+).

Table 1 examines the HEDIS MY 2021 W30-6+ rates by race/ethnicity, which includes the total population N=8,749, n (compliant members) = 4,314, yielding a final rate of 49.31%. 8 out of 10 subpopulations displayed did not meet MPL, with White, Chinese and Black members having the lowest rates (40.39%-41.98%). Moreover, in examination of ethnicities within the Asian population (denominator greater than 30) Chinese, Filipino and Korean members have a lower W30-6+ rate when compared to Vietnamese (67.14%) population who met MPL. This indicates an opportunity to develop interventions targeting subpopulations within each race category.

**Table 1: Medi-Cal Well-Child Visits in the First 30 Months of Life (W30-6+), First 15 Months, HEDIS MY 2021 Rate by Race/Ethnicity**

Admin	Race/Ethnicity									
<i>HEDIS MY 2021</i>	<i>Hispanic</i>	<i>No Response</i>	<i>Other</i>	<i>White</i>	<i>Vietnamese</i>	<i>Black</i>	<i>Korean</i>	<i>Filipino</i>	<i>Asian/Pacific Islander</i>	<i>Chinese</i>
<b>Numerator</b>	2,225	750	528	330	333	34	31	23	20	14
<b>Denominator</b>	4,386	1,620	1,107	817	496	81	61	48	36	34
<b>Rate</b>	50.73%	46.30%	47.70%	40.39%	67.14%	41.98%	50.82%	47.92%	55.56%	41.18%
<b>KPI, 50th Percentile</b>	Not Met	Not Met	Not Met	Not Met	Met 75th	Not Met	Not Met	Not Met	Met 50th	Not Met

Table displays top 10 race/ethnicities with the highest denominator based on total population. W30 is an administrative measure.

Table 2 examines the HEDIS MY 2021 W30-2+ rates by race/ethnicity which includes the total population, N=12,025, n (compliant members) = 8,092, yielding a final rate of 67.29%. 7 of 10 subpopulations displayed did not meet MPL, with Black, White and Chinese members having the lowest rates (51.09%–61.39%). Interestingly, for this latter submeasure of well-child visits between 15–30 months of life, Koreans and Filipino populations met the MPL but did not for the first 15 months. There is opportunity to develop a targeted intervention for the Black population as they were 19.58 percentage points from meeting the MPL.

**Table 2: Medi-Cal, Well-Child Visits in the First 30 Months of Life (W30-2+), 15 to 30 Months, HEDIS MY 2021 Rate by Race/Ethnicity**

Admin	Race/Ethnicity									
<i>HEDIS MY 2021</i>	<i>Hispanic</i>	<i>No Response</i>	<i>White</i>	<i>Other</i>	<i>Vietnamese</i>	<i>Black</i>	<i>Korean</i>	<i>Chinese</i>	<i>Filipino</i>	<i>Asian/Pacific Islander</i>
<b>Numerator</b>	4,689	1,054	795	528	595	94	90	62	60	45
<b>Denominator</b>	6,799	1,597	1,326	917	709	184	122	101	80	65
<b>Rate</b>	68.97%	66.00%	59.95%	57.58%	83.92%	51.09%	73.77%	61.39%	75.00%	69.23%
<b>KPI, 50th Percentile</b>	Not Met	Not Met	Not Met	Not Met	Met 90th	Not Met	Met 50th	Not Met	Met 50th	Not Met

Table displays top 10 race/ethnicities with the highest denominator based on total population including administrative and hybrid measure counts.

## Analysis

- The Post Bright Steps Well-Child Follow-Up Call Initiative was implemented throughout MY 2021. Newborn members were identified through their parent or guardian who participated in the BSP. This allowed for an early identification and outreach to members prior to HEDIS reporting year. The call script included questions and guidance on both well-child visits and immunizations.
- CalOptima Health did not meet the goals set for W30 in MY 2021. As shown in Table 3, W30-6+ did not meet goal by 5.61 percentage points and W30-2+ did not meet goal by 7.13 percentage points.

**Table 3: MY 2022 Medi-Cal W30 Goal**

<i>HEDIS Measure</i>	<i>HEDIS MY 2021 Final Rate</i>	<i>MY 2021 Goal Rate</i>	<i>Variance</i>
<b>Well-Child Visits in the First 30 Months of Life (W30-6+) 0–15 Months</b>	49.31%	54.92%	-5.61 percentage points
<b>Well-Child Visits in the First 30 Months of Life (W30-2+) 15–30 Months</b>	67.29%	74.42%	-7.13 percentage points

Table displays the final HEDIS 2021 results and the goal for each measure.

**Barriers**

- The Bright Steps Well-Child Follow-Up Calls are limited to members whose parent or guardian participated in the BSP and are also CalOptima Health Medi-Cal members.
- The Telephone Consumer Protection Act (TCPA) halted text message campaign efforts in 2021.
- Administratively, in the situation where members who completed well-child visits under their parent or guardian’s medical record number and they are not CalOptima Health members, it is difficult to obtain those records for HEDIS reporting. This creates a data gap for members who receive care before establishing medical care with CalOptima Health.
- Since HEDIS captures members who turn either 15 months old or 30 months old for W30 in the measurement year, there is difficulty in identifying members timely to impact the first few recommended well-child visits by Bright Futures and American Academy of Pediatrics.
- The provider office had limited availability for scheduling appointments.
- The provider office did not have an appointment reminder system (e.g., email, text message or phone call reminder).
- The provider office wait times and total time spent in the office were too long.
- The provider office schedules did not allow for future well-child visits to be scheduled. The parent or guardian must call when the child gets closer to age-based well-child visit date.
- The member’s well-child visit may have been replaced by a sick visit, which impacted their well-child visit schedule.
- The member’s parent or guardian was unable to attend the well-child visit due to transportation limitations.
- The member’s parent or guardian preferred to obtain care closer to home and with a trusted community partner (e.g., at a health fair).
- The member’s parent or guardian may have been unaware about the timeliness and importance of well-child visits.
- The member’s parent or guardian forgot to schedule and attend the well-child visits.

**Opportunities for Improvement**

Based on September 2022 Prospective Rate Report, W30-6+ (33.05%) and W30-2+ (67.46%) HEDIS rates are performing higher than last year, see Table 4. The latter measure, W30-2+ (15–30 months) has met MPL (65.83%). Opportunity remains to increase the W30 measure as the Quality Compass Benchmark was lowered due to all plans performing lower than MPL in MY 2021.

**Table 4: MY 2022 Medi-Cal W30 Prospective Rates**

HEDIS Measure	September 2021		September 2022		
	Denominator	Rate	Denominator	Numerator	Rate
W30-6+	8,768	28.30%	8,521	2,816	33.05%
W30-2+	12,046	63.31%	12,357	8,336	67.46%

*Prospective Rates reflect claims/encounters processed through September 2022.*

- b. As an identified strategy to increase the W30 rate from MY 2021, a multimodal approach was implemented in MY 2022 that positively impacted the rate. Interventions and activities included telephonic outreach and call campaign, robocall campaigns, targeted mailing, mobile text messaging, targeted advertisements, and television advertisements.
- c. A limitation of said interventions above was obtaining member consent for outreach. CalOptima Health will seek a concerted effort to increase TCPA consent so that more members may be included in robocall and text messaging campaigns.
- d. Live-person telephonic call campaigns have proven to be effective in reaching members since there are less outreach limitations. It not only serves as a reminder to members, but CalOptima Health is able to obtain qualitative data on barriers to care. CalOptima Health will consider building an internal call center to conduct telephonic call campaigns more regularly to connect with members before they age-out of the measure.
- e. Member surveys were conducted to obtain member feedback for areas of improvement.

**Childhood Immunization Status (CIS-10)**

Childhood Immunization Status – Combination 10 (CIS-10) HEDIS measure is a part of the Medi-Cal MCAS, which is required to meet the MPL of 50th percentile as defined by the NCQA National Quality Compass Benchmarks. CIS evaluates the percentage of children 2 years of age who had the following vaccinations: four diphtheria, tetanus and acellular pertussis (DTaP); three polio (IPV); one measles, mumps and rubella (MMR); three haemophilus influenza type B (HiB); three hepatitis B (HepB); one chicken pox (VZV); four pneumococcal conjugate (PCV); one hepatitis A (HepA); two or three rotavirus (RV); and two influenza (flu) vaccines by their second birthday. Combination 10 includes all vaccinations listed.

**Interventions**

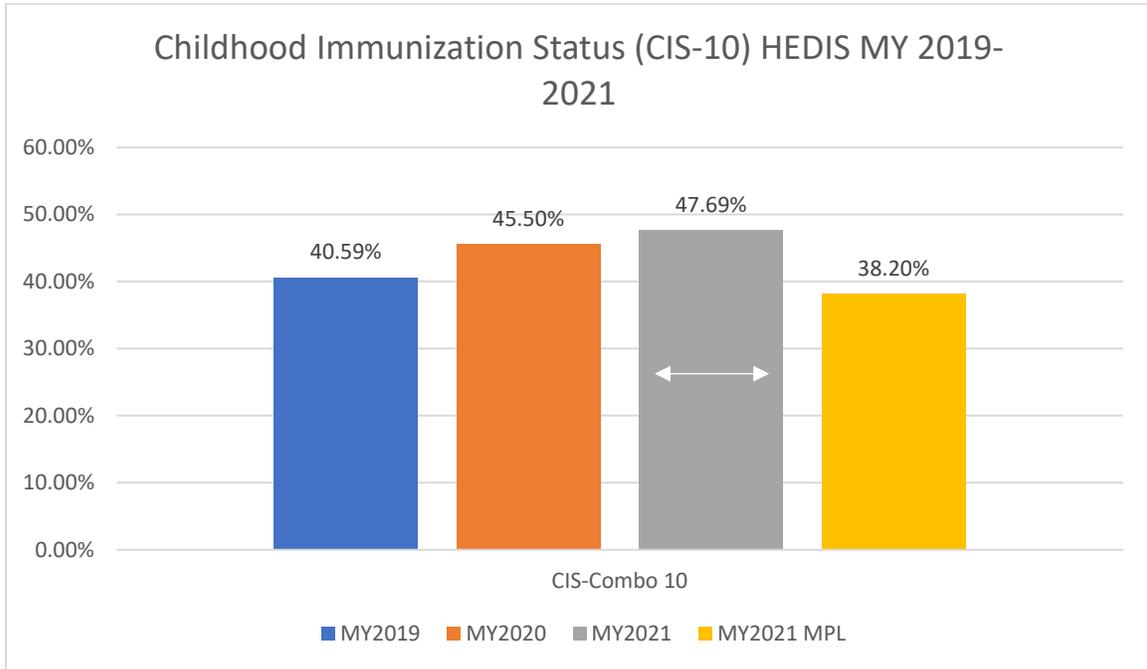
CalOptima Health has been committed to interventions that promote childhood immunizations. Interventions included utilizing the BSP for phone calls, community newsletters, television advertisements and social media campaigns.

**Findings**

- a. CalOptima Health’s HEDIS MY 2021 CIS-Combo 10 met MPL, see Figure 1 below. The CIS-Combo 10 rate (47.69%) increased by 2.19 percentage points but did not have significant improvement compared to last year and met the 75th percentile (45.50%).

- b. Figure 1 shows the increase in CIS-Combo 10 rate compared to previous years. There was no significant improvement compared to MY 2020 but did meet the 75th percentile (45.50%).

**Figure 1: Childhood Immunization Status Final HEDIS MY 2019–MY 2021**



*CIS-Combo 10 is a hybrid measure. CIS-Combo 10 HEDIS MY2019 rate was rotated: previous year's rate (2018) was reported. MPL is the 50<sup>th</sup> percentile for Quality Compass Benchmarks.*

- c. The Post Bright Steps Well-Child Follow-Up Call Initiative began in September 2020, for HEDIS MY 2021, no impact outcome is measured for CIS-Combo 10 since members who were outreached have not turned 2 years old in HEDIS MY 2021 reporting year.
- d. Table 1 examines the HEDIS MY 2021 CIS-Combo 10 rates by race/ethnicity which includes the total population, N=13,082, n (compliant members) = 4,920, yielding a final rate of 37.61%. 4 of 10 subpopulations displayed did not meet MPL, identify Black members as having the lowest rate of 23.21%. There is opportunity to develop a targeted intervention for the Black population as they were 14.99 percentage points from meeting the MPL.

**Table 1: Medi-Cal, Childhood Immunization Status (CIS-Combo 10), Combination 10, HEDIS MY 2021 Rate by Race/Ethnicity**

Admin	Race/Ethnicity									
<i>HEDIS MY 2021</i>	<i>Hispanic</i>	<i>No Response</i>	<i>White</i>	<i>Other</i>	<i>Vietnamese</i>	<i>Black</i>	<i>Korean</i>	<i>Chinese</i>	<i>Filipino</i>	<i>Asian/Pacific Islander</i>
<b>Numerator</b>	2,774	696	429	390	378	39	51	43	30	33
<b>Denominator</b>	7,102	2,011	1,351	1,224	727	168	119	99	77	71
<b>Rate</b>	39.06%	34.61%	31.75%	31.86%	51.99%	23.21%	42.86%	43.43%	38.96%	46.48%
<b>KPI, 50<sup>th</sup> Percentile</b>	Met 50th	Not Met	Not Met	Not Met	Met 75th	Not Met	Met 50th	Met 50th	Met 50th	Met 75 <sup>th</sup>

Table displays top 10 race/ethnicities with the highest denominator based on total population including administrative and hybrid measure counts.

### Analysis

- a. The Post Bright Steps Well-Child Follow-Up Call Initiative was implemented throughout MY 2021. Newborn members were identified through their parent or guardian who participated in the BSP. This allowed for an early identification and outreach to members prior to HEDIS reporting year. The call script included questions and guidance on both well-child visits and immunizations.
- b. CalOptima Health did not meet the goal for CIS-Combo 10 in MY 2021. As shown in Table 3, CIS-Combo 10 did not meet the goal by 1.89 percentage points.

**Table 2: MY 2022 Medi-Cal CIS-Combo 10 Goal**

HEDIS Measure	<i>HEDIS MY 2021 Final Rate</i>	<i>MY 2021 Goal Rate</i>	<i>Variance</i>
<b>Childhood Immunization Status (CIS) Combination 10</b>	47.69%	49.58%	1.89 percentage points

### Barriers

- The Bright Steps Well-Child Follow-Up Calls are limited to members whose parent or guardian participated in the BSP and are also CalOptima Health Medi-Cal members.
- The Telephone Consumer Protection Act (TCPA) halted text message campaign efforts in 2021.
- CIS-Combo 10 includes the completion of 10 vaccine types and its respective doses. If a member is receiving their vaccinations off schedule, it decreases the likelihood of completing them within the CIS timeframe.
- Since HEDIS captures members who turn 2 years old for CIS in the measurement year, there is difficulty in identifying members timely to impact the first few recommended vaccinations by Bright Futures and American Academy of Pediatrics.
- The provider office had limited availability for scheduling appointments, may have long office wait times and may not have an appointment reminder system in place.
- The provider office schedule does not allow for future immunizations to be scheduled. The parent or guardian must call when it gets closer to age-based well-child visit date.

- The member’s parent or guardian prefers to obtain care closer to home and with a trusted community partner (e.g., at a health fair).
- The member’s parent or guardian is unaware of the timeliness and importance of vaccinations or forgot to schedule and attend well-child visits to obtain vaccinations for their child.
- The member’s parent or guardian is fearful of the vaccinations or refuses the provider’s recommendation for vaccinations.

### Opportunities for Improvement

- Based on September 2022 Prospective Rate Report, CIS-Combo 10 (30.57%) HEDIS rates are performing higher than last year and has not met MPL (34.79%), see Table 3. Opportunities remain to increase the CIS-Combo 10 rate.

**Table 3: MY 2022 Medi-Cal Prospective Rates**

HEDIS Measure	September 2021		September 2022		
	Denominator	Rate	Denominator	Numerator	Rate
<b>Childhood Immunization Status (CIS) Combination 10</b>	12,702	30.26%	11,789	3,604	30.57%

*Prospective Rates reflect claims/encounters processed through September 2022.*

- As an identified strategy to increase CIS-Combo 10 rate from MY 2021, a multimodal approach was implemented in MY 2022, which has shown to positively impact the rate. Interventions and activities included member telephonic outreach, targeting mailings, mobile texting, targeted advertisements and television advertisements.
- A limitation of the interventions was due to the challenge in obtaining member consent for outreach. CalOptima will seek a concerted effort to obtain more TCPA consents so more members can be included in robocall campaigns and text message campaigns.
- Since Well-Child Visits in the First 30 Months of Life (W30) and Childhood Immunization Status (CIS) populations overlap there are opportunities to complete singular interventions to target both populations.
- Additionally, live-person telephonic call campaigns have proven to be effective in reaching members since there are fewer outreach limitations. It not only serves as a reminder to members, but CalOptima Health is able to obtain qualitative data on barriers to care. CalOptima Health will consider building an internal call center to conduct telephonic call campaigns more regularly to connect with members before they age out of the measure.



## Child and Adolescent Well-Care Visits (WCV)

Child and Adolescent Well-Care Visits (WCV) HEDIS measure is a part of the Medi-Cal MCAS, which is required to meet the MPL of 50th percentile as defined by the NCQA National Quality Compass Benchmarks. WCV evaluates the percentage of members 3–21 years of age who had at least one comprehensive well-care visit with a PCP or an OB/GYN practitioner during the measurement year.

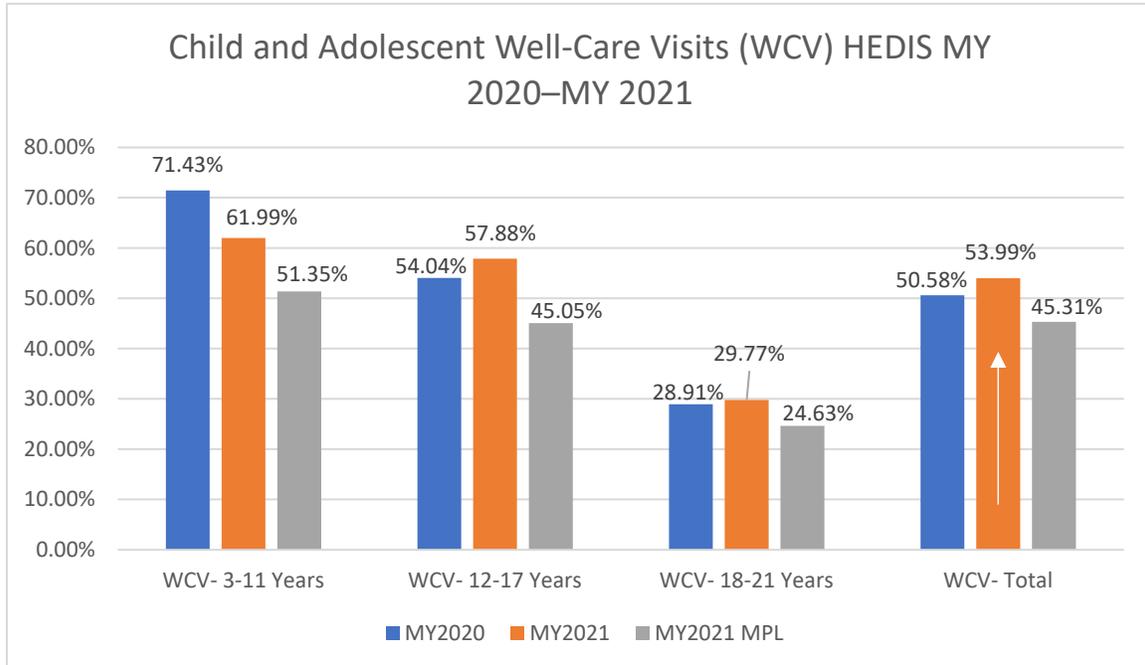
### Interventions

CalOptima Health has been committed to interventions that promote child and adolescent Well-Care Visits. Interventions included member and community newsletters, robocall campaigns and social media campaigns.

### Findings

- a. CalOptima Health's HEDIS MY 2021 WCV-Total met MPL, see Figure 1 below. The WCV-Total rate (53.99%) increased by 3.14 percentage points and had significant improvement compared to last year. WCV-Total met the 75th percentile (53.83%).
- b. Figure 1 shows an increase in WCV-Total rate compared to MY 2020. There was significant improvement compared to MY 2020 and met the 75th percentile (53.83%).

**Figure 1: Child and Adolescent Well-Care Visits Final HEDIS MY 2020–MY 2021**



*WCV HEDIS MY 2020 was a display measure. WCV HEDIS MY 2021 was first year reported. WCV-Total is reported and held to the MPL. MPL is the 50th percentile for Quality Compass Benchmarks. WCV is an administrative measure.*

- c. 45,649 of 302,266 WCV members received the Health Guide 3-6 Newsletter Mailing. Of those 20,782 members completed their well-care visit after receiving the mailing.
- d. 30,163 of 302,266 WCV members were included in the DHCS Preventative Outreach IVR campaign. 2,277 members successfully played message to live voice or received voice mail and completed their well-care visit after receiving this campaign.
- e. Table 1 examines the HEDIS MY 2021 WCV-Total rates by race/ethnicity which includes the total population, N=302,275, n (compliant members) = 163,213, yielding a final rate of 53.99%. 3 of 10 subpopulations displayed did not meet MPL, identifying White and Black members as having the lowest rates of 39.14% and 42.07%, respectively. There is opportunity to develop a targeted intervention for the White and Black population to meet the MPL.

**Table 1: Medi-Cal, Child and Adolescent Well-Care Visits (WCV), Total, HEDIS MY 2021 Rate by Race/Ethnicity**

Admin	Race/Ethnicity									
<i>HEDIS MY 2021</i>	<i>Hispanic</i>	<i>White</i>	<i>Vietnamese</i>	<i>No Response</i>	<i>Other</i>	<i>Korean</i>	<i>Black</i>	<i>Filipino</i>	<i>Chinese</i>	<i>Asian/Pacific Islander</i>
<b>Numerator</b>	110,277	13,989	14,817	9,332	4,390	2,851	2,051	1,469	1,350	901
<b>Denominator</b>	192,550	35,744	23,937	18,023	9,993	5,436	4,875	3,039	2,893	1,965
<b>Rate</b>	57.27%	39.14%	61.90%	51.78%	43.93%	52.45%	42.07%	48.34%	46.66%	45.85%
<b>KPI, 50<sup>th</sup> Percentile</b>	Met 75th	Not Met	Met 75th	Met 50th	Not Met	Met 50th	Not Met	Met 50th	Met 50th	Met 50th

Table displays top 10 race/ethnicities with the highest denominator based on total population including administrative and hybrid measure counts.

### Analysis

- a. It is undetermined if there’s a correlation between the Health Guide 3-6 Newsletter Mailing and the DHCS Preventative Outreach IVR campaign having an impact on the WCV rate, however, 1,338 members received both interventions and were compliant. WCV 3-11 Years Denominator: 133,884
  - i.  $1,338 / 133,884 = 1.00\%$  impact to the submeasure, WCV 3-11 Years
- b. CalOptima Health met the goal set for MY 2021. As shown in Table 2, WCV met the goal set by 0.16 percentage points.

**Table 2: MY 2022 Medi-Cal WCV Goal**

HEDIS Measure	<i>HEDIS MY 2021 Final Rate</i>	<i>MY 2021 Goal Rate</i>	<i>Variance</i>
<b>Child and Adolescent Well-Care Visits (WCV) Total</b>	53.99%	53.83%	+0.16 percentage points

### Barriers

- The WCV population is large at 302,266 members. It is difficult to implement an intervention that will impact the larger population to improve the HEDIS rate.
- Despite IVR campaigns having the capacity for a large reach, landline phone numbers limit the number of members who can receive the IVR message.
- The Telephone Consumer Protection Act (TCPA) halted text message campaign efforts in 2021.
- The provider offices have limited availability for scheduling appointments, may not have an appointment reminder system and may have long office wait times.
- The member’s well-care visit is replaced by a sick visit, which may lead to the parent or guardian forgetting to schedule another well-care visit.
- The member’s parent or guardian is unable to attend well-care visit due to transportation limitations.
- The member’s parent or guardian prefers to obtain care closer to home and with a trusted community partner (e.g., at a health fair).

- The member’s parent or guardian was unaware about the timeliness and importance of well-care, or forgot to schedule and attend well-care visits.
- Members may be reluctant to attend well-care visits as it’s not required to attend school. Incoming kindergarteners are the exception.

**Opportunities for Improvement**

- a. Based on September 2022 Prospective Rate Report, WCV-Total (30.05%) HEDIS rates are performing higher than last year but have not met MPL (48.93%), see Table 3. Opportunities remain to increase the WCV rate.

**Table 3: MY 2022 Medi-Cal WCV Prospective Rates**

HEDIS Measure	September 2021		September 2022		
	Denominator	Rate	Denominator	Numerator	Rate
<b>Child and Adolescent Well-Care Visits (WCV) Total</b>	305,149	32.58%	317,273	111,196	35.05%

*Prospective Rates reflect claims/encounters processed through September 2022.*

- b. As an identified strategy to increase WCV rate from MY 2021, a multimodal approach has been implemented in MY 2022 that has shown to positively impact the rate. Interventions and activities included newsletters, robocall campaigns, mobile text message campaigns, targeted advertisements, and television advertisements.
- c. A limitation of the interventions was due to the challenge in obtaining member consent for outreach. CalOptima will seek a concerted effort to obtain more TCPA consents so more members may be included in robocall campaigns and text message campaigns especially as electronic outreach is feasible for the large population of the WCV HEDIS measure.
- d. Since Child and Adolescent Well-Care Visits (WCV), Lead Screening in Children (LSC), Immunizations for Adolescents (IMA) have overlapping member populations, there are opportunities to do a concerted effort for interventions to include all these members.
- e. Opportunities to collaborate with community-based organizations (CBOs) and school districts to promote well-care visits for students of all ages. Past community events proved parents and/or guardians see their child’s school and CBOs as trusted resources and are more likely to respond and follow through with the guidance.



## Immunizations for Adolescents (IMA-2)

Immunizations for Adolescents (IMA) HEDIS measure is a part of the Medi-Cal MCAS, which is required to meet the MPL of 50th percentile as defined by the NCQA National Quality Compass Benchmarks. IMA evaluates the percentage of adolescents 13 years of age who had one dose of meningococcal vaccine, one tetanus, diphtheria toxoids and acellular pertussis (Tdap) vaccine, and have completed the human papillomavirus (HPV) vaccine series by their 13th birthday. The measure calculates a rate for each vaccine and two combination rates.

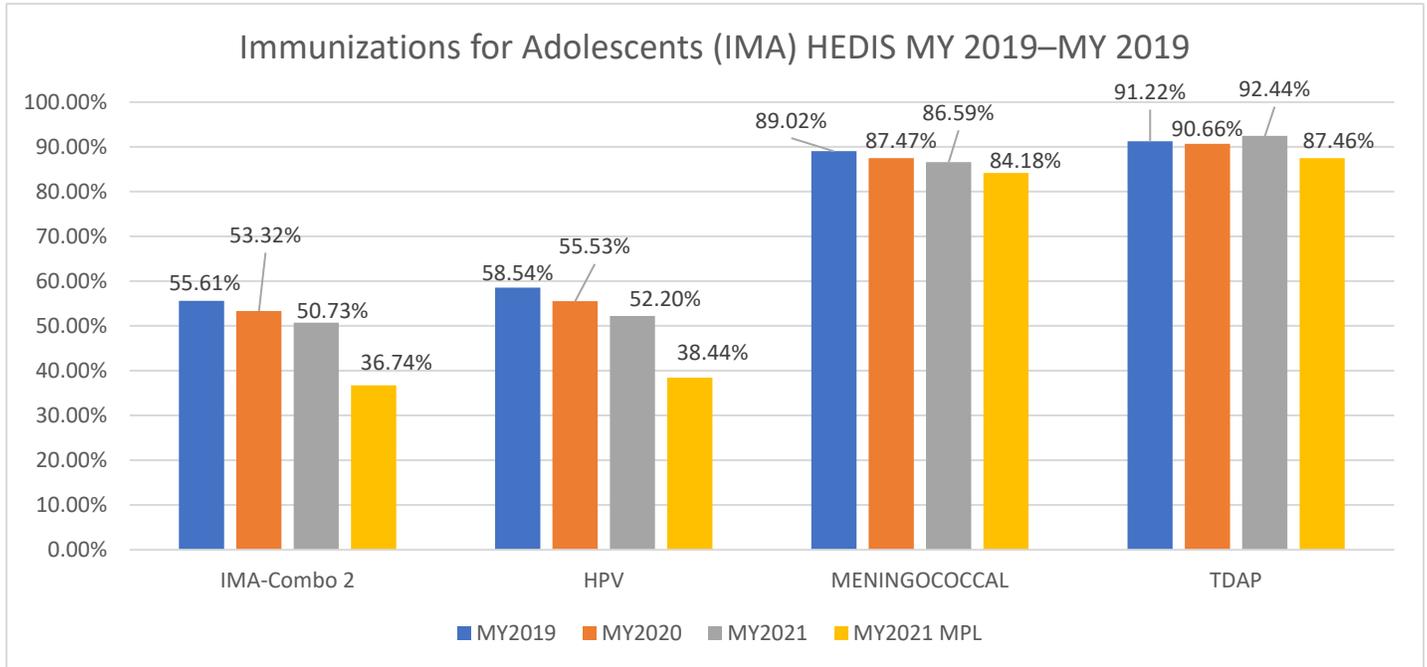
### Interventions

CalOptima Health supports interventions that promote adolescent immunizations. Interventions included back-to-school vaccination events, member and community newsletters, website promotion and social media campaigns.

### Findings

- a. CalOptima Health's HEDIS MY 2021 IMA-Combo 2 met MPL (36.74%), see Figure 1 below. The IMA-Combo 2 rate (50.73%) decreased by 2.59 percentage points and did not have significant improvement compared to last year. IMA-Combo 2 met the 90th percentile (50.61%).
- b. Figure 1 shows a decrease in IMA-Combo 2 rate compared to previous years. There was no significant improvement compared to MY 2020 but did meet the 90th percentile (50.61%).

**Figure 1: Immunizations for Adolescents Final HEDIS MY 2019–MY 2021**



IMA is a hybrid measure. MPL is the 50th percentile for Quality Compass Benchmarks. IMA-Combo 2 is reported and held to the MPL. MPL is the 50th percentile for Quality Compass Benchmarks.

- c. In summation of all the Back-To-School Vaccination Event participants, only 16 fell in the IMA denominator. Furthermore, only 2 of the 16 members became compliant after attending the event.
- d. 3,722 CalOptima Health Medi-Cal members ages 11–17 were included in the DHCS Preventative Outreach IVR Campaign. Only 2,256 of 17,445 IMA members received robocall. Of those, 398 members successfully played a message to live voice or received voice message. Nine members completed their vaccinations series after receiving the outreach.
- e. Table 1 examines the HEDIS MY 2021 IMA-Combo 2 rates by race/ethnicity, which includes the total population, N=17,855, n (compliant members) = 8,127, yielding a final rate of 45.52%. 5 of 10 subpopulations displayed did not meet MPL, with White, Black and Asian/Pacific Islanders having the lowest rates. There is opportunity to develop a targeted intervention for these identified subpopulations to help meet the MPL.

**Table 1: Medi-Cal, Immunizations for Adolescents (IMA-Combo 2), Combination 2, HEDIS MY 2021 Rate by Race/Ethnicity**

Admin	Race/Ethnicity									
	Hispanic	White	Vietnamese	No Response	Other	Korean	Black	Chinese	Filipino	Asian/Pacific Islander
<b>HEDIS MY 2021</b>										
<b>Numerator</b>	5,914	522	835	261	109	129	74	66	74	43
<b>Denominator</b>	12,240	1,878	1,363	735	333	305	302	160	160	125
<b>Rate</b>	48.32%	27.80%	61.26%	35.51%	32.73%	42.30%	24.50%	41.25%	46.25%	34.40%
<b>KPI, 50th Percentile</b>	Met 75th	Not Met	Met 90th	Not Met	Not Met	Met 50th	Not Met	Met 50th	Met 75th	Not Met

Table displays top 10 race/ethnicities with the highest denominator based on total population including administrative and hybrid measure counts. IMA-Combination 2 includes adolescents who are numerator compliant for all three indicators (meningococcal, Tdap, HPV).

**Analysis**

- a. It is undetermined if there’s a correlation between the DHCS Preventative Outreach IVR campaign having an impact on the IMA-Combo 2 rate.
- b. CalOptima Health met the goal set for IMA-Combo 2 in MY 2021. As shown in Table 2, IMA-Combo 2 met the goal set by 0.12 percentage points.

**Table 2: MY 2022 Medi-Cal IMA-Combo 2 Goal**

HEDIS Measure	HEDIS MY 2021 Final Rate	MY 2021 Goal Rate	Variance
<b>Immunizations for Adolescents (IMA) Combination 2</b>	50.73%	50.61%	+0.12%

Table displays the final HEDIS 2021 results and the goal for each measure.

**Barriers**

- Back-To-School Vaccination Events required collaboration across multiple organizations with high reach potential, but low impact. As discussed above, only 16 members fell in the IMA denominator.
- With the availability of the COVID-19 vaccine in 2021, clinics’ availability to support Back-To-School Vaccination events was limited as they were in process of operationalizing internal vaccine clinics.
- The Telephone Consumer Protection Act (TCPA) halted text message campaign efforts in 2021.
- The provider offices have limited availability for scheduling appointments, did not have an appointment reminder system or the wait times were too long.
- The provider office schedule did not allow for future immunizations to be scheduled. The parent or guardian had to call the office to schedule the appointment when the child was closer to the age-based well-child visit date.
- The member’s parent or guardian preferred to obtain care closer to home and with a trusted community partner (e.g., at a health fair).
- The member’s parent or guardian was unaware of the timeliness and importance of vaccinations.
- The member’s parent or guardian forgot to schedule and attend well-child visits to obtain vaccinations for their child.

- The member’s parent or guardian or the child had a fear of vaccinations or refused the provider’s recommendation for vaccinations.

### Opportunities for Improvement

- Based on September 2022 Prospective Rate Report, IMA-Combo 2 (44.34%) HEDIS rates are performing lower than last year and have met the MPL (35.04%), see Table 3. IMA-Combo 2 has met the 66th percentile (39.16%). Opportunities remain to increase the IMA-Combo 2 rate as MY 2022 performance is lower than MY 2021.

**Table 3: MY 2022 Medi-Cal IMA-Combo 2 Prospective Rates**

HEDIS Measure	September 2021		September 2022		
	Denominator	Rate	Denominator	Numerator	Rate
<b>Immunizations for Adolescents (IMA) Combination 2</b>	17,464	45.68%	17,574	7,793	44.34%

*Prospective Rates reflect claims/encounters processed through September 2022.*

- As an identified strategy to increase IMA rate from MY 2021, a multimodal approach has been implemented in MY 2022 that has shown to positively impact the rate. Interventions included back-to-school vaccination events, member and community newsletters, website promotion and social media campaigns.
- There was a limitation of the interventions due to the challenge in obtaining member consent for outreach. CalOptima Health will seek a concerted effort to obtain more TCPA consents so that more members may be included in robocall campaigns and text message campaigns.
- Additionally, live-person telephonic call campaigns have proven to be effective in reaching members since there are fewer outreach limitations. It not only serves as a reminder to members, but CalOptima Health is able to obtain qualitative data on barriers to care. CalOptima Health will consider building an internal call center to conduct telephonic call campaigns more regularly to connect with members before the member ages out of the measure.
- CalOptima Health has opportunities to collaborate with CBOs and school districts to promote vaccinations for students. Past community events proved parents and/or guardians see their child’s school and CBOs as trusted resources and are more likely to respond and follow through with the guidance.



## **Blood Lead Screening (BLS) Lead Screening in Children (LSC)**

Lead Screening in Children (LSC) is a hybrid HEDIS and MCAS measure that is currently not held to the MPL. LSC measures the percentage of children who are 2 years of age and had one or more capillary or venous blood test for lead poisoning by their second birthday.

Beginning MY 2022, managed care plans (MCPs) will be held to the MPL. In addition, through All Plan Letter (APL) 20-016: Blood Lead Screening in Young Children, DHCS issued regulatory requirements for MCPs to ensure timely BLS among eligible child members. APL mandates differ from HEDIS and require two BLS, one at 12 months and a second at 24 months of age with catch-up testing if these recommendations are not met.

CalOptima Health has engaged in efforts to ensure compliance with the DHCS APL 20-016 and increase the BLS rates through various provider and member-based efforts that emphasize the importance of timely BLS. Meeting the testing mandates outlined in the APL will support improved testing rates for the LSC HEDIS measure, thus blood lead testing is an opportunity for CalOptima Health to prioritize pediatric preventive care measures such as LSC.

### **Interventions**

- Spring 2021 Medi-Cal Newsletter: April 2021 was mailed to all 535,741 head of household members in seven threshold languages.
- Health Guide 3-6 Newsletter and “How Protect Your Family from Lead Poisoning” handout: April 2021 was mailed to 47,901 Medi-Cal children ages 3–6.
- Social Media Engagement: October 2021 Social media post on Facebook, Instagram and Twitter during National Lead Poisoning Prevention week.
- Be Aware of Lead Poster: During October 6–29, 2021, 325 English, Spanish and Vietnamese posters were distributed to 65 high-volume provider offices that described the health effects of lead, who must be screened for lead and preventing exposure to lead.
- DHCS Blood Lead Postcard Resource Guide: November 2021

- Quarterly BLS Gap Reports: April 2021
  - i. In accordance with regulatory and operational requirements, the BLS gap reports were sent to all Health Networks. The first gap report was sent in April 2021 and identified children 6–72 months of age who have not been screened for lead as recommended. CalOptima Health also provided information to the Health Networks through Provider Update, Provider Press Newsletter, Quality 1:1 quarterly meetings with Health Networks.

## Findings

- b. The HEDIS LSC measure was not held to MPL during MY2021. The final HEDIS rate was 63.99%.
- c. In reviewing the testing rate by ethnicity for the LSC measure, see Table 1, Hispanic child members represent the majority of the child population (54.28%) and had a 64.19% testing rate. Black child members represent 1.28% of the child population, however, were among the groups that had the lowest testing rates (42.86%). Additionally Chinese, Filipino and Asian/Pacific Islander child members represent less than 1% of the total population but were among the groups with the lower testing rates.

**Table 1: MY 2021 LSC HEDIS Results by Ethnicity**

Hybrid	Ethnicity										
HEDIS MY 2021	Hispanic	No response	White	Other	Vietnamese	Black	Korean	Chinese	Filipino	Asian/Pacific Islander	Total
<b>Numerator</b>	4,559	1,080	655	667	480	72	83	59	45	30	7,802
<b>Denominator</b>	7,102	2,011	1,351	1,224	727	168	119	99	77	71	13,082
<b>Rate</b>	64.19%	53.70%	48.48%	54.49%	66.02%	42.86%	69.75%	59.60%	58.44%	42.25%	59.64%
<b>% of Total Population</b>	54.29%	15.37%	10.33%	9.36%	5.56%	1.28%	0.91%	0.76%	0.59%	0.54%	59.63%

Table A displays top 10 ethnicities with the highest denominator based on total population. LSC is a hybrid measure. The total rate does not indicate the final HEDIS rate.

- d. Claims from January 1, 2021–May 23, 2022, related to blood lead diagnosis were analyzed. Out of 199 claims, 95 (47.7%) members have diagnosis Z77.011 – Contact with and (suspected) exposure to lead. Santa Ana (15.85%), Anaheim (14.73%) and Laguna Beach (10.52%) are the top three geographic areas of members being diagnosed with “contact with/and suspected exposure to lead.” Results are consistent with the environmental risk factors present in the communities of Santa Ana and Anaheim as a result of pre-1978 housing.

- e. One research study<sup>11</sup> analyzed the concentration of lead in soil samples throughout Santa Ana and concluded that census tracts with lower-income households have higher concentrations of lead in the soil. In addition, 11 census tracts within Santa Ana were identified as high risk for lead exposure. In August 2022, lead testing rates were analyzed using May 2022 prospective rates, and it was found that 39.1% of children living in these 11 high risk census tracts remained untested.
- f. Lead paint has historically been the greatest source of lead exposure, but children can be exposed to lead through additional sources. In one study<sup>12</sup>, researchers mapped historical roads, traffic patterns and housing in Santa Ana. They found greater concentrations of lead in areas that experienced higher traffic volumes over a longer period of time. It was concluded that concentration of lead in soil is due to pollution from vehicle emissions, which poses a risk for lead exposure and lead poisoning.
- a. Beginning MY 2022, the HEDIS LSC measure will be held to the MPL. As of September 2022, the LSC prospective rate was 58.94%, which is a 1.51 percentage points higher than the September 2021 prospective rate of 57.43%. See Table B.

**Table 2: MY 2022 Medi-Cal LSC Prospective Rate Results**

HEDIS Prospective Rates	September 2021	September 2022
<b>Numerator</b>	7,295	6,949
<b>Denominator</b>	12,702	11,789
<b>Rate</b>	57.43%	58.94%

*Claims/Encounters processed through September 2022. LSC is a hybrid measure. Prospective Rates are solely administrative and do not take into account hybrid sample.*

**2. Analysis**

- a. The first quarterly BLS gap reports issued in April 2021 contained data from January through March 31, 2021. The BLS gap report identified child members who have not been screened for lead in accordance with the California Code of Regulations. This is intended to support Health Networks with their efforts to close gaps in blood lead screening.
- b. Multiple interventions were focused on driving member awareness and providing education related to BLS. It is key to continue to drive member education efforts, but there are opportunities to expand on interventions that focus on providers and high-volume offices. In addition, there are opportunities to better understand the potential systematic barriers that may be preventing members from getting a blood lead test.
- c. September 2022 Prospective Rates are higher than the same time in September 2021. Lower prospective rates in 2021 may be a result of the impact of the COVID-19 pandemic on well-child visit attendance and subsequently blood lead testing.

<sup>11</sup> Masri S, LeBrón A, Logue M, Valencia E, Ruiz A, Reyes A, Lawrence JM, Wu J. Social and spatial distribution of soil lead concentrations in the City of Santa Ana, California: Implications for health inequities. *Sci Total Environ.* 2020 Nov 15;743:140764. doi: 10.1016/j.scitotenv.2020.140764. Epub 2020 Jul 6. PMID: 32663692; PMCID: PMC7492407

<sup>12</sup> Rubio, J M, Masri, S., LeBrón, A., Torres, I .R., Sun, Y., Villegas, K., Flores, P., Logue, M.D., Reyes A., Lebron. A., Wu, J. Use of historical mapping to understand sources of soil-lead contamination: Case study of Santa Ana, CA. *Environmental Research.* 22 Sept. 212. doi: <https://doi.org/10.1016/j.envres.2022.113478>

## Barriers

- On July 6, 2021, Magellan Diagnostics issued a recall on LeadCare II, LeadCare Plus and LeadCare Ultra Blood Lead Tests. The recall was expanded two additional times. Distribution of the products did not resume until March 30, 2022. This recall had the potential to contribute to systematic barriers with the shortage of blood lead testing supplies and pose additional challenges with the distribution of available supplies. In addition, the recall may have contributed to member barriers if the provider was not able to perform a blood lead test in office and required the member to go to a lab for testing.
- Laboratories may have reduced their ability for testing due to limited point of care testing supplies as a result of the Magellan Diagnostics recall.
- Providers may not have had the capability to conduct point of care testing for lead in their offices and must refer members to complete a lead test in a laboratory.
- The national COVID-19 PHE continued throughout MY 2021. Since the onset of the pandemic, there has been a decrease in well-child visits, which has led to significant delays in the provision of recommended screenings including lead testing. There are cohorts of children who remain behind on these regular routine visits or may follow an alternative schedule.
- Parents or guardians of children may opt not to complete a lead screening because they may be unaware of the importance of blood lead testing or the recommended testing cadence at 12 and 24 months of age. Parents or guardians may also have concerns related to the physical discomfort associated with testing.
- The Telephone Consumer Protection Act (TCPA) consent restrictions did not allow for member text message campaigns to launch in 2021. In addition, a limited number of members have TCPA consent on record, which places limitations on the members who can be outreached.
- Low-income communities face the burden of geospatial barriers that increased the risk of lead exposure. Disproportionate rates of lead exposure are the result of the lack of regulations related to lead, discrimination in housing and poor housing quality, and high concentrations of lead in the soil that are not being addressed. Lack of effective policies and investment efforts to address environmental factors will continue to result in persistent lead, heightened exposure risk and ongoing health consequences as a result of exposure.

## Opportunities for Improvement

- The LSC measure was not held to MPL in MY 2021, however the measure will be held to MPL in MY 2022. In addition, DHCS issued APL 20-016 in November 2020 to mandate two blood lead tests with the opportunity to complete catch up testing through 72 months of age. Meeting the regulatory requirements for testing will support the LSC measure that mandates one test at minimum, thus blood lead testing should be a high priority for quality initiatives.
- Exposure to lead is an environmental justice and health equity issue. Research indicates that lead exposure disproportionately affects low-income communities and children of color. Addressing lead screening rates provides an opportunity to address health equity issues, however it requires a multiprong approach. Blood lead testing is the best and only way to identify lead exposure in children.
- In Q3 of MY 2022, CalOptima Health conducted in-person (n=28) and telephonic (n=113) barrier analysis among parents/guardians of child members to understand the root causes that influence blood lead testing or the lack thereof. Out of the 28 parents surveyed, 20 (71.42%) tested for lead, and 18 (85.71%) of those that tested did so as a result of a provider recommendation. Conclusion: Providers are an important factor for childhood blood lead testing. Out of the 113 parents surveyed, 57 (50.44%) tested for lead, 45 (39.82%) did not test for lead and 27 (51.11%) of those who did not test did not know about lead testing. In conclusion, opportunities exist for member education efforts to advise of the importance of blood lead screenings.

- Opportunities remain to conduct a provider barrier analysis to understand their perception of the factors that influence blood lead testing among child members or the lack thereof.
- CalOptima Health will continue to expand on the member communication and engagement strategy to include multimodal approach via: Medi-Cal member newsletters, texting, robocalls, paid digital media campaigns, PBS TV campaigns, CalOptima Health website and live calls.
- CalOptima Health will continue to expand on a provider communication and engagement strategy to include a multimodal approach via: Provider Press Newsletters, Provider Update, Continuing Medical Education (CME) events, and collaboration with high-volume/high-opportunity providers.
- Opportunities remain to tailor initiatives to untested members. Testing rates were analyzed by ZIP code and languages and were used to develop targeted social media and digital ad campaigns in English, Spanish and Vietnamese that launched throughout MY 2022.
- There are opportunities to close gaps in care and support reduce health disparities by conducting targeted interventions such as a live call campaign to racial/ethnic groups that are untested per the LSC measure and who represent less than 5% of the total population. A live call campaign intervention can include a member barrier analysis, support a positive member experience and encourage a positive relationship with their PCP. However, because Hispanic members represent the largest group in volume, interventions should continue to target this group.
- The BSP is transitioning workflows to conduct well-child follow-up calls at the 6- and 12-month period to parents who participated in the BSP to support a continuum of care. BSP follow-up calls will include educating parent/guardian on testing, analyzing potential barriers for testing and discussing potential sources of lead.
- In MY 2022, LSC was included in the Pay 4 Value (P4V) program to drive Health Network performance. Inclusion may support the increase of blood lead screening rates.
- In MY 2022, TCPA consent was resumed and a robocall campaign was conducted in July 2022 to remind members who were untested, per the LSC measure, to get a blood lead test. Additionally, a text campaign launched December 2022 and advised parents/guardians of the health effects associated with lead exposure and encouraged blood lead testing.
- Opportunities remain for the organization to expand on the modalities to obtain member TCPA consent to maximize member engagement.
- In October 2022, a process was implemented among Health Networks to attest to operational and regulatory requirements, which include retrieving, reviewing and distributing quarterly gap report data to providers. Provider are urged to test these members for lead. Additional attestation components include ensuring the documentation of the refusals of blood lead testing and following standards of care for testing and follow-up care.
- CalOptima Health will enhance quarterly blood lead reports to include a provider summary of member testing rates to support Health Networks with analysis and continued monitoring of lead screening rates by providers.
- Opportunities remain to offer a member health reward for members who complete a blood lead test at 12 and 24 months. Lead testing is interdependent with well-child visits. Offering a member health reward may also drive the completion of pediatric quality measures.
- A new Community Health Worker (CHW) benefit may bring opportunities for member education on lead testing, identify and address member barriers to testing, and facilitate the coordination of care with member's PCPs.



## Member Experience (CAHPS)

CalOptima Health annually monitors member satisfaction and identifies areas for improvement for all lines of business. CalOptima Health assesses member satisfaction by identifying the appropriate population and collecting valid data from the affected population about various areas of their health care experience. Opportunities for improvement are identified from this information and specific evidence-based interventions are implemented. The goal is to improve the overall member experience by better meeting our members' needs.

### Overview of Consumer Assessment of Healthcare Providers and Systems (CAHPS)

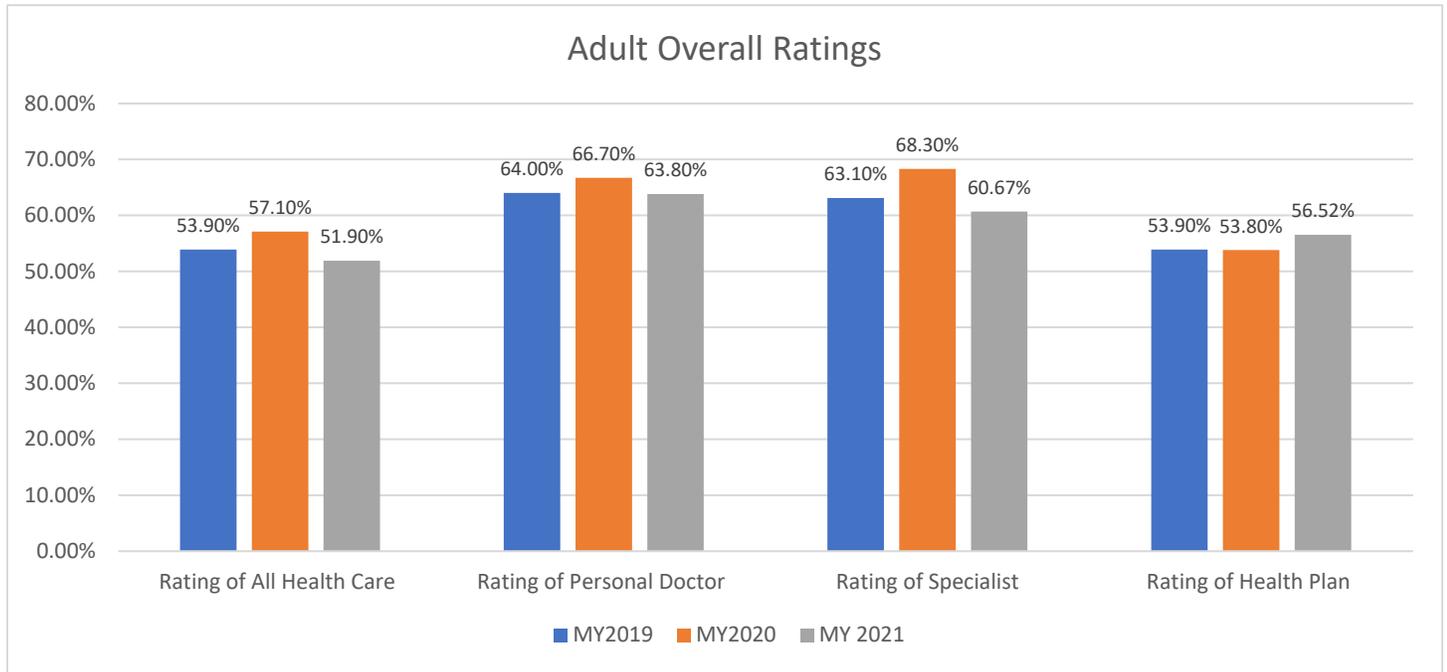
- a. CalOptima Health monitors member experience using the CAHPS survey and results, particularly the achievement score at various levels including plan and health network. The achievement score is the calculation of positive responses, typically identified as “Usually” or “Always” or rated top scores of “9 or 10.”
- b. Although the COVID-19 pandemic may have contributed, CalOptima Health’s response rates have continued to decrease in the past few years despite oversampling efforts. A lower response rate in 2022 has led to CalOptima Health’s inability to report a valid adult CAHPS rate to NCQA for five measures due to a small denominator (N<100). As a result, CalOptima Health is further increasing its oversample in the next survey cycle.
- c. To align with NCQA’s Health Plan Ratings methodology, CalOptima Health benchmarks the plan’s CAHPS performance against the 10th, 33.33rd, 66.67th and 90th measure benchmarks and percentiles for Medi-Cal. For OneCare, the Medicare Star Rating cut points will be used to benchmark CAHPS performance.

### Findings: Grievances and CAHPS Survey Results

The following graphs display CAHPS survey results for MY 2021.

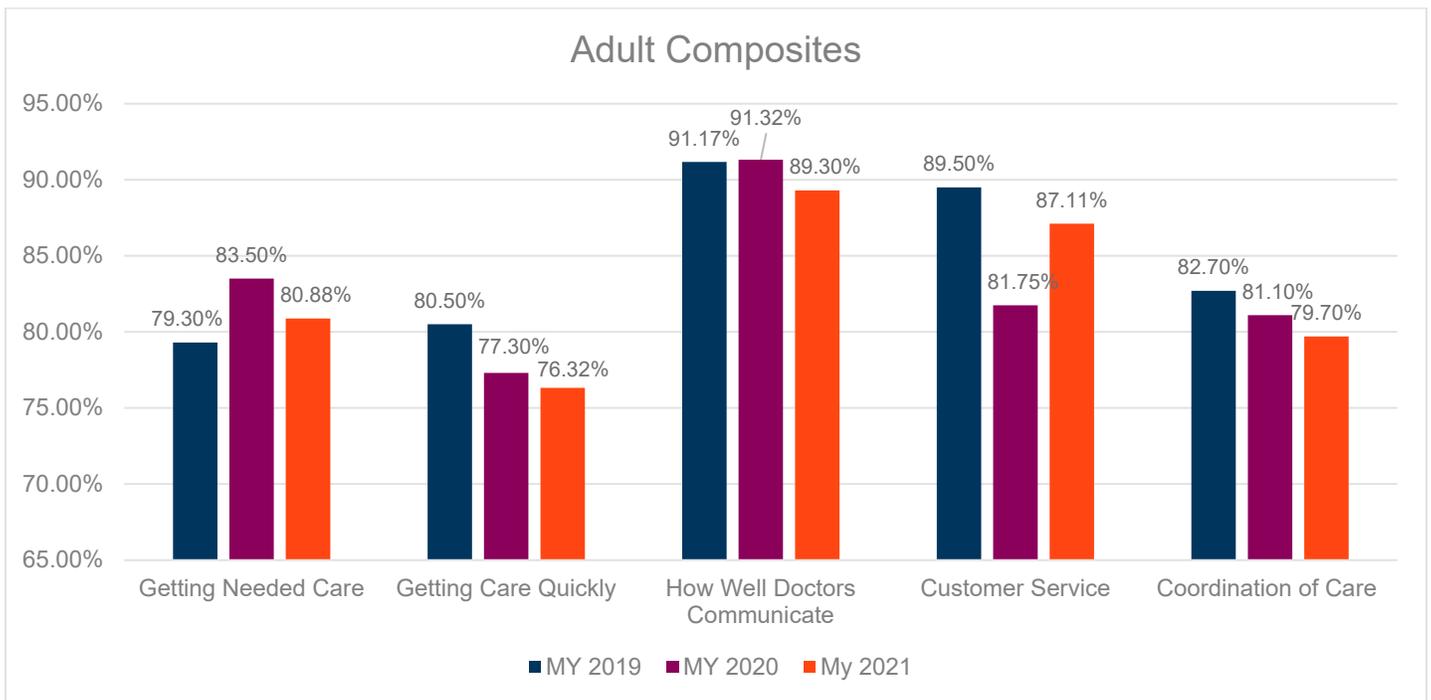
### Medi-Cal Adult CAHPS Survey Results

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



National Quality Compass	CalOptima Health MY 2021	QC 10th Percentile	QC 33rd Percentile	QC 66th Percentile	QC 90th Percentile
Rating of All Health Care	51.9%	49.34	54.22	58.77	63.02
Rating of Personal Doctor	63.8%	61.79	65.34	71.14	75
Rating of Specialist Seen Most Often	*60.67%	61.94	66.34	70	75.47
Rating of Health Plan	56.52%	53.85	59.78	64.94	70.09

*\*Denotes performance below the 10th percentile.*

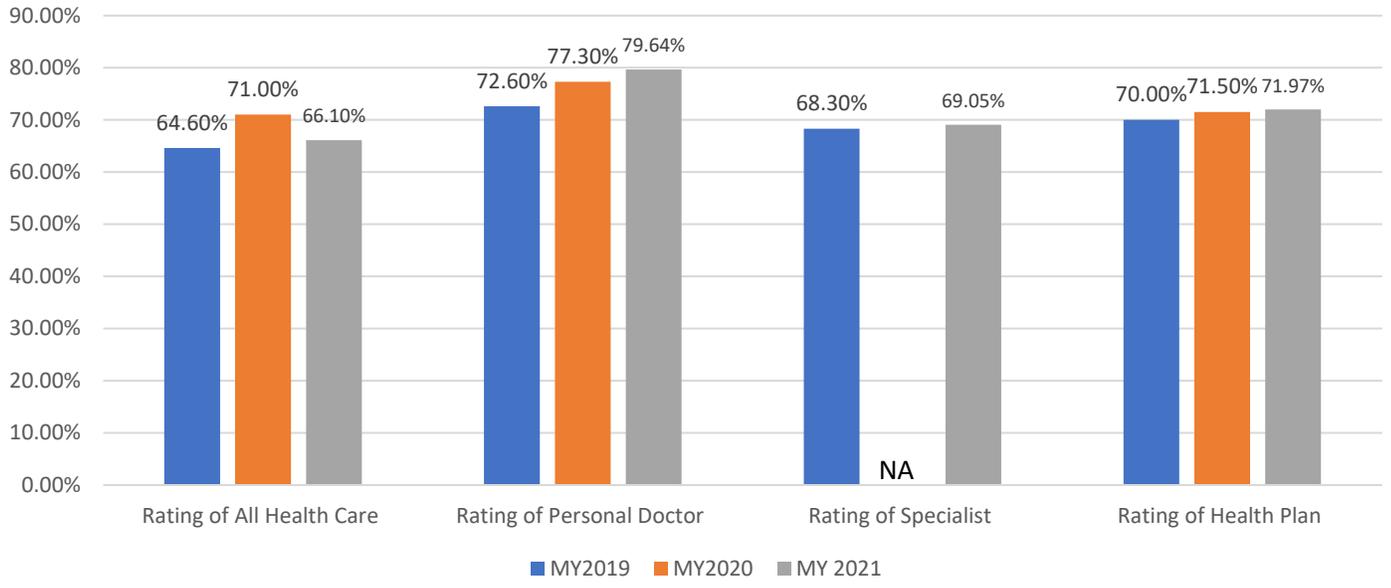


National Quality Compass	CalOptima Health MY 2021	QC 10th Percentile	QC 33rd Percentile	QC 66th Percentile	QC 90th Percentile
Getting Needed Care	80.88%	75.64	80.37	84.6	87.47
Getting Care Quickly	76.32%	70.19	77.9	83.82	86.85
How Well Doctors Communicate	89.3%	89.04	92.01	93.78	95.37
Customer Service	87.11%	84.05	87.86	90.7	92.34
Coordination of Care	79.7%	79.17	81.75	86.26	89.52

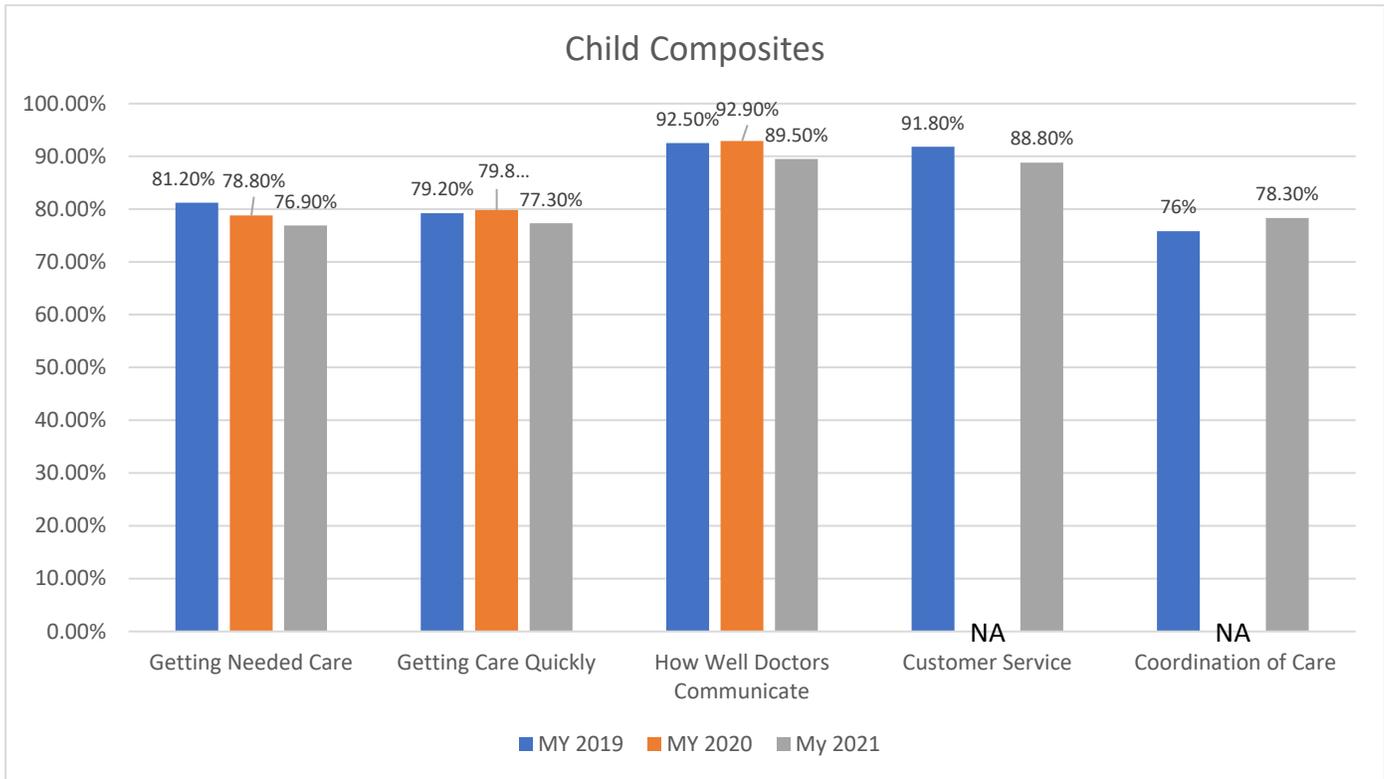
## Medi-Cal Child CAHPS Survey Results

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

### Child Overall Ratings



National Quality Compass	CalOptima Health MY 2021	QC 10th Percentile	QC 33rd Percentile	QC 66th Percentile	QC 90th Percentile
Rating of All Health Care	66.10%	65.35	68.39	73.19	77.06
Rating of Personal Doctor	79.64%	71.82	75.46	78.81	82.18
Rating of Specialist Seen Most Often	69.05%	68.22	70.34	74.07	80.36
Rating of Health Plan	71.97%	65.22	69.57	74.36	78.64



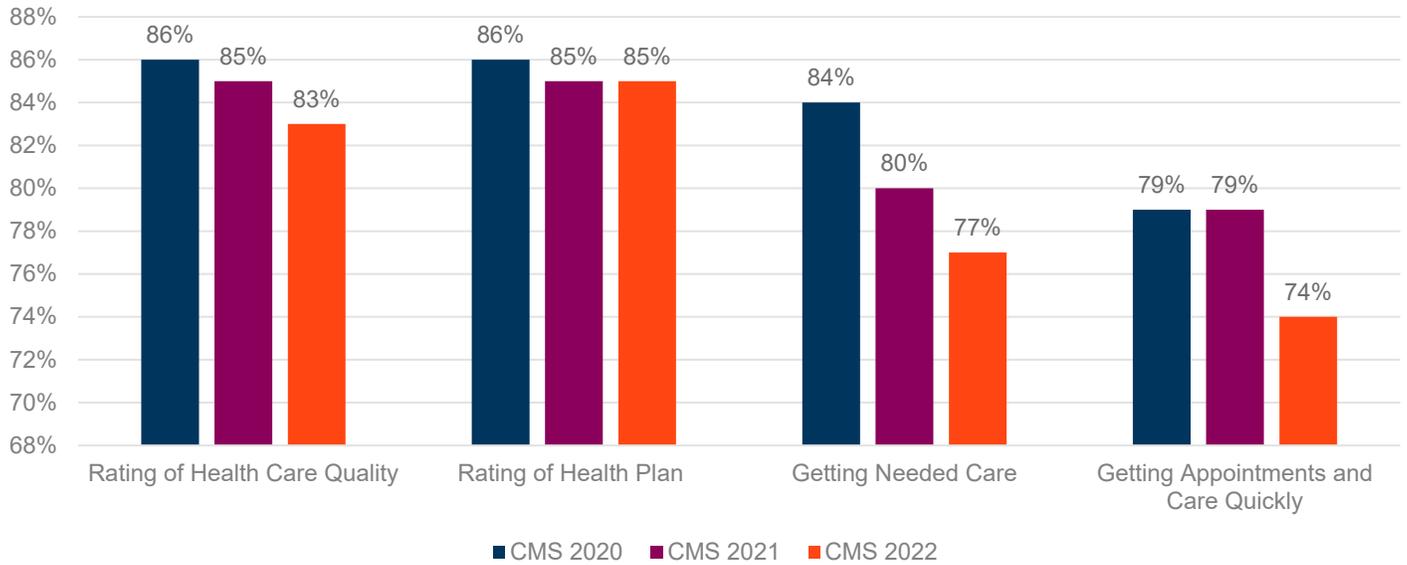
National Quality Compass	CalOptima Health MY 2021	QC 10th Percentile	QC 33rd Percentile	QC 66th Percentile	QC 90th Percentile
Getting Needed Care	76.9%	76.18	83.02	86.66	89.48
Getting Care Quickly	*77.3%	79.85	85.31	89.34	91.9
How Well Doctors Communicate	*89.5%	91.61	94.22	96.04	96.75
Customer Service	88.8%	84.83	86.79	89.32	91.67
Coordination of Care	*78.3%	78.81	83.2	86.73	90.12

\*Denotes performance below the 10th percentile.

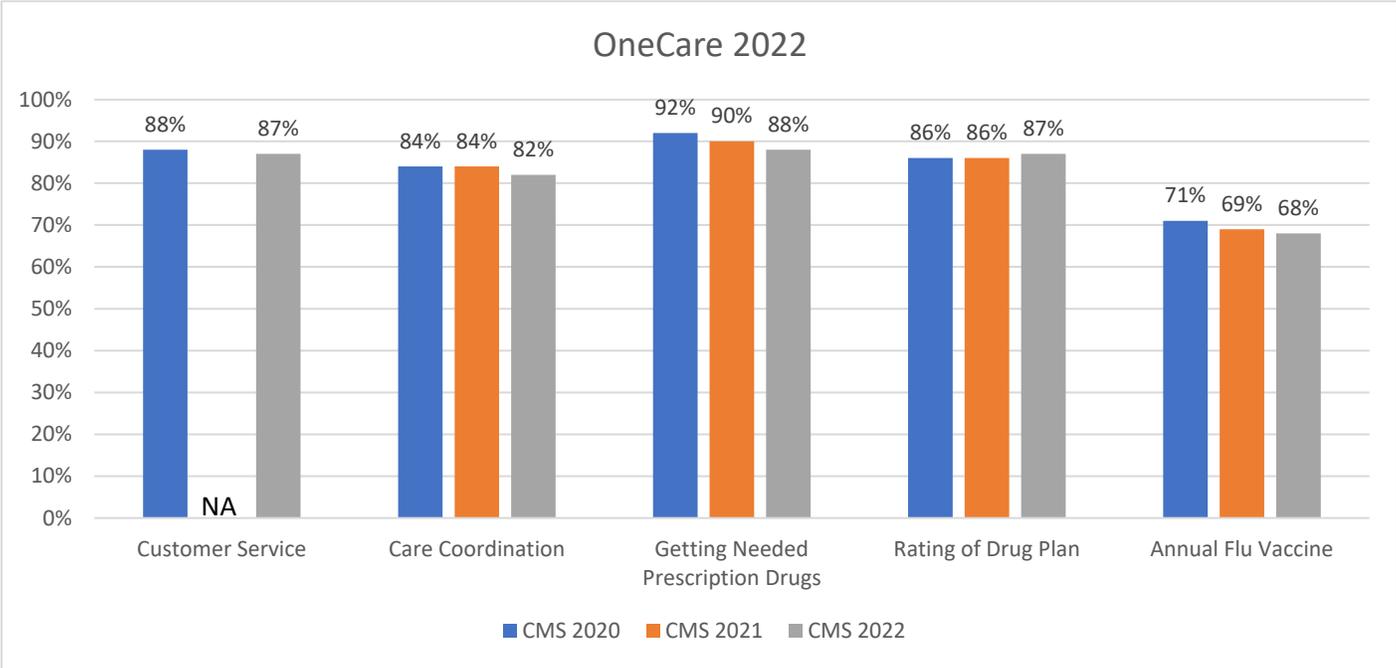
## OneCare CAHPS Survey Results

**Goal: To meet the CMS 3-Star Rating.**

## OneCare 2022



CAHPS Measure	Mean Score	Statistical Significance	Star Rating for 2022 CAHPS Score	Star Rating for 2021 CAHPS Score	Star Rating for 2020 CAHPS Score
Rating of Health Care Quality	83	Below Average	1	2	3
Rating of Health Plan	85	Below Average	2	2	3
Getting Needed Care	77	Below Average	1	2	4
Getting Appointment and Care Quickly	74	Below Average	2	3	4



CAHPS Measure	Mean Score	Statistical Significance	Star Rating for 2022 CAHPS Score	Star Rating for 2021 CAHPS Score	Star Rating for 2020 CAHPS Score
Customer Service	87	Below Average	1	N/A	2
Care Coordination	82	Below Average	1	2	2
Getting Needed Prescription Drugs	88	Below Average	2	2	4
Rating of Drug Plan	87	No Difference	4	3	4
Annual Flu Vaccine	68	Below Average	2	2	3

## OneCare Connect CAHPS Survey Results

**Goal: To meet the CMS National Medicare-Medicaid Plan (MMP) Average.**

CAHPS Measure	CMS 2019 Results	CMS 2021 Results	CMS 2022 Results	CMS National MMP Results	Statistical Significance
Getting Needed Care	3.27	3.37	3.31 (-)	3.38	Below Average
Getting Appointment and Care Quickly	3.2	3.14	3.19 (-)	3.28	Below Average
Rating of Health Care Quality	8.2	8.6	8.6 (+)	8.5	No Difference
Rating of Health Plan	8.5	8.5	8.5 (-)	8.6	Below Average
Customer Service	3.58	3.62	3.59 (-)	3.68	Below Average
Care Coordination	3.47	3.52	3.53 (-)	3.55	Below Average
Getting Needed Prescription Drugs	3.57	3.65	3.63 (-)	3.68	Below Average
Rating of Drug Plan	8.3	8.5	8.5 (-)	8.7	Below Average

Case mix adjusted mean on a 1-4 scale. +/- = score increase/decrease from 2021.

a. Grievances:

Analysis of grievances as they relate to member experience showed the following as a percentage of total grievances for CalOptima: Access 19%, Attitude and Service 62%, and Quality of Care 8%.

## Analysis

- a. CalOptima Health reviewed all MY 2021 CAHPS rates in detail and compared them with the benchmarks.
- Apart from one child measure at the 66th percentile (Rating of Personal Doctor), the remaining CAHPS measures remain below the 66th percentile for Medi-Cal.
  - For OneCare, one measure, Rating of Drug Plan, received a CMS 4-Star rating with the remainder of the Star measures below a CMS 4-Star Rating.
  - OneCare Connect measures were all considered “Below Average” except for “No Difference” for the measure of Health Care Quality.
  - CalOptima Health did not meet the goals set for CAHPS apart from one OneCare CAHPS measure meeting a CMS 3-Star Rating and one Medi-Cal measure meeting the Quality Compass 66% benchmark. OneCare CAHPS performed “Below Average” for eight measures and OneCare Connect performed “Below Average” for seven measures. The “Below Average” for OneCare measures are Rating of Health Care Quality, Rating of Health Plan, Getting Needed Care, Getting Appointments and Care Quickly, Customer Service, Care Coordination, Getting Prescription Drugs and Annual Flu Vaccine. “Below Average” for OneCare Connect are Getting Needed Care, Getting Appointments and Care Quickly, Rating of Health Plan, Customer Service, Care Coordination, Getting Needed Prescription Drugs and Rating of Drug Plan. Medi-Cal performed below the 10th percentile for four measures. Those

measures are adult Rating of Specialist and child Getting Care Quickly, Care Coordination and How Well Doctors Communicate.

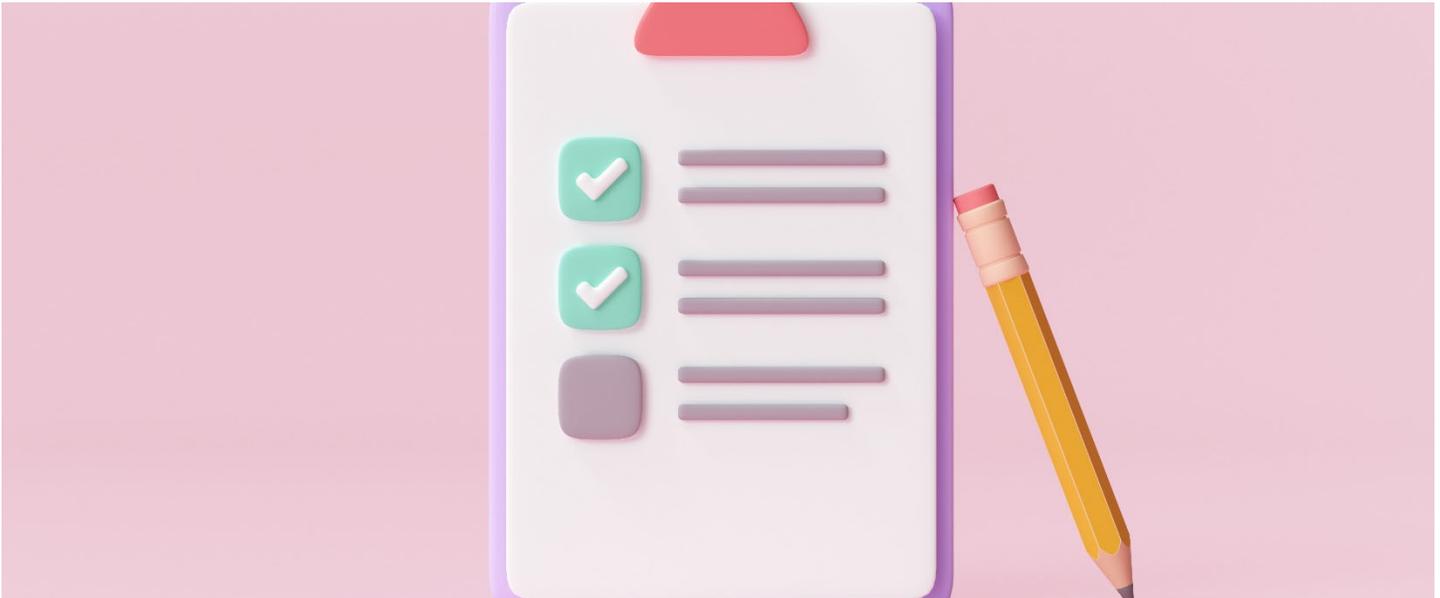
- There was improvement in OneCare's performance from a 3 to a 4 CMS star rating for Rating of Drug Plan.
- Response rates for CAHPS continue to decline for CalOptima's adult and child populations. The adult population response rate declined 4.01% and the child declined .47%. The OneCare response rate increased by 2.5% and the OneCare Connect response rate improved by 4.1%.
- b. Member grievances related to member experience showed an increase in grievances by 7% for Access, a decrease of 2% for Attitude and Service and a decrease of 3% for Quality of Care.

## Barriers

- Response rates continue to decline for CAHPS surveys.
- Appointment Timeliness and Availability: Members were unable to obtain timely appointments for routine and urgent care. Providers continue to offer telehealth services instead of in-person for the first initial visit. Many members prefer in-person appointments. The lack of extended office hours for urgent appointments and overcapacity of members for PCPs contributed to appointment access issues.
- Members experienced challenges with reaching providers for a variety of reasons, including provider not seeing new patients, provider cancelled appointment and phone calls not being answered.
- Referrals expired because patient could not get an appointment or provider canceled/changed appointment. During the pandemic, members did not go to providers for many routine care services during pandemic, resulting in doctor offices being behind on preventive screening services.

## Opportunities for Improvement

- To improve response rates, CalOptima Health will further increase the survey oversample for those populations affected.
- CalOptima Health is in discussions with our contracted survey vendor to use a QR code that will allow the member to access their survey electronically for ease of use to improve response rates.
- CalOptima Health is exploring engaging with a predictive analytics vendor that would provide CalOptima Health with a defined path and process to improve CAHPS scores. Next steps are to bring vendors in for demonstration with potential for RFP.
- CalOptima Health to issue Corrective Action Plans (CAPs) to nine health networks with Medi-Cal Member Experience Health Network Quality Ratings below 2.5.
- Improve access to appointment availability and telephone accessibility by educating and outreaching to providers with challenges in providing care timely.
- CalOptima Health sent out 1,643,233 text messages from April to December 2021. All messages were COVID-19 related and informed members they were eligible for the vaccine and/or booster, promoted vaccine events, provided information homebound members on how to get the vaccine at home and promoted CalOptima Health's COVID-19 vaccine gift card incentive.



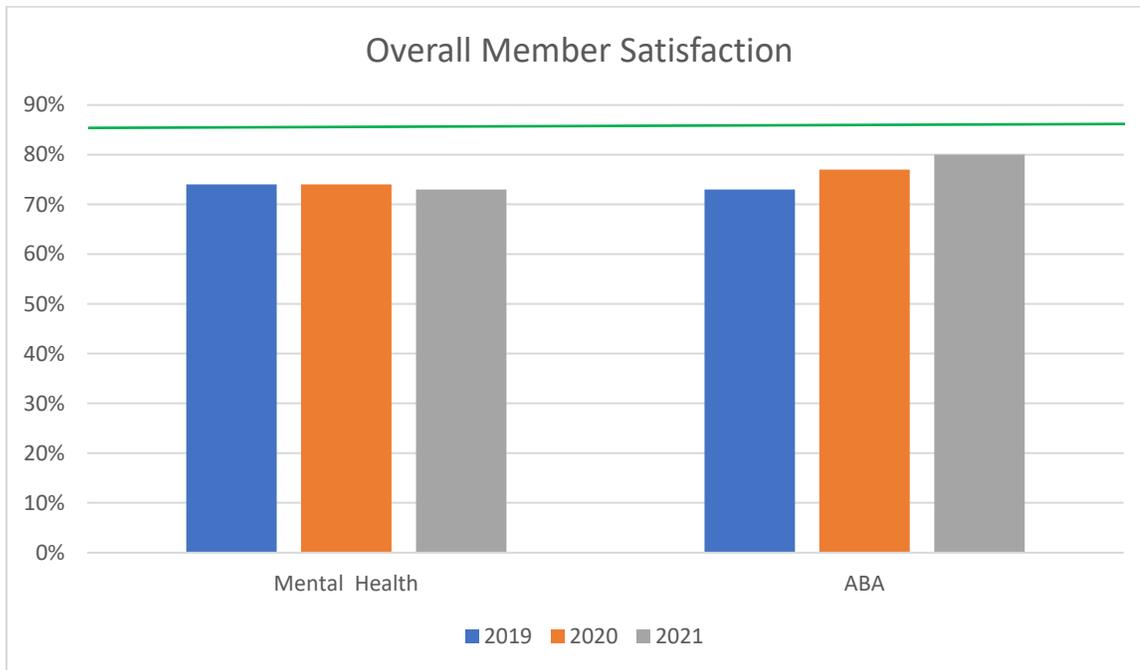
## Member Experience (Behavioral Health Survey)

CalOptima Health conducts comprehensive behavioral health surveys and analyses annually to assess member satisfaction regarding behavioral health (BH) services. CalOptima Health worked with an outside vendor to field the 2022 Behavioral Health Member Experience Surveys to measure member satisfaction on BH services received in 2021. Two separate surveys were administered: the Behavioral Health Member Satisfaction: Applied Behavior Analysis (ABA) Services Survey and the Behavioral Health Member Satisfaction: Mental Health (MH) Services Survey. The MH version of the survey assesses for both psychotherapy and medication services, whereas the ABA version is solely for ABA services. The consistent areas surveyed annually since managing BH services in house (i.e., non-delegated model) are Access to Services, Treatment Experience and As a Result of My Treatment. Additional questions on telehealth services, duration of treatment and overall experience were included based on feedback received from the Behavioral Health Quality Improvement (BHQI) Workgroup, Member Experience Committee and Quality Improvement Committee (QIC).

### Interventions

- a. A two-wave mailout survey methodology using a random sample size of 4,739 members to carry out the survey. Members of all ages and genders were surveyed. The survey was available to all members in their preferred language. Questions were scored on a five-point Likert scale that allowed the members to express how much they agree or disagree with a particular statement and included an option of Not Applicable (NA). The response rate for the MH services survey was 10% for a total of 406 completed surveys and 19% for a total of 89 completed surveys for ABA services.
- b. CalOptima Health Behavioral Health Quality Team increased the sample size of members surveyed for the MH Services Survey from 1,572 in the prior year to 4,246 with the intent to capture a representative sample and receive more responses. Similarly, the ABA Services Survey sample size was also increased from 228 members in the prior year to 493 members.

## Findings



*Benchmark Goal = 85% Satisfaction Rate*

## Analysis

CalOptima Health has established an overall satisfaction goal of 85%. The Overall Member Experience Survey rates for areas surveyed consistently year-to-year (i.e., Access to Services, Treatment Experience and As a Result of My Treatment) did not meet the intended goal of 85%. The MH survey fell short at 73% with a 12 percentage point gap to goal in 2021. ABA received an 80% satisfaction rate but missed the goal by 5 percentage points.

## Barriers

The CalOptima Health BHQI Workgroup identified potential barriers and reviewed them at the Member Experience Committee and QIC.

- c. Process Perspective: Reviewed survey questions, length of survey, methodology (e.g., mail verses other mediums, best time to administer, etc.), and survey burnout/fatigue and member abrasion.
- d. Quality Perspective: Access to services was an area that resulted in lower satisfaction rates. With the ongoing public health emergency for the COVID-19 pandemic initiated in March 2020, the impact was still being felt in 2021. During this time many provider offices were closed or made changes to their schedules. Appointments were hard to obtain, and members preferred not to go in person. In addition, the number of members accessing services increased.

## Opportunities for Improvement

- Shortening the surveys in an attempt to increase response rate and address member abrasion.
- Fielding the surveys after the holidays.
- Improving access to services by increasing provider availability.

- i. Increasing provider rates: the CalOptima Health Board of Directors approved rate increases for ABA and MH providers. The hope is that this will open up panels that have been closed and recruit new providers allowing more availability of providers for members.
- ii. Increase Network: DHCS Children and Youth Behavioral Health Initiative (CYHBI) investments focused on increasing access through offering additional opportunities for mental health. For instance, the Student Behavioral Health Incentive Program (SBHIP) will allow youth to receive mental health services on or near a school campus. In addition, a new fee schedule will allow CalOptima Health to reimburse for such services in 2024.



## Improving Access to Care

### Improving Access: Annual Network Certification (ANC)

DHCS established network adequacy standards and assesses and certifies the adequacy of managed care plan's provider network at least annually through the ANC process.

#### 1. Changes to Annual Network Certification in Draft APL Network Certification and Timely Access

- a. DHCS to set an 80% minimum performance for Timely Access Standards.
- b. Non-urgent follow-up appointments for non-physician mental health providers to change from 20 business days to 10 business days.

- c. DHCS to provide a list of mandatory provider types for health plans to confirm whether the provider is contracted and in the network.
- d. DHCS to run the time/distance analysis on behalf of the health plans using ArcGIS and a new set of population data points.
- e. Health plans are not allowed to use telehealth to cover areas not meeting time/distance standards, if the telehealth ratio is met.

## 2. 2022 ANC Submission

- a. CalOptima Health completed the ANC submission in Q4 2022, with the exception of the time/distance submission.
  - i. Time/distance analysis to be provided to health plans by DHCS in December and health plans will have 30 days to submit.
- b. CalOptima Health met requirements for Mandatory Provider Type.
- c. CalOptima Health did not meet 113 areas (provider type/ZIP code combinations) for time/distance analysis.
  - i. Currently awaiting DHCS detailed analysis. For each area of non-compliance, CalOptima Health will submit evidence of contracting or outreach efforts.

## Subcontracted Network Certification (SNC)

For managed care plans with subcontracted delegates, DHCS expects plans to assess and certify the adequacy of the plan's provider network at least annually through the SNC process, beginning in 2023.

### 1. Changes to Subcontracted Network Certification

- a. DHCS to stagger submissions for network certification and delayed the SNC submission until after the ANC submission.
- b. DHCS plans to issue an SNC APL in Q1 2023. Submission likely to reflect ANC submission.

### 2. Actions to Prepare for ANC

- a. CalOptima Health shares health network-specific SNC performance with each health network quarterly
  - i. Report includes Mandatory Provider Types, Provider to Member Ratios, Time/Distance Analysis and Timely Access (annual data)
- b. Health networks have implemented the following:
  - i. Conducted data validations
  - ii. Identified Out-of-Network providers to cover access gaps
  - iii. Submitted PDSAs to address timely access



## Improving Access: Appointment Availability and Telephone Access

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

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

The data pull methodology included both census and sampling data. Census data was used for provider types with universes with less than 100 providers. Sampling was used for provider types with universes of 100 and more and included a pull of a random sample to ensure a minimum of 30 completed surveys. For the 2021–22 survey, the total universe included 2,828 unique provider records, and a total of 3,828 contact records, which included providers with more than one location.

CalOptima Health established a MPL of 80% or better at the plan and health network level.

The most recent survey was fielded during business hours September 14, 2021, through July 1, 2022. Providers were not called on weekends or holidays and for each contact, the surveyor made three attempts maximum to reach a live person to participate in the survey. The surveyor collected first and second appointment availability, but data included in this evaluation represents availability for first appointment only.

## Findings

The following tables represents Timely Access Survey results for the past three years, 2019 through 2021. The first table represents appointment availability results and the second represents administrative-telephone access. Telephone access was monitored for two years, from 2020 to 2021.

The goal was MPL of 80% or better at the plan and health network level.

### Appointment Availability Results By Year (2020–21)

Appointment Types	2019	2020	2021	Met MPL	Difference 2020-2021
Primary Routine (10 business days)	67%	76.2%	69.2%	Not Met	-7
Primary Care Urgent (48 hours)	21%	68.4%	62.0%	Not Met	-6.4
Primary Care Physical Exam (30 calendar days)	81%	84.6%	75.8%	Not Met	-8.8
Ob/Gyn Prenatal (OC/OCC: 2 weeks; MC: 10 business days)	70%	80.4%	77.1%	Not Met	-3.3
Ob/Gyn Urgent (48 hours)	-	59%	74%	Not Met	+15
Specialist Routine (15 business days)	58%	67.7%	60.6%	Not Met	-7.1
Specialist Urgent (96 hours)	16%	56.1%	63.7%	Not Met	+7.6
Psychiatrist Routine (15 business days)	45%	78.4%	61.9%	Not Met	--16.5
Psychiatrist Urgent (48 hours)	-	42.9%*	34.4%	Not Met	-8.5
Psychiatrist Follow-up (30 calendar days)	100%*	91.4%	66.7%	Not Met	-24.7
Non-Physician Behavioral Health Routine (10 business days)	75%	76.7%	76.0%	Not Met	-0.7
Non-Physician Behavioral Health Urgent (48 hours)	-	49.2%	60.0%	Not Met	+10.8
Non-Physician Behavioral Health Follow-up (20 calendar days)	97%	85.1%	70.6%	Not Met	-14.5
Ancillary Routine (15 business days)	75%	91.4%	88.9%	Met	-2.5

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

### Administrative-Telephone Access Results By Year (2020–21)

Standards	2020	2021	Met MPL	Difference
Call back time within 24 hours (Mystery-routine)	80.0%*	50.0%*	Not Met	-30.0
Phone triage patients within 30 minutes	93.7%	95.3%	Met	+1.6
Flexibility in scheduling members with disabilities	95.4%	97.0%	Met	+1.6
Instructs caller to ER/911	31.6%	20.8%	Not Met	-10.8
Informs caller of return call time	34.3%	14.1%	Not Met	-20.2
Call back time within 30 minutes (Direct-urgent)	28.6%	20.6%	Not Met	-8.0
Live person answers within 30 seconds	69.6%	72.5%	Not Met	+2.9
Currently offering telehealth	82.1%	76.3%	N/A	-5.8
Currently accepting new patients	52.6%	84.7%	N/A	+32.1
Currently accept CalOptima Health patients	86.1%	86.7%	N/A	-0.6
Call hold time does not exceed 5 minutes	82.6%	86.3%	N/A	+3.7

*N/A indicates standard is not a requirement and is for informational purposes only.*

*\* Indicates denominator is less than 10*

## Analysis

### Appointment Availability

A review of the 2021–22 timely access study results shows that appointment access is an area of concern. The data shows there are opportunities for improvement for both routine and urgent appointment types, for almost

all provider types. The largest fluctuation in rates was noted in standards related to psychiatry and non-physician behavioral health.

- a. For 2021 results for Routine Appointments, all provider types were below the 80% MPL except Ancillary.
- b. For 2021 results for Urgent Appointments, all provider types were below the 80% MPL.
- c. From 2019–21, both Primary Care and Specialist Urgent Appointments have experienced an increase in rates by at least 40 percentage points.

Overall, there is a noted increase in appointment availability from 2019 to 2020, with a decrease in 2021 most likely due to COVID-19 and the PHE.

### **Administrative – Telephone Compliance Measures**

A review of the 2021–22 timely access study results shows that telephone access is another area of concern. Of the seven required standards, two measures, “Phone Triage within 30 Minutes” and “Offering Flexibility in Scheduling Members with Disabilities,” met the 80% MPL.

In reviewing the data, compliance rates trended downward from 2020 to 2021 and one measure, “Call back time within 24 hours” experienced the largest decrease from 80% to 50%, but it is important to note that the denominator was less than 10.

### **Barriers**

- Some PCPs have too many members in their panel making it difficult to get an appointment. There may be an adequate number of practitioners in CalOptima Health’s network, but not all of the providers have open panels or are available to see new patients.
- There are not enough specialists in the network. In certain areas of South Orange County, CalOptima Health is currently contracted with a low number of specialists, with several not meeting the 80% MPL for both routine and urgent appointments: cardiology/interventional cardiology, endocrinology, gastroenterology, neurology, psychiatry and pulmonology.
- Specialty care appointments require referrals and authorizations. The overall process takes too long and is cumbersome.
- For both PCPs and specialists, CalOptima is a Medi-Cal plan and reimburses providers utilizing the Medi-Cal reimbursement rate structure, which is significantly lower than reimbursement rates for commercial contracts.
- The health care industry recently experienced a shortage in labor, especially with the onset of COVID-19.
- Due to COVID-19 and the PHE, more members may have stayed home and avoided going to provider offices. Now that restrictions have been lifted and COVID vaccines are in place, members are more comfortable going out and seeking appointments. This may have put unexpected strain on provider offices with so many members playing catch-up for the past two years and seeking access virtually at the same time.

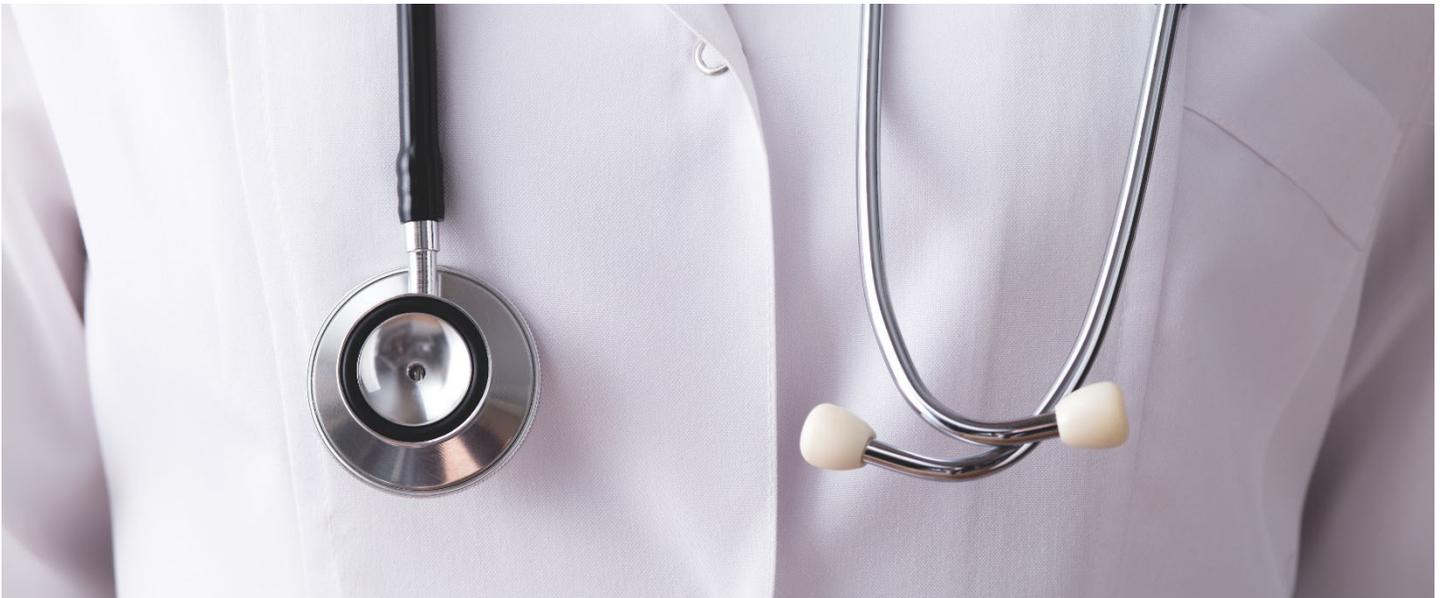
### **Interventions**

- Monitored PCPs panel capacity on a monthly basis. Issued quarterly notifications of closure for PCPs who have a panel of more than 2,000 CalOptima Health members to prevent members from being assigned to PCPs who do not have the capacity to provide appointments timely due to a large panel of members.

- i. As of CY 2021, identified 54 PCPs nearing or over capacity, 44 panels closed and seven re-opened.
- Provider Relations focused on expanding the network through the Provider Data Validation project. Provider Relations focused on outreaching and reviewing submissions from providers on the validation forms to possibly re-open panels for those who were not overcapacity, which in turn expands the network for new patients. As of third quarter, Provider Relations has outreached to approximately 70% of the providers on the outreach list.
- Provider Relations outreached to providers who were nearing and overcapacity for closed panels, inquiring about additional providers, including mid-levels to add to credentialing process.
- Issued CAPs to health networks not meeting timely access standards to improve appointment availability and telephone access.
  - i. In January 2022, CalOptima Health issued corrective action to 12 health networks for the following three areas in the form of Plan-Do-Study-Acts (PDSAs):
    - a. Improve member access to PCPs
    - b. Improve member access to specialists
    - c. Telephone access
    - d. Improve member access for Medi-Cal population.
  - ii. Submission was received for all 36 PDSAs with the majority of the networks choosing to “Adopt,” meaning implement the PDSA. Popular interventions include:
    - a. Reopen the number of PCPs with closed panels.
    - b. Reduce non-compliance on pre-recorded telephone message.
    - c. Educate providers on telephone access.
- In 2020, CalOptima Health began issuing letters to providers who were identified as non-compliant with Timely Access standards. Letters clearly addressed areas not met, including recommended list of best practices and a copy of CalOptima Health’s Timely Access standards. Letters are sent to providers via USPS mail, and providers’ contracted health networks are notified as well. Once a provider is identified as non-compliant for a measure, they are monitored for up to an additional two years. There are a total of three different letters that can be issued to a provider for consecutive non-compliance.
  - i. Education letter – Year 1: Letter is sent when provider is identified as non-compliant for a measure the first year.
  - ii. Warning letter – Year 2: Letter is sent when a provider is identified as non-compliant for the same measure two consecutive years.
  - iii. Escalation CAP letter – Year 3: Letter is sent when a provider is identified as non-compliant for the same measure for three consecutive years.
  - iv. For the second year, letters were mailed to providers in Q4 2021. Education Letters (first-year notification) – 1,425 notices mailed. Warning Letters (second-year notification) – 123 notices mailed.
- Expanded current network by continued outreach and recruiting efforts to add new providers, with a focus on specialty types identified as not meeting MPL.
  - i. In 2021, CalOptima Health successfully contracted with more than 234 PCPs and 460 specialists.
- f. Provider Relations representatives met with provider offices to ensure provider directory validations were being returned. Provider Relations representatives and the director met with FQHCs to alert providers of the open/closed panel topic.

## Opportunities for Improvement

- During the provider survey, CalOptima Health tracked call disposition for those calls that were not able to be completed for various reasons, e.g., wrong number, provider name not recognized, provider left practice etc. CalOptima Health will take this disposition information and use it as an opportunity for data cleanup and validation within our internal data systems. One project, in particular, will include updating the provider directory to ensure contact information is correct and members are able to access their providers.
- Based on the 2021–22 Timely Access results, issue new letters for non-compliance. This set of letters will include a CAP for providers who have been identified as non-compliant for the same standard for three consecutive years.
- For providers identified as being non-compliant for two consecutive years and who receive a letter for the second time, notify one of their contracted networks to conduct education on Timely Access standards.
- Survey providers to identify providers' biggest challenges/barriers in providing timely access to care.
- Develop a process for monitoring and escalating providers with a pattern of not being available to offer members to access care.



## Improving Access: Mandatory Provider Types, Provider/Member Ratios, and Time/Distance

### 1. Overview

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

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

- a. MPTs (Medi-Cal only) standards require CalOptima Health and contracted health networks to contract with at least one of the following MPTs for each contracted service area, where available: Federally Qualified Health Center (FQHC), Freestanding Birthing Centers (FBC), Certified Nurse Midwives (CNM) and Licensed Midwife (LM).
- b. Provider network data is pulled quarterly to run an analysis for MPTs and Provider-to-Member Ratio (PMR) at the plan and health network level and compared to standards used to ensure members have the appropriate types of providers and an adequate number of practitioners in the network to access care. This analysis is used to determine whether CalOptima Health is compliant with the standards identified in CalOptima Health Access and Availability Policies: GG.1600 and MA.7007.  
CalOptima uses the Quest Analytics Suite to conduct accessibility analyses and mapping to meet Time/Distance standards identified in CalOptima Health Access and Availability Policies: GG.1600 and MA.7007. The accessibility analyses must demonstrate coverage of the entire service area. CalOptima Health establishes network adequacy standards in accordance with state and federal regulations.

## 2. Findings

### 2022 Medi-Cal Mandatory Provider Types

2022	Q1		Q2		Q3		Q4	
	Count	Met/Not Met						
	FQHC	25	Met	39	Met	39	Met	39
CNM	3	Met	115	Met	111	Met	115	Met
LM	2	Met	4	Met	4	Met	4	Met

### 2022 Medi-Cal Provider-to-Member Ratios by Specialty Type

2022	Medi-Cal Specialty	Q1		Q2		Q3		Q4	
	Provider to Member Ratio	Ratio	Met/Not Met						
PCP	Family Medicine	1:444	Met	1:455	Met	1:475	Met	1:482	Met
PCP	Pediatrics	1:383	Met	1:385	Met	1:195	Met	1:190	Met
PCP	Internal Medicine	1:853	Met	1:863	Met	1:905	Met	1:942	Met
PCP	Total Primary Care Providers	1:170	Met	1:218	Met	1:228	Met	1:233	Met
Specialist	Cardiology/Interventional Cardiology	1:1,857	Met	1:1,629	Met	1:1,670	Met	1:1,693	Met
Specialist	Gastroenterology	1:2,320	Met	1:1,977	Met	1:2,004	Met	1:2,026	Met
Specialist	General Surgery	1:1,043	Met	1: 960	Met	1:199	Met	1:984	Met
Specialist	Hematology/Oncology	1:2,785	Met	1:3,408	Met	1:2,760	Met	1:2,786	Met
Specialist	Nephrology	1:3,392	Met	1:2,921	Met	1:3,028	Met	1:2,955	Met

<b>Specialist</b>	Neurology	1:2,561	Met	1:2,313	Met	1:2,325	Met	1:2,290	Met
<b>Specialist</b>	OB/GYN	1:426	Met	1:421	Met	1:217	Met	1:217	Met
<b>Specialist</b>	Ophthalmology	1:927	Met	1:1,859	Met	1:1,928	Met	1:1,882	Met
<b>Specialist</b>	Orthopedic Surgery	1:1,937	Met	1:1,855	Met	1:1,914	Met	1:1,940	Met
<b>Specialist</b>	Pulmonology	1:3,234	Met	1:2,922	Met	1:3,028	Met	1:3,009	Met

## 2022 OneCare Provider-to-Member Ratios by Specialty Type

2022	Specialty	Standard	Q1		Q2		Q3		Q4	
	Provider to Member Ratio	Minimum # of Providers	# of Providers	Met/ Not Met						
PCP	Primary Care	72	765	Met	748	Met	740	Met	733	Met
Specialist	Allergy and Immunology	3	24	Met	24	Met	24	Met	24	Met
Specialist	Cardiology	12	116	Met	116	Met	110	Met	108	Met
Specialist	Cardiothoracic Surgery	1	33	Met	32	Met	32	Met	31	Met
Specialist	Chiropractor	5	24	Met	24	Met	24	Met	24	Met
Specialist	Dermatology	7	58	Met	56	Met	57	Met	59	Met
Specialist	Endocrinology	2	44	Met	44	Met	45	Met	42	Met
Specialist	ENT/Otolaryngology	3	56	Met	55	Met	55	Met	54	Met
Specialist	Gastroenterology	6	85	Met	87	Met	82	Met	82	Met
Specialist	General Surgery	13	86	Met	86	Met	85	Met	85	Met
Specialist	Gynecology, OB/GYN	2	138	Met	132	Met	126	Met	126	Met
Specialist	Infectious Diseases	2	42	Met	43	Met	43	Met	43	Met
Specialist	Nephrology	4	73	Met	74	Met	76	Met	77	Met
Specialist	Neurology	6	97	Met	100	Met	98	Met	98	Met
Specialist	Neurosurgery	1	33	Met	33	Met	33	Met	33	Met
Specialist	Oncology - Medical, Surgical	9	101	Met	100	Met	99	Met	98	Met
Specialist	Oncology - Radiation/Radiation Oncology	3	27	Met	27	Met	26	Met	27	Met
Specialist	Ophthalmology	11	130	Met	128	Met	126	Met	122	Met
Specialist	Orthopedic Surgery	9	103	Met	102	Met	98	Met	97	Met
Specialist	Physiatry, Rehabilitative Medicine	2	23	Met	24	Met	24	Met	23	Met
Specialist	Plastic Surgery	1	25	Met	25	Met	25	Met	25	Met
Specialist	Podiatry	9	63	Met	62	Met	62	Met	61	Met
Specialist	Psychiatry	7	86	Met	84	Met	85	Met	83	Met
Specialist	Pulmonology	6	60	Met	61	Met	61	Met	61	Met
Specialist	Rheumatology	4	22	Met	22	Met	19	Met	19	Met
Specialist	Urology	6	49	Met	49	Met	50	Met	49	Met
Specialist	Vascular Surgery	1	21	Met	18	Met	18	Met	18	Met

2022 OneCare Connect Provider-to-Member Ratios by Specialty Type

2022 OCC	Specialty	Standard	Q1		Q2		Q3		Q4	
	Provider to Member Ratio	Minimum # of Providers	# of Providers	Met/Not Met						
PCP	Primary Care	26	933	Met	921	Met	907	Met	900	Met
Specialist	Allergy and Immunology	1	28	Met	28	Met	28	Met	29	Met
Specialist	Cardiology	3	173	Met	172	Met	171	Met	171	Met
Specialist	Cardiothoracic Surgery	1	35	Met	35	Met	35	Met	34	Met
Specialist	Chiropractor	1	31	Met	30	Met	30	Met	30	Met
Specialist	Dermatology	1	91	Met	87	Met	86	Met	90	Met
Specialist	Endocrinology	1	64	Met	62	Met	64	Met	61	Met
Specialist	ENT/Otolaryngology	1	66	Met	66	Met	64	Met	61	Met
Specialist	Gastroenterology	2	116	Met	116	Met	115	Met	114	Met
Specialist	General Surgery	4	123	Met	123	Met	123	Met	125	Met
Specialist	Gynecology, OB/GYN	1	207	Met	206	Met	209	Met	209	Met
Specialist	Infectious Diseases	1	53	Met	53	Met	52	Met	53	Met
Specialist	Nephrology	2	96	Met	98	Met	95	Met	98	Met
Specialist	Neurology	2	125	Met	130	Met	128	Met	133	Met
Specialist	Neurosurgery	1	47	Met	47	Met	47	Met	46	Met
Specialist	Oncology - Medical, Surgical	2	149	Met	151	Met	151	Met	153	Met
Specialist	Oncology - Radiation/Radiation Oncology	1	40	Met	41	Met	43	Met	43	Met
Specialist	Ophthalmology	3	187	Met	184	Met	187	Met	185	Met
Specialist	Orthopedic Surgery	2	132	Met	131	Met	129	Met	128	Met
Specialist	Physiatry, Rehabilitative Medicine	2	38	Met	38	Met	39	Met	38	Met
Specialist	Plastic Surgery	1	34	Met	35	Met	34	Met	34	Met
Specialist	Podiatry	3	82	Met	81	Met	81	Met	82	Met
Specialist	Psychiatry	4	104	Met	101	Met	101	Met	99	Met
Specialist	Pulmonology	2	77	Met	77	Met	79	Met	83	Met
Specialist	Rheumatology	1	28	Met	29	Met	26	Met	26	Met
Specialist	Urology	1	59	Met	59	Met	60	Met	62	Met
Specialist	Vascular Surgery	1	35	Met	36	Met	34	Met	35	Met

## 2022 Medi-Cal Time/Distance Analysis – Non-Compliance Count by ZIP Code

2022	Non-Compliance ZIP Code Count for Contracted Providers							
	Q1		Q2		Q3		Q4	
	Count	Met/ Not Met	Count	Met/ Not Met	Count	Met/ Not Met	Count	Met/ Not Met
Medi-Cal	0	Met	0	Met	0	Met	0	Met

## 2022 OneCare/OneCare Connect Time/Distance Analysis – Non-Compliance Count by ZIP Code

2022	Non-Compliance Zip Code Count for Contracted Providers															
	Q1 Specialties		Q1 Facilities		Q2 Specialties		Q2 Facilities		Q3 Specialties		Q3 Facilities		Q4 Specialties		Q4 Facilities	
	Count	Met/Not Met	Count	Met/Not Met	Count	Met/Not Met	Count	Met/Not Met	Count	Met/Not Met	Count	Met/Not Met	Count	Met/Not Met	Count	Met/Not Met
OneCare Connect	0	Met	0	Met	0	Met	1	Met	0	Met	1	Met	0	Met	1	Met
OneCare	0	Met	0	Met	0	Met	1	Not Met	0	Met	1	Not Met	0	Met	1	Not Met

## Analysis

### Mandatory Provider Types:

- The 2022 results show MPTs were met monthly for all three MPTs at the plan level only.
- In 2022, CalOptima Health monitored 13 health networks for MPTs. Fourth quarter findings show all health networks met for FQHC except Kaiser Permanente. Twelve did not meet for CNM and 10 did not meet for LM.
- As of date, we have several health networks in the works to contract with both a CNM and LM utilizing the State’s list CalOptima Health provided to them. Health networks are not required to meet the FBC MPT requirement at this time, since there are no active providers meeting this requirement in the service area.

### Member Ratios

- The Medi-Cal Provider-to-Member Ratios table shows all specialty types met the provider-to-member ratios, and Pediatrics and OB/GYN showed improvement in the ratio by the end of 4th quarter. At the health network level, two networks, Arta Western (Ophthalmology) and Monarch (Orthopedic Surgery), consistently showed as non-compliant for the same specialty for all four quarters.
- The OneCare Provider-to-Member Ratios plan level results show all specialty types met all four quarters in 2022. At the health network level, with the exception of Monarch, seven out of eight networks consistently showed as non-compliant for Chiropractor for all four quarters.

- c. The OneCare Connect Provider-to-Member Ratios plan level results show all specialty types met all four quarters in 2022. At the health network level, AMVI consistently showed as non-compliant for the following specialties for all four quarters: Chiropractor, Neurosurgery, Psychiatry and Pulmonology.

### **Time/Distance:**

- d. In 2022, the Time/Distance tables show CalOptima Health was compliant at the plan level for all three programs (Medi-Cal, OneCare and OneCare Connect). Over 25 different specialties were monitored for each program, and all were at 100% compliance, at minimum for either Time or Distance.
  - i. At the health network level, CCN is the only contracted health network (out of 12) to consistently meet the Time/Distance standards for Medi-Cal.
  - ii. At the health network level, none of the 11 contracted networks met the Time/Distance specialist standards for OneCare Connect.
  - iii. At the health network level, Monarch is the only network (out of eight) to consistently meet the Time/Distance specialist standards for OneCare.
- b. Time/Distance is measured by facility type for OneCare and OneCare Connect programs. In 2022, most of the facility types were met by both programs, with the exception of Speech Therapy not meeting minimum performance for three quarters in OneCare.

### **Interventions**

- CalOptima Health targeted reducing gaps within the provider network and improving upon Provider-to-Member ratios and Time/Distance performance.
- CalOptima Health actively recruited hard-to-access specialties for the CCN network in 2020 and 2021, with a focus on out-of-networks (General Surgery, Ophthalmology and Orthopedic Surgery).
- During the Provider Data Validation, CalOptima Health's Provider Relations department encouraged providers who have requested to close their panels for various reasons other than over-capacity, to consider re-opening to improve access.
- CalOptima Health worked with contracted health networks to certify for Sub-Contracted Network Adequacy (SNC) and issued Timely Access PDSAs.
- CalOptima Health provided health networks with Alternative Access Templates (AATs) to help health networks identify providers for each ZIP code identified as non-compliant using CCN's universe.
- Process Excellence led a provider onboarding end-to-end process that included a review of the provider recruiting process and workflow. In review of the OON data, it was determined that most of the requests were made by health networks and not CCN.
- CalOptima Health is working on developing a regular reporting tool to share with health networks on OON performance as part of the Subcontracted Network Certification Summary Quarterly report.
- Provide health networks with an updated copy of State's MPT lists at least annually.

### **Barriers**

- Provider data is collected and housed across multiple databases at CalOptima Health and contracted networks. Counts may not be truly reflective of what is contracted within the network.

- Databases may have limitations and only be capable of holding information one specialty type per provider. This can potentially result in an undercounting of providers when a provider is credentialed in more than one specialty.
- CalOptima Health is a Medi-Cal plan and reimburses providers utilizing the Medi-Cal reimbursement rate structure. This rate is generally lower than commercial and non-medical rates, making it less appealing for providers and specialists to contract with CalOptima Health.
- CalOptima Health uses different software than the State to monitor Medi-Cal time/distance; therefore, it is challenging to tie back to State calculations to validate. A few health networks use programs like Google Maps, which is an additional challenge due to low accuracy.
- DHCS requirements for CNM and LM require specific licensure that is not common.
- MPT data source “274-File” does not reflect the required licensure type as listed in the APL, even if the practitioner has correct taxonomy code(s).

### **Opportunities for Improvement**

- Continue targeted outreach to and recruitment of providers and specialists.
- Issue CAPs to both health networks and individual providers for access and availability.
- Invest in advanced software, e.g., ArcGIS to align with DHCS in Time/Distance analysis.
- Update the data source for “274-File” to reflect the correct licensure type or modify APL to reflect the correct licensure type as in the data source.
- Streamline the provider onboarding process for providers to increase the ease of entering into the CalOptima Health provider network.
- Develop an access scorecard or dashboard to better monitor our provider access performance.



## Improving Patient Safety

### Post-Acute Infection Prevention Quality Initiative (PIPQI)

PIPQI is a CalOptima Health quality initiative program aimed at reducing antibiotic-resistant bacteria in nursing homes. Participating nursing facilities utilize Chlorhexidine Gluconate (CHG) soap for all baths and showers and Iodophor nasal swabs 5 days per week every other week. The program ended on 6/30/2022.

Prior to the implementation of PIPQI, the University of California, Irvine (UCI) conducted a program called SHEILD following the same infection prevention principles.

#### Interventions

- a. The PIPQI team uses one training video, created by the UCI SHEILD Team, to review with all participating nursing facilities monthly since March 2020.
- b. Hospital-Acquired Infections (HAI) scores are submitted each month by the nursing facility staff members to the CalOptima Health PIPQI nurses. Using this data, the CalOptima Health nurses track and trend HAI events in each nursing facility and provide feedback to the facilities on their individual trends.
- c. The PIPQI team collects invoices showing proof of product purchasing.
  - i. In 2021, we began to look at the quantitative data in more detail to track trends from individual nursing facilities to assist them with ensuring they have adequate quantities available for their residents.
  - ii. A data set was created in January 2021 that determined a product quantity for each facility based on the 75% of the licensed beds being filled.

- iii. Once that was completed, we compared the amount projected for the facilities to the actual invoices given by the PIPQI staff.
- d. The PIPQI team has updated all training materials and distributed them to the participating nursing facilities.
- e. In person, hands-on training sessions provided the nursing facilities with a greater emphasis on the compliance of their staff and residents with following the PIPQI protocols.

## Findings

- a. The chart below shows the average HAI Score for all facilities throughout the course of 2022. Lower scores indicate fewer infections in the nursing homes, and the staff works with facilities to decrease or maintain their individual HAI scores.

Month	Average HAI Score for all 26 Facilities
January 2022	6.31%
February 2022	5.14%
March 2022	5.04 %
April 2022	4.61%
May 2022	3.83 %

- b. As predicted, we see that as we transition from the winter months into the summer months, the HAI scores trend downward.
- c. The CHG and Iodophor invoice data collected shows there are still ongoing gaps in product purchasing and the data being made accessible to CalOptima Health. The facilities continue to not submit the CHG and Iodophor invoices despite the in-person, telephonic and email reminders.

## Analysis

- a. The original financing for PIPQI ended in March 2022. A new request was granted by the CalOptima Health Board of Directors to continue the program another three months at a decreased reimbursement rate. The extension of the program beyond the original ask did not result in any improvements in the quality or quantity of the data being submitted by the nursing facilities, so the program concluded in June 2022.
- b. In 2020–21, the average HAI scores for all months was 4.26% and in 2022 the average score was 4.98%.

## Barriers

- Nursing facilities are short staffed and overworked leaving little time to participate in PIPQI monitoring protocol.
- High turnover rates in facilities create a need for constant PIPQI training.

- Due to COVID-19, CalOptima Health nurses were not allowed to conduct on-site visits for monitoring or training of facility staff from March 2020 until March 2021.
- High staff turnover rate in the nursing facilities, including central supply and housekeeping employees, due to the effects of the pandemic
- The census in the nursing facilities have been fluctuating and there are times when they are at less than 75% capacity; however, this is a rare occurrence and only contributes to a small margin of data.
- Of the invoices submitted, there is only a small margin that is purchasing at or above the projected quantities. Since these quantities are based on each resident following the protocols as directed, (4oz. bath/shower every other day and 10 Iodophor Swabs/month) we are seeing facilities show compliance with or above average utilization of the products.

### **Opportunities for Improvement**

- a. The original financing for PIPQI ended in March 2022. A new request was granted by the CalOptima Health Board of Directors to continue the program another three months at a decreased reimbursement rate. The extension of the program beyond the original ask did not result in any improvements in the quality or quantity of the data being submitted by the nursing facilities, so the program concluded in June 2022.

**I. PROGRAM OVERSIGHT**

- A. 2022 QI Annual Oversight of Program and Work Plan
- B. 2021 QI Program Evaluation
- C. 2022 UM Program
- D. 2021 UM Program Evaluation
- E. Population Health Management Strategy
- F. Credentialing Peer Review Committee (CPRC) Oversight
- G. Grievance and Appeals Resolution Services (GARS) Committee
- H. Member Experience (MEMX) Committee Oversight
- I. Utilization Management Committee (UMC) Oversight
- J. Whole Child Model - Clinical Advisory Committee (WCM CAC)
- K. Quality Withhold for OCC
- L. New Quality Program Updates (Health Network Quality Rating, MCAS, P4V, OC P4V, Data Mining/Bridge efforts)
- M. Improvement Projects (All LOB)PIPs
- N. Improvement Projects (All LOB)QIPs
- O. Improvement Projects (All LOB)CCIP's
- P. PPME/QIPE: HRA's
- Q. BHI Incentive Program (DHCS - under prop 56 funding) and ABA P4V
- R. Homeless Health Initiatives (HHI): Homeless Response Team (HRT)
- S. CalAIM
- T. Health Equity
- U. DHCS Comprehensive Quality Strategy
- V. Student Behavioral Health Incentive Program (SBHIP)

**II. QUALITY OF CLINICAL CARE- Adult Wellness**

- A. Cancer Screenings: Cervical Cancer Screening (CCS), Colorectal Cancer Screening (COL), Breast Cancer Screening (BCS)
- B. COVID-19 Vaccination and Communication Strategy

**III. QUALITY OF CLINICAL CARE- Behavioral Health**

- A. Follow-up After Hospitalization for Mental illness within 7 and 30 days of discharge (FUH).
- B. 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.
- C. Diabetes Screening for People with Schizophrenia or Bipolar Disorder (SSD)(Medicaid only)
- D. Follow-Up After Emergency Department Visit for Mental Illness (FUM)

**IV. QUALITY OF CLINICAL CARE- Chronic Conditions**

- A. Improve HEDIS measures related to Comprehensive Diabetes Care (CDC): HbA1c Poor Control (this measure evaluates % of members with poor A1C control-lower rate is better)
- B. Improve HEDIS measures related to Comprehensive Diabetes Care (CDC): Eye Exam
- C. Implement multi-disciplinary approach to improving diabetes care for CCN Members Pilot

**INITIAL WORK PLAN AND APPROVAL:**

Submitted and approved by QIC:

Date:

Submitted and approved by QAC:

Date:

Quality Improvement Committee Chairperson:

  
Richard Pitts, D.O., Ph.D.      Date: 2/15/2022

Board of Directors' Quality Assurance Committee Chairperson:

  
Trieu Thanh Tran, M.D.      Date: 4/11/2022

**V. QUALITY OF CLINICAL CARE- Maternal Child Health**

- A. Prenatal and Postpartum Care Services (PPC): Timeliness of Prenatal Care and Postpartum Care (PHM Strategy).

**VI. QUALITY OF CLINICAL CARE- Pediatric/Adolescent Wellness**

- A. 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
- B. Blood Lead Screening (BLS) (LSC)

**VII. QUALITY OF SERVICE- Access**

- A. Improve Access: Reducing gaps in provider network
- B. Improve Access: Expanding Network of Providers Accepting New Patients
- C. Improve Access: Timely Access (Appointment Availability)
- D. Improve Access: Telephone Access
- E. Improving Access: Subcontracted Network Certification

**VIII. SAFETY OF CLINICAL CARE**

- A. Plan All-Cause Readmissions (PCR) - MCAS Measure. OCC Quality Withhold measure.
- B. Post-Acute Infection Prevention Quality Incentive (PIPQI)
- C. Orange County COVID Nursing Home Prevention Program.

**2022 Quality Improvement Work Plan  
(1Q)**

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<b>I. PROGRAM OVERSIGHT</b>										
2022 QI Annual Oversight of Program and Work Plan	Obtain Board Approval of 2022 QI Program and Workplan	QI Program and QI Work Plan will be adopted on an annual basis; QI Program Description-QIC-BOD; QI Work Plan-QIC-QAC	Annual Adoption by April 2022	Marsha Choo	QIC	MC,OC,OCC	X	Approved: QIC 2/15/2022, QAC 3/9/2022, BOD 4/7/2022		Green
2021 QI Program Evaluation	Complete Evaluation 2021 QI Program	QI Program and QI Work Plan will be evaluated for effectiveness on an annual basis	Annual Evaluation by April 2022	Marsha Choo	QIC	MC,OC,OCC	X	Approved: QIC 2/15/2022, QAC 3/9/2022, BOD 4/7/2022		Green
2022 UM Program	Obtain Board Approval of 2022 UM Program	UM Program will be adopted on an annual basis.	Annual Adoption by April 2022	Mike Shook	QIC	MC,OC,OCC	X	Completed and will be sent to UMC for eVote by 4/15/2022. Scheduled to give status update to QIC on 4/16/2022.		Green
2021 UM Program Evaluation	Complete Evaluation of 2021 UM Program	UM Program and UM Work Plan will be evaluated for effectiveness on an annual basis.	Annual Evaluation by April 2022	Mike Shook	QIC	MC,OC,OCC	X	Completed and will be sent to UMC for eVote by 4/15/2022. Scheduled to give status update to QIC on 4/16/2022.		Green
Population Health Management Strategy	Implement PHM strategy	Review and adopt on an annual basis.	Annual Review and Adoption	Marie Jeannis/Kelly Giardina	QIC	MC,OC,OCC	X	Strategy is current. We will need to update to align with 2022 HP NCQA requirements and DHCS.	Meeting will be scheduled in 2Q2022 to update.	Yellow
<b>Credentialing Peer Review Committee (CPRC) Oversight -</b> 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.	Quarterly Adoption of Report	Marsha Choo/Laura Guest	QIC	MC,OC,OCC	X	<p><b>I. FSR/PARS/NF/CBAS</b> Subject: Anticipated launch of new DHCS FSR/MRR tools and standards July 1, 2022. □ Point of Information: Anticipate CBAS in-person services to begin July 1, 2022.</p> <p><b>II. Credentialing/Recredentialing</b> Subject: Identified in March 2022: Organizational Providers - OneCare Project. For CCN and BH, there were 57 group practices that were identified as not credentialed, although the individual practitioners were credentialed.</p> <p><b>III. PQI</b> Subject: Since cases are being reviewed while a grievance, the % of cases leveled as QOC has increased from 4-7% prior to 2021 to now at 21%. Subject: Fair Hearing for Notice of Termination - Potential 805 Reporting 1. PQI and FWA investigations - PM physician was billing for PT and psychotherapy services under his NPI 1, billing for 99215 for services rendered by a LVN, and was unable to produce medical records for several members due to destroying the medical records while converting to an EHR. 2. PQI Investigation - PCP attending at hospital for member who was admitted for hand cellulitis, had precipitous drop in Hgb, never referred to GI or hematology for etiology, and unexpectedly expired.</p>	<p><b>I. FSR/PARS/NF/CBAS</b> Actions: A. Working with PR, HNR and communications to send educational materials and tools for provider office B. Training providers and their staff, and the FSR Nurses C. Implementing changes to on-line tool data collection D. MRR tool preventive section has doubled for both peds and adult Concern: May lead to an increase in: 1) failed FSR and/or MRR audits, and 2) FSR/MRR CAPs issued</p> <p><b>II. Credentialing/Recredentialing</b> Actions: A. As of May 31, 37 were processed for credentialing, including 5 PCPs. B. 14 OPs were identified for termination for various reasons. Concerns: A. Several OPs are missing required documentation for credentialing, which may lead to termination; B. May result in a drop in network adequacy for some specialties and/or PCP by geographic region.</p> <p><b>III. PQI</b> Action: Continue with QOC grievance review by RN and MD Concern: Volume of PQIs are climbing again from 42 in December to 100 in May Action: Fair Hearings Commencing in Q2 Concerns: Results of Fair Hearing will be reported to QIC in Q3 and terminations may affect several networks. 1. PM- Provider termination will only affect the CCN network. 2. PCP - HPN/Regal, CCN, Optum-Arta, Optum-Talbert, Prospect and UCMG will all be affected by potential termination. HNs will be notified if Fair Hearing results in termination. □</p>	Yellow

2022 Quality Improvement Work Plan  
(1Q)

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<b>Grievance and Appeals Resolution Services (GARS) Committee</b> - 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.	Quarterly Adoption of Report	Tyronda Moses	QIC	MC,OC,OCC	X	On March 8th 2022, GARS Committee presented to QIC 4Q Member and Provider Complaint results. <b>- Medi-Cal Complaints:</b> 9% increase in total complaints; 7% decrease in member appeals; 5% increase in member grievances; 25% increase in provider appeals <b>- Medi-Cal Grievances by Category:</b> QOS continues to be the highest Grievance category. QOS increased by 11% from Q3 to Q4. CCN and Veyo continue to have the highest number of QOS grievances. <b>-- Other Increases:</b> Quality of Care increased by 32% (from 206 in Q3 to 272 in Q4). AltaMed, Monarch, CCN, COD had the most noticeable increase in QOC grievances. <b>-- Decreases:</b> Billing decreased by 2%; Access decreased by 17% (from 731 in Q3 to 609 in Q4); Appointment Availability (177 grievances); Telephone Accessibility (122 grievances) Specialty Care (101 grievances); Practitioner office site decreased 33% (from 9 in Q3 to 6 in Q4) <b>- Medi-Cal BH Grievances:</b> 28% decrease in BH grievances; Access decreased by 27%; QOS decreased by 32%; QOC decreased by 30%; Billing decreased by 6% <b>- OCC Complaints:</b> 10% decrease in total complaints; 32% decrease in appeals; 13% decrease in grievances; 22% increase in provider appeals <b>- OCC BH Grievances:</b> BH grievances increased by 4 in Q3 to 9 in Q4. <b>- OC Complaints:</b> 25% decrease in total complaints; Member appeals remained the same from Q3 to Q4; 12% decrease in member grievances; 59% decrease in provider appeals	Grievance trends are reviewed for repeated issues. High grievance count by providers are tracked and trended. Results are shared with a Provider Action workgroup for recommended action or escalation to the Member Experience Committee. Next GARS Committee is scheduled for QIC on June 14th.	Green
<b>Member Experience (MEMX) Committee Oversight</b> - Oversight of Member Experience activities to improve quality of service and member experience to achieve the 2021 QI Goal of improving CAHPS and Access to Care.		The MEMX Subcommittee assesses the annual results of CalOptima's CAHPS surveys, monitor the provider network including access & availability (CCN & the HNs), review customer service metrics and evaluate complaints, grievances, appeals, authorizations and referrals for the "pain points" in health care that impact our members.	Quarterly Adoption of Report	Kelly Rex-Kimmet/Marsha Choo	QIC	MC,OC,OCC	X	In Q1, MemX Committee has reviewed/discussed the following: <u>2/9/22:</u> •Updates -Q4 workplan updates due 2/11 •Charter Review •DHCS Audit Findings •UM Dept Update •2022 Workplan Review •HN Improvement Plan	In Q2 MEMX Committee has one meeting scheduled, April 5.	Green
<b>Utilization Management Committee (UMC) Oversight</b> - Conduct Internal and External oversight of UM Activities to ensure over and under utilization patters do not adversely impact member's care.		UMC meets quarterly; monitors medical necessity, cost-effectiveness of care and services, reviewed utilization patterns, monitored over/under-utilization, and reviewed inter-rater reliability results. P&T and BMSC reports to the UMC, and minutes are submitted to UMC quarterly.	Quarterly Adoption of Report	Mike Shook	Utilization Management/ QIC	MC,OC,OCC	X	UMC reported to QIC on 2/15/2022. Presented 2021 3rd Quarter and Annual Trends (11/18/2021), - 3Q 2021 Operational Performance (MC,OC,OCC) Medical Auth 3 HN below goal for Urgent TAT, 1 for routine TAT - 3Q 2021 Utilization Outcomes (MC, OCC) Medical Measures met Goals, OCC measure Beddays and Readmissions did not meet goals - 3Q 2021 Operational Performance WCM goals are to TBD. - Prior Authorization (PA) Backlog update (Person: Leadership accountability and oversight, UM role vacancies, Process: Workflows lacked efficiency and visibility Lack of prioritization and planning System/Technology Clinical platform upgrade and ongoing maintenance, Staff readiness for platform upgrade) - Over/Under Utilization Monitoring, Benefit Management Subcommittee (BMSC), Pharmacy Over/Under Utilization Monitoring, BH UM Update, BHI. - QIC accepted and filed meeting minutes from UMC Meeting (8/26/21).QIC Accepted and filed all documents.	UMC is scheduled to present Quarterly update to QIC on 4/12/2022. Along with DRAFTs of 2022 UM Program, 2021 UM Evaluation and List of Board Certified Consultants (AMR/MRlp/Internal.)	Green

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<b>Whole Child Model - Clinical Advisory Committee (WCM CAC)</b> Conduct Clinical Oversight for WCM and provide clinical advice for issues related to implementation.		Meet quarterly, provide clinical advice regarding Whole Child Model operations to Medical Affairs.	Quarterly Adoption of Report	T.T. Nguyen, MD	QIC	MC	X	WCM CAC met on February 15, 2022 and approved the November 16, 2021 meeting minutes. Committee annual Conflict of Interest and Attestation forms were completed by all attendees. An update on the CalAim program was presented by Case Management Director, Sloane Pettilo. An update on Magellan Rx backlog issues of prior authorizations was shared with the Committee. CalOptima with collaboration of CHOC and UCI held meetings with Magellan in response to the issue. Magellan has hired additional staff and many prior authorization requirements were removed and the backlog issue has been caught up. Committee has concerns of a back log issue recurring when the prior auths are lifted in May. Will present an update at the next WCM CAC. Standing agenda updates for WCM Measures, GARS, and WCM Customer Service Inquires were presented. DHCS notice updates of CCS Medical Therapy Program Step 3b Guidance Related to Return to In-Person Services and DCHS Numbered Letter 03-0421 related to CCS program were also shared.	Next meeting scheduled for May 17, 2022 with an update to the Magellan RX backlog issue to be reported along with the standing recurring agenda items.	Green
Quality Withhold for OCC	Earn 75% of Quality Withhold Dollars back for OneCare Connect in OCC QW program end of MY 2021	Monitor and report to QIC	Annual Assessment	Sandeep Mital	QIC	OCC	X	Preliminary analysis of MY2021 performance on the measures indicates that CalOptima has passed 7 of the 10 measures, which would make us eligible to receive 75% of the OneCare Connect Quality Withhold dollars back.	We will receive final confirmation of MY2021 performance from CMS in 2023 and then calculate and distribute health network withheld dollars.	Green
Quality Analytics Program Updates (Health Network Quality Rating, MCAS, P4V, OC P4V, Data Mining/Bridge efforts)	Achieve 50th percentile on all MCAS measures in 2021	Report of new quality program updates including but not limited to Health Network Quality Rating, MCAS reports and P4V. Data Mining/Bridge efforts include Office Ally EMR, CAIR Registry Data, efforts to immunization registry (CAIR) and lab data gaps  Activities requiring intervention are listed below in the Quality of Clinical Care measures.  <b>[NEW] Development of the OC P4V program for MY2023</b>	Quarterly Report or As needed	Kelly Rex-Kimmel/ Paul Jiang/Sandeep Mital	QIC	MC,OC,OCC	X	HEDIS MY2021 results achieved MPL for all DHCS selected measures except the newly added well child visits (W30) measure.	We are continuing to monitor performance in 2022 on a monthly basis. Next update to QIC will be in Sept .	Green
Improvement Projects (All LOB) PIPs	Meet and exceed goals set forth on all improvement projects	Conduct quarterly/Annual oversight of specific goals All LOB PIPs <b>MC PIPs:</b> 1) Improving Breast Cancer Screening (BCS) rates for Korean and Chinese CalOptima Medi-Cal Members.(March 1, 2020-December 31, 2022) 2) Improving Well-Care Visits for Children in Their First 30 Months of Life (W30) for CalOptima Medi-Cal Members (March 1, 2020-December 31, 2022)	Quarterly/Annual Assessment	Helen Syn	QIC	MC,OC,OCC	X	1) Successfully met all required criteria for Module 3. Began testing intervention. Mobile Mammography Event Q1: Completed 12 BCS for KCS CCN members.  2) Improving Well-Care Visits for Children in Their First 30 Months of Life (W30) for CalOptima Medi-Cal Members. Module 1-3 Submitted and approved. Began testing intervention.	1) Continue testing intervention through the end of the PIP December 31, 2022. Scheduled KCS Mobile Mammography Events for for 5/17, 8/15, and 10/24.  2) Continue testing intervention through the end of the PIP December 31, 2022. New target list for 2022 denominator provided to office (April).	Green
Improvement Projects (All LOB) QIPs	Meet and exceed goals set forth on all improvement projects (See individual projects for individual goals)	Conduct quarterly/Annual oversight of specific goals All LOB QIPs <b>MC QIP:</b> 1) COVID QIP Phase 2 - a. Diabetes Screening for People With Schizophrenia or Bipolar Disorder Who are Using Antipsychotic Medications (SSD)- N. Zavala b. CCS - Increase the number of Medi-Cal members ages 21-64 who complete cervical cancer screening. c. CIS Combo 10 - Increase immunization rates of Medi-Cal members turning 2 years old. 2) Improving Statin Use for People with Diabetes (SPD)	Quarterly/Annual Assessment	Natalie Zavala/Helen Syn	QIC	MC,OC,OCC	X	<b>MC QIP</b> 1) COVID QI Phase 2- a. SSD update provided under Quality of Clinical Care Behavioral Health section below. b. CCS- Cycle 1: 3 provider offices conducted member outreach with combined CCS denominator of 4,235 and target outreach population of 2,172. The combined outreach rate at the end of cycle 1 was 53.22 % (1156/2172). Provider office staff received predetermined incentive based on the count of the target outreach list if 90% of members identified on target list were outreached. c. CIS Combo 10- Cycle 1 (10/14/21-12/31/21): Provide Office outreach and reconciled 100% of their target list of 663 members. Based on 2021 Annual Prospective Rate Report, provider office CIS-10 rate met the 66th percentile. Rate =44.24% (292/660). Cycle 2 (01/01/22- 03/31/22): data collection (claims/encounters) period to establish provider office rate for MY 2022 to pull new target list for office.  2) Q1 2022 results pending, reliant on Q2 2022 Statin Pharmacy data (slated for mid/late May 2022) to obtain results.	a1) Continue tracking members in need of diabetes screening test. a2) Continue prescribing provider outreach. b. CCS- For cycle 2 Provider Offices staff will still focus on outreaching to members to schedule cervical cancer screening but CalOptima plans to add a provider office staff tiered staff incentive that focuses on the number of completed cervical cancer screenings by June 2022. c. CIS Combo 10- Cycle 3 (04/18/22-06/30/22) Provider office received new target list of 677 members. Intervention includes, reconciling their target list, outreaching to members who are noncompliant, scheduling appointments and confirming if appointments were kept.	Yellow

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Improvement Projects (All LOB) CCIP's	Meet and exceed goals set forth on all improvement projects (See individual projects for individual goals)	Conduct quarterly/Annual oversight of specific goals on <b>All LOB CCIPs</b> 1) OC and OCC CCIP: Improving CDC measure, HbA1C good control <8% - Targeted outreach calls to those with emerging risk >8% ( 2019 - 2022) 2) OCC QIP: Improving Statin Use for People with Diabetes (SPD) Oversight (review of MOC ICP/ICT Bundles) 2019-2022	Quarterly/Annual Assessment	Helen Syn	QIC	MC,OC,OCC	X	ALL LOB CCIPs 1) Emerging Risk Health Coach Outreach OC CCIP 3 members, 1 Assigned, 1 No Longer Eligible. Emerging Risk Health Coach Outreach OCC CCIP 46 members, 27 Assigned, 1 Unable to Contact, 3 No Longer Emerging Risk, 7 No Longer Eligible. 2) Q1 2022 results pending, reliant on Q2 2022 Statin Pharmacy data (slated for mid/late May 2022) to obtain results	1) Continue Emerging Risk Telephonic Health Coach Outreach 2) Continue SPD Statin quarterly mailers	
PPME/QIPE: HRA's	Goal 95% timely completion on all HRA HN MOC oversight 90% CA MMP 1.5 ICP High/Low risk Goal is 75% CA MMP 1.6 Care Goal Discussion 95% MMP 3.2 ICP completion 90 days 85%	Conduct quarterly/Annual oversight of specific goals <b>OC and OCC</b> PPME and QIPes 1) PME (OC): HRA's, HN MOC Oversight(Review of MOC ICP/ICT bundles) 2) QIPE (OCC): HRA's ICP High/Low Risk, ICP Completed within 90 days, HN MOC 3) LTSS HRA OCC: Monitor for timeliness on outreach for completion.	Quarterly/Annual Assessment	Sloane Petrillo/S. Hickman/D. Hood	QIC	OC, OCC	X	Conduct quarterly/Annual oversight of specific goals OC and OCC PPME and QIPes <b>1) PME (OC):</b> a) HRA's Initial: Jan 100% outreach completed; Feb results after 4/30 and Mar results after 5/31/22. Annual: Jan, Feb, and March with 100% outreach completed. b) HN MOC Oversight(Review of MOC ICP/ICT bundles) 100% of bundles returned were reviewed in 10 business day TAT for both Jan and Feb. March is pending. <b>2) QIPE (OCC):</b> a) HRA's Initial: Jan 99% outreach completed; Feb and Mar 100% outreach completed. Annual: Jan, Feb, and March at 99% outreach completed. b) ICP High/Low Risk CA MMP 1.5 goal is 75%: High risk 85% and Low Risk 78% for Q1 2022 c) CA MMP 1.6 Care Goal Discussion: Q1 2022 is 98% for both initial and revised ICP. d) ICP Completed within 90 days MMP 3.2: Q1 2022 is 85% e) HN MOC 100% of bundles returned in January were reviewed in 10 business day TAT; February 96% were reviewed within 10 business days. March data is pending. <b>3) LTSS HRA OCC:</b> Monitor for timeliness on outreach for completion. Quarterly monitoring.	<b>1)PME (OC):</b> a) HRA's Continue same process. b) HN MOC Oversight(Review of MOC ICP/ICT bundles) Continue same process. <b>2) QIPE (OCC):</b> a) HRA's Continue same process. b) ICP High/Low Risk CA MMP 1.5 goal is 75%: Continue same process. c) CA MMP 1.6 Care Goal Discussion: Continue same process. d) ICP Completed within 90 days MMP 3.2: Continue same process. e) HN MOC Continue same process <b>3) LTSS HRA OCC:</b> Ongoing Process.	
BHI Incentive Program (DHCS - under prop 56 funding) and ABA P4V	Achieve program milestones quarterly and annual performance goals	1) Monitor the 12 projects approved by DHCS for the BHI Incentive Program. Program launched in January 2021. CalOptima is responsible for program oversight (i.e., milestones tracking, reporting and incentive reimbursement). Quarterly program update at QIC. 2) Monitor the ABA P4V program's performance metrics -% of supervision hours completed by BCBA /BMC and % of 1:1 hours utilized vs. authorized. Submit results quarterly to the program's eligible contracted providers. Program launched January 2021 and approved to continue through January 2022.	Quarterly Adoption of Report	Natalie Zavala/Sheri Hopson	QIC	MC	X	BHIIP: 5 provider groups submitted Q4 milestone reports, overall 97% of the targeted milestones were completed and reported to DHCS by 3/1/22. One provider group reported challenges completing milestones for Q3 & Q4 of 2021, and Q1 2022 and performance measures. The group selected new performance measures from an approved list provided by DHCS; MOU amended to reflect changes. A corrective action plan (CAP) was issued to address uncompleted milestones. CAP returned by 3/1 and reviewed by BHI and additional information requested. ABA P4V: Downloaded stats from Tableau to prepare the last ABA P4V report card for 2021. Requested Provider Relations to email the report cards to the providers by 2/2. Several discussions/meetings with medical director, sr reporting analyst, and P4V team to finalize the calculation methodology for the measurement year 2021 incentive payments.	BHIIP Q1 activities: 1) Prepare PY2 Q1 2022 milestone report for distribution in May to DHCS; 2) Review provider group's revisions to CAP and finalize; and 3) Prepare Q2 2021 incentive payment once received from DHCS expected in April.  ABA P4V: 1) Prepare check request for the incentive payout by 3/31. 2) Discuss with ITS for report cards to be distributed bi-annually using the portal.	
Homeless Health Initiatives (HHI): Homeless Response Team (HRT)	Increase access to Care for individuals experiencing homelessness.	1) Regular planned visits to shelters, hot spots and recuperative care facilities- to resume post-COVID-19 addition of virtual outreach visits to shelters. 2)Primary point of contact for coordinating care with collaborating partners and HNs 3) Serve as a resource in pre-enforcement engagements, as needed. -to resume post-COVID-19	Quarterly Report	Katie Balderas/S. Hickman	QIC	MC,OC,OCC	X	1) Regular planned visits to shelters, hot spots and recuperative care facilities- to resume post-COVID-19: Outreaches are virtual and telephonic to three shelters: Yale Navigation Center, Costa Mesa Shelter, and Huntington Beach Navigation Center. In contact with recuperative care facilities telephonically to coordinate care with members. 2)Primary point of contact for coordinating care with collaborating partners and HNs: Through the Homeless Respons Team phone line. 3) Serve as a resource in pre-enforcement engagements, as needed. -to resume post-COVID-19. Clinical Field Team has worked with clinics to support outreach services to encampments. 4) Clinical Field Teams had 109 dispatches with a total of 94 individuals treated in Q1 2022. We added two additional referral sources for the CFT program in Q1 Be well Mobile Crisis Unit and Huntington Beach Police Mobile Unit.	1) Regular planned visits to shelters, hot spots and recuperative care facilities- to resume post-COVID-19: Continue to look for additional opportunities for virtual and telephonic outreach to other shelters. 2)Primary point of contact for coordinating care with collaborating partners and HNs: Script will be implemented in Q2 to better track contacts. 3) Serve as a resource in pre-enforcement engagements, as needed. -to resume post-COVID-19. Continue to work with the county and other external partners to support their efforts at encampments. 4) CalOptima will continue to explore additional referral sources for the CFT program.	

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CalAIM	Improve Health & Access to care for enrolled members	1) Complete transition of all enrolled HHP members to CalAIM ECM Q1 2022 2) Complete transition of all enrolled WPC members to CalAIM ECM Q1 2022 3) Establish DHCS reporting process 4) Establish oversight strategy for the CalAIM program	Quarterly Report	Sherry Hickman/Gail McMillen	QIC	MC	X	1) HHP transition members outreach completed. 2)WPC transition members outreach nearly complete. POF member outreach has begun and between these three groups 660 members have had outreach and 183 enrolled. 3)DHCS reporting Creation and implementation of weekly ECM activity log with validation process for health networks. Internal submission expected on 5/6 for one time and quarterly implementation. 4) Oversight Strategy for CalAIM-Undetermined at this time. First of two round review completed.	1) HHP transition members ongoing management of enrolled ECM members. 2)WPC transition members ongoing management of enrolled ECM members. 3)DHCS reporting Ongoing monitoring of weekly ECM activity log to support reporting metrics. 4)Oversight Strategy for Cal-Aim: Once 2nd round of reviews completed, a decision on frequency of monitoring. 5) working POF list for outreach to potentially eligible members.	
Health Equity	Adapt Institute for Healthcare Improvement Health Equity Framework	1) Make health equity a strategic priority 2) Develop structure and process to support health equity work 3) Deploy specific strategies to address the multiple determinants of health on which health care organizations can have direct impact 4) Develop partnerships with community organizations to improve health and equity 5) Ensure COVID-19 vaccination and communication strategy incorporate health equity.	Quarterly Report	Katie Balderas/Marsha Choo	QIC	MC, OC, OCC	x	CalOptima issued an RFP in search of an NCQA consultant for both Health Plan Accreditation (HPA) as well as for Health Equity Accreditation (HEA). Standards for both HPA and HEA have been purchased. CalOptima launched a Health Equity Workgroup, developed a shared definition of Health Equity, and began developing a roadmap for advancing health equity that includes: 1) Making an explicit commitment to advancing health equity to internal and external stakeholders 2) Identifying existing and needed organizational assets, resources and leadership 3) Measuring health inequities and identifying impactful strategies focused on social determinants of health 4) Implementing short- and long-term strategies focused at the member, organizational and community level 5) Ongoing data collection, shared lessons and expanded capacity	NOCA consultant to be contracted and launch kick-off for both HPA and HEA.  Next steps in the development of the Health Equity Framework include refining the overarching goals and creating more specific objectives.	
DHCS Comprehensive Quality Strategy	Develop CalOptima quality strategy in alignment with the final DHCS comprehensive quality strategy.	[NEW] to 2022 QI Work Plan 1) Work with DHCS to define the final 2022 Comprehensive Quality Strategy. 2) Collaborate with Internal and external stakeholders in the development quality strategy	12/31/2022	Marsha Choo/Katie Balderas/Kelly Rex-Kimmitt	QIC	MC, OC, OCC		CalOptima Quality reviewed a draft of the 2022 DHCS Quality Strategy and provided feedback. DHCS' final draft has been submitted to CMS.	Educate other areas on the elements of the 2022 DHCS Quality Strategy and focus on incorporating and aligning these elements with our QI Workplan.	
Student Behavioral Health Incentive Program (SBHIP)	Achieve program implementation period deliverables	[NEW] to 2022 QI Work Plan SBHIP is part of the Administration and State Legislature effort to prioritize behavioral health services for youth ages 0-25. The new program is intended to establish and strengthen partnerships and collaboration with school districts, county BH and CalOptima by developing infrastructure to improve access and increase the number of TK-12 grade students receiving preventative, early interventions and BH services.	12/31/2022	Natalie Zavala	QIC	MC		1) Met DHCS deadlines: submitted Letter of Intent (LOI) to participate in SBHIP in January; submitted SBHIP Partner form in March. 2) Provided update at Special Joint MAC and PAC Meeting on March 10th. 3) Continued weekly internal meetings with Core Team. 4) Continued bi-weekly collaboration meetings with Orange County Department of Education (OCDE).	1) Meet with school districts on April 19th to review expectations and begin assessment phase of program. 2) Hold stakeholder workgroup in May. 3) Provide SBHIP update at WCM CAC 5/17.	

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<b>II. QUALITY OF CLINICAL CARE- Adult Wellnes</b>										
Cancer Screenings: Cervical Cancer Screening (CCS), Colorectal Cancer Screening (COL), Breast Cancer Screening (BCS)	HEDIS MY2021 Goal: CCS: MC 59.12% BCS: MC 61.24% OCC 69% OC 69% COL: OCC 71% OC 62%  Based on HEDIS MY2020 NCQA Quality Compass Benchmarks, 50th percentile (released September 2021): CCS: MC 59.12% BCS: MC 53.93%	1) Transition to the Member Health Reward vendor to continue rewards established for CCS, BCS and COL programs. Track member health reward impact on HEDIS rates for cancer screening measures. 2) Targeted member engagement and outreach campaigns to promote cancer screenings in coordination with health network partners. 3) Expand member engagement strategy to include multi-modal approach as deemed most strategic via: texting, robocalls, social media, website, direct mailing, member newsletter, and other modes. 4) Community and Mobile Cancer Screening Events with community partners and agencies. eg. Mobile Mammography Events.	12/31/2022	Helen Syn	QIC	MC	X	1a. 2022 Member Health Rewards processed as of 3/31/22: BCS: 81 for MC and 2 for OCC; CCS: 149 for MC; COL: 1 for OC 1b. Transition to Member Health Reward Vendor Contract with vendor fully executed on 2/14/22. In the development stages of transitioning membership data, member health reward process, and identification of member health reward types. 2. Pending complete transition to member health reward vendor to define and set deadlines to implement. 3. Member Engagement Strategy:Texting: CCS texting campaign total= 11,512 IVR: CCS Total 2,800= 2,239 Message Left + 561 Message played; COL Total 512= 344 Message Left + 168 Message played; Social Media: CCS Static Social Media Post; COL Static Social Media Post Digital Ad: CCS digital ad; COL digital ad; Direct Mailing: 67,079 CCS MC member mailing; 17,069 BCS MC member mailing Community Connections: CCS article 4. Community Events: Mobile Mammography: KCS event 12 CCN members completed 5. 2022 February Prospective Rates (PR): Breast Cancer Screening MC: 44.42%, OC: 52.57%, OCC: 50.41% Measure is performing higher for all LOBs than same time last year and below the 50th percentile (MPL). Cervical Cancer Screening MC: 43.77% Measure is performing lower than same time last year and is below the 50th percentile (MPL). Colorectal Cancer Screening OC: 35.6%, OCC: 38.53% Measure is performing higher than same time last year for both OC/OCC and is currently below the 50th percentile.	1a. Continue to track BCS, CCS and COL member health reward. 1b. Complete transition to member health reward vendor is set to be executed by August 2022. 2. Targeted member engagement and outreach campaigns to identified zip codes. 3. <b>Member Engagement</b> <u>Texting</u> : BCS texting campaign scheduled in May <u>IVR</u> : BCS scheduled for Q3/Q4 <u>Social Media</u> : BCS scheduled for Q3/Q4 <u>Digital Ad</u> : BCS scheduled <u>Print Ad</u> : COL scheduled Q2, BCS scheduled <u>Direct Mailing</u> : COL scheduled for Q2; CCS, BCS, COL scheduled for Q4 <u>Community Connections</u> : Article scheduled for Q2/Q4 <u>Member Newsletter</u> : CCS, BCS, COL article scheduled for Spring and Summer issue <u>Live Call Campaign</u> : Pending new contract 4. Community Connections: Ongoing mobile mammography events	
COVID-19 Vaccination and Communication Strategy	Vaccine rate of 80% or more of CalOptima members (12 and over).	1) Efforts to support APL for COVID Vaccination from DHS. 2) Continue COVID Vaccination member health reward fulfillment process for all eligible age groups including Kaiser population and homeless population. 3) Implement the COVID QIP Interventions: Listed in Improvement Projects Section. 4) Continue Communication Strategy for COVID vaccine that address members based on zip codes, ethnicity, and pre-existing risk conditions.	12/31/2022	Helen Syn	QIC	MC	X	1. COVID texting campaigns continued in Q4 2. COVID community vaccine events were held in partnership with OCHCA ongoing. 3. Vendor has processed a total of 604,521 incentives (cumulative) *PHM has processed a total of 133,572 incentives (cumulative). This total includes incentives processed in-house & through vaccine events. *Vaccine Events: <input type="checkbox"/> January 15th: 346 <input type="checkbox"/> January 22nd: 165 <input type="checkbox"/> February 19th: 170 <input type="checkbox"/> March 12th: 71 <input type="checkbox"/> March 19th: 85 <input type="checkbox"/> March 26th: 37 <input type="checkbox"/> Total vaccine events: 874 <input type="checkbox"/> As a reminder, the breakdown of the vaccine event totals may be different to the numbers reported by Community Relations. Community Relations totals represent all CalOptima members vaccinated and PHM numbers represent all that were handed a gift card. 4. VIP reimbursement data set provided to DHCS for First Submission. 5. VRP responses to DHCS coordinated by COVID Vaccination Workgroup	Texting campaigns continue. New texting messages will be updated to include expanded age ranges and booster shot eligibility.  Ongoing COVID messaging to go out in Member Newsletter and Provider Newsletters about the importance of boosters and new eligibility with expanding age sets.  COVID vaccine incentive processing continues, CAIR registry data and logic improvements to assist with identification and more timely processing.  COVID vaccine events with OCHCA continue  Future Vaccine Events: April 9th: 67, April 16th: 54, April 23rd: 42, May 17th, June 7th	
<b>III. QUALITY OF CLINICAL CARE- Behavioral Health</b>										
Follow-up After Hospitalization for Mental illness within 7 and 30 days of discharge (FUH).	HEDIS MY2021 Goal: FUH 30-Days: MC: NA; OC: NA; OCC: 48.40% (Quality Withhold measure) 7-Days: MC: NA; OC:NA;OCC:27.07%	1) Conduct additional hospital visits to educate discharge planning staff on FUH requirements and address any questions or concerns. 2) Continue to conduct post discharge member outreach to ensure members are able to attend follow up appointment, and identify and address potential barriers. 3) Incorporate successful interventions identified by the BHI Incentive Program project to improve follow-up after hospitalization.	12/31/2022	Natalie Zavala	QIC	OCC	X	PR HEDIS Rates Q1 (February): 30 day- 16.67%, 7 day- 16.67%; BHI real-time report Jan-March: 30 day- 44%, 7 day- 29%. 1) Continued outreach to members post-discharge to coordinate follow-up appointments. Difficulties included: members not attending follow-up appointments due to readmission; member declining assistance; and inability reaching members due to invalid phone numbers. 2) Continued weekly BHI clinical round meetings to discuss concurrent reviews and internal coordination interventions.	1) Continue conducting post discharge outreach. 2) Continue tracking members and outreach to those who are not attending follow-up appointments within 7 days of discharge.	

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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 MY2021 Goal: MC - Init Phase - 44.51% MC -Cont Phase - 55.96%	1) Continue the non-compliant providers letter activity. 2) Participate in educational events on importance of attending follow-up visits. 3) Continue member outreach to improve appointment scheduling by identifying and addressing potential barriers for not attending visits.	12/31/2022	Natalie Zavala	QIC	MC	X	PR HEDIS Rates Q1 (February): Initiation Phase- 41.04%, Continuation and Maintenance Phase- 59.57% 1) Continued monitoring of CORE report to track members who filled an initial ADHD Rx. This is a manual process, but addresses barrier of limited resources for developing a real-time report to track member f/u visits for provider outreach to schedule visits. 2) Continued member outreach for those who filled initial ADHD Rx (script and workflow to track phone calls made to members). 3) Created and submitted tip sheet on Treatment for Children with ADHD to communications for CalOptima Member Spring Newsletter.	1) Continue member outreach for those who filled an initial ADHD prescription. 2) Update data collection for compliant and non-compliant provider letters. 3) Distribute non-compliant provider letters.	Green
Diabetes Screening for People with Schizophrenia or Bipolar Disorder (SSD) (Medicaid only)	HEDIS 2021 Goal: MC 73.69% OC (Medicaid only) OCC (Medicaid only)	<b>[NEW] to 2022 QI Work Plan</b> 1) Identify members in need of diabetes screening test. 2) Conduct outreach to prescribing provider 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.	12/31/2022	Natalie Zavala	QIC	MC, OC, OCC		PR HEDIS Rates Q1 (February): M/C: 20.73%, OC: N/A, OCC: N/A 1) Identified members prescribed antipsychotic medication still in need of diabetes screening test. 2) Conduct outreach to prescribing provider via phone, then 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). Difficulties: attaining the correct contact information for the prescribing providers such as phone numbers, fax numbers, and providers no longer practicing.	1) Continue tracking members in need of diabetes screening test. 2) Continue prescribing provider outreach.	Yellow
Follow-Up After Emergency Department Visit for Mental Illness (FUM)	HEDIS Goal: MC 30-Day: 53.54%; 7-day: 38.55% OC (Medicaid only) OCC (Medicaid only)	<b>[NEW] to 2022 QI Work Plan</b> 1) Create and distribute provider and member educational materials on the importance of follow-up visits. 2) Collaborate with health networks to identify and address potential barriers.	12/31/2022	Natalie Zavala	QIC	MC		PR HEDIS Rates Q1 (February): 30 day- 24.94%, 7 day-16.12% Measure has been identified as a Health Network (HN) P4V. The main barrier is obtaining real-time data for ED visits in order to conduct interventions to assist in follow-up visit attendance.	1) Develop report on member ED visits to identify trends. 2) Attend at least 1 HN Quality meeting to discuss/ address barriers.	Yellow
<b>IV. QUALITY OF CLINICAL CARE- Chronic Conditions</b>										
Improve HEDIS measures related to Comprehensive Diabetes Care (CDC): HbA1c Poor Control (this measure evaluates % of members with poor A1c control- lower rate is better)	MY2021 HEDIS Goals: MC: 34.06%; OC: 19% OCC: 19%	1) Transition to the Member Health Reward vendor to continue rewards established for A1c Testing. Implement new member health rewards targeting CCN members with diabetes with poor control. Track member health reward impact on HEDIS rates for CDC measures. 2) Targeted member engagement and outreach campaigns to promote CDC compliance in coordination with health network partners. 3) Expand member engagement strategy to include multi-modal approach as deemed most strategic via: texting, robocalls, social media, website, direct mailing, member newsletter, and other modes. 4) Prop 56 provider value based payments for diabetes care measures	12/31/2022	Helen Syn	QIC	MC,OC,OCC	X	1a) HbA1c Test Health Rewards: 13 Processed, 9 approved, 4 denied 1b) Transition to Member Health Reward vendor. Contract with vendor fully executed on 2/14/22. In the development stages of transitioning membership data, member health reward process, and identification of member health reward types. 2) Diabetes A1C member mailers MC 7,803, OC 84, OCC 637 = 8,524 mailers Emerging Risk Health Coach Outreach: MC 185 Assigned, 3 No Longer Eligible, 4 No Longer Emerging Risk, 1 Opt Out, 3 Unable to Contact OC 3 members, 1 Assigned, 1 No Longer Eligible. OCC 46 members, 27 Assigned, 1 Unable to Contact, 3 No Longer Emerging Risk, 7 No Longer Eligible. 3) Member Engagement Strategy: Texting: CDC texting campaign content submitted to DHCS for approval, currently under review. IVR: Campaign content completed and approved, pending launch date. Social Media: Content under development. 4) Prop 56 provider value based payments for diabetes care measures. 5) 2022 February Prospective Rates (PR): There were no A1C Testing rates for Feb 2022 PR A1C Adequate Control <8.0 MC: 1.99%, OC: 1.82%, OCC: 2.81% Measure is performing higher for all LOBs than same time last year and below the 50th percentile (MPL). A1C Poor Control >9 MC: 97.98 %, OC: 98.00%, OCC: 96.81% Measure is performing better for all LOBs than same time last year (lower rate is positive trend) and below the 50th percentile (MPL).	1) Track and monitor until the end of member incentive year. Complete transition to member health reward vendor is set to be executed by August 2022. 2) Continue the Emerging Health Coach outreach to the end of 2022. 3) Texting: Pending DHCS approval launch date slated for Q4 2022. IVR: Approximate launch date slated for end of June 2022. Social Media: Campaign slated to launch Q3-Q4 2022.	Green

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Improve HEDIS measures related to Comprehensive Diabetes Care (CDC): Eye Exam	MY2020 HEDIS Goals: MC 63.2% OC: 71% OCC: 79%	<ol style="list-style-type: none"> <li>Transition to the Member Health Reward vendor to continue rewards established for Eye Exams.</li> <li>Targeted member engagement and outreach campaigns to promote CDC compliance in coordination with health network partners.</li> <li>Expand member engagement strategy to include multi-modal approach as deemed most strategic via: texting, robocalls, social media, website, direct mailing, member newsletter, and other modes.</li> <li>Prop 56 provider value based payments for diabetes care measures</li> </ol>	12/31/2022	Helen Syn	QIC	MC,OC,OCC	X	<ol style="list-style-type: none"> <li>Eye Exam 5 Processed, 5 approved, 0 denied</li> <li>Transition to Member Health Reward vendor. Contract with vendor fully executed on 2/14/22. In the development stages of transitioning membership data, member health reward process, and identification of member health reward types.</li> <li>Diabetes Eye Exam member mailers MC 7,803, OC 84, OCC 637 = 8,524 mailers</li> <li>Member Engagement Strategy: Texting: CDC texting campaign content submitted to DHCS for approval, currently under review. IVR: Campaign content completed and approved, pending launch date. Social Media: Content under development.</li> <li>Prop 56 provider value based payments for diabetes care measures</li> <li>2022 February Prospective Rates (PR): Diabetes Eye Exams MC: 26.65%, OC: 35.45%, OCC: 35.32% Measure is performing higher for all LOBs than same time last year and below the 50th percentile (MPL).</li> <li>Identified VSP data fields needed from HNs for data sharing criteria.</li> </ol>	<ol style="list-style-type: none"> <li>Track and monitor until the end of member incentive year. Complete transition to member health reward vendor is set to be executed by August 2022.</li> <li>Analyze if a need for additional member mailers are necessary.</li> <li>Texting: Pending DHCS approval launch date slated for Q4 2022. IVR: Approximate launch date slated for end of June 2022. Social Media: Campaign slated to launch Q3-Q4 2022.</li> <li>Submitted ticket to IS on 3/31/2022. Slated for completion Q2 2022.</li> </ol>	Green
Implement multi-disciplinary approach to improving diabetes care for CCN Members Pilot	<ol style="list-style-type: none"> <li>lower HbA1c level to avoid complications</li> <li>reduce emergency department (ED) visits</li> <li>reduce hospitalization rates</li> <li>reduce costs for diabetic medications</li> <li>improve member and provider satisfaction; and</li> <li>optimize diabetes medication management during the transition to Medi-Cal Rx.</li> </ol>	<p>There are four parts to this multidisciplinary approach:</p> <ol style="list-style-type: none"> <li>Pharmacist Involvement and Intervention- Nicki G. • CalOptima Pharmacist's role will include individual member outreach and provider consultations for members enrolled in the pilot program. CalOptima pharmacists will promote proper medication utilization, provide medication adherence counseling, and support behavior changes needed for diabetic members with a multidisciplinary team approach, including collaboration with PCPs and health coaches/registered dietitians/case managers.</li> <li>Health Coach/Registered Dietician Intervention - Jocelyn J. • CalOptima Health Coaches will provide CCN-focused interventions such as assessment/care planning, motivational interviewing, member education materials, referral to other community resources based on needs. Health Coaches/Registered Dietitians would also participate in Interdisciplinary Care Team (ICT) meetings, as applicable, and connect members to case management if other acute needs are identified during an intervention.</li> <li>Member Health Rewards - Helen Syn • CalOptima would like to support member engagement and compliance by providing members with health rewards (non- monetary incentives).</li> <li>Provider Incentives - TBD • In order to have successful provider buy-ins, CalOptima proposes providing incentives for their dedicated participation in this multidisciplinary DM program. Providers are eligible for incentives when they participate in the program to manage a member with known or potentially poorly controlled diabetes and meet the eligibility criteria for participation year.</li> </ol>	12/31/2024	Nicki Ghazanfarpour /Helen Syn/ Jocelyn Johnson	QIC		X	Planned activities being revisited for revised proposal and will pend approval by CMO/BOD	Planned activities being revisited for revised proposal and will pend approval by CMO/BOD	Yellow
<b>V. QUALITY OF CLINICAL CARE- Maternal Child Health</b>										
Prenatal and Postpartum Care Services (PPC): Timeliness of Prenatal Care and Postpartum Care (PHM Strategy).	<p>HEDIS MY2021 Goal: Postpartum: 79.56% Prenatal: 90.75%</p> <p>Based on HEDIS MY2020 NCQA Quality Compass Benchmarks (released September 2021)</p>	<ol style="list-style-type: none"> <li>Transition to the Member Health Reward vendor to continue rewards established for Postpartum care.</li> <li>Expand member engagement strategy to include multi-modal approach as deemed most strategic via: texting, robocalls, social media, website, direct mailing, member newsletter, events, and other modes.</li> <li>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</li> <li>Implement Collaborative Member Engagement Event with OC CAP Diaper Bank and other community-based partners</li> <li>Prop 56 provider value based performance incentives for prenatal and postpartum care visits</li> </ol>	12/31/2022	Ann Mino/Helen Syn	QIC	MC	X	<ol style="list-style-type: none"> <li>Member Health Reward for Postpartum care has been agreed by the business owners to not transition to the Health Reward Vendor due to the small volume and complexity of processing.</li> <li>Process for the first quality Initiative mailing is being finalized. First mailing is projected to go out in Q2 2022. Mailing will target members that recently delivered and encourage timely postpartum care. Prenatal care article included in the Spring 2022 Medi-Cal newsletter, healthcare chat video on prenatal visits on immunizations on social media platforms, and social media posts related to prenatal/postpartum care.</li> <li>Provider communication on Postpartum Care Extension.</li> <li>Bright Steps Program conducted initial outreach to 1793 unique members. 1034 outreach attempts made to 623 for postpartum members, 238 postpartum assessments completed.</li> <li>Total # of PPC health rewards approved for Q1: 63.</li> <li>Planning for Diaper Day events in collaboration with CalFresh and community partners is continuing. Tentative schedule is being created for community events to take place in Q2 2022.</li> <li>Prop 56 provider value based performance incentives for prenatal and postpartum care visits.</li> </ol> <p>February 2022 Prospective Rates: Timeliness of Prenatal Care: 80.49% Measure is performing higher than same time last year and has not met the 50th percentile. Postpartum Care: 53.16%. Measure is performing higher than same time last year and has not met the 50th percentile.</p>	<ol style="list-style-type: none"> <li>Postpartum quality initiative mailing is projected to begin Q2 2022.</li> <li>Prenatal and postpartum social media campaign is projected for Q2 2022.</li> <li>Diaper Day + CalFresh community events to promote Bright Steps.</li> <li>Medi-Cal newsletter article on postpartum care articulated in Medi-Cal summer newsletter.</li> <li>Postpartum Care Extension newsletter article in Medi-Cal summer newsletter.</li> </ol>	Green

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<b>VI. QUALITY OF CLINICAL CARE- Pediatric/Adolescent Wellness</b>										
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 MY2021 Goal CIS-Combo 10: 49.58% IMA-Combo 2: 50.61% W30-First 15 Months: 54.92% W30-15 to 30 Months: 74.42% WCV (Total): 53.83% Based on HEDIS MY2020 NCQA Quality Compass Benchmarks (released September 2021)	1) Targeted member engagement and outreach campaigns in coordination with health network partners. 2) Expand member engagement strategy to include multi-modal approach as deemed most strategic via: texting, robocalls, social media, website, direct mailing, member newsletter, and other modes. 3) EPSDT DHCS promotional campaign emphasizing immunizations and well care EPSDT visits 4) Implement Community events to promote well-care visits and immunizations for children and adolescents; and track the number of participants and impact on rates. Examples: Back-to-School Immunization Clinics 5) Prop 56 provider value based payments for relevant child and adolescent measures	12/31/2022	Helen Syn	QIC	MC	X	1) Targeted member engagement and outreach campaigns in coordination with health network partner	1) Continue expanding member engagement strategy to include multi-modal approach as deemed most strategic via: texting, robocalls, social media, website, direct mailing, member newsletter, and other modes. - Health Guide 0-2 Newsletter, Well-Child Visits Flyer and Lead Poisoning Fact Sheet mailing slated for April 2022 - Targeted ad campaign for Well-Care Pediatrics and Immunizations via digital and social media - April World Immunization Week observance on social media - Community Connections April Newsletter for World Immunization Week observance - Medi-Cal member newsletter article on adolescent immunizations - Live call campaign for mi-year push for well-child and immunization measures. 2) Plan and attend community events to promote well-care visits and immunizations for children and adolescents; and track the number of participants and impact on rates. Examples: Back-to-School Immunization Clinics - Attend community events targeting the pediatric and adolescent population. - Plan back-to-school vaccination events. 3) Collaborate with health network partners to coordinate campaigns to improve HEDIS measures	
Blood Lead Screening (BLS) (LSC)	1) Comply with APL requirements as stated 2) Send quarterly reports to CalOptima contracted PCPs timely 3) HEDIS MY2021 Goal (3 Year Goal): Lead Screening 50th percentile 71.53%	1) Continue providing quarterly report to CalOptima contracted PCPs identifying children with gaps in blood lead screening recommended schedule. 2) Targeted member engagement and outreach campaigns to promote blood lead screenings in coordination with health network partners 3) Prop 56 provider value based payments for Blood Lead Screening	12/31/2022	Helen Syn	QIC	MC	X	1) Shared report in January 2022 to health networks with Q4 2021 data on members that have not been screen as recommended for blood lead screening. Worked with ITS to leverage new provider portal and share blood lead screening report with CCN providers. Report to CCN is on track for Q2 2022. Beginning the implementation process for a health network attestation to ensure that HNs are sharing member detail blood lead reports with their providers. 2) Member education efforts: blood lead screening campaign on social media in March 2022, blood lead article in Medi-Cal newsletter in Spring 2022. 3) Prop 56 provider value based payments for Blood Lead Screening. February 2022 Prospective Rates Lead Screening in Children (in 2022 became an MCAS measure that will have to meet MPL). MC: 49.25% Measure is performing lower than the same time last year and has not met the 50th percentile (MPL).	1) Provider communication on blood lead screening testing and management through communication platforms, including Health Network Qualify Forum. 2) Blood Lead Screening report sharing to CCN Providers.	
<b>VII. QUALITY OF SERVICE- Access</b>										
Improve Access: Reducing gaps in provider network	Reduce the rate of OON requests for these top 3 specialties by 10%	1) Actively recruit specialties with the most out-of-network (OON) requests for CCN (General Surgery, Ophthalmology and Orthopedic Surgery)	12/31/2022	Marsha Choo/Jennifer Bamberg/Maggi e Hart	MEMX	MC,OC,OCC	X	The function of recruiting providers transitioned from Provider Relations to Contracting Department. In addition, the staff identified for recruiting providers has been on FMLA.	CalOptima is currently engaged in a provider onboarding end-to-end process led by Process Excellence that includes a review of the provider recruiting process and workflow.	
Improve Access: Expanding Network of Providers Accepting New Patients	Increase the number of providers accepting new patients: PCPs from 60.3% to 65.3% Specialists from 56.7% to 61.7%	[NEW] to 2022 QI Work Plan 1) Targeted outreach campaign to open their panels 2) Business consideration to require providers to participate in all programs.	12/31/2022	Marsha Choo/Jennifer Bamberg	MEMX	MC,OC,OCC		In Q1, the Provider Directory Validation Template was being revised and a new format has now been implemented which PR began using in Q2.	Provider Relations is now requesting PCPs and SCPs open panels during Provider Data Validation on a quarterly basis.	
Improve Access: Timely Access (Appointment Availability)	Improve Timely Access compliance with Appointment Wait Times: Routine PCP from 76.2% to 80% MPL Urgent PCP from 68.4% to 73.4% Routine SPEC from 67.7% to 72.7% Urgent SPEC from 56.1% to 61.1%	1) Communication and corrective action to providers not meeting timely access standards 2) Communication and PDSAs to HNs not meeting timely access standards	12/31/2022	Marsha Choo/Jennifer Bamberg	MEMX	MC,OC,OCC	X	1) No update for Q1 but non-compliant letters issued to providers last fall, in Q4-2021. 2)PDSA issued to 12 HNs for not meeting Timely Access Standard in January 2022. Networks are required to complete 3 separate PDSAs: •Improve Member Access to PCPs •Improve Member Access to Specialists •Improve Telephone Access to Medi-Cal pop. •Technical Assistance calls held February 2022 •Reviewed and approved "Plan" section of PDSAs	1) Final results from 2021/22 Timely Access survey due by July. Review and issue corrective action to individual providers not meeting timely access standards 2) A&A workgroup to review HNs final PDSA submissions due in June and provide final status and feedback: Completed, Closed, or Other	

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Improve Access: Telephone Access	Reduce the rate of No Live Contacts After 3 Attempts from 29.9% to 26.9% (or 10% of the performance gap)	1) Improve provider data in FACETs (i.e. Provider Directory Attestations, DHCS Quarterly and Monthly Provider Data Audits) 2) Individual Provider Outreach and Education (Timely Access Survey)	12/31/2022	Marsha Choo/Jennifer Bamberg	MEMX	MC,OC,OCC	X	1) In Q1, the Provider Directory Validation Template was being revised and a new format has now been implemented which PR began using in Q2. 2) Awaiting 2021/22 Timely Access Survey results from vendor with estimated arrival date in July.	1) Provider Relations has 9% or 115 contracted TINS (780 unique providers) validations to date. Provider Relations and Provider Data Management Services (PDMS) continues to complete analysis and update the system of record for the Monthly and Quarterly Provider Data Quality Checks/Audits. 2) Review survey results in summer, and issue letters of noncompliance based on the following escalation order: •Education (1st yr of non-compliance) •Warning (2nd yr ...) •Escalation (3rd yr...)	Green
Improving Access: Subcontracted Network Certification	Certify all HNs for network adequacy	[NEW] 2022 QI Work Plan 1) Mandatory Provider Types 2) Provider to Member Ratios 3) Time/Distance 4) Timely Access If 1-3 are not met, HN to identify a provider to fill the gap. If 4 not met, HN to be issued a PDSA.	7/31/2022	Marsha Choo/Jennifer Bamberg	MEMX	MC		Network Adequacy Standards: <b>Medi-Cal Plan Level:</b> •Mandatory Provider Types: Met •Provider to Member Ratios: Met •Time/Distance Standards: Met  <b>Medi-Cal HN Level:</b> •Mandatory Provider Types: Not Met. (Certified Nurse Midwives and Licensed Midwives) •Provider to Member Ratios: oPCPs: Met oSpecialists: Not Met •Time/Distance: Not Met  <b>Medi-Cal Timely Access:</b> •PDSAs issued to 12 HNs for not meeting Timely Access Standard - January 2022 •Continue to field 2021/22 Timely Access Survey	Continue to monitor quarterly If Net Adequacy standard (s) not met, outreach to network to directly. Review HNs final submission for PDSAs in June. Continue to prep for new 2022 Timely Access Survey with target fielding dates, June-November	Green
<b>VIII. SAFETY OF CLINICAL CARE</b>										
Plan All-Cause Readmissions (PCR)	HEDIS MY2021 Goal: MC - NA OC 8%; OCC 1.0 (O/E Ratio)	1) Update the existing CORE report(RR0012) to include Medical LOB, Members with First Follow-up Visit within 30 days Discharge (CA 1.11) 2) Improve PCP Visit Access 3) Continue to engage work group to address barriers, thereby achieving increased post hospitalization visits with PCP Continue to discuss barriers with internal team to improve members having a follow up PCP visit at time of discharge. Currently developing a communication strategy to hospitals and members regarding the importance of having a post discharge visit with the members PCP.	12/31/2022	Mike Shook	QIC	MC, OC,OCC	X	No update. Current initiative specific to MC LOBs only	Need follow up meeting to be scheduled to further discuss	Yellow
Post-Acute Infection Prevention Quality Incentive (PIPQI)	1) To reduce the number of nosocomial infections for LTC members. 2) To reduce the number of acute care hospitalizations related to infections for LTC members.	1) Nurses will be visiting each facility/ out reach minimally once a week. 2) Facility Staff bathe residents in Chlorhexidine (CHG) antiseptic soap for routine bathing and showering. And administer Iodophor (nasal swabs) per PIPQI Protocols. 3) CalOptima will pay participating facilities via reimbursement for product purchasing and quarterly quality incentive payments. 4) CalOptima will market and expand the PIPQI Program into additional CalOptima Contracted Nursing facilities providing onboarding training, new branding and educational materials.	12/31/2022	Michelle Findlater/Scott Robinson	QIC	MC,OC,OCC	X	The HAI scores trended upward in Q4 of 2021, and then had a slight downward trend in Q1 however we are still over a point above the average which is now 4.51 Invoice submission for CHG and Iodophor increase in Q1 however we continue to see nearly 1/3 of the invoices not being submitted per program requirements Of the submitted invoices, we continue to see that more than 50% are not purchasing even half the amount needed to complete the bathing and Iodophor protocols	The PIPQI Program was set to run out its funding in March 2022. The PIPQI Team took and extension to the Board in April 2022. Extension asked for additional \$275,000 to extend program through the end of the fiscal year 21-22. New budget based on removing \$7500 quarterly incentive Reduce baths from every other day to 2 per week and offer product reimbursement based on that reduction Remove 6 least complaint facilities	Yellow
Orange County COVID Nursing Home Prevention Program.	Conduct in-person training of 12 CalOptima contracted nursing facilities in collaboration with UCI to reduce the spread of COVID/Infections in nursing facilities; toolkit, consultative services and webinars provided to all Orange County nursing homes free of charge	Program includes intense in-person training of contracted nursing facilities provided by UCI, along with consultative sessions, comprehensive toolkit, weekly educational emails, and training webinars provided free to all CalOptima Orange County contracted nursing facilities. Program funding through May 2022. Planned activities include: 1) Provide expertise on infection prevention for COVID-19/SARS-CoV-2 2) Provide guidance, protocols for preventing spread of COVID 3) Support training on how to stock and use protective gear 4) Develop high compliance processes for protection of staff and residents. 5) Make toolkit available for free at www.ucihealth.org/stopcovid 6) Provide COVID prevention helpline to offer guidance and information to nursing home staff 7) Conduct point prevalence sweeps of residents for multi-drug organisms	5/31/2022	Cathy Osborn/Scott Robinson	QIC	MC,OC,OCC	X	<b>UCI provided:</b> 1. Consultative service: 12 nursing homes received intensive training with weekly feedback of staff safety metrics; 31 additional OC nursing homes received phone consultation services. 2. Confidential helpline for COVID questions and inquiries: To date, 250 helpline inquiries have been addressed. 3. Point prevalence sweeps of residents and staff. 4. Monthly progress meetings with CalOptima.	UCI is on track to successfully complete project by 5/31/2022. 1. UCI will continue to provide education to nursing homes. 2. UCI will continue to conduct point prevalence sweeps of residents for multidrug-resistant organisms and analyze results.	Green

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<b>I. PROGRAM OVERSIGHT</b>										
2022 QI Annual Oversight of Program and Work Plan	Obtain Board Approval of 2022 QI Program and Workplan	QI Program and QI Work Plan will be adopted on an annual basis; QI Program Description-QIC-BOD; QI Work Plan-QIC-QAC	Annual Adoption by April 2022	Marsha Choo	QIC	MC,OC,OCC	X	Approved: QIC 2/15/2022, QAC 3/9/2022, BOD 4/7/2022		Green
2021 QI Program Evaluation	Complete Evaluation 2021 QI Program	QI Program and QI Work Plan will be evaluated for effectiveness on an annual basis	Annual Evaluation by April 2022	Marsha Choo	QIC	MC,OC,OCC	X	Approved: QIC 2/15/2022, QAC 3/9/2022, BOD 4/7/2022		Green
2022 UM Program	Obtain Board Approval of 2022 UM Program	UM Program will be adopted on an annual basis.	Annual Adoption by April 2022	Mike Shook	QIC	MC,OC,OCC	X	Completed and will be sent to UMC for eVote by 4/15/2022. Scheduled to give status update to QIC on 4/16/2022.		Green
2021 UM Program Evaluation	Complete Evaluation of 2021 UM Program	UM Program and UM Work Plan will be evaluated for effectiveness on an annual basis.	Annual Evaluation by April 2022	Mike Shook	QIC	MC,OC,OCC	X	Completed and will be sent to UMC for eVote by 4/15/2022. Scheduled to give status update to QIC on 4/16/2022.		Green
Population Health Management Strategy	Implement PHM strategy	Review and adopt on an annual basis.	Annual Review and Adoption	Marie Jeannis/Kelly Giardina	QIC	MC,OC,OCC	X	Strategy is current. We will need to update to align with 2022 HP NCQA requirements and DHCS.	Meeting will be scheduled in 2Q2022 to update.	Yellow
Credentialing Peer Review Committee (CPRC) Oversight - Conduct Peer Review of Provider Network by reviewing Credentialing Files, Quality of Care cases, and Facility Site Review, to ensure quality of care delivered to members		Review of Initial and Recredentialing applications approved and denied; Facility Site Review (including Physical Accessibility Reviews); Quality of Care cases leveled by committee.	Quarterly Adoption of Report	Marsha Choo/Laura Guest	QIC	MC,OC,OCC	X	I. FSR/PARS/INF/CBAS A. FSR • Updated DHCS FSR and MRR Tools and Standards implemented on 7.1.1022 • Moderate updates to FSR Tool • Substantial updates to MRR Tool • Decrease in number of failed FSR and/or MRR from Q1 to Q2 • Increase in number of CAPs from Q1 to Q2 B. PARS • Significant increase in number of PARS completed from Q1 to Q2 • % of sites with BASIC access increased slightly from Q1 to Q2 C. Quality Oversight - CBAS • Full congregate in-person services scheduled for 10/1/2022 • Virtual audits completed for look back period 2021 II. Credentialing/Rec credentialing Subject: Identified in March 2022: Organizational Providers - OneCare Project. For CCN and BH, there were 117 group practices that were identified as not credentialed, although the individual practitioners were credentialed. Actions: As of the end of Q2, 57 completed credentialing. Three providers are in process, 5 were terminated for not meeting credentialing requirements; 41 the application was not received; 2 the requirements were not met and 9 credentialing was not required. III. PQI Subject: Cases leveled at QOC were 20% in Q2; 21% in Q1. Subject: Fair Hearing for Notice of Termination - Potential 805 Reporting 1. PQI and FWA investigations - PM physician was billing for PT and psychotherapy services under his NPI 1, billing for 99215 for services rendered by a LVN, and was unable to produce medical records for several members due to destroying the medical records while converting to an EHR. 2. PQI Investigation - PCP attending at hospital for member who was admitted for hand cellulitis, had precipitous drop in Hgb, never referred to GI or hematology for etiology, and unexpectedly expired.	I. FSR/PARS/INF/CBAS A. FSR • Educational materials and communications sent in June 2022. (On-site education, CalOptima.org, CalOptima Weekly Communication, Provider Alert-Fax Blast • 2 auditors-1 day or 1 auditor-2 days • Hiring of additional staff to assist with audits and CAPs • Updates to FSR web application completed B. PARS • Educational materials and communications sent in June 2022. (On-site education, CalOptima.org, CalOptima Weekly Communication, Provider Alert-Fax Blast • 2 auditors-1 day or 1 auditor-2 days • Hiring of additional staff to assist with audits and CAPs • Updates to FSR web application completed C. Quality Oversight - CBAS • QI Nurse Specialist-LVN completing virtual audits to review Temporary Alternative Services (TAS) for look back period 2021 • QI Nurse Specialist-LVN to begin on-site CBAS Center visits in September 2022. Goal of 37 contracted CBAS centers by 12.31.2022. II. Credentialing/Rec credentialing Actions: Continue to credential the OPs is process. III. PQI Action: Continue with QOC grievance review by RN and MD Concern: Volume of PQIs continue to climb as the number of PQIs have increased and we've had an open nurse position since May. The position will be filled in Q4. The main category of PQIs continued to be Medical Care related to treatment delay, failure, inappropriate or complications. Action: Fair Hearing of PM physician was held in Q2. Second half of the Hearing was held in Q3. Determination will be reported in Q3. The Fair Hearing of the PCP was delayed until Q3 due to the availability of the participants. The second half of the Hearing will be completed in Q3, so we anticipate the determination to be reported in Q3.	Yellow
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.	Quarterly Adoption of Report	Tyronda Moses/Heather Sedillo	QIC	MC,OC,OCC	X	Medi-Cal Complaints: 3% decrease in member appeals; 4% decrease in member grievances; 9% increase in provider appeals from Q1 Medi-Cal Grievances by Category: QOS continues to be the highest Grievance category. QOS decreased by 1.4% from Q1 to Q2. CCN and Veyo continue to have the highest number of QOS grievances. Other Increases: Quality of Care increased by 54% (from 245 in Q1 to 377 in Q2). AltaMed, Monarch, CCN, Arta had the most noticeable increase in QOC grievances. Access increased by 16% (from 503 in Q1 to 585 in Q2) Decreases: Billing decreased by 11.3% from Q1 Medi-Cal BH Grievances: 16% increase in BH grievances; Access increased by 20%; QOS decreased by 7%; Billing decreased by 33% (18 in Q1 and 12 in Q2) OCC Complaints: 56% decrease in appeals; 5% increase in grievances; 8% decrease in provider appeals from Q1 OCC BH Grievances: BH grievances decreased from 6 in Q1 to 3 in Q2 all in the QOS category. OC Complaints: Member appeals increased from 5 in Q1 to 11 in Q2; 16% increase in member grievances (19 in Q1 to 22 in Q2); 46% increase in provider appeals (13 in Q1 to 19 in Q2)	All trends are reviewed for repeated issues. High grievance count by providers are tracked and trended. Results are reported to Provider Relations for additional outreach and shared with a Provider Action workgroup. Recommendations for actions may include an onsite visit, additional education/training and/or escalation to the Member Experience Committee. Highest Trends identified during the quarter were related to transportation (late pick ups, no shows and complaints against drivers) GARS continues to work with Veyo to identify barriers and obstacles on a bi-weekly basis	Green

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Member Experience (MEMX) Committee Oversight - Oversight of Member Experience activities to improve quality of service and member experience to achieve the 2021 QI Goal of improving CAHPS and Access to Care.		The MEMX Subcommittee assesses the annual results of CalOptima's CAHPS surveys, monitor the provider network including access & availability (CCN & the HNs), review customer service metrics and evaluate complaints, grievances, appeals, authorizations and referrals for the "pain points" in health care that impact our members.	Quarterly Adoption of Report	Kelly Rex-Kimmet/Marsha Choo	QIC	MC,OC,OCC	X	In Q2, MemX Committee has reviewed/discussed the following: 4/5/22: •Updates: -CAPs issued to HNs -2022 TAS Changes •Charter Approved •Provider Sat Survey •SNC •2022 Workplan Review-deferred	In Q2 MEMX Committee has one meeting scheduled, August 10th.	Green - On Target
Utilization Management Committee (UMC) Oversight - Conduct Internal and External oversight of UM Activities to ensure over and under utilization patters do not adversely impact member's care.		UMC meets quarterly; monitors medical necessity, cost-effectiveness of care and services, reviewed utilization patterns, monitored over/under-utilization, and reviewed inter-rater reliability results. P&T and BMSC reports to the UMC, and minutes are submitted to UMC quarterly.	Quarterly Adoption of Report	Mike Shook	Utilization Management/ QIC	MC,OC,OCC	X	UMC reported to QIC on 4/12/2022. Presented 2021 4th Quarter and Annual Trends (12/24/2022). - 4Q 2021 Operational Performance (MC,OC,OCC) -Continue to have some HN/CCN not meeting goal; Only trend noted CCN due to backlog – resolved 1/27/22. - 4Q 2021 Utilization Outcomes (MC, OCC) Medical Measures met Goals - 4Q 2021 Operational Performance WCM goals are to TBD. - Medi-Cal Over/Underutilization Monitoring Dashboard, Benefit Management Subcommittee (BMSC), Pharmacy Over/Under Utilization Monitoring, BH UM Update, BHI. - DRAFTs of 2022 UM Program, 2021 UM Evaluation and List of Board Certified Consultants (AMR/MRIP/Internal, with summary of Changes was presented to QIC Committee. - Committee reviewed and approved the 2021 UM Program Evaluation and 2022 UM Program Description as presented.	UMC is scheduled to present 1st Quarter 2022 update to QIC on 7/12/2022.	Green - On Target
Whole Child Model - Clinical Advisory Committee (WCM CAC)- Conduct Clinical Oversight for WCM and provide clinical advice for issues related to implementation.		Meet quarterly, provide clinical advice regarding Whole Child Model operations to Medical Affairs.	Quarterly Adoption of Report	T.T. Nguyen, MD	QIC	MC	X	WCM gave a Committee update on the meeting they had on February 15, 2022 and approved the November 16, 2021 WCM CAC meeting minutes. A copy was submitted for QIC to receive and file. Annual Committee Conflict of Interest and Attestation forms were completed. Committee recommended to add Susan Gage, CHOC Pulmonary specialist to the Committee. Case Management Director, Siolane Petrillo presented an update on CalAIM. Approximately 2,000 members were transitioned from Whole Person Care (WPC) Pilot and the Health Homes Program to the new Enhanced Care Management (ECM) program and Community Supports Services Pharmacy Director, Dr. Gericke provided Medi-Cal Rx update with relief of backlog with DHCS decision to remove prior authorization requirement UM, GARS, and CS gave a report on measures.	WCM is scheduled to give Committee update on July 12, 2022.	Green - On Target
Quality Withhold for OCC	Earn 75% of Quality Withhold Dollars back for OneCare Connect in OCC QW program end of MY 2021	Monitor and report to QIC	Annual Assessment	Sandeep Mital	QIC	OCC	X	Scheduled to give update when we receive final scores from CMS in 2Q of 2023	Continue to monitor performance on the various measures	Green - On Target
Quality Analytics Program Updates (Health Network Quality Rating, MCAS, P4V, Data Mining/Bridge efforts)	Achieve 50th percentile on all MCAS measures in 2021	Report of new quality program updates including but not limited to Health Network Quality Rating, MCAS reports and P4V. Data Mining/Bridge efforts include Office Ally EMR, CAIR Registry Data, efforts to immunization registry (CAIR) and lab data gaps Activities requiring intervention are listed below in the Quality of Clinical Care measures.	Quarterly Report or As needed	Kelly Rex-Kimmet/ Paul Jiang/Sandeep Mital	QIC	MC,OC,OCC	X	All MCAS selected measures having MPL requirement achieved MPL except the newly added Well-Child Visits in the First 30 Months of Life measure (W30-15months; W30-30months)	Start health disparity analysis to further refine focus areas	Green - On Target
Development of the OneCare program for MY2023	Develop and finalize the CMS measures for the, scoring and payment methodology for the OneCare P4V program	P4V team has compiled a set of Part C, Part D, and Member Experience measures as proposed metrics for the MY2023 OneCare P4V program. Awaiting approval from the various committees and the Board of Directors.	Quarterly Report or As needed	Kelly Rex-Kimmet/Sandeep Mital	QIC			Need approval from the Board Of Directors so that we can share the measures and payment methodology with health networks.	Need approval from the Board Of Directors so that we can share the measures and payment methodology with health networks.	Yellow - Caution
Improvement Projects (All LOB) PIPs	Meet and exceed goals set forth on all improvement projects	MC PIPs: 1) Improving Breast Cancer Screening (BCS) rates for Korean and Chinese CalOptima Medi-Cal Members.(March 1, 2020-December 31, 2022) 2) Improving Well-Care Visits for Children in Their First 30 Months of Life (W30) for CalOptima Medi-Cal Members (March 1, 2020-December 31, 2022)	Quarterly/Annual Assessment	Helen Syn	QIC	MC,OC,OCC	X	1) Submitted BCS Health Equity PIP Progress Check-In. Continued testing intervention. Mobile Mammography Event Q2: Completed 25 BCS for KCS CCN members. 2) Submitted W30 PIP Progress Check-In. Continued testing intervention. Provider office has reached SMART aim goal (44.96%).	1) BCS Health Equity PIP Progress Checkin feedback expected in Q3. Continue testing intervention through the end of the PIP December 31, 2022. Scheduled KCS Mobile Mammography Events for 8/15, and 10/24. 2) W30 PIP Progress Check-In feedback expected in Q3. Continue testing intervention and monitoring HEDIS rate through the end of PIP December 31, 2022.	Green - On Target
Improvement Projects (All LOB) QIPs	Meet and exceed goals set forth on all improvement projects (See individual projects for individual goals)	Conduct quarterly/Annual oversight of specific goals All LOB QIPs MC QIP: 1) COVID QIP Phase 2 - a. Diabetes Screening for People With Schizophrenia or Bipolar Disorder Who are Using Antipsychotic Medications (SSD)- N. Zavala b. CCS - Increase the number of Medi-Cal members ages 21-64 who complete cervical cancer screening. c. CIS Combo 10 - Increase immunization rates of Medi-Cal members turning 2 years old. 2) Improving Statin Use for People with Diabetes (SPD)	Quarterly/Annual Assessment	Natalie Zavala/Helen Syn	QIC	MC,OC,OCC	X	MC QIP 1) COVID QI Phase 2-a. SSD update provided under Quality of Clinical Care Behavioral Health section below. b. CCS - Cycle 2 completed on 6/30/22. Pending tracker results from participating providers. c. CIS Combo 10 completed April-June intervention. Provider Office successfully reconciled 677 records and outreached to 663 members (metric 1). 64 members were scheduled an appointment for this period and 107 members are awaiting the availability of the flu vaccine to complete measure (metric 2). May 2022 CIS-10 PR for provider office: 41.28%. 2) 2022 June Prospective Rates (PR):Statin Therapy for Patients With Diabetes (SPD)Statin AdherenceMC: 4.65%, OC: 1.85%, OCC: 1.62% Measure is performing higher for all LOBs than same time last year and below the 50th percentile (MPL). Statin TherapyMC: 67.22%, OC: 76.67%, OCC: 76.90% Measure is performing higher for all LOBs than same time last year and below the 50th percentile (MPL).	1) COVID QI Phase 2- a. SSD b. CCS For cycle 3 Provider Offices staff will still focus on outreaching to members to schedule cervical cancer screening but CalOptima plans to add a provider office staff incentive that focuses on provider office cervical cancer screening rate by September 2022. c. CIS Combo 10- Target list for Cycle 4 (07/01/2022 - 09/30/2022) is shared with Provider Office for July - September implementation. Intervention includes outreaching to noncompliant members to schedule appointments, and tracking the number of newly compliant members. a-1) Continue tracking members in need of diabetes screening test. a-2) Continue prescribing provider outreach.	Green - On Target
Improvement Projects (All LOB) CCIPs	Meet and exceed goals set forth on all improvement projects (See individual projects for individual goals)	Conduct quarterly/Annual oversight of specific goals on All LOB CCIPs 1) OC and OCC CCIP: Improving CDC measure, HbA1C good control <8% - Targeted outreach calls to those with emerging risk >8% ( 2019 - 2022) 2) OCC QIP: Improving Statin Use for People with Diabetes (SPD) Oversight (review of MOC ICP/ICT Bundles) 2019-2022	Quarterly/Annual Assessment	Helen Syn	QIC	MC,OC,OCC	X	1) Emerging Risk Health Coach Outreach OC CCIP 8 members, 5 Assigned, 0 No Longer Eligible. Emerging Risk Health Coach Outreach OCC CCIP 44 members, 32 Assigned, 6 Unable to Contact, 0 No Longer Emerging Risk, 0 No Longer Eligible. 2) Results pending, final data slated at end of Q4 2022.	1) Continue Emerging Risk Telephonic Health Coach Outreach 2) Continue SPD Statin quarterly mailers	Green - On Target

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2022 QI Work Plan Element Description	Goals	Planned Activities	Target Date(s) for Completion	Staff Responsible	Report to Committee	LOB	Con't Monitoring from 2021	Results/Metrics: Assessments, Findings, and Monitoring of Previous Issues List any problems in reaching the goal or relevant data (i.e. state if goals were met or not met, include what caused the problem/issue)	Next Steps Interventions / Follow-up Actions State what will be done to meet the goal (i.e. continue with plan as listed or modify the plan: add a specific new process, etc.)	Red - At Risk Yellow - Caution Green - On Target
PPME/QIPE: HRA's	Goal 95% timely completion on all HRA HN MOC oversight 90% CA MMP 1.5 ICP High/Low risk Goal is 75% CA MMP 1.6 Care Goal Discussion 95% MMP 3.2 ICP completion 90 days 85%	Conduct quarterly/Annual oversight of specific goals OC and OCC PPME and QIPEs 1) PME (OC): HRA's, HN MOC Oversight(Review of MOC ICP/ICT bundles) 2) QIPE (OCC): HRA's ICP High/Low Risk, ICP Completed within 90 days, HN MOC 3) LTSS HRA OCC: Monitor for timeliness on outreach for completion.	Quarterly/Annual Assessment	Sloane Petrillo/S. Hickman/D. Hood	QIC	OC, OCC	X	Conduct quarterly/Annual oversight of specific goals OC and OCC PPME and QIPEs 1) PPME (OC): a. HRA's: Q1 completed with 100% outreach for both initial and annual members. Q2 April initials complete with 100%; May and June are pending. Q2 Annual outreach completed at 99%. b. HN MOC Oversight(Review of MOC ICP/ICT bundles) 100% for HRAs reviewed; Care Plans reviewed within 10 business days did not reach benchmark of 90% for quarter. 2) QIPE (OCC): a. HRA's: Q1 Initial outreach completed at 100% and annual at 99%. Q2 initial outreach for April and May is 100% and June is pending. Q2 annual outreach is 99%. b. HN MOC Oversight (Review of MOC ICP/ICT bundles) 100% for HRAs reviewed; Care Plans reviewed within 10 business days did not meet benchmark of 90% for quarter. c. 1.5 ICP initial care plan for high risk members 87% d. 1.5 ICP initial care plan for low risk members 81% e. 1.6 Care goal discussion 99% f. 3.2 ICP within 90 days of eligibility 81% 3) LTSS HRA OCC: Active monitoring and reporting to the manager on outreach completion and timeliness. Q2 27 files reviewed.	Conduct quarterly/Annual oversight of specific goals OC and OCC PPME and QIPEs 1) PPME (OC): a. HRA's: Continue monitoring HRA outreach completion rates on monthly basis for both initial and annual. b. HN MOC Oversight(Review of MOC ICP/ICT bundles) Continue with process of HRA review; Care Plans are being reviewed and this data is being tracked monthly and reported to A&O. Oversight process to be restructured as early as Q3 and workplan will need to be modified. 2) QIPE (OCC): a. HRA's: Continue monitoring HRA outreach completion rates on monthly basis for both initial and annual. b. HN MOC Oversight (Review of MOC ICP/ICT bundles) Continue with process of HRA review; Care Plans are being reviewed and this data is being tracked monthly and reported to A&O. Oversight process to be restructured as early as Q3 and workplan will need to be modified. c&d. Continue to track MMP 1.5 results on quarterly basis. e. Continue to track 1.6 Care goal discussion on quarterly basis. f. Continue to track MMP 3.2 ICP and identify any logic concerns that can explain the drop from 85% benchmark that was met in 2021. 3) LTSS HRA OCC: Continue review of HRA for LTSS on monthly basis.	
BHI Incentive Program (DHCS - under prop 56 funding) and ABA P4V	Achieve program milestones quarterly and annual performance goals	1) Monitor the 12 projects approved by DHCS for the BHI Incentive Program. Program launched in January 2021. CalOptima is responsible for program oversight (i.e., milestones tracking, reporting and incentive reimbursement). Quarterly program update at QIC. 2) Monitor the ABA P4V program's performance metrics - % of supervision hours completed by BCBA/BMC and % of 1.1 hours utilized vs. authorized. Submit results quarterly to the program's eligible contracted providers. Program launched January 2021 and approved to continue through January 2022.	Quarterly Adoption of Report	Natalie Zavala/Sheri Hopson	QIC	MC	X	BHIIP: 1) Prepared and completed Program Year 2 Q1 milestone report 5/3, due to DHCS 5/27/22 2) Reviewed provider group's revisions to the issued CAP; resolution was for the group to revise their milestones to be more obtainable and able to report 3) MOU amendments were issued to DHCS for 2 provider groups (1 group opted-out of the program, 1 group revised their milestones). 4) Milestone incentive payment funding was received from DHCS for Q2 and Q3 2021; check requests processed and incentive payments distributed to the provider groups. Q4 received in June and check request being processed.  ABA P4V: 1) Prepared check requests for the 73 provider groups who met their targeted goals, checks were mailed week of 4/4/22	BHIIP: 1) Q2 2022 Milestone Reporting Template due 8/27/22 2) 2021 Performance Measures/Baseline Report due 8/29/22 3) Q4 2021 Milestone Incentive Payments to be distributed  ABA P4V: 1) Planning to revise/update Tableau report in order to distribute a P4V report card to the ABA provider groups to show their status of the performance metrics from Jan thru June 2022. Targeting distributing report card by end of August.	
Homeless Health Initiatives (HHI): Homeless Response Team (HRT)	Increase access to Care for individuals experiencing homelessness.	1) Regular planned visits to shelters, hot spots and recuperative care facilities- to resume post-COVID-19. (CM) addition of virtual outreach visits to shelters. 2) Serve as a resource in pre-enforcement engagements, as needed. -to resume post-COVID-19 3) Develop and implement Street Medicine Program 4) Implement DHCS Housing & Homelessness Incentive Program (HHIP) to meet specific measures around increased data integration, member housing supports, and homeless services for members	Quarterly Report	Katie Balderas/Gail McMillen	QIC	MC,OC,OCC	X	OCC BH Grievances: BH grievances decreased from 6 in Q1 to 3 in Q2 all in the QOS category.	1) The HRT is preparing to return into the field in Q3, and will be establishing new partnerships with American Family Housing Casa Paloma, the Hope Center in North OC, and other homeless service provider to provide expanded services and care coordination for unhoused CalOptima members. 3) RFP will launch in July 2022 to identify street medicine providers that will implement street-based outreach and healthcare services by end of Q4. 4) CalOptima will develop HHIP Investment plan and submit to DHCS by September 30, 2022. CalOptima will also seek to increase integration with HMIS to increase members access to housing-related services.	
CalAIM	Improve Health & Access to care for enrolled members	1) Complete transition of all enrolled HHP members to CalAIM ECM Q1 2022 2) Complete transition of all enrolled WPC members to CalAIM ECM Q1 2022 3) Establish DHCS reporting process 4) Establish oversight strategy for the CalAIM program	Quarterly Report	Mia Arias/Andrew Kilgust	QIC	MC	X	1) Complete transition of all enrolled HHP members to CalAIM ECM Q1 2022 2) Complete transition of all enrolled WPC members to CalAIM ECM Q1 2022 3) Establish DHCS reporting process: Ongoing Q2 reporting due internally to RAC on 8/8/2022. 4) Establish oversight strategy for the CalAIM program	CalAim updates will be provided by Business Integration starting 3Q.	
Health Equity	Adapt Institute for Healthcare Improvement Health Equity Framework	1) Make health equity a strategic priority 2) Develop structure and process to support health equity work 3) Deploy specific strategies to address the multiple determinants of health on which health care organizations can have direct impact 4) Develop partnerships with community organizations to improve health and equity 5) Ensure COVID-19 vaccination and communication strategy incorporate health equity.	Quarterly Report	Katie Balderas	QIC	MC, OC, OCC	x	In January 2022, the Health Equity & SDOH Workgroup formed, comprised of CalOptima staff from a variety of roles and departments. The workgroup co-created a working definition of health equity, reviewed a number of existing health equity frameworks, and drafted a framework for CalOptima's health equity efforts that involves five core areas: 1) Organizational Commitment, 2) Assess & Build Organizational Capacity, 3) Use Data & Narrative to Describe Inequities & Root Causes, 4) Design & Implement Strategies to Transform Practices, Policies, and Systems, and 5) Track Progress, Share Learnings & Strengthen Capacity. In the FY 2023 Budget, CalOptima's Board of Directors approved a Chief Health Equity Officer position. Additionally, CalOptima staff are currently reviewing the NCQA Health Equity Plus Accreditation Standards.	The Health Equity & SDOH Workgroup will gather data on the utilization of SDOH Z-Codes, with a focus on increasing screening, documentation, and resource referrals for individuals who need additional supports for their SDOH. The Workgroup is also planning a staff survey to gather information on health equity learning needs. CalOptima will work with the consultant and impacted departments towards the development of an plan for Health Equity Plus Accreditation in Q3.	
DHCS Comprehensive Quality Strategy	Develop CalOptima quality strategy in alignment with the final DHCS comprehensive quality strategy.	[NEW] to 2022 QI Work Plan 1) Work with DHCS to define the final 2022 Comprehensive Quality Strategy. 2) Collaborate with Internal and external stakeholders in the development quality strategy	12/31/2022	Marsha Choo/Katie Balderas/Kelly Rex-Kimmatt	QIC	MC, OC, OCC		Presented the DHCS Comprehensive Quality Strategy to the Quality Improvement Committee to share DHCS' vision.	Will present the DHCS Comprehensive Quality Strategy (CQS) to the September Quality Assurance Committee. QI Staff will begin to draft the QI Program and align it with the CQS.	

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Student Behavioral Health Incentive Program (SBHIP)	Achieve program implementation period deliverables	[NEW] to 2022 QI Work Plan SBHIP is part of the Administration and State Legislature effort to prioritize behavioral health services for youth ages 0-25. The new program is intended to establish and strengthen partnerships and collaboration with school districts, county BH and CalOptima by developing infrastructure to improve access and increase the number of TK-12 grade students receiving preventative, early interventions and BH services.	12/31/2022	Natalie Zavala	QIC	MC		1) Continued collaboration with with Orange County Department of Education (OCDE) and OC Health Care Agency (HCA). Attending weekly Mental Health Superintendent Work Group. 2) Continued collaboration with School Districts (SDs). Held 2nd meeting SD Workgoup April 19th to review expectations and begin assessment phase of program. Holding bi-weekly office hours to support SD in completing Needs Assessment Template. 2) Provided update at the following meetings: WCM Clinical Advisory Committee (CAC) 5/17; WCM Family Advisory Committee (FAC) 4/26. 3) Continued weekly internal meetings with Core Team.	1) SDs to submit Needs Assessment Template responses by 7/15. 2) Continue routine meetings with OCDE and OC HCA. 3) Hold external stakeholder workgroup next quarter.	Green - On Target
<b>II. QUALITY OF CLINICAL CARE- Adult Wellness</b>										
Cancer Screenings: Cervical Cancer Screening (CCS), Colorectal Cancer Screening (COL), Breast Cancer Screening (BCS)	HEDIS MY2021 Goal: CCS: MC 59.12% BCS: MC 61.24% OCC 69% OC 69% COL: OCC 71% OC 62% Based on HEDIS MY2020 NCQA Quality Compass Benchmarks, 50th percentile (released September 2021): CCS: MC 59.12% BCS: MC 53.93%	1) Transition to the Member Health Reward vendor to continue rewards established for CCS, BCS and COL programs. Track member health reward impact on HEDIS rates for cancer screening measures. 2) Targeted member engagement and outreach campaigns to promote cancer screenings in coordination with health network partners. 3) Expand member engagement strategy to include multi-modal approach as deemed most strategic via: texting, robocalls, social media, website, direct mailing, member newsletter, and other modes. 4) Community and Mobile Cancer Screening Events with community partners and agencies. eg. Mobile Mammography Events.	12/31/2022	Helen Syn	QIC	MC	X	1a. 2022 Member Health Rewards processed as of 6/30/22: BCS: 239 for MC 2 for OCC and 4 for OCC; CCS: 400 for MC; COL: 4 for OC on 3 for OCC 1b. Transition to Member Health Reward Vendor Contract with vendor fully executed on 2/14/22. In the development stages of transitioning membership data, member health reward process, and identification of member health reward types. 2. Pending complete transition to member health reward vendor to define and set deadlines to implement. 3. Member Engagement Strategy: Texting: BCS texting campaign total= 4,788 Social Media (Passive): BCS, CCS, COL Static Social Media Post for National Cancer Control Month; BCS, CCS National Women's Health Week Social Media (Paid): COL, CCS Digital Ad: CCS digital ad; COL digital ad Print Ad: COL print ad Direct Mailing: 618 COL OC and 2,906 COL OCC member mailing Community Connections: BCS, CCS, COL April is National Cancer Control Month article MC Member Newsletter: CCS How to Protect Yourself from Cervical Cancer 4. Community Events: Mobile Mammography: KCS event 25 CCN members completed 5. 2022 June Prospective Rates (PR): Breast Cancer Screening MC: 51.03%, OC: 58.57%, OCC: 57.68% Measure is performing higher for all LOBs than same time last year and below the 50th percentile (MPL). Cervical Cancer Screening MC: 48.67% Measure is performing lower than same time last year and is below the 50th percentile (MPL). Colorectal Cancer Screening OC: 43.07%, OCC: 47.95% Measure is performing higher than same time last year for both OC/OCC and is currently below the 50th percentile.	1a. Continue to track BCS, CCS and COL member health reward. 1b. Complete transition to member health reward vendor is set to be executed by August 2022. 2. Targeted member engagement and outreach campaigns to identified zip codes. 3. Member Engagement Texting: BCS texting campaign scheduled Q3/Q4 IVR: BCS scheduled for Q3/Q4 Social Media: BCS scheduled for Q3/Q4 Digital Ad: BCS scheduled Print Ad: BCS scheduled Direct Mailing: CCS, BCS, COL scheduled for Q4 Community Connections: Article scheduled for Q3/Q4 Member Newsletter: CCS, BCS, COL article scheduled for Spring and Summer issue 4. Community Connections: Live Call Campaign: Pending new contract Ongoing mobile mamography events	Green - On Target
COVID-19 Vaccination and Communication Strategy	Vaccine rate of 80% or more of CalOptima members (12 and over).	1) Efforts to support APL for COVID Vaccination from DHS. 2) Continue COVID Vaccination member health reward fulfillment process for all eligible age groups including Kaiser population and homeless population. 3) Implement the COVID QIP Interventions: Listed in Improvement Projects Section. 4) Continue Communication Strategy for COVID vaccine that address members based on zip codes, ethnicity, and pre-existing risk conditions.	12/31/2022	Helen Syn	QIC	MC	X	1. COVID texting campaigns continued in Q1 2. Vendor has processed a total of 604,521 incentives (cumulative) Processing Totals As of 7/27/2022, processing totals (not unique member count) are as follows: • Vendor has processed a total of 854,755 incentives (cumulative). • Vendor is still working on processing the recent batch print (once done, will update processed #s). • PHM has processed a total of 149,643 incentives (cumulative). • PHM will be working on processing OC in-house (once done, will update processed #s). • Total: 1,004,398 3. VIP reimbursement data requested for Phase 2 submission	1) Texting campaigns continue. New texting messages will be updated to include expanded age ranges and booster shot eligibility. 2) COVID community vaccine events are planned in partnership with CHOC Future Vaccine Events: August 18, September 17 Ongoing COVID messaging to go out in Member Newsletter and Provider Newsletters about the importance of boosters and new eligibility with expanding age sets. Social Media, Targeted ad campaigns scheduled. COVID vaccine incentive processing continues, CAIR registry data and logic improvements to assist with identification and more timely processing.	Yellow - Caution
<b>III. QUALITY OF CLINICAL CARE- Behavioral Health</b>										
Follow-up After Hospitalization for Mental Illness within 7 and 30 days of discharge (FUH).	HEDIS MY2021 Goal: FUH 30-Days: MC: NA; OC: NA; OCC: 48.40% (Quality Withhold measure) 7-Days: MC: NA; OC:NA;OCC:27.07%	1) Conduct additional hospital visits to educate discharge planning staff on FUH requirements and address any questions or concerns. 2) Continue to conduct post discharge member outreach to ensure members are able to attend follow up appointment, and identify and address potential barriers. 3) Incorporate successful interventions identified by the BHI Incentive Program project to improve follow-up after hospitalization.	12/31/2022	Natalie Zavala	QIC	OCC	X	PR HEDIS Rates Q2 (May): 30 day- 30.30%, 7 day- 18.18%; BHI real-time report April - June: 30 day- 50%, 7 day- 46% 1) Continued outreach to members post-discharge to coordinate follow-up appointments. Difficulties included: Higher rate of readmissions among members, members not attending follow-up appointments due to readmission; members declining assistance from PCC or IP facility in assisting member with creating OP BH appointment, and inability reaching members due to invalid phone numbers or answering and then hanging up. 2) Continued weekly BHI clinical round meetings to discuss concurrent reviews and internal coordination interventions.	1) Continue conducting post discharge outreach. 2) Continue tracking members and outreach to those who are not attending follow-up appointments within 7 days of discharge.	Green - On Target
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 MY2021 Goal: MC - Init Phase - 44.51% MC -Cont Phase - 55.96%	1) Continue the non-compliant providers letter activity. 2) Participate in educational events on importance of attending follow-up visits. 3) Continue member outreach to improve appointment scheduling by identifying and addressing potential barriers for not attending visits.	12/31/2022	Natalie Zavala	QIC	MC	X	PR HEDIS Rates Q2 (May): Initiation Phase- 42.36%, Continuation and Maintenance Phase- 46.81% 1) Continued monitoring of CORE report to track members who filled an initial ADHD Rx. This is a manual process, but addresses barrier of limited resources for developing a real-time report to track member f/u visits for provider outreach to schedule visits. 2) Continued member outreach for those who filled initial ADHD Rx (script and workflow to track phone calls made to members). 3) Treatment for Children with ADHD (submitted October 2021) article intended to educate members on ADHD did not make it into the 2022 CalOptima Member Spring Newsletter per Communications. Article not able to be included until 2023 Spring edition. BHI to look at alternative ways to share information with members. 4) Received updated compliant and non-compliant provider list.	1) Continue member outreach for those who filled an initial ADHD prescription. 2) Identify trends in compliant and non-compliant provider letters. 3) Distribute non-compliant provider letters.	Yellow - Caution
Diabetes Screening for People with Schizophrenia or Bipolar Disorder (SSD) (Medicaid only)	HEDIS 2021 Goal: MC 73.69% OC (Medicaid only) OCC (Medicaid only)	[NEW] to 2022 QI Work Plan 1) Identify members in need of diabetes screening test. 2) Conduct outreach to prescribing provider 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.	12/31/2022	Natalie Zavala	QIC	MC, OC, OCC		PR HEDIS Rates Q2 (May): M/C: 47.84%, OC: N/A, OCC: N/A 1) Identified members prescribed antipsychotic medication still in need of diabetes screening test. 2) Conduct outreach to prescribing provider via phone, then fax to include (a) list of members in need of diabetes screening (b) best practice guidelines reminder (c) members' PCP name and contact information (to promote coordination of care by requesting prescribers to contact the PCP with lab results). Difficulties: attaining the correct contact information for the prescribing providers such as phone numbers, fax numbers, and providers no longer practicing. 3) Working with ITS to develop ongoing report to identify and monitor members and their prescribing providers. Currently, reports are done by request and require manual maintenance.	1) Continue tracking members in need of diabetes screening test. 2) Continue prescribing provider outreach.	Yellow - Caution

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Follow-Up After Emergency Department Visit for Mental Illness (FUM)	HEDIS Goal: MC 30-Day: 53.54%; 7-day: 38.55% OC (Medicaid only) OCC (Medicaid only)	[NEW] to 2022 QI Work Plan 1) Create and distribute provider and member educational materials on the importance of follow-up visits. 2) Collaborate with health networks to identify and address potential barriers.	12/31/2022	Natalie Zavala	QIC	MC		PR HEDIS Rates Q2 (May): 30 day- 26.86%, 7 day-16.81% Measure has been identified as a Health Network (HN) P4V. The main barrier is obtaining real-time data for ED visits in order to conduct interventions to assist in follow-up visit attendance. 1) Working with ITS to develop report to analyze trends on ED visit data.	1) Finalizing Completion of Tableau report on member ED visits to identify trends. 2) Attend at least 1 HN Quality meeting to discuss/ address barriers.	Yellow
<b>IV. QUALITY OF CLINICAL CARE- Chronic Conditions</b>										
Improve HEDIS measures related to Comprehensive Diabetes Care (CDC): HbA1c Poor Control (this measure evaluates % of members with poor A1C control-lower rate is better)	MY2021 HEDIS Goals: MC: 34.06%; OC: 19% OCC: 19%	1) Transition to the Member Health Reward vendor to continue rewards established for A1c Testing. Implement new member health rewards targeting CCN members with diabetes with poor control. Track member health reward impact on HEDIS rates for CDC measures. 2) Targeted member engagement and outreach campaigns to promote CDC compliance in coordination with health network partners. 3) Expand member engagement strategy to include multi-modal approach as deemed most strategic via: texting, robocalls, social media, website, direct mailing, member newsletter, and other modes. 4) Prop 56 provider value based payments for diabetes care measures	12/31/2022	Helen Syn	QIC	MC,OC,OCC	X	1a) HbA1c Test Health Rewards: 212 Processed, 193 approved, 19 denied 1b) Transition to Member Health Reward vendor (Icario). Contract with vendor fully executed on 2/14/22. Tentative Go Live date slated for 8/1/2022. Communication Strategy being finalized, reward process design in progress. 2) Emerging Risk Health Coach Outreach: MC 513 members, 328 Assigned, 1 No Longer Eligible, 28 No Longer Emerging Risk, 2 Opt Out, 28 Unable to Contact OC 8 members, 5 Assigned, 0 No Longer Eligible. Emerging Risk Health Coach Outreach OCC 44 members, 32 Assigned, 6 Unable to Contact, 0 No Longer Emerging Risk, 0 No Longer Eligible. 3) Member Engagement Strategy: Texting: CDC texting campaign launch date slated for Q4 2022. IVR: Campaign: 3,108 successful, 686 left message, & 11,351 unreachable/no answer Social Media: Content under development. 4) Prop 56 provider value based payments for diabetes care measures. 5) 2022 June Prospective Rates (PR): Note: A1C Testing submeasure was removed from 2022 HEDIS specs. A1C Adequate Control <8.0 MC: 27.75%, OC: 32.67%, OCC: 41.27% Measure is performing higher for all LOBs than same time last year except for OC LOB and below the 50th percentile (MPL). A1C Poor Control >9 MC: 67.12%, OC: 61.63%, OCC: 52.20% Measure is performing better for all LOBs than same time last year (lower rate is positive trend) except for OC LOB and below the 50th percentile (MPL).	1) Track and monitor until the end of member incentive year. Complete transition to member health reward vendor is set to be executed by August 2022. Tentative Go Live date slated for 8/1/2022. 2) Continue the Emerging Health Coach outreach to the end of 2022. 3) Texting: launch date slated for Q4 2022. IVR: next campaign slated for 2023. Social Media: Campaign slated to launch Q3-Q4 2022.	Yellow
Improve HEDIS measures related to Comprehensive Diabetes Care (CDC): Eye Exam	MY2020 HEDIS Goals: MC 63.2% OC: 71% OCC: 79%	1) Transition to the Member Health Reward vendor to continue rewards established for Eye Exams. 2) Targeted member engagement and outreach campaigns to promote CDC compliance in coordination with health network partners. 3) Expand member engagement strategy to include multi-modal approach as deemed most strategic via: texting, robocalls, social media, website, direct mailing, member newsletter, and other modes. 4) Prop 56 provider value based payments for diabetes care measures	12/31/2022	Helen Syn	QIC	MC,OC,OCC	X	1a) Eye Exam 101 Processed, 85 approved, 16 denied 1b) Transition to Member Health Reward vendor (Icario). Contract with vendor fully executed on 2/14/22. Communication Strategy being finalized, reward process design in progress. 2) VSP Eye Exam Reminder Letters slated for Q3/Q4 2022 distribution 3) Member Engagement Strategy: Texting: CDC texting campaign launch date slated for Q4 2022. IVR: Campaign: 3,108 successful, 686 left message, & 11,351 unreachable/no answer Social Media: Content under development. 4) Prop 56 provider value based payments for diabetes care measures 5) 2022 June Prospective Rates (PR): Diabetes Eye Exams MC: 39.19%, OC: 50.23%, OCC: 53.55% Measure is performing higher for all LOBs than same time last year and below the 50th percentile (MPL). 6) Identified VSP data fields needed from HNs for data sharing criteria.	1) Track and monitor until the end of member incentive year. Complete transition to member health reward vendor is set to be executed by August 2022. Tentative Go Live date slated for 8/1/2022. 2) Analyze if a need for additional member mailers are necessary. 3) Texting: launch date slated for Q4 2022. IVR: next campaign slated for 2023. Social Media: Campaign slated to launch Q3-Q4 2022. 6) Pending feedback from 1 HN to finalize VSP data fields.	Green
Implement multi-disciplinary approach to improving diabetes care for CCN Members Pilot	1) lower HbA1c level to avoid complications 2) reduce emergency department (ED) visits 3) reduce hospitalization rates 4) reduce costs for diabetic medications 5) improve member and provider satisfaction; and 6) optimize diabetes medication management during the transition to Medi-Cal Rx.	There are four parts to this multidisciplinary approach: 1) Pharmacist Involvement and Intervention- Nicki G. • CalOptima Pharmacist's role will include individual member outreach and provider consultations for members enrolled in the pilot program. CalOptima pharmacists will promote proper medication utilization, provide medication adherence counseling, and support behavior changes needed for diabetic members with a multidisciplinary team approach, including collaboration with PCPs and health coaches/registered dietitians/case managers. 2) Health Coach/Registered Dietician Intervention - Jocelyn J. • CalOptima Health Coaches will provide CCN-focused interventions such as assessment/care planning, motivational interviewing, member education materials, referral to other community resources based on needs. Health Coaches/Registered Dietitians would also participate in Interdisciplinary Care Team (ICT) meetings, as applicable, and connect members to case management if other acute needs are identified during an intervention. 3) Member Health Rewards - Helen Syn • CalOptima would like to support member engagement and compliance by providing members with health rewards (non- monetary incentives). 4) Provider Incentives - TBD • In order to have successful provider buy-ins, CalOptima proposes providing incentives for their dedicated participation in this multidisciplinary DM program. Providers are eligible for incentives when they participate in the program to manage a member with known or potentially poorly controlled diabetes and meet the eligibility criteria for participation year.	12/31/2024	Nicki Ghazanfarpour /Helen Syn/ Jocelyn Johnson/ Joanne Ku	QIC		X	CMO is supportive of developing a new, innovative diabetes program, but he recommended that we conduct user research first to clarify what really would benefit our members with poorly controlled diabetes. Therefore, the multidisciplinary diabetes workgroup decided to revisit the program design and narrow down the target population. Prototyping with a small sample (n=20) would help the workgroup answer the critical questions around the pilot program's desirability, feasibility, and viability. The workgroup has been meeting bi-weekly and plans to conduct a few key informant interviews with community leaders so we can learn more about our target population and build a pilot program that has our community partners' input and insights.  Due to the change in direction, updates for the Member Health Rewards CCN Pilot will be discontinued moving forward. For provider side, the workgroup also decided to look for other ways to support provider offices and collaborate. Therefore, we will not be providing incentives, but we will identify provider champions who would like to work with us to provide more coordinated care for our members with poorly controlled diabetes.	The workgroup will move forward with having key informant interviews to learn more about our target population and see what tailored interventions would be helpful to them.  The workgroup is also planning to integrate Community Health Workers (CHWs) into the intervention. We are hoping to have CHWs as part of the interdisciplinary team so they can help us thinking about what we are doing to best serve our members (shifting the focus from just checking the boxes).  We are also considering having an introductory meeting with high volume PCPs and Endocrinologists so we can identify a couple of provider champions to launch this pilot together.  The goal is to launch the pilot by Q4 of 2022.	Green

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<b>V. QUALITY OF CLINICAL CARE- Maternal Child Health</b>										
Prenatal and Postpartum Care Services (PPC): Timeliness of Prenatal Care and Postpartum Care (PHM Strategy).	HEDIS MY2021 Goal: Postpartum: 79.56% Prenatal: 90.75%  Based on HEDIS MY2020 NCQA Quality Compass Benchmarks (released September 2021)	1)Transition to the Member Health Reward vendor to continue rewards established for Postpartum care. 2) Expand member engagement strategy to include multi-modal approach as deemed most strategic via: texting, robocalls, social media, website, direct mailing, member newsletter, events, and other modes. 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) Prop 56 provider value based performance incentives for prenatal and postpartum care visits	12/31/2022	Ann Mino/Helen Syn	QIC	MC	X	1) Member Health Reward of \$50 for Postpartum Care visit within 1-12 weeks after delivery is continuing. 2) Process for the first quality Initiative mailing is being finalized. First mailing projected date moved to go out in Q3 2022, not Q2 2022 as anticipated. Mailing will target members that recently delivered (identified via and encourage timely postpartum care. 3) Bright Steps Program conducted initial outreach to 781 unique members for a total of 1,278 outreach attempts. 1,179 outreach attempts made to 760 for postpartum members, 263 postpartum assessments completed. 4) Targeted digital social media campaign for Prenatal Care ran through May - June 2022. Digital ads received a total of 430,279 impressions for English, Spanish, and Vietnamese altogether. Social Media ads for Prenatal care ran May - June 2022 and reached 85,953 persons, and made 126,878 impressions (English, Spanish, and Vietnamese). 5) Bright Steps Program received a total of 996 new Pregnancy Notification Reports and conducted outreach to engage members with the program. 6) Total # of PPC health rewards approved through Q2: 146. 7) Implemented a series of four Diaper Day events in collaboration with CalFresh and community partners. A total of 66,846 diapers distributed. 8) Prop 56 provider value based performance incentives for prenatal and postpartum care visits. June 2022 Prospective Rates: Timeliness of Prenatal Care: 79.97% Measure is performing higher than same time last year and has not met the 50th percentile. Postpartum Care: 62.21%. Measure is performing higher than same time last year and has not met the 50th percentile.	1) Postpartum quality initiative mailing is projected to begin Q3 2022. 2) Prenatal and postpartum social media campaign is projected to extend through Q3 2022. 3) Prenatal and postpartum text campaign is projected for Q3 2022. 4) Exploring how the approved Medi-Cal Community Health Worker benefit can be implemented to support prenatal and postpartum care.	
<b>VI. QUALITY OF CLINICAL CARE- Pediatric/Adolescent Wellness</b>										
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 MY2021 Goal CIS-Combo 10: 49.58% IMA-Combo 2: 50.61% W30-First 15 Months: 54.92% W30-15 to 30 Months: 74.42% WCV (Total): 53.83%  Based on HEDIS MY2020 NCQA Quality Compass Benchmarks (released September 2021)	1) Targeted member engagement and outreach campaigns in coordination with health network partners. 2) Expand member engagement strategy to include multi-modal approach as deemed most strategic via: texting, robocalls, social media, website, direct mailing, member newsletter, and other modes. 3) EPSDT DHCS promotional campaign emphasizing immunizations and well care EPSDT visits 4) Implement Community events to promote well-care visits and immunizations for children and adolescents; and track the number of participants and impact on rates. Examples: Back-to-School Immunization Clinics 5) Prop 56 provider value based payments for relevant child and adolescent measures	12/31/2022	Helen Syn	QIC	MC	X	1) Continue expanding member engagement strategy to include multi-modal approach as deemed most strategic via: texting, robocalls, social media, website, direct mailing, member newsletter, and other modes. - Health Guide 0-2 Newsletter, Well-Child Visits Flyer and Lead Poisoning Fact Sheet mailing went out 4/26/22 to 27,346 members. - Targeted ad campaign for Well-Care Pediatrics April - June 2022. Digital = 814, 522 impressions; Social Media = 468,182 impressions. - April World Immunization Week (WIW) observance on social media. Including a Health Care Chat video 4/28/22. - Community Connections April Newsletter 4/20/22 for World Immunization Week observance. - Medi-Cal member newsletter article on adolescent immunizations dropped 4/27/22. - Live call campaign for mid-year push for well-child and immunization measures. Well-Child (0-30 Months) Robocall Campaign dropped 6/13 - 6/16/22 to 3,070 members. Well-Care (12-17 Years) Robocall Campaign dropped 6/20-7/1/22 to 24,603 members. 2) Plan and attend community events to promote well-care visits and immunizations for children and adolescents; and track the number of participants and impact on rates. Attended Pretend City School Readiness Fair 3/26/22 and YMCA Health and Wellness Event on 5/1/22 to promote health education. Continuing outreach to CBOs and Clinics to confirm back-to-school vaccination events. 6 events are confirms for July-August 2022. 3) Collaborate with health network partners to coordinate campaigns to improve HEDIS measures. Regular meetings with health network partners to share activities, help address concerns, and share best practices. 4) June 2022 Prospective Rates: CIS Combo 10: 29.57%; has not met MPL. Rate is lower than last year. IMA Combo 2: 41.90%; met MPL. Rate is higher than last year and has met 66th percentile (41.81%) W30 First 15 Months: 25.41%; have not met MPL (54.92%). First year with benchmarks to monitor PR. W30 15-30 Months: 63.81%; have not met MPL (70.67%). First year with benchmarks to monitor PR. WCV: 21.40%; have not met MPL (45.31%). First year with benchmarks to monitor PR.	1) Continue expanding member engagement strategy to include multi-modal approach as deemed most strategic via: texting, robocalls, social media, website, direct mailing, member newsletter, and other modes. - Texting campaign and social media campaign for National Immunization Awareness Month - Health Guide 7-12 mailing - Targeted ad campaign for pediatric immunizations - Plan for PBS Kids ads 2) Plan and attend community events to promote well-care visits and immunizations for children and adolescents; and track the number of participants and impact on rates. Examples: Back-to-School Immunization Clinics - Execute planned back-to-school events - Event promotion: website, targeted member mailing, text message campaign, boost social media post 3) Collaborate with health network partners to coordinate campaigns to improve HEDIS measures	
Blood Lead Screening (BLS) (LSC)	1) Comply with APL requirements as stated 2) Send quarterly reports to CalOptima contracted PCPs timely 3) HEDIS MY2021 Goal (3 Year Goal): Lead Screening 50th percentile 71.53%	1) Continue providing quarterly report to CalOptima contracted PCPs identifying children with gaps in blood lead screening recommended schedule. 2)Targeted member engagement and outreach campaigns to promote blood lead screenings in coordination with health network partners 3) Prop 56 provider value based payments for Blood Lead Screening	12/31/2022	Helen Syn	QIC	MC	X	1) Shared report in April 2022 to health networks with Q1 2022 data on members that have not been screen as recommended for blood lead screening. Q1 2022 report for CCN Providers shared via Provider Portal. 2) Targeted digital campaign efforts: blood lead screening campaign on social media run May - June 2022. Digital campaigns had a total of 430,279 digital impressions. Social media targeted ad campaigns had a total reach of 106,960 (Eng, Spa, and Viet) and had a total of 150,849 impressions. 3) Prop 56 provider value based payments for Blood Lead Screening. 4) CalOptima Policy Blood Lead Screening of Young Children GG.1717 revised to include preliminary DHCS audit results intended to improve Provider adherence to anticipatory guidance for blood lead screenings.  June 2022 Prospective Rates Lead Screening in Children (in 2022, LSC became an MCAS measure that will have to meet the minimum performanc level- MPL). MC: 56.82% Measure is performing higher than the same time last year and has not met the 50th percentile. (MPL)	1) Continue to share blood lead gap reports and DHCS blood lead supplemental data reports to HNs and CCN Providers. Reports are in process of being revised to highlight provider requirements such as the need for anticipatory guidance to parent/guardian of members. 2) Preparing to offer two Provider CME events focused on blood lead screening requirements. 3) Blood Lead IVR call campaign is being prepared to launch July 2022. 4) Blood lead member text campaign is planned to launch during Q3.	
<b>VII. QUALITY OF SERVICE- Access</b>										
Improve Access: Reducing gaps in provider network	Reduce the rate of OON requests for these top 3 specialties by 10%	1) Actively recruit specialties with the most out-of-network (OON) requests for CCN (General Surgery, Ophthalmology and Orthopedic Surgery)	12/31/2022	Marsha Choo/Jennifer Bamberg/Maggie Hart	MEMX	MC,OC,OCC	X	CalOptima reviewed the OON results by HN and determined that a large volume of OON requests were requests made by HNs and not CCN. CalOptima has already reached out to 2 HNs to address this issue.	Staff is working to develop regular reporting to share HN specific OON performance with the HN as part of the Subcontracted Network Certification Summary Quarterly Report and request that all HNs identify the 3 areas/provider types with the most OON requests and how they plan to address this concern.	
Improve Access: Expanding Network of Providers Accepting New Patients	Increase the number of providers accepting new patients: PCPs from 60.3% to 65.3% Specialists from 56.7% to 61.7%	[NEW] to 2022 QI Work Plan 1) Targeted outreach campaign to open their panels 2) Business consideration to require providers to participate in all programs.	12/31/2022	Marsha Choo/Jennifer Bamberg	MEMX	MC,OC,OCC		Reaching Goal. PR is currently at a 33% using the new updated template for the provider directory. Submissions of the open/close panels continue to be received by PR until end of Q4.	PR Reps are meeting with provider offices to ensure provider directory validations are being returned; PR Rep and PR Director meeting with FQHC's, Lunch and Learn scheduled for first week of October to alert providers of open/closed panel topic.	

2022 QI Work Plan  
(2Q)

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Improve Access: Timely Access (Appointment Availability)	Improve Timely Access compliance with Appointment Wait Times: Routine PCP from 76.2% to 80% MPL Urgent PCP from 68.4% to 73.4% Routine SPEC from 67.7% to 72.7% Urgent SPEC from 56.1% to 61.1%	1) Communication and corrective action to providers not meeting timely access standards 2) Communication and PDSAs to HNs not meeting timely access standards	12/31/2022	Marsha Choo/Jennifer Bamberg	MEMX	MC,OC,OCC	X	1) No action was taken in Q2 as the 2021 Timely Access Survey was in the field. Upon receive of the results and the provider level detail file, non-compliant letters will issued to providers in Q3. 2) Received PDSA submissions from all 12 HN on the three Timely Access PDSAs. PDSAs are current under review.	1) Review and conduct quality checks to the 2021-22 Timely Access Results. Upon completion of the review, letters will send to providers and corrective actions letters to individual providers with 3 consecutive instances of non-compliance. 2) Access workgroup to review HNs submission and close out and/or determine next steps for HN.	Green - On Target
Improve Access: Telephone Access	Reduce the rate of No Live Contacts After 3 Attempts from 29.9% to 26.9% (or 10% of the performance gap)	1) Improve provider data in FACETS (i.e. Provider Directory Attestations, DHCS Quarterly and Monthly Provider Data Audits) 2) Individual Provider Outreach and Education (Timely Access Survey)	12/31/2022	Marsha Choo/Jennifer Bamberg	MEMX	MC,OC,OCC	X	1) Reaching goal. PR is currently at a 33% using the new updated template for the provider directory. Submissions of the open/close panels continue to be received by PR until end of Q4. 2) 2021/22 Timely Access Survey fielding occurred during Q2 and results will be made available in Q3. Analysts will be conducting quality checks of the data for accuracy.	1) PR Reps are meeting with provider offices to ensure provider directory validations are being returned; PR Rep and PR Director meeting with FQHC's, Lunch and Learn scheduled for first week of October to alert providers of open/closed panel topic. 2) Once data has been thoroughly reviewed, staff will issue non-compliant letters to providers. Target fall-2022	Yellow - Caution
Improving Access: Subcontracted Network Certification	Certify all HNs for network adequacy	[NEW] 2022 QI Work Plan 1) Mandatory Provider Types 2) Provider to Member Ratios 3) Time/Distance 4) Timely Access If 1-3 are not met, HN to identify a provider to fill the gap. If 4 not met, HN to be issued a PDSA.	7/31/2022	Marsha Choo/Jennifer Bamberg	MEMX	MC		Network Adequacy Standards: Medi-Cal Plan Level: •Mandatory Provider Types: Met •Provider to Member Ratios: Met •Time/Distance Standards: Met  Medi-Cal HN Level: •Mandatory Provider Types: Not Met. (Certified Nurse Midwives and Licensed Midwives) •Provider to Member Ratios: -PCPs: Met -Specialists: Not Met (Arta, KP, Monarch) •Time/Distance: Not Met  Medi-Cal Timely Access •Received responses to all three individual Timely Access PDSAs from all 12 HNs •HNs were provided a quarterly Subcontract Network Certification Summary report with their HN network adequacy performance. •Continued to work with all HNs to identify providers in and out of their HN to ensure coverage for their members. •Closed out fielding 2021/22 Timely Access Survey in July1	Continue to monitor quarterly and notify HNs of areas of non-compliance.  If Net Adequacy standard(s) not met, HNs will identify out of network providers to ensure coverage of services.  Review HNs final submission for PDSAs by end of third quarter.  Access Workgroup to review responses and close-out and/or determine next steps.  Workgroup to discuss how to certify HNs and how to issue corrective action to HNs with non-compliance.	Green - On Target
<b>VIII. SAFETY OF CLINICAL CARE</b>										
Plan All-Cause Readmissions (PCR)	HEDIS MY2021 Goal: MC - NA OC 8%; OCC 1.0 (O/E Ratio)	1) Update the existing CORE report(RR0012) to include Medical LOB, Members with First Follow-up Visit within 30 days Discharge (CA 1.11) 2) Improve PCP Visit Access 3) Continue to engage work group to address barriers, thereby achieving increased post hospitalization visits with PCP  Continue to discuss barriers with internal team to improve members having a follow up PCP visit at time of discharge. Currently developing a communication strategy to hospitals and members regarding the importance of having a post discharge visit with the members PCP.	12/31/2022	Mike Shook	QIC	MC, OC,OCC	X	Working with team to develop communication strategy to providers and members related to scheduled post discharge visits with PCP.	Meeting scheduled with Team on 7/19/2022	Yellow - Caution
Post-Acute Infection Prevention Quality Incentive (PIPQI)	1) To reduce the number of nosocomial infections for LTC members. 2) To reduce the number of acute care hospitalizations related to infections for LTC members.	1) Nurses will be visiting each facility/ out reach minimally once a week. 2) Facility Staff bathe residents in Chlorhexidine (CHG) antiseptic soap for routine bathing and showering. And administer Iodofoor (nasal swabs) per PIPQI Protocols. 3) CalOptima will pay participating facilities via reimbursement for product purchasing and quarterly quality incentive payments. 4) CalOptima will market and expand the PIPQI Program into additional CalOptima Contracted Nursing facilities providing onboarding training, new branding and educational materials.	12/31/2022	Michelle Findlater/Scott Robinson	QIC	MC,OC,OCC	X	Objectives not met: Due to constraints related to the COVID-19 pandemic Nusing Facility compliance with utilization of CHG and Iodophor remained low throughout the program. Invoice submission showing proof of product purchase also remained low and despite multiple outreaches and educational opportunities with the facilities, the decision was made by the CalOptima Finance department that there was not enough evidence to support the continuation of the program past the June 30, 2022 date because the clinical outcomes were not as expected.	1) Activites for the program ended on June 30, 2022. 2) All PIPQI created and translated documents remain available to educate NF staff and residents about decolonization protocols 3) All participating PIPQI facilities received final training inservice prior to June 30th, 2022.	Yellow - Caution

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(3Q)

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<b>I. PROGRAM OVERSIGHT</b>										
2022 QI Annual Oversight of Program and Work Plan	Obtain Board Approval of 2022 QI Program and Workplan	QI Program and QI Work Plan will be adopted on an annual basis; QI Program Description-QIC-BOD; QI Work Plan-QIC-QAC	Annual Adoption by April 2022	Marsha Choo	QIC	MC,OC,OCC	X	Approved: QIC 2/15/2022, QAC 3/9/2022, BOD 4/7/2022		
2021 QI Program Evaluation	Complete Evaluation 2021 QI Program	QI Program and QI Work Plan will be evaluated for effectiveness on an annual basis	Annual Evaluation by April 2022	Marsha Choo	QIC	MC,OC,OCC	X	Approved: QIC 2/15/2022, QAC 3/9/2022, BOD 4/7/2022		
2022 UM Program	Obtain Board Approval of 2022 UM Program	UM Program will be adopted on an annual basis.	Annual Adoption by April 2022	Kelly Giardina/Teresa Smith	QIC	MC,OC,OCC	X	Completed and will be sent to UMC for eVote by 4/15/2022. Scheduled to give status update to QIC on 4/16/2022.		
2021 UM Program Evaluation	Complete Evaluation of 2021 UM Program	UM Program and UM Work Plan will be evaluated for effectiveness on an annual basis.	Annual Evaluation by April 2022	Kelly Giardina/Teresa Smith	QIC	MC,OC,OCC	X	Completed and will be sent to UMC for eVote by 4/15/2022. Scheduled to give status update to QIC on 4/16/2022.		
Population Health Management Strategy	Implement PHM strategy	Review and adopt on an annual basis.	Annual Review and Adoption	Katie Balderas	QIC	MC,OC,OCC	X	PHM Strategy is currently being reviewed and will be updated to align with CalAIM Population Health Management Strategy. PHM Department will be taking a CalAIM Population Health Management Strategy update to the next QIC.	CalAIM PHM Strategy update will be given at the 10/11/2022 QIC.	
<b>Credentialing Peer Review Committee (CPRC) Oversight - Conduct Peer Review of Provider Network by reviewing Credentialing Files, Quality of Care cases, and Facility Site Review, to ensure quality of care delivered to members</b>		Review of Initial and Recredentialing applications approved and denied; Facility Site Review (including Physical Accessibility Reviews); Quality of Care cases leveled by committee.	Quarterly Adoption of Report	Marsha Choo/Laura Guest	QIC	MC,OC,OCC	X	<p><b>I. FSR/PARS/NF/CBAS</b>  <b>A. FSR:</b> Updated DHCS FSR and MRR Tools and Standards implemented on 7.1.1022; Decrease in number of failed FSR and/or MRR from Q2 to Q3; Increase in number of CAPs from Q2 to Q3 (96 vs.119)  <b>B. PARS</b>            • Decrease in number of PARS completed from Q2 to Q3 (212 vs. 195)            • % of sites with BASIC access decreased from Q2 to Q3 (41% vs. 36%)            • Backlog of 2021 HVS PARS completed. Outreach Specialists working on 2022 list.  <b>C. Quality Oversight - CBAS</b>            • Full congregate in-person services resumed 10/1/2022            • QI Nurse Specialist-LVN resumed on-site CBAS Center visits in September 2022. Goal of reviewing 37 contracted CBAS centers by 12.31.2022.</p> <p><b>II. Credentialing - TBD</b>            A. Identified in March 2022: Organizational Providers (OP) - OneCare Project. For CCN and BH, there were 117 group practices (with an NPI2) that were identified as not credentialed, although the individual practitioners were credentialed. As of Q3, 49% of these providers were credentialed. A query has been submitted to DHCS for guidance on credentialing on group practices.            B. Significant increase in volume of credentialing applications to credential from Q1 – Q3, which include OP, CalAIMs and practitioners.            C. Fall-out report, a report to identify contracted providers not yet credentialed, is in the final stage of testing. (Data compares cactus to facets). Fall-out report 90% complete.            D. DHCS issued a revised All Plan Letter (APL) on Screening and Enrollment and Credentialing and Re-Credentialing and QI has updated all credentialing policies. Policies were presented to CPRC.            E. Process improvements: Update the Request to Credential form and new reports to identify recredentialing</p> <p><b>III. PQI</b>            Subject: Cases leveled at OOC were 23% in Q3; 20% in Q2; 21% in Q1. Subject: Fair Hearing for Notice of Termination - Potential 805 Reporting            1. PQI and FWA investigations - PM physician was billing for PT and psychotherapy services under his NPI 1, billing for 99215 for services rendered by a LVN, and was unable to produce medical records for several members due to destroying the medical records while converting to an EHR. 2. PQI Investigation - PCP attending at hospital for member who was admitted for hand cellulitis, had precipitous drop in Hgb, never referred to GI or hematology for etiology, and unexpectedly expired.</p>	<p><b>I. FSR/PARS/NF/CBAS</b>  <b>A. FSR:</b> Updated DHCS FSR and MRR Tools and Standards implemented on 7.1.1022; Decrease in number of failed FSR and/or MRR from Q2 to Q3; Increase in number of CAPs from Q2 to Q3 (96 vs.119) <b>B. PARS:</b> Decrease in number of PARS completed from Q2 to Q3 (212 vs. 195); % of sites with BASIC access decreased from Q2 to Q3 (41% vs. 36%); Backlog of 2021 HVS PARS completed. Outreach Specialists working on 2022 list.; C. Quality Oversight - CBAS; Full congregate in-person services resumed 10/1/2022; QI Nurse Specialist-LVN resumed on-site CBAS Center visits in September 2022. Goal of reviewing 37 contracted CBAS centers by 12.31.2022.</p> <p><b>II. Credentialing - TBD</b>            A. QI continues to work with Contracting and Provider Relations on the OC project to credential all identified medical groups.; B. Cross train Credentialing Coordinators to credential all credentialing types, practitioner, mid-level, allied, BH, Organizational Providers, CalAIM, ABA and all areas of credentialing (intake, verification); C. Finalize the Fall-out Report and utilize to consistently identify contracted providers to credential; D. Review and update the current workflows and update the desktop procedures to reflect a streamlined process.; E. Finalize the Request to Credential (RTC) form and launch the (RTC) form for Contracting to use. Utilize the new recredentialing reports to monitor compliance and streamline recredentialing process to integrate the process for practitioners and organizational practitioners. <b>III. PQI:</b> Action: Continue with QOC grievance review by RN and MD. Concern: Volume of PQIs continue to climb as the number of PQIs opened is double that of the same time last year. The main category of PQIs continued to be Medical Care related to treatment delay, failure, inappropriate or complications. Action: Fair Hearing of PM physician was held in Q2. Second half of the Hearing was held in Q3. Determination will be reported in Q4. The Fair Hearing of the PCP was delayed until Q3 due to the availability of the participants. The second half of the Hearing will be completed in Q3, so we anticipate the determination to be reported in Q4.</p>	
<b>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.</b>		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.	Quarterly Adoption of Report	Tyronda Moses/Heather Sedillo	QIC	MC,OC,OCC	X	<p>Slight increase in total number of grievances in 3Q over 2Q. Attributing to the increase in Q3 were complaints regarding access quality of care, and transportation issues. No specific trends were identified, however we continue to monitor these two areas very closely and also work with QI and Provider Relations to address our findings.</p> <p><b>3Q Trending Medi-Cal Grievances:</b> Access to Care- Appointment availability, Limited resources, Phone/technical issues impacting member's access. Member billing concerns- Billing member for non-contracted HNs, Non contracted groups providing services at the hospitals, Hospitalist group contract termination. Quality of Care- Delay in treatment and lack of follow-up. Quality of Service- Transportation issues- No shows, Early/Late pickup.</p> <p><b>3Q Medi-Cal Member Appeals:</b> Rate/1,000 for Medi-Cal remained constant in 3Q- (259 received), highest amount received from CCN- 90 and Monarch- 46. No significant trends identified; overturns were made based on additional information received to support medical necessity for the requested services.</p> <p><b>3Q OCC Member Appeals (Rate per 1000):</b> Total Member Appeals received increased from 32 to 51 from 2Q 2022 to 3Q 2022 this was primarily related to an increase in member claims denials/reimbursement requests. We continue to promote proactive outreach and identify the members who could possibly benefit from the assistance of a PCC or CM. Due to the low volume of OCC population the overturn rate is always a bit skewed since 1 overturn will cause a significant overturn rate.</p> <p>All denials for OCC which were overturned were due to medical necessity met with additional information and include overturns for specialists' visits and claims denials.</p> <p><b>3Q OneCare Member Appeals (Rate per 1000):</b> The low membership creates a higher rate/1000. Decrease in the total number of appeals received for OneCare in 3Q (4). 1 out of the 4 was overturned based on medical necessity met for Part B medication.</p>	<p>All trends are reviewed for repeated issues.</p> <p>High grievance count by providers are tracked and trended. Results are reported to Provider Relations for additional outreach and shared with a Provider Action workgroup. Recommendations for actions may include an onsite visit, additional education/training and/or escalation to the Member Experience Committee.</p> <p>GARS continues to work with Veyo to identify barriers and obstacles on a bi-weekly basis</p>	
<b>Member Experience (MEMX) Committee Oversight - Oversight of Member Experience activities to improve quality of service and member experience to achieve the 2021 QI Goal of improving CAHPS and Access to Care.</b>		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.	Quarterly Adoption of Report	K. Jenkins/Marsha Choo/C. Matthews	QIC	MC,OC,OCC	X	<p>In Q3, MemX Committee has reviewed/discussed the following:  <b>8/10/22:</b></p> <ul style="list-style-type: none"> <li>• Updates:               <ul style="list-style-type: none"> <li>◦ APL 22-xxx</li> <li>◦ ANC Time or Distance</li> </ul> </li> <li>• Provider Sat Survey</li> <li>• Member Experience PDSA</li> <li>• CAHPS Medi-Cal MY 2021 Results</li> <li>• Provider tools to educate members on referral/auth process</li> </ul>	In Q4 MemX Committee has two meetings scheduled, October 12 and December 8	

**2022 QI Work Plan  
(3Q)**

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<b>Utilization Management Committee (UMC) Oversight</b> - Conduct Internal and External oversight of UM Activities to ensure over and under utilization patters do not adversely impact member's care.		UMC meets quarterly; monitors medical necessity, cost-effectiveness of care and services, reviewed utilization patterns, monitored over/under-utilization, and reviewed inter-rater reliability results. P&T and BMSC reports to the UMC, and minutes are submitted to UMC quarterly.	Quarterly Adoption of Report	Kelly Giardina/Teresa Smith	Utilization Management/ QIC	MC,OC,OCC	X	UMC reported to QIC on 7/12/2022. Presented 2022 1st Quarter Annual Trends (5/26/2022), - 1Q1 2022 Operational Performance – Goals are being met for Pharmacy auth, BH Auth, LTSS Inquiry/Auth and Unused Authorization. One caution for TAT for processing of referrals due to the backlog had other than that CalOptima's internal CCN/COD TAT's are above 99% across the board since February. Medical Authorization performance goal ≥ 98%: CCN is below goal for this quarter due to low compliance in January 2022; February and March compliance are above goal. - Q4 2021 Utilization Outcomes – All measures are being met for Medi-Cal and OCC - Q4 2021 Operational Performance WCM – For the select metrics data lags a quarter behind. In identifying the denials reported there's nothing unusual to report. - Medi-Cal Over/Underutilization Monitoring Dashboard, Benefit Management Subcommittee (BMSC), Pharmacy Over/Under Utilization Monitoring, BHI UM Update, BHI. - Committee reviewed and approved UMC meeting minutes (5/26/22), BMSC Meeting Minutes (2.23.22), BMSC Meeting Minutes (3.23.22), P&T Meeting Minutes (11.18.21)	UMC is scheduled to present 2st Quarter 2022 update to QIC on 10/11/2022.	Green
<b>Whole Child Model - Clinical Advisory Committee (WCM CAC)</b> - Conduct Clinical Oversight for WCM and provide clinical advice for issues related to implementation.		Meet quarterly, provide clinical advice regarding Whole Child Model operations to Medical Affairs.	Quarterly Adoption of Report	T.T. Nguyen, MD	QIC	MC	X	WCM CAC met August 16, 2022. Follow up action items were discussed and closed. Pharmacy Medi-Cal Rx, Whole-Child Model Measures, Grievance and Resolution Services, and Whole-Child Model Customer Service Inquiries provided quarterly updates.  PHM gave an update related to CalOptima Health Homeless Health Initiatives, update related to the Population Needs Assessment, and an update related to COVID-19 vaccination rates amongst CalOptima Health Members, specifically the youngest members from age 0-18. At the next PHM report, the committee wants to see numbers that reflect up through the age of 20 years old to get a more precise pediatric count because that's a time where for hard conditional work CalOptima Health could help the family coordinate their care and transition to adult services.  An update on CalOptima Health's three-year plan on Student Behavioral (SBHIP) was given resulting in feedback for CalOptima Health staff to create a page of resource or similar kind of sheet where available resources can be easily located and shared for those working with members. Posting the information on website will to allow for updating information as needed.  The next WCM CAC meeting is scheduled for 11/16/22.	WCM CAC is scheduled to presented an update to QIC on 10/11/2022.	Green
Quality Withhold for OCC	Earn 75% of Quality Withhold Dollars back for OneCare Connect in OCC QW program end of MY 2021	Monitor and report to QIC	Annual Assessment	Sandeep Mital	QIC	OCC	X	Scheduled to give update when we receive final scores from CMS in Q2 of 2023	Continue to monitor performance on the various measures	Green
Quality Analytics Program Updates (Health Network Quality Rating, MCAS, P4V, Data Mining/Bridge efforts)	Achieve 50th percentile on all MCAS measures in 2021	including but not limited to Health Network Quality Rating, MCAS reports and P4V. Data Mining/Bridge efforts include Office Ally EMR, CAIR Registry Data, efforts to immunization registry (CAIR) and lab data gaps  Activities requiring intervention are listed below in the Quality of Clinical Care measures.	Quarterly Report or As needed	Paul Jiang/Sandeep Mital	QIC	MC,OC,OCC	X	All MCAS selected measures having MPL requirement achieved MPL except the newly added Well-Child Visits in the First 30 Months of Life measure (W30-15months; W30-30months)	Start health disparity analysis to further refine focus areas	Yellow
Development of the OneCare program for MY2023	Develop and finalize the CMS measures for the scoring and payment methodology for the OneCare P4V program	P4V team has compiled a set of Part C, Part D, and Member Experience measures as proposed metrics for the MY2023 OneCare P4V program. Awaiting approval from the various committees and the Board of Directors.	31-Dec-22	Sandeep Mital	QIC			CalOptima Health Board of Directors approved the OneCare COBAR on December 1, 2022 with the proposed Part C, Part D, and Member Experience measures for the MY2023 OneCare P4V program	Pay for Value team will start generating monthly Prospective Rate reports for CalOptima Health and all health networks to monitor performance on the OneCare Part C and Part D measures	Green
Improvement Projects (All LOB) PIPs	Meet and exceed goals set forth on all improvement projects	Conduct quarterly/annual oversight of specific goals All LOB PIPs MC PIPs: 1) Improving Breast Cancer Screening (BCS) rates for Korean and Chinese CalOptima Medi-Cal Members.(March 1, 2020-December 31, 2022) 2) Improving Well-Care Visits for Children in Their First 30 Months of Life (W30) for CalOptima Medi-Cal Members (March 1, 2020-December 31, 2022)	Quarterly/Annual Assessment	Helen Syn	QIC	MC,OC,OCC	X	1) Received BCS Health Equity PIP Progress Check-In HSAG feedback no resubmission required at this time. Mobile Mammography Event Q3: Completed 29 BCS for KCS CCN members. Continue to test intervention through the PIP end date, December 31, 2022. 2) W30 PIP Progress Check-In feedback completed in Q3. Continue testing intervention and monitoring HEDIS rate through the end of PIP December 31, 2022.	1) BCS Health Equity: HSAG TBD submission date for the final PDSA worksheet and Module 4. Continue testing intervention and monitoring HEDIS rate through the end of PIP December 31, 2022. 2) W30 PIP Progress Check-In feedback expected in Q4. Continue testing intervention and monitoring HEDIS rate through the end of PIP December 31, 2022.	Green
Improvement Projects (All LOB) QIPs	Meet and exceed goals set forth on all improvement projects (See individual projects for individual goals)	Conduct quarterly/Annual oversight of specific goals All LOB QIPs MC QIP: 1) COVID QIP Phase 2 - a. Diabetes Screening for People With Schizophrenia or Bipolar Disorder Who are Using Antipsychotic Medications (SSD)- N. Zavala b. CCS - Increase the number of Medi-Cal members ages 21-64 who complete cervical cancer screening. c. CIS Combo 10 - Increase immunization rates of Medi-Cal members turning 2 years old. 2) Improving Statin Use for People with Diabetes (SPD)	Quarterly/Annual Assessment	Natalie Zavala/Helen Syn	QIC	MC,OC,OCC	X	<b>1) COVID QI Phase 2-</b> a. SSD - SSD update provided under Quality of Clinical Care Behavioral Health section below. b. CCS - Cycle 2 provider staff incentive completed. Cycle 3 completed on 9/30/22. Pending final provider office rates from participating providers. c. CIS Combo 10 - Target list for Cycle 4 (07/01/2022 - 09/30/2022) is shared with Provider Office for July - September implementation. Intervention includes outreaching to noncompliant members to schedule appointments, and tracking the number of newly compliant members.  <b>2)Statin Adherence</b> MC: 29.56% (below 50th), OC: 30.71% (below 50th), OCC: 34.81 % (below 50th) Measure is performing higher for MC and OCC LOB than same time last year and are below the 50th percentile (MPL). OC performing lower than same time last year and below 50th percentile.  <b>Statin Therapy</b> MC: 69.23% (above 50th), OC: 78.88% (above 50th), OCC: 79.44% (above 50th) Measure is performing higher for MC and OCC LOBs than same time last year. All LOBs are above the 50th percentile (MPL).	<b>1) COVID QI Phase 2-</b> a. SSD - b. CCS - Cycle 3 intervention completed. Pending evaluation of cycle 3 in Q4. c. CIS Combo 10 - Intervention period completed.Will evaluation CIS-10 QIP Cycle 4 (July-Sept) data in Q4 2022.  <b>2) Continue Statin Mailers</b>	Green

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Improvement Projects (All LOB) CCIP's	Meet and exceed goals set forth on all improvement projects (See individual projects for individual goals)	Conduct quarterly/Annual oversight of specific goals on All LOB CCIPs 1) OC and OCC CCIP: Improving CDC measure, HbA1C good control <8% - Targeted outreach calls to those with emerging risk >8% ( 2019 - 2022) 2) OCC QIP: Improving Statin Use for People with Diabetes (SPD) Oversight (review of MOC ICP/ICT Bundles) 2019-2022	Quarterly/Annual Assessment	Helen Syn	QIC	MC,OC,OCC	X	1) Emerging Risk Health Coach Outreach OC CCIP 0 members, 0 Assigned, 0 No Longer Eligible. Emerging Risk Health Coach Outreach OCC CCIP 26 members, 21 Assigned, 0 Unable to Contact, 3 No Longer Emerging Risk, 0 No Longer Eligible. 2) Results pending, final data slated at end of Q4 2022.	1) Continue Emerging Risk Telephonic Health Coach Outreach 2) Continue SPD Statin quarterly mailers	
PPME/QIPE: HRA's	Goal 95% timely completion on all HRA HN MOC oversight 90% CA MMP 1.5 ICP High/Low risk Goal is 75% CA MMP 1.6 Care Goal Discussion 95% MMP 3.2 ICP completion 90 days 85%	Conduct quarterly/Annual oversight of specific goals <b>OC and OCC</b> PPME and QIPEs 1) PME (OC): HRAs: HN MOC Oversight(Review of MOC ICP/ICT bundles) 2) QIPE (OCC): HRAs: ICP High/Low Risk, ICP Completed within 90 days, HN MOC 3) LTSS HRA OCC: Monitor for timeliness on outreach for completion.	Quarterly/Annual Assessment	Gail McMillen/S. Hickman/D. Hood	QIC	OC, OCC	X	Conduct quarterly/Annual oversight of specific goals OC and OCC PPME and QIPEs 1) PME (OC): HRAs: Quarter 2 finished at 100% for both initial and annual HRA outreach; Quarter 3 initial is 100% for July, August/September still in process. HN MOC Oversight(Review of MOC ICP/ICT bundles in 10 day TAT ) 1% for Q2; Benchmarks were not met in Q3; Benchmark met at 30 business day TAT for July; and improved to 17 business days for August; September is still pending. 2) QIPE (OCC): HRAs: Quarter 2 finished at 100% for initial and annual HRA outreach; Quarter 3 finished at 100% for both initial and annual HRA outreach. HN MOC Oversight(Review of MOC ICP/ICT bundles in 10 day TAT ) 1% for Q2. Benchmarks were not met in Q3; Benchmark met at 30 business day TAT for July; and improved to 18 business days for August; September is still pending. ICP High/Low Risk: MMP 1.5 High risk 89%, Low risk 83%, ICP Completed within 90 days, HN MOC: MMP 3.2 for Q3 is 89%; MMP 1.6 Care Goal Discussion 99% 3) LTSS HRA OCC: Monitor for timeliness on outreach for completion. Members flagged as LTC on HRA outreach had outreach 100%	Continue to Conduct quarterly/Annual oversight of specific goals OC and OCC PPME and QIPEs 1) PME (OC): HRAs:MOC Oversight(Review of MOC ICP/ICT bundles in 10 day TAT ) Continue to monitor and complete pre-cap on monthly basis. 2) QIPE (OCC): HRAs: HN MOC Oversight(Review of MOC ICP/ICT bundles in 10 day TAT ) Continue to monitor and complete pre-cap on monthly basis. ICP High/Low Risk: ICP Completed within 90 days, Care Goal Discussion 99% 3) LTSS HRA OCC: Continue to Monitor for timeliness on outreach for completion.	
BHI Incentive Program (DHCS - under prop 56 funding) and ABA P4V	Achieve program milestones quarterly and annual performance goals	1) Monitor the 12 projects approved by DHCS for the BHI Incentive Program. Program launched in January 2021. CalOptima is responsible for program oversight (i.e., milestones tracking, reporting and incentive reimbursement). Quarterly program update at QIC. 2) Monitor the ABA P4V program's performance metrics -% of supervision hours completed by BCBA /BMC and % of 1:1 hours utilized vs. authorized. Submit results quarterly to the program's eligible contracted providers. Program launched January 2021 and approved to continue through January	Quarterly Adoption of Report	Natalie Zavala/Sheri Hopson	QIC	MC	X	<b>BHIIP:</b> 1) Prepared and completed Program Year 2 Q2 milestone report due to DHCS 8/29/22, all expected milestones were completed 2) Prepared and completed 2021 Baseline - Performance Measures report due to DHCS 8/27/22 3) Q4 2021 Milestone Incentive Payments received from DHCS, processed and issued to provider groups 7/5/22 <b>ABA P4V:</b> 1) During the ABA Provider webinar held in June, 2021 ABA P4V program results were shared with the meeting attendees: ABAU 2021 - 56.90% / 2020 - 56.13% ABAH 2021 - 51.67% / 2020 - 50.42% 2) There is a correction to what was reported last quarter's update --> Prepared check requests for 73 groups, the correct number is 57 provider groups received an incentive check	<b>BHIIP:</b> 1) Prepare Program Year 2 Q3 milestone report due to DHCS 11/29/22 2) Prepare the Q1 2022 Milestone Incentive Payments expected to receive the funding from DHCS around September 28, 2022 <b>ABA P4V:</b> 1) Planning for an internal evaluation of the program's performance 2) Planning to obtain ABA provider groups feedback for the program 3) Establish next steps for program continuance	
Homeless Health Initiatives (HHI); Homeless Response Team (HRT)	Increase access to Care for individuals experiencing homelessness.	1) Regular planned visits to shelters, hot spots and recuperative care facilities- to resume post-COVID-19. (CM) addition of virtual outreach visits to shelters. 2) Serve as a resource in pre-enforcement engagements, as needed, to resume post-COVID-19 3) Develop and implement Street Medicine Program 4) Implement DHCS Housing & Homelessness Incentive Program (HHIP) to meet specific measures around increased data integration.	Quarterly Report	Sarah Nance/Danielle Cameron	QIC	MC,OC,OCC	X	1) Onsite outreach was started in Quarter 3 at Yale Navigation Center 1x/week for 2 hours per outreach. Virtual and telephonic outreach was continued with the Costa Mesa Shelter and Huntington Beach Navigation Center. Telephonic support by the Homeless Response Team was continued for Members who required the services of the Clinical Field Teams. 2) No support for pre-enforcement activities was requested during Quarter 3. 3) An RfQu was conducted to solicit qualifications from potential providers of the street medicine program. From that process, two providers were selected to operationalize a two-pronged street outreach and medicine program that targeted reaching people experiencing homelessness both unsheltered on the streets (encampments, hot spots, etc) and in local shelters. This pilot will launch in Garden Grove, where we hope to establish a collaborative service delivery model between the service providers, local stakeholders, Be Well and related county entities. The planning phase is anticipated to begin in December 2023, with services launching in early 2023. 4) CalOptima Health solicited stakeholder input into an Investment Plan, which identified key investment strategies to tackle the barriers identified in the Local Homelessness Plan. The CalOptima Health Board approved this plan, which was submitted to DHCS. DHCS has indicated that the first payment of \$4.1M was transmitted to CalOptima Health in support of this work. The CalAIM community investment team will be distributing these initial funds using the approved Investment Plan.	1) The Homeless Response team will continue increasing their presence in the community by expanding onsite outreach at other shelters and at American Family Housing Casa Paloma. 2) The Homeless Response Team will provide support for pre-enforcement activities as needed and requested. 3) Street Medicine providers will be contracted and will begin the planning process to execute the new program and services. 4) The CalAIM team will continue to implement the Housing & Homelessness Incentive Program, including integration with the local continuum of care and increased referral and access of housing community supports. The CalAIM team will also implement the Investment Plan.	
CalAIM	Improve Health & Access to care for enrolled members	1) Complete transition of all enrolled HHP members to CalAIM ECM Q1 2022 2) Complete transition of all enrolled WPC members to CalAIM ECM Q1 2022 3) Establish DHCS reporting process 4) Establish oversight strategy for the CalAIM program	Quarterly Report	Mia Arias/Andrew Kilgust	QIC	MC	X	1 & 2. All HHP and WPC members were successfully transitioned to CalAIM ECM without an interruption in service. 3. A DHCS reporting process has been established; ITS leads the data collection and Care Management, LTSS and CalAIM teams review and attest to the data before DHCS submission. Monthly data improvement calls are hosted to ensure data captured is accurate and up-to-date. 4. An oversight strategy is in development.	The CalAIM team will focus on developing and launching the oversight strategy for the CalAIM program. Many lessons were learned during the first year of implementation and those lessons will inform the oversight strategy going forward. Much of this work will launch in 2023.	
Health Equity	Adapt Institute for Healthcare Improvement Health Equity Framework	1) Make health equity a strategic priority 2) Develop structure and process to support health equity work 3) Deploy specific strategies to address the multiple determinants of health on which health care organizations can have direct impact 4) Develop partnerships with community organizations to improve health and equity 5) Ensure COVID-19 vaccination and communication strategy incorporate health equity.	Quarterly Report	Katie Balderas	QIC	MC, OC, OCC	x	The Health Equity Data Action Team looked into the utilization of SDOH Z-Codes and found the following: Provider utilization of SDOH Z-Codes in claims is very low 6.70 % of providers are using SDOH Z-Codes, documents on .45% of total claims/encounters for only 3.14% total members Additionally, there are inconsistent mechanisms for collecting SDOH data across CalOptima. Thirteen known health assessments in Guiding Care, of which 9 include SDOH-related fields No evidence-based, validated SDOH screening tool used consistently across member-facing departments.	Incentivize and encourage utilization of SDOH Z-code screening among providers through annual wellness visits Promote network/provider SDOH screening using evidence-based screening tools (ex: PRAPARE, utilization of SDOH Z-Codes) Utilize the transition to a new care management platform (JIVA) to ask consistent, evidence-based questions across all member-facing departments/ programs and link members to resources for social needs using closed-loop referral system (such as FindHelp, Unite Us, etc.)	

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DHCS Comprehensive Quality Strategy	Develop CalOptima quality strategy in alignment with the final DHCS comprehensive quality strategy.	[NEW] to 2022 QI Work Plan 1) Work with DHCS to define the final 2022 Comprehensive Quality Strategy. 2) Collaborate with Internal and external stakeholders in the development quality strategy	12/31/2022	Marsha Choo/Katie Balderas	QIC	MC, OC, OCC		DHCS Quality Strategy was presented to the September QAC. Created and hired an Executive Director of Quality to focus on developing the quality strategy. CalOptima Health has completed the Population Health Readiness Assessment and drafting a PHM strategy, a part of the overall quality strategy, to implement in 2023. Staff is working with NCQA consultants to educate staff on Health Equity Standards for Accreditation. Continued efforts to on Phase 3 of CalAIM.	ED of Quality to begin Q1 of 2023. Begin implementation of PHM Strategy in Q1 2023. Develop a timeline for Health Equity Accreditation. Develop a QI Work Plan to address the DHCS Bold Goals. Continued efforts in CalAIM.	Green
Student Behavioral Health Incentive Program (SBHIP)	Achieve program implementation period deliverables	[NEW] to 2022 QI Work Plan SBHIP is part of the Administration and State Legislature effort to prioritize behavioral health services for youth ages 0-25. The new program is intended to establish and strengthen partnerships and collaboration with school districts, county BH and CalOptima by developing infrastructure to improve access and increase the number of TK-12 grade students receiving preventative, early interventions and BH services.		Natalie Zavala	QIC	MC		1) Continued collaboration with Orange County Department of Education (OCDE) and OC Health Care Agency (HCA). Attended Mental Health Superintendent Work Group. External workgroup meetings did not occur; will once materials from LEAs received. 2) Continued internal meetings with Core Team updating project plan on a bi-weekly basis. 3) Provided update at the Q3 WCM Clinical Advisory Committee (CAC) on 8/16/22. 4) 9/30/22 due date for LEAs to submit SBHIP Assessment materials: Needs Assessment Template, Data Collection Strategy, Referral Process, Resource Maps.	1) CalOptima Health team to compile LEA SBHIP Assessment responses for submission to DHCS by 12/31/22. 2) Continue routine meetings with OCDE and OC HCA. 3) Hold external stakeholder workgroup next quarter. 4) Identify targeted interventions and population, and complete Project Plan for submission to DHCS by 12/31/22.	Green

II. QUALITY OF CLINICAL CARE- Adult Wellness

Cancer Screenings: Cervical Cancer Screening (CCS), Colorectal Cancer Screening (COL), Breast Cancer Screening (BCS)	HEDIS MY2021 Goal: CCS: MC 59.12% BCS: MC 61.24% OCC 69% OC 69% COL: OCC 71% OC 62% Based on HEDIS MY2020 NCQA Quality Compass Benchmarks, 50th percentile (released September 2021): CCS: MC 59.12% BCS: MC 53.93%	1) Transition to the member health reward vendor to continue rewards established for CCS, BCS and COL programs. Track member health reward impact on HEDIS rates for cancer screening measures. 2) Targeted member engagement and outreach campaigns to promote cancer screenings in coordination with health network partners. 3) Expand member engagement strategy to include multi-modal approach as deemed most strategic via: texting, robocalls, social media, website, direct mailing, member newsletter, and other modes. 4) Community and Mobile Cancer Screening Events with community partners and agencies. eg. Mobile Mammography Events.	12/31/2022	Helen Syn	QIC	MC	X	1a. 2022 Member Health Rewards processed as of 9/30/22: BCS: 346 for MC 5 for OC and 8 for OCC; CCS: 506 for MC; COL: 6 for OC and 19 for OCC 1b. Transition from Member Health Reward vendor (Icaro) to be done in-house. Reward process design in progress. 2. Targeted member engagement and outreach campaigns to identified zip codes for paid Social Media Campaigns. 3. Member Engagement Strategy: Social Media (Paid): CCS, BCS Digital Ad: CCS digital ad; BCS digital ad 4. Community Events: Mobile Mammography: KCS event 29 CCN members completed 5. 2022 August Prospective Rates (PR): Breast Cancer Screening MC: 53.24%, OC: 60.10%, OCC: 60.58% Measure is performing higher for all LOBs than same time last year and below the 50th percentile (MPL). Cervical Cancer Screening MC: 50.59% Measure is performing lower than same time last year and is below the 50th percentile (MPL). Colorectal Cancer Screening OC: 45.66%, OCC: 51.24% Measure is performing higher than same time last year for both OC/OCC and is currently below the 50th percentile.	1a. Continue to track BCS, CCS and COL member health reward. 1b. Transition to in-house member health reward process. 2. Targeted member engagement and outreach campaigns to identified zip codes. 3. Member Engagement Texting: BCS texting campaign scheduled Q4 IVR: BCS scheduled for Q4 Social Media: BCS scheduled for Q4 Digital Ad: BCS scheduled Print Ad: BCS scheduled Direct Mailing: BCS scheduled for Q4 Community Connections: BCS article scheduled for Q4 Member Newsletter: CCS, BCS, COL article scheduled for Spring and Summer issue 4. Community Events: Ongoing mobile mammography events	Yellow
COVID-19 Vaccination and Communication Strategy	Vaccine rate of 80% or more of CalOptima members (12 and over).	1) Efforts to support APL for COVID Vaccination from DHS. 2) Continue COVID Vaccination member health reward fulfillment process for all eligible age groups including Kaiser population and homeless population. 3) Implement the COVID QIP Interventions: Listed in Improvement Projects Section. 4) Continue Communication Strategy for COVID vaccine that address members based on zip codes, ethnicity, and pre-existing risk conditions.	12/31/2022	Helen Syn	QIC	MC	X	1) COVID texting campaigns continued in Q3. 2) COVID community vaccine events were held in partnership with OCHCA ongoing. A. Vaccine Events include: • 8/18/2022: 144 total health rewards • 9/17/2022: 116 total health rewards • 9/21/2022: 107 total health rewards B. Vaccine Event Totals: 367 health rewards 3) Vendor has processed a total of 1,049,633 incentives (cumulative) and PHM has processed a total of 1,202,925 incentives (cumulative) as of 10/6/2022. 4) VIP reimbursement data submitted for part 2.	1) Texting campaigns continue. Upon approval from the Board of Directors (BOD), new texting messages will be updated to include expanded age ranges and incentive eligibility. 2) COVID community vaccine events are continuously planned by Community Relations. 3) Ongoing COVID messaging to go out in Member Newsletter and Provider Newsletters about the importance of boosters and new eligibility with expanding age sets. Social Media, Targeted ad campaigns scheduled. 4) COVID vaccine incentive processing continues, CAIR registry data and logic improvements to assist with identification and more timely processing.	Yellow

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<b>III. QUALITY OF CLINICAL CARE- Behavioral Health</b>										
Follow-up After Hospitalization for Mental Illness within 7 and 30 days of discharge (FUH).	HEDIS MY2021 Goal: FUH 30-Days: MC: NA; OC: NA; OCC: 48.40% (Quality Withhold measure) 7-Days: MC: NA; OC:NA;OCC:27.07%	1) Conduct additional hospital visits to educate discharge planning staff on FUH requirements and address any questions or concerns. 2) Continue to conduct post discharge member outreach to ensure members are able to attend follow up appointment, and identify and address potential barriers. 3) Incorporate successful interventions identified by the BHI Incentive Program project to improve follow-up after hospitalization.	12/31/2022	Natalie Zavala	QIC	OCC	X	PR HEDIS Rates Q3 (August): 30 day- 34.925%, 7 day- 17.46%; BHI real-time report Q3 (July-Sept): 30 day- 38% , 7 day- 22% . 1) Continued outreach by BH Personal Care Coordinator (PCC) to members post-discharge to coordinate follow-up appointments. 2) Continued weekly BHI clinical round meetings to discuss concurrent reviews and internal coordination interventions. *Barriers included: Decrease in initial admissions but increase in member Re-admissions. Members not attending follow-up appointments due to readmission; members declining assistance from PCC or inpatient facility in assisting member with creating outpatient BH appointment, and inability reaching members due to invalid phone numbers or answering and then hanging up.	1) Continue conducting post discharge outreach. 2) Continue tracking members and outreach to those who are not attending follow-up appointments within 7 days of discharge.	Yellow
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 MY2021 Goal: MC - Init Phase - 44.51% MC -Cont Phase - 55.96%	1) Continue the non-compliant providers letter activity. 2) Participate in educational events on importance of attending follow-up visits. 3) Continue member outreach to improve appointment scheduling by identifying and addressing potential barriers for not attending visits.	12/31/2022	Natalie Zavala	QIC	MC	X	PR HEDIS Rates Q3 (August): Initiation Phase- 42.62%, Continuation and Maintenance Phase- 48.15% 1) Continued monitoring of CORE report to track members who filled an initial ADHD Rx. This is a manual process, but addresses barrier of limited resources for developing a real-time report to track member follow/up visits for provider outreach to schedule visits. 2) Continued member outreach for those who filled initial ADHD Rx (script and workflow to track phone calls made to members). 3) Reviewing data for compliant and non-compliant providers.	1) Continue member outreach for those who filled an initial ADHD prescription. 2) Identify trends in compliant and non-compliant provider letters. 3) Distribute non-compliant provider letters. 4) Submit article on Treatment for Children with ADHD to educate members on ADHD will be included in the Medi-Cal Member newsletter Spring edition.	Green
Diabetes Screening for People with Schizophrenia or Bipolar Disorder (SSD) (Medicaid only)	HEDIS 2021 Goal: MC 73.69% OC (Medicaid only) OCC (Medicaid only)	<b>[NEW] to 2022 QI Work Plan</b> 1) Identify members in need of diabetes screening test. 2) Conduct outreach to prescribing provider 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.	12/31/2022	Natalie Zavala	QIC	MC, OC, OCC		PR HEDIS Rates Q3 (August): M/C: 63.97%. OC: N/A, OCC: N/A 1) Identified members prescribed antipsychotic medication still in need of diabetes screening test. 2) Conduct outreach to prescribing provider via phone, then 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). 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 don't see their PCP because of trust issues.	1) Finalize new data source through Tableau. 2) Continue tracking members in need of diabetes screening test. 3) Continue prescribing provider outreach.	Green
Follow-Up After Emergency Department Visit for Mental Illness (FUM)	HEDIS Goal: MC 30-Day: 53.54%; 7-day: 38.55% OC (Medicaid only) OCC (Medicaid only)	<b>[NEW] to 2022 QI Work Plan</b> 1) Create and distribute provider and member educational materials on the importance of follow-up visits. 2) Collaborate with health networks to identify and address potential barriers.	12/31/2022	Natalie Zavala	QIC	MC		PR HEDIS Rates Q3 (August): 30 day- 25.69%, 7 day-15.61% Measure has been identified as a Health Network (HN) P4V. The main barrier is obtaining real-time data for ED visits in order to conduct interventions to assist in follow-up visit attendance. On 9/7/22, BHI attended CalOptima Health Quality Forum to present on FUM and discuss with HNs their experience, barriers, opportunities for improvement. However, due to time constraints, presentation was rescheduled to next meeting in December.	1) Finalize FUM Tableau report to identify trends. 2) Present FUM data at Quality Forum in December to discuss/ address barriers.	Yellow

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2022 QI Work Plan Element Description	Goals	Planned Activities	Target Date(s) for Completion	Staff Responsible	Report to Committee	LOB	Con't Monitoring from 2021	Results/Metrics: Assessments, Findings, and Monitoring of Previous Issues List any problems in reaching the goal or relevant data (i.e. state if goals were met or not met, include what caused the problem/issue)	Next Steps Interventions / Follow-up Actions State what will be done to meet the goal (i.e. continue with plan as listed or modify the plan: add a specific new process, etc.)	Red - At Risk Yellow - Concern Green - On Target
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IV. QUALITY OF CLINICAL CARE- Chronic Conditions

Improve HEDIS measures related to Comprehensive Diabetes Care (CDC): HbA1c Poor Control (this measure evaluates % of members with poor A1C control- lower rate is better)	MY2021 HEDIS Goals: MC: 34.06%; OC: 19%; OCC: 19%	1) Transition to the Member Health Reward vendor to continue rewards established for A1c Testing. Implement new member health rewards targeting CCN members with diabetes with poor control. Track member health reward impact on HEDIS rates for CDC measures. 2) Targeted member engagement and outreach campaigns to promote CDC compliance in coordination with health network partners. 3) Expand member engagement strategy to include multi-modal approach as deemed most strategic via: texting, robocalls, social media, website, direct mailing, member newsletter, and other modes. 4) Prop 56 provider value based payments for diabetes care measures	12/31/2022	Helen Syn	QIC	MC,OC,OCC	X	1a) HbA1c Test Health Rewards: 338 Processed, 304 approved, 34 denied 1b) Transition from Member Health Reward vendor (Icario) to be done in-house. Reward process design in progress. 2) Emerging Risk Health Coach Outreach: MC 398 members, 249 Assigned, 5 No Longer Eligible, 28 No Longer Emerging Risk, 3 Opt Out, 7 Unable to Contact OC 0 members, 0 Assigned, 0 No Longer Eligible. Emerging Risk Health Coach Outreach OCC 26 members, 21 Assigned, 0 Unable to Contact, 3 No Longer Emerging Risk, 0 No Longer Eligible. 3) Member Engagement Strategy: Texting: CDC texting campaign launch date slated for Q4 2022. IVR: Campaign: 3,108 successful, 686 left message, & 11,351 unreachable/no answer Social Media: slated for distribution late October 2022 / early November 2022. 4) Prop 56 provider value based payments for diabetes care measures. 5) 2022 August Prospective Rates (PR): Note: A1C Testing submeasure was removed from 2022 HEDIS specs. A1C Adequate Control <8.0 MC: 35.12% (green, below 50th), OC: 41.82% (red, below 50th), OCC: 49.91% (green, below 50th) Measure is performing higher for MC and OCC LOBs than same time last year except for OC LOB and all LOBs are below the 50th percentile (MPL). A1C Poor Control >9 MC: 58.88% (green, above 50th), OC: 50.65% (neutral, above 50th), OCC: 43.07% (green, above 50th) Measure is performing better for all LOBs than same time last year (lower rate is positive trend) except for OC LOB and above the 50th percentile (MPL). (Lower is better)	1) Track and monitor until the end of member incentive year. Transition from Member Health Reward vendor to be done in-house. Reward process design in progress. 2) Continue the Emerging Health Coach outreach to the end of 2022. 3) Texting: launch date slated for Q4 2022. IVR: next campaign slated for 2023. Social Media: Campaign slated to launch Q4 2022. 4) Contract with health reward vendor was canceled, looking for alternative plan for transition.	
Improve HEDIS measures related to Comprehensive Diabetes Care (CDC): Eye Exam	MY2020 HEDIS Goals: MC 63.2% OC: 71%; OCC: 79%	1) Transition to the Member Health Reward vendor to continue rewards established for Eye Exams. 2) Targeted member engagement and outreach campaigns to promote CDC compliance in coordination with health network partners. 3) Expand member engagement strategy to include multi-modal approach as deemed most strategic via: texting, robocalls, social media, website, direct mailing, member newsletter, and other modes. 4) Prop 56 provider value based payments for diabetes care measures	12/31/2022	Helen Syn	QIC	MC,OC,OCC	X	1a) Eye Exam 201 Processed, 172 approved, 29 denied 1b) Transition from Member Health Reward vendor (Icario) to be done in-house. Reward process design in progress. 2) VSP Eye Exam Reminder Letters slated for Q4 2022 distribution 3) Member Engagement Strategy: Texting: CDC texting campaign launch date slated for Q4 2022. IVR: Campaign: 3,108 successful, 686 left message, & 11,351 unreachable/no answer Social Media: slated for distribution late October 2022 / early November 2022. 4) Prop 56 provider value based payments for diabetes care measures 5) 2022 August Prospective Rates (PR): Diabetes Eye Exams MC: 44.34% (green, below 50th), OC: 55.86% (red, below 50th), OCC: 59.86% (green, below 50th) Measure is performing higher for all LOBs than same time last year except for OC LOB and below the 50th percentile (MPL). 6) Identified VSP data fields needed from HNs for data sharing criteria.	1) Track and monitor until the end of member incentive year. Transition from Member Health Reward vendor to be done in-house. Reward process design in progress. 2) Analyze if a need for additional member mailers are necessary. 3) Texting: launch date slated for Q4 2022. IVR: next campaign slated for 2023. Social Media: Campaign slated to launch Q4 2022. 4) SFTP setup for HN in progress. 5) Contract with health reward vendor was canceled, looking for alternative plan for transition	
Implement multi-disciplinary approach to improving diabetes care for CCN Members Pilot	1) Lower HbA1c to avoid complications; 2) reduce emergency department (ED) visits and hospitalizations /readmission rates; 3) improve member and provider satisfaction; and 4) optimize diabetes medication management.	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	12/31/2024	Nicki Ghazanfarpour/ Jocelyn Johnson/ Joanne Ku	QIC		X	Since the initiative is still in the planning stage, there are no results or metrics to report at this time. However, the workgroup has conducted literature reviews and found that the results support our multidisciplinary program approach. 1. Literature demonstrates that pharmacist involvement is effective. 2. Literature indicates that diabetes interventions should include culturally relevant resources, family support, and diabetes self-management skills education.	Community Health Worker (CHW) initiative design in planning stages, staff workflow in progress. 1) The workgroup conducted key informant interviews with community partners. The workgroup plans to go back to community partners and share our final pilot program design. 2) The workgroup is currently working with ITS to build member stratification for this project. 3) The workgroup also plans to host a provider webinar or similar engagement activity (targeted for high volume CCN PCPs) so we can have providers' buy-in and commitment to make this work.	

V. QUALITY OF CLINICAL CARE- Maternal Child Health

Prenatal and Postpartum Care Services (PPC): Timeliness of Prenatal Care and Postpartum Care (PHM Strategy).	HEDIS MY2021 Goal: Postpartum: 79.56% Prenatal: 90.75%  Based on HEDIS MY2020 NCQA Quality Compass Benchmarks (released September 2021)	1)Transition to the Member Health Reward vendor to continue rewards established for Postpartum care. 2) Expand member engagement strategy to include multi-modal approach as deemed most strategic via: texting, robocalls, social media, website, direct mailing, member newsletter, events, and other modes. 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) Prop 56 provider value based performance incentives for prenatal and postpartum care visits	12/31/2022	Ann Mino/Helen Syn	QIC	MC	X	1) Member Health Reward of \$50 for Postpartum Care visit within 1-12 weeks after delivery is continuing. 2) Postpartum Mailing Initiative: Process for the first quality Initiative mailing is still being developed. Mailing projected to go out by end of Q4 2022. Mailing will target members that recently delivered (identified via and encourage timely postpartum care. 3) Bright Steps Program conducted initial outreach to 1724 unique members. Total of 1,008 outreach attempts made to 630 postpartum members. 248 postpartum assessments completed. 4) Continuing member engagement strategy: -Postpartum Care digital add campaign August - September 2022 = 206,682 impressions (Eng, Spa, and Viet) -Postpartum Care targeted social media ad campaign August - September 2022 = 142,855 Reach, and made 365,687 impressions - Medi-Cal member newsletter article on Postpartum Care Extension is Here!" dropped 09/07/22. 5) Bright Steps Program received a total of 916 new Pregnancy Notification Reports and conducted outreach to engage members with the program. 6) Total # of PPC health rewards approved July - September: 81 7) Perinatal and Postpartum Bright Steps Program participated in 2 Diaper Day events in collaboration with the Westminster Family Resource Center and WIC Santa Ana location. A total of 350 persons were outreach in these public events. 8) Prop 56 provider value based performance incentives for prenatal and postpartum care visits. August 2022 Prospective Rates: Timeliness of Prenatal Care: 80.00% Measure is performing higher than same time last year and has not met the 50th percentile. Postpartum Care: 63.63%. Measure is performing higher than same time last year and has not met the 50th percentile.	1) Postpartum quality initiative mailing is projected to begin by end of Q4 2022. 2) Continue to expand member engagement strategy to ensure multi-modal approach to include the following elements: text campaigns, IVR robocalls, social media, etc. 3) Exploring integration of the Medi-Cal Community Health Worker benefit can be implemented to support prenatal and postpartum care. 4) Contract with health reward vendor was canceled, looking for alternative plan for transition	
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2022 QI Work Plan Element Description	Goals	Planned Activities	Target Date(s) for Completion	Staff Responsible	Report to Committee	LOB	Con't Monitoring from 2021	Results/Metrics: Assessments, Findings, and Monitoring of Previous Issues List any problems in reaching the goal or relevant data (i.e. state if goals were met or not met, include what caused the problem/issue)	Next Steps Interventions / Follow-up Actions State what will be done to meet the goal (i.e. continue with plan as listed or modify the plan: add a specific new process, etc.)	Red - At Risk Yellow - Concern Green - On Target
<b>VI. QUALITY OF CLINICAL CARE- Pediatric/Adolescent Wellness</b>										
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 MY2021 Goal CIS-Combo 10: 49.58% IMA-Combo 2: 50.61% W30-First 15 Months: 54.92% W30-15 to 30 Months: 74.42% WCV (Total): 53.83%  Based on HEDIS MY2020 NCQA Quality Compass Benchmarks (released September 2021)	1) Targeted member engagement and outreach campaigns in coordination with health network partners. 2) Expand member engagement strategy to include multi-modal approach as deemed most strategic via: texting, robocalls, social media, website, direct mailing, member newsletter, and other modes. 3) EPSDT DHCS promotional campaign emphasizing immunizations and well care EPSDT visits 4) Implement Community events to promote well-care visits and immunizations for children and adolescents; and track the number of participants and impact on rates. Examples: Back-to-School Immunization Clinics 5) Prop 56 provider value based payments for relevant child and adolescent measures	12/31/2022	Helen Syn	QIC	MC	X	1) Continue expanding member engagement strategy to include multi-modal approach as deemed most strategic via: texting, robocalls, social media, website, direct mailing, member newsletter, and other modes. - Targeted ad campaign for Well-Care Pediatrics August - September 2022. Digital = 206,682 impressions; Social Media = 437,118 impressions. - Targeted ad campaign for Immunizations August - September 2022. Digital = 206,682 impressions; Social Media = 410,377 impressions. - Medi-Cal member newsletter article on "Let's Get Ready for School. Get your Vaccines" dropped 09/07/22. - Texting campaign and social media campaign for National Immunization Awareness Month. WCV = 9027; IMA = 793 - Health Guide 7-12 mailing, in progress, REQ submitted - PBS Ad: Flu campaign started running in September 2022. 2) Plan and attend community events to promote well-care visits and immunizations for children and adolescents; and track the number of participants and impact on rates. - Back-To-School Vaccination Event: total of 7 events. 443 families attended CalOptima Health table at these events. 72 vaccinations provided (41 were CalOptima Health members). Vision screening, dental screening and developmental screening were available at select events. - Event promotion: website, targeted member mailing, text message campaign, boost social media post 3) Collaborate with health network partners to coordinate campaigns to improve HEDIS measures. Regular meetings with health network partners to share activities, help address concerns, and share best practices. 4) August 2022 Prospective Rates: CIS Combo 10: 30.37%; has not met MPL. IMA Combo 2: 43.68%; met MPL. Rate is LOWER than last year and has met 66th percentile (41.81%) W30 First 15 Months: 30.85%; have not met MPL (54.92%). First year with benchmarks to monitor PR. W30 15-30 Months: 66.75%; have not met MPL (70.67%). First year with benchmarks to monitor PR. WCV: 30.43%; have not met MPL (45.31%). First year with benchmarks to monitor PR.	1) Continue expanding member engagement strategy to include multi-modal approach as deemed most strategic via: texting, robocalls, social media, website, direct mailing, member newsletter, and other modes. - Health Guide 7-12 Newsletter mailing - Well-Child (0-30 Months) IVR and text message campaign - Well-Care 12-17 Years IVR campaign - Well-Care (3-17 Years) Text message campaign - LSC, CIS, W30 in-house call campaign for year end push (noncompliant members) 2) Collaborate with health network partners to coordinate campaigns to improve HEDIS measures. Regular meetings with health network partners to share activities, help address concerns, and share best practices.	
Blood Lead Screening (BLS) (LSC)	1) Comply with APL requirements as stated 2) Send quarterly reports to CalOptima contracted PCPs timely 3) HEDIS MY2021 Goal (3 Year Goal): Lead Screening 50th percentile 71.53%	1) Continue providing quarterly report to CalOptima contracted PCPs identifying children with gaps in blood lead screening recommended schedule. 2) Targeted member engagement and outreach campaigns to promote blood lead screenings in coordination with health network partners 3) Prop 56 provider value based payments for Blood Lead Screening	12/31/2022	Helen Syn	QIC	MC	X	1) Shared report in July 2022 to health networks with Q2 2022 data on members that have not been screened as recommended for blood lead screening. Q2 2022 report for CCN Providers shared via Provider Portal. 2) Continuing member engagement strategy. Member IVR lead campaign launched in July. Member reach: 1,156 3) Worked on starting provider engagement strategy. Including updates to health networks on matters related to blood lead (e.g., gap reports, HN attestation process, internal policy updates) 4) Conducted member barrier analysis to identify root cause of lack of blood lead tests among members. 5) Prop 56 provider value based payments for Blood Lead Screening. 6) Finalized Evidence of Blood Lead Refusal form and HN Attestation Process for Health Networks to adhere to regulatory requirements that include Provider adherence to the provision of anticipatory guidance for blood lead screenings.  August 2022 Prospective Rates Lead Screening in Children (in 2022, LSC became an MCAS measure that will have to meet the minimum performance level- MPL). MC: 58.54% Measure is performing higher than the same time last year and has not met the 50th percentile. (MPL)	1) Continue to share blood lead gap reports and DHCS blood lead supplemental data reports to HNs and CCN Providers. Reports are in process of being revised to highlight provider requirements such as the need for anticipatory guidance to parent/guardian of members. 2) Continuing strategy to update providers. Preparing to offer two Provider CME events focused on blood lead screening requirements scheduled for Q4 2022. Preparing Provider Press blood lead article for Q4 2022 3) Continue expanding member engagement strategy to include multi-modal approach via: texting, robocalls, social media. Planning PBS TV campaign that is projected to start in Q4 2022. 4) Continue with revisions to internal policy GG.1717 Blood Lead Screening in Young Children to support adherence to regulatory requirements.	

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<b>VII. QUALITY OF SERVICE- Access</b>										
Improve Access: Reducing gaps in provider network	Reduce the rate of OON requests for these top 3 specialties by 10%	1) Actively recruit specialties with the most out-of-network (OON) requests for CCN (General Surgery, Ophthalmology and Orthopedic Surgery)	12/31/2022	Marsha Choo/Jennifer Bamberg/Maggie Hart	MEMX	MC,OC,OCC	X	Transition of recruitment efforts from Contracting department to Provider Relations are finalized	Provider Relations will now be responsible for provider recruitment; created letter templates, created workflow and finalizing all documents to ensure reporting of all recruitment efforts are documented	
Improve Access: Expanding Network of Providers Accepting New Patients	Increase the number of providers accepting new patients: PCPs from 60.3% to 65.3% Specialists from 56.7% to 61.7%	[NEW] to 2022 QI Work Plan 1) Targeted outreach campaign to open their panels 2) Business consideration to require providers to participate in all programs.	12/31/2022	Marsha Choo/Jennifer Bamberg	MEMX	MC,OC,OCC		Providers are actively returning the provider validations but delayed for those offices that are not tech savvy, new excel format was provided and assisting with navigating the spreadsheet caused delay	PR Reps continue to obtain confirmation of open and or closed panel, documenting requests via Facets, significant improvement to 70% of total CHCN network	
Improve Access: Timely Access (Appointment Availability)	Improve Timely Access compliance with Appointment Wait Times: Routine PCP from 76.2% to 80% MPL Urgent PCP from 68.4% to 73.4% Routine SPEC from 67.7% to 72.7% Urgent SPEC from 56.1% to 61.1%	1) Communication and corrective action to providers not meeting timely access standards 2) Communication and PDSAs to HNs not meeting timely access standards	12/31/2022	Marsha Choo/Jennifer Bamberg	MEMX	MC,OC,OCC	X	1)2021-22 Timely Access Results reviewed and QC'd; working with vendor on development of non-compliance tracker. Non-Compliance letters being updated with CAP for those with non-compliance for a single measure 3 consecutive years. 2) HN Timely Access PDSA's submissions reviewed and additional follow-up requested by workgroup on three networks responses before close-out.	1) Next steps include finalizing non-compliance tracker and templates for letters. Issue non-compliance letters to providers and CAPs to HNs by end of 4th quarter. 2) Obtain clarification from three HNs regarding their PDSA submission. Access Workgroup to review final responses and close-out and/or determine next steps. Present final recommendations to Member Experience.	
Improve Access: Telephone Access	Reduce the rate of <b>No Live Contacts After 3 Attempts</b> from 29.9% to 26.9% (or 10% of the performance gap)	1) Improve provider data in FACETS (i.e. Provider Directory Attestations, DHCS Quarterly and Monthly Provider Data Audits) 2) Individual Provider Outreach and Education (Timely Access Survey)	12/31/2022	Marsha Choo/Jennifer Bamberg	MEMX	MC,OC,OCC	X	1) Update- improved provider data of 70% of total CCN provider TIN's acknowledging changes and/or updates to provider data, including phone numbers, office hours and open/closed panels 2) 2021-22 Timely Access Survey results reviewed and QC'd. Working with vendor on finalizing non-compliance tracker to assist with issuing letters to providers.	1) Finalizing last outreach effort for end of year push through office face-to-face visits, and phone calls 2) Finalize non-compliance tracker, issue non-compliance letters to providers, share TAS results in SNC November Report, and issue CAPs to HNs by end of 4th quarter.	
Improving Access: Subcontracted Network Certification	Certify all HNs for network adequacy	[NEW] 2022 QI Work Plan 1) Mandatory Provider Types 2) Provider to Member Ratios 3) Time/Distance 4) Timely Access If 1-3 are not met, HN to identify a provider to fill the gap. If 4 not met, HN to be issued a PDSA.	7/31/2022	Marsha Choo/Jennifer Bamberg	MEMX	MC		Network Adequacy Standards: <b>Medi-Cal Plan Level:</b> •Mandatory Provider Types: Met •Provider to Member Ratios: Met •Time/Distance Standards: Met  <b>Medi-Cal HN Level:</b> •Mandatory Provider Types: Not Met. (Certified Nurse Midwives and Licensed Midwives) •Provider to Member Ratios: -PCPs: Met for all HNs, except CHOC IM-PCP -Specialists: Not Met (Arta, Monarch) •Time/Distance: Not Met  <b>Medi-Cal Timely Access</b> •Timely Access PDSAs were reviewed at workgroup mtg and additional follow-up requested on three networks responses before close-out. •HNs were provided a quarterly Subcontract Network Certification Summary report with their network adequacy performance August 31st •Provided HN with DHCS Provider List to help close the providers gaps for time/distance and MPT standards.	Continue to monitor quarterly and notify HNs of areas of non-compliance.  If Net Adequacy standard(s) not met, HNs will identify out of network providers to ensure coverage of services.  Seek clarification from three HNs regarding their PDSA submission. Access Workgroup to review responses and close-out and/or determine next steps. Present final recommendations to Member Experience.  Workgroup to discuss how to certify HNs and how to issue corrective action to HNs with non-compliance.	
<b>VIII. SAFETY OF CLINICAL CARE</b>										
Plan All-Cause Readmissions (PCR)	HEDIS MY2021 Goal: MC - NA OC 8%; OCC 1.0 (O/E Ratio)	1) Update the existing CORE report(RR0012) to include Medical LOB, Members with First Follow-up Visit within 30 days Discharge (CA 1.11) 2) Improve PCP Visit Access 3) Continue to engage work group to address barriers, thereby achieving increased post hospitalization visits with PCP  Continue to discuss barriers with internal team to improve members having a follow up PCP visit at time of discharge. Currently developing a communication strategy to hospitals and members regarding the importance of having a post discharge visit with the members PCP.	12/31/2022	Kelly Giardina	QIC	MC, OC,OCC	X	1) Leveraging Collective Medical for additional ED/ PCP follow up 2) Pilot ED/ Rounds program to help inpatient facilities with escalations and support to secure pre-discharge appointments 3) Continued meetings to discuss open items and data analysis to shift approach as needed.	Collect Data and write up report send to consultant for review. Follow up meeting with Consultant to review report to be scheduled in 1Q2023.	

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<b>I. PROGRAM OVERSIGHT</b>										
2022 QI Annual Oversight of Program and Work Plan	Obtain Board Approval of 2022 QI Program and Workplan	QI Program and QI Work Plan will be adopted on an annual basis; QI Program Description-QIC-BOD; QI Work Plan-QIC-QAC	Annual Adoption by April 2022	Marsha Choo	QIC	MC,OC,OCC	X	Approved: QIC 2/15/2022, QAC 3/9/2022, BOD 4/7/2022		
2021 QI Program Evaluation	Complete Evaluation 2021 QI Program	QI Program and QI Work Plan will be evaluated for effectiveness on an annual basis	Annual Evaluation by April 2022	Marsha Choo	QIC	MC,OC,OCC	X	Approved: QIC 2/15/2022, QAC 3/9/2022, BOD 4/7/2022		
2022 UM Program	Obtain Board Approval of 2022 UM Program	UM Program will be adopted on an annual basis.	Annual Adoption by April 2022	Kelly Giardina/ Teresa Smith	QIC	MC,OC,OCC	X	Completed and will be sent to UMC for eVote by 4/15/2022. Scheduled to give status update to QIC on 4/16/2022.		
2021 UM Program Evaluation	Complete Evaluation of 2021 UM Program	UM Program and UM Work Plan will be evaluated for effectiveness on an annual basis.	Annual Evaluation by April 2022	Kelly Giardina/ Teresa Smith	QIC	MC,OC,OCC	X	Completed and will be sent to UMC for eVote by 4/15/2022. Scheduled to give status update to QIC on 4/16/2022.		
Population Health Management Strategy	Implement PHM strategy	Review and adopt on an annual basis.	Annual Review and Adoption	Katie Balderas	QIC	MC,OC,OCC	X	PHM Readiness Deliverables submitted to DHCS in October 2022 and additional clarifications were submitted in December 2022 and approved shortly thereafter by DHCS.	Departments are currently updating policies and procedures in alignment with PHM Strategy. Organizationwide PHM Strategy Steering Committee will launch Q1 2023.	
<b>Credentialing Peer Review Committee (CPRC) Oversight - Conduct Peer Review of Provider Network by reviewing Credentialing Files, Quality of Care cases, and Facility Site Review, to ensure quality of care delivered to members</b>		Review of Initial and Recredentialing applications approved and denied; Facility Site Review (including Physical Accessibility Reviews); Quality of Care cases leveled by committee.	Quarterly Adoption of Report	Marsha Choo Laura Guest	QIC	MC,OC,OCC	X	<b>I. FSR/PARS/NF/CBAS:</b> A. FSR: Drop in FSRs Q3-Q4 (56 to 47); Increase in MRRs Q3-Q4 (46 to 58); Increase in failed FSR and MRR audits Q3-Q4 (7 to 11); Drop in CAPs Q3-Q4 (119 to 109); Increase % of Periodic FSRs completed by due date Q3-Q4 (33% to 41%); 394 CAPs issued in 2022 - 114 Critical Element, 174 FSR, 106 MRR; 505 audits completed in 2022 -37 Initial FSRs, 30 Initial MRRs, 204 Periodic FSRs, 230 Periodic MRRs, 4 MRR Focused Reviews. B. PARS: Drop in PARS Q3-Q4 (195 to 175); Increase in % of BASIC access Q3-Q4 (36% to 45%); Working on 2022 high-volume specialist (HVS) PARS list.; 685 PARS completed in 2022. 270=BASIC access 415=LIMITED access. C. CBAS: In-person services resumed 10/1/22.; 28 on-site visits in Q4; 35 virtual reviews in 2022. D. NF: On-site visits resumed Q3; 27 reviews in 2022; 3 unannounced visits at NFs in 2022. II. Credentialing: A. Identified in 03/22: OP - OC Project. CCN & BH, 117 group practices not credentialed, although practitioners were credentialed. As of Q4, 50 providers outstanding. QI meeting with legal to review DHCS's response to query on credentialing of group practices.; B. Significant increase in volume of cred apps to credential from Q1-Q4, including OP, CalAIM and practitioners. Anticipate credentialing of new provider types, such as doulas and community health workers.; C. Fallout report, report to identify contracted providers not credentialed, in final stage of testing; 95% complete; D.Process improvements: Request to credential submitted in 1 inbox to streamline & avoid duplicate submissions. III. PQI - Fair Hearings concluded in Q4; CPRC upheld recommendation of Fair Hearing Committees. PM MD terminated and reported to MBC. PCP at hospital-no further action. Q4, QI began reviewing Declined Grievances referred by CS for a PQOC. Added 30 more PQIs/month. Cases leveled QOC were 19% in Q4; 23% in Q3; 20% in Q2; 21% in Q1. PQIs closed in 2022 were 350; 2021 in 767. Cases presented to CPRC were 37 in 2022; 32 in 2021. The % of cases leveled as QOC were 11% in 2021; 18% in 2022.	<b>I. FSR/PARS/NF/CBAS</b> A. FSR: Plan to add 2 RN FSR positions in 2023. B. PARS: Plan to add 1 Outreach Specialist-PARS position in 2023. C. CBAS: Complete on-site visits at all contracted CBAS centers. D. NF: Re-evaluate current processes. One LVN retiring 3/1/2023. Other LVN on FMLA 02/23. II. Credentialing A.QI working with Legal and business areas on OC project to credential all medical groups. If providers need to be credentialed, analysis performed and effort made prior to termination. B. Cross train Credentialing Coord. to credential all cred types and all areas of cred (intake, verification) - particularly OPs. C.Finalize Fallout Report and utilize to consistently identify contracted providers to credential D. Continue to review and update current workflows and update desktop procedures to reflect a streamlined process. E. Finalize provider Onboarding Packet to include cred app. Utilize new reced reports to monitor compliance and streamline reced process to integrate process for practitioners and OPs. Assign reced and initials to cred coordinators to credential the entire file. Provider groups to be assigned to one cred coordinator. III. PQI 1. Review QOC grievances, Declined grievances and PQIs. Assess need for additional staffing to accommodate additional workload. 2. Create report to monitor TAT of Declined Grievance PQIs with goal of MD review completed in 30 days and TAT of PQIs with a goal of MD review completed in 90 days.	
<b>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.</b>		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.	Quarterly Adoption of Report	Tyronda Moses Heather Sedillo	QIC	MC,OC,OCC	X	Slight decrease in total number of grievances in 4Q over 3Q. . No specific trends were identified, however we continue to monitor these two areas very closely and also work with QI and Provider Relations to address our findings. <b>4Q Grievance Trending Medi-Cal Grievances:</b> Access to Care- Appointment availability, Telephone accessibility. Member Billing- Members being billed directly. Quality of Care- Delay I treatment, Lack of follow-up. Quality of Service- Transportation- Driver issues, Early /Late pickup. <b>4Q Medi-Cal Member Appeals:</b> Rate/1,000 for Medi-Cal remained constant in 4Q (262 received), highest amount received from CCN- 106 and Monarch- 66. No significant trends identified; overturns were made based on additional information received to support medical necessity for the requested services. <b>4Q OCC Member Appeals (Rate per 1000):</b> Total member appeals received remained the same from 3Q (51). Monarch had 21 denials appealed and 9 were overturned for medical necessity. CCN had 14 denials appealed and 8 were overturned based on medical necessity met, 7 related to claims denials and 1 for diagnostic testing. <b>4Q OneCare Member Appeals (Rate per 1000):</b> The low membership creates a higher rate/1000. Increase in the total number of appeals received for OneCare in 4Q (9). 4 out of the 9 were overturned based on medical necessity met- 2 related to denial of payments for specialist office, 1 for outpatient surgery and 1 for foot orthotics.	All trends are reviewed for repeated issues. High grievance count by providers are tracked and trended. Results are reported to Provider Relations for additional outreach and shared with a Provider Action workgroup. Recommendations for actions may include an onsite visit, additional education/training and/or escalation to the Member Experience Committee. GARS continues to work with Veyo to identify barriers and obstacles on a bi-weekly basis1	

2022 QI Work Plan  
(4Q)

2022 QI Work Plan Element Description	Goals	Planned Activities	Target Date(s) for Completion	Staff Responsible	Report to Committee	LOB	Con't Monitoring from 2021	Results/Metrics: Assessments, Findings, and Monitoring of Previous Issues List any problems in reaching the goal or relevant data (i.e. state if goals were met or not met, include what caused the problem/issue)	Next Steps Interventions / Follow-up Actions State what will be done to meet the goal in 2023 (i.e. continue with plan as listed or modify the plan: add a specific new process, etc.)	Red - Did not Meet Goal Green - Met Goal
<b>Member Experience (MEMX) Committee Oversight</b> - Oversight of Member Experience activities to improve quality of service and member experience to achieve the 2021 QI Goal of improving CAHPS and Access to Care.		The MEMX Subcommittee assesses the annual results of CalOptima's CAHPS surveys, monitor the provider network including access & availability (CCN & the HNs), review customer service metrics and evaluate complaints, grievances, appeals, authorizations and referrals for the "pain points" in health care that impact our members.	Quarterly Adoption of Report	Karen Jenkins Marsha Choo Carol Matthews	QIC	MC,OC,OCC	X	In Q4, MemX Committee has reviewed/discussed the following: 10/12/22 •Action Items: o Invite GARS to Access workgroup mtgs o Internal workgroup to discuss CAHPS PDSA Process •2022 BH Member Experience Results •Network Adequacy •Provider Satisfaction Survey Results •Provider Action for Non-Clinical Issues  12/08/22 •Action Items: o Close out HN Timely Access PDSAs o Convene Provider Action workgroup to review data and make decisions moving forward •GARS Update •Network Adequacy •OC/OCC CAHPS Scores •Member Experience workplan	Committee will continue to meet and monitor activities on the 2023 Workplan and as needed	
<b>Utilization Management Committee (UMC) Oversight</b> - Conduct Internal and External oversight of UM Activities to ensure over and under utilization patters do not adversely impact member's care.		UMC meets quarterly; monitors medical necessity, cost-effectiveness of care and services, reviewed utilization patterns, monitored over/under-utilization, and reviewed inter-rater reliability results. P&T and BMSC reports to the UMC, and minutes are submitted to UMC quarterly.	Quarterly Adoption of Report	Kelly Giardina Teresa Smith	Utilization Management/ QIC	MC,OC,OCC	X	UMC Q3 2022 Utilization report scheduled to report to QIC 1/17/2023. UMC Q2 2022 Utilization report to QIC on 11/08/2022. - Q3 2022 Operational Performance –	Continue to review utilization reports and trends in quarterly UMC in 2023 and report up through QIC meetings to discuss findings and data analysis to shift approach as needed.	
<b>Whole Child Model - Clinical Advisory Committee (WCM CAC)</b> - Conduct Clinical Oversight for WCM and provide clinical advice for issues related to implementation.		Meet quarterly, provide clinical advice regarding Whole Child Model operations to Medical Affairs.	Quarterly Adoption of Report	T.T. Nguyen, MD	QIC	MC	X	WCM CAC met November 16, 2022 Whole Child Model Network Adequacy report of two HN not meeting DHCS standards. Both are now in compliance. -Reports on WCM measures for Behavioral Health, GARS, UM, and HEDIS Pediatric Measures were presented -OC CCS & CalOptima Health Collaboration:DHCS Integrated California Children's Services & Whole Child Model Dashboard.CalOptima Health data were comparable or better than other health plans -No pharmacy update was needed -DHCS Notice Update: CCS Information Notice 22-04 - Palivizumab for Immunoprophylaxis of Respiratory Syncytial Virus Infection during 2022- 2023 was shared	Will schedule 2023 Meeting dates. The next meeting is scheduled for 2/21/23.	
Quality Withhold for OCC	Earn 75% of Quality Withhold Dollars back for OneCare Connect in OCC QW program end of MY 2021	Monitor and report to QIC	Annual Assessment	Sandeep Mital	QIC	OCC	X	Scheduled to give update when we receive final scores from CMS in Q2 of 2023	Continue to monitor performance on the various OneCare Connect measures	
Quality Analytics Program Updates (Health Network Quality Rating, MCAS, P4V, Data Mining/Bridge efforts)	Achieve 50th percentile on all MCAS measures in 2021	Report of new quality program updates including but not limited to Health Network Quality Rating, MCAS reports and P4V. Data Mining/Bridge efforts include Office Ally EMR, CAIR Registry Data, efforts to immunization registry (CAIR) and lab data gaps  Activities requiring intervention are listed below in the Quality of Clinical Care measures.	Quarterly Report or As needed	Paul Jiang Sandeep Mital	QIC	MC,OC,OCC	X	Scheduled to give updates for Health Network Quality Ratings when we receive final HEDIS and CAHPS scores in Q4 of MY2023	Continue to monitor performance on the various HEDIS clinical measures	

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Development of the OneCare program for MY2023	Develop and finalize the CMS measures for the scoring and payment methodology for the OneCare P4V program	P4V team has compiled a set of Part C, Part D, and Member Experience measures as proposed metrics for the MY2023 OneCare P4V program. Awaiting approval from the various committees and the Board of Directors.	end of 4Q2022	Sandeep Mital	QIC			CalOptima Health Board of Directors approved the Pay for Value (P4V) OneCare COBAR on December 1, 2022 with the proposed Part C, Part D, and Member Experience measures for the MY2023 OneCare P4V program	Pay for Value team will start generating monthly Prospective Rate reports for CalOptima Health and all health networks to monitor performance on the OneCare Part C and Part D measures from Q1 of 2023	
Improvement Projects (All LOB) PIPs	Meet and exceed goals set forth on all improvement projects	Conduct quarterly/Annual oversight of specific goals All LOB PIPs MC PIPs: 1) Improving Breast Cancer Screening (BCS) rates for Korean and Chinese CalOptima Medi-Cal Members. (March 1, 2020-December 31, 2022) 2) Improving Well-Care Visits for Children in Their First 30 Months of Life (W30) for CalOptima Medi-Cal Members (March 1, 2020-December 31, 2022)	Quarterly/Annual Assessment	Helen Syn	QIC	MC,OC,OCC	X	1) Mobile Mammography Event Q4: Completed 26 BCS for KCS CCN members. Intervention testing completed December 31,2022 waiting for updated HEDIS rate for December 2022. 2) W30 PIP Progress Check-In feedback completed in Q4. Intervention implementation completed and pending HEDIS rate results for December 2022.	These PIPs are now completing the 3-year period and are being sunsetted with final Module 4 submissions pending in April 2023.  1) BCS PIP Module 4 is due April 2023. Completing rolling 12 month SMART Aim Measure data. Pending updated data due to continuous enrollment specification changes. 2) W30 PIP Module 4 is due April 2023. Currently waiting for data refresh to obtain last few data points to evaluate intervention effectiveness.	
Improvement Projects (All LOB) QIPs	Meet and exceed goals set forth on all improvement projects (See individual projects for individual goals)	Conduct quarterly/Annual oversight of specific goals All LOB QIPs MC QIP: 1) COVID QIP Phase 2 - a. Diabetes Screening for People With Schizophrenia or Bipolar Disorder Who are Using Antipsychotic Medications (SSD)- N. Zavala b. CCS - Increase the number of Medi-Cal members ages 21-64 who complete cervical cancer screening. c. CIS Combo 10 - Increase immunization rates of Medi-Cal members turning 2 years old. 2) Improving Statin Use for People with Diabetes (SPD)	end of 4Q2022	Natalie Zavala Helen Syn	QIC	MC,OC,OCC	X	MC QIP 1) COVID QI Phase 2- a. SSD update provided under Quality of Clinical Care Behavioral Health section below. b. CCS- Completed. For cycle 3 one of three providers reached 50th percentile for measure and provider office staff incentive was paid out. c. CIS Combo 10. Provider office submitted target list October 2022. Provider office had 75 successful appointments during intervention period, 7/1/22 - 9/30/22. Additionally, 21 newly compliant members during this period. 2) Improving Statin Use for People with Diabetes (SPD) <b>Statin Adherence</b> MC: 69.26% (above 50th), OC: 74.84% (below 50th), OCC: 77.20% (below 50th) Measure is performing lower for MC, OC and OCC LOBs than same time last year and are below the 50th percentile (MPL). MC is above 50th percentile. OC & OCC below 50th percentile. <b>Statin Therapy</b> MC: 71.43% (above 50th), OC: 81.46% (above 50th), OCC: 81.90% (above 50th) Measure is performing lower for MC and OC LOBs than same time last year. Measure is performing lower for OCC LOB than same time last year. All LOBs are above the 50th percentile (MPL).	a-1) Continue tracking members in need of diabetes screening test. a-2) Continue outreach to prescribing providers. b- QIP complete. For RY 2022, MCPs not required to submit COVID-QIP. Pending delivery of provider staff incentive for cycle 1 and 2 for other provider office. c- Pending data availability. Evaluation intervention effectiveness which includes provider office's final CIS Combo 10 rate (administratively).  2) Completed 3-year period on 12/31/2022, will end this initiative. It was confirmed that a QIP is not a DHCS nor a CMS Medicare requirement for 2023.	
Improvement Projects (All LOB) CCIP's	Meet and exceed goals set forth on all improvement projects (See individual projects for individual goals)	Conduct quarterly/Annual oversight of specific goals on All LOB CCIPs 1) OC and OCC CCIP: Improving CDC measure, HbA1C good control <8% - Targeted outreach calls to those with emerging risk >8% ( 2019 - 2022) 2) OCC QIP: Improving Statin Use for People with Diabetes (SPD) Oversight (review of MOC ICP/ICT Bundles) 2019-2022	Quarterly/Annual Assessment	Helen Syn	QIC	MC,OC,OCC	X	1) Emerging Risk Health Coach Outreach OC CCIP 6 members, 3 Assigned, 0 No Longer Eligible. Emerging Risk Health Coach Outreach OCC CCIP 24 members, 13 Assigned, 0 Unable to Contact, 2 No Longer Emerging Risk, 1 No Longer Eligible.  2) 2022 baseline was set at 26.02%, represents the rate of members who have yet to receive therapy/maintain adherence in the SPD Adherence and Therapy sub-measure. The goal of this intervention is to reach the target goal of ≤21.02% (a lower percentage is an improvement) a 5-percentage point decrease. The rate of members who have yet to receive therapy/maintain adherence in the SPD Adherence and Therapy sub-measures was 15.46% at the end of 2022 and met the target goal of ≤21.02%.	1) Completed 3-year period on 12/31/2022, will end this initiative.  2) Completed 3-year period on 12/31/2022, will end this initiative.	

2022 QI Work Plan  
(4Q)

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PPME/QIPE: HRA's	Goal 95% timely completion on all HRA HN MOC oversight 90% CA MMP 1.5 ICP High/Low risk Goal is 75% CA MMP 1.6 Care Goal Discussion 95% MMP 3.2 ICP completion 90 days 85%	Goal 95% timely completion on all HRA HN MOC oversight 90% CA MMP 1.5 ICP High/Low risk Goal is 75% CA MMP 1.6 Care Goal Discussion 95% MMP 3.2 ICP completion 90 days 85%	Quarterly/Annual Assessment	Sherry Hickman Denise Hood	QIC	OC, OCC	X	Conduct quarterly/Annual oversight of specific goals <b>OC and OCC</b> PPME and QIPEs 1) PME (OC): HRAs: HN MOC Oversight(Review of MOC ICP/ICT bundles) HRA outreach for Annual 100%; Initial outreach 100% for October and November; December still in process; HRA reviewed 100% prior to sending to the networks; TAT for bundle review: October files met 90% at 15 business days. November files met at 95% at 20 business days; December is in process. 2) QIPE (OCC): HN MOC Oversight(Review of MOC ICP/ICT bundles) HRAs: Completed outreach for Initial HRA 100%. Completed outreach for Annual HRA 100%. Members have transitioned to OC and OCC has sunset. HRAs reviewed 100% by oversight prior to sending to the networks. TAT for bundle review on return: Octobers files met 92% at 15 days; November files met 96% at 25 days; and December is in process. 3) LTSS HRA OCC: Monitor for timeliness on outreach for completion. All LTSS HRAs outreach completed. 4) Monitor CA MMP 1.5 High risk 89% and low risk 83% for Q4 and may change prior to regulatory submission in 2/2023 5) Monitor results CA 1.6 99% 6) Monitor results MMP 3.2 81% as of 1/18/2023, and may change prior to regulatory submission.	1) PME (OC): HRAs: This process is changing and will no longer be a goal in 2023. 2023 will move to benchmarks for collection of an HRA and ICP within 90 days for newly eligible members. Our interventions will reflect regulatory expectations for 2.1 and 3.2 regulatory measures. 2) QIPE (OCC):HRAs: This will not carry over to 2023 as OCC sunsets on 12/31/2022. 3) LTSS HRA OCC: Resolved and will fall off the QI work plan for 2023. 4) MMP 1.5 will fall off the QI work plan for 2023. 5) CA 1.6 will fall off the QI work plan for 2023. 6) MMP 3.2 will continue in 2023 work plan with benchmark of 90%	
BHI Incentive Program (DHCS - under prop 56 funding) and ABA P4V	Achieve program milestones quarterly and annual performance goals	1) Monitor the 12 projects approved by DHCS for the BHI Incentive Program. Program launched in January 2021. CalOptima is responsible for program oversight (i.e., milestones tracking, reporting and incentive reimbursement). Quarterly program update at QIC. 2) Monitor the ABA P4V program's performance metrics -% of supervision hours completed by BCBA /BMC and % of 1:1 hours utilized vs. authorized. Submit results quarterly to the program's eligible contracted providers. Program launched January 2021 and approved to continue through January 2022.	Quarterly Adoption of Report	Natalie Zavala Sheri Hopson	QIC	MC	X	BHIIP: 1) Program ended 12/31/22, only administrative activities remain and will be completed during Q1 2023 2) Prepared Program Year 2 Q3 milestone report 11/9/22, due to DHCS 11/29/22 2) Prepared the Q1 2022 Milestone Incentive Payments 10/13/22, payments issued to the provider groups 10/21/22  ABA P4V: 1) Program ended 12/31/22 per executive leadership directive, administrative activities remain and will be completed during Q1 2023 2) Prepared program ending email notification for the ABA providers; forwarded the notification to Provider Relations requesting it be emailed to all the ABA provider groups by 12/15/22 (request has been confirmed as completed). 3) Finalized reporting configurations for BH P4V report card distribution using the provider portal	BHIIP and ABA P4V commenced on December 31, 2022	
Homeless Health Initiatives (HHI): Homeless Response Team (HRT)	Increase access to Care for individuals experiencing homelessness.	1) Regular planned visits to shelters, hot spots and recuperative care facilities- to resume post-COVID-19. (CM) addition of virtual outreach visits to shelters. 2) Serve as a resource in pre-enforcement engagements, as needed. -to resume post-COVID-19 3) Develop and implement Street Medicine Program 4) Implement DHCS Housing & Homelessness Incentive Program (HHIP) to meet specific measures around increased data integration, member housing supports, and homeless services for members	Quarterly Report	Sarah Nance Danielle Cameron	QIC	MC,OC,OCC	X	1) Onsite continued in Quarter 4 at Yale Navigation Center 1x/week for 2 hours per outreach and at Casa Paloma. Virtual and telephonic outreach was continued with the Costa Mesa Shelter and Huntington Beach Navigation Center. Telephonic support by the Homeless Response Team was continued for Members who required the services of the Clinical Field Teams. 2) No support for pre-enforcement activities was requested during Quarter 4. 3) An RfQu was conducted to solicit qualifications from potential providers of the street medicine program. From that process, two providers were selected to operationalize a two-pronged street outreach and medicine program that targeted reaching people experiencing homelessness both unsheltered on the streets (encampments, hot spots, etc) and in local shelters. This pilot will launch in Garden Grove, where we hope to establish a collaborative service delivery model between the service providers, local stakeholders, Be Well and related county entities. The planning phase began in December 2023, with services launching in early 2023. 4) CalOptima Health solicited stakeholder input into an Investment Plan, which identified key investment strategies to tackle the barriers identified in the Local Homelessness Plan. The CalOptima Health Board approved this plan, which was submitted to DHCS. DHCS has indicated that the first payment of \$4.1M was transmitted to CalOptima Health in support of this work and the second payment of \$8.3M was authorized to CalOptima Health. The CalAIM community investment team will be distributing these initial funds using the approved Investment Plan.	1 - HRT will be ending at the close of 2023. These services are provided by a number of other organizations and CalOptima Health is designing a more effective way to use these team members' time. 2 - Support for pre-enforcement activities will discontinue with the disbanding of HRT. These services are also provided by other entities within Orange County. 3 - Street medicine services will launch on 4/1/2023 in Garden Grove. 4 - HHIP newly funded projects will launch 4/1/23.	

2022 Q1 Work Plan  
(4Q)

2022 Q1 Work Plan Element Description	Goals	Planned Activities	Target Date(s) for Completion	Staff Responsible	Report to Committee	LOB	Con't Monitoring from 2021	Results/Metrics: Assessments, Findings, and Monitoring of Previous Issues List any problems in reaching the goal or relevant data (i.e. state if goals were met or not met, include what caused the problem/issue)	Next Steps Interventions / Follow-up Actions State what will be done to meet the goal in 2023 (i.e. continue with plan as listed or modify the plan: add a specific new process, etc.)	Red - Did not Meet Goal Green - Met Goal
CalAIM	Improve Health & Access to care for enrolled members	1) Complete transition of all enrolled HHP members to CalAIM ECM Q1 2022 2) Complete transition of all enrolled WPC members to CalAIM ECM Q1 2022 3) Establish DHCS reporting process 4) Establish oversight strategy for the CalAIM program	Quarterly Report	Mia Arias Andrew Kilgust Danielle Cameron	QIC	MC	X	1 & 2. All HHP and WPC members were successfully transitioned to CalAIM ECM without an interruption in service. 3. A DHCS reporting process has been established; ITS leads the data collection and Care Management, LTSS and CalAIM teams review and attest to the data before DHCS submission. Monthly data improvement calls are hosted to ensure data captured is accurate and up-to-date. 4. An oversight strategy is in development.	The CalAIM team will focus on developing and launching the oversight strategy for the CalAIM program. Many lessons were learned during the first year of implementation and those lessons will inform the oversight strategy going forward. Much of this work will launch in 2023.	Green
Health Equity	Adapt Institute for Healthcare Improvement Health Equity Framework	1) Make health equity a strategic priority 2) Develop structure and process to support health equity work 3) Deploy specific strategies to address the multiple determinants of health on which health care organizations can have direct impact 4) Develop partnerships with community organizations to improve health and equity 5) Ensure COVID-19 vaccination and communication strategy incorporate health equity.	Quarterly Report	Katie Balderas	QIC	MC, OC, OCC	x	Focus for Q4 was on submitting the DHCS PHM Strategy Readiness Deliverables, which center health equity and will enhance member connection to SDOH. Received demo of closed-loop referral tools for social needs and began drafting scope of work for RFP. Reviewed evidence-based SDOH assessments to include in future member care coordination efforts.	Health Equity workgroup will reconvene in Q1 to determine objectives for 2023. This objective will be sunset in lieu of one focused on food security as a social determinant of health.	Green
DHCS Comprehensive Quality Strategy	Develop CalOptima quality strategy in alignment with the final DHCS comprehensive quality strategy.	1) Work with DHCS to define the final 2022 Comprehensive Quality Strategy. 2) Collaborate with Internal and external stakeholders in the development quality strategy	12/31/2022	Marsha Choo Katie Balderas	QIC	MC, OC, OCC		The Comprehensive Quality Strategy is being operationalized through the CalAIM Population Health Management (PHM) Strategy. PHM Readiness Deliverables submitted to DHCS in October 2022 and additional clarifications were submitted in December 2022 and approved shortly thereafter by DHCS.	Departments are currently updating policies and procedures in alignment with PHM Strategy. Organizationwide PHM Strategy Steering Committee will launch Q1 2023.	Green
Student Behavioral Health Incentive Program (SBHIP)	Achieve program implementation period deliverables	SBHIP is part of the Administration and State Legislature effort to prioritize behavioral health services for youth ages 0-25. The new program is intended to establish and strengthen partnerships and collaboration with school districts, county BH and CalOptima by developing infrastructure to improve access and increase the number of TK-12 grade students receiving preventative, early interventions and BH services.		Natalie Zavala Carmen Katsarov	QIC	MC		1) BHI completed and reviewed the SBHIP Assessment Components (stakeholder meeting attestation, data collection strategy, needs assessment, LEA/community resource map and LEA/external provider behavioral health referral process) submitted to DHCS 12/27 2) 4 Targeted interventions discussed and the selection of 4 agreed upon by BH, OCHA, and external partner (CHOC) 3) 4 Project Plans completed - one completed for each targeted intervention selected, submitted to DHCS 12/27 4) SBHIP presented during the Advisory Committee meeting - 12/8	1) DHCS will provide status and score for the submitted SBHIP assessment components, expected in April 2) BH will continue conducting project planning sessions to identify significant implementation needs for each targeted intervention 3) Conduct discussions with Contracting re the development of MOU, Contract, and scope of work templates 4) Continue regular meetings with OCHA, CHOC, and OCDE	Green

2022 Q1 Work Plan  
(4Q)

2022 Q1 Work Plan Element Description	Goals	Planned Activities	Target Date(s) for Completion	Staff Responsible	Report to Committee	LOB	Con't Monitoring from 2021	Results/Metrics: Assessments, Findings, and Monitoring of Previous Issues List any problems in reaching the goal or relevant data (i.e. state if goals were met or not met, include what caused the problem/issue)	Next Steps Interventions / Follow-up Actions State what will be done to meet the goal in 2023 (i.e. continue with plan as listed or modify the plan: add a specific new process, etc.)	Red - Did not Meet Goal Green - Met Goal
<b>II. QUALITY OF CLINICAL CARE- Adult Wellness</b>										
Cancer Screenings: Cervical Cancer Screening (CCS), Colorectal Cancer Screening (COL), Breast Cancer Screening (BCS)	HEDIS MY2021 Goal: CCS: MC 59.12% BCS: MC 61.24% OCC 69% OC 69% COL: OCC 71% OC 62% Based on HEDIS MY2020 NCQA Quality Compass Benchmarks, 50th percentile (released September 2021): CCS: MC 59.12% BCS: MC 53.93%	1) Transition to the Member Health Reward vendor to continue rewards established for CCS, BCS and COL programs. Track member health reward impact on HEDIS rates for cancer screening measures. 2) Targeted member engagement and outreach campaigns to promote cancer screenings in coordination with health network partners. 3) Expand member engagement strategy to include multi-modal approach as deemed most strategic via: texting, robocalls, social media, website, direct mailing, member newsletter, and other modes. 4) Community and Mobile Cancer Screening Events with community partners and agencies. eg. Mobile Mammography Events.	12/31/2022	Helen Syn	QIC	MC	X	1a. 2022 Member Health Rewards processed as of 12/31/22: BCS: 490 for MC 9 for OC and 23 for OCC; CCS: 695 for MC; COL: 5 for OC and 38 for OCC 1b. Transition from Member Health Reward vendor (Icario) to be done in-house. Reward process design in progress. 2. Targeted member engagement and outreach campaigns to identified zip codes for paid Social Media Campaigns. 3. Member Engagement Strategy: Social Media (Paid): BCS Digital Ad: BCS digital ad Print Ad: BCS print ad Radio Ad: CCS radio ad Television: PBS-Women's Cancer Screenings (BCS/CCS) 4. Community Events: Mobile Mammography: KCS event 26 CCN members completed 5. 2022 November Prospective Rates (PR): Breast Cancer Screening MC: 56.31%, OC: 63.94%, OCC: 63.69% Measure is performing higher for all LOBs than same time last year and below the 50th percentile (MPL). Cervical Cancer Screening MC: 53.05% Measure is performing lower than same time last year and is below the 50th percentile (MPL). Colorectal Cancer Screening OC: 49.00%, OCC: 54.98% Measure is performing lower than same time last year for OC and higher than same time last year for OCC and is currently below the 50th percentile.	1a. Continue to track BCS, CCS and COL member health reward. 1b. Transition to in-house member health reward process. 2. Targeted member engagement and outreach campaigns to identified zip codes. 3. Member Engagement Texting: CCS texting campaign scheduled Q1 IVR: BCS scheduled for Q1 Social Media: CCS, COL scheduled for Q1 Digital Ad: CCS scheduled for Q1 Print Ad: COL scheduled for Q1 Radio Ad: CCS scheduled for Q1 Television: PBS Women's Cancer Screening (BCS/CCS) scheduled Q1 Direct Mailing: CCS scheduled for Q1 Community Connections: CCS article scheduled for Q1 Member Newsletter: CCS, BCS, COL article scheduled for Spring and Summer issue 4. Community Events: Ongoing mobile mammography events 5. Pending further details from CalOptima Health Comprehensive Cancer Screening Program for 2023.	Red
COVID-19 Vaccination and Communication Strategy	Vaccine rate of 80% or more of CalOptima members (12 and over).	1) Efforts to support APL for COVID Vaccination from DHS. 2) Continue COVID Vaccination member health reward fulfillment process for all eligible age groups including Kaiser population and homeless population. 3) Implement the COVID QIP Interventions: Listed in Improvement Projects Section. 4) Continue Communication Strategy for COVID vaccine that address members based on zip codes, ethnicity, and pre-existing risk conditions.	12/31/2022	Helen Syn	QIC	MC	X	1) COVID texting campaigns continued in Q4. 2) COVID community vaccine events were held in partnership with OCHCA ongoing. A. Vaccine Events include: • 10/8/2022: 55 total health rewards 3) Vendor has processed a total of 1,049,633 incentives (cumulative) and total processed (including in-house processing) is 1,209,806 incentives (cumulative) as of 1/6/2023.	1) Texting campaigns continue. CalOptima Health's Board of Directors approved new incentive guidelines of providing up to 4 health rewards with end date for unvaccinated members. New texting messages will be finalized to include incentive eligibility. 2) COVID community vaccine events are planned by Community Relations. 3) Ongoing COVID messaging to go out in Member Newsletters and Provider publications about the importance of updated booster vaccinations and new approved health reward eligibility guidelines. Social Media, Targeted ad campaigns scheduled. 4) COVID vaccine incentive processing continues, CAIR2 registry data and logic improvements to assist with identification and more timely processing. 5) COVID VIP will end June 30, 2023 as was board approved, but incentive rewards will be distributed through the end of 2023.	Green
<b>III. QUALITY OF CLINICAL CARE- Behavioral Health</b>										
Follow-up After Hospitalization for Mental illness within 7 and 30 days of discharge (FUH)	HEDIS MY2021 Goal: FUH 30-Days: MC: NA; OC: NA; OCC: 48.40% (Quality Withhold measure) 7-Days: MC: NA; OC: NA; OCC: 27.07%	1) Conduct additional hospital visits to educate discharge planning staff on FUH requirements and address any questions or concerns. 2) Continue to conduct post discharge member outreach to ensure members are able to attend follow up appointment, and identify and address potential barriers. 3) Incorporate successful interventions identified by the BHI Incentive Program project to improve follow-up after hospitalization.	12/31/2022	Natalie Zavala	QIC	OCC	X	PR HEDIS Rates Q4 (November): 30 day- 40.48 %, 7 day-17.86%; BHI real-time report Q4 : 30 day- % , 7 day- % 1) Continued outreach to members post-discharge to coordinate follow-up appointments. 2) Continued weekly BHI clinical round meetings to discuss concurrent reviews and internal coordination of interventions. Barriers encountered: Decrease in initial admissions but increase in member Re-admissions. Members not attending follow-up appointments due to readmission; members declining assistance from PCC or IP facility in assisting member with creating OP BH appointment, and inability reaching members due to invalid phone numbers or answering and then hanging up.	1) Continue conducting post discharge outreach to members. 2) Continue tracking members and outreach for those who are not attending follow-up appointments within 7 days of discharge.	Green
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 MY2021 Goal: MC - Init Phase - 44.51% MC -Cont Phase - 55.96%	1) Continue the non-compliant providers letter activity. 2) Participate in educational events on importance of attending follow-up visits. 3) Continue member outreach to improve appointment scheduling by identifying and addressing potential barriers for not attending visits.	12/31/2022	Natalie Zavala	QIC	MC	X	PR HEDIS Rates Q4 (November): Initiation Phase- 42.66%, Continuation and Maintenance Phase- 48.47% 1) Continued monitoring of CORE report to track members who filled an initial ADHD Rx. This is a manual process, but addresses barrier of limited resources for developing a real-time report to track member follow-up visits for provider outreach to schedule visits. 2) Continued member outreach for those who filled initial ADHD Rx (script and workflow to track phone calls made to members). 3) Reviewing data for compliant and non-compliant providers. 4) Submitted article on Treatment for Children with ADHD to educate members on ADHD which will be included in the Medi-Cal Member newsletter Spring edition 2023. 5) Distributed non-compliant provider letters.	1) Continue member outreach for those members who filled an initial ADHD prescription. 2) Identify trends in compliant and non-compliant provider letters.	Green

**2022 QI Work Plan  
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Diabetes Screening for People with Schizophrenia or Bipolar Disorder (SSD) (Medicaid only)	HEDIS 2021 Goal: MC 73.69% OC (Medicaid only) OCC (Medicaid only)	1) Identify members in need of diabetes screening test. 2) Conduct outreach to prescribing provider 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.	12/31/2022	Natalie Zavala	QIC	MC, OC, OCC		PR HEDIS Rates Q4 (December): M/C: 72.71% OC: N/A, OCC: N/A 1) Identified members prescribed antipsychotic medication still in need of diabetes screening test through Tableau. 2) Conduct outreach to prescribing provider via phone, then 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). Barriers included: Receiving timely data, obtaining the correct contact information for the prescribing providers such as phone numbers, fax numbers, and providers no longer practicing. Other difficulties we have come to know is that some members with this diagnosis do not see their PCP regularly.	1) Continue tracking members in need of diabetes screening test. 2) Continue outreach to prescribing providers.	
Follow-Up After Emergency Department Visit for Mental Illness (FUM)	HEDIS Goal: MC 30-Day: 53.54%; 7-day: 38.55% OC (Medicaid only) OCC (Medicaid only)	1) Create and distribute provider and member educational materials on the importance of follow-up visits. 2) Collaborate with health networks to identify and address potential barriers.	12/31/2022	Natalie Zavala	QIC	MC		PR HEDIS Rates Q4 : 30 day- 25.07 %, 7 day- 14.58% Measure has been identified as a Health Network (HN) P4V. The main barrier is obtaining real-time data for ED visits in order to conduct interventions to assist in follow-up visit attendance. On 12/7/22, BHI attended CalOptima Health Quality Forum to present on FUM and discuss with HNs their experience, barriers, opportunities for improvement. HN's did express concern regarding lack of Health Information Exchange in a timely manner.	1) Finalize FUM Tableau report to identify trends. 2) Present FUM data at the next HN Quality meeting to discuss findings. 3) Obtain real-time data from vendor and develop process to alert or notify HN's of ED visit for mental illness.	
<b>IV. QUALITY OF CLINICAL CARE- Chronic Conditions</b>										
Improve HEDIS measures related to Comprehensive Diabetes Care (CDC): HbA1c Poor Control (this measure evaluates % of members with poor A1C control-lower rate is better)	MY2021 HEDIS Goals: MC: 34.06%; OC: 19% OCC: 19%	1) Transition to the Member Health Reward vendor to continue rewards established for A1c Testing. Implement new member health rewards targeting CCN members with diabetes with poor control. Track member health reward impact on HEDIS rates for CDC measures. 2) Targeted member engagement and outreach campaigns to promote CDC compliance in coordination with health network partners. 3) Expand member engagement strategy to include multi-modal approach as deemed most strategic via: texting, robocalls, social media, website, direct mailing, member newsletter, and other modes. 4) Prop 56 provider value based payments for diabetes care measures	12/31/2022	Helen Syn	QIC	MC,OC,OCC	X	1a) HbA1c Test Health Rewards: 454 Processed, 404 approved, 50 denied 1b) Transition from Member Health Reward vendor (Icario) to be done in-house. 2) Emerging Risk Health Coach Outreach: MC 460 members, 214 Assigned, 3 No Longer Eligible, 9 No Longer Emerging Risk, 0 Opt Out, 5 Unable to Contact OC 6 members, 3 Assigned, 0 No Longer Eligible. Emerging Risk Health Coach Outreach OCC 24 members, 13 Assigned, 0 Unable to Contact, 3 No Longer Emerging Risk, 1 No Longer Eligible. 3) Member Engagement Strategy: Texting: CDC texting campaign 2,444 Medi-Cal members identified IVR: Campaign: 3,108 successful, 686 left message, & 11,351 unreachable/no answer Social Media: Nov 2022-Jan 2023 ESV Total reach (the number of unique users the ad reached)=133,975 Impressions(the number of times an ad appears in all user feeds, can appear to same user more than once)= 297,851 4) Prop 56 provider value based payments for diabetes care measures.	1) Track and monitor until the end of member incentive year. Transition from Member Health Reward vendor to be done in-house. 2) Completed 3-year period on 12/31/2022. will end this initiative. 3) Texting: relaunch text campaign in 2023. IVR: relaunch IVR campaign in 2023. Social Media: continue campaign in 2023.	
Improve HEDIS measures related to Comprehensive Diabetes Care (CDC): Eye Exam	MY2020 HEDIS Goals: MC 63.2% OC: 71%; OCC: 79%	1) Transition to the Member Health Reward vendor to continue rewards established for Eye Exams. 2) Targeted member engagement and outreach campaigns to promote CDC compliance in coordination with health network partners. 3) Expand member engagement strategy to include multi-modal approach as deemed most strategic via: texting, robocalls, social media, website, direct mailing, member newsletter, and other modes. 4) Prop 56 provider value based payments for diabetes care measures	12/31/2022	Helen Syn	QIC	MC,OC,OCC	X	1a) Eye Exam 345 Processed, 305 approved, 40 denied 1b) Transition from Member Health Reward vendor (Icario) to be done in-house. 2) VSP Eye Exam Reminder Letters distributed on 11/15/2022 MC=7,688 OC=180 OCC=1,891 3) Member Engagement Strategy: Texting: CDC texting campaign 2,444 Medi-Cal members identified IVR: Campaign: 3,108 successful, 686 left message, & 11,351 unreachable/no answer Social Media: Nov 2022-Jan 2023 ESV Total reach (the number of unique users the ad reached)=133,975 Impressions(the number of times an ad appears in all user feeds, can appear to same user more than once)= 297,851 4) Prop 56 provider value based payments for diabetes care measures	1) Track and monitor until the end of member incentive year. Transition from Member Health Reward vendor to be done in-house. 2) Continue to have VSP send Eye Exam Reminder letters to our members monthly. 3) Texting: relaunch text campaign in 2023. IVR: relaunch IVR campaign in 2023. Social Media: continue campaign in 2023.	

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Implement multi-disciplinary approach to improving diabetes care for CHCN Members Pilot	1) Lower HbA1c to avoid complications; 2) reduce emergency department (ED) visits and hospitalizations /readmission rates; 3) improve member and provider satisfaction; and 4) optimize diabetes medication management.	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	12/31/2024	Nicki Ghazanfarpour Jocelyn Johnson Joanne Ku	QIC		X	1) The workgroup reviewed and finalized the workflow for the pilot program. 2) The workgroup continued working with ITS to build member stratification for the pilot program. 3) For provider engagement, in lieu of hosting a provider webinar, the workgroup discussed visiting the high volume PCP offices in-person in 2023 (once member stratification is completed) and seek their participation.	1) Finalize the member stratification list and PCP list by the end of January 2023 (dependent on ITS). 2) Finalize necessary documents/artifacts for the pilot program (e.g., scripts, one-page flyer, SharePoint scheduler, etc.). 3) Launch the pilot program by the end of Q1.	Green
<b>V. QUALITY OF CLINICAL CARE- Maternal Child Health</b>										
Prenatal and Postpartum Care Services (PPC): Timeliness of Prenatal Care and Postpartum Care (PHM Strategy).	HEDIS MY2021 Goal: Postpartum: 79.56% Prenatal: 90.75%  Based on HEDIS MY2020 NCQA Quality Compass Benchmarks (released September 2021)	1) Transition to the Member Health Reward vendor to continue rewards established for Postpartum care. 2) Expand member engagement strategy to include multi-modal approach as deemed most strategic via: texting, robocalls, social media, website, direct mailing, member newsletter, events, and other modes. 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) Prop 56 provider value based performance incentives for prenatal and postpartum care visits	12/31/2022	Ann Mino Helen Syn	QIC	MC	X	1) Member Health Reward of \$50 for Postpartum Care visit within 1-12 weeks after delivery is continuing. Total # of PPC health rewards approved October through December: 197. 2) Postpartum Mailing Initiative: Process for the first quality Initiative mailing is still being developed. Mailing projected to go out by end of Q1 2023. Mailing will target members that recently delivered (identified via and encourage timely postpartum care. 3) Bright Steps Program conducted initial outreach to 687 unique members. Total of 999 outreach attempts made to 635 postpartum members. 222 postpartum assessments completed. 4) Bright Steps Program received a total of 670 new Pregnancy Notification Reports and conducted outreach to engage members with the program. 5) Perinatal and Postpartum Bright Steps Program participated in 2 community events that combined resulted in outreach to 265 individuals. Collaborated with Gilbert High School in Anaheim (October 2022) to provide as part of teen pregnancy program to provide education and CalFresh + Resource event in Huntington Beach (November 2022). A combined total of 350 persons were outreached through these public events. 6) Prop 56 provider value based performance incentives for prenatal and postpartum care visits.  November 2022 Prospective Rates: Timeliness of Prenatal Care: 80.45%- Measure is performing higher than same time last year and has not met the 50th percentile. Postpartum Care: 69.43%- Measure is performing higher than same time last year and has not met the 50th percentile.	1) Continue to expand member engagement strategy to ensure multi-modal approach to include the following elements: text campaigns, IVR robocalls, social media, member mailings etc. 2) Exploring integration of the Medi-Cal Community Health Worker benefit can be implemented to support prenatal and postpartum care. 3) Continue to expand on provider engagement strategy to ensure PNR submission and increase Bright Steps Program Outreach.	Red
<b>VI. QUALITY OF CLINICAL CARE- Pediatric/Adolescent Wellness</b>										
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 MY2021 Goal CIS-Combo 10: 49.58% IMA-Combo 2: 50.61% W30-First 15 Months: 54.92% W30-15 to 30 Months: 74.42% WCV (Total): 53.83%  Based on HEDIS MY2020 NCQA Quality Compass Benchmarks (released September 2021)	1) Targeted member engagement and outreach campaigns in coordination with health network partners. 2) Expand member engagement strategy to include multi-modal approach as deemed most strategic via: texting, robocalls, social media, website, direct mailing, member newsletter, and other modes. 3) EPSDT DHCS promotional campaign emphasizing immunizations and well care EPSDT visits 4) Implement Community events to promote well-care visits and immunizations for children and adolescents; and track the number of participants and impact on rates. Examples: Back-to-School Immunization Clinics 5) Prop 56 provider value based payments for relevant child and adolescent measures	12/31/2022	Helen Syn	QIC	MC	X	1) Continue expanding member engagement strategy to include multi-modal approach as deemed most strategic via: texting, robocalls, social media, website, direct mailing, member newsletter, and other modes. - Health Guide 7-12 Newsletter mailing, delayed to Q1 2023 due to rebranding of newsletter - Well-Child 0-30 Months Text Message Campaigns (W30, CIS) in October: 1904 and November: 3969 members. - Well-Child 0-30 Months IVR Campaign (W30) in October: 274, and December: 4716 members. - Well-Care 12-17 Years IVR campaign (WCV 12-17) in October: 11686, and December 13854 members. - Well-Care 3-17 Years Text Message Campaigns (WCV 3-17) in October: 11577 and December: 10568 members. - In-House Live Call Campaign for LSC, CIS, W30 in October to 2391 members - In-House Live Call Campaign for W30-First 15 in November to 191 members. - In-House Live Call Campaign for W30-18-21 Years in November-December to 3540 members. - LSC, CIS, W30 in-house call campaign for year end push (noncompliant members), completed - PBS TV Ad Campaign - Well Care Visits in December. 2) Collaborate with health network partners to coordinate campaigns to improve HEDIS measures. Regular meetings with health network partners to share activities, help address concerns, and share best practices. 4) November 2022 Prospective Rates. Note 50th percentile benchmarks have been updated. New benchmarks became available 9/30/22. CIS Combo 10: 30.93%; has not met MPL. IMA Combo 2: 44.90%; met MPL. Rate is LOWER than last year and has met 66th percentile. W30 First 15 Months: 35.91%; have not met MPL (55.72%). First year with benchmarks to monitor PR. W30 15-30 Months: 66.75%; have not met MPL (65.83%). First year with benchmarks to monitor PR. WCV: 42.34%; have not met MPL (48.93%). First year with benchmarks to monitor PR.	1) Continue expanding member engagement strategy to include multi-modal approach as deemed most strategic via: texting, robocalls, social media, website, direct mailing, member newsletter, and other modes. - Health Guide 0-2, and 7-12 Newsletter mailing in Q1 2023 - Well-Child (0-30 Months) IVR, text message, and in-house live-call campaign - Well-Care (3-17 Years) IVR and text message campaign 2) Collaborate with health network partners to coordinate campaigns to improve HEDIS measures. Regular meetings with health network partners to share activities, help address concerns, and share best practices.	Red

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Blood Lead Screening (BLS) (LSC)	1) Comply with APL requirements as stated 2) Send quarterly reports to CalOptima contracted PCPs timely 3) HEDIS MY2021 Goal (3 Year Goal): Lead Screening 50th percentile 71.53%	1) Continue providing quarterly report to CalOptima contracted PCPs identifying children with gaps in blood lead screening recommended schedule. 2) Targeted member engagement and outreach campaigns to promote blood lead screenings in coordination with health network partners 3) Prop 56 provider value based payments for Blood Lead Screening	12/31/2022	Helen Syn	QIC	MC	X	1) Shared report in October 2022 to health networks with Q2 2022 data on members that have not been screened as recommended for blood lead screening. Launched HN attestation process for HN to attest to receiving report and additional lead operational and regulatory requirements. For CCN Providers, launched capability for attestation in December via Provider Portal. 2) Continuing member engagement strategy. Member text campaign launched on December 6 that reached 864 unique members; PBS TV campaign ad "Protect Your Child from Lead Poisoning" launched mid December; Live call campaign (In-House) to support closure of HEDIS gaps for LSC, CIS, W30 in October: 2391 members 3) Continued with provider education: conducted two blood lead CE/CME's in October; shared updates with health networks on matters related to blood lead (e.g., gap reports, HN attestation process, internal policy updates) via 1:1 quality meetings, Quality Forum, Health Network Quality Forum, CCN Virtual Meeting. 4) Updated internal policy GG.1717 to reflect HN and CCN provider requirements related to attestation requirements, documentation of blood lead refusals, etc. 5) LSC continued to be part of Pay for Value program.  November 2022 Prospective Rates Lead Screening in Children (in 2022, LSC became an MCAS measure that will have to meet the minimum performance level- MPL). MC: 59.95% Measure is performing higher than the same time last year. Measure has not met the 50th percentile (MPL).	1) Continue to share blood lead gap reports and DHCS blood lead supplemental data reports to HNs and CCN Providers. Enhance reports to include provider summary to support HNs and CCN providers with total untested members. 2) Continuing strategy to engage and update providers of blood lead testing requirements. 3) Continue expanding member engagement strategy to include multi-modal approach via: texting, robocalls, social media. PBS TV campaign expected to continue through Q1 2023. 4) Bright Steps Program, expansion of calls to include follow-up of child members at 6 and 11 months. This follow-up is in alignment with well-child visits. Calls will provide reminders to encourage well-child visits and provide education on lead and blood lead testing recommendations for child members.	Green
<b>VII. QUALITY OF SERVICE- Access</b>										
Improve Access: Reducing gaps in provider network	Reduce the rate of OON requests for these top 3 specialties by 10%	1) Actively recruit specialties with the most out-of-network (OON) requests for CCN (General Surgery, Ophthalmology and Orthopedic Surgery)	12/31/2022	Marsha Choo Jennifer Bamberg	MEMX	MC,OC,OCC	X	Q4, Provider Relations finalized the provider recruitment communication, including "No Thank You" letters, "Welcome letters" credentialing packets as required. All forms were reviewed by QI, Contracting and PDMS to ensure all provide data will be captures.	Creating packets on PDF fillable friendly forms	Green
Improve Access: Expanding Network of Providers Accepting New Patients	Increase the number of providers accepting new patients: PCPs from 60.3% to 65.3% Specialists from 56.7% to 61.7%	1) Targeted outreach campaign to open their panels 2) Business consideration to require providers to participate in all programs.	12/31/2022	Marsha Choo Jennifer Bamberg	MEMX	MC,OC,OCC		Q4, Provider Relations will continue to conduct provider directory validations and submit to PDMS for changes	Discussion around provider directory implementation and provider portal enhancement to include automation	Yellow
Improve Access: Timely Access (Appointment Availability)	Improve Timely Access compliance with Appointment Wait Times: Routine PCP from 76.2% to 80% MPL Urgent PCP from 68.4% to 73.4% Routine SPEC from 67.7% to 72.7% Urgent SPEC from 56.1% to 61.1%	1) Communication and corrective action to providers not meeting timely access standards 2) Communication and PDSAs to HNs not meeting timely access standards	12/31/2022	Marsha Choo Jennifer Bamberg	MEMX	MC,OC,OCC	X	1) Planned Activities -Implemented •Non-compliance tracker completed and 1,800+ non-compliance letters for appointment and telephone access mailed to providers via USPS at the end of December. This year's mailing included escalation letter which includes a CAP for providers who were identified as non-compliant for a measure for three consecutive years. Providers who recieved a warning letter which is a second year notice of non-compliance, were assigned to one HN for education and follow-up. In most cases, assignment was based on where most of the provider membership was held. 2) Planned Activities -Implemented •Timely Access PDSAs issued to HNs in January 2022, were officially closed in October and email notifications sent to networks. •Based on the 2021-22 Timely Access results, the HNs struggled meeting the 80% MPL for a high percentage of the Access standards and therefore, all HNs with the exception of KP were issued a CAP in late December via email.  Goal for Urgent Specialists-Met: Goal: 61.1%; 2021-22 Actual: 64%	Improving Timely Access Appointment Availability will continue to be monitored for 2023 with modifications to activities. 1) •Provider submissions to CAPs due at end of Jan. Will review and determine next steps. •Will review HNs feedback on provider outreach and education on non-compliance standards at end of Q1/early Q2. 2) HN submissions to CAPs due end of Jan. Will review and determine next steps.	Green

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2022 QI Work Plan Element Description	Goals	Planned Activities	Target Date(s) for Completion	Staff Responsible	Report to Committee	LOB	Con't Monitoring from 2021	Results/Metrics: Assessments, Findings, and Monitoring of Previous Issues List any problems in reaching the goal or relevant data (i.e. state if goals were met or not met, include what caused the problem/issue)	Next Steps Interventions / Follow-up Actions State what will be done to meet the goal in 2023 (i.e. continue with plan as listed or modify the plan: add a specific new process, etc.)	Red - Did not Meet Goal Green - Met Goal
Improve Access: Telephone Access	Reduce the rate of <b>No Live Contacts After 3 Attempts</b> from 29.9% to 26.9% (or 10% of the performance gap)	1) Improve provider data in FACETS (i.e. Provider Directory Attestations, DHCS Quarterly and Monthly Provider Data Audits) 2) Individual Provider Outreach and Education (Timely Access Survey)	12/31/2022	Marsha Choo Jennifer Bamberg	MEMX	MC,OC,OCC	X	1) Provider Relations conducted provider directory validations through calendar year with a total of 97% completion rate. All updates/changes were submitted to PDMS for data updates. 2) Non-compliance tracker completed and 1,800+ non-compliance letters for appointment and telephone access mailed to providers via USPS at the end of December. Assigned HN to outreach and provide education to those who received a warning "2nd" year letter.  No Live Contacts After 3 Attempts: 27.5% (not met)	1)Provider Relations will maintain process for directory validation and update customizing validation template on provider portal. Work request submitted to ITS and Provider Portal Workgroup. 2)Improving telephone access will continue to be monitored in 2023 with minor modifications to activities •Provider submissions to CAPs due at end of Jan. Will review and determine next steps. •Will review HNs feedback on provider outreach and education on non-compliance standards at end of Q1/early Q2.	Green
Improving Access: Subcontracted Network Certification	Certify all HNs for network adequacy	1) Mandatory Provider Types 2) Provider to Member Ratios 3) Time/Distance 4) Timely Access If 1-3 are not met, HN to identify a provider to fill the gap. If 4 not met, HN to be issued a PDSA.	7/31/2022	Marsha Choo Jennifer Bamberg	MEMX	MC		Network Adequacy Standards: Medi-Cal Plan Level: •Mandatory Provider Types: Met •Provider to Member Ratios: Met •Time/Distance Standards: Met  Medi-Cal HN Level: •Mandatory Provider Types: Met •Provider to Member Ratios: -PCPs: Met for all HNs -Specialists: Not Met (Arta, Monarch) •Time/Distance: Not Met  Medi-Cal Timely Access •Timely Access PDSAs (issued Jan-2022) were reviewed and closed out. Official email sent to networks October 27th. •HNs were provided a quarterly Subcontract Network Certification Summary report with their network adequacy performance for November. •Provided HN with DHCS Provider List to help close the providers gaps for time/distance and MPT standards.	Throughout the year, CalOptima consistently met Net-Adequacy standards at the Plan level.  Continue to monitor and notify HNs of areas of non-compliance.	Green
<b>VIII. SAFETY OF CLINICAL CARE</b>										
Plan All-Cause Readmissions (PCR)	HEDIS MY2021 Goal: MC - NA OC 8%; OCC 1.0 (O/E Ratio)	1) Update the existing CORE report(RR0012) to include Medical LOB, Members with First Follow-up Visit within 30 days Discharge (CA 1.11) 2) Improve PCP Visit Access 3) Continue to engage work group to address barriers, thereby achieving increased post hospitalization visits with PCP  Continue to discuss barriers with internal team to improve members having a follow up PCP visit at time of discharge. Currently developing a communication strategy to hospitals and members regarding the importance of having a post discharge visit with the members PCP.	12/31/2022	Kelly Giardina	QIC	MC, OC,OCC	X	1) The CORE report has been updated to include Medi-Cal LOB. 2) PCP Discharge letter was updated to include this language: "Please verify that this member is scheduled with your office for discharge follow up care." "CalOptima Health is dedicated to preventing re-admissions and request your assistance with facilitating the scheduling of this important appointment. We request this member be seen by his/her PCP within 1-3 days of discharge." The member unable to contact (UTC) letter has also been updated but is not programmed into the system yet. There was also a memo drafted by CM for the hospitals, and it was sent to the consultant for review. 3) Launched the pilot ED/Facility Rounds programs.	Continue meetings to discuss open items and data analysis to shift approach as needed.  Finalize the communication (provider memo) to hospitals based on the consultant's recommendation.	Green