## CalOptima Health

# NOTICE OF A
# REGULAR JOINT MEETING OF THE
# CALOPTIMA HEALTH BOARD OF DIRECTORS'
# MEMBER ADVISORY COMMITTEE AND
# PROVIDER ADVISORY COMMITTEE

### THURSDAY, APRIL 11, 2024

### 12:00 P.M.

### CALOPTIMA HEALTH
### 505 CITY PARKWAY WEST, SUITE 109
### ORANGE, CALIFORNIA 92868

### AGENDA

This agenda contains a brief description of each item to be considered. Except as provided by law, no action shall be taken on any item not appearing on the agenda. To speak on an item, complete a Public Comment Request Form(s) identifying the item(s) and submit to the Clerk. To speak on a matter not appearing on the agenda, but within the subject matter jurisdiction of the Board of Directors' Member Advisory and Provider Advisory Committees, you may do so during Public Comments. Public Comment Request Forms must be submitted prior to the beginning of the Approval of the Minutes portion of the agenda and/or the beginning of Public Comments. When addressing the Committee, it is requested that you state your name for the record. Address the Committee as a whole through the Chair. Comments to individual Committee Members or staff are not permitted. Speakers are limited to three (3) minutes per item.

In compliance with the Americans with Disabilities Act, those requiring accommodations for this meeting should notify the Clerk of the Board's Office at (714) 246-8806, at least 72 hours prior to the meeting.

The Board of Directors' Regular Member Advisory and Provider Advisory Committees joint meeting agenda and supporting materials are available for review at CalOptima Health, 505 City Parkway West, Orange, CA 92868, 8 a.m. – 5:00 p.m., Monday-Friday, and online at www.caloptima.org.

**Register to Participate via Zoom at:**
**https://us06web.zoom.us/webinar/register/WN_6547DcgpSLO66YFuZgIraQ and Join the Meeting.**

**Webinar ID: 818 2965 7899**

**Passcode: 701004 – Webinar instructions are provided below.**

Notice of a Regular Joint Meeting of the CalOptima Health
Board of Directors' Member Advisory Committee and
Provider Advisory Committee
April 11, 2024
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1. **CALL TO ORDER**
   *Pledge of Allegiance*

2. **ESTABLISH QUORUM**

3. **MINUTES**
   A. Approve Minutes from the February 8, 2024 Joint Meeting of the Member and Provider Advisory Committees

4. **PUBLIC COMMENT**
   *At this time, members of the public may address the Member and Provider Advisory Committees on matters not appearing on the agenda, but within the subject matter jurisdiction of the Member or Provider Advisory Committees. Speakers will be limited to three (3) minutes.*

5. **REPORTS**
   A. Consider Approval of Member Advisory and Provider Advisory Committees Joint Meeting Schedule

6. **INFORMATIONAL ITEMS**
   A. 2023 CalOptima Health Quality Improvement Evaluation and 2024 CalOptima Health Quality Improvement and Health Equity Transformation Program and Work Plan
   B. Grievance and Appeals CY2023 Review
   C. FY 2025-2027 Strategic Plan Discussion
   D. Committee Member Updates

7. **CEO and Management Reports**
   A. Chief Executive Officer Update
   B. Chief Medical Officer Update

8. **COMMITTEE MEMBER COMMENTS**

9. **ADJOURNMENT**

# Webinar Information

Please register for the Regular Member Advisory and Provider Advisory Committees Joint Meeting on Thursday, April 11, 2024 at 12:00 p.m. (PDT)

To **Register** in advance for this webinar:

**https://us06web.zoom.us/webinar/register/WN_6547DcgpSLO66YFuZgIraQ**
Join from a PC, Mac, iPad, iPhone or Android device

On day of meeting, please click this URL to join:
**https://us06web.zoom.us/s/81829657899?pwd=UzrsCy34dJgH1u0D8fgaZhmlJbabXM.1**

 Passcode: **701004**

+16694449171,,81829657899#,,,,*701004# US
+12532158782,,81829657899#,,,,*701004# US (Tacoma)

Or join by phone:
Dial(for higher quality, dial a number based on your current location):
US: +1 669 444 9171  or +1 253 215 8782  or +1 346 248 7799  or +1 719 359 4580  or +1 720 707 2699  or +1 253 205 0468  or +1 301 715 8592  or +1 305 224 1968  or +1 309 205 3325  or +1 312 626 6799  or +1 360 209 5623  or +1 386 347 5053  or +1 507 473 4847  or +1 564 217 2000  or +1 646 558 8656  or +1 646 931 3860  or +1 689 278 1000

Webinar ID: **818 2965 7899**

Passcode: **701004**

# MINUTES

## REGULAR JOINT MEETING OF THE
## CALOPTIMA HEALTH BOARD OF DIRECTORS'
## MEMBER ADVISORY COMMITTEE,
## AND PROVIDER ADVISORY COMMITTEE

## February 8, 2024

A Regular Joint Meeting of the CalOptima Health Board of Directors' Member Advisory Committee (MAC) and the Provider Advisory Committee (PAC) was held on Thursday, February 8, 2024 at the CalOptima offices located at 505 City Parkway West, Orange, California.

## CALL TO ORDER
PAC Chair Jena Jensen called the meeting to order at 12:05 p.m. and MAC Chair Christine Tolbert led the Pledge of Allegiance.

## ESTABLISH QUORUM

## Member Advisory Committee
| | |
|---|---|
| Members Present: | Christine Tolbert, Chair; Linda Adair; Meredith Chillemi; Josefina Diaz; Keiko Gamez (12:18 p.m.); Connie Gonzalez; Hai Hoang; Sara Lee (Remote); Lee Lombardo; Nicole Mastin; Iliana Soto-Welty; Alyssa Vandenberg |
| Members Absent: | Sandy Finestone |

## Provider Advisory Committee
| | |
|---|---|
| Members Present: | Jena Jensen, Chair; Junie Lazo-Pearson, Ph.D., Vice Chair; Tina Bloomer, WHNP (12:33 p.m.); Jennie Choi, L.Ac; Andrew Inglis, M.D.; Patty Mouton (12:22 p.m.); John Nishimoto, O.D.; Mary Pham, Pharm.D; Alex Rossel; Jacob Sweidan, M.D. (12:16 p.m.); Christy Ward (12:10 p.m.) PAC achieved quorum at 12:10 PM. |
| Members Absent: | Alpesh Amin, M.D.; Gio Corzo; Timothy Korber, M.D.; |
| Others Present: | Michael Hunn, Chief Executive Officer, Yunkyung Kim, Chief Operating Officer; Richard Pitts, D.O., Ph.D, Chief Medical Officer; Michael Gomez, Executive Director, Network Operations; Ladan Khamseh, Executive Director, Operations; Javier Sanchez, Executive Director, Medicare; Troy Szabo, Outside Legal Counsel; Sandra Galindo, Outside Legal Counsel; Sharon Dwiers, Clerk of the Board; Cheryl Simmons, Staff to the Advisory Committees |

Regular Meeting of the
CalOptima Health Board of Directors'
Joint Meeting of the Member Advisory Committee
and the Provider Advisory Committee
February 8, 2024
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## MINUTES

### Approve the Minutes of the December 14, 2023 Regular Joint Meeting of the CalOptima Health Board of Directors' Member Advisory and Provider Advisory Committees

> *MAC Action:* **On motion of Hai Hoang, seconded and carried, the Committee approved the minutes of the December 14, 2023 Regular Joint Meeting (Motion carried 11-0-0; Members Finestone and Gamez absent)**

> *PAC Action:* **On motion of Dr. Inglis, seconded and carried, the Committee approved the minutes of the December 14, 2023 Regular Joint Meeting (Motion carried 8-0-0; Members Alpesh Amin, M.D.; Timothy Korber, M.D.; Patty Mouton; Jacob Sweidan, M.D., absent)**

## PUBLIC COMMENTS
There were no public comments.

## REPORTS
### Consider Recommendation of Medi-Cal Beneficiaries or Authorized Family Member Representative for the Member Advisory Committee

The MAC members received information on an applicant for the open Medi-Cal Beneficiaries or Authorized Family Member to fulfill an existing term through 2025.

> *MAC Action:* **On motion of Hai Hoang and seconded the MAC approved the recommendation to appoint Margie Moore as a Medi-Cal Beneficiaries or Authorized Family Member. (Motion carried 10-0-0; Members Sandy Finestone; Keiko Gamez; absent)**

### Consider Recommendation for MAC Vice-Chair
With the appointment of Christine Tolbert as the MAC Chair that was left vacant with the appointment of Maura Byron to the CalOptima Health Board of Directors, it created an opening for a MAC Vice-Chair. MAC members were notified of the Vice-Chair opening and asked to submit letters of interest. Hai Hoang submitted a letter of interest for this seat.  There were no nominations from the floor.

> *MAC Action:* **On motion of Lee Lombardo and seconded the MAC approved the recommendation of appointing Hai Hoang as the Vice-Chair. (Motion carried 10-0-1; Member Sandy Finestone; absent)**

Regular Meeting of the
CalOptima Health Board of Directors'
Joint Meeting of the Member Advisory Committee
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## INFORMATION ITEMS

### Orange County Health Care Community Assistance Recovery and Empowerment (CARES) Act.

Annette Mugrditchian, Orange County Health Care Agency and Sara Nakada, Orange County Public Defender's Office presented on the Orange County Health Care Community Assistance Recovery and Empowerment (CARES) Act. They discussed how the CARES Act was implemented in Orange County on October 1, 2023 and services adults, 18 years or older diagnosed with untreated schizophrenia spectrum or other psychotic disorders. CARES also provides behavioral health and other essential resources and services and also ensure that they protect self-determination and civil liberties by providing legal counsel and promoting supported decision making.

### Brown Act Review

Troy Szabo and Sandra Galindo of Kennaday Leavitt presented a Brown Act Refresher to the committees and explained why the Ralph M. Brown Act was established and discussed various conflicts of interest as it pertains to the Brown Act and the MAC and the PAC.

### School Based Behavioral Health Update

Carmen Katsarov, Executive Director, Behavioral Health presented an update on Student Behavioral Health Incentive Program (SBHIP) and noted that the program intends to address behavioral health access barriers for Medi-Cal students through targeted interventions to increase access to preventative, early intervention and behavioral health services by school-affiliated behavioral health providers for Medi-Cal transitional kindergarten through 12th grade students. She noted that the anticipation of these behavioral health infrastructure investments will ultimately benefit all students, including Medi-Cal and non-Medi-Cal beneficiaries. Ms. Katsarov also discussed how CalOptima will continue their collaboration with the SBHIP partners through December 2024.

### Committee Member Updates

The MAC was notified that Member Connie Gonzalez would be retiring from the Orange County Social Services Agency. Ms. Gonzalez was asked to return to a future meeting to be honored for her service on MAC.

### ADJOURNMENT

There being no further business before the Committees, PAC Chair Jena Jensen adjourned the meeting at 2:01 p.m.

 */s/ Cheryl Simmons*
Cheryl Simmons
Staff to the Advisory Committees

**Approved by MAC and PAC: April 11, 2024**

CalOptima Health

# Member Advisory Committee
# Provider Advisory Committee

# FY 2024-25 Joint Meeting Schedule

**August 2024**
Thursday, August 8, 2024
12:00 p.m.
Room 109

**October 2024**
Thursday, October 10, 2024
12:00 p.m.
Room 109

**December 2024**
Thursday, December 12, 2024
12:00 p.m.
Room 109

**February 2025**
Thursday, February 13, 2025
12:00 p.m.
Room 109

**April 2025**
Thursday, April 10, 2025
12:00 p.m.
Room 109

**June 2025**
Thursday, June 12, 2025
12:00 p.m.
Room 109

**Regular Meeting Location and Time**
CalOptima
505 City Parkway West
Orange, CA 92868

All meetings are open to the public and available via Zoom. Interested parties are encouraged to attend.

Approved: April 11, 2024

# 2023 Quality Improvement Program Evaluation, 2024 Quality Improvement and Health Equity Transformation Program and Work Plan

Joint Meeting of the Member and Provider Advisory Committees

April 11, 2024

Linda Lee, Executive Director, Quality Improvement

CalOptima Health, A Public Agency

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

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

# 2023 Quality Improvement (QI) Program Evaluation

Board of Directors Quality Assurance Committee

March 13, 2024

Linda Lee, Executive Director, Quality Improvement

# Quality Improvement (QI) Evaluation

o Annually, CalOptima Health evaluates the effectiveness of the QI Program:

- Achievements from the previous year

- Program structure

- Responsibility and success of QI initiatives

- Identification of new initiatives

# QI Evaluation: 2023 QI Program Achievements

- **September 2023:** For the ninth year in a row, our Medi-Cal plan was among the top plans in California, according to the NCQA's[1] Medicaid Health Plan Ratings 2023.
  - CalOptima Health earned 4 stars out of 5 stars.
- **November 2023:** Two community-based organizations honored CalOptima Health's work serving vulnerable populations.
  - Community Action Partnership of Orange County presented CalOptima Health with its Community Hero Award for our work on housing and food security.
  - The Eli Home presented its Humanitarian Award for our contribution to serving abused and unhoused children and families.

NCQA[1] - National Committee for Quality Assurance

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# QI Evaluation: 2023 QI Program Achievements Cont.

- **December 2023:** CalOptima Health was honored twice by the Orange County Business Council's Turning Red Tape Into Red Carpet Awards.
  - We received a nomination for Public-Private Partnership with Chrysalis on a workforce development program.
  - CEO Michael Hunn was nominated for Leadership in Public Service.
- Throughout the year, our executives were honored for their successful leadership at CalOptima Health.
  - Richard Pitts, D.O., Ph.D., Chief Medical Officer, was named a Health Care Hero by the Community Health Initiative of Orange County.
  - Kelly Bruno-Nelson, Executive Director, Medi-Cal/CalAIM, was honored by the Los Angeles Times as an OC Visionary and for the OC Inspirational Women Awards.
  - Carmen Katsarov, Executive Director, Behavioral Health Integration, was appointed to Gov. Gavin Newsom's Behavioral Health Task Force.

# QI Evaluation: Review of 2023 Priority Goals

| Priority Goals | Accomplishments |
|---|---|
| 1. Develop CalOptima Health's Health Equity Framework | • CalOptima Health developed a Health Equity Framework that begins with assessing organizational readiness and includes several milestones to implement interventions, plan activities, and track progress. |
| 2. Improve quality of care and member experience by attaining an NCQA[1] Health Plan Rating of 5.0, and at least a Four-Star Rating for Medicare. | • Received a rating of 4 out of 5 in the NCQA's[1] Medicaid Health Plan Ratings in 2023 (9th year in a row) <br> • Received a 3.0 Star Overall Rating for Medicare (OneCare) |

NCQA[1] - National Committee for Quality Assurance

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# QI Evaluation: Review of 2023 Priority Goals

| Priority Goals | Accomplishments |
|---|---|
| 3. Engage providers through the provision of Pay for Value (P4V) programs for Medi-Cal, OneCare, and Hospital Quality. | • Pay for Value:<br>   • Generated monthly Prospective Rate reports for Health Networks (HNs) and CalOptima Health Community Network (CCN) Clinics<br>   • Shared Health Network Report Cards with HNs<br>   • Issued payment checks in Q4 2023<br>   • Adopted the Integrated Healthcare Association (IHA) pay for performance methodology (aligns with DHCS[1] MCAS[2] for Medi-Cal and CMS[3] Star measures for OneCare).<br>• Hospital Quality Program<br>   • Developed and distributed to each contracted hospital baseline scorecards indicating hospital performance for MY 2022. |

DHCS[1] – Department of Health Care Services
MCAS[2] – Managed Care Accountability Sets
CMS[3] – Centers for Medicare and Medicaid

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# 2023 QI Evaluation Highlights: Program Structure and Oversight

- The QIHEC met 12 times in 2023
  - Six subcommittees met at least quarterly in 2023
- Integrated health equity and population health management
  - Changed from Quality Improve Committee to Quality Improvement Health Equity Committee (QIHEC)
  - Change from Quality Improvement Program to Quality Improvement and Health Equity Transformation Program (QIHETP)
  - Hired a new Chief Health Equity Officer (CHEO), who co-chairs the QIHEC
  - Created a new subcommittee, the Population Health Management Committee, to oversee and guide the Population Health Management (PHM) Strategy activities and PHM Workplan.
- Expansion to 15 Medical Directors to support a Medical Model
- Care Management System Transition from Guiding Care to Jiva

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# 2023 QI Evaluation Highlights: Program Initiatives

○ COVID-19 Vaccination Incentive Program (VIP) met goal with a 70.28% vaccination rate for members 18 years of age or older (Goal = 70%)

○ Through the Student Behavioral Health Incentive Program (SBHIIP), CalOptima Health has built strong partnerships with Orange County Department of Education (OCDE) Leadership from 29 school districts to increase BH screenings and referrals and provider better care for our members.

○ Launched an Enhanced Care Management (ECM) Academy to add new ECM providers and implemented a Street Medicine Program as part of CalAIM.

# 2023 QI Evaluation Highlights: Performance Outcomes

- Medi-Cal
  - CalOptima Health met 14 of the 15 MCAS[1] measures held to the MPL[2]
  - Lead Screening in Children (LSC) is a new measure for MPL and did not meet the MPL
- OneCare
  - 9 of the 13 Star measures achieved a 3.0 Star or higher rating
  - The following measures reported a 2.0 Star rating
    - Transitions of Care
    - Follow-up After Emergency Visit for People with Multiple High Risk Chronic Conditions
    - Statin Therapy for Patients with Cardiovascular Disease
    - Annual Flu Vaccinations

MCAS[1] – Medi-Cal Managed Care Accountability Set; goal is 50th percentile
MPL[2] – Minimum Performance Level

# 2023 QI Evaluation Highlights: Member Experience

- Member Experience (CAHPS[1]) Surveys were fielded at both the plan and network level in 2023
  - NCQA[2] Health Plan Rating for Patient Experience at 2-Stars (Medi-Cal)
  - CMS[3] Star Rating (OneCare)
    - Rating of Health Plan at 2-Stars
    - Rating of Health Care Quality 3-Stars (from a 1-Star)
- CalOptima Health submitted all deliverables to DHCS for Annual Network Certification (ANC) and Subcontracted Network Certification (SNC).
  - Met all network certification requirements for ANC.
  - Area of focus: Timely Access (appointment availability) and network adequacy at the health network level.

CAHPS[1] - Consumer Assessment of Healthcare Providers and Systems
NCQA[2] - National Committee for Quality Assurance
CMS[3] – Centers for Medicare and Medicaid

# 2023 QI Evaluation Highlights: Patient Safety

- Launched a Transitions of Care (TCS) Program
  - TCS Case Management staff outreach to TCS High Risk members to ensure member needs are met post-hospitalization
  - Focus to reduce plan all cause readmissions (PCR)
    - Follow-up visit with PCP within 30-days after hospital discharge for:
      - Medication review
      - Resolution of discharge summary follow-up items.
  - TCS Program met goal (Q3 2023) with a PCR of 18.39% (Goal – 25%; lower is better)

# 2023 QI Evaluation: Recommendations for 2024

○ Collaborate with external stakeholders and partners in comprehensive assessments of members.

○ Enhance member and provider data collection to ensure the practitioner network can meet cultural and linguistic needs of our members.

○ Incorporate feedback provided by members and network providers in the design, planning, and implementation of its continuous quality improvement (CQI) activities, focusing on access to care.

○ Incorporate social determinants of health (SDOH) factors and analysis of health disparities in the strategic plan for targeted quality initiatives and population health programs.

○ 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.

# 2024 Quality Improvement and Health Equity Transformation Program (QIHETP) Description

Board of Directors Quality Assurance Committee

March 13, 2024

Linda Lee, Executive Director, Quality Improvement

CalOptima Health

# 2024 Quality Improvement and Health Equity Transformation Program (QIHETP) Process

○ Based upon the evaluation of the previous year, the QIHETP is revised and updated for the following year.

○ The QIHETP provides a formal process to systematically monitor and objectively evaluate, track, and trend quality, efficiency, and effectiveness.

○ The QIHE Annual Workplan provides the detail of how CalOptima will design, implement and measure the initiatives outlined in the QIHETP.

# 2024 QIHETP Description

○ QIHETP describes the following:

- Program Structure
- Scope of services for each line of business
- Provider network and partners
- Quality and safety of clinical care, and organizational services provided to our members
- QIHE Annual Workplan (Appendix)
- Population Health Management Strategy (Appendix)
- Pay for Value (P4V) Program (Appendix)

# 2024 QIHETP Description(cont.)

○ The QIHETP aligns with:

    ■ CalOptima Health's five Strategic Priorities and Objectives:

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

    ■ The priorities of our state and federal regulators:

- Center for Medicare and Medicaid Services (CMS) National Quality Strategy
- Department of Health Care Services (DHCS) Comprehensive Quality Strategy (CQS)

    ■ CalOptima Health's Health Equity Framework

# 2024 QIHETP Description:
# 2024 QIHETP Priority Areas and Goals

| Priority Area | Goals |
| --- | --- |
| Maternal Health | o Close racial/ethnic disparities in well-child visits and immunizations by 50%<br>o Close maternity care disparity for Black and Native American persons by 50% |
| Children's Preventive Care | o Exceed the 50th percentile for all children's preventive care measures |
| Behavioral Health Care | o Improve maternal and adolescent depression screening by 50%<br>o Improve follow-up for mental health substance disorder by 50% |
| Program Goals | o Medi-Cal: Exceed the minimum performance levels (MPLs) for the Medi-Cal Accountability Set (MCAS)<br>o OneCare: Attain a Four-Star Rating for Medicare |

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# 2024 QIHETP Description and Revision Highlights

○ Incorporated a health equity focus into the QI Program, now named Quality Improvement and Health Equity Transformation Program (QIHETP)

○ Updated the priority areas and goals

○ Updated sections in the QIHETP to reflect current operational processes and workflows

  ▪ NCQA Accreditation

  ▪ Grievance and Appeals

  ▪ Encounter Data Review

# 2024 QIHETP Description and Revision Highlights

○ Updated the QIHE Program Staffing and Resources to reflect current organizational structure

- Added a Chief Health Equity Officer
- Added Medical Directors to support a Medical Model
- Added Director, Medicare Stars and Quality Initiatives
- Added Director, Medicare Programs

○ Updated the QIHE Committee Structure

- Added the Population Health Management Committee

○ Removed programs that were concluded in 2023

○ Updated sections in the QIHETP to reflect current operational processes and workflows

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# 2024 Annual Work Plan Focus Areas

- ○ Preventive measures and screenings identified in the DHCS Quality Strategy (Bold Goals)

- ○ Social Determinants of Health (SDoH) factors and analysis of health disparities in the strategic plan for targeted quality initiatives and population health programs.

- ○ Quality initiatives to improve member experience, focused on increasing member access to care.

# 2024 QI Annual Work Plan Revisions: Program Structure and Oversight

| Change | Programs |
|--------|----------|
| Revised | o Incorporated health equity into the Quality Improvement (QI) Program; now called Quality Improvement and Health Equity Transformation Program (QIHEC)<br>o Utilization Management Program Description changed to Utilization Management Case Management Program Description |
| Added | o Cultural and Linguistic Program and Workplan<br>o Population Health Management Committee<br>o Care Management Program<br>o Delegation Oversight<br>o Disease Management Program<br>o Health Education<br>o Long-Term Support Services (LTSS) |
| Removed | o CalAIM – Monitored under Utilization Management Committee (UMC) |

# 2024 QI Annual Work Plan Revisions : Quality of Clinical Care

| Change | Programs |
|---|---|
| Added | o Coordination of Care: Member movement across settings and between practitioners<br>o Facility Site Reviews (FSRs) include Medical Record Reviews (MRRs) and Physical Accessibility Reviews (PARs)<br>o Continuity and Coordination of Care Between Medical Care and Behavioral Health Provider Credentialing<br>o Metabolic Monitoring for Children and Adolescents on Antipsychotics (APM)<br>o Encounter Data Review |
| Removed | o COVID-19 Vaccination and Communication Strategy – Program Ended<br>o Implement multi-disciplinary approach to improving diabetes care for CCN Latino Members Pilot - Program Ended<br>o Depression Remission or Response/Screening and Follow-up for Adolescents and Adults |

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# 2024 QI Annual Work Plan Revisions : Quality of Service and Safety of Clinical Care

| Change | Programs |
|--------|----------|
| Revised | o  Transitional Care Services (TCS) goal revised |
| Added | o  Grievances and Appeals Resolution Services<br>o  Annual Network Certification (ANC)<br>o  Subcontracted Network Certification (SNC)<br>o  Cultural and Linguistic and Language Accessibility |
| Removed | o  Provider Data Improvement – monitored until SNC<br>o  STARS Measures Improvement – monitored under Quality Performance<br>o  Reporting Communicable Diseases – On-going provider education |
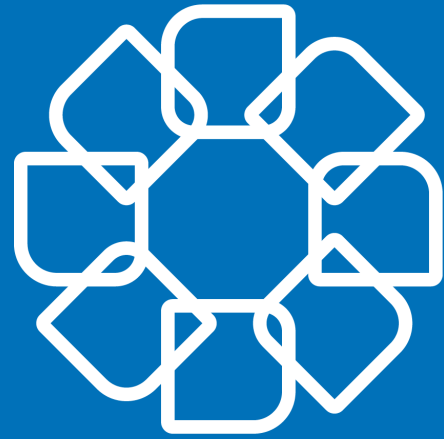
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# Questions

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![CalOptima Health logo]

# Grievance and Appeals CY2023 Review

Member and Provider Trend Reports

## Our Mission

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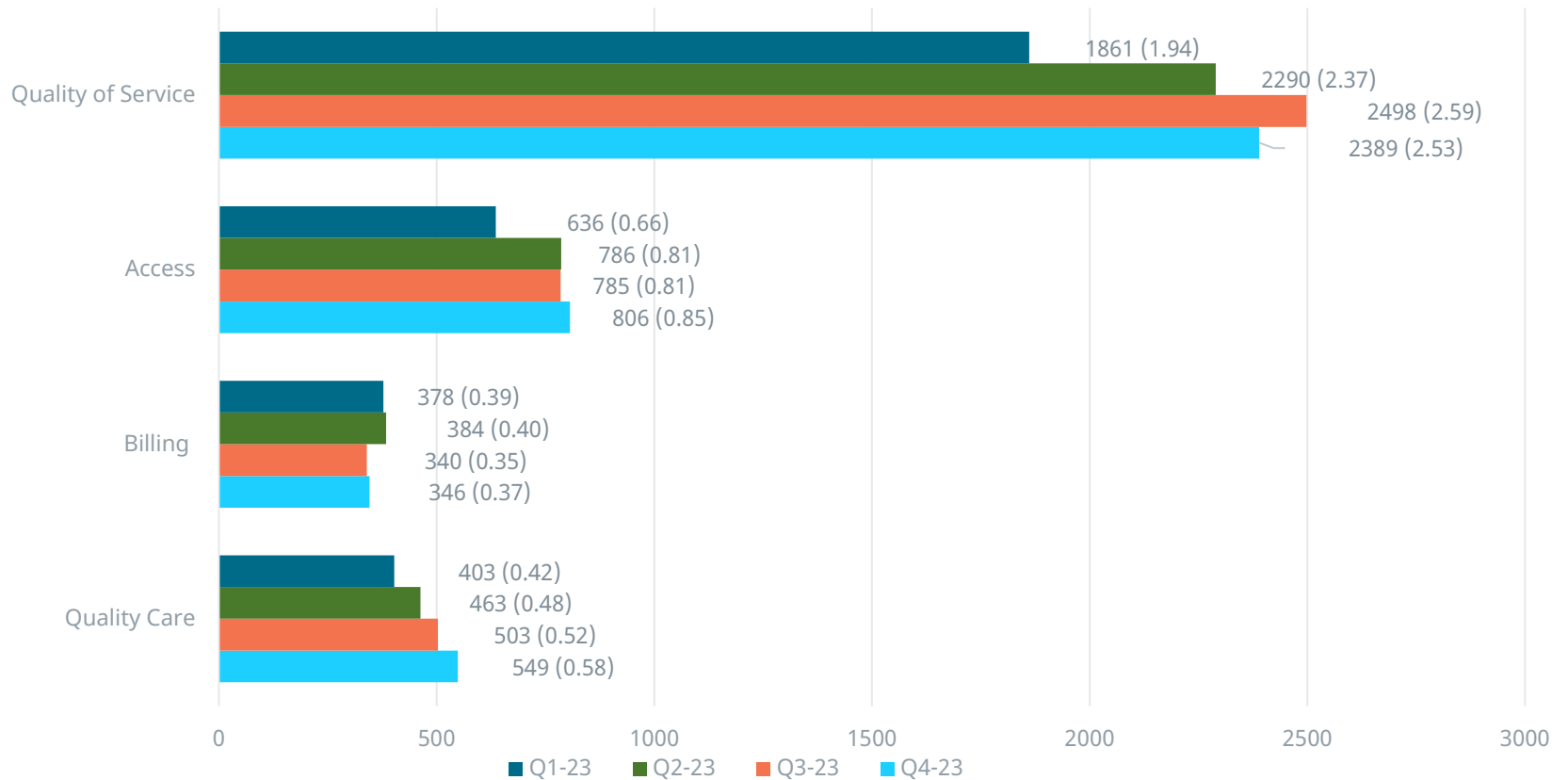
## Our Vision

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

# DEFINITIONS

- **Grievance**: An expression of dissatisfaction of any matter other than an adverse benefit determination. Grievances may include, but are not limited to, the quality of care or services provided, aspects of interpersonal relationships such as rudeness of a provider or employee, and the member's right to dispute an extension of time proposed by CalOptima Health to make an authorization decision.

- **Appeal**: A request to review an adverse benefit determination. An appeal may involve the delay, modification, or denial of services based on medical necessity or a determination that the requested service is not a covered benefit.

# MEDI-CAL MEMBER GRIEVANCES BY CATEGORY
## Per Rate Per 1000 MM



**Quality of Service**
- 1861 (1.94)
- 2290 (2.37)
- 2498 (2.59)
- 2389 (2.53)

**Access**
- 636 (0.66)
- 786 (0.81)
- 785 (0.81)
- 806 (0.85)

**Billing**
- 378 (0.39)
- 384 (0.40)
- 340 (0.35)
- 346 (0.37)

**Quality Care**
- 403 (0.42)
- 463 (0.48)
- 503 (0.52)
- 549 (0.58)

Legend: ■ Q1-23  ■ Q2-23  ■ Q3-23  ■ Q4-23

Quality of Service: Transportation (526), Provider Services (261)
Access: Appointment and Availability, Telephone Accessibility (124),
Billing: Member Billing Issue – HN (150) Member Billing Issue – COD (94),
Quality of Care: Question Treatment (209), Delay in Treatment (200),

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# MEDI-CAL MEMBER GRIEVANCES

| Health Network | Billing & Financial 10% | | | | Quality of Care 12% | | | | Attitude/ Quality Service 58% | | | | Access 20% | | | | YTD Total | YTD Rate per 1000/ per MM |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | Q1 | Q2 | Q3 | Q4 | Q1 | Q2 | Q3 | Q4 | Q1 | Q2 | Q3 | Q4 | Q1 | Q2 | Q3 | Q4 | | |
| AltaMed | 11 | 11 | 6 | 5 | 26 | 30 | 38 | 44 | 64 | 77 | 98 | 81 | 27 | 30 | 33 | 32 | 613 | 0.76 |
| AMVI | 3 | 4 | 4 | 6 | 4 | 10 | 11 | 6 | 6 | 15 | 16 | 11 | 7 | 3 | 5 | 8 | 119 | 0.35 |
| Arta | 9 | 12 | 8 | 9 | 20 | 16 | 16 | 23 | 68 | 86 | 64 | 70 | 25 | 39 | 41 | 41 | 547 | 0.73 |
| CHA | 18 | 20 | 17 | 17 | 29 | 31 | 28 | 27 | 58 | 72 | 58 | 59 | 28 | 30 | 40 | 27 | 559 | 0.29 |
| Family Choice | 5 | 5 | 4 | 6 | 10 | 13 | 16 | 14 | 30 | 30 | 32 | 28 | 7 | 12 | 13 | 12 | 237 | 0.42 |
| Heritage | 2 | 1 | 7 | 2 | 5 | 6 | 4 | 14 | 24 | 20 | 21 | 15 | 6 | 9 | 8 | 12 | 156 | 1.45 |
| Kaiser | 114 | 114 | 77 | 74 | 21 | 30 | 16 | 25 | 341 | 390 | 355 | 298 | 67 | 98 | 56 | 74 | 2150 | 3.03 |
| Monarch | 71 | 64 | 59 | 61 | 70 | 71 | 103 | 71 | 283 | 292 | 282 | 228 | 134 | 152 | 122 | 107 | 2170 | 1.71 |
| Noble | 1 | 1 | 3 | 5 | 4 | 5 | 9 | 8 | 20 | 21 | 24 | 31 | 8 | 8 | 8 | 10 | 166 | 0.64 |
| Prospect | 10 | 7 | 7 | 18 | 17 | 17 | 20 | 25 | 44 | 52 | 90 | 52 | 27 | 23 | 33 | 30 | 472 | 0.92 |
| Talbert | 15 | 8 | 4 | 5 | 15 | 18 | 17 | 17 | 47 | 45 | 77 | 54 | 18 | 26 | 33 | 34 | 433 | 1.15 |
| UCMG | 8 | 11 | 2 | 8 | 6 | 8 | 6 | 19 | 34 | 33 | 44 | 40 | 17 | 17 | 35 | 28 | 316 | 0.60 |
| CCN | 69 | 56 | 82 | 75 | 141 | 150 | 152 | 191 | 470 | 562 | 613 | 726 | 196 | 271 | 302 | 321 | 4377 | 2.66 |
| COD | 33 | 47 | 49 | 38 | 15 | 25 | 17 | 10 | 109 | 135 | 144 | 90 | 30 | 25 | 19 | 30 | 816 | 0.53 |
| **Plan Provided Service** | | | | | | | | | | | | | | | | | | |
| Vision Services | 0 | 4 | 2 | 1 | 0 | 3 | 1 | 2 | 0 | 17 | 13 | 14 | 0 | 4 | 5 | 2 | 68 | 0.01 |
| Behavioral Health | 9 | 16 | 9 | 13 | 17 | 24 | 21 | 20 | 46 | 45 | 43 | 65 | 38 | 33 | 30 | 37 | 466 | 0.04 |
| NMT Transportation | 0 | 0 | 1 | 3 | 3 | 6 | 28 | 33 | 217 | 316 | 522 | 527 | 1 | 0 | 2 | 1 | 1660 | 0.15 |
| **Grand Total** | 378 | 384 | 341 | **346** | 403 | 463 | 503 | **549** | 1861 | 2290 | 2497 | **2389** | 636 | 786 | 785 | **806** | **15417** | **1.81** |

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# GRIEVANCE AND APPEALS RESOLUTION SERVICES TRENDS AND ACTIONS TAKEN CY2023

Trends and Actions Taken (Medi-Cal)

- Medi-Cal Grievances for CY2023 were received at a rate of 1.81 per 1000/member months

- Highest Trending Health Networks – Kaiser, CCN and Monarch

  1. **Quality of Service (QOS)** consistently trended high throughout CY2023

     Contributing Factors:

     – Non-Medical Transportation (NMT) Timely Access –  via MTM

- Actions taken throughout the year to address the **QOS** issues:

  – Development of a dedicated GARS specific team to address the transportation related service complaints. This team worked with MTM weekly to resolve issues and daily when necessary.

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# TRENDS AND ACTIONS TAKEN (MEDI-CAL) Contd.

2.  **Access** issues consistently trended higher throughout CY2023

    Contributing Factors:
    - Appointment Availability
    - Telephone Accessibility
    - Non-Medical Transportation (NMT) Timely Access –  via MTM

- Actions taken throughout the year to address the **Access** issues:
    - Partnered with Provider Relations to identify trending specialties for increased recruitment in those areas
    - Notifications to impacted Health Networks
    - Report excessive wait times for remediation to appropriate departments/HN
    - Reviewing assignment to FQHC's for capacity
    - Reporting trending providers to Provider Relations for education

# TRENDS AND ACTIONS TAKEN (MEDI-CAL) Contd.

**3. Quality of Care (QOC)** consistently trended higher throughout CY2023

Contributing Factors:

- Delays in treatment

  - Due to transportation no shows or late pick ups
  - Delays in obtaining test results
  - Delays in submitting authorizations

- Questions in treatment/diagnosis

- Trending Health Networks – CCN and Monarch

- Actions taken throughout the year to address the **QOC** Issues:

  - Referrals to Quality Improvement (QI) team to review as a Potential Quality Improvement (PQI) case

  - Collaborating with QI to obtain additional records/responses that may be needed

  - Notifications to contributing Health Networks

  - Reporting trending providers to Provider Relations for education as appropriate

  - Review and selection of new Transportation vendor as of 4/1/2024

# ONECARE MEMBER GRIEVANCES BY CATEGORY
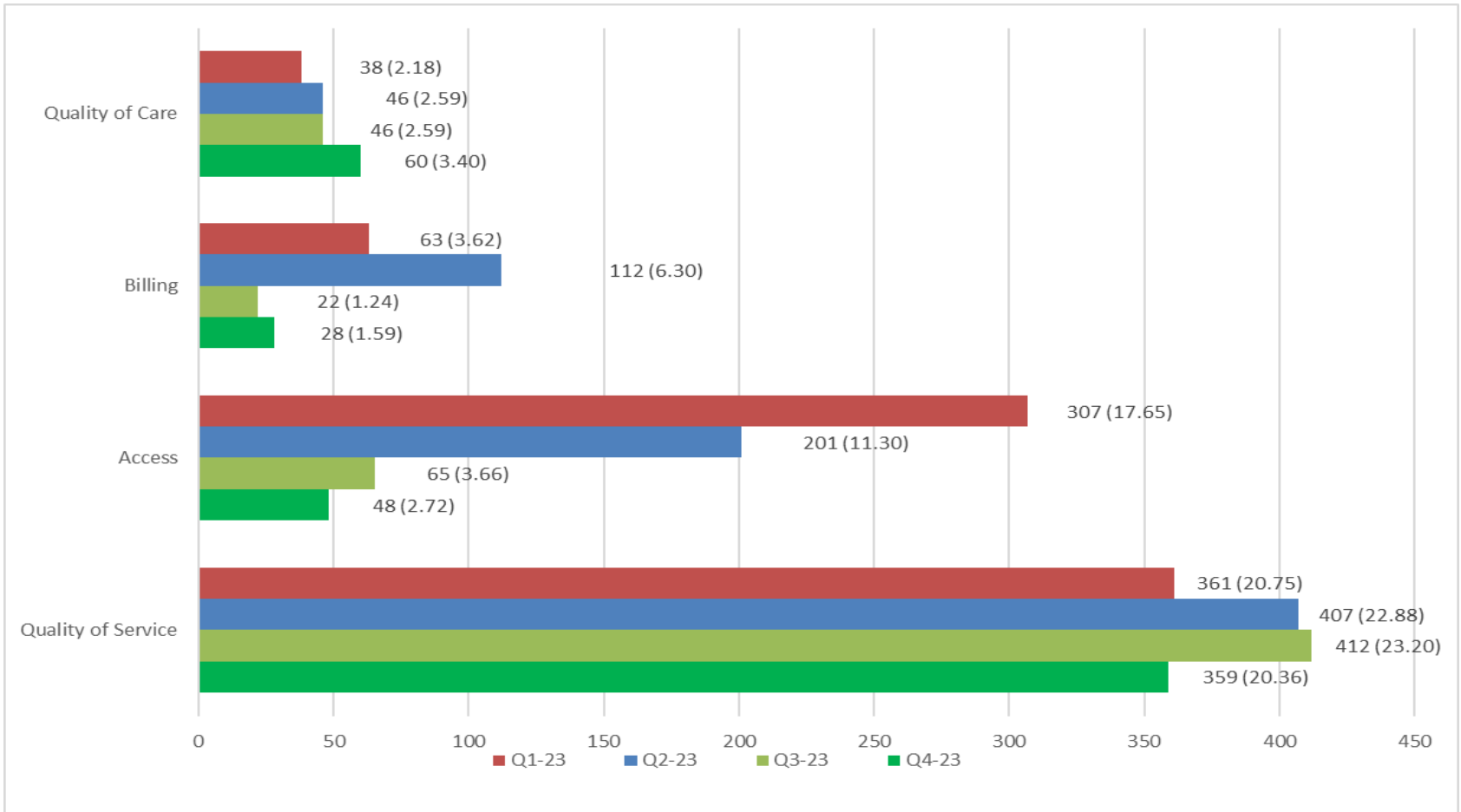


**Top Reasons by Category**
Quality of Care: Question Treatment (18), Delay in Treatment (13)
Billing: Member Billing COD (13), Member Billing HN (9)
Access: Referral related (22), Telephone Accessibility (13)
Quality of Service: Transportation (212), Provider Services (54)

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# ONECARE MEMBER GRIEVANCES

| Health Network | Billing/ Financial 9% | | | | Quality of Care 6% | | | | Attitude/ Quality Service 57% | | | | Access 28% | | | | CY Total | Rate per 1000 per month | Avg Member ship |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | Q1 | Q2 | Q3 | Q4 | Q1 | Q2 | Q3 | Q4 | Q1 | Q2 | Q3 | Q4 | Q1 | Q2 | Q3 | Q4 | | | |
| Alta Med Health | 3 | 0 | 0 | 1 | 3 | 3 | 1 | 8 | 6 | 8 | 16 | 2 | 11 | 6 | 6 | 0 | 74 | 6.4 | 961 |
| AMVI Care | 1 | 3 | 0 | 0 | 0 | 0 | 1 | 0 | 3 | 1 | 2 | 1 | 3 | 1 | 1 | 0 | 17 | 3.7 | 387 |
| Arta Western | 2 | 1 | 1 | 0 | 2 | 2 | 2 | 1 | 7 | 4 | 7 | 5 | 6 | 5 | 3 | 1 | 49 | 4.7 | 862 |
| CCN OC | 23 | 36 | 9 | 5 | 7 | 13 | 11 | 11 | 45 | 58 | 58 | 76 | 42 | 32 | 16 | 15 | 457 | 13.8 | 2,750 |
| Family Choice | 4 | 5 | 1 | 2 | 0 | 1 | 0 | 1 | 8 | 3 | 11 | 8 | 16 | 9 | 2 | 0 | 71 | 3.0 | 1,955 |
| Monarch | 20 | 34 | 5 | 13 | 14 | 14 | 20 | 13 | 85 | 73 | 87 | 42 | 86 | 59 | 19 | 18 | 602 | 8.9 | 5,668 |
| Noble | 3 | 2 | 0 | 0 | 1 | 0 | 3 | 1 | 1 | 1 | 1 | 0 | 5 | 1 | 0 | 0 | 19 | 4.5 | 351 |
| Prospect | 5 | 14 | 4 | 2 | 5 | 4 | 4 | 7 | 35 | 15 | 29 | 17 | 38 | 26 | 7 | 4 | 216 | 7.7 | 2,324 |
| Regal | 0 | 5 | 0 | 2 | 0 | 2 | 0 | 0 | 1 | 5 | 1 | 2 | 1 | 2 | 2 | 1 | 24 | 8.6 | 233 |
| Talbert | 1 | 7 | 1 | 1 | 3 | 5 | 2 | 6 | 20 | 14 | 16 | 7 | 27 | 12 | 6 | 4 | 132 | 8.0 | 1,383 |
| UCMG | 0 | 2 | 1 | 1 | 1 | 1 | 1 | 0 | 2 | 3 | 5 | 2 | 7 | 2 | 0 | 1 | 29 | 3.2 | 757 |
| **Plan Provided** | | | | | | | | | | | | | | | | | | | |
| Behavioral Health | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 1 | 0 | 1 | 1 | 1 | 0 | 0 | 0 | 2 | 6 | 0.0 | 17,630 |
| Convey Health (OTC) | 1 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 16 | 17 | 12 | 0 | 34 | 9 | 2 | 0 | 91 | 0.4 | 17,630 |
| Silver and Fit | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 1 | 1 | 1 | 0 | 14 | 12 | 0 | 0 | 29 | 0.1 | 17,630 |
| Vision Services | 0 | 1 | 0 | 0 | 1 | 0 | 0 | 1 | 3 | 8 | 1 | 3 | 1 | 2 | 1 | 0 | 22 | 0.1 | 17,630 |
| NMT Transportation | 0 | 0 | 0 | 1 | 1 | 1 | 1 | 10 | 122 | 146 | 158 | 187 | 11 | 4 | 0 | 0 | 642 | 3.0 | 17,630 |
| **Grand Total** | **63** | **112** | **22** | **28** | **38** | **46** | **46** | **60** | **361** | **407** | **412** | **359** | **307** | **201** | **65** | **48** | **2480** | | **17,630** |

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# TRENDS AND ACTIONS TAKEN (ONECARE)

Trends and Actions Taken - OneCare

1. **Quality of Care (QOC)** trended higher through CY2023

   Contributing Factors:

   – Delays in Treatment
       • Follow up after testing
   – Questions in Treatment and/or Diagnosis
       • Treatment for incorrect diagnosis

   Actions taken throughout the year to address the **QOC** issues for OC:

   – Referrals to Quality Improvement team for possible PQI's

   – Notifications to contributing Health Networks

   – Reporting trending providers to Provider Relations for education on regulatory requirements

# TRENDS AND ACTIONS TAKEN (ONECARE) Contd.

2. **Quality-of-Service** complaints were the highest contributor in CY2023

Contributing Factors:

- Non-Medical Transportation Services

  - Late pick-up
  - No show

- Provider Services

  - PAPA Pal – transportation delays, customer service
  - Convey – incomplete orders, customer service

Actions taken throughout the year to remediate **QOS** Issues for OC:

- Worked closely with MTM, CalOptima Health's transportation vendor – bi-weekly meetings with leadership to discuss process improvement plans

- MTM Contract terminated. New vendor effective 4/1 - Modivcare

- Reporting Pals to Papa for coaching and/or termination

- Educating members on benefits

- Identifying opportunities for processing OTC items when out of stock

# TRANSPORTATION GRIEVANCES

## NMT Grievances Per 1,000 Member Rides

| Quarter | Q1 2022 | Q2 2022 | Q3 2022 | Q4 2022 | Q1 2023 | Q2 2023 | Q3 2023 | Q4 2023 |
|---|---|---|---|---|---|---|---|---|
| Completed Trips | 120,748 | 139,870 | 150,182 | 153,564 | 163,903 | 193,382 | 308,623 | 382,552 |
| Grievances Submitted | 423 | 543 | 513 | 523 | 432 | 407 | 859 | 462 |
| Grievance r/1000 | 3.50 | 3.88 | 3.42 | 3.41 | 2.64 | 2.10 | 2.78 | 1.21 |

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# TRENDING PROVIDERS FOR GRIEVANCES IN CY2023

**Review of CY2023 Trending Providers:**

• Overall FQHC's continue to trend with a higher volume of grievances filed against them in the following areas:
  - *Appointment Availability*
  - *Delays in Referrals*
  - *Delays in Service*
  - *Telephone Accessibility*
• SG Homecare
  - *DME Delays*
• UCI Medical Center
  - *Questions in Treatment*
  - *Member Billing*
  - *Delays in Treatment*
• Fountain Valley
  - *Member Billing*
  - *Delays in treatment*
  - *Facility Services*
• Beverly Radiology
  - *Member Billing*
• Martin J Backman, MD (Neurology)
  - *Telephone Accessibility*
  - *Delays in Referrals*

| Provider | MC | OC | OCC | Total |
|---|---|---|---|---|
| Camino Health Center | 143 | 3 | 1 | 147 |
| Share Our Selves Community Health Center | 113 | 4 | 1 | 118 |
| UCI Family Health Center - Santa Ana | 108 | 5 | | 113 |
| SG Homecare | 71 | 19 | 3 | 93 |
| UCI Family Health Center - Anaheim | 88 | 1 | | 89 |
| UCI Medical Center | 69 | 18 | 1 | 88 |
| St Jude Neighborhood Health Centers | 82 | 2 | | 84 |
| Fountain Valley Regional Hospital & Medical Center | 67 | 7 | | 74 |
| AltaMed Medical & Dental Group - Anaheim | 69 | 2 | | 71 |
| Beverly Radiology Medical Group | 47 | 17 | 2 | 66 |
| AltaMed Medical Group-Santa Ana, Bristol | 60 | 1 | | 61 |
| AltaMed Medical and Dental Group-Huntington Beach | 56 | 2 | | 58 |
| AltaMed Health Services - Santa Ana Main | 55 | 1 | | 56 |
| Central City Community Health Center | 51 | 2 | | 53 |
| AltaMed Medical Group-Garden Grove | 48 | 4 | 1 | 53 |
| Martin J Backman | 48 | 3 | | 51 |

# APPEALS CY2023 OVERVIEW

Appeals Overview for CY2023:

- Medi-Cal Appeals CY2023 Overturned rate 24% (1097/267)

- OneCare Appeals CY2023 Overturned rate 49% (191/95)

- Overturns were mainly after receiving additional information on appeal that was not presented during the initial review

- No concerning HN rates to report

State Fair Hearings (Medi-Cal) and Maximus (OC) Overview:

- 72 Hearings requested in CY2023 – 1 Overturned

- 125 Maximus reviews occurred in CY2023 – 3 Overturned

- No trending identified

# Provider Services (Provider Disputes 2$^{nd}$ Level)

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# TOP 10 PROVIDER SUBMITTERS - Q4

| Top 10 Appeal Submitters | Overturns | Upheld | Total | OT Rate |
|---|---|---|---|---|
| Fountain Valley Regional Hospital & Medical Center | 7 | 82 | 89 | **8%** |
| Providence St Jude Medical Center | 4 | 84 | 88 | **5%** |
| UCI Medical Center | 19 | 53 | 72 | **26%** |
| Billiontoone Laboratory | 0 | 66 | 66 | **0%** |
| Providence St Joseph Hospital of Orange | 4 | 61 | 65 | **6%** |
| Placentia Linda Hospital | 3 | 36 | 39 | **8%** |
| Providence St Joseph Hospital | 2 | 34 | 36 | **6%** |
| West Anaheim Medical Center | 2 | 26 | 28 | **7%** |
| Garden Grove Hospital Medical Center | 0 | 27 | 27 | **0%** |
| Los Alamitos Medical Center | 4 | 19 | 23 | **17%** |

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# 2ND LEVEL PROVIDER CLAIM DISPUTES CY 2023

## DISPUTE-APPEAL DECISIONS

■ Upheld/Partial Overturns  ■ Overturned

| | Q1 2023 | Q2 2023 | Q3 2023 | Q4 2023 |
|---|---|---|---|---|
| Overturned | 562 – 27% | 525 -27% | 558 – 27% | 435 -23% |
| Upheld/Partial Overturns | 1504 | 1447 | 1524 | 1403 |
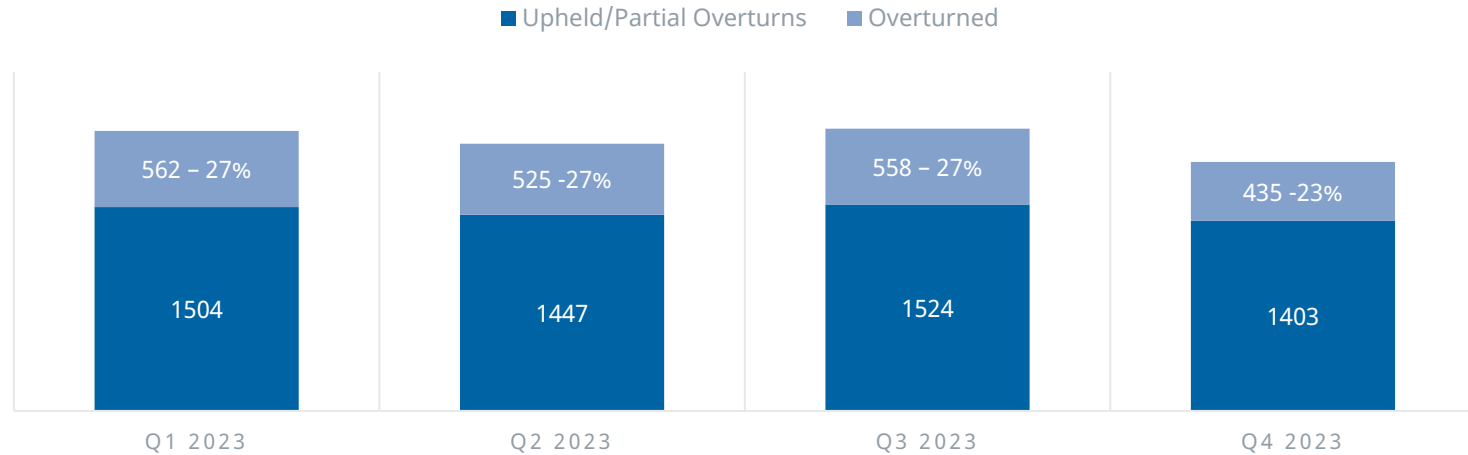
26% of the total dispute-appeals filed in CY2023 were overturned

| Top Claim Dispute Reasons | Quarter 1 | Quarter 2 | Quarter 3 | Quarter 4 | Total CY 2023 |
|---|---|---|---|---|---|
| Payment Denial | 623 | 623 | 666 | 681 | **2593** |
| Level of Payment Dispute | 857 | 689 | 546 | 476 | **2568** |
| Claim Denial/Auth Issue | 383 | 510 | 723 | 558 | **2174** |

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# ALL LOB'S PROVIDER DISPUTES – REASONS AND DECISIONS

## Top 3 High Volume Providers

| Provider | Reason for Dispute/Appeal |
|---|---|
| Fountain Valley Regional Hospital and Medical Center | • Inpatient/Outpatient services - underpayment<br>• No Authorization on file<br>• Past timely filing<br>• Missing Invoice<br>• GARS upheld 93% of Fountain Valley's complaints. |
| Providence St Jude Medical center | • Underpayment.<br>• No authorization<br>• Past timely filing<br>• GARS upheld 95% of Providence St Jude's complaints. |
| UCI Medical Center | • Denial of payment<br>• Underpayment<br>• VARIS Appeal<br>• GARS upheld 74% of UCI's complaints. |

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# Remediation/Education Overview

| Identified Issues | Remediation Activities |
|---|---|
| **Billiontoone Laboratory** submitted 66 claim disputes, all were upheld<br>• Provider is billing report procedures without attaching the report.<br>• Prior authorization not obtained before the services rendered.<br>• Retro authorization request – not satisfying the policy requirements | • Biller education provided<br>• Will continue to monitor and engage provider relations if necessary |
| **Garden Grove Hospital Medical Center** submitted 27 claim disputes, all were upheld<br>• All appeals are related to a post service review of medical records completed by VARIS.<br>• On Appeal all medical records submitted support the DRG updates, resulting in an uphold. | • Provider resolution letters provide clarification on the decisions.<br>• Provider doesn't seem to maintain this information for future billing<br>• No additional remediation has been provided |
| Top Payment Denial Reasons<br>• Claims denied to the HN for payment<br>• Contract rate disputes | • Education continues for Delegation of Financial Responsibility (DOFR) interpretation.<br>• Education on Medi-Cal vs Medicare rates and billing requirements.<br>• Education on auth requirements.<br>• Provider Relations is contacted when necessary. |

# Open Discussion/Questions
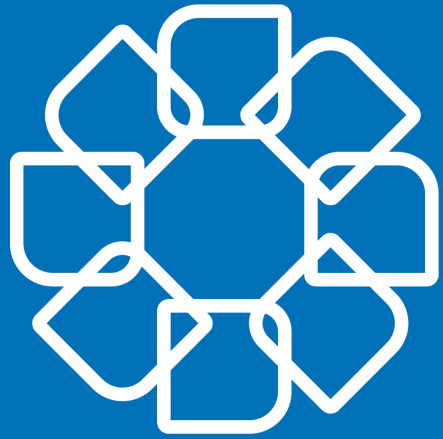
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# CalOptima Health

## FY 2025-2027 Strategic Plan – Discussion Draft

Working Draft

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

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

CalOptima Health, A Public Agency

# Agenda

○ Overview of the Refreshed FY 25/27 Strategic Plan

○ FY 23/25 Strategic Priorities

○ Strategic Plan Components

○ Mission & Vision

○ Values

○ Draft Strategic Priorities

○ Draft Organizational Goals

○ Discussion

**Working Draft**

# Overview of Refreshed Strategic Plan

○ Current FY 2023/2025 Strategic Priorities document will be retired at the end of June.

○ CalOptima Health has significantly achieved tactical priorities from the prior plan.

○ A discussion draft revised Strategic Plan has been developed for the FY 2025/2027 period.

○ The discussion draft plan has been reviewed extensively internally at CalOptima Health.

○ Stakeholder engagement has begun to obtain member and provider input and feedback on the discussion draft FY 2025/2027 Strategic Plan.

Working Draft

# FY 2023/2025 Strategic Priorities

| | |
|---|---|
| **Mission** | *To serve member health with excellence and dignity, respecting the value and needs of each person.* |
| **Vision** | *By 2027, remove barriers to healthcare access for our members, implement same day treatment authorizations and real-time claims payments for our providers, and annually assess members' social determinants of health.* |
| **Core Strategy** | The 'inter-agency' co-creation of services and programs, together with our delegated networks, providers, and community partners, to support the mission and vision. |

| Strategic Priorities 2023-2025 | Organizational and Leadership Development | Overcoming Health Disparities | Finance and Resource Allocation | Accountabilities & Results Tracking | Future Growth |
|---|---|---|---|---|---|
| **Tactical Priorities 2023-2025** | • Cultural Alignment throughout CalOptima Health<br>• Talent Development & Succession Planning<br>• Effective & Efficient Organizational Structures<br>• Aligned Operating Systems & Structures<br>• Staff Leadership Development Institutes (LDI's) & Executive Coaching<br>• Organizational Excellence Annual Priorities<br>• On-going updated Policies & Procedures<br>• Governance & Regulatory Compliance Trainings<br>• Board Priorities | • CalOptima's 'Voice & Influence'<br>• Health Care Advocacy (Local, State & Federal Advocacy)<br>• Collaboration with the County, Be Well OC, Health Networks, Community Based Organizations and Other Organizations<br>• Support for Community Clinics & Safety Net Providers<br>• Medical Affairs Value-Based Care Delivery<br>• CalAIM initiatives<br>• Focus on Equity & Communities Impacted by Health Inequities<br>• Needs Assessment within Communities Facing Inequities<br>• Information Technology Initiatives to Support Members and Providers<br>• DHCS Comprehensive Quality & Population Health Management Strategy | **Operating Budget Priorities**<br>• Balanced Operating Budget<br>• New Programs & Services Budgeting (CalAIM, DHCS Quality Strategy)<br>• Fiscal Strategic Plan Priorities (KPI/KFI)<br>• Quarterly Budget Reporting and Annual Audits<br>• MLR & ALR Management<br>**Capital Budget Priorities**<br>• Capital Planning & Asset Management, including Real-Estate Management and Acquisition(s)<br>• ITS Architecture<br>**New Policy and Program Development based on Funding**<br>• CalAIM Reserve/Spending Policies & Priorities<br>• Aligned Incentives for Network Quality & Compliance<br>• Contracting & Vendor/Provider Management | • Updated By-Laws<br>• Executive Priorities & Outcomes<br>• COBAR Clarity<br>• Inter-Agency Collaboratives<br>• Public/Private Collaboratives<br>• Resource Allocation for Inter-Agency Initiatives<br>• CalAIM Outcomes Metrics<br>• Research Analytics (Metrics of Success)<br>• Board Training Sessions | • Member Access to Quality Care<br>• Site Utilization (PACE etc.)<br>• Services/Programs Aligned with Future Reimbursements from DHCS and CMS<br>• Demographic & Analytics by Micro-Community<br>• ITS Data Sharing to Benefit the Member<br>• Implement CalAIM Programs & Services and Plan for Site Locations<br>• Medicaid Health Plan Trends (Trade Associations, Lobbyists etc.)<br>• Enhanced ITS Security Posture |

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# Revised Strategic Plan Components

**Mission**

**Vision**

**Values**

**Strategic Priorities**

**Organizational Goals**

- A **mission statement** defines the organization's business, its objectives, and how it will reach these objectives.

- A **vision statement** details where the organization aspires to go.

- **Values** articulate what the organization believes in and how it aspires to operate.

- **Strategic Priorities** are organizational priorities that provide guidance to leadership and signal the direction of the organization to the community.

- **Organizational Goals** are a targeted set of organizational goals for a set time period that help the organization prioritize activities and investments.

CalOptima Health

# Revisiting our Mission and Vision

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

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**Vision (Current):** By 2027, remove barriers to healthcare access for our members, implement same day treatment authorizations and real-time claims payments for our providers, and annually assess members' social determinants of health.

**Revision 1:** *Through education and innovation, CalOptima Health will provide each Member with the tools to own and improve their health behaviors and outcomes and achieve a better quality of life.*

**Revision 2:** *Enable all individuals to achieve optimal health and well-being through an equitable and high-quality health care system.*

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# Values

○ We are "**Better. Together**." – by working together, we can make things better – for our members and community.

○ **We C-A-R-E** – We believe that to best serve the people of Orange County, we will lead with **C**ollaboration, **A**ccountability, **R**espect, **E**xcellence, and stewardship.

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# Four Strategic Priority Areas – FY 2025-2027

○ For FY 2025-2027, CalOptima Health will focus on four strategic priority areas to achieve our mission, vision, and values.



**Equity & Population Health**

**Quality & Value**

**Community Stewardship & Investment**

**Operational Excellence**

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CalOptima Health

# Proposed FY 2025/2027 Strategic Priority Areas

| | |
|---|---|
| **Strategic Priority 1: Equity & Population Health** | CalOptima Health will infuse the **pursuit of health equity** throughout our work and will continue to **innovate and develop tools** and interventions that advance the physical, behavioral, and social health of our members. |
| **Strategic Priority 2: Quality & Value** | CalOptima Health is committed to providing the **highest quality of physical, behavioral, and social health care** to our members and to ensuring **sound stewardship of public dollars** by achieving greater value. |
| **Strategic Priority 3: Community Stewardship & Investments** | CalOptima Health will continue to demonstrate our **partnership with Orange County members, providers, county agencies, and community organizations** through Medi-Cal Transformation programs and robust community investments and partnerships to **advance health, safety, and wellbeing for all members**. |
| **Strategic Priority 4: Operational Excellence** | CalOptima Health's continued investment in our **performance** is vital to ensuring the **highest level of care and service** to our members across their lifespan. |

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# FY 2025/2027 Organizational Goal Summary <span style="color:red">Working Draft</span>

| | |
|---|---|
| **Strategic Priority 1: Equity & Population Health** | 1.1 Utilize technology and innovation to strengthen equity and population health management programs.<br><br>1.2 Implement a consistent model of care for population health/care management, including delegated networks.<br><br>1.3 Annually assess members' health and social needs and utilize data to inform targeted interventions.<br><br>1.4 Achieve NCQA Health Equity Accreditation by January 2026. |
| **Strategic Priority 2: Quality & Value** | 2.1 Achieve NCQA quality rating of 5-stars for Medi-Cal. Achieve CMS quality rating of 4-stars for Medicare.<br><br>2.2 Maximize value for members through expanding value-based contracts.<br><br>2.3 Increase provider engagement through improved provider tools, data exchange, and collaboration.<br><br>2.4 Expand the delivery of behavioral health services, invest in the workforce, and drive quality improvement. |
| **Strategic Priority 3: Community Stewardship & Investments** | 3.1 Expand social health services through Medi-Cal Transformation programs and to additional social needs.<br><br>3.2 Launch a comprehensive framework for community collaboration to co-create equitable solutions.<br><br>3.3 Prioritize community investments that advance health equity, drive prevention, and improve access to care. |
| **Strategic Priority 4: Operational Excellence** | 4.1 Achieve same-day treatment authorizations for our direct network and near real-time claims payment for CalOptima Health paid claims.<br><br>4.2 Launch and grow new programs that take care of our members and their families across their lifespan.<br><br>4.3 Optimize the D-SNP line of business to improve the member retention rate.<br><br>4.4 Implement the comprehensive Digital Transformation strategic roadmap.<br><br>4.5 Optimize member engagement functions to improve member retention, satisfaction, and outcomes.<br><br>4.6 Achieve the annual Administrative Loss Ratio (ALR) target. |

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# Discussion

- Strategic Priorities
  - Do the proposed Strategic Priorities reflect the breadth of CalOptima Health's priorities?
- Strategic Priority Definitions
  - Do you recommend any changes to our definitions of the Strategic Priorities?
  - Are both member and provider needs adequately addressed in the Strategic Priorities?
- Organizational Goals
  - Do you have any comments or additional considerations for the draft 3-year organizational goals from both member and provider perspectives?

***Please share your feedback with the CalOptima Health Strategic Development team at [StrategicDevelopment@caloptima.org](mailto:StrategicDevelopment@caloptima.org).***
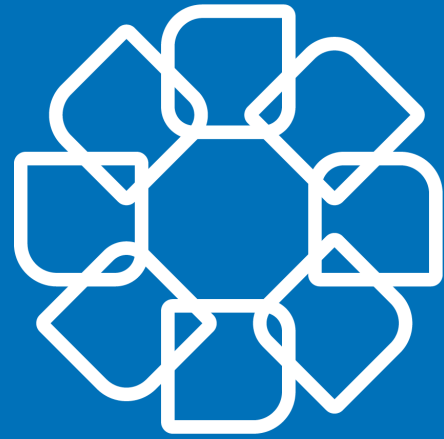
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# M E M O R A N D U M

DATE:       March 29, 2024

TO:          CalOptima Health Board of Directors

FROM:      Michael Hunn, Chief Executive Officer

SUBJECT:   CEO Report — April 4, 2024, Board of Directors Meeting

COPY:      Sharon Dwiers, Clerk of the Board; Member Advisory Committee; Provider Advisory Committee; and Whole-Child Model Family Advisory Committee

---

## A.  New Director of the Orange County Health Care Agency Joins Board

Veronica Kelley, DSW, LCSW was appointed the new Director of the Orange County Health Care Agency (HCA), effective March 22. Dr. Kelley holds a doctorate and a master's degree in social work and has more than 33 years of experience in the behavioral health field. Previously, she was HCA's Director of Behavioral Health Services, overseeing the public behavioral health system. She also serves as the Alcohol & Drug Administrator for Orange County, which allows the county to receive federal funds to address substance use disorders. Dr. Kelley spent 13 years serving the San Bernardino County Department of Behavioral Health, with six years as the Behavioral Health Director. During that time, she led the county's crisis response and recovery efforts following the 2015 terrorist attack. Dr. Kelley remains active at the state level, addressing behavioral health issues as a Board member of NAMI California and the Past President of the County Behavioral Health Directors Association. CalOptima Health is pleased to welcome Dr. Kelley to our Board to fill the HCA seat as of the April 4 meeting.

## B.  CalOptima Health Extends Provider Claims Filing Deadline After Cyberattack

As I mentioned at our March 7 Board meeting, Change Healthcare (CHC), a subsidiary of UnitedHealth Group, experienced a cyberattack on February 21, 2024. CalOptima Health has been proactive in communicating with affected providers and implementing alternate processes to ensure continuity of operations while CHC continues to address the issue. On March 19, we informed providers that we are implementing recommendations in a March 13 Department of Health Care Services (DHCS) memo to temporarily extend filing deadlines for claims. CalOptima Health and our health networks will allow an additional 90-day grace period to the existing 365-day timely filing deadline for provider claims as of February 21, 2024, or later. This flexibility applies to both Medicare and Medi-Cal claims and will continue until such time as CHC remediates the effects of the incident.

## C.  DHCS Routine Medical Audit Closes March 29

DHCS conducted webinar audit sessions primarily during the week of March 18, with one or two (tentative at the time of this writing) follow-up sessions on March 27 and March 28, 2024. The audit has proceeded as expected and work is still in process for examining samples, sharing information and answering questions. A closeout meeting will be held Friday, March 29, 2024. The draft audit report is expected to be released in approximately two months.

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**D. Government Affairs Updates**

*State News:*

- **State Budget Deficit:** The State of California faces an immediate budget shortfall that ranges from $38 billion, per Gov. Gavin Newsom's projections in his January Proposed Budget, to as much as $73 billion, according to the latest projections by the nonpartisan Legislative Analyst's Office. California State Senate leadership has proposed several "early action" budget items to trim the deficit by approximately $17 billion, including through spending cuts, delays, borrowing from special funds, tapping into $12.2 billion of the state's Rainy Day Fund and increasing the Managed Care Organization tax to generate an additional $1.5 billion in revenue. Gov. Newsom has signaled his support for the Senate plan, which could be voted on in the coming weeks. Completing these early actions now sets up lawmakers to tackle more of the deficit in a few months when the Legislature and governor must come to a deal on the Fiscal Year 2024–25 budget by late June. Most spending cuts in the Senate plan and the governor's January Proposed Budget are in non-health care sectors with no significant negative impact expected for CalOptima Health. However, with a larger budget shortfall expected to materialize, Government Affairs staff and contracted state lobbyists will be closely watching any additional proposals that emerge from the governor's May Revised Budget and any discussions in the Legislature.

- **Legislative Briefing:** I recently participated in the annual Legislative Briefing hosted by the Local Health Plans of California, one of CalOptima Health's state trade associations. The purpose was to educate staff in the California State Legislature about Medi-Cal initiatives and the value and priorities of local plans like CalOptima Health. Attendees included representatives of several Orange County legislators, health and budget committees, the California Health and Human Services Agency, and the California Department of Health Care Access and Innovation. I specifically participated in a CEO roundtable panel about community reinvestments, where I highlighted CalOptima Health's significant reserve-funded programs, including street medicine, housing grants and workforce development. I also urged policymakers to preserve plan flexibility as DHCS considers formalizing a Medi-Cal community reinvestment policy this year.

- **Preliminary Primary Election Results:** On March 5, California held primary elections for several federal, state, county and judicial offices as well as state and local ballot propositions. Many of these offices have jurisdiction over legislation, regulations and/or partnering agencies that impact CalOptima Health. Results are still preliminary as ballots continue to be tabulated. County registrars are required to submit final results by April 5 to the California Secretary of State, who must then certify those results by April 12. Nearly all races will be followed by general or runoff elections on November 5, 2024. One notable exception is Proposition 1, which is determined outright in this election and is expected to pass by a close margin. Proposition 1 revises the Mental Health Services Act to expand substance use disorder services and reallocate certain funds toward housing support services. It also authorizes $6.4 billion in bonds to build behavioral health treatment facilities as well as supportive housing for individuals living with behavioral health conditions.

*Federal News:*

- **FY 2024 Federal Appropriations:** Following months of negotiations and extensions of Fiscal Year (FY) 2023 federal spending levels, Pres. Biden has now signed into law all 12 federal appropriations bills for FY 2024, which runs through September 30, 2024. The first six bills were signed on March 9, and the remaining six were signed on March 23, including the bill that funds the U.S. Department of Health and Human Services (HHS), which primarily impacts CalOptima Health. As part of the final agreement, HHS funding remained relatively flat with only a 1% increase compared with FY 2023. While several health programs were extended as expected, and $4.3 billion in unspent COVID-19 relief funding was rescinded, other policy riders were generally excluded from the bills. As such, no significant impacts are anticipated for CalOptima Health.

- **Federal Earmark Requests:** As Congress begins its FY 2025 appropriations process, CalOptima Health is submitting two earmark funding requests to U.S. Sens. Laphonza Butler and Alex Padilla of California. First, we are requesting $5 million to supplement our current $50 million Provider Workforce Development Fund. These proposed funds would focus specifically on the behavioral health workforce due to the available federal accounts. Second, we are requesting $2.5 million to fund a future expansion of our Street Medicine Program into an additional city, which would be selected via a competitive process. We have already drawn significant support for these requests from 14 of the 16 state legislators representing Orange County, several Orange County supervisors and mayors, the Association of California Cities–Orange County, First 5 Orange County, and our street medicine providers. Across the Capitol, the U.S. House Committee on Appropriations has yet to release its earmark guidance, but it is expected to prohibit any requests funded through the U.S. Departments of Health and Human Services, Labor and Education. As such, Government Affairs staff are assessing other options to submit proposals to Orange County's U.S. House delegation.

### E. CalOptima Health Begins Telehealth Behavioral Health Services on April 1

Effective April 1, CalOptima Health will launch telehealth services for behavioral health care through contracted vendor TeleMed2U. The addition of this service will help improve options and access to care for routine outpatient services and support timely post-hospitalization follow-up appointments. TeleMed2U clinicians will treat a range of mild to moderate conditions for our Medi-Cal and OneCare members, delivering services for outpatient mental health evaluation, medication management, therapy and more. The Behavioral Health Integration department will work on promoting the telehealth services in several ways, informing members, providers and community stakeholders.

### F. New Transportation Services Go Live on April 1

Effective April 1, CalOptima Health is now partnering with Modivcare to coordinate all transportation services for Medi-Cal and OneCare members, including both Non-Medical Transportation and Non-Emergency Medical Transportation benefits. The use of a single vendor will provide a streamlined, one-stop benefit with increased coordination, access and convenience for members.

### G. CalOptima Health Wins Awards for Brand Awareness Campaign

CalOptima Health's brand awareness campaign and member videos won 10 ADDYs (American Advertising Awards) from the American Advertising Federation's Orange County chapter. CalOptima Health collaborated with our marketing/advertising partner, Maricich Health, on the materials. The ADDYs are the advertising industry's largest creative competition, recognizing excellence in the art of advertising and generating more than 40,000 entries each year from across the country.

### H. PACE to Host Senior Health and Wellness Event

On Saturday, April 6, 10:30 a.m.–1 p.m., CalOptima Health PACE will host an open house at our PACE center (13300 Garden Grove Blvd., Garden Grove). Attendees will learn how the program keeps seniors healthy and independent. CalOptima Health PACE's goal is to provide comprehensive medical and social support services so that participants can live safely at home for as long as possible.

### I. CalOptima Health Holds Successful Community Resource Fair

On March 2, CalOptima Health, the County of Orange Social Services Agency (SSA), Supervisor Vicente Sarmiento, State Assemblymember Avelino Valencia and City of Orange Councilmember Ana Gutierrez sponsored a Community Resource Fair in Orange that connected more than 600 members and their families with Medi-Cal renewal and CalFresh enrollment assistance. Welcome remarks were provided by all of the sponsors as well as U.S. Rep. Young Kim, State Sen. Tom Umberg and SSA

Director An Tran. Twenty-seven community partners provided resource booths, and event highlights included:

- Assistance with Medi-Cal renewals/applications and CalFresh applications
- Free dental, medical and vision exams from Serve the People
- 11,650 diapers distributed by Community Action Partnership of Orange County
- 1,236 bags of produce distributed by Community Action Partnership of Orange County
- 800 meals from Serve the People
- 76 boxes of naloxone distributed by CalOptima Health and HCA

## J. CalOptima Health Gains Media Coverage

Reflecting the media's recognition of our ongoing innovation and program development, CalOptima Health recently received the following coverage:

- On March 3, following the distribution of our street medicine expansion press release, the Orange County Register ran an article about street medicine on the front page of the Local section.
- On March 7, CEO Michael Hunn joined the Association of California Cities Orange County Chapter's The City Square podcast to discuss recent programs and progress at CalOptima Health, including updates about our Street Medicine Program, CalAIM services and more.
- On March 25, the Orange County Register ran an online article about a unique program funded by CalOptima Health in partnership with Chrysalis to help people exiting homelessness find employment.

# CalOptima Health

## Fast Facts
### April 2024

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

## Membership Data* (as of February 29, 2024)

**Total CalOptima Health Membership**

# 934,373

| Program | Members |
|---|---|
| Medi-Cal | 916,616 |
| OneCare (HMO D-SNP) | 17,300 |
| Program of All-Inclusive Care for the Elderly (PACE) | 457 |

*Based on unaudited financial report and includes prior period adjustment

## Operating Budget (for eight months ended February 29, 2024)

| | YTD Actual | YTD Budget | Difference |
|---|---|---|---|
| Revenues | $3,243,308,996 | $2,753,358,519 | $489,950,477 |
| Medical Expenses | $3,025,380,536 | $2,575,362,352 | ($450,018,184) |
| Administrative Expenses | $149,470,165 | $167,186,805 | $17,716,640 |
| Operating Margin | $68,458,294 | $10,809,362 | $57,648,932 |
| Medical Loss Ratio (MLR) | 93.3% | 93.5 % | (0.2%) |
| Administrative Loss Ratio (ALR) | 4.6% | 6.1% | 1.5% |

Note: Totals may not add due to rounding

## Reserve Summary (as of February 29, 2024)

| | Amount (in millions) |
|---|---|
| Board Designated Reserves | $629.7* |
| Capital Assets (Net of depreciation) | $94.3 |
| Resources Committed by the Board | $568.9 |
| Resources Unallocated/Unassigned | $532.1* |
| Total Net Assets | $1,825.1 |

*Total of Board-designated reserves and unallocated resources can support approximately 98 days of CalOptima Health's current operations.

## Total Annual Budgeted Revenue

# $4 Billion

**NOTE:** CalOptima Health receives its funding from state and federal revenues only. CalOptima Health does <u>not</u> receive any of its funding from the County of Orange.

# CalOptima Health Fast Facts
## April 2024

## Personnel Summary (as of March 23, 2023, pay period)

| | Filled | Open | Vacancy % Medical | Vacancy % Administrative | Vacancy % Combined |
|---|---|---|---|---|---|
| Staff | 1,315.05 | 78.6 | 46.69% | 53.31% | 5.64% |
| Supervisor | 77 | 5 | 40% | 60% | 6.10% |
| Manager | 115 | 8 | 37.50% | 62.50% | 6.50% |
| Director | 63.75 | 3 | 66.67% | 33.33% | 4.49% |
| Executive | 19 | 3 | ---% | 100% | 13.64% |
| Total FTE Count | 1,589.8 | 97.6 | 47.89% | 52.11% | 7.47% |

*FTE count based on position control reconciliation and includes both medical and administrative positions.*

## Provider Network Data (as of February 29, 2024)

| | Number of Providers |
|---|---|
| Primary Care Providers | 1,232 |
| Specialists | 9,465 |
| Pharmacies | 553 |
| Acute and Rehab Hospitals | 39 |
| Community Health Centers | 52 |
| Long-Term Care Facilities | 112 |

## Treatment Authorizations (as of January 31, 2024)

| | Mandated | Average Time to Decision |
|---|---|---|
| Inpatient Concurrent Urgent | 72 hours | 8.08 hours |
| Prior Authorization – Urgent | 72 hours | 20.05 hours |
| Prior Authorization – Routine | 5 days | 2.29 days |

*Average turnaround time for routine and urgent authorization requests for CalOptima Health Community Network.*

## Member Demographics (as of February 29, 2024)

**Member Age**

| | |
|---|---|
| 0 to 5 | 8% |
| 6 to 18 | 23% |
| 19 to 44 | 36% |
| 45 to 64 | 20% |
| 65 + | 13% |

**Language Preference**

| | |
|---|---|
| English | 55% |
| Spanish | 30% |
| Vietnamese | 9% |
| Other | 2% |
| Korean | 2% |
| Farsi | 1% |
| Chinese | <1% |
| Arabic | <1% |

**Medi-Cal Aid Category**

| | |
|---|---|
| Temporary Assistance for Needy Families | 39% |
| Expansion | 38% |
| Optional Targeted Low-Income Children | 7% |
| Seniors | 10% |
| People With Disabilities | 5% |
| Long-Term Care | <1% |
| Other | <1% |

# US Measles Outbreak 2024

Member and Provider Advisory Committees Joint Meeting

April 11, 2024

Richard Pitts, D.O., Ph.D, Chief Medical Officer

## Our Mission

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

## Our Vision

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

"Measles has had a severe impact on children in the United States since colonial times. In the early decades of the 20th century, thousands of fatal measles infections were reported each year. During the 1950s an annual average of greater than 500,000 cases of measles and nearly 500 deaths due to measles were reported in the United States."-
Impact of measles in the United States
Hinman, Orenstein et. al.

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# CDC Update US Measles Cases March 2024

As of March 28, 2024, a total of **97** measles cases were reported by 18 jurisdictions: Arizona, California, Florida, Georgia, Illinois, Indiana, Louisiana, Maryland, Michigan, Minnesota, Missouri, New Jersey, New York City, New York State, Ohio, Pennsylvania, Virginia, and Washington.

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# In All of 2023
# Number of Measles Cases
# In the US?

# 58!

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# 58 ➡ 97
# First 3 months of 2024

# U.S. Hospitalizations in 2024

- **56%**

- of cases hospitalized (54 of 97 cases) for isolation or for management of measles complications.

- Under 5 years: **68%** (34 of 50)

- 5-19 years: **27%** (6 of 22)

- 20+ years: **56%** (14 of 25)

According to a report by the U.S. Centers for Disease Control and Prevention and the World Health Organization, the number of measles cases increased by 18% from 2021 to 2022, up to 9 million, while deaths spiked by 43%, to 136,000. Children accounted for most of the deaths. Nov 16, 2023
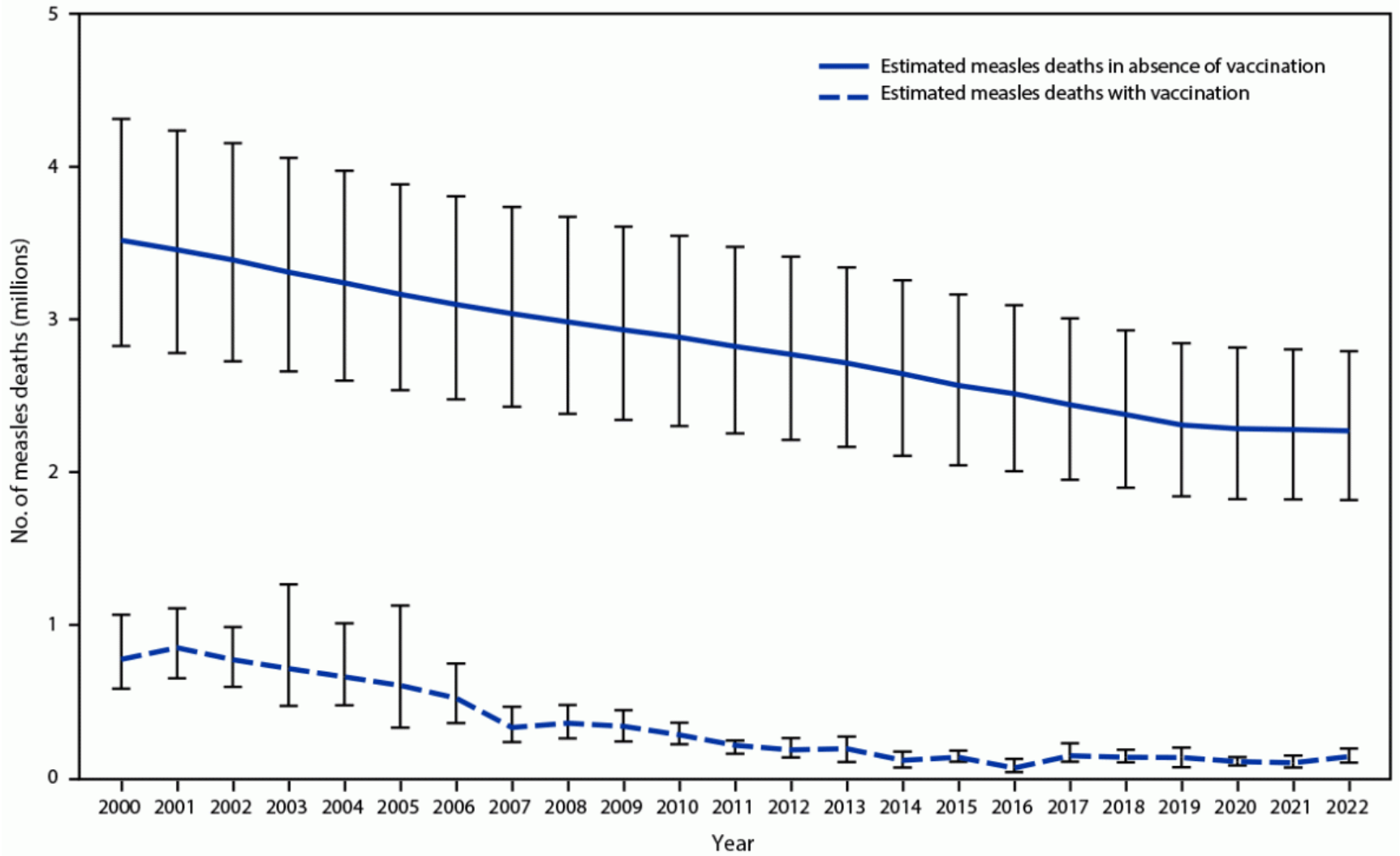
# U.S. Measles Cases In 2024 So Far
# **97**

**Vaccination Status**
Unvaccinated: **59%**
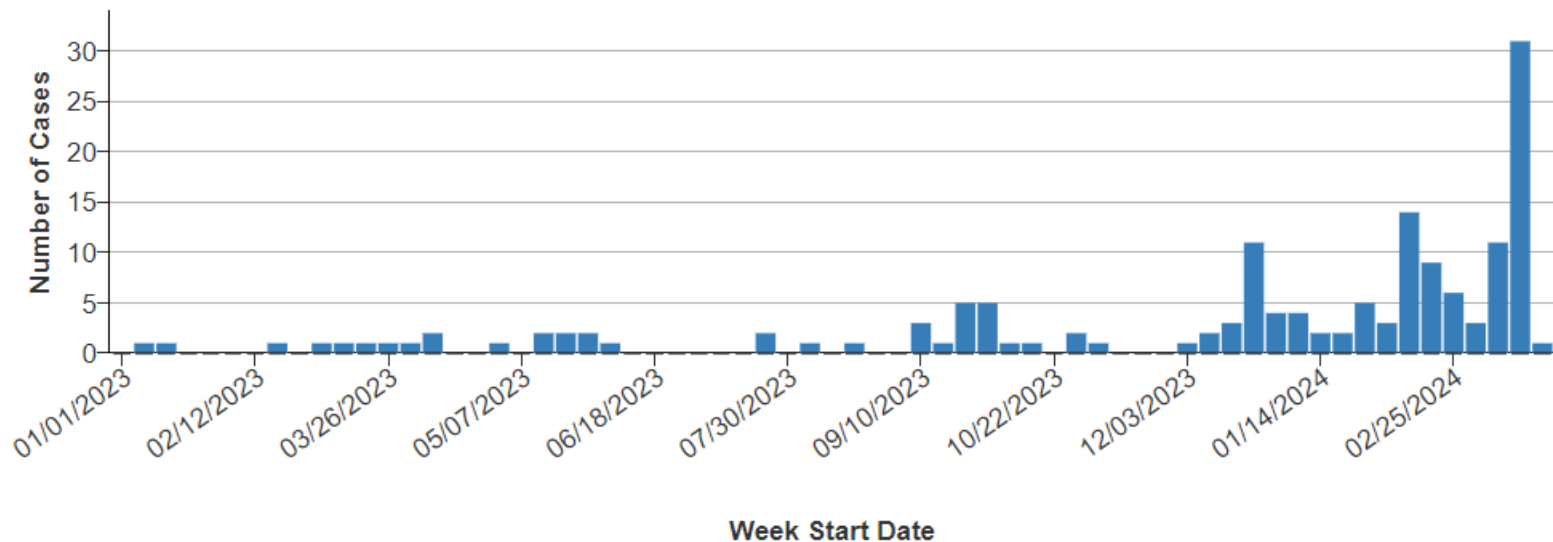One MMR dose: **12%**
Two MMR doses: **5%**
Unknown: **24%**

**Age**
Under 5 years: **50 (52%)**
5-19 years: **22 (22%)**
20+ years: **25 (26%)**

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# CDC  as of March 28th 2024

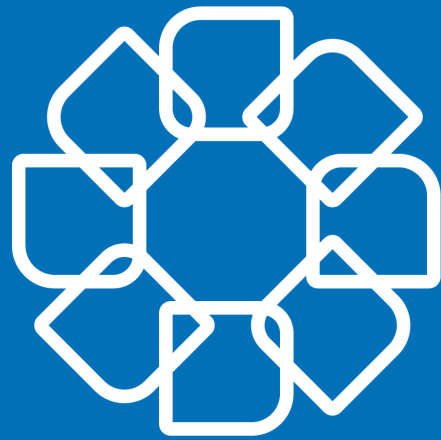## Number of measles cases reported by week

2023-2024* (as of March 28, 2024)



Week Start Date

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CalOptima Health

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# Complications of measles

- Ear infections.
- Scarring of the cornea.
- Pneumonia other respiratory infections.
- Encephalitis (inflammation of the brain) which occurs in about one in every 1,000 people with measles.

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