



**NOTICE OF A
REGULAR MEETING OF THE
CALOPTIMA HEALTH BOARD OF DIRECTORS'
QUALITY ASSURANCE COMMITTEE**

**WEDNESDAY, DECEMBER 11, 2024
3:00 P.M.**

**505 CITY PARKWAY WEST, SUITE 108-N
ORANGE, CALIFORNIA 92868**

BOARD OF DIRECTORS' QUALITY ASSURANCE COMMITTEE

José Mayorga, M.D., Chair
Maura Byron
Catherine Green

CHIEF EXECUTIVE OFFICER

Michael Hunn

OUTSIDE GENERAL COUNSEL

KENNADAY LEAVITT

Troy R. Szabo

CLERK OF THE BOARD

Sharon Dwiars

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 Clerk of the Board. To speak on a matter not appearing on the agenda, but within the subject matter jurisdiction of the Board of Directors' Quality Assurance Committee, you may do so during Public Comments. Public Comment Request Forms must be submitted prior to the beginning of the Consent Calendar, the reading of the individual agenda items, 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' Quality Assurance Committee 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. Committee meeting audio is streamed live on the CalOptima Health website at www.caloptima.org.

Members of the public may attend the meeting in person. Members of the public also have the option of participating in the meeting via Zoom Webinar (see below).

Participate via Zoom Webinar at: https://us06web.zoom.us/webinar/register/WN_2LQffWrkS_ODV2FYsvCxQw and Join the Meeting.

Webinar ID: 875 4388 4066

Passcode: 545820 -- Webinar instructions are provided below.

CALL TO ORDER

Pledge of Allegiance
Establish Quorum

ADVISORY COMMITTEE UPDATES

1. [Program of All-Inclusive Care for the Elderly Member Advisory Committee Update](#)
2. [Whole-Child Model Family Advisory Committee Update](#)

PUBLIC COMMENTS

At this time, members of the public may address the Committee on matters not appearing on the agenda, but under the jurisdiction of the Board of Directors' Quality Assurance Committee. Speakers will be limited to three (3) minutes.

CONSENT CALENDAR

3. [Approve Minutes of the October 9, 2024 Regular Meeting of the CalOptima Health Board of Directors' Quality Assurance Committee](#)

INFORMATION ITEMS

4. [Measurement Year 2023 Pay for Value Program Update](#)
5. [Measurement Year 2023 Hospital Quality Program Update](#)
6. [2025 OneCare Stars Improvement Update](#)
7. [Behavioral Health Quality Initiatives](#)
8. [Medi-Cal Quality Initiatives](#)
9. Quarterly Reports to the Quality Assurance Committee
 - a. [Quality Improvement Health Equity Committee Report](#)
 - b. [Utilization Management Committee and Clinical Operations Report](#)
 - c. [Member Grievances and Appeals Report](#)
 - d. [Program of All-Inclusive Care for the Elderly Report](#)

COMMITTEE MEMBER COMMENTS

ADJOURNMENT

TO REGISTER AND JOIN THE MEETING

Please register for the Regular Meeting of the CalOptima Health Board of Directors' Quality Assurance Committee on December 11, 2024 at 3:00 p.m. (PST)

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

https://us06web.zoom.us/webinar/register/WN_2LQffWrkS_ODV2FYSvCxQw

To **Join** from a PC, Mac, iPad, iPhone or Android device:

Please click this URL to join. .

<https://us06web.zoom.us/j/87543884066?pwd=aq0U8rZskBK9jDnLs1ftN3SOMHRjST.1>

Phone one-tap:

+16694449171,,87543884066#,,,,*545820# US

+17207072699,,87543884066#,,,,*545820# US (Denver)

Join via audio:

+1 669 444 9171 US

+1 720 707 2699 US (Denver)

+1 253 205 0468 US

+1 253 215 8782 US (Tacoma)

+1 346 248 7799 US (Houston)

+1 719 359 4580 US

+1 689 278 1000 US

+1 301 715 8592 US (Washington DC)

+1 305 224 1968 US

+1 309 205 3325 US

+1 312 626 6799 US (Chicago)

+1 360 209 5623 US

+1 386 347 5053 US

+1 507 473 4847 US

+1 564 217 2000 US

+1 646 558 8656 US (New York)

+1 646 931 3860 US

Webinar ID: 875 4388 4066

Passcode: 545820

International numbers available: <https://us06web.zoom.us/j/kbJAvHPwNo>



Board of Directors' Quality Assurance Committee Meeting December 11, 2024

PACE Member Advisory Committee Update

Committee Overview

The PACE Member Advisory Committee (PMAC) meets quarterly to share information and engage PACE participants in a discussion on recommendations to inform CalOptima PACE leadership on the PACE care delivery system. The committee is primarily comprised of PACE participants.

September 11, 2024: PMAC Meeting Summary

Updates from the Director

Director Monica Macias thanked PMAC members for joining the meeting in person. Members were updated on the status of the program, open positions, and transportation. The Director welcomed new members who were joining us for the first time. Director updated members on our continued census and maintaining at 500 participants. Participants expressed concerns around transportation and scheduling outside appointments. Director noted that we have added two additional vans, and we are monitoring the current number of trips. Director also mentioned that we are looking at adding a subcontractor to support the volume and participant experience.

Director also shared a new process at PACE if they have questions around their outside appointments. The goal is for the participants to have access to the scheduler on site for any concerns, questions related to their outside/specialty appointments. The participants expressed gratitude for adding this to the day center operations.

PMAC Member Forum

- Participants mentioned that transportation continues to be a concern.
- Review of the scheduling process was done and explanation of a new added process.



**Board of Directors’
Quality Assurance Committee Meeting
December 11, 2024**

**Regular Meeting of the
Whole-Child Model Family Advisory Committee
Report to the Quality Assurance Committee**

On November 19, 2024, the Whole-Child Model Member Family Advisory Committee (WCM FAC) conducted its quarterly meeting in-person and telephonically using Zoom Webinar technology.

Doris Billings, Program Manager and Chief Therapist of the California Children Services (CCS) program in Orange County discussed the completion of the updated Whole-Child Model Memorandum of Understanding (MOU) to the new template that was provided by the Department of Health Care Services (DHCS). Ms. Billings also discussed how CCS is now outlining required topics to include in its meetings with CalOptima Health, noting that inter-county transfers remain a topic of mutual interest. She also noted that a work group has been formed that includes county and state personnel, who will develop a training curriculum for CCS staff regarding inter-county transfers. Ms. Billings added that the goal of the training is to ensure timeliness of transfers, sharing of information and continuity of care for CCS children. She added that CCS staff plan to share the training with managed care plans, including CalOptima Health.

Maura Byron, Executive Director, Family Support Network, presented an overview of the services provided by the Family Support Network (FSN). Ms. Byron noted that FSN has been providing services to families with special needs children since 1985. She added that FSN is funded through donations, foundation grants and contracts. Ms. Byron reviewed FSN’s departments, which include Early Childhood, Special Needs and Resilient Families. Ms. Byron provided details of the services that each of these departments offer for families of special needs children. She also added that the Special Needs department is hoping to bring back CAMP TLC in the near future and is currently seeking funders.

Mia Arias, Director, CalAIM, presented an explanation of services and proposed refinement of CalAIM Services that included personal care and homemaker services for individuals who need assistance with activities of daily living, respite services provided to caregivers of members who require intermittent temporary supervision, environmental accessibility adaptations such as physical adaptation to a home that are necessary to ensure the health, welfare and safety of the individual or enable the individual to function with greater independence in the home, without which the member would require institutionalization. She also discussed nursing facility transition/diversion to an assisted living facility

services that facilitate nursing facility transition and ongoing support to members that are transitioning into an assisted living facility from a nursing home or private residence.

Yunkyung Kim, Chief Operating Officer, shared with the committee that CalOptima Health had a sit down with the Department of Health Care Services (DHCS), along with County agencies, and community-based organizations, and were joined by the Chair and Vice Chair of the WCM FAC as well as committee members and Chair and Vice Chair of the Member Advisory Committee, to share Orange County's experience in implementing the CalAIM Program initiatives. She thanked the committee members for taking the time to attend the meeting with DHCS and added that DHCS leadership was very appreciative of the candid feedback they received on the implementation of CalAIM services. Ms. Kim also discussed the recent election and reemphasized CalOptima Health's commitment to serving its members.

Zeinab Dabbah, M.D., Ph.D. J.D., Deputy Chief Medical Officer, presented an update on the vaccines that are available and encouraged the committee members to consider getting the three seasonal vaccines: Respiratory Syncytial Virus (RSV), COVID and the Flu shot. Dr. Dabbah also discussed the 90-day countdown to the pediatric integration of members 21 years of age and younger effective January 31, 2025, by Medi-Cal Rx. She noted that this will reinstate claim edits and prior authorization (PA) requirements for members under 21. As part of this pediatric integration, Medi-Cal Rx will implement the CCS Panel Authority policy in which CCS Panel Providers will have prescribing authority for a limited list of medications and supplies under a set of utilization management (UM) policies selected for this authority.

The WCM FAC appreciates and thanks the CalOptima Board of Directors' Quality Assurance Committee for the opportunity to provide input and updates on its current activities.

MINUTES
REGULAR MEETING
OF THE
CALOPTIMA HEALTH BOARD OF DIRECTORS’
QUALITY ASSURANCE COMMITTEE

CALOPTIMA HEALTH
505 CITY PARKWAY WEST
ORANGE, CALIFORNIA

October 9, 2024

A Regular Meeting of the CalOptima Health Board of Directors’ Quality Assurance Committee (Committee) was held on October 9, 2024, at CalOptima Health, 505 City Parkway West, Orange, California. The meeting was held in person and via Zoom webinar as allowed for under Assembly Bill (AB) 2449, which took effect after Governor Newsom ended the COVID-19 state of emergency on February 28, 2023. The meeting recording is available on CalOptima Health’s website under Past Meeting Materials.

Chair Jose Mayorga called the meeting to order at 3:02 p.m., and Linda Lee, Executive Director, Quality Improvement, led the Pledge of Allegiance.

CALL TO ORDER

Members Present: Jose Mayorga, M.D.; Chair; Maura Byron; Catherine Green, R.N.

(All Committee members in attendance participated in person except Director Byron, who participated remotely under Just Cause, using her first of two uses for calendar year 2024, as permitted by AB 2449.)

Members Absent: None.

Others Present: Yunkyung Kim, Chief Operating Officer; Richard Pitts, D.O., Ph.D., Chief Medical Officer; Troy Szabo, Outside General Counsel, Kennaday Leavitt; Linda Lee, Executive Director, Quality Improvement; Monica Macias, Director, PACE; Sharon Dwiwers, Clerk of the Board

MANAGEMENT REPORTS

1. Medi-Cal Regulatory Audits Update

John Tanner, Chief Compliance Officer, provided an update on CalOptima Health’s Medi-Cal regulatory audits. Mr. Tanner reported that he will be providing updates on two audits. The first audit was conducted in February/March 2023 by the Department of Health Care Services (DHCS), and the areas of focus were transportation, both non-emergency medical transportation and non-medical transportation, and behavioral health, which included specialty mental health services, non-specialty mental health services, and substance use disorder (SUD) services. CalOptima Health received its final report on August 30, 2024, and there were no findings regarding transportation and two findings regarding behavioral health. Mr. Tanner reviewed the behavioral health findings, noting that one finding was regarding SUD treatment, and the other was related to SUD services follow-up to understand barriers and adjust referrals for which members did not receive the referred treatment.

He noted that CalOptima Health staff submitted its response to the corrective action plan (CAP) on October 7, 2024, and are waiting to see if DHCS has any questions on the CAP submission.

The second audit update was on CalOptima Health's Routine Medical Audit that DHCS conducts every year. The audit period was February 1, 2023, through February 29, 2024, and there were ten findings across four audit categories. The audit was conducted in March 2024, and consisted of six audit areas, which included: Utilization Management, which had three findings; Case Management and Coordination of Care, which had two findings; Access and Availability of Care, which had four findings; and Members' Rights, which had one finding. The other two audit areas were Quality Management and Administrative and Organizational Capacity, and there were no findings in those two audit areas. Mr. Tanner reviewed the details of the findings and noted that DHCS formally requested a CAP on August 22, 2024. CalOptima Health staff submitted its CAP to DHCS on September 23, 2024, and will submit monthly CAP updates to DHCS until all CAP actions have been implemented. Mr. Tanner added that the final CAP is scheduled to be completed by January 2025.

Mr. Tanner and Linda Lee, Executive Director, Quality Improvement, responded to Committee members' comments and questions.

PUBLIC COMMENTS

There were no public comments.

CONSENT CALENDAR

2. Approve the Minutes of the June 12, 2024, Regular Meeting of the CalOptima Health Board of Directors' Quality Assurance Committee

Action: On motion of Director Byron, seconded and carried, the Committee approved the Consent Calendar as presented. (Motion carried 3-0-0)

Chair Mayorga noted for the record that he would not be participating in Agenda Items 3 and 4 due to his role as Executive Director at UC Irvine Health and would leave the room during the discussion and vote. He passed the gavel to Director Byron.

REPORT/DISCUSSION ITEMS

3. Recommend that the Board of Directors Approve Modifications to CalOptima Policy AA.1207b and AA.1207c: Performance-based Health Network and CalOptima Community Network Auto-Assignment Allocation Methodology and Performance-based Community Health Center Auto-Assignment Allocation Methodology

Chair Mayorga did not participate in this item due to his role as Executive Director at UC Irvine Health and left the room during the discussion and vote.

Ms. Lee presented an overview of the proposed changes to the auto assignment policies. She started by providing some background on the auto assignment policies and why they are used. Auto assignment is a process for when a CalOptima Health member does not select a health network or a primary care provider. CalOptima Health uses factors that a member might use if they were making their own selection, such as geography, previous member affiliation, member family link, Federally Qualified Health Center (FQHC) status, and quality scores. CalOptima Health's auto assignment policies are structured ensure that members are assigned to a contracted health network to coordinate

their care, support community health centers, which includes community clinics, FQHCs and FQHC look-alikes), and ensure members have access to providers near their residence. Ms. Lee reviewed the auto assignment quality score proposal, which will be based on the following criteria: established performance thresholds based on industry standards; selected measures based on alignment with DHCS priorities, including Medi-Cal Accountability Set minimum performance level, quality withhold and auto assignment measures; administrative data collections designated by the National Committee for Quality Assurance (NCQA); determined minimum eligible population with adequate volume to calculate meaningful rates; and methods for new providers to participate before quality scores can be calculated. Ms. Lee added that the proposed changes apply to providers participating in the auto assignment process, including health networks and community clinics. Ms. Lee also reviewed the details of the measurement year (MY) 2025 auto assignment quality measurement set, the quality score methodology, and the proposed implementation timeline with Committee members.

Action: On motion of Director Green, seconded and carried, the Committee recommended that the Board of Directors approve recommended modifications to policy AA.1207b: Performance-based Health Network and CalOptima Community Network Auto-Assignment Allocation Methodology and AA.1207c: Performance-based Community Health Center Auto-Assignment Allocation Methodology. (Motion carried 2-0-0; Chair Mayorga recused)

4. Recommend that the Board of Directors Approve CalOptima Health Measurement Year 2025 Medi-Cal and OneCare Pay-for-Value Programs

Director Mayorga did not participate in this item due to his role as Executive Director at UC Irvine Health and left the room during the discussion and vote.

Ms. Lee introduced this item noting that the proposed MY 2025 Medi-Cal and OneCare Pay for Value Programs remain relatively unchanged from MY 2024 programs. She added that the 2024 programs had some substantive changes, and CalOptima Health decided to keep the programs the same to avoid any provider confusion and also to determine the effectiveness of the new methodology used in 2024. Ms. Lee reviewed the pay for value program principles, which include using industry standard measurement and benchmarks to encourage CalOptima Health's providers to improve quality performance and data reporting for quality measures to ensure that members are getting appropriate care. She noted that measures that CalOptima Health is using align with DHCS measures for Medi-Cal and the Centers for Medicare & Medicaid Services (CMS) measures for OneCare, which is CalOptima Health's Medicare line of business. Ms. Lee reviewed additional details in the Pay for Value Programs and noted that more in depth information is included in the appendix attached to the presentation and included in the meeting materials.

Action: On motion of Director Green, seconded and carried, the Committee recommended that the Board of Directors: 1.) Approve Measurement Year 2025 Medi-Cal Pay for Value Performance Program for the period effective January 1, 2025, through December 31, 2025; 2.) Approve Measurement Year 2025 OneCare Pay for Value Performance Program for the period effective January 1, 2025, through December 31, 2025; and 3.) Approve the use of unearned Measurement Year 2025 Pay for Value Performance

***Program funds for quality initiatives and grants. (Motion carried 2-0-0;
Chair Mayorga recused)***

5. Recommend that the Board of Directors Approve Recommendations for the Chair and Vice Chair Appointments to the Whole-Child Model Family Advisory Committee

Yunkyung Kim, Chief Operating Officer, introduced this item, noting that it was a pleasure to recommend that the Committee recommend to the full CalOptima Health Board of Directors the appointments of Lori Sato as Chair and Erika Jewell as Vice Chair of the Whole-Child Model Family Advisory Committee (WCM FAC). Ms. Kim noted that the WCM FAC is special because 11 of its sitting members, some of which are parents of children with special needs and some of which are parents of adults with special needs. Ms. Kim added that Director Byron formerly served as Chair of the WCM FAC and knows firsthand the importance of the committee to the care of CalOptima Health's members.

Director Byron commented that she was happy to hear the slate of candidates for Chair and Vice Chair and noted that the WCM FAC made a wonderful selection.

Action: On motion of Director Byron, seconded and carried, the Committee recommended that the Board of Directors: 1.) Appoint Lori Sato as Chair and Erika Jewell as the Vice-Chair of the Whole-Child Model Family Advisory Committee to each serve a two-year term through November 5, 2026. (Motion carried 3-0-0)

ADVISORY COMMITTEE UPDATES

6. Program of All-Inclusive Care for the Elderly (PACE) Member Advisory Committee Update

Chair Mayorga noted that the update for the PACE Member Advisory Committee was in the meeting materials, and hearing no questions, the Committee accepted Agenda Item 6 as presented.

7. Whole-Child Model Family Advisory Committee Report

Kristen Rogers, Chair of the WCM FAC, provided an update on the activities of the WCM FAC. Ms. Rogers thanked CalOptima Health for the honor of serving as Chair the past two years. She noted that the report from the September 19, 2024, WCM FAC meeting was in the materials and noted that she was looking forward to Director Byron giving a presentation on the Family Support Network's recent activities at the November 19, 2024, WCM FAC meeting.

INFORMATION ITEMS

8. Overview of Quality Improvement

Ms. Lee presented an overview of the components that make up the quality improvement program for CalOptima Health members. She noted that quality is a foundational priority for members, health care regulators, payers, providers, and stakeholders. Ms. Lee added that quality in health care has been defined by industry experts, regulators, and stakeholders. She noted that the Institute of Medicine of the National Academy of Sciences was the first to define quality health care as "safe, effective, patient-centered, timely, efficient and equitable." Ms. Lee also noted that the Agency for Healthcare Research and Quality defines quality health care "as doing the right thing for the right patient, at the right time, in the right way to achieve the best possible results." Ms. Lee commented that the key to quality is measurement, transparency, and accountability.

Ms. Lee reviewed the quality program regulatory requirements, which include a CMS-developed national quality strategy to ensure that members have access to a high-value health care system measured by quality outcomes, safety, equity, and accessibility for all. DHCS developed a comprehensive quality strategy in 2022 that is aligned with CMS goals. Ms. Lee noted that both CMS and DHCS require the collection and reporting of quality performance measures, including Healthcare Effectiveness Data and Information Set (HEDIS), Consumer Assessment of Healthcare Providers and Systems (CAHPS), and Health Outcomes Survey (HOS). She added that both CMS and DHCS post quality scores for public transparency and to inform stakeholders. Consequences for failing to meet quality goals may result in sanctions, corrective action, and contract non-compliance.

Ms. Lee reviewed CalOptima Health's quality components, including Governance/Committees, Quality Program Documents and Policies, Quality Initiatives and Projects, and Quality Measurement and the details of each of the quality components.

Ms. Lee also provided an overview of CalOptima Health's program summaries and updates. She reviewed the star rating systems, noting that both CMS and NCQA utilize quality measures to rate health plans. Ms. Lee added the measures are based on clinical guidelines measured by HEDIS, member experience measured by CAHPS, and HOS. Ms. Lee provided details on each of the ratings and measures and presented an overview of how CalOptima Health's Medi-Cal and OneCare programs are performing.

Ms. Lee also provided details on provider satisfaction. CalOptima Health fields an annual provider satisfaction survey to gather feedback on providers' experience interacting with CalOptima Health.

Ms. Lee noted that attached to the presentation was an appendix with additional in-depth information regarding CalOptima Health's Quality Improvement Program, which is also in the meeting materials.

Ms. Lee and Ms. Kim responded to Committee members' comments and questions.

9. Update on Quality Improvement Program

Ms. Lee provided an update on three programs: credentialing, NCQA health plan accreditation, and health equity accreditation.

Credentialing

Ms. Lee reported that in March 2024, CalOptima Health executed a contract with a credentialing verification organization (CVO) to outsource its credentialing function as a way of improving efficiency. CalOptima Health started the implementation in April 2024, and as of August 1, 2024, it has fully transitioned all of CalOptima Health Direct credentialing to the CVO. All new initial credentialing and ongoing re-credentialing will now be conducted by the CVO. CalOptima Health will retain responsibility for approving and denying credentialing files by its credentialing committee, oversight of its delegated credentialing partners, and monitoring the CVO.

NCQA Health Plan Accreditation

Ms. Lee reported that CalOptima Health successfully completed its health plan accreditation re-survey on July 10, 2024, and received full accreditation status. CalOptima Health's next accreditation will be in three years. She added that NCQA also updated CalOptima Health's health plan rating on September 15, 2024, and this is where it shows that CalOptima Health's star rating

dropped from 4.0 overall to 3.5. Three domains comprise the overall star rating; the prevention and equity remained the same; treatment remained the same; and patient experience improved from a 2.0 to 2.5. Ms. Lee reviewed the measures that improved and the measures where CalOptima Health has an opportunity for improvement. Ms. Lee also reviewed strategies that CalOptima Health has implemented to improve its star rating for all measures.

Health Equity Accreditation

Ms. Lee reported that DHCS is requiring all health plans to achieve health equity accreditation by January 2026. She noted that CalOptima Health's goal is to be accredited by quarter three of 2025. Ms. Lee added that CalOptima Health has submitted its application with a survey date of October 7, 2025, and has engaged a consultant to help implement a plan for readiness. Health equity accreditation has six domains around organization readiness that promotes diversity among staff, collecting data to better understand the disparities and needs of CalOptima Health members, ensuring that members can access language services, and ensuring that the plan's provider network is aligned and can respond to the cultural needs of its members. Ms. Lee provided additional details on health equity accreditation, including a requirement to collect sexual orientation and gender identity of CalOptima Health's members. Ms. Lee added that staff is working with CalOptima Health's Information Technology department to ready its systems to collect this information and incorporate it into quality initiatives and programs.

Ms. Lee responded to Committee members' comments and questions.

10. Healthcare Effectiveness Data and Information Set (HEDIS) Measurement Year 2023 Results

Mohini Sinha, M.D., Medical Director, Quality Improvement, presented the HEDIS results for measurement year 2023. Dr. Sinha reported that HEDIS is a set of standardized measures across six domains of care and relate to significant public health issues such as cancer, heart disease, asthma, diabetes. Dr. Sinha noted that because HEDIS is so standardized, it allows for apples-to-apples comparison of health plan performance. She added that NCQA uses the HEDIS measures in its health ratings and accreditation program. Dr. Sinha reviewed measures where CalOptima Health performed well and measures that need improvement (which include blood lead screening, among others), and the strategies that staff has implemented to address any low performing measures.

The Committee and staff had a robust discussion regarding barriers to improving various measures and ways to address those barriers for improved outcomes for CalOptima Health and its members. For full details of this presentation, please view the past meeting materials on CalOptima Health's website.

11. Quality Improvement Grant Program

Ms. Lee provided an update on the Quality Improvement Grant Program, noting that grant funds are based on unearned measurement year 2023 Medi-Cal Pay for Value Program dollars. The total pay for value funds totaled \$79.7 million. Funds earned based on quality performance totaled \$44.3 million. Funds unearned and available for grants totaled \$35.3 million. Funds requested via grant applications totaled \$15.3 million. Grants awarded totaled \$3 million to health networks. CalOptima Health Care Network grant applications are still under review. Ms. Lee reviewed the health networks that received the grants, specific grant focus areas, and the grant amount approved. Ms. Lee noted that some of the health networks requested blood lead analyzers, which were aimed at improving blood lead screening measures. Ms. Lee also noted that some networks requested grants to support

management of chronic conditions such as diabetes and added the CalOptima Health is happy to see providers using the grant dollars to not only improve HEDIS measures but also to improve member health outcomes.

12. Behavioral Health Mental Health Incentive Program Update

Camren Katsarov, Executive Director, Behavioral Health Integration, presented an update on CalOptima Health Behavioral Health (BH) Pay for Value Program. Ms. Katsarov noted that staff presented a draft of this program to the Committee at the March 2024 meeting, and the Board of Directors approved the program in May 2024. The program start remains the same, January 2025; however, in preparing for go live, CalOptima Health conducted additional listening sessions and concluded that a few modifications needed to be made to ensure the success of the BH Pay for Value Program. Not all BH providers are in health networks; many may be a single provider and not have the infrastructure as those that have a larger network. CalOptima Health is designing its BH Pay for Value Program to not only allow those larger BH providers to earn incentives based on their performance, but also allowing smaller BH providers to earn incentives for improvement. Ms. Katsarov added that by designing the program this way, CalOptima Health will encourage smaller providers to give the program a try. She also shared that she was in Sacramento speaking at the BH Taskforce meeting and attendees were excited to hear the innovation that CalOptima Health is bringing to its BH Pay for Value Program.

13.c. Member Trend Report

Ladan Khamseh, Executive Director, Operations, presented the Grievance and Appeals Resolution Services (GARS) Member Trend Report for the second quarter of 2024. Ms. Khamseh noted that this report is a standing report for the Committee; however, today she wanted to highlight a few key points. She started with the definition of a grievance, which is an expression of dissatisfaction with any aspect of a CalOptima Health program, provider, or representative. Ms. Khamseh next gave the definition of an appeal, which is a request by a member or on the member's behalf for the review of any decision to deny, modify or discontinue a covered service.

Ms. Khamseh presented an executive summary of the GARS Member Trend Report, noting that CalOptima Health received a total of 4,593 grievances and 423 appeals for the Medi-Cal and OneCare lines of business. The turnaround times for both grievance and appeals are compliant with the 30-day regulatory standard, averaging a closure rate of 25 days.

Ms. Khamseh noted that for grievances, Medi-Cal experienced a 33% increase in grievances from 3,127 in the first quarter to 4,170 in the second quarter. She also noted that a portion of the increase was related to the transition of transportation service vendors. Other increases were related to delays in referrals and authorizations and dissatisfaction with plan staff or providers. For the OneCare line of business, CalOptima Health experienced an 11% decrease in grievances from 469 in the first quarter to 423 in the second quarter, with the decrease related to access to care and billing services.

Ms. Khamseh reported that for appeals, Medi-Cal experienced an 11% increase in appeals from 320 in the first quarter to 356 in the second quarter, with an overturn rate increase of 30% to 35%. The higher overturn rate is related to Applied Behavior Analysis appeals that saw a 41% increase, tertiary level specialty care appeals, and appeals for services related to continuity of care. For the OneCare line of business, CalOptima Health experienced a 6% decrease from 71 appeals in the first quarter to 67 appeals in the second quarter, with an overturn rate decrease of 48% to 40%. Ms. Khamseh added

that the contributing factors for the overturn rate for both Medi-Cal and OneCare were continuity of care and tertiary level specialty care services.

Ms. Khamseh reviewed the additional details for grievances and appeals, including the volume and compliance, volume by line of business, CalOptima Health's comparison by NCQA and DHCS standards, volume by health networks, types of grievance and appeals by lines of business, and many other subcategories. Ms. Khamseh also reviewed trends by lines of business for both grievances and appeals and actions taken in response to trends.

The following items were accepted as presented.

13. Quarterly Reports to the Quality Assurance Committee

- a. Quality Improvement Health Equity Committee Report
- b. Program of All-Inclusive Care for the Elderly Report

COMMITTEE MEMBER COMMENTS

The Committee members thanked staff for the work that went into preparing for the meeting and for the detailed presentations and robust conversations on the important quality programs.

ADJOURNMENT

Hearing no further business, Chair Mayorga adjourned the meeting at 5:09 p.m.

/s/ Sharon Dwiars

Sharon Dwiars
Clerk of the Board

Approved: December 11, 2024



CalOptima Health

Measurement Year 2023 Pay for Value Program Update

Quality Assurance Committee Meeting
December 11, 2024

Yunkyung Kim, Chief Operating 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.

Program Overview

- In December 2022 the Board approved the Medi-Cal and OneCare Pay for Value Programs (P4V) for measurement year (MY) 2023
- The P4V programs leverage industry standard measurements and benchmarks
 - The Medi-Cal program utilizes the Department of Health Care Services (DHCS) Managed Care Accountability Set (MCAS)
 - Health Networks and primary care physicians in the CalOptima Health Community Network (CHCN) earn incentives based on performance compared to Medicaid national benchmarks
 - The OneCare program utilizes the Centers for Medicare and Medicaid Services (CMS) Medicare Advantage Star measures
 - Health Networks earn incentives based on performance compared to Medicare star measure thresholds

P4V Incentive Pool

- The MY2023 Medi-Cal P4V Program was funded at ten percent of professional capitation, base rates only
- The MY2023 OneCare P4V Program was funded at \$20pmpm
- Incentive funds are earned based on an aggregate score on a scale of 0 to 5 points, comprised of performance on individual measures compared to benchmarks.

Aggregate Quality Score

Health Network Overall Quality Rating	Percent of PMPM Payment Earned
≥ 4.5	100%
≥ 4.0	80%
≥ 3.5	60%
≥ 3.0	40%
≥ 2.5	20%
< 2.5	0%

MY2023 Medi-Cal Performance Summary

Health Network	Total Member Months	Total Available P4V	Performance Rating MY2023	Earned P4V Incentive	Percent Earned	Amount Unearned
AltaMed	850,253	\$8,090,800.52	4.0	\$6,472,640.41	80%	\$1,618,160.10
AMVI Care	349,354	\$2,785,155.00	3.0	\$1,114,062.00	40%	\$1,671,093.00
CHCN	1,695,947	\$18,095,435.24	4.0	\$14,476,348.19	80%	\$3,619,087.05
CHOC Health Alliance	1,880,827	\$12,285,484.34	3.5	\$7,371,290.60	60%	\$4,914,193.73
Family Choice	578,106	\$5,440,330.27	3.0	\$2,176,132.11	40%	\$3,264,198.16
Heritage	118,937	\$1,166,545.24	3.0	\$466,618.10	40%	\$699,927.15
Noble	280,374	\$2,482,618.26	3.5	\$1,489,570.95	60%	\$993,047.30
Optum	2,398,137	\$22,925,218.77	3.0	\$9,170,087.51	40%	\$13,755,131.26
Prospect	532,797	\$5,148,583.24	3.0	\$2,059,433.30	40%	\$3,089,149.94
United Care	543,022	\$4,579,275.23	3.0	\$1,831,710.09	40%	\$2,747,565.14
Totals	9,227,755	\$82,999,446		\$46,627,893.26		\$36,371,552.84

MY2023 Medi-Cal Incentive Performance

- In the Medi-Cal P4V program, Health Networks earned 56% of the available pool
- Unearned Medi-Cal funds were made available to Health Networks and CCN PCPs in the form of quality improvement grants
- CalOptima Health received a total of 81 grant applications

Provider	Applications Received	Applications Approved
Health Network	20	17
CCN Provider	61	15

MY2023 Medi-Cal Grant Summary

Funds available for grants	\$36.4 million
Funds requested via grant applications	\$15.3 million
Grant funds awarded	\$3 million
Funds remaining for CalOptima Health-led quality initiatives	\$33.4 million

MY2023 OneCare Performance Summary

Health Network	Total Member Months	Total Available P4V	Performance Rating MY2023	Earned P4V Incentive	Percent Earned	Amount Unearned
AltaMed	11599	\$231,980	3.5	\$139,188.00	60%	\$92,792.00
AMVI Care	4521	\$90,420	3.5	\$54,252.00	60%	\$36,168.00
CHCN	33735	\$674,690	3.5	\$404,814.00	60%	\$269,876.00
Family Choice	23151	\$463,020	4.5	\$463,020.00	100%	Not applicable
Heritage	2782	\$55,640	4.0	\$44,512.00	80%	\$1,128.00 \$11,128.00
Noble	4152	\$83,040	3.0	\$33,216.00	40%	\$49,824.00
Optum	93367	\$1,867,340	4.0	\$1,493,872.00	80%	\$373,468.00
Prospect	27513	\$550,260	3.5	\$330,156.00	60%	\$220,104.00
United Care	9032	\$180,640	4.5	\$180,640.00	100%	Not applicable
Totals	209,852	\$4,197,030		\$3,143,670.00		\$1,053,360

Rev.
12/11/24

OneCare Incentive Performance

- In the OneCare P4V program, Health Networks earned 75% of the available pool
- Two Health Networks, **Family Choice** and **United Care Medical Group**, earned 100% of their allocated incentive pool by achieving 4.5 out of 5 points
- Unearned OneCare funds were made available to Health Networks in the form of quality improvement grants

Provider	Applications Received	Applications Approved
Health Network	5	5

MY2023 OneCare Grant Summary

Funds available for grants	\$1.05 million
Funds requested via grant applications	\$575,000
Grant funds awarded	\$575,000
Funds remaining for CalOptima Health-led quality initiatives	\$478,360

Next Steps

- Medi-Cal and OneCare P4V incentive score cards and funds were issued in October and November 2024
- Disseminate grant contract agreements and funds to Health Networks and CCN providers by end of year
- Finalize plans for remaining unused funds
- Intent is to focus on system-wide improvement opportunities; for example,
 - Data sharing through Cozeva
 - Increased quality initiatives with vendors such as lab and vision providers

APPENDIX

MY2023 Medi-Cal P4V Measures

Measure

Breast Cancer Screening (BCS-E)

Cervical Cancer Screening (CCS)*

Child and Adolescent Well-Care Visits (WCV)

Childhood Immunization Status - Combo 10 (CIS)*

Chlamydia Screening in Women - Total (CHL)

Controlling Blood Pressure (CBP)

Follow-Up After ED Visit for Mental Illness – 30 Day Total (FUM)

Follow-Up After ED Visit for Alcohol and Other Drug Abuse or Depend – 30 Day Total (FUA)

Hemoglobin HbA1c Control for Patients with Diabetes – Poor control (CDC)*

*Measure rate may include findings from medical record review

[Back to Agenda](#)

MY2023 Medi-Cal P4V Measures

Measure

Immunizations for Adolescents – Combo 2 (IMA 2)*

Lead Screening in Children (LSC)

Prenatal and Postpartum Care (PPC-Pre)*- Timeliness of Prenatal Care

Prenatal and Postpartum Care (PPC-Post)*- Postpartum Care

Well-Child Visits in the first 30 months of life (W30)

- Well-Child Visits in the First 15 Months: Six or more well-child visits

Well-Child Visits in the first 30 months of life (W30)

- Well-Child Visits for Age 15 Months-30 Months: Two or more well-child visits

*Measure rate may include findings from medical record review

MY2023 Medi-Cal P4V Measures

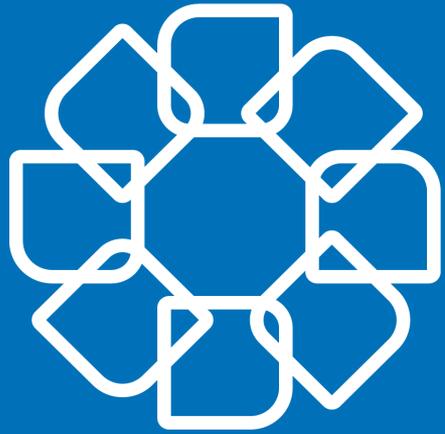
Measure
Care Coordination
Customer Service
Getting Needed Care
Getting Care Quickly
Rating of Health Care
Rating of Health Network
Rating of PCP
Rating of Specialist

MY2023 OneCare P4V Part C Measures

Measure Category	Measure
Part C HEDIS	Breast Cancer Screening (BCS-E)
	Colorectal Cancer Screening – Total (COL)
	Controlling Blood Pressure (CBP)
	Diabetes Care – Eye Exam (EED)
	Diabetes Care – Poor Control (HBD)
Part C Member Experience	Care Coordination
	Getting Care Quickly
	Getting Needed Care

MY2023 OneCare P4V Part D Measures

Measure Category	Measure
Part D	Medication Adherence for Diabetes
	Medication Adherence for Hypertension
	Medication Adherence for Cholesterol
	Statin Use in Persons with Diabetes



CalOptima Health

Stay Connected With Us
www.caloptima.org

   @CalOptima



CalOptima Health

Measurement Year 2023 Hospital Quality Program Update

Quality Assurance Committee Meeting
December 11, 2024

Mohini Sinha, M.D.
Medical Director, Quality Improvement

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.

BACKGROUND

Background

- Within the framework of CalOptima's provider model, hospitals and their affiliated physicians are integral components of the delivery of health services to members
- CalOptima Health recognizes the critical role that hospital partners play on the delivery of care to our members
- For many years, CalOptima Health has been providing quality incentive payments to Health Networks to drive improvement in quality outcomes and member satisfaction
- In December 2022, the CalOptima Health Board of Directors approved a five-year Hospital Quality Program to drive hospital performance



Pay for Value Framework

- CalOptima Health utilizes three metrics for the Pay for Value framework: quality, patient experience, and hospital safety
- To minimize hospital burden, CalOptima Health uses publicly available data listed on CMS Hospital Compare and the Leapfrog Group websites

Measurement Areas	Data Source	Measurement Values
Quality	Hospital Compare*	1 to 5 stars
Patient Experience	Hospital Compare*	1 to 5 stars
Hospital Safety	Leapfrog Group^	Grade A, B, C, D, or F

***Hospitals not listed on Hospital Compare for quality and patient experience will be assessed using the Leapfrog Rating.**

^Hospitals not listed on either Hospital Compare or Leapfrog will not qualify for incentive payments

[Back to Agenda](#)

Pay for Value Rewards

- CalOptima Health’s Hospital Quality Program rewards hospitals based on the following:

Metrics	Percent of Incentive Pool	Performance	Incentive
Quality	40%	5 stars 4 stars 3 stars 1 – 2 stars	100% of incentive 75% of incentive 50% of incentive 0% of incentive
Patient Experience	40%	5 stars 4 stars 3 stars 1 – 2 stars	100% of incentive 75% of incentive 50% of incentive 0% of incentive
Hospital Safety	20%	Grade A Grade B Grade C Grade D or F	100% of incentive 75% of incentive 50% of incentive 0% of incentive

Use of Leapfrog Quality Rating

- The Leapfrog Ratings are used in the Hospital Quality measures as mapped below for hospitals that cannot report to CMS

Metrics	Leapfrog Ratings Domains	Measurement Values
Quality	Critical Care Pediatric Care Care for Elective Outpatient Surgery Patients	Scale of 1 to 4 bars
Patient Experience	Experience of Children and Their Parents	Scale of 1 to 4 bars
Hospital Safety Grade	Patient Rights and Ethics Preventing Patient Harm Medication Safety Healthcare-Associated Infections	Scale of 1 to 4 bars

Pay for Value Rewards- Leapfrog Rating

- The Leapfrog Ratings will be assessed for performance using the same weights and a scale of 1 to 4 bars:

Metrics	Percent of Incentive Pool	Performance Rating	Incentive
Quality	40%	4 bars 3 bars 2 bars 1bar	100% of incentive 75% of incentive 50% of incentive 0% of incentive
Patient Experience	40%	4 bars 3 bars 2 bars 1bar	100% of incentive 75% of incentive 50% of incentive 0% of incentive
Hospital Safety	20%	4 bars 3 bars 2 bars 1bar	100% of incentive 75% of incentive 50% of incentive 0% of incentive

Incentive Timeframe

- \$30 million per year for five years 2023-2027
- Incentive awards will be based on performance compared to 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
- 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

Tracking Performance

- CalOptima Health has calculated baseline hospital performance using measurement year 2021 and 2022 data to illustrate performance to contracted hospitals
- CalOptima Health also modeled incentive payments to illustrate performance trends and potential incentives
- **The first year of actual incentive payments is based on measurement year (MY) 2023, reported by mid-2024, and paid by end of 2024**

MY2023 Results

Hospital Quality Funding Pool

- The first year of actual incentive payments is based on MY 2023, reported by mid-2024, and paid by end of 2024
- Total annual pool: \$30 million
- Total incentives earned: **\$15,391,218**
- Funds remaining: \$14,608,782

Hospital Performance MY2023

Hospital	Hospital Quality STARS Rating	Hospital Patient Survey Rating	Leapfrog Hospital Safety Guide	Maximum Incentive Possible	Incentive Earned
Anaheim Regional Medical Center	★★★	★★	B	\$1,413,638	\$494,773
Anaheim Global Medical Center	N/A	★★	C	\$265,834	\$26,583
Chapman Global Medical Center	★	★	D	\$155,157	\$0
Children's Hospital of Orange County	★★★★★	★★★★★	B	\$3,598,119	\$3,418,213
Foothill Regional Medical Center	N/A	★	N/A	\$627,218	\$0
Fountain Valley Regional Hospital & Medical Center	★★	★	D	\$3,456,890	\$0
Hoag Memorial Hospital Presbyterian	★★★★★	★★★★★	A	\$1,940,663	\$1,746,597
Los Alamitos Medical Center	★	★★	D	\$404,816	\$0
Memorial Care Long Beach Medical Center	★★	★★★	C	\$207,276	\$62,183
Memorial Care Miller Children's and Women's Hospital	★★	★★★	C	\$0	\$0
Memorial Care Orange Coast Medical Center	★★★★★	★★★	C	\$1,120,696	\$672,418
Memorial Care Saddleback Medical Center	★★★	★★★	B	\$412,305	\$226,768
Orange County Global Medical Center	★	★★	D	\$2,013,149	\$0
Placentia Linda Hospital	★★	★★★	C	\$360,336	\$108,101
Pomona Valley Hospital Medical Center	★★★★★	★★★	A	\$29,354	\$20,548
Providence Mission Hospital	★★★★★	★★★	B	\$1,305,806	\$848,774
Providence St. Joseph Hospital	★★★★★	★★★★★	B	\$2,881,640	\$2,161,230
Providence St. Jude Medical Center	★★★★★	★★★	B	\$1,355,978	\$881,386
South Coast Global Medical Center	N/A	★	D	\$359,887	\$0
UCI Medical Center	★★★★★	★★★★★	A	\$5,881,296	\$4,705,037
Whittier Hospital Medical Center	★★★	★★	B	\$53,167	\$18,608
Totals				\$27,843,225	\$15,391,219



Hospital Performance MY2023

Hospital	Hospital Quality STARS Rating	Hospital Patient Survey Rating	Leapfrog Hospital Safety Guide	Maximum Incentive Possible	Incentive Earned
Children's Hospital at Mission	N/A	N/A	N/A	\$503,662	\$0
Children's Hospital of Los Angeles	N/A	N/A	N/A	\$73,685	\$0
City of Hope Medical Center	N/A	N/A	N/A	\$167,138	\$0
Encompass Health Rehabilitation Hospital of Tustin	N/A	N/A	N/A	\$249,510	\$0
Healthbridge Children's Hospital - Orange	N/A	N/A	N/A	\$38,640	\$0
Kindred Hospital - Brea	N/A	N/A	N/A	\$ 474,757	\$0
Kindred Hospital - Santa Ana	N/A	N/A	N/A	\$423,837	\$0
UCSD Medical Center- San Diego	N/A	N/A	N/A	\$ 225,547	\$0
Totals				\$ 2,156,776	\$0

These facilities qualify for grants of \$150,000 if they agree to report data to CMS and/or Leapfrog.

Hospitals not listed on Hospital Compare for quality and patient experience will be assessed using the Leapfrog Rating.

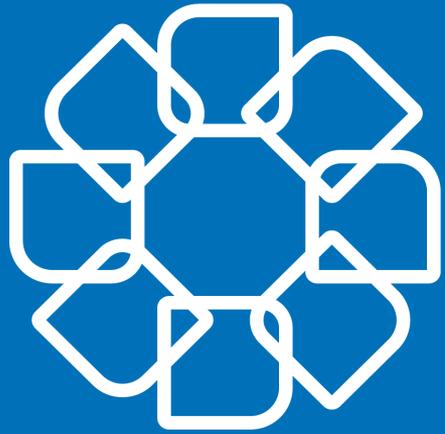
Hospitals not listed on either Hospital Compare or Leapfrog will not qualify for incentive payments

[Back to Agenda](#)



Next Steps

- CalOptima Health is soliciting feedback from hospital partners on options to utilize unearned incentive dollars
- Current suggestions include rolling unearned dollars forward into the next measurement period to increase the incentive pool i.e. MY2023 unearned incentives of \$14.6 million will be added to the MY2024 incentive pool for a total of \$44.6 million



CalOptima Health

Stay Connected With Us
www.caloptima.org

   @CalOptima



CalOptima Health

2025 OneCare Stars Improvement Update

Quality Assurance Committee Meeting
December 11, 2024

Stephen Arabo, M.D.
Medical Director, OneCare

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.

2025 Stars Improvement Strategy

- CalOptima Health staff and the stars executive work group evaluated all Star measures for prioritization and developed a comprehensive short- and long-term stars work plan
- High priority measures include pharmacy and member experience measures based on measure weights and opportunities to impact multiple measures with comprehensive initiatives

Member Experience Improvement Strategies

- High performing health plans leverage every member interaction to provide high-value customer service
- A critical component of customer service is understanding and responding to members' needs
- An effective and quick method for gathering member feedback is “listening posts” which consist of targeted outreach to members that have specific interactions with the health care system to solicit their input and respond to their needs
- From December 2024 to February 2025, we will implement high priority listening posts

Listening Post Topics

Member Interaction Event	Cadence
Medication fill within the last month	Monthly
Missed medication fill	Monthly
Office visit within the last month	Monthly
Inpatient or emergency department discharge within the last month	Monthly
Members whose access risk is high or moderate	Quarterly
Members whose disenrollment risk is high or moderate	Quarterly
Members who are unengaged and have open care gaps	Quarterly
Members with identified referrals and prior authorization requests	Monthly

Just In Time Campaign

- Goal: outreach to all members to improve satisfaction and retention
- Beginning January 2025 through early March 2025, outreach to members immediately ahead of member satisfaction survey
- Members will be prioritized based on satisfaction risk using predictive analytics:
 - Members likely to be dissatisfied and likely to respond to a survey for service recovery
 - Members likely to be highly satisfied but unlikely to respond to a survey to promote survey response

Pharmacy Improvement Strategies

- Created a pharmacy strike team to implement focused interventions for medication adherence measures:
 - Statin Therapy for Patients with Cardiovascular Disease
 - Medication Adherence for Diabetes Medications
 - Medication Adherence for Hypertension (RAS antagonists)
 - Medication Adherence for Cholesterol (Statins)
 - Statin Use in Persons with Diabetes (SUPD)
- The team has implemented the following interventions:
 - Conversion of 30-day to 90-day fills
 - Confirmed member pick-up of medications
 - Activities to promote medication adherence

Pharmacy Activities Q4 2024

Member	Provider	Pharmacy
Conduct 512 medication adherence reminder phone calls	Distribute provider care gap lists with patient details to initiate statin therapy, improve adherence, and convert from 30- to 90-day fills	Revise retail pharmacy point-of-service messaging for Medi-Cal Rx covered medications
Deploy interactive voice response calls and text messages for adherence education and refills reminders	Outreach to providers to promote e-prescribing, 90-day fills, and medication adherence	Issue reminders about refill synchronization
Distribute weekly member detail report to Health Networks to conduct outreach for medication adherence	Distribute provider educational materials including tip sheets and medication adherence newsletter	Outreach to refill medications impacting adherence measures
Educate members on prescription drug benefit, distinction between OneCare and Medi-Cal carve-out benefit	Implement CalOptima Health pharmacist protocol for converting prescriptions to 90-day supplies on behalf of the provider	Outreach to assist with setting up medication delivery

Next Steps

- Monitor listening posts for appropriate member-specific follow-up actions
- Throughout 2025 we will implement additional listening posts to continuously gather member feedback
- Implement Just in Time campaigns
- Evaluate impact of pharmacy interventions to improve next year's activities for resetting of medication adherence measures in Q1 2025

APPENDIX

Trended OneCare Star Ratings 2022-2025

Star Year	2022	2023	2024	2025
Measurement Year	2020	2021	2022	2023
Overall Star Rating	4	3	3	2.5
Part C	3.5	2.5	3	3
Part D	4.5	3.5	3.5	3

Trended OneCare Part C Star Ratings 2022-2025

Star Domain	Star Measure	2022	2023	2024	2025
Staying Healthy: Screenings, Tests, and Vaccines	Breast Cancer Screening	3	3	3	3
	Colorectal Cancer Screening	3	3	3	3
	Annual Flu Vaccine	3	2	2	3
	Monitoring Physical Activity	2	3	4	4
Managing Chronic Conditions	Special Needs Plan (SNP) Care Management (HRA Completion)	2	1	1	2
	Care for Older Adults - Medication Review	4	4	3	3
	Care for Older Adults - Pain Assessment	4	3	3	3
	Osteoporosis Management in Women who had a Fracture	NA	NA	NA	2
	Diabetes Care - Eye Exam	4	5	4	3
	Diabetes Care - Kidney Disease Monitoring	4	3	NA	NA
	Diabetes Care - Blood Sugar Controlled	4	4	3	4
	Controlling Blood Pressure	NA	3	3	3
	Reducing the Risk of Falling	NA	NA	NA	4
	Improving Bladder Control	NA	NA	NA	3
	Medication Reconciliation Post-Discharge	3	4	3	3
	Plan All-Cause Readmissions	NA	NA	4	3
	Statin Therapy for Patients with Cardiovascular Disease	2	4	2	3
	Transitions of Care	NA	NA	2	2
	Follow-Up after ED Visit for People with Multiple High-Risk Chronic Conditions	NA	NA	2	2

NA = not applicable; measure was not included in Star rating during measurement period

[Back to Agenda](#)

Trended OneCare Part C Star Ratings 2022-2025

Star Domain	Star Measure	2022	2023	2024	2025
Member Experience	Getting Needed Care	4	1	1	1
	Getting Appointments and Care Quickly	4	2	1	1
	Customer Service	NA	1	1	1
	Rating of Health Care Quality	3	1	3	1
	Rating of Health Plan	3	2	2	2
	Care Coordination	2	1	1	1
Member Complaints and Changes in Health Plan Performance	Complaints about the Health Plan	5	5	5	5
	Members Choosing to Leave the Plan	3	3	4	4
	Health Plan Quality Improvement	2	4	3	4
Health Plan Customer Service	Plan Makes Timely Decisions about Appeals	3	4	5	4
	Reviewing Appeals Decisions	5	3	5	4
	Call Center - Foreign Language Interpreter and TTY Availability	5	1	3	3

NA = not applicable; measure was not included in Star rating during measurement period

[Back to Agenda](#)

Trended OneCare Part D Star Ratings 2022-2025

Star Domain	Star Measure	2022	2023	2024	2025
Drug Plan Customer Service	Call Center - Foreign Language Interpreter and TTY Availability	4	2	3	4
	Complaints about the Drug Plan	5	5	5	5
Member Complaints and Changes in Drug Plan Performance	Members Choosing to Leave the Plan	3	3	4	4
	Drug Plan Quality Improvement	4	2	3	2
	Rating of Drug Plan	4	4	4	2
Member Experience with the Drug Plan	Getting Needed Prescription Drugs	4	2	2	1
	MPF Price Accuracy	4	5	3	2
Drug Safety and Accuracy of Drug Pricing	Medication Adherence for Diabetes Medications	4	3	4	4
	Medication Adherence for Hypertension (RAS antagonists)	5	4	3	2
	Medication Adherence for Cholesterol (Statins)	5	4	2	2
	MTM Program Completion Rate for CMR	5	5	3	2
	Statin Use in Persons with Diabetes (SUPD)	2	4	4	3

Critical Strategies for Improvement

Integrative Member Focus

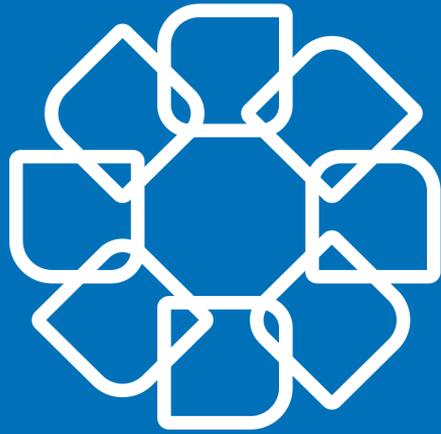
- Integrated member engagement function and dedicated team

Collaborative Provider Engagement

- Effective provider services and engagement, promoting quality and member experience

Impactful Clinical Programs

- Meaningful model of care implementation: HRA, tailored care plans, and care gap closure
- Evaluate and improve management of Part D benefit and operations



CalOptima Health

Stay Connected With Us
www.caloptima.org

   @CalOptima



CalOptima Health

Behavioral Health Quality Initiatives

Quality Assurance Committee Meeting
December 11, 2024

Natalie Zavala LMFT
Director, Behavioral Health Integration

Our Mission

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

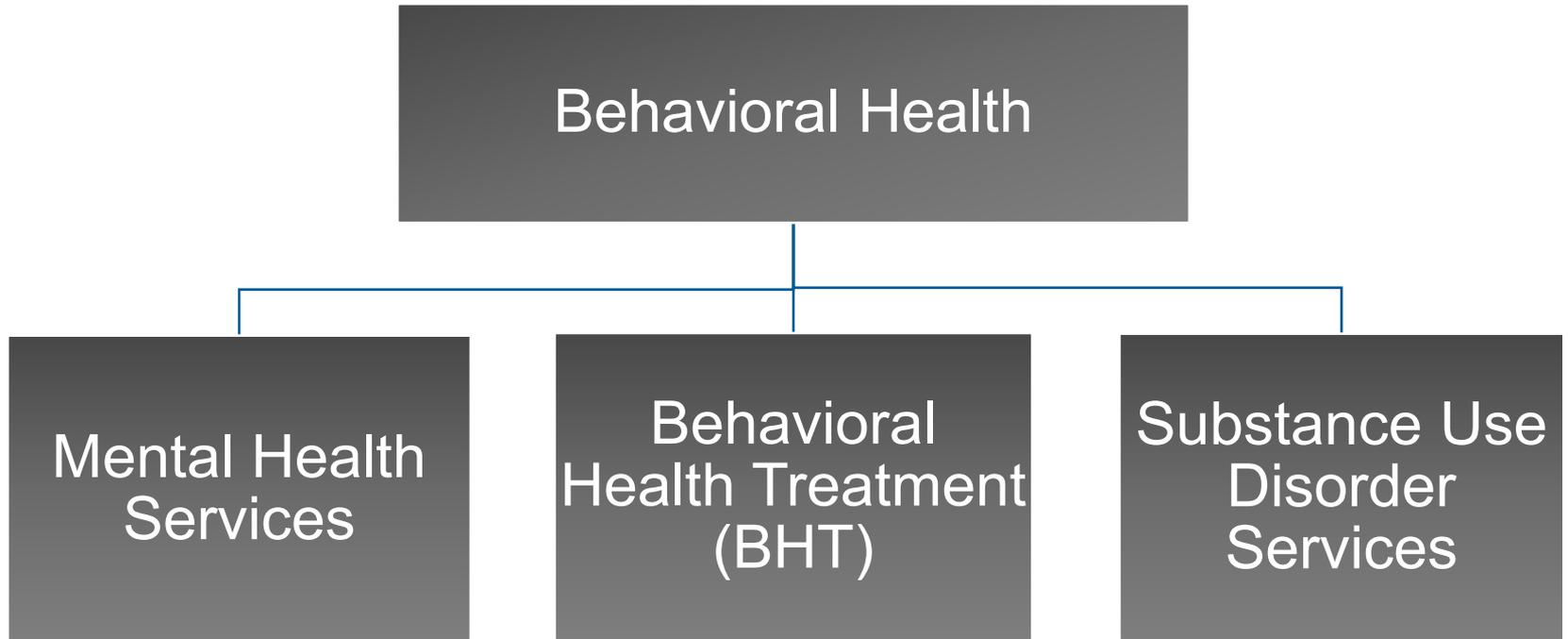
Our Vision

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.

Agenda

- Overview of Medi-Cal Behavioral Health Delivery Systems
- Behavioral Health Benefits
- Behavioral Health Quality Measures – September 2024 Prospective Rates
- Barriers and Interventions

CalOptima Health Behavioral Health Services



Behavioral Health Continuum

- Delivery of Medi-Cal behavioral health services is split between counties and managed care plans (MCPs).
- The Behavioral Health Continuum represents the range of impairment from none to severe.
- Depending on the circumstances of individuals at any time, they may find themselves at one point on the continuum and shift position as their situation or condition improves or worsens.

No Impairments **Mild** **Moderate** **Severe/Acute**



[Back to Agenda](#)

Medi-Cal Behavioral Health Levels of Care

Impairment Level	Responsibility	Who Provides BH Services
Mild to Moderate	Managed Care Plan (MCP)	CalOptima Health contracted providers
Severe	Mental Health Plan (MHP)	Orange County Health Care Agency (OC HCA) and their contracted providers

CalOptima Health Behavioral Health (BH) Benefits Summary

Behavioral Health Services	Medi-Cal	OneCare
Psychotherapy	✓	✓
Psychological testing	✓	✓
Medication	✓	✓
Applied Behavior Analysis (ABA)*	✓	N/A
Inpatient mental health care	County	✓
Partial hospitalization program	County	✓

*For members under 21 years of age

[Back to Agenda](#)

CalOptima Health Substance Use Disorder Services (SUDS) Benefit Summary

SUD Services	Medi-Cal	OneCare
Alcohol and Drug Screening, Assessment, Brief Interventions and Referral to Treatment (SABIRT)	✓	✓
Office-Based Medication Assisted Treatment (MAT)	✓	✓
Opioid Treatment Program	Drug Medi-Cal Organized Delivery System	✓
Medical Detox	✓	✓
All other SUD services (e.g., residential treatment, recovery services and withdrawal management)	Drug Medi-Cal Organized Delivery System	Drug Medi-Cal Organized Delivery System

Drug Medi-Cal Organized Delivery System runs through OC HCA

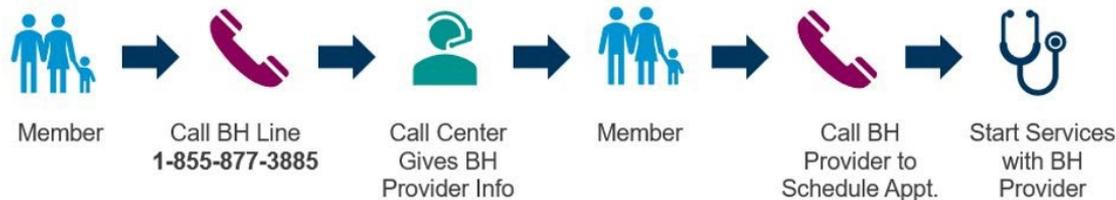


Access and Coordination of Care for Behavioral Health Services

- Department of Health Care Services (DHCS) Medi-Cal Screening and Transition of Care Tools is used to determine the appropriate level of care and delivery system.
- Referrals and connection to services are coordinated between CalOptima Health and OC HCA.
 - Members do not need a diagnosis to start services.
 - Members can access behavioral health services through either CalOptima Health or the county OC HCA and sometimes will receive services in both delivery systems when necessary.

Access and Coordination of Care for Behavioral Health Services cont.

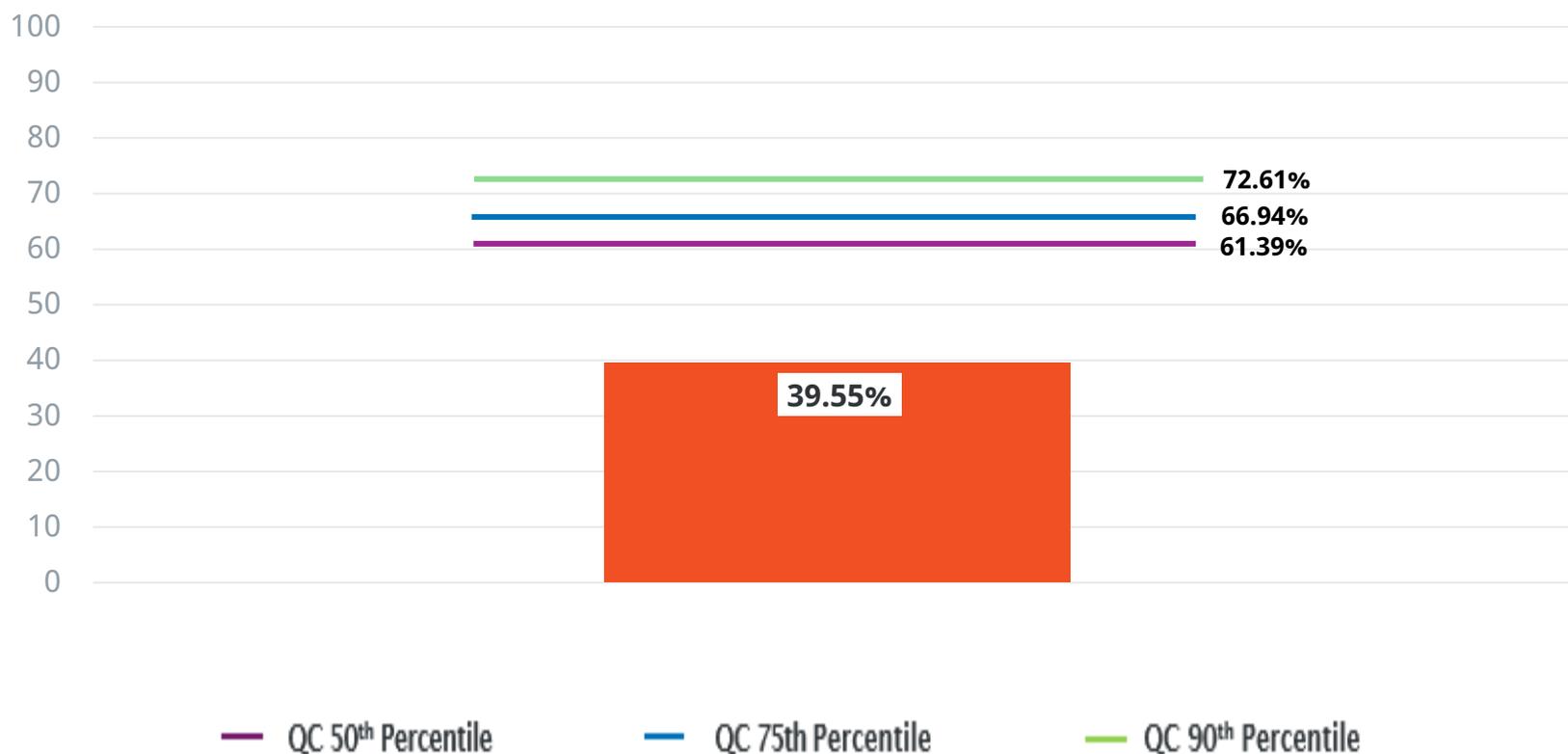
- CalOptima Health has a dedicated behavioral health department.
- Members may be warm transferred to or call the CalOptima Health Behavioral Health (BH) Line at 855-877-3885 to access BH services, including Substance Use Disorder Services which is available 24 hours per day, 7 days a week. (TTY 711)
- Providers can also receive assistance through our dedicated line.



Behavioral Health Quality Measures September 2024 Prospective Rates

Adherence to Antipsychotic Meds (SAA)

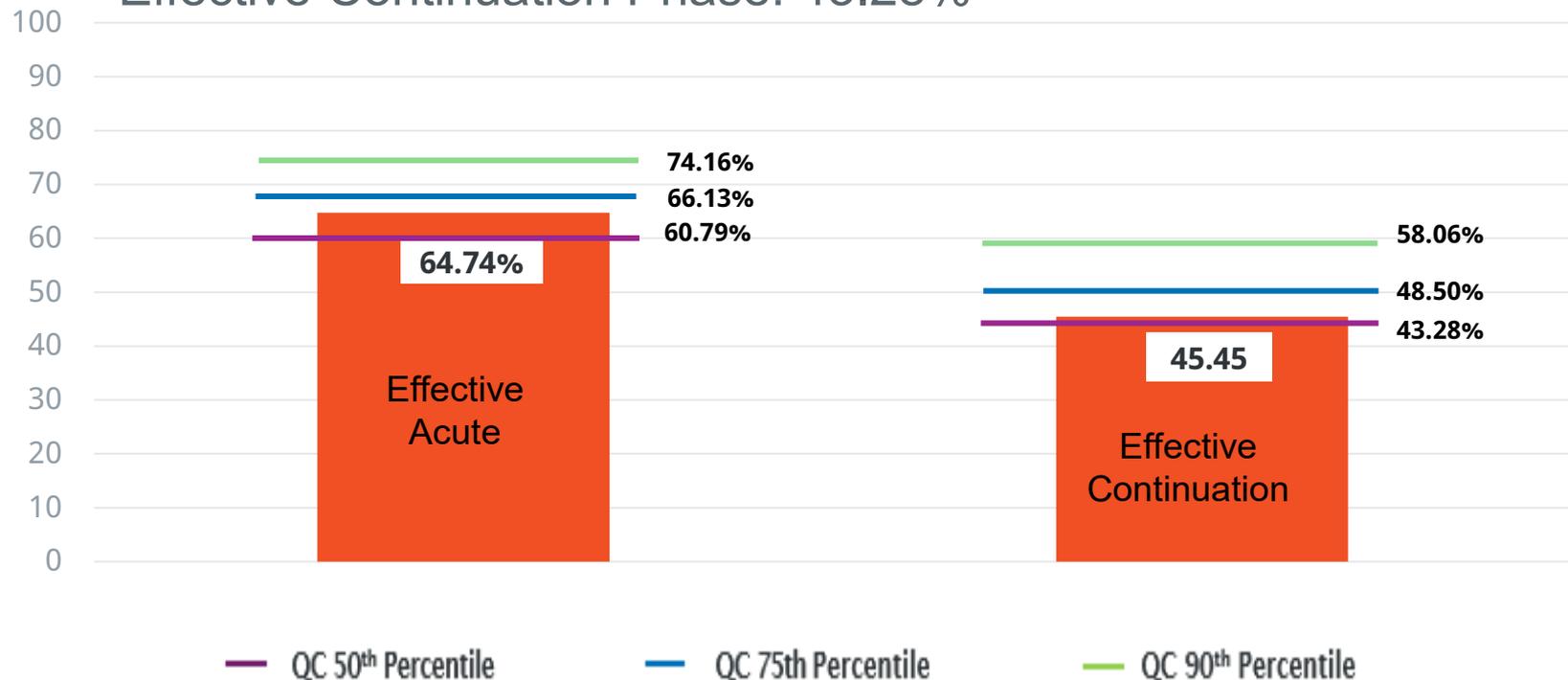
- Minimum performance level (MPL) Goal: 61.39%



Antidepressant Medication Management (AMM)

- Minimum performance level (MPL) Goal:

- Effective Acute Phase: 60.79%
- Effective Continuation Phase: 43.28%

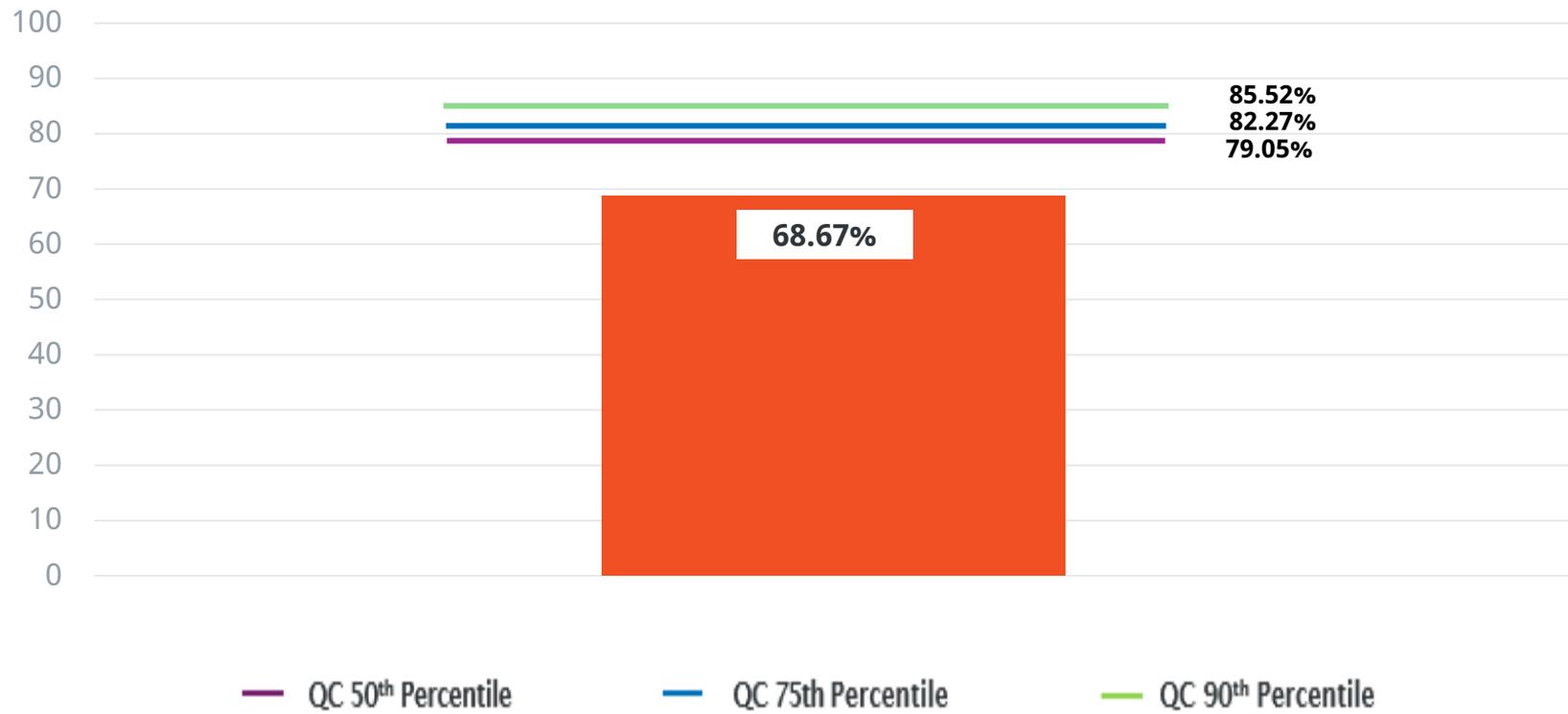


Depression Screening and Follow-Up for Adolescents and Adults (DSF-E)

- New Measure
- Minimum performance level (MPL) goal: To Be Determined in 2025

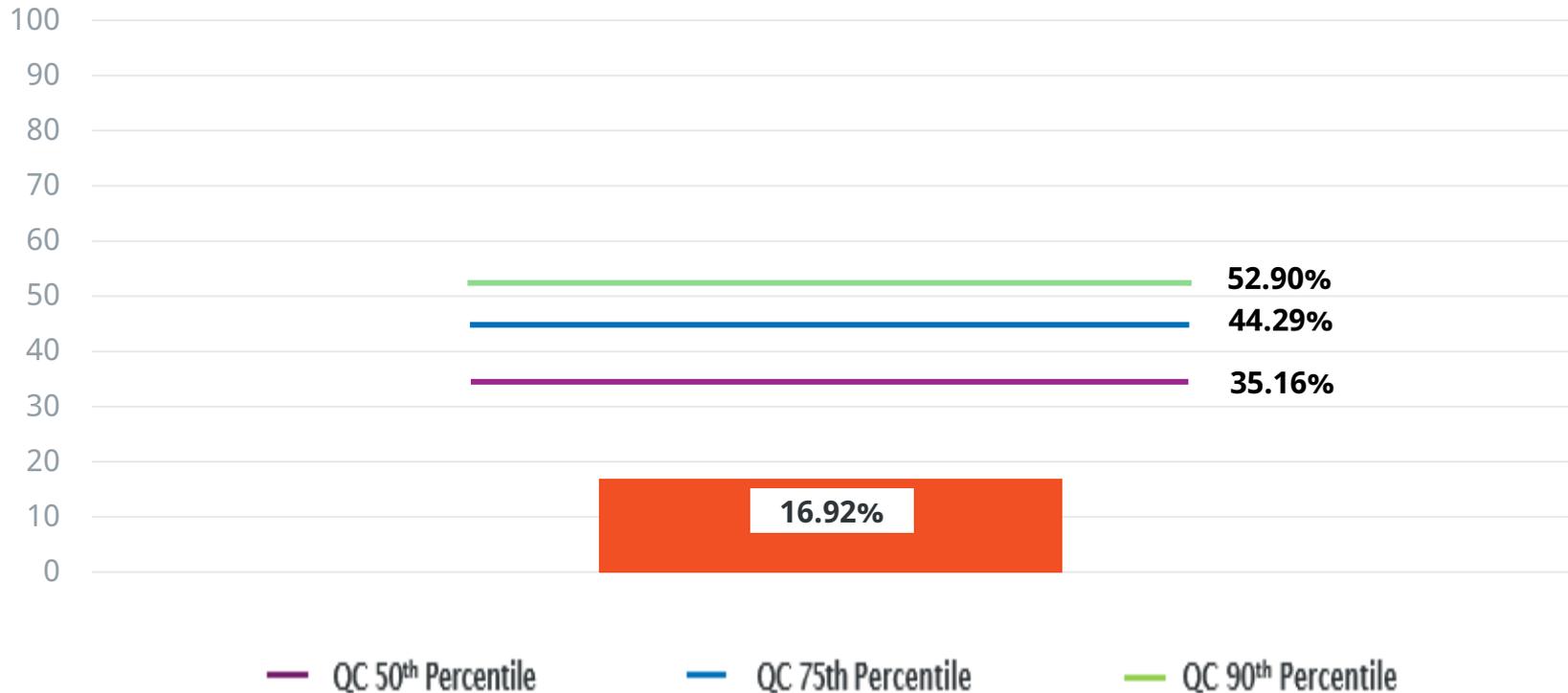
Diabetic Screening for People with Schizophrenia or Bipolar Disease on Antipsychotic Meds (SSD)

- Minimum performance level (MPL) Goal: 79.05%



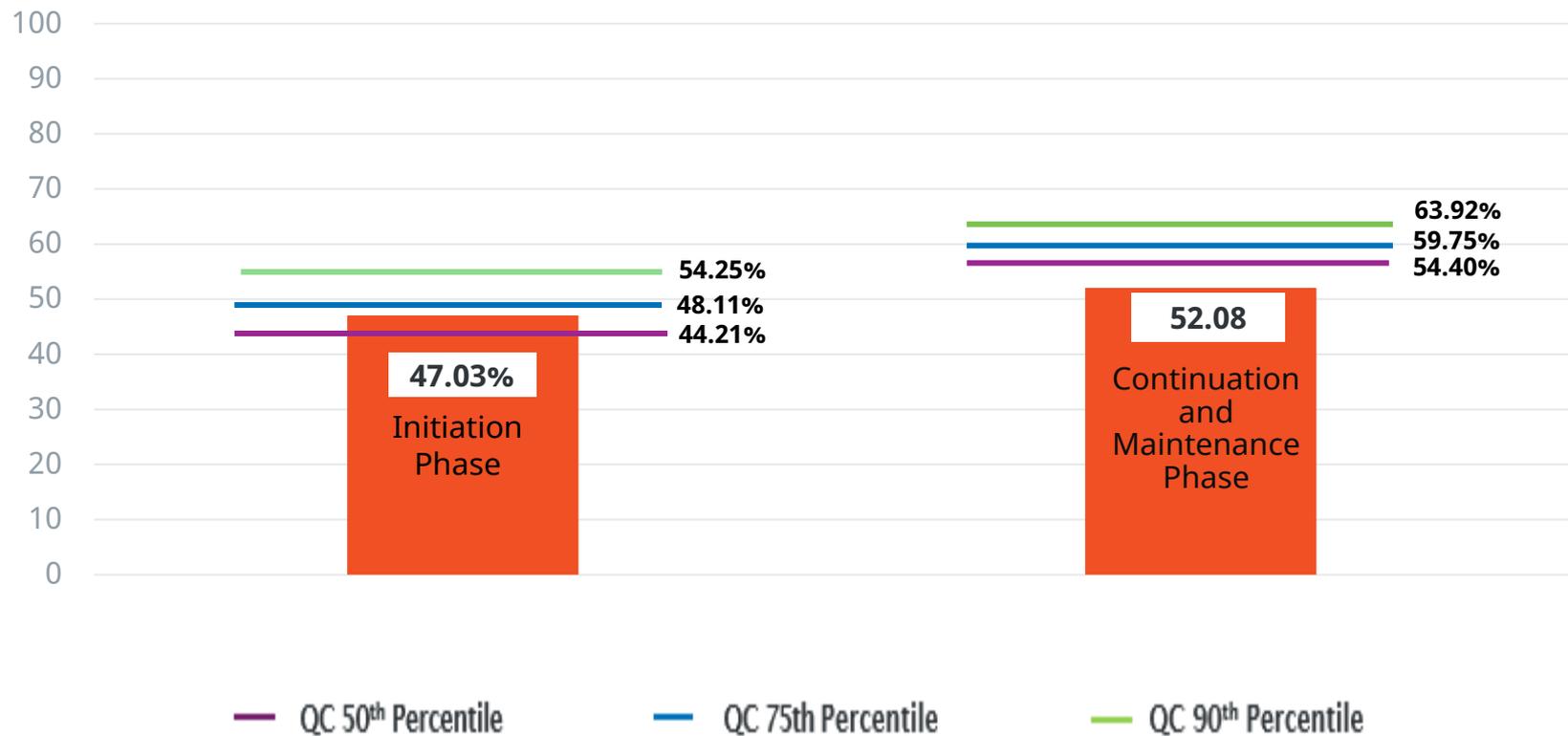
Follow-Up After Hospitalization for Mental Illness (FUH)

- Minimum performance level (MPL) Goal: 35.16%



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

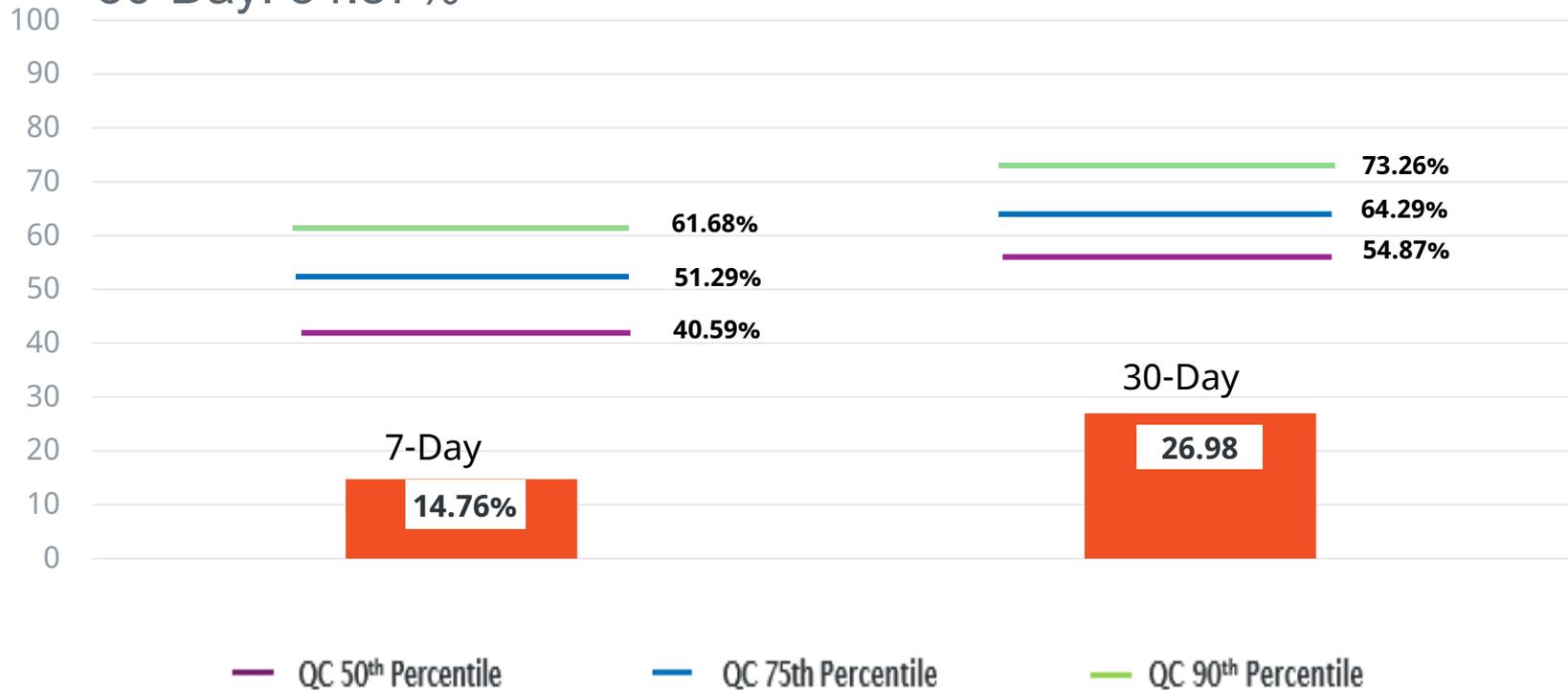
- Minimum performance level (MPL) Goal:
 - Initiation Phase: 44.21%
 - Continuation and Maintenance Phase: 54.40%



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

- Minimum performance level (MPL) Goal:

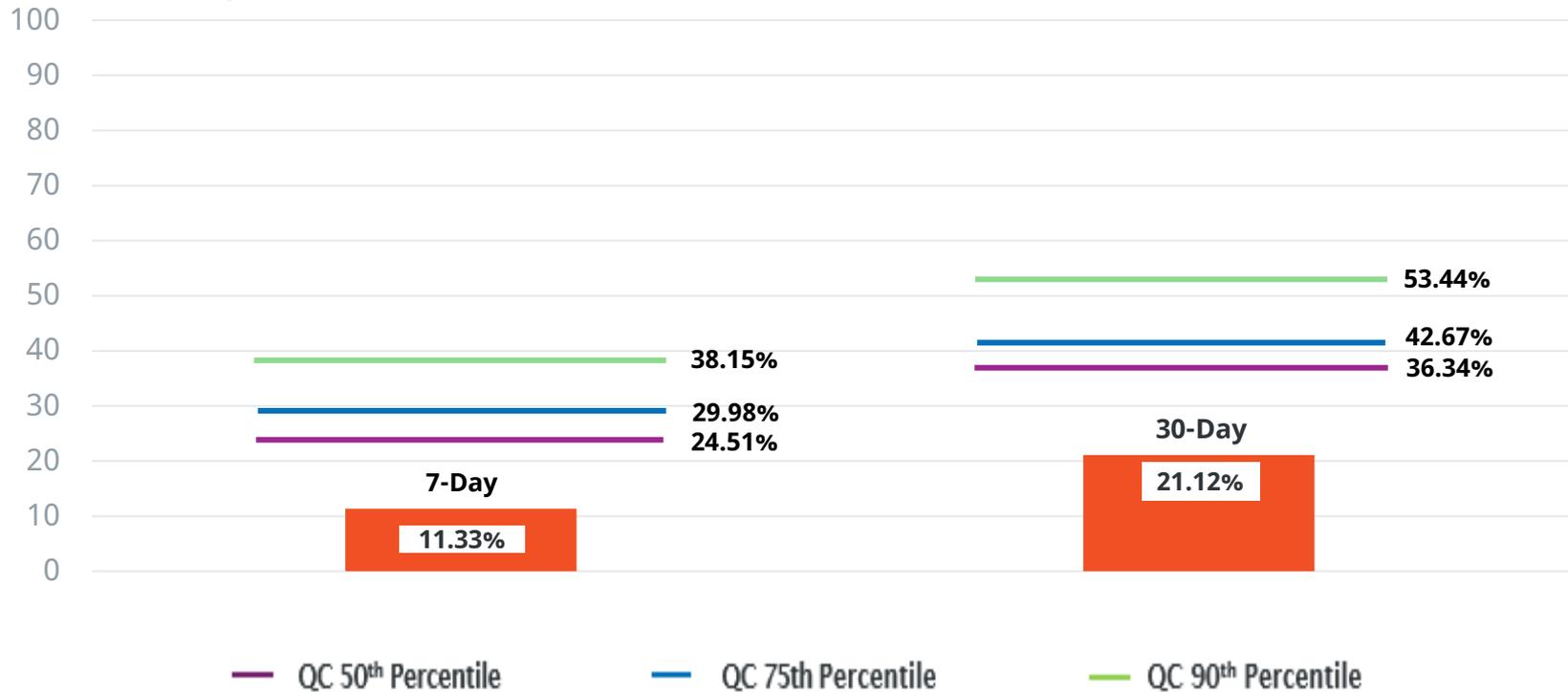
- 7-Day: 40.59%
- 30-Day: 54.87%



Follow-Up After ED Visit for Alcohol and Other Drug Abuse or Dependence (FUA)

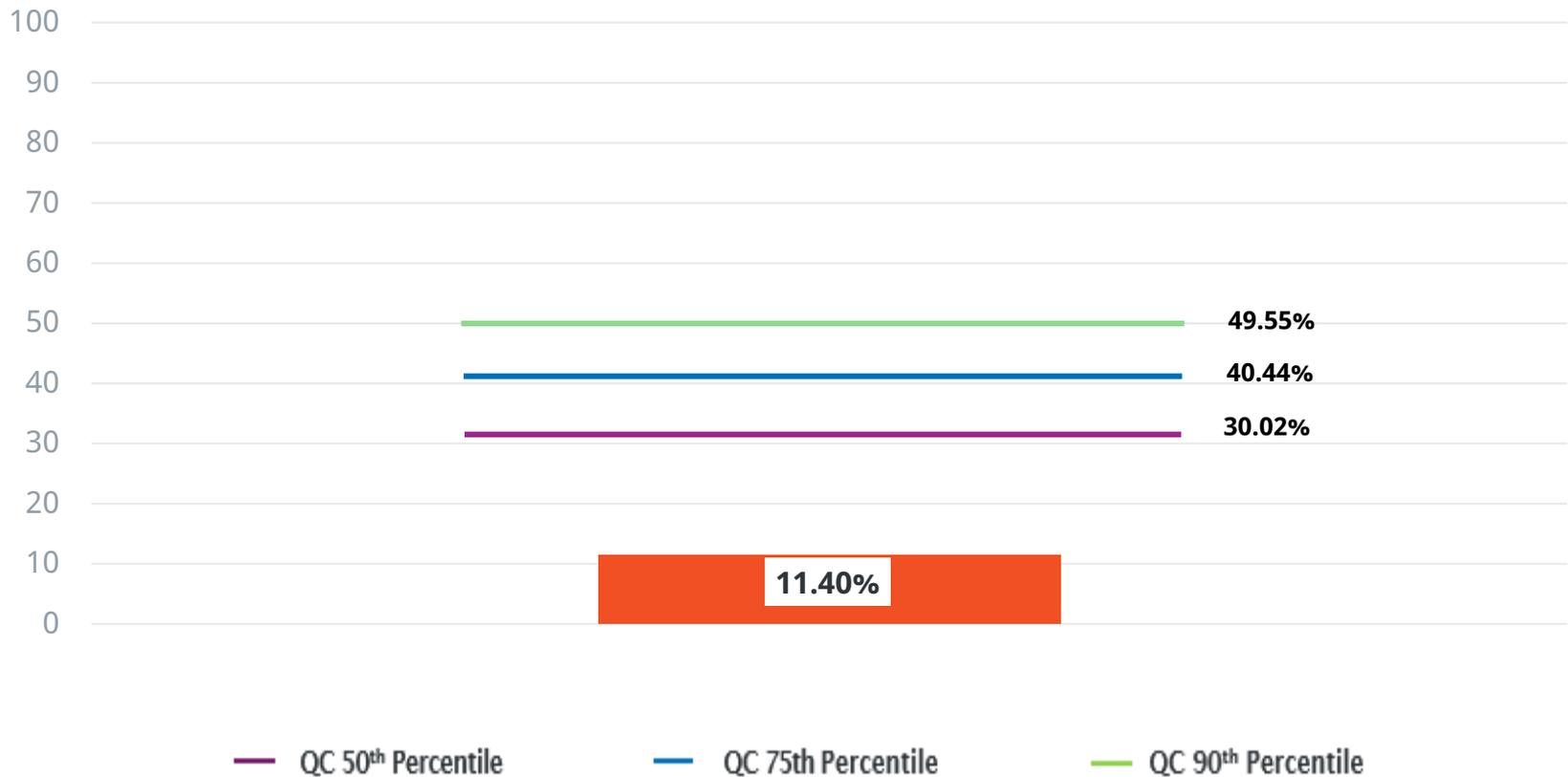
- Minimum performance level (MPL) Goal:

- 7-Day: 24.51%
- 30-Day: 36.34%



Follow-Up After High-Intensity Care for Substance Use Disorder (FUI)

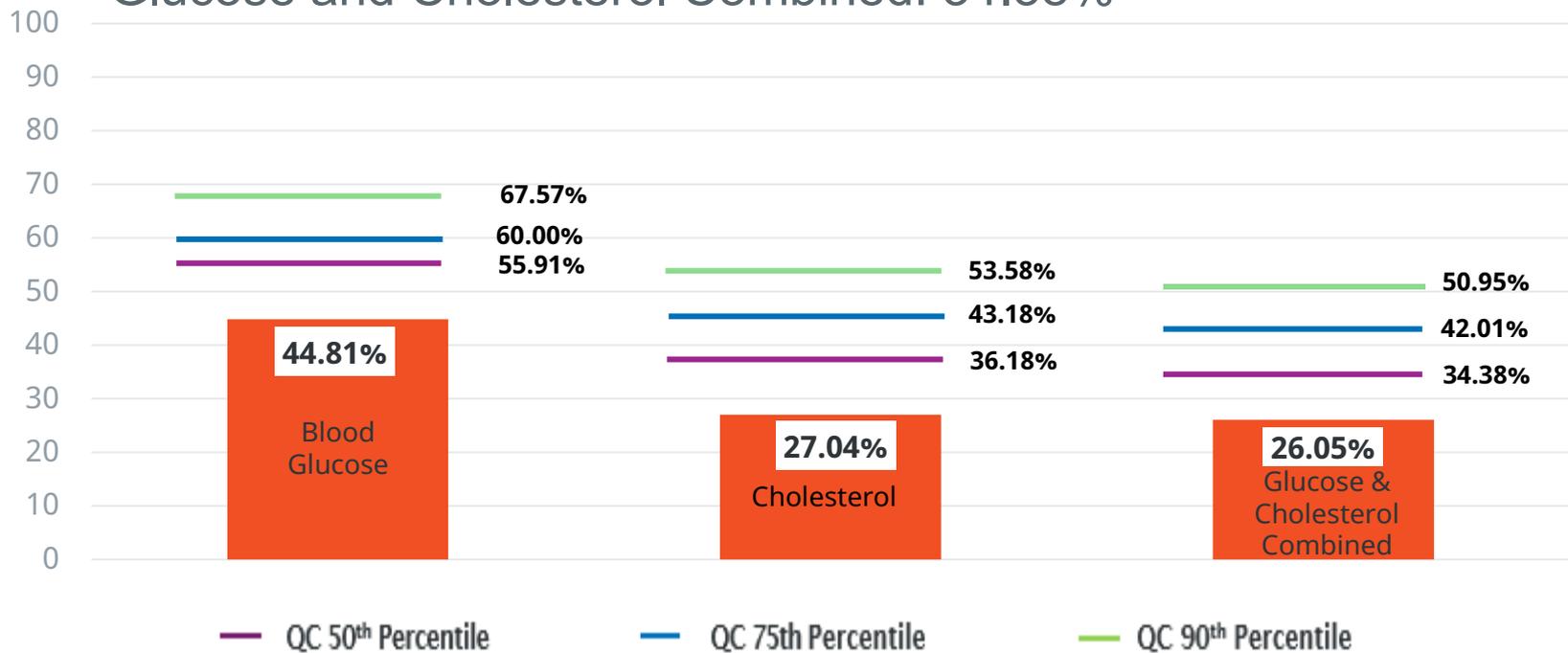
- Minimum performance level (MPL) Goal: 30.02%



Metabolic Monitoring for Children and Adolescents on Antipsychotics (APM)

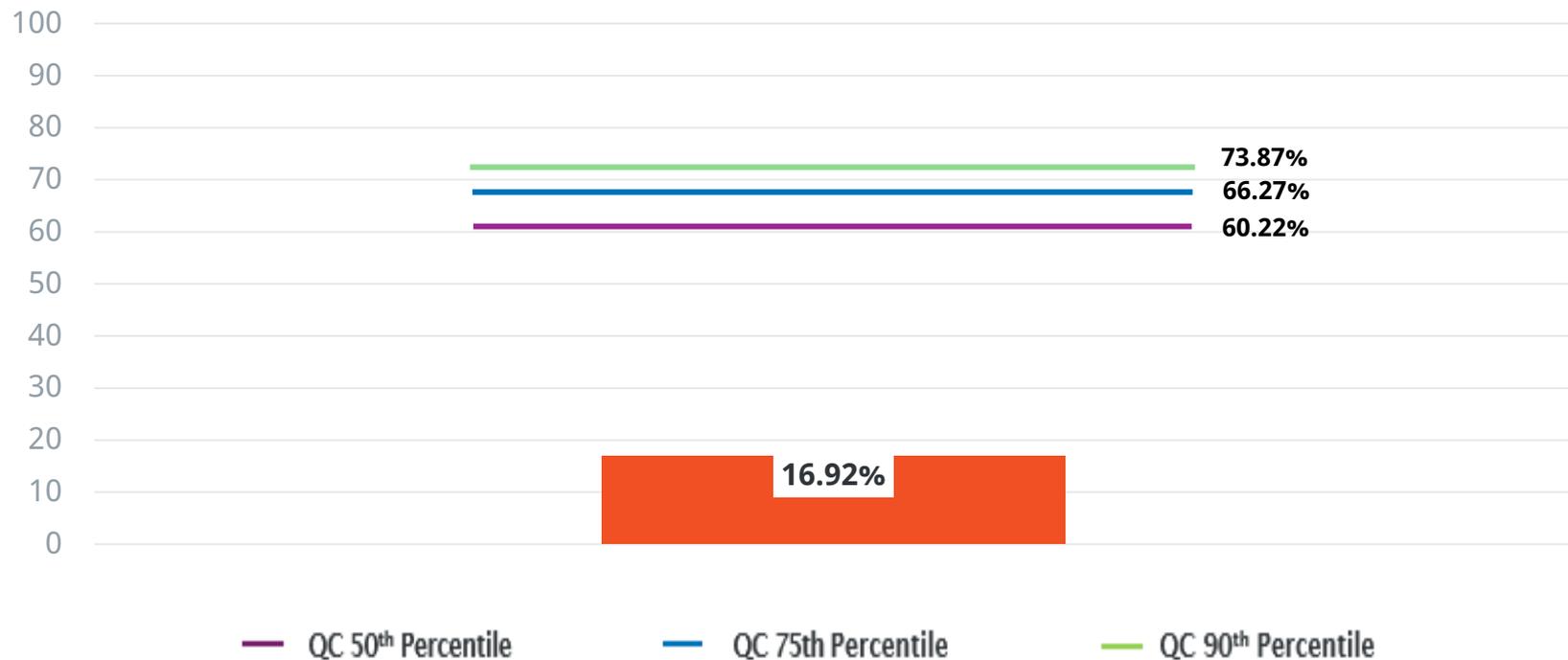
- Minimum performance level (MPL) Goal:

- Blood Glucose: 55.91%
- Cholesterol: 36.18%
- Glucose and Cholesterol Combined: 34.38%



Use of First-Line Psychosocial Care for Children and Adolescents on Antipsychotics (APP)

- Minimum performance level (MPL) Goal: 60.22%



Behavioral Health Quality Measures Barriers and Interventions

Barriers Related to BH Quality Measures

Many providers and/or organizations lack infrastructure or capacity to share data.

Incorrect coding related to mental health or substance use disorder when billing.

Administrative time related to ensuring proper member consents are obtained before sharing of mental health and or substance use data.

Members access care with different county and health plan providers with health record systems that are not integrated.

Interventions

Member Interventions	Provider Interventions	Interventions with OC HCA
<p>Text Campaigns</p> <p>Member Newsletters</p> <p>Telephonic Outreach to Members</p> <p>Member Health Rewards</p>	<p>Real Time ED Data shared with Health Networks</p> <p>Health Network Communications</p> <p>Provider Portal Enhancements Displaying Quality Score Reports</p> <p>Provider Tip Sheets</p> <p>Best Practices and Fax Blast Letters</p>	<p>Participation with OC HCA for DHCS initiative to improve follow up after ED visits for mental health (FUM) rates.</p> <p>Regular collaboration meetings between CalOptima Health and OC HCA.</p>

Additional Interventions

BH Virtual Vendor Telemed2U Emergency Department (ED) Outreach

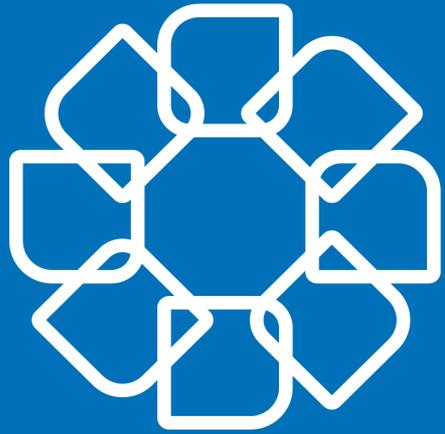
Telemed2U, CalOptima Health's new BH telehealth vendor went live April 2024 and provides outpatient psychiatry ages 5 and up and outpatient therapy ages 13 and up.

Starting in December 2024 Telemed2U will start outreach to members that have ED visits to offer timely follow up care and help assist in connection to county services when needed.

NAMI By Your Side (NBYS)

Behavioral Health peer mentor support for CalOptima Health adult members 18 and older with mild to moderate mental health impairments.

NBYS peer mentors can assist with providing members in person or telephonic support, connection to BH services and help reduce unnecessary emergency room visits.



CalOptima Health

Stay Connected With Us
www.caloptima.org

   @CalOptima



CalOptima Health

Medi-Cal Quality Initiatives

Quality Assurance Committee Meeting
December 11, 2024

Mohini Sinha, M.D.
Medical Director, Quality Improvement

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.

Blood Lead Screening

Measurement Year (MY)2024 Performance (Overall)

Measure	September 2024 Medi-Cal	September 2024 Gap to 50th	50 th percentile (MPL)	September 2023 Medi-Cal
Lead Screening in Children (LSC)	65.41%*	N/A	62.79%	60.21%

*Projected to meet the 2024 MPL; MY2024 data through September

[Back to Agenda](#)

Blood Lead Screening Initiatives

- 2024 – Implemented Member Health Reward for Blood Lead Test at 12-Month and 24 -Months of Age
 - March 2024- launched on CalOptima Health website
- 1-way text campaign for blood lead screening to members that are untested for lead as defined by the lead screening in children (LSC) measure
- Ongoing live call campaign to close care gaps via vendor CareNet
- Ongoing: pediatric wellness text campaign via Ushur. Messaging aligned with Bright Futures

Blood Lead Screening Initiatives

- October 2024: As part of phased approach, launched the first monthly lead testing 2-way text campaign in English and Spanish targeting members turning 12 months of age
 - In November 2024 expanded the 12-month text campaign to include all threshold languages
 - Planned: Before end of Q4 2024, will launch an additional text campaign targeting members turning 24-months of age
- Planned: Conduct medical record review to assess for blood lead requirements

Well-Child Visits in the First 15 Months

MY2024 Performance (Overall)

Measure	September 2024 Medi-Cal	September 2024 Gap to 50th	50 th percentile (MPL)	September 2023 Medi-Cal
Well-Child Visits in the First 30 Months of Life (W30): Well-Child Visits in the First 15 Months	35.64%↓	4,778	58.38%	39.18%

MY2024 data through September 2024; applied continuous eligibility
[Back to Agenda](#)

Pediatric Well-Care Visits Activities

- Sending monthly first and second birthday card mailer
- Providing W30 Member Detail Report to Health Networks, monthly
- Conducting one-way text campaigns for pediatric wellness visits
- Launching live outbound call campaign to close care gaps via vendor CareNet
- Conducting two-way text campaigns for age-specific wellness reminders via vendor Ushur
- Collecting additional medical records and conducting medical record review to verify services for CHCN members

Diabetes Care

MY2024 Performance (Overall)

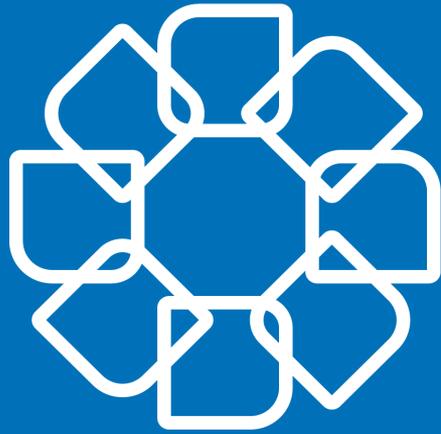
Measure	September 2024 Medi-Cal	September 2024 Gap to 50th	50 th %ile (MPL)	September 2023 Medi-Cal
Eye Exam for Patients with Diabetes (EED)	40.70%↓	11,348	52.31%	43.41%
Hemoglobin A1c Control for Patients with Diabetes (HBD): HbA1c > 9 Total (Poor Control)	58.80%↓ Lower is better	-20,356	37.96%	57.62%

MY2024 data through September 2024; applied continuous eligibility

[Back to Agenda](#)

Diabetes Care Activities

- Implement standing orders program for CHCN members to streamline laboratory orders
- Initiate Member Outreach for education and visit reminders:
 - Text campaign
 - Telephonic outreach via CareNet
 - Mailer via VSP Vision Care (VSP)
 - Emerging risk (telephonic outreach via Equity and Community Health department staff)
- Data-Related Strategies:
 - Distribute VSP data to Health Network partners
 - Collecting additional medical records and conducting medical record review to verify services for CHCN members



CalOptima Health

Stay Connected With Us
www.caloptima.org

   @CalOptima



**CalOptima Health Board of Directors’
Quality Assurance Committee Meeting
December 11, 2024**

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

QIHEC Summary	
QIHEC Chair(s)	Quality Medical Director and Chief Health Equity Officer
Reporting Period	Quarter 3, 2024
QIHEC Meeting Dates	July 9, 2024; August 13, 2024; and September 10, 2024
Topics Presented and Discussed in QIHEC or subcommittees during the reporting period	<ul style="list-style-type: none"> • Access and Availability • Adolescent Care • Adult Wellness and Prevention • Behavioral Health Integration (BHI) • Blood Lead Screening • Comprehensive Community Cancer Screening Program • Consumer Assessment of Healthcare Providers and Systems (CAHPS) • Care Management and Care Coordination • Chronic Conditions Management • Continuity & Coordination of Care (Behavioral Health) • Credentialing and Recredentialing • Cultural and Linguistic • Customer Service • Delegation Oversight • Depression Screening • Diabetes Care • Diversity, Equity, and Inclusion (DEI) training • Facility Site Review (FSR)/Medical Record Review (MRR)/Physical Accessibility Review Survey (PARS) • Grievance & Appeals Resolution Services (GARS) • Health Education • Healthcare Effectiveness Data and Information Set (HEDIS) • Initial Health Appointment • Medicare Advantage Star Program Rating • Member Experience (MemX) • National Committee for Quality Assurance (NCQA) Accreditation • OneCare Model of Care • Pay for Value (P4V) • Pediatric Wellness and Prevention • Performance Improvement Projects • Policy • Population Health Management (PHM) • Potential Quality Issues (PQIs) • Prenatal and Postpartum Care • Preventive and Screening Services • Maternal Care • Quality Compliance Report • Quality Improvement Health Equity Transformation Program (QIHETP) and Work Plan (WP) • Quality Metrics • Skilled Nursing Facility and Community Based Adult Services (CBAS) • Student Behavioral Health Incentive Program • Transitional Care Services • Utilization Management (UM) Program • Whole Child Model (WCM)

QIHEC Actions in Quarter 3, 2024
QIHEC Approved the Following Items: <ul style="list-style-type: none">• June 11, 2024, meeting minutes; July 9, 2024, meeting minutes; August 13, 2024 meeting minutes• Policy GG.1629 Quality Improvement and Health Equity Program (QIHETP)
Accepted and filed the following items: <ul style="list-style-type: none">• Grievance and Resolutions Services (GARS) Committee Meeting Minutes: May 14, 2024• Member Experience Committee (MEMx) Meeting Minutes: May 22, 2024, and July 16, 2024• Population Health Management Committee (PHMC) Meeting Minutes: May 16, 2024• Utilization Management Committee Meeting (UMC) Minutes: May 23, 2024• Whole Child Model Clinical Advisory Committee (WCM CAC) Meeting Minutes: May 21, 2024• 2024 Quality Improvement Work Plan Q2• MY2025 P4V Program Proposal Draft
Committee Membership Updates: <ul style="list-style-type: none">• In Q3 2024, there were no changes made to membership.

QIHEC Quarter 3 2024 Highlights
<ul style="list-style-type: none">• Chief Medical Officer updated the committee on the following:<ul style="list-style-type: none">○ University of California Irvine (UCI) Health acquired three Orange County hospitals and is collaborating with CalOptima Health to transfer and care for patients.○ CalOptima Health’s Board of Directors approved a proposal to set aside \$16 million for late-stage cancer discovery program and \$5.1 million for a cancer awareness program.○ CalOptima Health is collaborating with pharmacies to dispense 100-day supply of medication to improve patient medication adherence and plan ratings.○ The Drive to Revive program to distribute naloxone to counteract opioid effects was well received.○ CalOptima Health plans to expand clinical coverage and strengthen partnerships with Skilled Nursing Facilities (SNF)s.• Quality Improvement Compliance Report<ul style="list-style-type: none">○ Staff reported that 3,409 provider outbound faxes sent from Jiva were missing provider acknowledgements. To address this issue, staff began calling providers to explain the issue and confirm receipt of the faxes and/or refax or remail the notifications. Staff continue to meet with ZeOmega to monitor and improve the current reporting and notification process.• Newborn Gateway Program: Department of Healthcare Services (DHCS) launched the Newborn Gateway Portal (NBG) on July 1, 2024 where participating birthing hospitals must submit enrollment for newborns and moms on Medi-Cal or Medi-Cal Access Program (MCAP) through the NBG Portal within 72 hours of birth and temporary Medi-Cal numbers are issued for babies in real-time.• Diversity, Equity, and Inclusion (DEI) Training: CalOptima Health is developing a DEI Training program to enhance workforce diversity and cultural responsiveness, address health inequities, and improve quality of care for members. The training will start with CalOptima Health staff with network providers and vendors to follow. The program includes sensitivity, cultural competency, cultural humility, and health equity components and the pilot will launch January 1, 2025.

QIHEC Quarter 3 2024 Highlights

- **NCQA Accreditation:** CalOptima Health's Medi-Cal plan achieved accredited status, effective July 10, 2024, through July 10, 2027, after completing NCQA's Health Plan Accreditation survey, with leadership acknowledging staff and health networks for their contributions. CalOptima Health plans to obtain NCQA Health Equity Accreditation by quarter three of 2025. DHCS requires all health plans to be accredited by January 1, 2026. Staff will collaborate with a new NCQA Consultant to conduct a readiness assessment and gap analysis. Five work streams are focusing on the six Health Equity Elements under the direction of a Health Equity Steering Committee.
- **OneCare Star Measures Improvement:** HEDIS MY 2023 rates in all Medicare measures increased from the previous year except for All-Cause readmissions. Four measures received a Star Rating below 3-Star. Lower performing measures tend to be event based. Focus will remain on measures below 3-Star and Star measures with 3x the weight. Staff intend to focus on obtaining timely data, completing timely follow-up and collaborating with our Health Plan partners to share best practices and data. For the member experience survey (CAHPS), there was a 32.4% response rate as of May and results should be available in July or August. Initiatives include a partnership with SullivanLuallin Group to improve patient experience by offering lunch and learns, practice workshops, and provider shadow coaching. Other interventions include standing orders for preventive screenings and labs and working with Cologuard for colorectal cancer screening kits.
- **Value Based Payment Program:** Program has a component that aims to use unearned funds from the 2023 Pay-4-Value (P4V) program to provide grants for quality improvement. Eligible applicants can apply to two different programs, one for Medi-Cal and one for OneCare, focusing on improving measures in the 2024 P4V program. Health Networks below the DHCS Minimum Performance Level (MPL) must submit a corrective action plan grant. Funds must be used to improve quality outcomes for CalOptima Health members. The Notice of Funding Opportunity (NOFO) will be presented in July's Health Network Quality Forum. Applications will be accepted starting in Q3-Q4, with final details available in Q4 2024.
- **Behavioral Health Integration (BHI) Updates:**
 - **Student Behavioral Health Incentive Program (SBHIP):** Program offers behavioral health benefits and services to all students. Services vary by district and school. DHCS reports have been submitted on schedule and deliverables are on track for completion. 22 out of 29 school districts have a 17% increase in mental health staffing. The first SBHIP-funded Well Space opened in May. Efforts include virtual training sessions, enhanced post-training support, and collaboration with Orange County Health Care Agency for data exchange.
 - In May, the QIHEC suggested that staff send reminders to prescribers and primary care physicians (PCPs) about antipsychotic medication needing lab monitoring. Staff reported that reminders, best practices, gap in care report, and lab requirements are sent to prescribers and PCPs. Reports are shared on the provider portal with upcoming training on navigating the portal.
 - **BH Quality Measures:** CalOptima Health's 2024 Q2 prospective rates suggest they may not reach HEDIS measure goals for Follow-Up After Emergency Department Visit for Mental Illness (FUM) and Follow-Up After Emergency Department Visit for Alcohol and Other Drug Abuse or Dependence (FUA), Diabetes Screening for People with Schizophrenia or Bipolar Disorder (SSD), Diabetes Monitoring for People With Diabetes And Schizophrenia (SMD), Metabolic Monitoring for Children and Adolescents on Antipsychotics (APM), but are on track for Follow-Up Care for Children Prescribed ADHD medication (ADD) and Antidepressant Medication Management (AMM). Interventions to improve these measures include text campaigns, newsletters, daily data sharing with our Health Networks, best practice letters, tip sheets and support programs were implemented to improve outcomes.

QIHEC Quarter 3 2024 Highlights

- **CalOptima Health Comprehensive Community Cancer Screening Program:** This program aims to promote cancer prevention and early detection by working with partners to reduce late-stage incidents and ensure equal access to quality care. CalOptima Health is specifically targeting breast, cervical, colorectal, and lung cancer screenings through community grant initiatives. Data revealed disparities in late-stage cancer diagnoses among different racial groups, particularly in the Asian, Latinos and Black population. The Board approved \$30M for funding opportunities to increase screening rates and 27 applications were received. Grant activities were scheduled to start in September to improve early diagnosis and treatment, ultimately enhancing life expectancy and quality of life for affected populations.
- **Customer Service:** Call volume decreased from Q1 to Q2, with the exception of calls from OneCare members. Over 400,000 interactions occurred in the first two quarters. English, Spanish and Vietnamese remain the top 3 languages for volume of calls. Abandonment Rate and Average Speed of Answer (ASA) compliance was met for both lines of business, with a significant decrease from the previous quarter for Medi-Cal.
- **Cultural and Linguistic (C&L) and Language Accessibility:** Face to face interpretation services remain steady, while telephonic services had lower usability until June 2024. Translated documents increased in Q2. The Cultural and Linguistic Accessibility Services (CLAS) program description and work plan was awaiting Board approval. DHCS approved the Sexual Orientation and Gender Identity (SOGI) survey that will be fielded to members in Q4 2024. The Facets Core system (Facets) has been updated to store the SOGI data. A survey on member and staff language services was in progress.
- **In August, QIHEC accepted the follow up report from staff with information clarifying Topical Fluoride Application by the provider for pediatric oral health.** CalOptima Health reimburses fluoride application every 6 months for CalOptima Health Community Network (CCN) members under 5 years, 11 months and 29 days. Children’s Hospital of Orange County Health Alliance (OCCHA) will reimburse PCPs for fluoride applications up to age 20.
- **Special Needs Plan (SNP) Model of Care (MOC) Health Risk Assessment (HRA):** HRA completion within 90 days of enrollment improved from the previous quarter and the measure is on track to meet the 65% target goal. OneCare members obtaining a face-to-face visit (a new requirement) increased to 69% as of July 2024. CalOptima Health tracks and conducts outreach to members missing visits.
- **HEDIS MY2023 Final Results:** CalOptima Health met all regulatory requirements and submitted HEDIS results include patient level detail file to NCQA for accreditation and health plan rating for the DHCS MCAS requirement and CMS Star Rating and D-SNP contract. Chart retrieval is approximately 90%.
 - **Medi-Cal:** 16 of 18 MCAS met the MPL. Focus will be place on the following two measures that did not meet the MPL: Follow-up After ED visit for Alcohol and Other Drug Dependence with 30 Days (FUA) and Follow-up After ED for Mental Illness within 30 Days (FUM). Health Plan Rating is project maintain 4.0 of 5.0.
 - **Medicare:** Projected improvement in measures. Five measures are projected to reach a higher rating compared to the previous year, with the exception of Plan All-Cause Readmissions. Four measures received a Star Rating below 3-Star.
 - **Next Steps** include presenting HEDIS results to other committees and stakeholders to develop the 2024 QIHETP Work Plan and generate HN Quality Rating Scores and Pay for Value incentive program. Staff will prioritize and implement strategies to focus on low performing areas.
 - **NCQA Health Plan Ratings** will be release in September and results will be used to compare the CalOptima’s Health performance with other CA health plans.

QIHEC Quarter 3 2024 Highlights

- **Maternity Care for Black and Native American Persons:** As of May 2024, Native American prenatal appointments exceeded the set goal of 59.43%. However, prenatal visits for Black members and postpartum visits for both populations have not yet met the goal for the year.
 - Two key programs are aimed at improving maternity care for Black and Native American individuals. The Birth Equity Enhanced Care Management (ECM) program offers comprehensive care management for CalOptima Health members and the Medi-Cal Doula benefits provide coverage for Doula services starting January 1, 2023. CalOptima Health has partnered with local Doula providers to reduce poor birth outcomes. CalOptima Health has contracted with 9 doulas. The programs are supported by DHCS under the California Department of Public Health and help fund the Black Infant Health program in Orange County.
 - On May 22, 2024, CalOptima Health partnered with Frontline Doulas, a Black-led organization, to support 23 diverse doula providers in Orange County. The programs are funded by DHCS under the California Department of Public Health for the Black Infant Health program.
- **Maternal and Child Health: Prenatal and Postpartum Care Services:** Prenatal Care rates were higher at this same time compared to the previous year, but still below the 50th percentile. Postpartum rates are slightly lower compared to the same time last year.
 - The Bright Steps program offers telephonic support to pregnant and postpartum members up to 12 months postpartum, resulting in higher postpartum visit completion rates. Referrals are sent by providers, with more referrals and assessments completed in Q2 2024 compared to Q2 2023. QIHEC recommended that staff report an accurate count of reached members from referrals.
- **Maternal and Adolescent Depression Screening:** Rates are improving but still need improvement. Initiatives are ongoing to improve performance and access. MCAS depression screenings measures will be subject to MPL in 2025. Next year, new measures for postpartum and prenatal depression screening will be implemented. Initiatives to support health equity at CalOptima Health for MY2024 include monitoring rates for Depression Screening and Follow-Up for Adolescents and Adults, as well as Depression Remission or Response for all ages.
 - Maternal Mental Health Continuing Medical Education (CME) was completed in July 2024. A survey for Maternal Mental Health providers was expected to be completed by August 16th to gather information on how CalOptima Health can support providers with maternal health requirements, training, screenings tools, barriers, substance use during pregnancy, and more. The Quality Analytics department held a work group focused on maternal care and quality care gaps. CalOptima Health sponsored the Postpartum Support International Mental Health Training Court at no cost to contracted providers and community partners. The County is encouraging clinicians to apply for the training.
- **Quality Improvement MCAS Minimum Performance Level:** FUM and FUA missed MPL in MY2023. Health Network Quality meetings address outbound FUM data and key events. Staff are promoting virtual BH care.
- **Preventive and Screening Services:** Cervical Cancer Screening (CCS) rate is lower compared to last year, while Breast Cancer Screening (BCS-E) has increased. Colorectal Cancer Screening (COL-E) is a new measure with a 33.33% rate. Staff are conducting member outreach through various methods. CalOptima Health partnered with Exact Sciences for a Cologuard program, and education initiatives are underway to improve screening measures.
- **Blood Lead Screening:** CalOptima Health has prioritized Blood Lead Screening, meeting MPL and surpassing the 50th percentiles through various campaigns.

QIHEC Quarter 3 2024 Highlights

- Performance Improvement Projects (PIPs) Medi-Cal Medical: Baseline rate on W30-6+ measure rate among Black/African American population in MY2022 was 34.64% (n=153). The overall rate was 45.76% (n=12,369), with various interventions being implemented.
- EPSDT/Children's Preventive Services: Pediatric Well-Care Visits and Immunizations: Overall performance for well visits improved overall except for Childhood Immunization Status (CIS): Combo 10 measure. Outreach efforts are ongoing to increase pediatric immunizations.
- Chronic Care Improvement Projects (CCIPs) OneCare: Staff are reaching out to OneCare members with A1C levels between 8.0% to 9.0%.
- Facility Site Review (FSR) Medical Record Review (MRR) and Physical Accessibility Review: Blood Lead and IHA Compliance: A detailed analysis of the FSR/MRR data showed a decline in initial health appointment areas but an increase in Blood Lead Screening. Nurse staff identified missing preventive services, follow-up care instructions, missed appointments documentation, and other deficiencies. Recommended improvements include completing reviews, conducting additional facility site reviews if below 80%, and providing education on audit requirements. QIHEC advised staff to educate providers on regulatory requirements for enrolling in the California Immunization Registry. Staff supports providers during Facility Site Reviews by providing information on California Immunization Registry (CAIR) resources and how to join the CAIR.
- Coordination of Care – Eye Exam for Patients with Diabetes: CalOptima Health provides Vision Service Plan (VSP) data to Health Network partners monthly for insights on diabetic eye exams. Test files were distributed in June and July, with production files planned for August.
- Delegation Oversight: Delegation Oversight monitors CalOptima Health networks' delegated areas annually. In June, one Health network was audited and issued six Corrective Action Plans (CAP) for 13 issues that include not using decision templates and applicable attachments.
- MY2025 P4V Program Proposal: CalOptima Health updated their P4V program by implementing an Initial Health Assessment (IHA) methodology for performance assessment. Incentives are provided for meeting benchmark or showing improvement. Measurement methodology remains the same with a benchmark set at the 50th percentile. Measures from DHCS Medi-Cal Quality Set and Medicare Star Program will be used to drive improvement. Grants are available low-performing networks with CAPs required for those below the 50th percentile benchmark. The budget remains unchanged. CalOptima Health is considering DHCS Measurement set for 2025.

QIHEC Subcommittee Report Summary in Quarter 3, 2024

Credentialing and Peer Review Committee (CPRC)

- CPRC met monthly in Q2 2024.
- Approved the clean list, closure list, and two credentialing policies.
- Five providers were facing fair hearings.
- Credentialing: First files sent to CVO in June were received back in August. CalOptima Health met all credentialing timeliness standards with the behavioral health credentialing (60 days). Providers are being monitored for on-going monitoring.
- Facility Site Review (FSR), Medical Record Review (MRR) and Physical Accessibility Review (PARS): 98% of periodic FSRs met their turnaround time standards with a total of 157 CAPs issued. Common reasons for CAPs include poor documentation in the medical record, missing items in the office and not

QIHEC Subcommittee Report Summary in Quarter 3, 2024

following prescribed guidelines. Staff actions include education and training materials for office staff. 116 PARS were completed, where staff continued provider education and training.

- LTSS Critical Incident Reporting: Quarterly incident reporting showed an decrease in falls and increase in COVID-19 in Community-Based Adult Services Centers (CBAS).
- Potential Quality Issue (PQIs): No Level 3 Quality of Care issues. Level 1 incidents led to best practice letters and tracking and trending of the provider for any additional issues. Level 2 incidents led to best practice letters, re-audit of medical records, corrective action plans, and referrals to the Fraud, Waste and Abuse department and/or the Medical Board of California.

Grievance & Appeals Resolution Services Committee (GARS)

- GARS met on August 14, 2024
OneCare Grievances: There was a decrease in grievances from the previous quarter to 11.72 per 1,000/MM. Focus will be placed on working with Regal and Non-Medical Transportation (NMT) to reduce grievances.
OneCare Appeals: There was an increase in appeals from the previous quarter to 68, with a 41% overturn rate. Focus will be placed on work with Optum to reduce appeals/overturns.
Medi-Cal Grievances: There was an increase in grievances from the previous quarter to 1.97 per 1,000/MM. Focus will be placed on working with CCN and NMT Transportation to reduce grievances.
Medi-Cal Appeals: There were 362 appeals, with a 35% overturn rate. The focus will be placed on work with United Care Medical Group to reduce appeals/overturns.
- Discrimination Grievances: There was an increase in discrimination cases from the previous quarter to 64. CalOptima Health to launch DEI training in 2025. QIHEC discussed using DEI training to address discrimination grievances. Discrimination grievances will be presented to QIHEC quarterly.
- Actions to address grievances:
 - CalAIM program to terminate providers with high member complaints on meal delivery delays, limited options, and spoiled meals.
 - Staff outreaching to education on improving phone answering service messaging, appointment availability and referral delays.
 - Staff meeting with Modivcare weekly and Modivcare will be focusing on addressing issues related to schedule changes, updating their interactive voice phone system and terminating contracts with providers who consistently face punctuality issues.

Member Experience Committee (MemX)

- MemX met on July 16, 2024.
- Approve the minutes of the May 22, 2024, meeting.
- Member Experience (CAHPS): 2024 MC CAHPS results have been received and HN level reports to be distributed. OneCare HN Results to be received in Q3 2024. Full CAHPS results to be presented at the next meeting.
- Timely Access: Discussed DHCS and CalOptima Health's internal survey to monitor timely access and a non-compliance by provider type. A total of 110 calls were made to different provider types, and results varied. Results from Timely Access Survey in fall 2023 were compiled, corrective action plans were sent out in June, and non-compliance issues were addressed.
- Network Adequacy (NA): Discussed the Corrective Action Plans that were previously issued to health networks for Subcontracted Network Certification (SNC) non-compliance. Health network deficiencies

related to time and distance were discussed, and improvements have been made to address deficiencies in the future. Work is ongoing to ensure compliance across the board with adjustments and updates. Reviewed the timeline for DHCS Network Adequacy Validation (NAV) audit and NA Medical Summary, and OneCare data analysis.

- Medi-Cal PCP Over Capacity: Reviewed provider with more than 2,000 assigned members to determine if panels should be re-opened and/or closed.

Population Health Management (PHM) Committee

- PHM Committee met March 20, 2024.
- Executive Director of Operations at Second Baptist Church and Executive Director of HealthEquity for African Americans League (HEAAL) presented OC's Black and African American Health Equity results, focusing on mental health, nutrition, housing, healthcare access, and discrimination. 55% prioritize mental health, while 70% are unaware of their blood pressure. Healthcare discrimination affected 1 in 5, and 60% were dissatisfied with provider communication. CalOptima Health will assist HEAAL with nutrition needs.
- QIHEC approved Social Determinants of Health (SDoH) Assessment and launched the assessment in the Member Portal.
- Health Literacy for Equity program is a program led by the Institute for Healthcare Advancement (IHA) to improve health literacy. 150 staff enrolled in the program with a 73% completion rate for completing the program. The program ended in May 2024.
- The Chronic Conditions Program focuses on diabetes, asthma, and heart failure. Interventions such as coaching and nutrition therapy are offered, a 2-way text campaign for educating and coaching asthma members, and a Point Click Care system to identify members with chronic conditions due to data lag in claims.
- Health Education Update: 2,626 health education referrals were received, and 23 classes were held virtually (752 participants) in the first half of 2024. Staff are working on ways for members to self-refer to the health education services.
- 2024 Population Health Management Strategy Update: The goal includes reducing disparities in timely blood lead screenings, utilizing population data sharing to identify high-need areas, and implementing targeted outreach and education efforts. The team also plans to develop a shared public data dashboard and a community and provider toolkit to support this initiative
- Accepted the following as consent calendar
 - California Department of Health Care Services (DHCS) PHM Program Update
 - 2024 Population Health Management (PHM) Strategy Workplan Update for Q1
 - National Committee for Quality Assurance (NCQA) Update
 - Health Education and Case Management Update

Utilization Management Committee (UMC)

- **Benefits Management Subcommittee (BMSC)**
- **Pharmacy and Therapeutics Committee (P&T)**

- UMC met on August 22, 2024
- UMC updated the following areas in their committee charter: purpose statement, adding physician specialties as voting members, add D-SNP, add language on Conflict of Interest, and participating committee members.
- Committee Recommendations:
 - Present ZeOmega final numbers and resolution date for fax/notification issues.

- Add agenda items on custom DME enhancements at a future meeting
- Include the following items on the next Non-Emergency Medical Transportation (NEMT) and Non-Medical Transportation (NMT) utilization report: member utilization and grievance data on dialysis trips and trended grievance data by category.
- Include data on volume Current Procedural Terminology (CPT) screening codes by risk at the next UMC meeting at next Adverse Childhood Experiences (ACEs).
- UM Compliance: Q2 2024 UM metrics
 - Inpatient initial determinations to resolved in 72 hours compliance increased from the previous quarter. A delay in Q3 has already been identified in UM assignment for retro post services cases due to pending claims and/or provider dispute resolutions (PDRs). Staff will focus on process improvements to communicate retro case assignments in real time.
 - Prior authorization turnaround times remained complaint throughout the reporting period meeting the 95% goal.
- Plans for UM improvement include enhancements to Jiva and desktop procedures aligned with Jiva workflows, improvement to the internal audit process and tools, and customizing durable medical equipment (DME) workflows and forms.
- BMSC met on 6/19/2024 discussed Physician Administered Drugs, 14 codes reviewed for April, four were removed, one was reviewed for May.
- P&T Committee met on 2/15/2024. Minutes were shared before UMC meeting.
- Policy GG.1118: Family Planning Services, Out-of-Network and GG.1500: Authorization Instructions for CalOptima Health Direct and CalOptima Health Community Network Providers were updated.
- Q2 2024 Long Term Support Services
 - CalAIM, CBAS, and LTC Turnaround Time for Determination are compliant for routine, but not expediated determination.
 - MSSP Enrollment is below target, with a target set at 568 members.

Whole-Child Model Clinical Advisory Committee (WCM CAC)

- WCM CAC met on August 20, 2024
- Dr. James Chu joined the committee
- Discussed Health Network data points like UM, GARS, BH, and CS related to WCM.
- Report on Pediatric Risk Stratification Process (PRSP) was presented to the committee.
- The whole child model membership decreased from 2022 to 2023 with a loss of around 500 members. WCM membership analysis indicates that members are mostly English and Spanish speaking and Hispanic. Staff are actively working to identify potential CCS members through data sweeps and prior authorization reviews to enroll.

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

Attachment

Approved at QIHEC throughout Q3 2024: Third Quarter 2024 QIHETP Work Plan 3Q

2024 QI Work Plan – Q3 Update

Evaluation Category	2024 QIHETP Work Plan Element Description	Goal(s)	Planned Activities	Specific date of completion for each activity (i.e. MM/DD/YYYY)	Responsible Business owner	Support Staff	Department	Results/Metrics: Assessments, Findings, and Monitoring of Previous Issues <i>List any problems in reaching the goal or relevant data (i.e. state if goals were met or not met, include what caused the problem/issue)</i>	Next Steps Interventions / Follow-up Actions <i>State what will be done to meet the goal (i.e. continue with plan as listed or modify the plan: add a specific new process, etc.)</i>	Red - At Risk Yellow - Concern Green - On Target
Program Oversight	2024 Quality Improvement Annual Oversight of Program and Work Plan	Obtain Board Approval of 2024 Program and Workplan	Quality Improvement Health Equity Transformation Program (QIHETP) Description and Annual Work Plan will be adopted on an annual basis; QIHETP-QIHEC-BOD; Annual Work Plan-QIHEC-QAC	QIHEC: 02/13/2024 QAC: 03/13/2024 Annual BOD Adoption by April 2024	Director of Quality Improvement	Manager of Quality Improvement	Quality Improvement	The revised 2024 CalOptima Health Quality Improvement and Health Equity Transformation Program and Work Plan was approved by BoD on 8/1/2024 and a copy was posted on CalOptima Health's public website.	Staff will draft timeline and collaborate with QI business owners to write the 2025 QIHETP Description and Work Plan.	Green
Program Oversight	2023 Quality Improvement Program Evaluation	Complete Evaluation 2023 QI Program	Quality Improvement Program and Annual Work Plan will be evaluated for effectiveness on an annual basis	QIHEC: 02/13/2024 QAC: 03/13/2024 Annual BOD Adoption by April 2024	Director of Quality Improvement	Manager of Quality Improvement	Quality Improvement	Goal was completed 5/5/2024.	No next step.	Green
Program Oversight	2024 Integrated Utilization Management (UM) and Case Management (CM) Program Description	Obtain Board Approval of 2024 UM and CM Program Description	UM and CM Program will be adopted on an annual basis.	QIHEC: 02/13/2024 QAC: 03/13/2024 Annual BOD Adoption by April 2024	ED of Clinical Operations	Director of UM	Utilization Management	2024 Integrated Utilization Management (UM) and Case Management (CM) Program Description completed on time and received approval from BOD.	Continue with the plan as defined for 2025.	Green
Program Oversight	2023 Integrated Utilization Management and Case Management Program Evaluation	Complete Evaluation of 2023 UM CM Integrated Program Description	UM Program will be evaluated for effectiveness on an annual basis.	QIHEC: 02/13/2024 QAC: 03/13/2024 Annual BOD Adoption by April 2024	ED of Clinical Operations	Director of UM	Utilization Management	2024 Program Evaluation completed on time and received approval from BOD.	Continue with the plan as defined for 2025.	Green
Program Oversight	Population Health Management (PHM) Strategy	Implement PHM strategy	Conduct the following: (1) Population Needs Assessment (PNA) (2) Risk stratification (3) Screening and Assessment (4) Wellness and prevention	PHMC report to QIHEC: Q1 03/12/2024 Q2 06/11/2024 Q3 09/10/2024 Q4 12/10/2024	Director of Equity and Community Health	Manager of PHM/Director of Care Management	Equity and Community Health	(1) Presented 2024 PNA finding to CHA/CHIP Steering Committee for recommendations; Revised 2024 PNA according to CHA/CHIP Steering Committee feedback; finalized collaborative blood lead and maternal health SMART goals with OC HCA (3) Working to update risk stratification based on HIF-MET (4) Exploring vendor platforms for member wellness and prevention health appraisals.	(1) PNA: Report 2024 PNA Key Findings to MAC, PAC, and PHMC; Publish 2024 PNA to CalOptima Health Website 4) Review vendor options for member wellness and prevention health appraisals.	Green
Program Oversight	2024 Population Health Management (PHM) Strategy Evaluation	Complete the Evaluation of the 2024 Population Health Management (PHM) Strategy	The Population Health Management (PHM) Strategy will be evaluated for effectiveness on an annual basis.	QIHEC: 11/05/2024 QAC: 12/11/2024 Annual BOD Adoption by January 2025	Director of Equity and Community Health	Manager of PHM/Director of Care Management	Equity and Community Health	•Equity and Community Health has met with Quality Improvement to plan for the PHM Strategy Evaluation; •Quarterly PHM Workplan monitoring	•Quarterly PHM Workplan monitoring •Finalize template PHM Strategy Evaluation	Green
Program Oversight	2024 Cultural and Linguistic Services Program and Work Plan	Obtain Board Approval of 2024 Program and Workplan	Cultural and Linguistic Services Program Work Plan will be evaluated for	QIHEC: 02/13/2024 QAC: 03/13/2024	Manager of Customer Service	Manager of Cultural and Linguistics	Cultural and Linguistic Services	The 2024 Program and Workplan approval at QAC and BOD was held in order to include Health Equity elements.	Annual BOD Adoption by April 3 2025	Green

2024 QI Work Plan – Q3 Update

			effectiveness on an annual basis	Annual BOD Adoption by April 2024					
Program Oversight	2024 Cultural and Linguistic Services Program Evaluation	Complete the Evaluation of the 2024 Cultural and Linguistic Services Program	The Cultural and Linguistic Services Program will be evaluated for effectiveness on an annual basis.	<p>QIHEC: 11/05/2024 01/14/2025 QAC: 12/11/2024 03/12/2025</p> <p>Annual BOD Adoption by January 2025-April 3 2025</p>	Manager of Customer Service	Manager of Cultural and Linguistics	Cultural and Linguistic Services	The BOD approved the Revised 2024 CalOptima Health 2024 Cultural and Linguistic Services Program Evaluation and Work Plan on August 1, 2024.	Annual BOD Adoption by April 3 2025.
Program Oversight	Population Health Management (PHM) Committee - Oversight of population health management activities to improve population health outcomes and advance health equity.	Report committee activities, findings from data analysis, and recommendations to QIHEC	(1) PHMC reviews, assesses, and approves the Population Needs Assessment (PNA), (2) PHM Strategy activities, and PHM Workplan progress and outcomes. (3) Committee meets at least quarterly, maintains and approve minutes, and reports to the QIHEC quarterly.	<p>PHMC report to QIHEC: Q2 06/11/2024 Q3 09/10/2024 Q4 12/10/2024 Q1 03/11/2025</p>	Director of Equity and Community Health	Manager of Equity and Community Health/ Director Case Management	Equity and Community Health	<ul style="list-style-type: none"> • Held third quarter PHM Committee Meeting in August 2024 which included both internal CalOptima Health updates on PHM Program and Community presentation from Second Baptist Church on Health Equity for African American's League (HEAAL) • Provided PHM Committee update for QIHEC in August 2024. 	<ul style="list-style-type: none"> • Continue to assists this committee by reviewing relevant guidance, agenda setting, and presentation development, and deliverables shared with QIHEC. • Next PHM Committee meeting is scheduled for November 2024 • Report committee update to QIHEC in November 2024
Program Oversight	Credentialing Peer Review Committee (CPRC) Oversight - Conduct Peer Review of Provider Network by reviewing Credentialing Files, Quality of Care cases, and Facility Site Review to ensure quality of care delivered to members	Report committee activities, findings from data analysis, and recommendations to QIHEC	Review of Initial and Recredentialing applications approved and denied; Facility Site Review (including Medical Record Review (MRR) and Physical Accessibility Reviews (PARS)); Quality of Care cases leveled by committee, critical incidence reports and provider preventable conditions. Committee meets at least 8 times a year, maintains and approve minutes, and reports to the QIHEC quarterly.	<p>CPRC report to QIHEC: Q2 06/11/2024 Q3 09/10/2024 Q4 12/10/2024 Q1 03/11/2025</p>	Manager of Quality Improvement	Manager of Quality Improvement	Quality Improvement	Of the five physicians undergoing the Fair Hearing process, three remain in process. The Committee decided to move two physicians to probation for 1 year with requirements. Nine PQIs leveled 1, 2 or 3 were presented to CPRC. PQI trends for 1/1/24-6/30/24 identified an ABA group and a acute care hospital. During this time frame, most quality of care PQIs were categorized as medical care, and most were either mismanaged care or treatment (delay, failure, inappropriate or complications). Five providers were presented for on-going monitoring. Three providers were reviewed for recredentialing. The Committee also voted to recognize the Canadian Boards. There were no physicians reported for failing a FSR or MRR, and there were no PPCs reported.	The Committee will continue to monitor providers through on-going monitoring, credentialing/recredentialing, and PQIs. Policies relevant to these processes will continue to be reviewed by the Committee.
Program Oversight	Grievance and Appeals Resolution Services (GARS) Committee - Conduct oversight of Grievances and Appeals to resolve	Report committee activities, findings from data analysis, and recommendations to QIHEC	The GARS Committee reviews the Grievances, Appeals and Resolution of complaints by members and	<p>GARS Committee Report to QIHEC: Q2 06/11/2024 Q3 09/10/2024 Q4 12/10/2024 Q1 03/11/2025</p>	Director of Grievance and Appeals	Manager of GARS	GARS	<p>GARS Committee met on August 14 to review Q2 metrics for both lines of business and types to include:</p> <ul style="list-style-type: none"> - Member Grievances and Appeals - CalOptima Health remains compliant with processing timeliness both monthly and quarterly - NCQA GARS Goals are met 	GARS Committee is scheduled for November 13 where Q3 trends will be discussed and any remediation activities presented for additional recommendations.

2024 QI Work Plan – Q3 Update

	complaints and appeals for members and providers in a timely manner.		providers for CalOptima Health's network and the delegated health networks. Trends and results are presented to the committee quarterly. Committee meets at least quarterly, maintains and approve minutes, and reports to the QIHEC quarterly.					<ul style="list-style-type: none"> - Grievances are under the DHCS Enterprise Average of 3.1 grievances per 1,000 member months - Q2 MC Grievance Rate per 1000 MM = 1.97, which is an increase over Q1 (1.56) - Q2 OC Grievance Rate per 1000 MM = 11.72, which is down compared to Q1 (13.83) - Q2 MC Appeals Count = 362 with 35% Rate Overturned - Q2 OC Appeals Count = 68 with 41% Rate Overturned - Provider Disputes received in Q2 = 10,577 - Total Claims to Disputes received is 0.5% - 33% of the disputes received were overturned <p>Trends for each type by line of business was discussed. Actions taken to remediate trends were also discussed.</p> <p>Q1 2024 minutes were approved.</p>	
Program Oversight	Member Experience (MEMX) Committee Oversight - Oversight of Member Experience activities to improve quality of service, member experience and access to care.	Report committee activities, findings from data analysis, and recommendations to QIHEC	The MEMX Subcommittee reviews the annual results of CalOptima Health's CAHPS surveys, monitor the provider network including access & availability (CCN & the HNs), review customer service metrics and evaluate complaints, grievances, appeals, authorizations and referrals for the "pain points" in health care that impact our members. Committee meets at least quarterly, maintains and approve minutes, and reports to the QIHEC quarterly.	MemX Committee report to QIHEC: Q2 06/11/2024 Q3 09/10/2024 Q4 12/10/2024 Q1 03/11/2025	Director of Medicare Stars and Quality Initiatives	Project Manager Quality Analytics	Quality Analytics	<p>In Q3. Member Experience Committee met on July 16, 2024 and reviewed and discussed the following: timely access: reviewed DHCS wait time results for Q1 2024 and CalOptima's internal timely access survey for 2023, whole child model network adequacy: reviewed results for Q2 2024 for both plan and network level, SNC/ANC: reviewed status of CAP updates due 7/1/2024, NAV audit timeline with confirmed audit date of July 25, 2024, PCP overcapacity including provider panels that need to be re-opened or closed, OneCare data analysis and reporting: with all requirements met, and a CAHPS update: all MC plan and HN reports were received and the final CAP submission by HN received 6/13/24.</p> <p>KPI Reporting: Customer Service reported on call volume, abandonment rate, and average speed of answer. Health Education reported on referral process improvement and collaborations. Utilization Management reported prior auth TAT for routine and urgent referrals 2023-Jan 2024, average TAT for urgent and routine referrals. BH reported on routine authorizations processed within 5 days and appointments offered with a mental health appointment within 10 business days of request.</p>	Next meeting October 15, 2024
Program Oversight	Utilization Management Committee (UMC) Oversight - Conduct internal and external oversight of UM activities to ensure over and under utilization patterns do not adversely impact member's care.	Report committee activities, findings from data analysis, and recommendations to QIHEC	UMC reviews medical necessity, cost-effectiveness of care and services, reviewed utilization patterns, monitored over/under-utilization, and reviewed inter-rater reliability results. Committee meets at	UMC Committee report to QIHEC: Q2: 06/11/2024 Q3: 09/10/2024 Q4: 12/10/2024 Q1 03/11/2025	Director of Utilization Management	Manager of UM	Utilization Management	UMC reviewed status update on Goals at Committee meeting August 22, 2024. A summary of this presentation was provided at the September 10th QIHEC Committee meeting. The High Risk Management Workgroup (previously titled Bed Day Reduction Strategy) continues to meet and pursue opportunities to improve member care for high risk members.	Continue with the plan as listed - The High Risk Management Workgroup will continue to pursue opportunities such as explore oversight of ECM Providers, explore expansion of our Nurseline offerings, and continue to develop ER Reduction strategies. Actions and goal outcomes will be reported at UMC

2024 QI Work Plan – Q3 Update

			least quarterly, maintains and approve minutes, and reports to the QIHEC quarterly. P&T and BMSC reports to the UMC, and minutes are submitted to UMC quarterly.						November 21, 2024. and QIHEC December 10, 2024.
Program Oversight	Whole Child Model - Clinical Advisory Committee (WCM CAC) - Ensures clinical and behavior health services for children with California Children Services (CCS) eligible conditions are integrated into the design, implementation, operation, and evaluation of the CalOptima Health WCM program in collaboration with County CCS, Family Advisory Committee, and Health Network CCS Providers.	Report committee activities, findings from data analysis, and recommendations to QIHEC	WCM CAC reviews WCM data and provides clinical and behavioral service advice regarding Whole Child Model operations. Committee meets at least quarterly, maintains and approve minutes, and reports to the QIHEC quarterly. Annual Pediatric Risk Stratification Process (PRSP) monitoring (Q3)	WCM CAC report to QIHEC: Q2: 06/11/2024 Q3: 09/10/2024 Q4: 12/10/2024 Q1 03/11/2025	Whole Child Model Medical Director / Director of Case Management	Program Assistant QI	Medical Management	WCM CAC met scheduled for August 20, 2024. Introduced Dr. Chu as formal WCM CAC member however he was not present. CalOptima Health staff will continue active monitoring of WCM Health Network adequacy, review UM, GARS, BH, and CS. CalAIM data was tabled to the next meeting. Committee recommended for WCM CAC members to bring up clinically relevant matters for discussion. For example, orthopedic specialist at Medical Therapy Conference and Medical Therapy Units.	Staff will review 7-day readmission (new request) and criteria for 30-day readmission data and report it to Q4 2024 WCM CAC on 11/24.
Program Oversight	Care Management Program	Report on key activities of CM program, analysis compared to goal, and improvement efforts	Report on the following activities: Enhanced Care Management (ECM) Complex Case Management (CCM) Basic PHM/CM Early and Periodic Screening, Diagnostic and Treatment (EPSDT) CM Transitional care services	Update from PHMC to QIHEC: Q2 06/11/2024 Q3 09/10/2024 Q4 12/10/2024 Q1 03/11/2025	Director of Care Management	TBD	Medical Management	Enhanced Care Management (ECM): a) Safety Net Connect created an audit tool for ECM providers to validate that their enrolled members have identified the Lead Care Manager. b) Ongoing communication to ECM providers for TCS outcomes for enrolled high-risk members. Complex Case Management (CCM): a) Continue monthly NCQA file audits for CCN and HN members open to CCM level of care. Basic PHM/CM: Continue quarterly audits of delegated Health Networks for MOC oversight. Early and Periodic Screening, Diagnostic and Treatment (EPSDT) CM: a) continued discussion in workgroup to obtain data and operationalize oversight. Transitional care services: a) See TOC/Row 61 for TCS updates.	Enhanced Care Management (ECM): a) Assess if there has been improvement to enrolled members with Lead Care Manager contact information populated. b) Ongoing communication to ECM providers for TCS outcomes for enrolled high-risk members. Complex Case Management (CCM): a) Continue monthly NCQA file audits for CCN and HN members open to CCM level of care. b) Potential Q4 MOC Audit with NCQA consulting vendor Basic PHM/CM: Continue quarterly audits of delegated Health Networks for MOC oversight. Early and Periodic Screening, Diagnostic and Treatment (EPSDT) CM: a) continued discussion in

2024 QI Work Plan – Q3 Update

									workgroup to obtain data and operationalize oversight. Transitional care services: a) See TOC/Row 61 for TCS updates.
Program Oversight	Delegation Oversight	Implement annual oversight and performance monitoring for delegated activities.	Report on the following activities: Implementation of annual delegation oversight activities; monitoring of delegates for regulatory and accreditation standard compliance that, at minimum, include comprehensive annual audits.	Report to QIHEC: Q2: 06/11/2024 Q3: 09/10/2024 Q4: 12/10/2024 Q1 03/11/2025	Director of Audit and Oversight	Manager of Audit and Oversight (Delegation)/ Manager Delegation Oversight	Delegation Oversight	<p>Delegate:</p> <ul style="list-style-type: none"> • CHOC Health Alliance/Rady's Children's MSO (20) • AMVI Care Health Network/Prospect MSO (58) <p>Area(s) Assessed:</p> <ul style="list-style-type: none"> • Case Management; • Claims; Compliance; • Credentialing; • Customer Service; • Provider Network Contracting; • Provider Relations; • Sub-Contractual; • Utilization Management <p>Corrective Action Plan(s) Issued – CHOC Health Alliance/Rady's Children's MSO:</p> <ul style="list-style-type: none"> • Claims (Medi-Cal) – Accepted & Closed • Credentialing (All Lines of Business) – Accepted & Closed • Customer Service (Medi-Cal) – Accepted & Closed • Provider Relations (All Lines of Business) – Accepted & Closed • Utilization Management, Concurrent Review (Medi-Cal) – Accepted • Utilization Management, Expedited & Standard Denial (Medi-Cal) – Accepted <p>Corrective Action Plan(s) Issued – AMVI Care Health Network/Prospect MSO:</p> <ul style="list-style-type: none"> • Case Management (Medi-Cal) – Accepted & Closed • Claims (Medi-Cal) – Accepted • Claims, Provider Dispute Resolutions (Medi-Cal) – Not Accepted • Credentialing (All Lines of Business) – Accepted • Provider Relations (All Lines of Business) – Accepted & Closed • Utilization Management, Policy (Medi-Cal) – Accepted & Closed • Utilization Management, Carve Out (Medi-Cal) – Accepted • Utilization Management, Concurrent Review (Medi-Cal) – Accepted • Utilization Management, Expedited & Standard Denial (Medi-Cal) – Accepted • Utilization Management, Non-Emergency Medical Transportations (Medi-Cal) – Accepted • Utilization Management, Physician Administered Drugs (Medi-Cal) – Accepted • Utilization Management, Notice of Medicare Noncoverage (OneCare) – Accepted • Utilization Management, Organizational Determinations (, Appeals, & Grievances) (OneCare) 	Continue to monitor CAPs in "Monitoring" status through acceptance & closure.

2024 QI Work Plan – Q3 Update

								<ul style="list-style-type: none"> - Accepted & Closed • Utilization Management, Physician Administered Drugs (OneCare) – Accepted 		
Program Oversight	Disease Management Program	Implement Disease Management	<p>Report on the following activities: Evaluation of current utilization of disease management services Maintain business for current programs and support for community. Improve process of handling member and provider requests.</p>	<p>Update from PHMC to QIHEC: Q2 06/11/2024 Q3 09/10/2024 Q4 12/10/2024 Q1 03/11/2025</p>	Director of PHM	Manager of Equity and Community Health	Equity and Community Health	<p>1) The implementation of the 2-way text message to promote the asthma program and identify members who wished to receive a call from health coach was successful. The enrollment rate significantly increased to 41% compared to just 10% with cold calls. 2) Plan to continue using PointClickCare to identify members with congestive heart failure (CHF) who have recently been discharged from the hospital and have a primary diagnosis of CHF, enabling early intervention. 3) The Chronic Conditions team continues to collaborate with the QA team's emerging risk outreach initiative. Members identified through the monthly diabetes stratification are matched with the emerging risk list and prioritized for outreach. 4) The Disease Management Satisfaction survey will be sent earlier this year. We have initiated collaboration with the Ushur team to distribute the survey via text message to identified members.</p>	<p>1) We initiated collaboration with the Ushur team to develop an ongoing campaign targeting members identified in the monthly asthma and diabetes stratifications. This campaign aims to promote chronic conditions services and identify members interested in receiving a call from a health coach, thereby reducing the need for cold calls. 2) Disease Management Survey will be launched via text message on 10/6. 3) Enhancements to the monthly stratification list will include adding HEDIS measures that members are still missing, enabling health coaches to educate and support members in completing these measures. 4) Currently working on incorporating Zoom option for members who prefer video calls for coaching sessions. 5) Considering developing a live outbound call campaign using Carenet to contact individuals from the stratification list and schedule appointments with health coaches. 6) We are collaborating with the credentialing/contracting team to add Yumlish as a web-based provider for the CDC Diabetes Prevention Program (DPP).</p>	
Program Oversight	Health Education	Implement Health Education Program	<p>Report on the following activities: (1) Evaluation of current utilization of health education services (2) Maintain business for current programs and support for community. (3) Improve process of handling member and provider requests.</p>	<p>Update from PHMC to QIHEC: Q2 06/11/2024 Q3 09/10/2024 Q4 12/10/2024 Q1 03/11/2025</p>	Director of Equity and Community Health/Manager of Health Education	Manager of Equity and Community Health	Equity and Community Health	<p>1) Evaluation of current utilization of health education services Goal being met: During 2024 Q2, 728 referrals were assigned for health education services very close to the number of referrals in Q1, where 749 referrals were assigned to health education services, similar trends were observed during Q1 and Q2 in 2023 with referrals counts in 700s for both quarters. Classes take more effort to recruit participants, prepare and follow up, therefore participation increase is gradual. In Q2 2024, virtual classes were piloted two times a day on Tuesday, Wednesday and Thursday. Based on attendance, virtual classes were reduced to two evening classes once a week in English and Spanish each. Aside from health education referrals, class participants were 568 in total. This is an increase compared to 183 attendees in Q1 of 2024, and 50 attendees in Q1 of 2023.</p>	<p>Work to implement a services awareness text message and will support the organization-wide referral intake process to help expedite service delivery. With the recent department name/vision change focusing on Equity and Community Health, the department is being restructured with more emphasis on community engagement and yet provide individual interactions for members who choose that option.</p>	

2024 QI Work Plan – Q3 Update

								<p>2) Maintain business for current programs and support for community Goal being met: During 2024 Q2, 568 participants attended 67 classes, specifically 33 virtual and 34 in-person classes. Community partners continue to be added for Shape Your Life program expansion. New partners include Prospect Elementary in Orange where 4 parent classes were provided. Collaboration efforts with Northgate Supermarkets during Q2 included 6 market tour events that focused on nutrition education and food demonstrations. Health Education staff continues participating in monthly community collaborations with the Tobacco and Vape Free (TVFREE) Coalition. 3) Improve process of handling member and provider request Goal being met: a. The Health Education team developed an electronic referral form that was field tested with participants attending virtual Shape Your Life classes for feedback. The form is on hold for now due an organization-wide approach to referral intake processes. Meanwhile, the team is working on a text message campaign to inform members of available services. b. Health and Wellness services are mentioned in the new member packages and continue to be promoted at all continuing education training sessions in 2024, along with reminders on how and where to send member referrals.</p>	
Program Oversight	Health Equity	Identify health disparities Increase member screening and access to resources that support the social determinants of health Report on quality improvement efforts to reduce disparities	Assess and report the following activities: 1) Increase members screened for social needs 2) Implement a closed-loop referral system with resources to meet members' social needs. 3) Implement an organizational health literacy (HL4E) project	By December 2024 Update from PHMC to QIHEC: Q2 06/11/2024 Q3 09/10/2024 Q4 12/10/2024 Q1 03/11/2025	Director of Equity and Community Health	Manager of Equity and Community Health	Equity and Community Health	<p>1) Updated SDOH member assessment with additional questions and continue to integrate into JIVA 2) Kicked off integration meetings with FindHelp and JIVA and developed training space for staff 3) HL4E certificate program continues through the end of the year to allow staff to complete their certifications. Currently, 74 out of 164 staff have completed their certification program.</p>	<p>(1) Update SDOH Member Assessment in the Member Portal and continue to integrate assessment into JIVA (2) Continue integration of Find Help into JIVA and train staff (3) Continue to encourage staff to complete their mini-credentials to earn their certification. Develop a Teach -Back method module to train new member facing staff as part of their onboarding process</p>
Program Oversight	Long-Term Support Services (LTSS)	95% compliance with TAT	CalAIM Turnaround Time (TAT): Determination completed within 5 business days CBAS Inquiry to Determination (TAT): Determination completed within 30 calendar days CBAS Turnaround	Update from UMC to QIHEC Q2: 06/11/2024 Q3: 09/10/2024 Q4: 12/10/2024 Q1 03/11/2025	Director of LTSS	Manager of LTSS	Long Term Care	<p>CalAIM TAT: 99.75% (Met) CBAS Inquiry to Determination TAT: 99.63% (Met) CBAS TAT: 99.57% (Met) LTC TAT: 98.99% (Met)</p>	Continue with plan. Monitor daily inventory and TAT.

2024 QI Work Plan – Q3 Update

			Time (TAT): Determination completed within 5 business days LTC Turnaround Time (TAT): Determination completed within 5 business days						
Program Oversight	National Committee for Quality Assurance (NCQA) Accreditation	CalOptima Health must have full NCQA Health Plan Accreditation (HPA) and NCQA Health Equity Accreditation by January 1, 2026	1) Implement activities for NCQA Standards compliance for HPA and Health Plan Renewal Submission by April 30, 2024. 2) Develop strategy and workplan for Health Equity Accreditation with 50% document collect for submission.	1) By April 30, 2024 2) By December 2024 Report program update to QIHEC Q2: 04/09/2024 Q3: 07/09/2024 Q4: 10/08/2024 Q1: 01/14/2025	Program Manger of QI	Director of Quality Improvement	Quality Improvement	<p>HP Accreditation:</p> <ol style="list-style-type: none"> 1) CalOptima Health successfully renewed our health plan accreditation status on July 10, 2024, and was awarded Accredited status. 2) Our NCQA Health Plan Rating was updated on September 15, 2024, to a rating of 3.5 stars. 3) NCQA released the 2025 HP Standards, which were shared with internal stakeholders in September 2024. <p>HE Accreditation:</p> <ol style="list-style-type: none"> 1) DHCS will require all health plans to obtain HE accreditation by January 1, 2026 2) CalOptima Health is engaged with NCQA consultants to conduct a readiness assessment and perform a gap analysis 3) Consultants have been providing recommendations and have developed a work plan. 4) CalOptima Health has established a Health Equity committee and five work groups. Status updates are shared with the HE committee, and workstreams 5) meet frequently to provide updates. 6) Submitted NCQA Health Equity pre-application on September 13th, 2024, and were given a survey date of October 7, 2025. 	<ol style="list-style-type: none"> 1) HP Accredittation: Consultants will perform a Kick-off webinar to go over standards and how to interpret standards in October 2024. A separate training session with stakeholders on analytical reports will be scheduled in October 2024. Consultants will be scheduling file reviews in November 2024. Delegates will be notified in advance of the audits. 2) Health Equity Accreditation: Five workgroups continue to work on deliverables needed. Our consultants to perform another GAP analysis to see where we are in 4Q2024.
Program Oversight	OneCare STARs Measures Improvement	Achieve 4 or above	Review and identify STARs measures for focused improvement efforts.	By December 2024 Report program update to QIHEC Q2: 04/09/2024 Q3: 07/11/2024 Q4: 10/08/2024 11/5/2024 Q1: 01/14/2025	Director of Medicare Stars and Quality Initiatives	Manager of QA	Quality Improvement	<p>Continued monthly workgroup meetings for Operations, Equity and Community Health, Case Management, and Pharmacy.</p> <p>Created a revised Star Rating tracker in conjunction with Rex Wallace Consulting; utilizes a '3 Ways to Win' approach and provides goals for each Stars measure.</p> <p>Launched a weekly huddle with the Case Management team to address the OMW measure.</p> <p>Ongoing telephonic outreach to members across multiple measures via vendor Carenet.</p> <p>Provided multiple teams with training on the Decision Point Insights platform.</p>	Continue with plan as listed
Program Oversight	Value Based Payment Program	Report on progress made towards achievement of goals; distribution of earned P4V incentives and quality improvement grants - HN P4V - Hospital Quality	Assess and report the following activities: 1) Will share HN performance on all P4V HEDIS Measures via prospective rates report each month. 2) Will share	Report program update to QIHEC Q2: 04/09/2024 Q3: 07/09/2024 Q4: 10/08/2024 11/5/2024 Q1: 01/14/2025	Manager of Quality Analytics	Manager Quality Analytics	Quality Analytics	<p>HN prospective rate reports have been distributed on a monthly basis. Quality update calls with each Health Network continue to be held every other month.</p> <p>The Medi-Cal Quality Improvement Grant awards for Health Networks were announced in September. Seventeen (17) proposals across five (5) Health Network partners were approved (over \$1.8 M in funding and support for 16 quality measures).</p>	Continue with plan as listed

2024 QI Work Plan – Q3 Update

			hospital quality program performance							
Program Oversight	Quality Performance Measures: Managed Care Accountability Set (MCAS) STAR measures	Track and report quality performance measures required by regulators	Track rates monthly Share final results with QIHEC annually	Report program update to QIHEC Q2: 05/14/2024 Q3: 08/13/2024 Q4: 11/05/2024 Q1 02/11/2025	Director of Quality Analytics	Manager Quality Analytics	Quality Analytics	Follow-up after ED visit for mental illness (FUM) and Follow-up after ED visit for alcohol and other drug abuse or depend (FUA) are below 33rd percentile. Have high risk not meet MPL for MY2024. An update will be presented by Mike Wilson from QA team at the 11/5/24 QIHEC.	working with BH team for additional data source	
Program Oversight	School-Based Services Mental Health Services	Report on activities to improve access to preventive, early intervention, and BH services by school-affiliated BH providers.	Assess and report the following Student Behavioral Health Incentive Program (SBHIP) activities: 1 Implement SBHIP DHCS targeted interventions 2. Bi-quarterly reporting to DHCS	Report program update to QIHEC Q2: 04/09/2024 Q3: 07/09/2024 Q4: 10/08/2024 Q1 01/14/2025	Director of Behavioral Health Integration	Project Manager BHI	Behavioral Health Integration	1) Full installation of 5 SBHIP-funded WellSpaces completed brings the total to 7 out of 10 installed 2) Hazel Health surpassed 1,000 care inquiry referrals, also the number of students with visits has increased since the start of school. 3) Individual meetings with CHOC, HAZEL, WYS, and OCDE were conducted to review their SBHIP-funded project level of implementation for the remaining time of the program. 4) CalOptima Health co-sponsored and attended the OCDE Mental Health Summit on August 22, over 400 MH school staff attended. 5) Received DHCS approval notice for the June Biquarterly Report.	1) Complete 4 project outcomes reports by 12/31/24, these are the last reports required for the program 2) Work with Contracting to amend the initial OCDE SBHIP MOU - the term is to be extended 3) Discussions with Contracting to continue regarding the development of an agreement for the coordination of care and needed as the final deliverable for one of the project outcome reports 4) Work with internal departments SMEs to fulfill the requirements to support paying the CYBH fee schedule services through DHCS third-party administrator Carelon Behavioral Health	
Program Oversight	CalOptima Health Comprehensive Community Cancer Screening Program	Increase capacity and access to cancer screening for breast, colorectal, cervical, and lung cancer.	Assess and report the following: 1) Establish the Comprehensive Community Cancer Screening and Support Grants program 2) Work with vendor to develop a comprehensive awareness and education campaign for members.	Report Program update to QIHEC Q2: 04/09/2024 Q3: 07/09/2024 Q4: 10/08/2024 Q1: 01/14/2025	Director of Equity and Community Health	Manager of Equity and Community Health	Medical Management	1) Board approved 15 grant proposals from 13 organizations on August 1, 2024 2) Executed all grant agreements in early September 2024. Completed the first grant payment. 3) Held the grantees' kickoff meeting on October 2, 2024. 4) Currently engaged in weekly meetings with mPulse to develop and refine short messaging services (SMS) content, with the goal of improving member engagement and scheduling of screening appointments.	1) Host a virtual webinar to provide reporting instructions. 2) Meet with individual grantees to provide support (if requested). 3) Submit SMS content(s) to DHCS for approval. 4) Finalize the research & evaluation contract with UCI	
Quality of Clinical Care	Preventive and Screening Services	Cervical Cancer Screening (CCS), Colorectal Cancer Screening (COL), Breast Cancer Screening (BCS) MY 2024 Goals: CCS: MC 59.85% BCS-E: MC 62.67% OC 71% COL: OC 71%	Assess and report the following activities: 1) Targeted member engagement and outreach campaigns in coordination with health network partners. 2) Strategic Quality Initiatives Intervention Plan - Multi-modal, omni-	Report progress to QIHEC Q1 2024 Update (05/14/2024) Q2 2024 Update (08/13/2024) Q3 2024 Update (11/5/2024) Q4 2024 Update (02/11/2025)	Director of Medicare Stars and Quality Initiatives	Quality Analyst	Quality Analytics	1. Member Health Reward: CCS (MC) - 959; BCS (MC) - 398; BCS (OC) - 135; COL (OC) - 65 2. Mailings: CCS MC 127684; BCS (MC)- 36488; BCS (OC)- 2331 3. CareNet Live Call: CCS (MC)- 30694; BCS (MC)- 25280; BCS (OC)- 1550; COL (OC)- 3081 3. Continuation of CCN OC and MC COL GI outreach pilot program plus elimination of prior authorization for GI screening consult for the OC population 4. Prep for CCN Cologuard launch with Exact Sciences (go live in October) 5. August 2024 Prospective Rate Data: CCS (MC) -	Continue with plan as listed	

2024 QI Work Plan – Q3 Update

			channel targeted member, provider and health network engagement and collaborative efforts.					41.92%; BCS (MC) - 47.48%; BCS (OC) - 59%; COL (OC) - 56%		
Quality of Clinical Care	EPSDT Diagnostic and Treatment Services: ADHD Mental Health Services: Continuity and Coordination Between Medical Care and Behavioral Healthcare Appropriate Use Of Psychotropic Medications	Follow-Up Care for Children Prescribed ADHD medication (ADD) HEDIS MY2024 Goal: MC - Init Phase - 44.22% MC -Cont Phase - 50.98%	Assess and report the following activities: 1) Work collaboratively with the Communications department to Fax blast non-compliant providers letter activity (approx. 200 providers) by second quarter. 2) Participate in provider educational events, related to follow-up visits and best practices. 3) Continue member outreach to improve appointment follow up adherence. a. Monthly Telephonic member outreach (approx. 60-100 mbrs) b. Member Newsletter (Fall) c. Monthly Member two-way Text Messaging (approx. 60-100 mbrs) 4) Member Health Reward Program 5) Information sharing via provider portal to PCP on best practices, with list of members that need a diabetes screening.	Report progress to QIHEC Q1 2024 Update (05/14/2024) Q2 2024 Update (08/13/2024) Q3 2024 Update (11/05/2024 10/08/2024) Q4 2024 Update (02/11/2025 01/14/2025)	Director of Behavioral Health Integration	BHI Program Specialist	Behavioral Health Integration	PR HEDIS RATES Q3 (July): Initiation Phase-46.67% Continuation and Maintenance Phase- 51.04% 1) Monthly text messaging outreach to members.(July, August, September) 2) Member Health Reward flyers mailed to 459 eligible members on 07/15/2024 and 161 eligible members on 09/10/2024. 3) Developed new text message script for Member Health Reward and presented at BHQI Workgroup for approval on 07/18/2024. 4) ADD data is now available through the Provider Portal 08/15/2024. 5) Quality Champions meeting with The Coalition of Orange County Community Health Center presentation on BH Quality Measures on 09/20/2024. 6) Monthly Health Network Communication BH Updates.	1) Q4 data will be pulled to initiate best practices letter and tip-sheet to non-compliant providers through the provider portal. 2) Continue to mail out Member Health Rewards flyer to eligible members. 3) Awaiting for DHCS approval of text message script for Member Health Rewards. 4) Work with text messaging vendor to enter new Member Health Reward campaign on vendor platform. 5) Develop listening sessions with Providers to educate/train on how to obtain BH data.	
Quality of Clinical Care	Health Equity/Mental Health Services: Continuity and Coordination Between Medical Care and Behavioral Healthcare - Prevention Programs For Behavioral Healthcare	Improve Adverse Childhood Experiences (ACES) Screening	Assess and report the following activities: 1) Collaborative meetings between teams to identify best practices to implement 2) Provider and member education	Report progress to QIHEC Q1 2024 Update (05/13/2024) Q2 2024 Update (08/13/2024) Q3 2024 Update (11/05/2024 10/08/2024) Q4 2024 Update	Director of Behavioral Health Integration	Program Specialist of Behavioral Health Integration	Behavioral Health Integration	Goals Met. 1) Attended collaborative meetings between teams to identify best practices to implement. (UMC,WCM) 2) BHI continued to monitor monthly ACES report through Tableau.	1) Continue monitor ACES tableau report on a monthly basis.	

2024 QI Work Plan – Q3 Update

				(02/11/2025 01/14/2025)						
Quality of Clinical Care	Mental Health Service: Continuity and Coordination Between Medical Care and Behavioral Healthcare	Metabolic Monitoring for Children and Adolescents on Antipsychotics (APM) HEDIS MY2024 Goals: Blood Glucose-All Ages:58.43% Cholesterol-All Ages: 40.50% Glucose and Cholesterol Combined- All Ages: 39.01%	Assess and report the following activities: 1) Monthly review of metabolic monitoring data to identify prescribing providers and Primary Care Providers (PCP) for members in need of metabolic monitoring. 2) Work collaboratively with provider relations to conduct monthly face to face provider outreach to the top 10 prescribing providers to remind of best practices for members in need of screening. 3) Monthly mailing to the next top 50 prescribing providers to remind of best practices for members in need of screening. 4) Send monthly reminder text message to members (approx 600 mbrs) 5) Information sharing via provider portal to PCP on best practices, with list of members that need a diabetes screening.	Report progress to QIHEC Q1 2024 Update (05/13/2024) Q2 2024 Update (08/13/2024) Q3 2024 Update (11/05/2024 10/08/2024) Q4 2024 Update (02/11/2025 01/14/2025)	Director of Behavioral Health Integration	BHI Program Specialist	Behavioral Health Integration	PR HEDIS RATES Q3 (Ju;y) : Blood Glucose all ages: 36.18%, Cholesterol all ages: 20.23%, Glucose & Cholesterol Combined all ages: 19.08% 1) Barriers included: Identifying members prescribed antipsychotic medication still in need of diabetes screening, cholesterol screening, and both cholesterol and diabetes screening test through Tableau Report. 2) The following materials have been disseminated to Providers (July, August, September): a) Provider Best Practices Letter. b) APM Provider Tip Sheet. 3) Collaboration with Provider Relations to conduct in-person provider outreach with top 10 providers on a monthly basis (July, August, September). 4) Mailings of Provider materials (Best Practices letter and Provider tip tool sheet) to the next top 50 providers on a monthly basis (July, August, September). 5) Text Messaging Campaign (July, August, September). 6) APM data is now available through the Provider Portal on 08/15/2024. 7) Quality Champions meeting with The Coalition of Orange County Community Health Center presentation on BH Quality Measures on 09/20/2024. 8) Monthly Health Network Communication BH Updates.	1) Use provider portal to communicate follow-up best practice and guidelines for follow-up visits. 2) Continue data pull for text messaging campaign. 3) Continue mailings of Provider materials (Best Practices letter and Provider tip tool sheet) to the next top 50 providers on a monthly basis. 4) Continue with Provider Relations to conduct in-person provider outreach with top 10 providers on a monthly basis. 5) Schedule listening sessions with Providers to educate/train on how to obtain BH data.	
Quality of Clinical Care	Mental Health Services: Continuity and Coordination Between Medical Care and Behavioral Healthcare - Appropriate Diagnosis, Treatment And Referral Of Behavioral Disorders Commonly Seen In Primary Care	Antidepressant Medication Management (AMM) HEDIS MY2024 Goal: Acute Phase - 74.16% Continuation Phase - 58.06%	Assess and report the following activities: 1) Educate providers on the importance of follow up appointments through outreach to increase follow up appointments for Rx management	Report progress to QIHEC Q1 2024 Update (05/13/2024) Q2 2024 Update (08/13/2024) Q3 2024 Update (11/05/2024 10/08/2024) Q4 2024 Update (02/11/2025 01/14/2025)	Director of Behavioral Health Integration	Program Specialist of Behavioral Health Integration	Behavioral Health Integration	PR HEDIS RATES Q3 (July) :Effective Acute Phase Treatment: 64.79%, Effective Continuation Phase Treatment: 43.33% 1) Data report received monthly 2) Drafted following materials: a) AMM Provider Tip Sheet letter submitted for internal review process 3) Text message campaign launched (July, August, September). 4) AMM data now available through Provider Portal on 08/15/2024. 5) Quality Champions meeting with The Coalition of	1) Use provider portal to communicate follow-up best practice and guidelines for follow-up visits. 2) Continue Text Messaging campaign. 3) Start mailings to providers (letter). 4) Schedule listening sessions with Providers to educate/train on how to obtain BH data.	

2024 QI Work Plan – Q3 Update

			<p>associated with AMM treatment plan.</p> <p>2) Educate members on the importance of follow up appointments through newsletters/outreach to increase follow up appointments for Rx management associated with AMM treatment plan.</p> <p>3) Track number of educational events on depression screening and treatment.</p>					<p>Orange County Community Health Center presentation on BH Quality Measures on 09/20/2024.</p> <p>6) Monthly Health Network Communication BH Updates</p>	
Quality of Clinical Care	<p>Mental Health Services: Continuity and Coordination Between Medical Care and Behavioral Healthcare - Severe And Persistent Mental Illness</p>	<p>Diabetes Monitoring For People With Diabetes And Schizophrenia (SMD)</p> <p>HEDIS MY2024 Goal: 76.66%</p>	<p>Assess and report the following activities:</p> <p>1) Collaborative meetings between teams to identify best practices to implement</p> <p>2) Provider and member education</p>	<p>Report progress to QIHEC</p> <p>Q1 2024 Update (05/13/2024)</p> <p>Q2 2024 Update (08/13/2024)</p> <p>Q3 2024 Update (11/05/2024-10/08/2024)</p> <p>Q4 2024 Update (02/11/2025-01/14/2025)</p>	<p>Director of Behavioral Health Integration</p>	<p>Program Specialist of Behavioral Health Integration</p>	<p>Behavioral Health Integration</p>	<p>PR HEDIS Rates Q3 (July): M/C:57.74% OC: N/A</p> <p>1) We are currently monitoring this measure.</p> <p>2) Member Fall Newsletter approved 07/2024.</p> <p>3) SMD data now available through Provider Portal on 08/15/2024.</p> <p>4) Quality Champions meeting with The Coalition of Orange County Community Health Center presentation on BH Quality Measures on 09/20/2024.</p> <p>5) Monthly Health Network Communication BH Updates.</p>	<p>1) Continue to monitor prospective rates on a monthly basis.</p> <p>2) Continue collaborative meetings between teams to identify best practices to implement.</p> <p>3) Schedule listening sessions with Providers to educate/train on how to obtain BH data.</p>
Quality of Clinical Care	<p>Mental Health Services: Continuity and Coordination Between Medical Care and Behavioral Healthcare- Exchange of Information</p>	<p>Follow-Up After Emergency Department Visit for Mental Illness (FUM)</p> <p>HEDIS MY2024 Goal: MC 30-Day: 60.08%; 7-day: 40.59% OC (Medicaid only)</p>	<p>Assess and report the following activities:</p> <p>1) Share real-time ED data with our health networks on a secured FTP site.</p> <p>2) Participate in provider educational events related to follow-up visits.</p> <p>3) Utilize CalOptima Health NAMI Field Based Mentor Grant to assist members connection to a follow-up after ED visit.</p> <p>4) Implement new behavioral health virtual provider visit for increase access to follow-up appointments.</p> <p>5) Bi-Weekly</p>	<p>Report progress to QIHEC</p> <p>Q1 2024 Update (05/13/2024)</p> <p>Q2 2024 Update (08/13/2024)</p> <p>Q3 2024 Update (11/05/2024-10/08/2024)</p> <p>Q4 2024 Update (02/11/2025-01/14/2025)</p>	<p>Director of Behavioral Health Integration</p>	<p>BHI Program Specialist</p>	<p>Behavioral Health Integration</p>	<p>PR HEDIS Rates Q3 (July): 30 day- 25.02%, 7 day- 13.98%</p> <p>1) The main barrier has been not having the bandwidth for outreach to members from daily vendor ED report.</p> <p>2) Working with vendor to create a cohort report of FUM data only.</p> <p>3) sFTP folders have been established and BH ED data is being sent to Health networks on a daily basis as well as weekly reminder in HN communication.</p> <p>4) Bi-weekly Member text messaging.</p> <p>5) Article promoting Telemed2U, telehealth services, will be included in Fall member newsletter. Article will help with possible provider access issues and increase likelihood of ED follow up visits.</p> <p>6) FUM data now available through the Provider Portal.</p> <p>7) Quality Champions meeting with The Coalition of Orange County Community Health Center presentation on BH Quality Measures on 09/20/2024.</p> <p>8) Developing IVR calls for ED follow-up.</p> <p>9) Monthly Health Network Communication BH Updates.</p>	<p>1) Continue bi-weekly text messages based on real time ED data.</p> <p>2) Continue sharing ED data with HN's via sFTP and weekly HN Communication.</p> <p>3) Collaborate with NAMI to share real-time ED data for member outreach/NAMI by Your Side.</p> <p>4) Collaborate with Telemed2U provider and internal ITS team to develop implementation plan for Member Outreach</p> <p>5) Schedule listening sessions with Providers to educate/train on how to obtain BH data.</p> <p>6) Work with vendor to create campaign for the IVR calls for ED Follow-up.</p>

2024 QI Work Plan – Q3 Update

			Member Text Messaging (approx. 500 mbrs) 6) Member Newsletter (Spring)						
Quality of Clinical Care	Mental Health Services: Continuity and Coordination Between Medical Care and Behavioral Healthcare-Management Of Coexisting Medical And Behavioral Conditions	Diabetes Screening for People with Schizophrenia or Bipolar Disorder (SSD) (Medicaid only) HEDIS 2024 Goal: MC 77.40% OC (Medicaid only)	Assess and report the following activities: 1) Identify members in need of diabetes screening. 2) Conduct provider outreach, work collaboratively with the communications department to fax blast best practice and provide list of members still in need of screening to prescribing providers and/or Primary Care Physician (PCP). 3) Information sharing via provider portal to PCP on best practices, with list of members that need a diabetes screening. 4) Send monthly reminder text message to members (approx 1100 mbrs) 5) Member Health Reward Program.	Report progress to QIHEC Q1 2024 Update (05/13/2024) Q2 2024 Update (08/13/2024) Q3 2024 Update (11/05/2024-10/08/2024) Q4 2024 Update (02/11/2025-01/14/2025)	Director of Behavioral Health Integration	BHI Program Specialist	Behavioral Health Integration	PR HEDIS Rates Q3 (July): M/C:58.40% OC: N/A 1) Identified members prescribed antipsychotic medication still in need of diabetes screening test through Tableau Report in August and September. 2) Conducted a text message campaign to reach out to members re: getting their glucose lab screening (July, August, September). 3) Mailed out Member Health reward flyer to 1,164 eligible members on 08/01/2024, and mailed to 287 providers on 08/01/2024. 4) Continue to collaborate with Quality Analytics Team to retrieve data sourcing automation for Tableau on a monthly basis, confirmed that 1583 members received Member Health reward on 09/16/2024. 5) Member Fall Newsletter approved 07/2024. 6) SSD data now available through Provider Portal on 08/15/2024. 7) Quality Champions meeting with The Coalition of Orange County Community Health Center presentation on BH Quality Measures on 09/20/2024. 8) Monthly Health Network Communication BH Updates.	1) Continue tracking members in need of glucose screening test. 2) Use provider portal to communicate follow-up best practice and guidelines for follow-up visits. 3) Continue data pull for text messaging campaign 4) Mail out member health rewards flyer to eligible members. 5) Mail out to top 60 providers with the following: a.) Medical Director Letter b.) List of members/patients in need of screening c.) Provider Tool Tip Sheet 6) Schedule listening sessions with Providers to educate/train on how to obtain BH data.
Quality of Clinical Care	Performance Improvement Projects (PIPs) Medi-Cal BH	Meet and exceed goals set forth on all improvement projects	Non Clinical PIP: Improve the percentage of members enrolled into care management, CalOptima Health community network (CCN) members, complex care management (CCM), or enhanced care management (ECM), within 14-days of a ED visit where the member was diagnosed with SMH/SUD.	Report progress to QIHEC Q1 2024 Update (05/13/2024) Q2 2024 Update (08/13/2024) Q3 2024 Update (11/05/2024-10/08/2024) Q4 2024 Update (02/11/2025-01/14/2025)	Director of Behavioral Health Integration	BHI Program Specialist	Behavioral Health Integration/ Quality Analytics	Conduct Annual oversight of MC Non Clinical PIPs (Jan 2023 - Dec 2025) Improve the percentage of members enrolled: Baseline Measurement Period: Submitted to DHCS 09/09/2024. Remeasurment 1 Period : 01/01/24 -12/31/24 Remeasurment 2 Period : 01/01/25-12/31/25	1) Receiving daily report from vendor which contains Real-Time ED data for CCN and COD members. 2) Internal report developed that identifies members enrolled in CCM and ECM for CCN who meet FUM/FUA criteria for the duration of each measurement period. 3) Collaborate with telehealth provider, Telemed2U, and internal ITS team to develop implementation plan for Member Outreach. Vendor to provide information about case management including ECM and referrals

2024 QI Work Plan – Q3 Update

Quality of Clinical Care	Substance Use Disorder Services	Follow-Up After Emergency Department Visit for Alcohol and Other Drug Abuse or Dependence (FUA) MY2024 Goals: MC: 30-days: 36.34%; 7-days: 20.0%	Assess and report the following activities: 1) Share real-time ED data with our health networks on a secured FTP site. 2) Participate in provider educational events related to follow-up visits. 3) Utilize CalOptima Health NAMI Field Based Mentor Grant to assist members connection to a follow-up after ED visit. 4) Implement new behavioral health virtual provider visit for increase access to follow-up appointments. 5) Bi-Weekly Member Text Messaging (approx. 500 mbrs) 6) Member Newsletter (Spring)	Report progress to QIHEC Q1 2024 Update (05/13/2024) Q2 2024 Update (08/13/2024) Q3 2024 Update (11/05/2024-10/08/2024) Q4 2024 Update (02/11/2025-01/14/2025)	Director of Behavioral Health Integration	BHI Program Specialist	Behavioral Health Integration	PR HEDIS Rates Q3 (July): 30-Day- 21.05%, 7-Day- 11.51% 1) sFTP folders have been established and BH ED data is being sent to Health networks on a daily basis as well as weekly reminder in HN communication. 2) Bi-weekly member text messaging 3) Article promoting Telemed2U, telehealth services, will be included in Fall member newsletter. Article will help with possible provider access issues and increase likelihood of ED follow up visits. 4) Developing IVR calls for ED follow-up. 5) FUA data now available through Provider Portal. 6) Quality Champions meeting with The Coalition of Orange County Community Health Center presentation on BH Quality Measures on 09/20/2024. 7) Monthly Health Network Communication BH Updates.	1) Continue bi-weekly text messages based on real time ED data. 2) Continue sharing ED data with HN's via sFTP and weekly HN Communication. 3) Collaborate with Telemed2U provider and internal ITS team to develop implementation plan for Member Outreach. 4) Work with vendor to create campaign for the IVR calls for ED Follow-up. 5) Schedule listening sessions with Providers to educate/train on how to obtain BH data.	
Quality of Clinical Care	Members with Chronic Conditions	Improve HEDIS measures related to Eye Exam for Patients with Diabetes (EED) MY2024 HEDIS Goals: MC 66.33% OC: 81%;	Assess and report the following activity: 1) Strategic Quality Initiatives Intervention Plan - Multi-modal, omni-channel targeted member, provider and health network engagement and collaborative efforts.	By December 2024 Update from PHMC to QIHEC: Q2: 06/11/2024 Q3: 09/10/2024 Q4: 12/10/2024 Q1 03/11/2025)	Director of Medicare Stars and Quality Initiatives	Manager of Quality Analytics	Quality Analytics	1. Member Health Reward: EED (MC) - 185; EED (OC) - 79 2. EED VSP mailing from January to September: MC - 5144; OC - 1449 3. Diabetes mailing September: MC- 30362 OC- 3093 4. CareNet Live Call from June to September: OC- 1344 5. VSP data sharing to Health Network partners; multiple Health Networks are now receiving Production data and the remaining ones are completing testing 6. August 2024 Prospective Rate Data: EED (MC) - 40.79%; EED (OC) - 59%	Continue with plan as listed	
Quality of Clinical Care	Members with Chronic Conditions	Improve HEDIS measures related to HbA1c Control for Patients with Diabetes (HBD): HbA1c Poor Control (this measure evaluates % of members with poor A1C control-lower rate is better) MY2024 Goals:	Assess and report the following activities: 1) Targeted member engagement and outreach campaigns in coordination with health network partners. 2) Strategic Quality Initiatives Intervention Plan - Multi-modal, omni-	Update from PHMC to QIHEC: Q2: 06/11/2024 Q3: 09/10/2024 Q4: 12/10/2024 Q1 03/11/2025	Director of Medicare Stars and Quality Initiatives	Manager of Quality Analytics	Quality Analytics	1. Member Health Reward: HBD (MC) - 385; HBD (OC) - 125 2. Diabetes mailing September: MC- 30362 OC- 3093 3. CareNet Live Call from June to September: OC- 2048 4. August 2024 Prospective Rate Data: HBD (MC) - 70.37%; HBD (OC) - 67%	Continue with plan as listed	

2024 QI Work Plan – Q3 Update

		MC: 29.44%; OC: 20%	channel targeted member, provider and health network engagement and collaborative efforts						
Quality of Clinical Care	Maternal and Child Health: Prenatal and Postpartum Care Services	Timeliness of Prenatal Care and Postpartum Care (PHM Strategy): HEDIS MY2024 Goal: Postpartum: 82.0% Prenatal: 91.07%	Assess and report the following activities: 1) Targeted member engagement and outreach campaigns in coordination with health network partners 2) Strategic Quality Initiatives Intervention Plan - Multi-modal, omni-channel targeted member, provider and health network engagement and collaborative efforts. 3) Continue expansion of Bright steps comprehensive maternal health program through community partnerships, provider/ health network partnerships, and member engagement. Examples: WIC Coordination, Diaper Bank Events 4) Implement Collaborative Member Engagement Event with OC CAP Diaper Bank and other community-based partners 5) Expand member engagement through direct services such as the Doula benefit and educational classes	By December 2024 Report progress to QIHEC Q1 2024 Update (05/14/2024) Q2 2024 Update (08/13/2024) Q3 2024 Update (11/05/2024) Q4 2024 Update (02/11/2025)	Director of Medicare Stars and Quality Initiatives	Manager of Quality Analytics	Equity and Community Health/ Quality Analytics	Member initiatives: 1) Bright Steps Program: prenatal and postpartum education to participating members. 2) Ongoing: Postpartum Health Reward for members that complete postpartum care between 1-12 weeks after delivery. 1) August 2024: Maternal Health workgroup meeting to discuss member journey. QA will develop a prenatal and postpartum care journey to support member messaging. 2) Community Clinic Forum presentation to support compliance for providers and clinics that utilized bundled coding practices. Per August 2024 prospective rates, Timeliness of Prenatal Care is performing slightly lower than this time time last year with a rate of 67.26% and Postpartum Cre is performing slightly higher than this time time last year with a rate of 65.83%.	Continue with plan as listed. Postpartum member call campaign planned for Q4 Development of guide for providers that participate in bundled billing for prenatal and postpartum care.
Quality of Clinical Care	Maternal and Adolescent Depression Screening	Medi-Cal Only - Meet the following goals For MY2024 HEDIS:	1) Identification and distribution of best practices to health	Report progress to QIHEC quarterly: Q2 2024 Update	Director of Operations Management /	Manager of Quality Analytics /	Operations Management/	DSF-E PR HEDIS Rates Q3 (July): Screening Total 0.02%; Follow Up Total 36.36% 1) Data collection is still the main barrier. Currently	DSF-E: Distribute best practice guidelines for follow-up visits to providers and health network.

2024 QI Work Plan – Q3 Update

		DSF-E Depression Screening and Follow-up for Adolescent and Adults - Screening: 2.97% PND-E Prenatal Depression Screening and Follow-up - Screening: 8.81% PDS-E Postpartum Depression Screening and Follow-up: 27.77%	network and provider partners. 2) Provide health network and provider partners with timely hospital discharge data specific to live deliveries to improve postpartum visit completion. 3) Targeted member engagement and outreach campaigns in coordination with health network partners. 4) Provider education (CE/CME) in Q3.	(08/13/2024) Q3 2024 Update (11/05/2024) Q4 2024 Update (02/11/2025)	Director of Behavioral Health Integration	Manager of Behavioral Health Integration	Behavioral Health Integration	capturing information by supplemental data. The Behavioral Health Quality Improvement Workgroup exploring ways to obtain additional supplemental data to better capture completed screenings and follow up visits. 2) Drafted Provider Tip Sheet letter submitted for internal review process. 3) Quality Champions meeting with The Coalition of Orange County Community Health Center presentation on BH Quality Measures on 09/20/2024. 4) Monthly Health Network Communication BH Updates.		
Quality of Clinical Care	Blood Lead Screening	HEDIS MY2024 Goal: 67.12%; Improve Lead Screening in Children (LSC) HEDIS measure.	Assess and report the following: Strategic Quality Initiatives Plan to increase lead testing will consist of: 1) A multi-modal, targeted member approach as well as provider and health network collaborative efforts 2) Partnership with key local stakeholders 2024 Member Quality Initiatives will consist of the following but not limited to: - Member health reward and monitoring of impact on LSC HEDIS rate - IVR campaign to - Texting campaign - Mailing campaign - Lead texting campaign for members - Medi-Cal member newsletter article(s) In partnership with the Orange County Health Care Agency, CalOptima Health	By December 2024 Report progress to QIHEC Q1 2024 Update (05/14/2024) Q2 2024 Update (08/13/2024) Q3 2024 Update (11/05/2024) Q4 2024 Update (02/11/2025)	Director of Medicare Stars and Quality Initiatives	Manager of Quality Analytics	Quality Analytics	Member Initiatives: 1) Ongoing: Blood Lead Health Rewards for testing at 12 and 24 months of age. 2) 2-way SMS campaign via Ushur and in alignment with AAP periodicity schedule for well-child visits. Campaign included reminders for lead testing. 3) Live call campaign via vendor CareNet to educate and encourage lead testing. Monitoring Initiatives: 1) In progress: Development of medical record review process to monitor CalOptima Health providers and the adherence to lead requirements (e.g., testing, follow-up, anticipatory guidance) Provider Initiatives: 1) July 2024: Provider fax campaign to providers assigned to children ages 0-6. Fax campaign provided focus on providing resources related to lead requirements such as anticipatory guidance, patient educational materials, etc. 2) July 2024: Posting of Stay Compliant with State-Issued Lead Requirements on CalOptima Health website. Per August 2024 prospective rates, Lead Screening in Children measure is 65.03% and is on track to meet the 50th percentile.	Continue with plan as listed	

2024 QI Work Plan – Q3 Update

			will co-develop educational toolkit on blood lead testing.						
Quality of Clinical Care	EPSDT/Children's Preventive Services: Pediatric Well-Care Visits and Immunizations	<p>HEDIS MY2024 Goal CIS-Combo 10: 45.26% IMA-Combo 2: 48.80% W30-First 15 Months: 58.38% W30-15 to 30 Months: 71.35% WCV (Total): 51.78%</p>	<p>Assess and report the following activities: 1) Targeted member engagement and outreach campaigns in coordination with health network partners. 2) Strategic Quality Initiatives Intervention Plan - Multi-modal, omni-channel targeted member, provider and health network engagement and collaborative efforts. 3) Early Identification and Data Gap Bridging Remediation for early intervention.</p>	<p>Report progress to QIHEC Q1 2024 Update (05/14/2024) Q2 2024 Update (08/13/2024) Q3 2024 Update (11/05/2024) Q4 2024 Update (02/11/2025)</p>	Director of Medicare Stars and Quality Initiatives	Manager of Quality Analytics	Quality Analytics	<p>Member Initiatives: 1) 2-way SMS via Ushur for multiple pediatric age groups in place. 2) Ongoing telephonic outreach to pediatric members for multiple measures via Carenet.</p> <p>Provider/HN Initiatives: 1) Detailed W30 reports continue to be distributed regularly.</p> <p>CIS performance continues to trend lower than same point-in-time last year; as such, Carenet was provided with a Q4 focus report of members due for CIS that are still actionable (haven't reached their 2nd birthday yet).</p>	Continue with plan as listed
Quality of Clinical Care	Quality Improvement activities to meet MCAS Minimum Performance Level	Meet and exceed MPL for DHCS MCAS	<p>Conduct quarterly/Annual oversight of MCAS Performance Improvement Plan PDSA: Well-Child Visits in the First 30 Months (W30-2+) - To increase the number of Medi-Cal members 15-30 months of age who complete their recommended well-child visits.</p> <p>Perform root cause analysis, strategize and execute planned interventions targeting members, providers and systems.</p>	<p>Report progress to QIHEC Q1 2024 Update (05/14/2024) Q2 2024 Update (08/13/2024) Q3 2024 Update (11/05/2024) Q4 2024 Update (02/11/2025)</p>	Director of Medicare Stars and Quality Initiatives	Manager of Quality Analytics	Quality Analytics	<p>Member Initiatives: 1) 2-way SMS via Ushur for multiple pediatric age groups in place. 2) Ongoing telephonic outreach to pediatric members for multiple measures via Carenet.</p> <p>Provider/HN Initiatives: 1) Detailed W30 reports continue to be distributed regularly.</p>	Continue with plan as listed
Quality of Clinical Care	Encounter Data Review	Conduct regular review of encounter data	Monitors health network's compliance with	Semi-Annual Report to QIHEC Q2: 04/09/2024	Director of Finance	Manager of Finance	Finance	Medi-Cal: HMOs and PHCs met at least 6 of 8 measures; CHOC met 6 of 6 measures; SRGs met 5 of 6 measures. OneCare: 5 networks met all	Encounters team is working with AMVI to review root causes of low submissions and plans for

2024 QI Work Plan – Q3 Update

		submitted by health networks	performance standards regarding timely submission of complete and accurate encounter data.	Q4: 10/08/2024 postponed to 11/5/2024				measures; 4 networks met 3 of 4 measures; 1 network met 2 of 4 measures	remediation. They can be subject to a Corrective Action Plan.	
Quality of Clinical Care	Facility Site Review (including Medical Record Review and Physical Accessibility Review) Compliance	PCP and High Volume Specialist sites are monitored utilizing the DHCS audit tool and methodology.	Review and report conducted initial reviews for all sites with a PCP or high volume specialists and a review every three years. Tracking and trending of reports are reported quarterly.	Update volume from CPRC to QIHEC Q2: 06/12/2024 Q3: 09/10/2024 Q4: 12/10/2024 Q1 03/11/2025 Compliance details to QIHEC Q1 2024 Update (05/14/2024) Q2 2024 Update (08/13/2024) Q3 2024 Update (11/05/2024) Q4 2024 Update (02/11/2025)	Director Quality Improvement	Manager Quality Improvement	Quality Improvement	FSR/MRR/PARS, Community-based Adult Services (CBAS) and Nursing Facilities (NF) Oversight A. FSR: Initial FSRs=15; Initial MRRs=8; Periodic FSRs=66; Periodic MRRs=76; On-Site Interims=4; Failed FSRs=0 Failed MRRs=12 CAPs: CE=39; FSR=63; MRR=61 B. PARS: Completed PARS=110 (Basic Access=44 Limited Access=66 C. CBAS Oversight: Critical Incidents=16 (16 COVID cases); Non-Critical Incidents=22; Falls=10; Audits Completed=12; CAPs Issued=8; Unannounced Visits=0 D. NF Oversight: Critical Incidents=14; On-Site Visits=12; Unannounced Visits=0	FSR/MRR: In order to avoid, a third subsequent failed audit (FSR and/or MRR) and removal from the CalOptima Health provider network, extensive education and additional resources are being provided to sites with two subsequent FSR and/or MRR failed audits. PARS: Continue with plan, as listed.	
Quality of Clinical Care	Potential Quality Issues Review	Referred quality of care grievances and PQIs are reviewed timely	Review and report conducted referred cases are properly reviewed by appropriate clinical staff, cases are leveled according to severity of findings, and recommendations for actions are made, which may include a presentation to the CPRC for peer reviewed.	Update from CPRC to QIHEC Q2: 06/12/2024 Q3: 09/10/2024 Q4: 12/10/2024 Q1 03/11/2025	Director Quality Improvement	Manager Quality Improvement	Quality Improvement	202 PQIs closed in Q3; 57 (28%) were declined grievances. 36 (18%) were leveled QOC; 166 (82%) QOS. We have 721 PQIs currently open. Nine PQIs leveled 1, 2 or 3 were presented to CPRC. PQI trends for 1/1/24-6/30/24 identified an ABA group and a acute care hospital. During this time frame, most quality of care PQIs were categorized as medical care, and most were either mismanaged care or treatment (delay, failure, inappropriate or complications).	In order to reduce the number of PQIs being opened, we are meeting with departments to find other ways to address issues with providers that are not truly a PQI. One strategy is to develop a Provider Action Workgroup where departments may bring providers for action. The policy and charter is in development with a desired completion by Q1 2025.	
Quality of Clinical Care	Initial Provider Credentialing	All providers are credentialed according to regulatory requirements	Review and report providers are credentialed according to regulatory requirements and are current within 180 days of review and approval (60 days for BH providers)	Update from CPRC to QIHEC Q2: 06/12/2024 Q3: 09/10/2024 Q4: 12/10/2024 Q1 03/11/2025	Director Quality Improvement	Manager Quality Improvement	Quality Improvement	Initial BH Credentialing Q3 = 5; Initial CCN Credentialing Q3 = 18	Initial credentialing: We have contracted with a Credentialing Verification Organization (CVO) to assist with the credentialing of providers. This will ensure compliance and timeliness of the initial credentialing.	
Quality of Clinical Care	Provider Re-Credentialing	All providers are re-credentialed according to regulatory requirements	Review and report providers are re-credentialed within 36 months according to regulatory requirements	Update from CPRC to QIHEC Q2: 06/11/2024 Q3: 09/10/2024 Q4: 12/10/2024 Q1 03/11/2025	Director of Quality Improvement	Manager Quality Improvement	Quality Improvement	BH Recredentialing - Q3 = 18; CCN Recredentialing Q13 = 49. For Q3 we did not have any recredentialing files out of compliance	Recredentialing: We have contracted with a Credentialing Verification Organization (CVO) to assist with the recredentialing of providers. This will ensure that we continue with compliance and	

2024 QI Work Plan – Q3 Update

								timeliness of the recredentialing files.	
Quality of Clinical Care	Chronic Care Improvement Projects (CCIPs) OneCare	Meet and exceed goals set forth on all improvement projects (See individual projects for individual goals)	<p>Conduct quarterly/Annual oversight of specific goals for OneCare CCIP (Jan 2023 - Dec 2025):</p> <p>CCIP Study - Comprehensive Diabetes Monitoring and Management</p> <p>Measures: Diabetes Care Eye Exam Diabetes Care Kidney Disease Monitoring Diabetes Care Blood Sugar Controlled Medication Adherence for Diabetes Medications Statin Use in Persons with Diabetes</p>	<p>Report progress to QIHEC</p> <p>Q1 2024 Update (05/14/2024) Q2 2024 Update (08/13/2024) Q3 2024 Update (11/05/2024) Q4 2024 Update (02/11/2025)</p>	Director of Medicare Stars and Quality Initiatives	Manager of Quality Analytics	Quality Analytics	<p>1. Member Health Reward: EED (OC) - 79; HBD (OC) - 125</p> <p>2. EED VSP mailing from January to September: OC - 1449</p> <p>3. Diabetes mailing September: MC- 30362 OC- 3093</p> <p>4. CareNet Live Call from June to September: EED (OC)- 1344 HBD (OC)- 2048</p> <p>5. Emergin Risk (telephonic outreach via Equity and Communiy Helath department staff)</p> <p>5. August 2024 Prospective Rate Data: EED (OC) - 59%; KED (OC)- 45%; HBD PC (OC)- 67%; MAD (OC)- 93%; SUPD (OC)- 85%</p>	Continue with plan as listed
Quality of Clinical Care	Special Needs Plan (SNP) Model of Care (MOC)	<p>% of Members with Completed HRA: Goal 100%</p> <p>% of Members with ICP: Goal 100%</p> <p>% of Members with ICT: Goal 100%</p>	<p>Assess and report the following activities:</p> <p>1) Utilize newly developed monthly reporting to validate and oversee outreach and completion of both HRA and ICP per regulatory guidance.</p> <p>2) Develop communication process with Networks for tracking outreach and completion to meet benchmarks.</p> <p>3) Creation and implementation of the Oversight audit tool. Updated Oversight process implementation and monitoring.</p>	<p>Report progress to QIHEC</p> <p>Q1 2024 Update (05/13/2024) Q2 2024 Update (08/13/2024) Q3 2024 Update (11/05/2024) Q4 2024 Update (02/11/2025)</p>	Director Medical Management/Case Management	QI Nurse Specialist	Case Management	<p>1) Utilize newly developed monthly reporting to validate and oversee outreach and completion of both HRA and ICP per regulatory guidance.</p> <p>a) CC0258 partially remediated;</p> <p>b) CMS raised cut points for Star Measure on HRA completion by 4% and Case Mangement is on track to acheive HRA collection to meet three stars in Q4.</p> <p>c) Q2 HRA1 adjusted score: Members reached and willing to complete HRA is 100%</p> <p>d) Q2 ICP2 adjusted score: Members reached and willing to complete ICP is 91%</p> <p>e) ICT-pending Jiva remediation and development of SNPE reporting.</p> <p>2) Develop communication process with Networks for tracking outreach and completion to meet benchmarks.</p> <p>a) Ongoing monthly communications to CCN and Health Networks for ICP1 development status for newly effective members.</p> <p>b) Continue to provide feedback on annual ICP development and missing face-to-face interactions. Continue communication process with Network</p> <p>3) Creation and implementation of the Oversight audit tool.</p> <p>a) Audit tool review for updates.</p>	<p>1) Utilize newly developed monthly reporting to validate and oversee outreach and completion of both HRA and ICP per regulatory guidance.</p> <p>a) CC0258 partially remediated and will resume per JIVA remediation priorities;</p> <p>b) Ongoing monitoring of initial HRA completion for acheiving three stars.</p> <p>c) Report on Q3 HRA1 adjusted score.</p> <p>d) Report on Q3 ICP2 adjusted score.</p> <p>e) ICT-pending Jiva remediation and development of SNPE reporting.</p> <p>2) Develop communication process with Networks for tracking outreach and completion to meet benchmarks.</p> <p>a) Ongoing monthly communications to CCN and Health Networks for ICP1 development status for newly</p>

2024 QI Work Plan – Q3 Update

									effective members. b) Continue to provide feedback on annual ICP development and missing face-to-face interactions. Continue communication process with Network 3) Creation and implementation of the Oversight audit tool. a) Share Audit tool with Health Network.	
Quality of Service	Improve Network Adequacy: Reducing gaps in provider network	Increase provider network to meet regulatory access goals	Assess and report the following activities: 1) Conduct gap analysis of our network to identify opportunities with providers and expand provider network2) Conduct outreach and implement recruiting efforts to address network gaps to increase access for Members	Update from MemX to QIHECQ2: 06/11/2024Q3: 09/10/2024Q4: 12/10/2024Q1 03/11/2025	1) Director of Provider Network2) Director of Contracting	Analyst of Quality Analytics	Contracting/Provider Data Operations	1. Transition from QA to Provider Data Operations completed2. Network Adequacy Workgroup conducted first monthly meeting to discuss network adequacy as a whole, Q3 gaps, and an action plan to reduce gaps specific to PMR on plan level and T&D for CCN HN level3. Provider Data Ops provided leads list to Contracting & PR to help close CCN time and distance gaps4. No HN closed CAP this quarter. Based on continued good faith efforts of HNs to contract providers, COH establish and authorized AAS process to close outstanding CAPs 5. 4 out of 6 HNs closed CAP via AAS (FCHS, Noble, Optum, Prospect). AMVI and UCMG issued Non-Compliance notice for not meeting deadline submission for AAS.	1. Provider Data Ops collaborating with PR to receive needed AAS from AMVI and UCMG2. PR conducting provider outreach based on leads list to gauge contracting interest to close CCN time and distance gap3. Provider Data Ops - Program Mgmt & Analytics working on provider leads list to help close Plan level gaps identified in Q3	
Quality of Service	Improve Timely Access: Appointment Availability/Telephone Access	Improve Timely Access compliance with Appointment Wait Times to meet 80% MPL	Assess and report the following activities: 1) Issue corrective action for areas of noncompliance 2) Collaborative discussion between CalOptima Health Medical Directors and providers to develop actions to improve timely access. 3) Continue to educate providers on timely access standards 4) Develop and/or share tools to assist with improving access to services.	Update from MemX to QIHEC Q2: 06/11/2024 Q3: 09/10/2024 Q4: 12/10/2024 Q1 03/11/2025	Director of Medicare Stars and Quality Initiatives	Manager of Quality Analytics / Project Manager of Quality Analytics	Quality Analytics	All eleven HN CAPs issued in December 2023 (2022 Timely Access Survey results) have been closed. In June-2024, 110 CAPs were issued to individual providers based on 2023 Timely Access Survey findings. • As of mid-October, received responses from 65 (59%) of the providers • Review of the responses and validation of compliance for select telephone measures began in September • Timely Access workflows and tools completed. Moving forward will be updated as needed. In June 2024, Carenet conducted an interim telephone audit on 758 providers identified as non-compliant for telephone measure “instruct caller to ER or Dial 911 in case of an emergency”. Results are as follows and additional follow-up is taking place with those who remain non-compliant: • Non-Compliant: 245 • Compliant: 511 • Unreachable: 2 Carenet is currently fielding an In-Office Wait Time survey to members. Survey started in August and scheduled to conclude in November.	2024 Timely Access Survey scheduled to start October 15. HN Timely Access CAPs to be issued in Q4 based on 2023 Access Survey findings Continue to outreach to non-compliant providers for Timely Access and review responses to CAPs.	
Quality of Service	Improving Access: Subcontracted Network Certification	Comply with Subdelegate Network Certification requirements	1) Annual submission of SNC to DHCS with AAS or CAP	Submission: 1) By end of January 15, 2024 2) By end of Q2 2024	Director of Provider Network / Director of Medicare Stars	Quality Analyst	Network Operations Provider Data Operations/Quality Analytics	Submitted 2023 Quarterly CAP status update - 4 of 6 HNs closed via AAS; AMVI and UCMG still open SNC Report Q3 2024: August 274 file results: communicated to HNs	1. PR reaching out to AMVI and UCMG regarding CAP closure 2. Verify that approved AAS have been posted by HNs to their	

2024 QI Work Plan – Q3 Update

			2) Monitor for Improvement 3) Communicate results and remediation process to HN	3) By end of Q3 2024 Update from MemX to QIHEC: Q2: 06/11/2024 Q3: 09/10/2024 Q4: 12/10/2024 Q1 03/11/2025	and Quality Initiatives			-Time/Distance: all HN did not meet. Top 5 gaps were Phys Med/Rehab, Endocrinology, Dermatology, Neurology and HIV/AIDS Specialist/Infectious Diseases. South County remains as the general area where the gaps are occurring - OON: using MCPD-OON Data Q2 2024 submission to DHCS - BH: 16; GC:139 - Network Capacity/Ration (FTE): HNs met standards -PMR: 7 HNs now meet PMR, up 3 from Q2; ongoing gaps are in Orthopedic Surgery, Ophthalmology, and Gastroenterology. AMVI is only 1 unique provider short of meeting requirements under Neurology and Pulmonology; AltaMed's current gap may be due to their provider network being reloaded - PCP: re-opened 3 panels and no new closures - WCM: Plan level met all specialties. All HNs confirmed met (UCMG & AMVI closed gaps) FINDINGS: Throughout Q3, as health networks worked on closing 2023 SNC CAPs for time and distance, they expanded their provider networks which resulted in an overall decrease of time and distance gaps from Q2 to Q3. The only exception is UCMG which increased in gaps, mostly in Dermatology. Timely Access: All eleven HN CAPs issued in December 2023 (2022 Timely Access Survey results) have been closed.	website by due date of October 30th 3. PR to do recruitment outreach to close CCN time and distance gap 4. Timely Access: HN Timely Access CAPs to be issued in Q4 based on 2023 Access survey findings	
Quality of Service	Increase primary care utilization	Increase rate of Initial Health Appointments for new members, increase primary care utilization for unengaged members.	Assess and report the following activities: 1) Increase health network and provider communications, trainings, and resources 2). Expand oversight of provider IHA completion 3) Increase member outreach efforts	Report progress to QIHEC Q1 2024 Update (05/14/2024) Q2 2024 Update (08/13/2024) Q3 2024 Update (11/12/2024) Q4 2024 Update (02/11/2025)	Director of Equity and Community Health	Manager of Equity and Community Health	Equity and Community Health	1) <u>Increase health network and provider communications, training, and resources</u> a. Communication: Reminder to HNs via HN Weekly Communication to sign up for IHA CME; Most HN updates have been moved over to HN Quality Update Meeting (bimonthly) b. Presentations and Trainings HNs/Providers: 1 HN Collaborative Quality Forum Meeting, 21 HN Quality Update Meetings, 2 QIHEC, 2 CHCN Virtual Meetings, 2 PHMC Meetings, 1 CME, 2 QIHEC Meetings, 1 DOC Meeting c. Provider Toolkit Resource: The document was placed on hold due to the website redesign; Components of the Provider Toolkit document are linked on the website. d. Provider Portal: Promoting IHA Report and Member Roster at HN and provider trainings and presentations. 2). <u>Expand oversight of provider IHA completion</u> a. IHA Chart Review Audits: Encountered barriers with communication and responsiveness from PCP offices; escalated communication to Medical Director for Clinic Leadership outreach, office direct calls, and provider office visits b. Provider Office Visits: 7 Provider office visits in addition to Teams meetings with all providers selected for chart review audits for Q3 c. KPI Metric Expectation for HNs: Individually met with all HNs at least once; provided them each with the Delegation Oversight Dashboard Response Form	1) <u>Increase health network and provider communications, training, and resources</u> -Provider Toolkit: Resume development upon COMMS confirmation of the website redesign project completion. -Communication, Presentations and Trainings- HNs/Providers: Continue to present and provide trainings on IHA; HN Forum IHA presentation was rescheduled to Q4 2). <u>Expand oversight of provider IHA completion</u> -IHA Chart Review Audits: Establish an approach to handle providers/clinics that are not responsive to records requests (including but not limited to education, failed chart review, corrective action plan, etc.) -KPI Metric Expectation for HNs: Implement Corrective Action Plans to any Health Network that did not return Delegation Oversight Dashboard Response Forms and to the lowest performing HN(s) -KPI Metric Tracking: Continue	

2024 QI Work Plan – Q3 Update

								to fill out to report back on what actions they are taking to increase rates and track their performance d. KPI Metric Tracking: Tracking HN performance and sharing at HN Quality Update Meetings and during individual HN meetings 3) <u>Increase member outreach efforts</u> a. Text Message campaign for new members + IHA: Approved by DHCS on 9/26/2024; translation completion date 10/10/2024. Current Step: The text message is being processed, following the COMMS text message request process, in 7 threshold languages (can take up to 2 months). b. Ongoing IVR Campaign: Sent out twice monthly to new members	tracking HN performance and sharing at HN Quality Update Meetings and during individual HN meetings 3) <u>Increase member outreach efforts</u> - Text Message campaign for new members + IHA: Anticipated launch in December. - IVR Campaign: Continue ongoing campaign, twice monthly
Quality of Service	Improving Access: Annual Network Certification	Comply with Annual Network Certification requirements	1) Annual submission of ANC to DHCS with AAS 2) Implement improvement efforts 3) Monitor for Improvement	Submission: 1) By June 2024 2) By December 2024 Update from MemX to QIHEC: Q2: 06/11/2024 Q3: 09/10/2024 Q4: 12/10/2024 Q1 03/11/2025	Director of Provider Network / Director of Medicare Stars and Quality Initiatives	Quality Analyst for Quality Analytics/ Manager of Provider Data Management Services	Provider Data Operations Management Services	1. ANC monitoring has transitioned to Provider Data Operations - Program Management 2. Per Q3 Network Adequacy Report, the plan meets requirements for MPT, capacity/ratio (FTE) and time/distance 3. No update on AAS request submitted in March	1. Prepare requirements for 2024 Annual Network Certification 2. Update changes to policies and procedures
Quality of Service	Improve Member Experience/CAHPS	Increase CAHPS performance to meet goal	Assess and report the following activities: 1) Conduct outreach to members in advance of 2024 CAHPS survey. 2) Just in Time campaign combines mailers with live call campaigns to members deemed likely to respond negatively. 3) These items also continue to be included in all P4V discussions with HNs.	Update from MemX to QIHEC Q2: 06/11/2024 Q3: 09/10/2024 Q4: 12/10/2024 Q1 03/11/2025	Director of Medicare Stars and Quality Initiatives	QA Project Manager	Quality Analytics	1. Closed 2. Closed 3. Pending receipt of HNQR.	1. Closed 2. Closed 3. Analysis of HNQR when available and identify next steps for low performing Health Networks.
Quality of Service	Grievance and Appeals Resolution Services	Implement grievance and appeals and resolution process	Track and trend member and provider grievances and appeals for opportunities for improvement. Maintain business for current programs. Improve process of handling member and provider	GARS Committee Report to QIHEC: Q2 06/11/2024 Q3 09/10/2024 Q4 12/10/2024 Q1 03/11/2025	Director of GARS	Manager of GARS	GARS	Trends identified in <u>Member Appeals</u> : tertiary level of care/specialty care denials and continuity of care - State Fair Hearings: 22 Received (10) Upheld (2) Overturned - COC w/OON Pain Management (12) Dismissed - Maximus: 32 Submitted (27) Upheld (1) Dismissed (4) Overturned - OO Country Reim, COC w/Wound Care Provider, In Home Physical Therapy, COC w/Vascular Surgeon Trends identified in <u>Provider Appeals/Disputes</u> : clinical edits denials, level of payment disputes, failure to obtain authorizations. Additional trends worth noting	The department will continue to perform quarterly and year to date reviews to identify trends. This information will be presented to GARS Committee as opportunities to improve operations across the organization. Next GARS Committee meeting is scheduled for November 13, where Q3 data will be presented.

2024 QI Work Plan – Q3 Update

			grievance and appeals					were - CalAim Provider Denials due to incorrect billing and Cotiviti Overturns Increased 20% over Q1		
Quality of Service	Customer Service	Implement customer service process and monitor against standards	Track and trend customer service utilization data Comply with regulatory standards Maintain business for current programs Improve process for handling customer service calls	Report progress to QIHEC Q2 2024 Update (04/09/2024) Q3 2024 Update (07/09/2024) Q4 2024 Update (10/08/2024) Q1 2025 Update (01/14/2025)	Associate Director of Customer Services	Manager of Customer Service	Customer Service	Customer Service ran KPI data and reported results to QIHEC. DHCS' average speed of answer of not exceeding 10 minutes: Goal was met (1 min and 45 sec). Internal business goal of abandonment rate not exceeding 5% met: Goal was met (4.8%). Accomplishments: Hired additional staff, various departments staggered member engagement campaigns, leveraging call back capabilities for inbound calling members opting in.	Continue with plan	
Quality of Service	Medi-Cal Customer Service Performance Improvement Project	To meet Medi-Cal Customer Service KPIs by December 31, 2024: Internal call abandonment rate of 5% or lower, DHCS' 10 minutes average speed of answer	1) Partnering with HR to onboard more permanent and temporary staff to service inbound calls. 2) Interacting with various departments involved with member engagement campaigns and determine if they're able to update instructions for targeted members (i.e., instead of calling customer service, have them utilize the member portal).	Report progress to QIHEC quarterly: Q2 2024 Update (08/13/2024) Q3 2024 Update (11/05/2024) Q3 2024 Update (07/09/2024) Q4 2024 Update (02/11/2025) Q4 2024 Update (10/08/2024) Q1 2025 Update (01/14/2025)	Associate Director of Customer Services	Manager of Customer Service		Goals met	No further action required.	
Safety of Clinical Care	Coordination of Care: Member movement across practitioners	Improve coordination of care, prevention of complications, and facilitation of best practice diabetes care management between vision care specialists (SPCs) and primary care providers (PCPs)	Assess and report the following activities: 1) Collaborative meetings between teams to identify best practices to implement: 2) Provider and member education	Report progress to QIHEC Q1 2024 Update (05/14/2024) Q2 2024 Update (08/13/2024) Q3 2024 Update (11/05/2024) Q4 2024 Update (02/11/2025)	Director of Case Management	TBD	Medical Management	Assess and report the following activities: 1) Collaborative meetings between teams to identify best practices to implement: a. Multiple meetings with Claims, UM, PR, Customer Service, and other teams to discuss eliminating prior auth for preventive screenings (including the diabetic eye exam measure). 2) Provider and member education: a. Ongoing production data obtained from VSP and posted to Health Networks: CHOC: posted on 9/5 Noble: posted on 9/5 Prospect: posted on 9/10 b. Ongoing communication to members monthly basis from VSP for those in need of eye exam.	Assess and report the following activities: 1) Collaborative meetings between teams to identify best practices to implement: a. Ongoing monthly meetings b. Several eye exam CPT codes to be removed from Prior Authorization list effective 10/1/2024. 2) Provider and member education: a. Ongoing plan to send VSP data to health network partners to close data gaps for the Eye Exam Diabetes measure. b. Ongoing communications to members monthly basis from VSP on need for eye exam.	

2024 QI Work Plan – Q3 Update

Safety of Clinical Care	Emergency Department Member Support	Emergency Department Diversion Pilot has been implemented. In 2024 plan to expand a virtual program to additional hospital partners starting with UCI.	Assess and report the following activities: 1) Promoting communication and member access across all CalOptima Networks 2) Increase CalAIM Community Supports Referrals 3) Increase PCP follow-up visit within 30 days of an ED visit 4) Decrease inappropriate ED Utilization	Update from UMC to QIHEC Q2: 06/11/2024 Q3: 09/10/2024 Q4: 12/10/2024 Q1 03/11/2025	Director of LTSS	Manager of LTSS	LTSS	No metrics to report, still in development.	Two staff members (MSW & RN) were hired in September and are starting the end of October. They will go through CalOptima Health LTSS and UCI emergency department orientation for approximately 30 - 45 days. After orientation they will be embedded in the UCI ED approximately 80% of their time and remainder working virtually to support members in the ED.
Safety of Clinical Care	Coordination of Care: Member movement across settings - Transitional Care Services (TCS)	UM/CM/LTC to improve care coordination by increasing successful interactions for TCS high-risk members within 7 days of their discharge by 10% from Q4 2023 by end of December 31,2024.	1) Use of Ushur platform to outreach to members post discharge. 2) Implementation of TCS support line. 3) Ongoing audits for completion of outreach for High Risk Members in need of TCS. 4) Ongoing monthly validation process for Health Network TCS files used for oversight and DHCS reporting.	UMC Committee report to QIHEC: Q2: 06/11/2024 Q3: 09/10/2024 Q4: 12/10/2024 Q1 03/11/2025	Director of UM, CM and LTSS	Manager of Medical Management	Utilization Management Case Management Long Term Care	1) IPP 4.3 Report (percentage of members who had ambulatory visits within 7 days post hospital discharge) = 40.03% 2) Established reports for FFS Medicare program [Post-discharge Dashboard] 3) Developed a process and procedures for outreaching to pregnant members (TCS high-risk) not enrolled in Bright Steps. Hired a Care Manager to conduct these outreaches [July 2024] 4) Developed the Ushur texting campaigns to promote TCS	1) Launch texting campaign using the Ushur platform (Q4) 2) Continue with motivational interviewing trainings 3) Continue improving outreach efforts for TOC. (Non-Bright Steps members are receiving targeted outreach) 4) Review DHCS LTSS resource guide for enhancement opportunities 5) Develop a process for identifying FFS Medicare members in need of TCS 6) Continue educating CalAIM ECM Provider to documenting Lead Care Managers in CalOptima Connect.
Cultural and Linguistic Appropriate Services	Performance Improvement Projects (PIPs) Medi-Cal	Increase well-child visit appointments for Black/African American members (0-15 months) from 41.90% to 55.78% by 12/31/2024.	Conduct quarterly/Annual oversight of MC PIPs (Jan 2023 - Dec 2025): 1) Clinical PIP – Increasing W30 6+ measure rate among Black/African American Population	Report progress to QIHEC Q1 2024 Update (05/14/2024) Q2 2024 Update (08/13/2024) Q3 2024 Update (11/05/2024) Q4 2024 Update (02/11/2025)	Director of Medicare Stars and Quality Initiatives	Quality Analyst	Quality Analytics	Findings: As part of the parental/guardain reminders, call also assessed for barriers and facilitators to well-child visits. Challenges included limitations with successfully being able to outreach to parents/guardians of child members. Out of 85 members, was only able to successfully reach 24 members. Key highlights: • Parental knowledge- CalOptima Health assessed for knowledge as it relates to the importance of well-child visits and what should be expected at these visits. 21.18% expressed having knowledge of the importance of the visits and 18.82% did not express having any understanding. Some parents drew on the knowledge from their previous experiences with other children. • Scheduling- When inquired about the scheduling of the next well-child visit, 67.65% (n=23) responded not having a visit scheduled, or being unsure, followed by 32.35% reporting that they had the next well-visit	Utilize findings to develop new intervention for 2025

2024 QI Work Plan – Q3 Update

								<p>scheduled with the PCP.</p> <p>When attempting to assess for barriers and facilitators, 6 of the 34 parents declined to proceed with the call. The following narrative is based on 28 successful parental interactions.</p> <ul style="list-style-type: none"> • Barriers to well-child visits- 35.29% (n=12) of parents reported experiencing challenges that impact their ability to attend well-child visits. Factors included: family law where custody for the child varied, scheduling conflicts with parental work schedules or PCP schedule that did not align with the parent's needs, lack of childcare, and lack of transportation. • Facilitators to well-child visits- 32.35% (n=11) reported on various facilitators to attending these visits. PCP availability was mentioned the most, followed by transportation benefit, office reminders to attend, knowing who the child's PCP is. <p>PIP Steps 1-8 submitted in September 2024 with the findings noted above.</p>		
Cultural and Linguistic Appropriate Services	Cultural and Linguistics and Language Accessibility	Enhance interpreter and translation services	Track and trend interpreter and translation services utilization data and analysis for language needs. Comply with regulatory standards, including Member Material requirements. Initiate Request for Proposal (RFP) to add and/or replace the translation and interpreter services vendors to improve the member experience.	Report progress to QIHEC Q2 2024 Update (04/09/2024) Q3 2024 Update (07/09/2024) Q4 2024 Update (10/08/2024) Q1 2025 Update (01/14/2025)	Director of Customer Service	Manager of Cultural and Linguistics	Cultural and Linguistic Services	<p>The goal for this element has changed. The new approach is to extend the current contracts of the 5 contracted vendors in lieu of going out for Request for Proposal (RFP). To COBAR has been completed and will be presented at the November Board of Directors meeting. If approved, Vendor Management will work on extending the existing contracts.</p>	Pending next steps after the November Board meeting.	
Cultural and Linguistic Appropriate Services	Maternity Care for Black and Native American Persons	<p>1) PPC Postpartum: Increase timely PPC postpartum appointments for CalOptima's Black members from 67.48% to 74.74% and Native Americans from 44.44 to 63.22% by 12/31/24.</p> <p>2) PPC Prenatal: Increase timely PPC prenatal appointments for CalOptima's Black members from 53.77 to 72.37% and Native</p>	<p>Assess and report the following activities:</p> <ol style="list-style-type: none"> 1) Determine the primary drivers to noncompliance via member outreach and literature review 2) Targeted member engagement and outreach campaigns in coordination with health network partners 3) Strategic Quality Initiatives Intervention Plan - 	By December 2024 Report progress to QIHEC Q1 2024 Update (05/14/2024) Q2 2024 Update (08/13/2024) Q3 2024 Update (11/05/2024) Q4 2024 Update (02/11/2025)	Manager Equity and Community Health/ Director of Operations Management	Program Manager of Quality Analytics/ Manager of Quality Analytics	Equity and Community Health	Development of member messaging for prenatal and postpartum care is still taking place to support the goal of multimodal outreach and targeted engagement.	Continue with plan as listed	

2024 QI Work Plan – Q3 Update

		Americans from 27.78% to 59.43% by 12/31/24.	Multi-modal, omni-channel targeted member, provider and health network engagement and collaborative efforts. 4) Continue expansion of Bright steps comprehensive maternal health program through community partnerships, provider/ health network partnerships, and member engagement. Examples: WIC Coordination, Diaper Bank Events 5) Implement Collaborative Member Engagement Event with OC CAP Diaper Bank and other community-based partners 6) Expand member engagement through direct services such as the Doula benefit and educational classes							
Cultural and Linguistic Appropriate Services	Data Collection on Member Demographic Information	Implement a process to collect member SOGI data by December 1st, 2024.	1) Develop and implement a survey to collect the Member's Sexual Orientation and Gender Identity (SOGI) information from members (18+ years of age). 2) Update CalOptima Health's Core eligibility system to store SOGI data. 3) Collaborate with other participating CalOptima Health departments, to share SOGI data with the Health Networks.	Report progress to QIHEC quarterly: Q2 2024 Update (08/13/2024) Q2 2024 Update (07/09/2024) Q3 2024 Update (11/05/2024) Q3 2024 Update (10/08/2024) Q4 2024 Update (02/11/2025) Q4 2024 Update 01/14/2025)	Director of Customer Service	Manager of Cultural and Linguistics	Cultural and Linguistic Services	The SOGI survey been implemented and began mailing in September 2024 to new members 18 years of age and older. The REL/SOGI draft policy has been submitted to the consultants for review. Traget date for submission to the Board is December 2024	Continue to collect member REL/SOGI data Build Core report to capture Race/Ethnicity data in OMB format Submit draft REL/SOGI data collection policy to the Board and DHCS for approval.	

2024 QI Work Plan – Q3 Update

			4) Develop and implement a survey via the Member Portal, mail to new members and other methods. 5) Share member demographic information with practitioners.						
Cultural and Linguistic Appropriate Services	Data Collection on Practitioner Demographic Information	Implement a process to collect practitioner race/ethnicity/languages (REL) data by December 31, 2024.	1) Develop and implement a survey to collect practitioner REL data 2) Enter REL data into provider data system and ensure ability to retrieve and utilize for CLAS improvement. 3) Complete an analysis of the provider network capacity to meet language needs of the CalOptima Health membership. 4) Assess the provider network's capacity to meeting CalOptima Health's culturally diverse member needs. 5) Collaborate with other participating CalOptima Health departments, to share SOGI data with the Health Networks.	Report progress to QIHEC quarterly: Q2 2024 Update (08/13/2024) Q3 2024 Update (11/05/2024) Q4 2024 Update (02/11/2025)	Director of Provider Data Management Services	Manger Provider Data management System	Provider Data Management Services	1. Set up Facets system to capture data 2. Established data needs and sent out surveys to providers 3. Working with web design team to update provider search tool to reflect information in searches	1. Providers to complete survey and submit to CalOptima 2. Ensure search tool will display information collected 3. Ensure Salesforce system will be configured to store data 4. Establish process for providers to update informaiton via the annual providers attestation process.
Cultural and Linguistic Appropriate Services	Experience with Language Services	Evaluate language services experience from member and staff	1) Develop and implement a survey to evaluate the effectiveness related to cultural and linguistic services. 2) Analyze data and identify opportunities for improvement.	Report progress to QIHEC quarterly: Q2 2024 Update (08/13/2024) Q2 2024 Update (07/09/2024) Q3 2024 Update (11/05/2024) Q3 2024 Update (10/08/2024) Q4 2024 Update (02/11/2025) Q4 2024 Update (01/14/2025)	Director of Customer Service	Manager of Cultural and Linguistics	Cultural and Linguistic Services	Member and staff language service experience surveys in development stage: The Staff Language Survey has been finalized, currently with Communications. The survey design and layout is currently in process. The Member Language Survey being finalized and will be forward to Communications for design and layout.	Q3 2024 Update presented QIHEC on 10/08/2024 Q4 2024 Update will be presented QIHEC on 01/14/2025



CalOptima Health

Third Quarter Summary of the Quality Improvement Health Equity Committee

Quality Assurance Committee

December 11, 2024

Marsha Choo, Director, Quality Improvement

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.

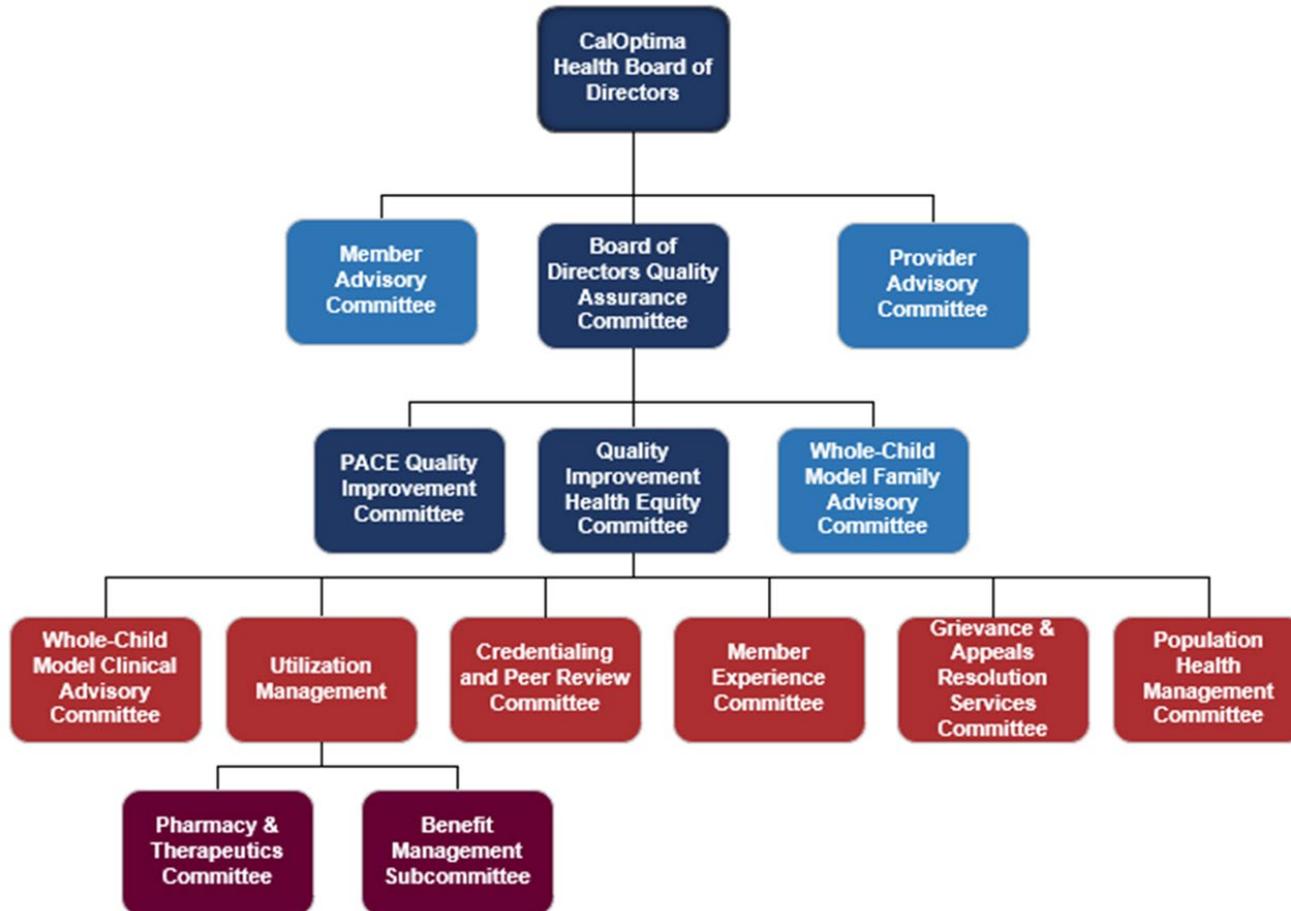
Quality Improvement Health Equity Committee (QIHEC) Purpose

- QIHEC provides overall direction for continuous quality improvement and health equity processes
- QIHEC oversees activities that are consistent with CalOptima Health's strategic goals and priorities
- QIHEC monitors compliance with regulatory and licensing requirements related to Quality Improvement and Health Equity (QIHE) projects and activities

QIHEC's Responsibilities

- Analyzes and evaluates the results of Quality Improvement and Health Equity (QIHE) activities including annual review of the results of performance measures, utilization data, consumer satisfaction surveys, and the findings and activities of other committees
- Institutes actions to address performance deficiencies, including policy recommendations; and
- Ensures appropriate follow-up of identified performance deficiencies

Quality Improvement and Health Equity Governance



QIHEC Actions in Third Quarter 2024

- QIHEC oversees and monitors the Quality Improvement Health Equity Transformation Program (QIHETP) Annual Work Plan
- In Quarter 3, 2024, QIHEC evaluated and provided feedback and guidance on the following topics:
 - QIHEC Subcommittee reports
 - CalOptima Health programs and business functions
 - Quality performance measures including OneCare Star measures and Managed Care Accountability Set (MCAS) measures
 - National Committee for Quality Assurance (NCQA) Accreditation

QIHEC Actions in Third Quarter 2024 (Continued)

- QIHEC evaluated and provided feedback and guidance on the following topics:
 - Quality oversight functions including potential quality issues (PQIs), credentialing of providers and facility site reviews (FSRs)
 - Performance Improvement Projects (PIPs)
 - Access and availability including appointment availability and network adequacy
 - Member experience including customer service performance, grievances, data from member experience surveys
 - Coordination of care

QIHEC Actions in Third Quarter 2024 (Continued)

- QIHEC reviewed and approved policies
 - Policy GG.1629 Quality Improvement and Health Equity Transformation Program (QIHETP)
- QIHEC accepted and filed subcommittee minutes
 - Grievance and Resolutions Services (GARS) Committee Meeting Minutes: May 14, 2024
 - Member Experience Committee (MEMx) Meeting Minutes: May 22, 2024, and July 16, 2024
 - Population Health Management Committee (PHMC) Meeting Minutes: May 16, 2024
 - Utilization Management Committee Meeting (UMC) Minutes: May 23, 2024
 - Whole Child Model Clinical Advisory Committee (WCM CAC) Meeting Minutes: May 21, 2024

QIHEC Actions in Third Quarter 2024 (Continued)

- QIHEC accepted and filed documents/presentations
 - 2024 Quality Improvement Health Equity Work Plan Q2
 - MY2025 P4V Program Proposal Draft

QIHEC Recommendations in Third Quarter 2024

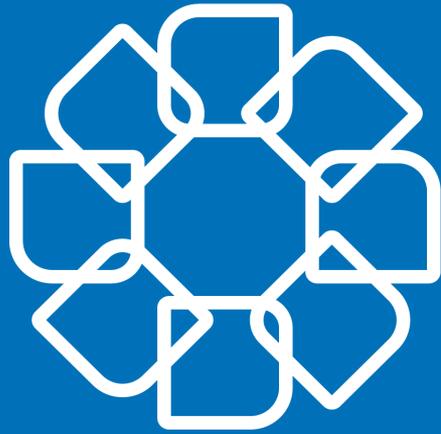
- QIHEC requested staff present the following reports at a future meeting:
 - Topical fluoride application by a provider for pediatric oral health
 - Progress on member incentives and rewards
 - Services offered by TeleMed2u
 - Bright Steps Program report to include the number of members reached by staff

Utilization Management Subcommittee (UMC) Actions in Third Quarter 2024

- UMC approved the 2024 UMC charter
- UMC approved the following policies:
 - GG.1118: Family Planning Services, Out-of-Network
 - GG.1500: Authorization Instructions for CalOptima Health Direct and CalOptima Health Communication Network Providers
- UMC recommended that staff report the JIVA fax receipt acknowledgement issue to the QIHEC
- UMC recommended staff present the following reports at a future meeting:
 - Custom durable medical equipment (DME) enhancements
 - Non-emergency medical transportation (NEMT) / Non-medical transportation (NMT) utilization report related to dialysis appointments
 - Adverse childhood experiences (ACEs) data stratified by risk

Subcommittee Recommendations in Third Quarter 2024

- Population Health Management Committee (PHMC) recommended staff connect with Health Equity for African American's League (HEAAL) to develop an approach to improve mental health and nutrition services within the African American community.
- Grievance and Appeals Resolution Services (GARS) Committee discussed the increase in discrimination grievances, and the committee recommended staff explore approaches to address this type of grievance.
- Credentialing and Peer Review Committee (CPRC) approved the following policies:
 - GG.1650: Credentialing and Recredentialing of Practitioners
 - GG.1651: Assessment and Reassessment of Organizational Providers



CalOptima Health

Stay Connected With Us
www.caloptima.org

   @CalOptima



CalOptima Health

Utilization Management Committee and Clinical Operations Updates Q4 2024

Quality Assurance Committee Meeting
December 11, 2024

Kelly Giardina, Executive Director, Clinical Operations
Dr. Robin Hatam, Medical Director

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.

Agenda

- Utilization Management (UM) Committee Sub-Workgroups
- Over/Under Utilization Goals
- Health Network Oversight
- Inpatient / Hospital Facility Supports

Utilization Management Committee Sub-Workgroups

Kelly Giardina, Executive Director, Clinical Operations

UM Sub-Workgroups

- High-Risk Care:

Implements clinical strategies to reduce unnecessary ED visits/hospitalizations, decrease length of stay in acute care facilities and target high-risk members for proactive and preventative interventions for optimal health outcomes.

- Over/Under Utilization:

Monitors utilization metrics and performance, addresses trends, contributes to the analysis and action plan for decreasing over and under utilization that is reported up through UM committee.

- Gender Affirming Care

Ensures Gender Affirming Care is delivered in alignment with best practice clinical care. Identifies and addresses challenges in member care by enhancing and streamlining process and proactively addresses gaps in care through collaboration with community supports and network providers.

UM Sub-Workgroups

- Early and Periodic Screening, Diagnostic and Treatment (EPSDT)

Ensures CalOptima Health coverage is in alignment with providing all medically necessary services for members under 21.

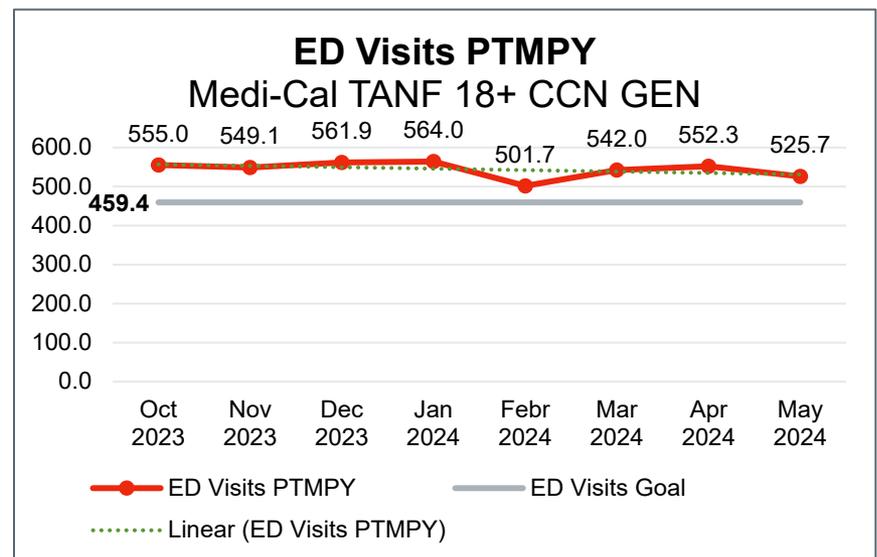
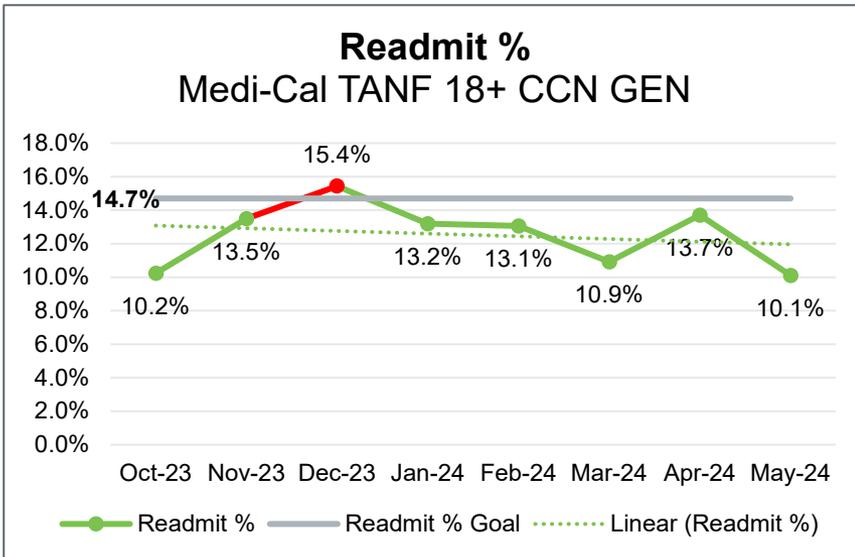
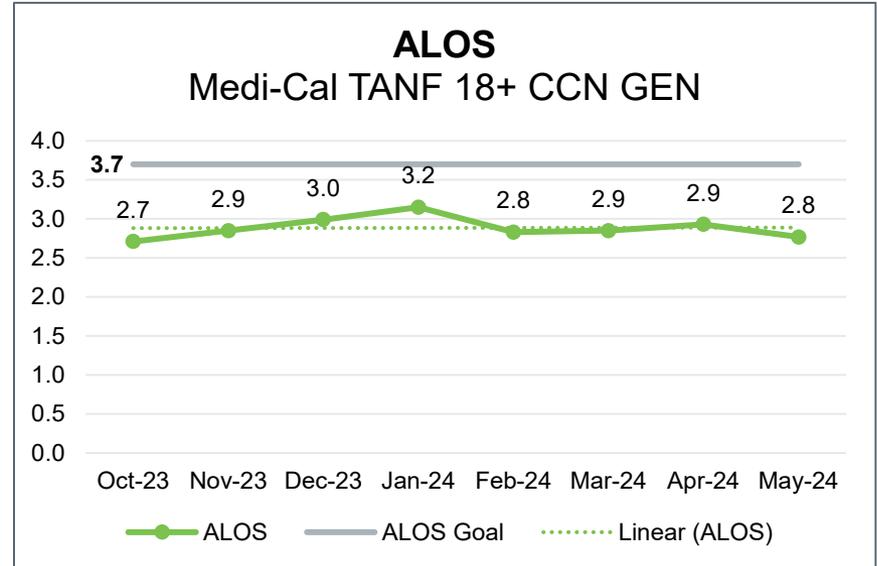
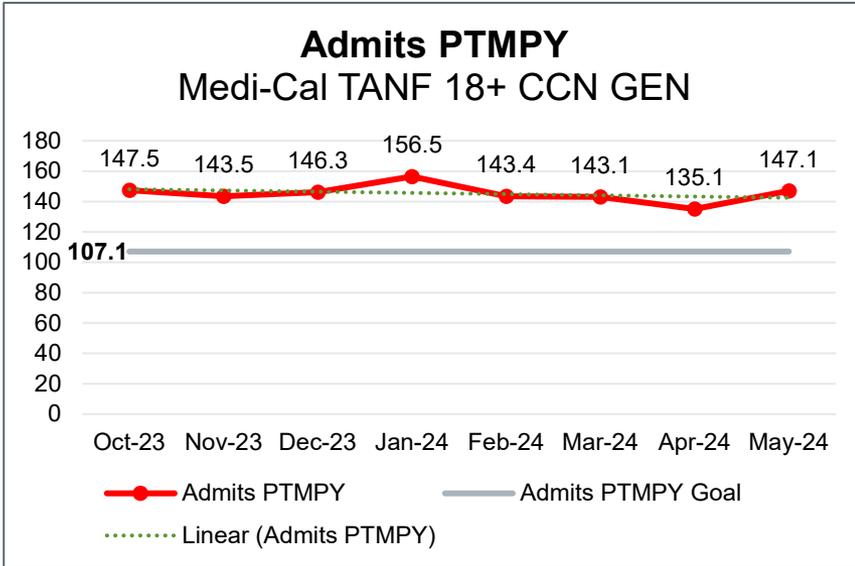
- Enhanced Care Management (ECM) Clinical Oversight
Establish protocols and Medical Director/ clinical support mechanisms for ECM providers to ensure members are receiving appropriate clinical care and related social services .

Over/Under Utilization: Utilization Goal Tracking

Kelly Giardina, Executive Director Clinical Operations

Medi-Cal TANF 18+

Members / Month	Oct 2023	Nov 2023	Dec 2023	Jan 2024	Feb 2024	Mar 2024	Apr 2024	May 2024
	36,454	36,214	35,923	36,106	38,317	40,163	40,758	41,428



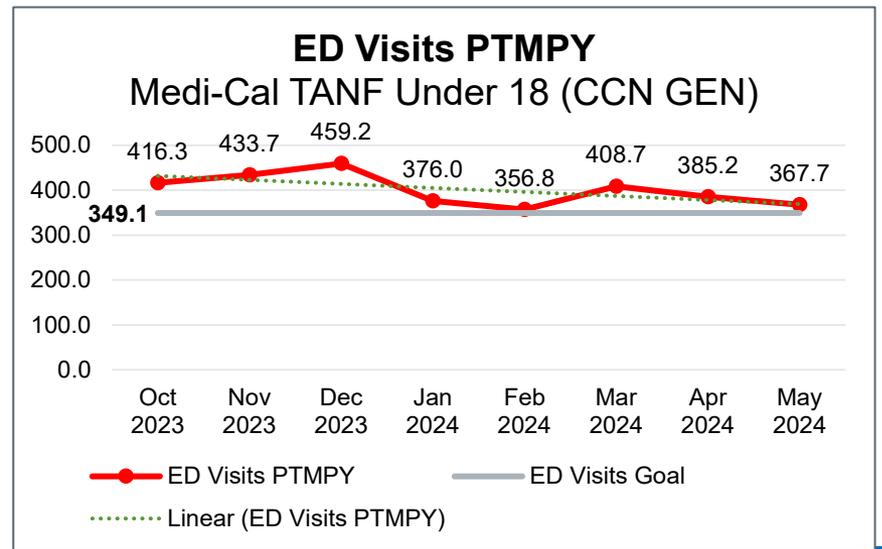
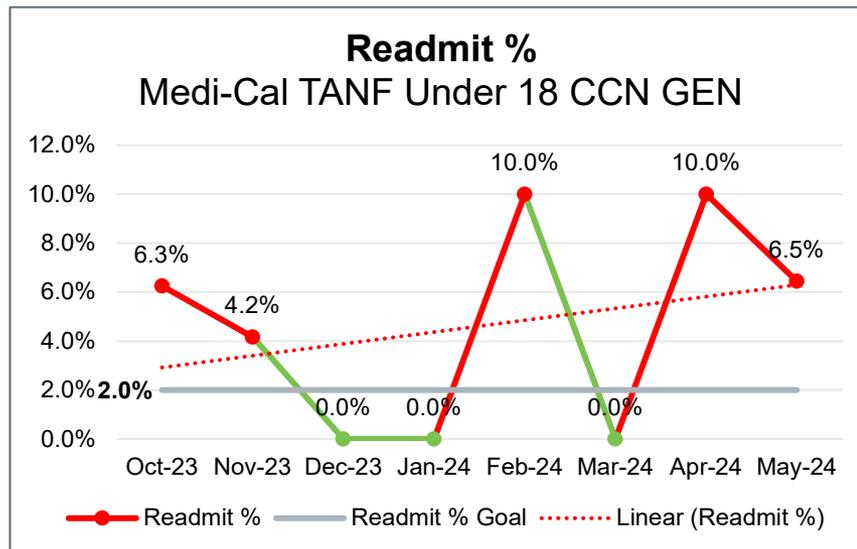
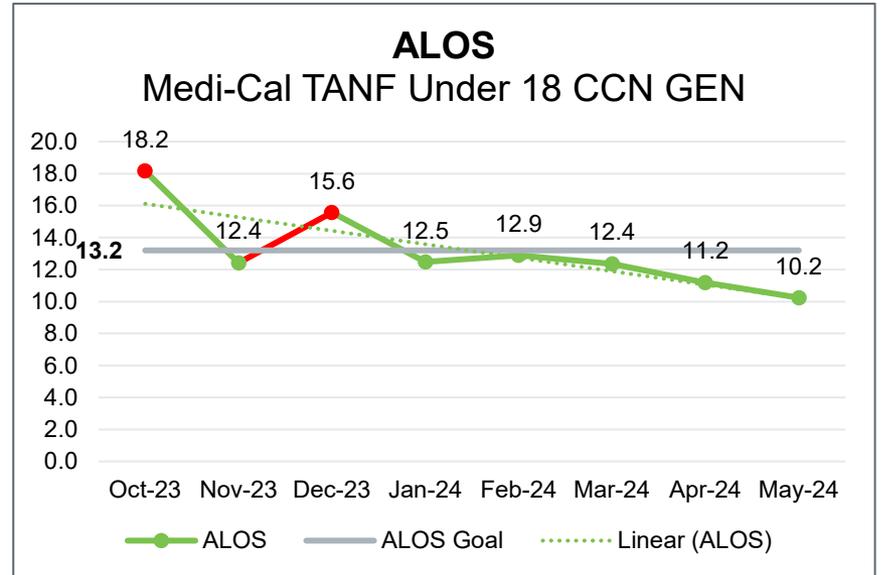
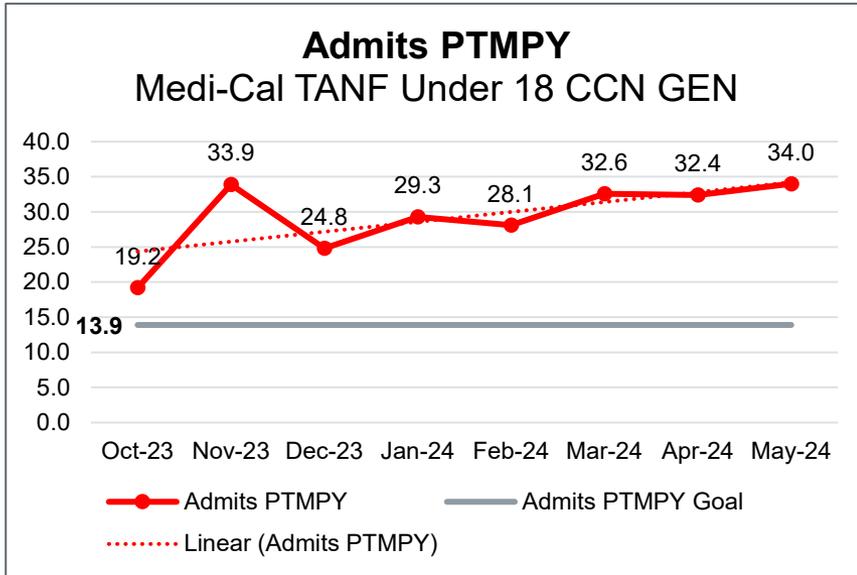
Source: Membership and Utilization Trends > MC IP (CCN GEN). Population Includes CCN General only. Population excludes Dual, WCM, LTAC, and Acute Rehab. Date 10/2023-05/2024, LOB: Medi-Cal. Data pulled 11/15/2024

ED Utilization by Membership and Utilization Trends dashboard. Medi-Cal Data excludes Duals and WCM. Data looking at 10/2023-06/2024. Data pulled 11/15/2024



Medi-Cal TANF Under 18

Members / Month	Oct 2023	Nov 2023	Dec 2023	Jan 2024	Feb 2024	Mar 2024	Apr 2024	May 2024
	36,454	36,214	35,923	36,106	38,317	40,163	40,758	41,428



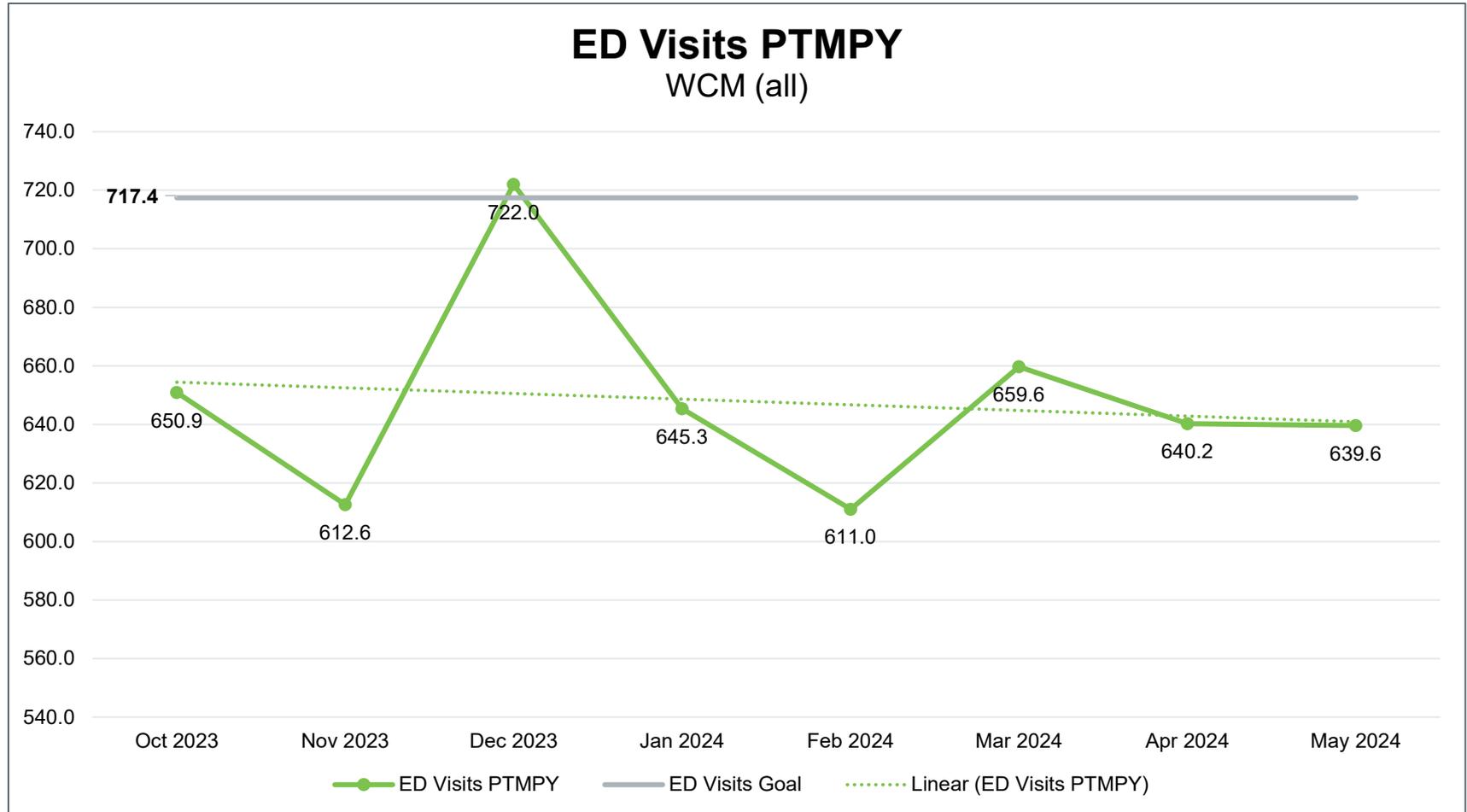
Source: Membership and Utilization Trends > MC IP (CCN GEN). Population Includes CCN General only. Population excludes Dual, WCM, LTAC, and Acute Rehab. Date 10/2023-05/2024, LOB: Medi-Cal. Data pulled 11/15/2024. [Back to Agenda](#)
 Utilization: Membership and Utilization Trends dashboard. Medi-Cal Data excludes Duals and WCM. Data looking at 10/2023-06/2024. Data pulled 11/15/2024



Whole Child Model

ED Visits PTMPY

Members / Month	Oct 2023	Nov 2023	Dec 2023	Jan 2024	Feb 2024	Mar 2024	Apr 2024	May 2024
	11,339	11,245	11,119	10,191	10,056	9,915	9,784	9,757



Due to the high-touch management of our WCM members the only metric tracked for this population is ED Visits PTMPY.

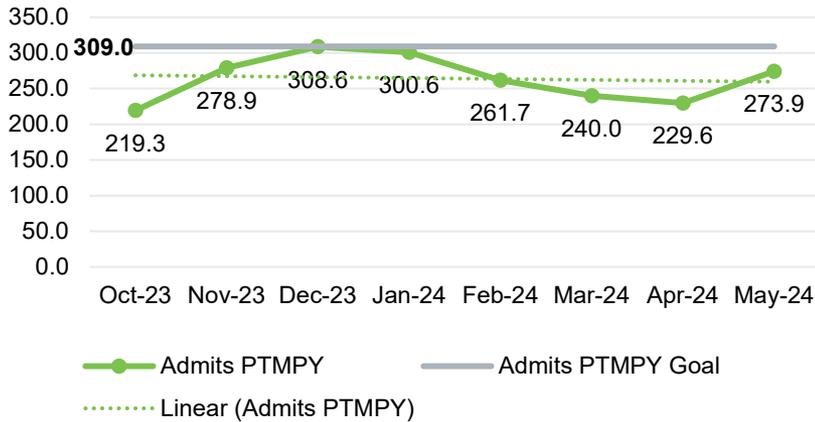
Source: Membership and Utilization Trends dashboard. Medi-Cal Data excludes Duals and WCM. Data looking at 10/2023-06/2024. Data pulled 11/15/2024

[Back to Agenda](#)

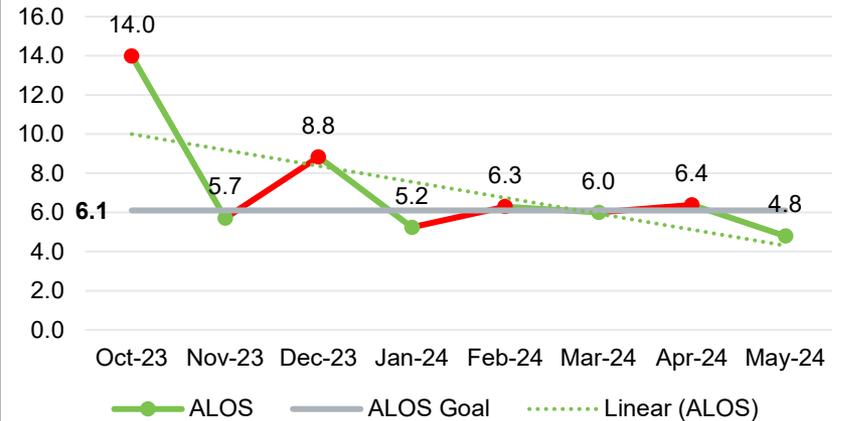


Members / Month	Oct 2023	Nov 2023	Dec 2023	Jan 2024	Feb 2024	Mar 2024	Apr 2024	May 2024
	2,736	2,754	2,761	2,794	2,843	2,900	2,927	2,979

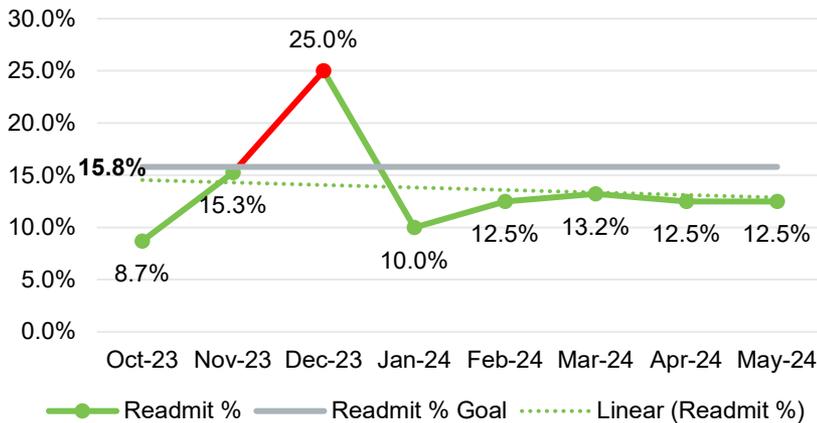
Admits PTMPY OneCare - CCN



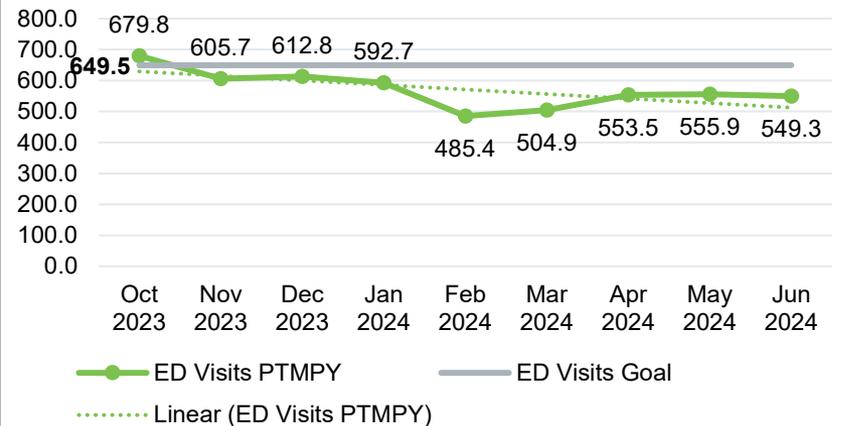
ALOS OneCare - CCN



Readmit % OneCare - CCN



ED Visits PTMPY OneCare - CCN



Source: Cost & Utilization: IP Acute Claims by Month Date 102023-052024, LOB: OneCare. CalOptima- CCN OC. Data pulled 11/15/2024
 ED Utilization: Membership and Utilization Trends dashboard. Data looking at 102023-062024. Data pulled 11/15/2024

Health Network Oversight

Dr. Robin Hatam, Medical Director

Health Network Clinical Oversight

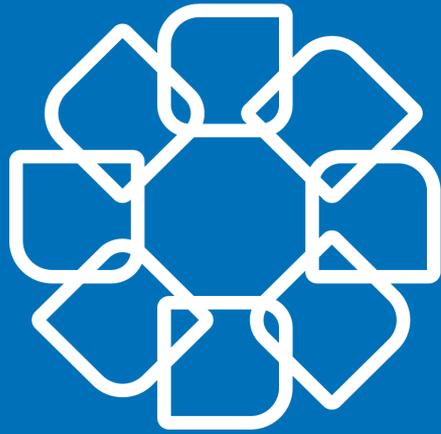
- Monitoring of Over/ Under Utilization
- Discussing health networks interventions to address utilization trends
- Tracking progress towards goals set by the Health Networks
- Addressing issues identified in key performance dashboard or operations

Inpatient / Hospital Facility Supports

Dr. Robin Hatam, Medical Director

Inpatient / Hospital Facility Supports

- Hospital Rounds and LTACH Rounds
- Emergency Department Pilot Program
- SNF Partner Engagement



CalOptima Health

Stay Connected With Us

www.caloptima.org

   @CalOptima



CalOptima Health

Member Grievances and Appeals Report Third Quarter 2024

Quality Assurance Committee Meeting
December 11, 2024

Ladan Khamseh, Executive Director Operations

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.

Agenda

- Definitions
- Executive Summary
- Grievance Volume and Trends
- Grievance Actions Taken
- Appeals Volume and Trends
- Appeals Actions Taken

Definitions

- Grievance: An expression of dissatisfaction with any aspect of a CalOptima Health program, provider or representative.
- Appeal: A request by the member or on the member's behalf for the review of any decision to deny, modify, or discontinue a covered service.

Executive Summary

- CalOptima Health received a total of 4,873 grievances and 378 appeals for the combined Medi-Cal and OneCare lines of business. The turnaround time for both complaint types remained compliant averaging a closure rate of 25 days.

Grievances

- Medi-Cal experienced an increase in grievances from 4,170 in second quarter to 4,387 in third quarter, representing an increase of 5%. A portion of the increase was related to member dissatisfaction with perceived delays in referral submissions and Health Network processing and provider/staff attitude, while no provider trends were identified.
- OneCare experienced an increase in grievances from 423 in second quarter to 486 in third quarter, representing an increase of 15%, with dissatisfaction with scheduling and driver punctuality for non-medical transportation services seeing the highest increase of 9%.

Executive Summary (Continued)

Appeals

- Medi-Cal received a decrease in appeals from 356 in second quarter to 315 in third quarter, representing a decrease of 11%, with an overturn rate decrease to 31% from 35%. Attributing to the lower rates was the prior education provided to the Applied Behavioral Analysis (ABA) providers which decreased the total ABA related appeals.
- OneCare experienced an ~~increase~~ decrease from 67 in second quarter to ~~74~~ 50 in ~~second~~ third quarter representing an ~~increase~~ decrease of ~~10%~~, 25% with an overturn rate decrease from 40% to 33%. Contributing to the appeals volume are the appeals of those redirected authorizations from our tertiary providers to the community providers who are able to treat the condition and in home treatment request.

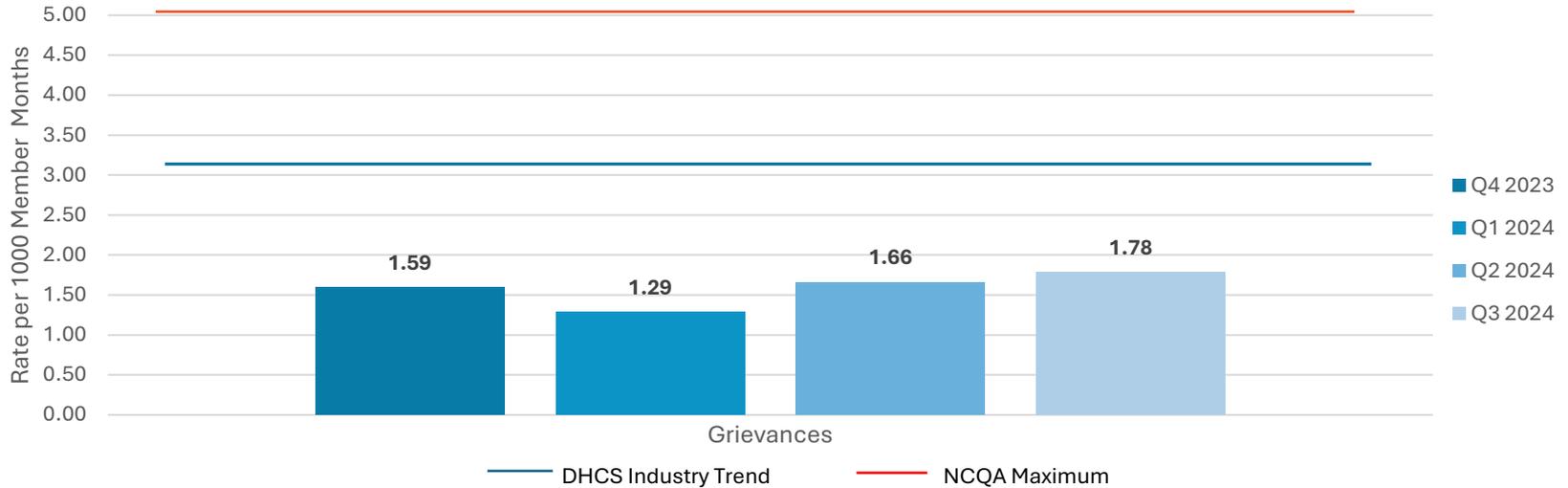
Rev.
12/11/24

Grievances

Grievance Volume and Compliance

Timeframe	Total Grievances
Q3-2024	4,873
Q2-2024	4,593
Q1-2024	3,596
Q4-2023	4,585

Grievance: Any expression indicating dissatisfaction with any aspect of a CalOptima Health program, provider or representative.



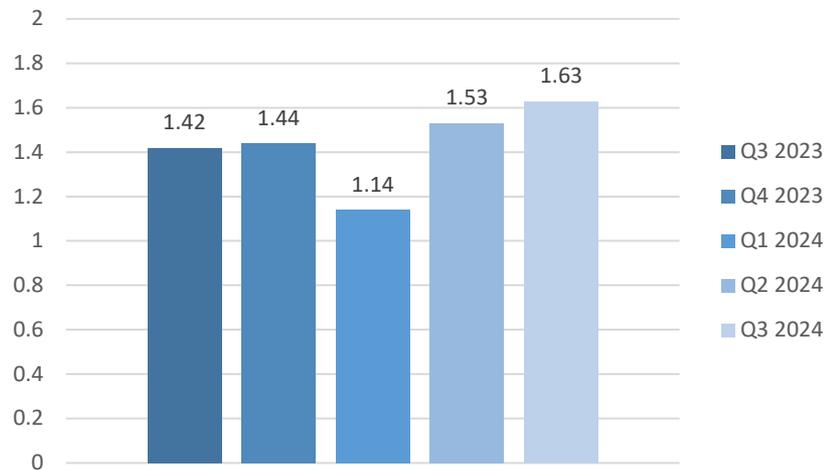
Complaint Type	Required Turn Around Time (TAT)	CalOptima Average TAT (Q3)	Compliance Percentage (Q3)
Grievances	30 Days	25 Days	99%



[Back to Agenda](#)

Grievance Volume by Line of Business (LOB)

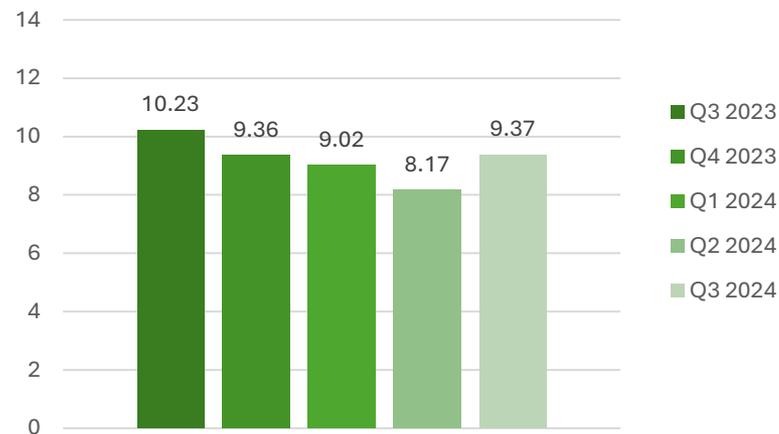
Medi-Cal



Total Grievances

Q3 2024	4,387
Q2 2024	4,170
Q1 2024	3,127
Q4 2023	4,090
Q3 2023	4,126

OneCare



Total Grievances

Q3 2024	486
Q2 2024	423
Q1 2024	469
Q4 2023	495
Q3 2023	545

CalOptima Health Compared

- National Committee for Quality Assurance (NCQA) benchmark is 5 - meaning we should receive less than 5 grievances per 1,000 member months.
- DHCS rolling average across all similar Plans is 3.1 per 1,000 Member Months – please note that DHCS delays publication by at least two quarters.
- CalOptima Health remains below both the industry average and the NCQA benchmark at 1.78 grievances per 1,000 member months.

MC Rate per 1,000 Member Months



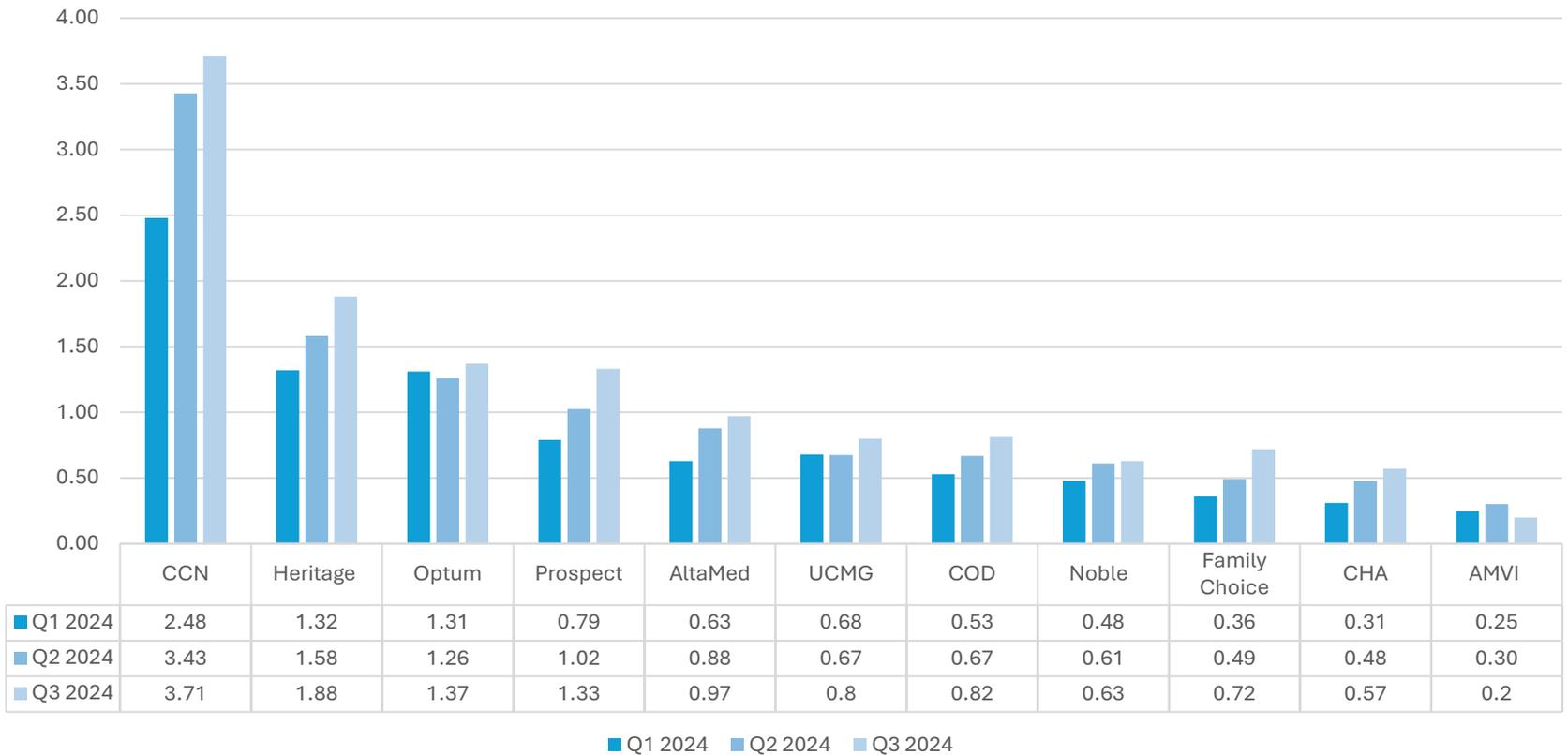
	Q1 2023	Q2 2023	Q3 2023	Q4 2023	Q1 2024	Q2 2024	Q3 2024
CalOptima	1.32	1.57	1.77	1.59	1.29	1.66	1.78
DHCS	3.10	3.20	3.30	2.80			

— NCQA Benchmark — CalOptima — DHCS — DHCS Average

Grievances by Health Network

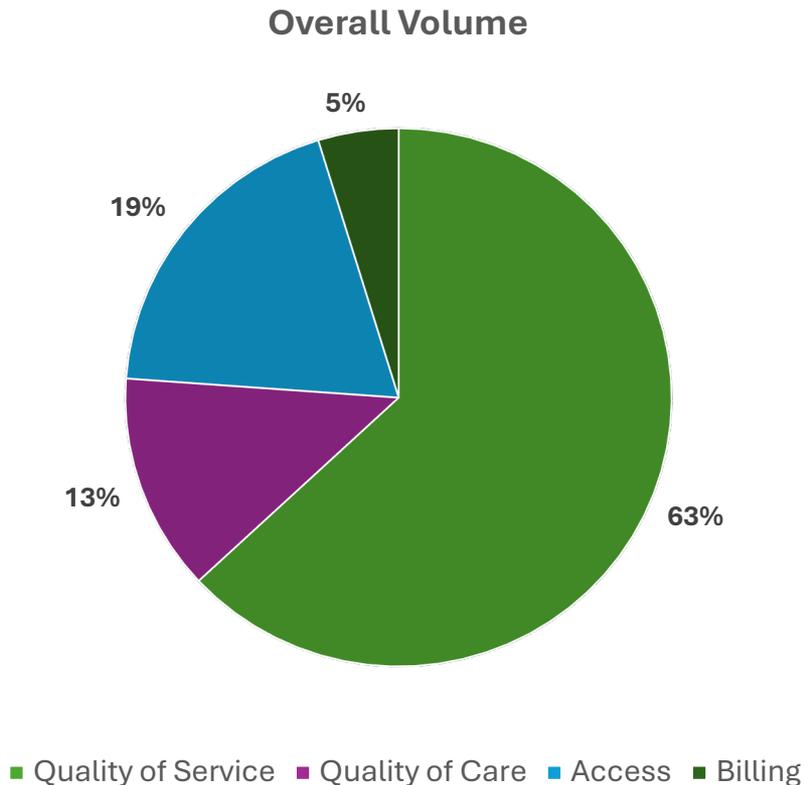
(2024 Complaint Rate per 1,000 Member Months)

Q1 2024-Q3 2024



Overall Grievance Types – All LOB's

Received in Q3 2024



Type	Volume
Quality of Service	3,073
Quality of Care	637
Access	931
Billing	232

Quality of Service (QOS): Issues that result in member inconvenience or dissatisfaction.

Quality of Care (QOC): Concerns regarding care the member received or feels should have been received.

Access: Concerns regarding accessing care. This includes physically accessing a provider, provider availability, timely access, language access and geographical location.

Billing: Concerns regarding direct member billing and provider balance billing for covered services.

Grievance Type by Line of Business 2024

	Medi-Cal			OneCare		
	Q1 2024	Q2 2024	Q3 2024	Q1 2024	Q2 2024	Q3 2024
Quality of Service	2,034	2,668	2,702	366	326	371
Quality of Care	320	505	586	27	34	51
Access	594	789	882	54	47	49
Billing	190	208	217	22	16	15
TOTAL	3127	4170	4387	469	423	486

Quarter 1 Total	3,596
Quarter 2 Total	4,593
Quarter 3 Total	4,873

Medi-Cal Grievance Trends for Q3

Quality of Service

Trend	Percentage of Total Volume
Provider / Staff Attitude	19% (508)
Plan Customer Service	12% (332)
Scheduling	10% (272)

Quality of Care

Trend	Percentage of Total Volume
Quality of Care	64% (376)
Referral	5% (30)
Inappropriate Care	4% (26)

Access

Trend	Percentage of Total Volume
Timely Access	15% (133)
Provider Availability	13% (118)
Referral	12% (108)

Billing

Trend	Percentage of Total Volume
Provider Direct Member Billing	72% (157)
Reimbursement Request	15% (33)
Provider Balance Billing	4% (9)

OneCare Grievance Trends for Q3

Quality of Service

Trend	Percentage of Total Volume
Scheduling	20% (76)
Provider / Staff Attitude	19% (72)
Driver Punctuality	13% (50)

Access

Trend	Percentage of Total Volume
Timely Access	16% (8)
Technology/Telephone	16% (8)
Physical Access	14% (7)

Quality of Care

Trend	Percentage of Total Volume
Quality of Care	43% (22)
Inappropriate Care	25% (13)
Driver Punctuality	14% (7)

Billing

Trend	Percentage of Total Volume
Provider Balance billing	53% (8)
Provider Direct Member Billing	47% (7)

Actions Taken in Response to Trends

- Appointment delay trends identified with UCI
 - CalOptima Health's Provider Relations met with UCI
 - UCI's Quality team reviewed the reported grievances and confirmed the issues are being addressed as quickly as possible
- Increase in complaints regarding the Medically Tailored Meal benefit through CalAIM
 - CalOptima Health's CalAIM team continues to work with FoodSmart to identify the trending providers and address concerns
 - The CalAIM team is also reviewing an educational approach to ensure that the members understand the benefit
- Increase in OneCare complaints regarding transportation
 - Modivcare has made an additional enhancement to their interactive voice phone system with an update to the phone tree, which now allows the caller to press one to speak with an agent.
- Transportation trends continue to be reviewed through weekly calls with CalOptima Health leaders and Modivcare.

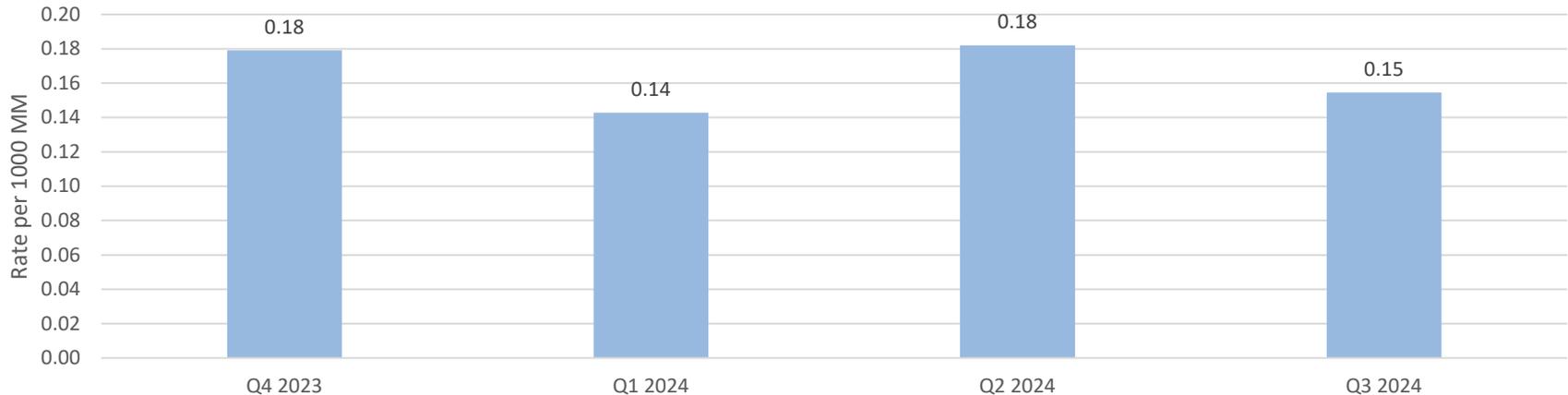
Appeals

Appeals Volume and Compliance

Timeframe	Total Appeals
Q4 2023	490
Q1 2024	391
Q2 2024	423
Q3 2024	389

Appeal: A request by the member or on the member's behalf for the review of any decision to deny, modify or discontinue a covered service.

Appeals



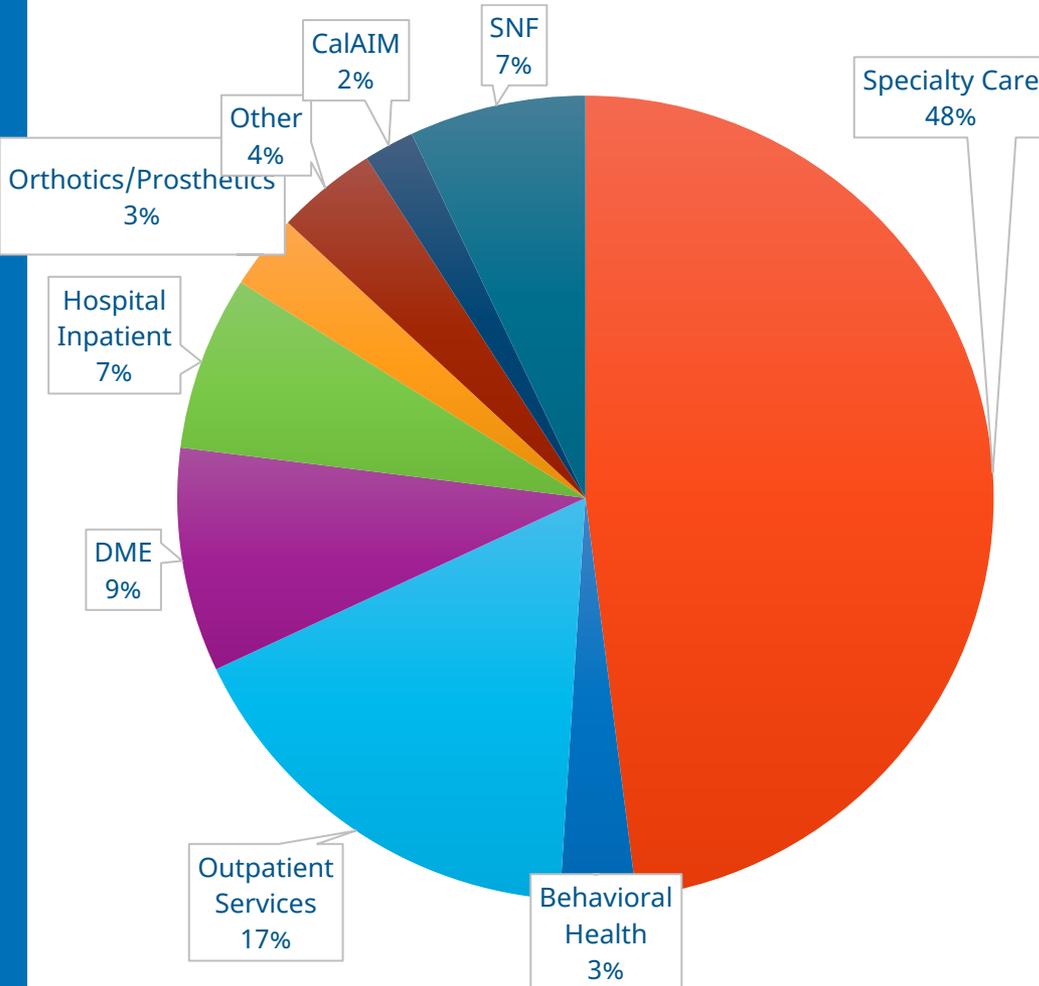
Complaint Type	Required Turn Around Time (TAT)	CalOptima TAT	Compliance Percentage
Appeals	30 Days	25 Days	99%

[Back to Agenda](#)



Overall Appeal Types-All LOB's

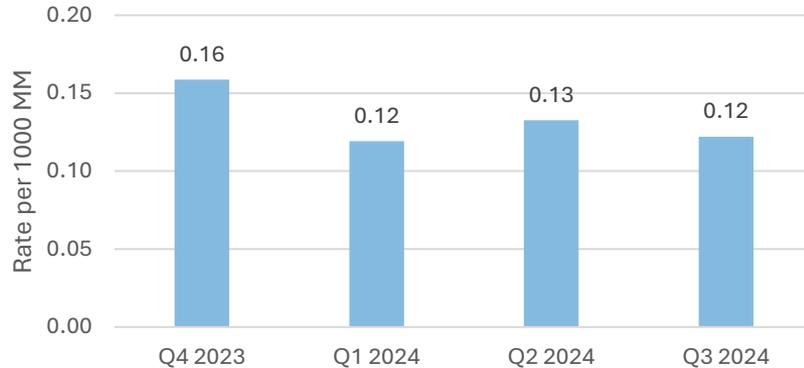
Received in Q3 2024



Type	Volume
Specialty Care	189
Outpatient Services	67
DME	32
Hospital Inpatient	27
SNF	26
Behavioral Health (BH)	12
Orthotics/Prosthetics	13
CaAIM	7
Other	16

Appeals Volume by Line Of Business (LOB)

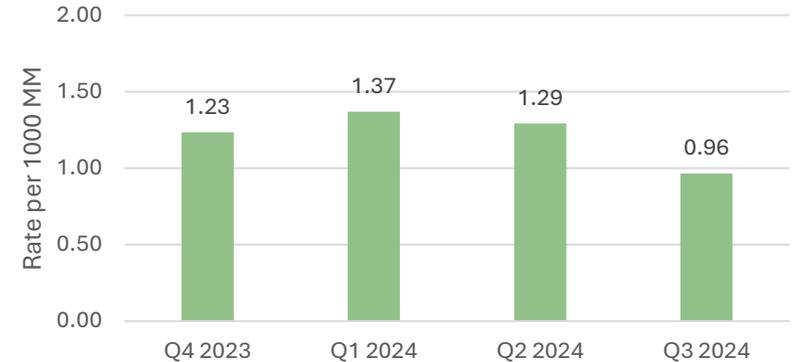
Medi-Cal



Total Appeals

Q3 2024	315
Q2 2024	356
Q1 2024	320
Q4 2023	426

OneCare



Total Appeals

Q3 2024	74 <u>50</u>	Rev. 12/11/24
Q2 2024	67	
Q1 2024	71	
Q4 2023	64	

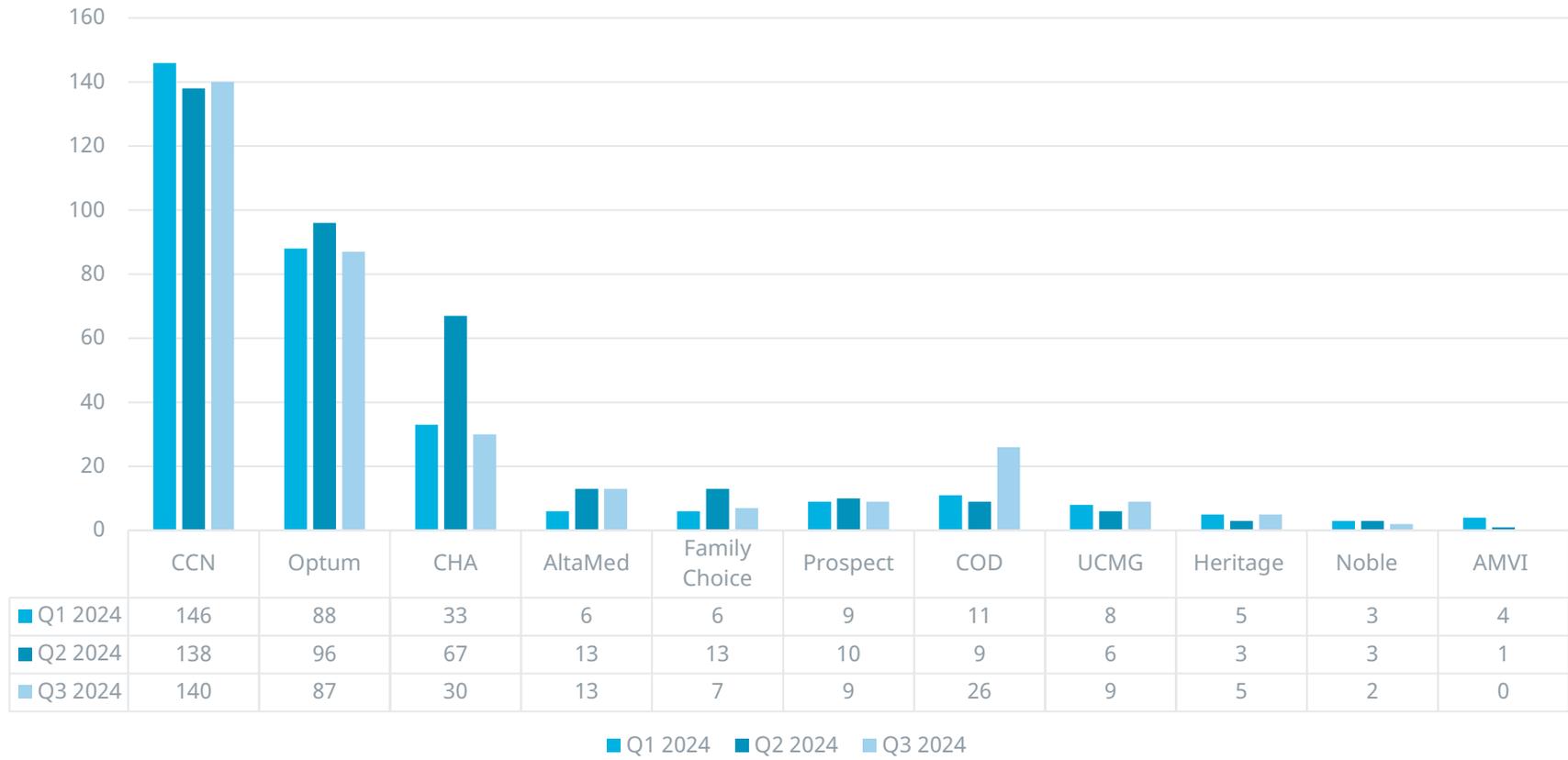
Appeal Types by Line of Business Q3 2024

Service Types	Medi-Cal Q3 2024 Percentage of Total Volume	OneCare Q3 2024 Percentage of Total Volume
Specialty Care	51% (161)	38% (28) <u>44% (22)</u>
SNF	4% (12)	19% (14) <u>6% (3)</u>
Behavioral Health (BH)	4% (12)	0% (0)
Outpatient Services	18% (56)	15% (11) <u>18% (9)</u>
DME	8% (25)	9% (7) <u>14% (7)</u>
Orthotics/Prosthetics	3% (11)	3% (2) <u>4% (2)</u>
Hospital Inpatient	6% (18)	12% (9) <u>8% (4)</u>
CalAIM	2% (7)	0% (0)
Other	4% (13)	4% (3) <u>6% (3)</u>
TOTAL	315	74 <u>50</u>

Rev.
12/11/24

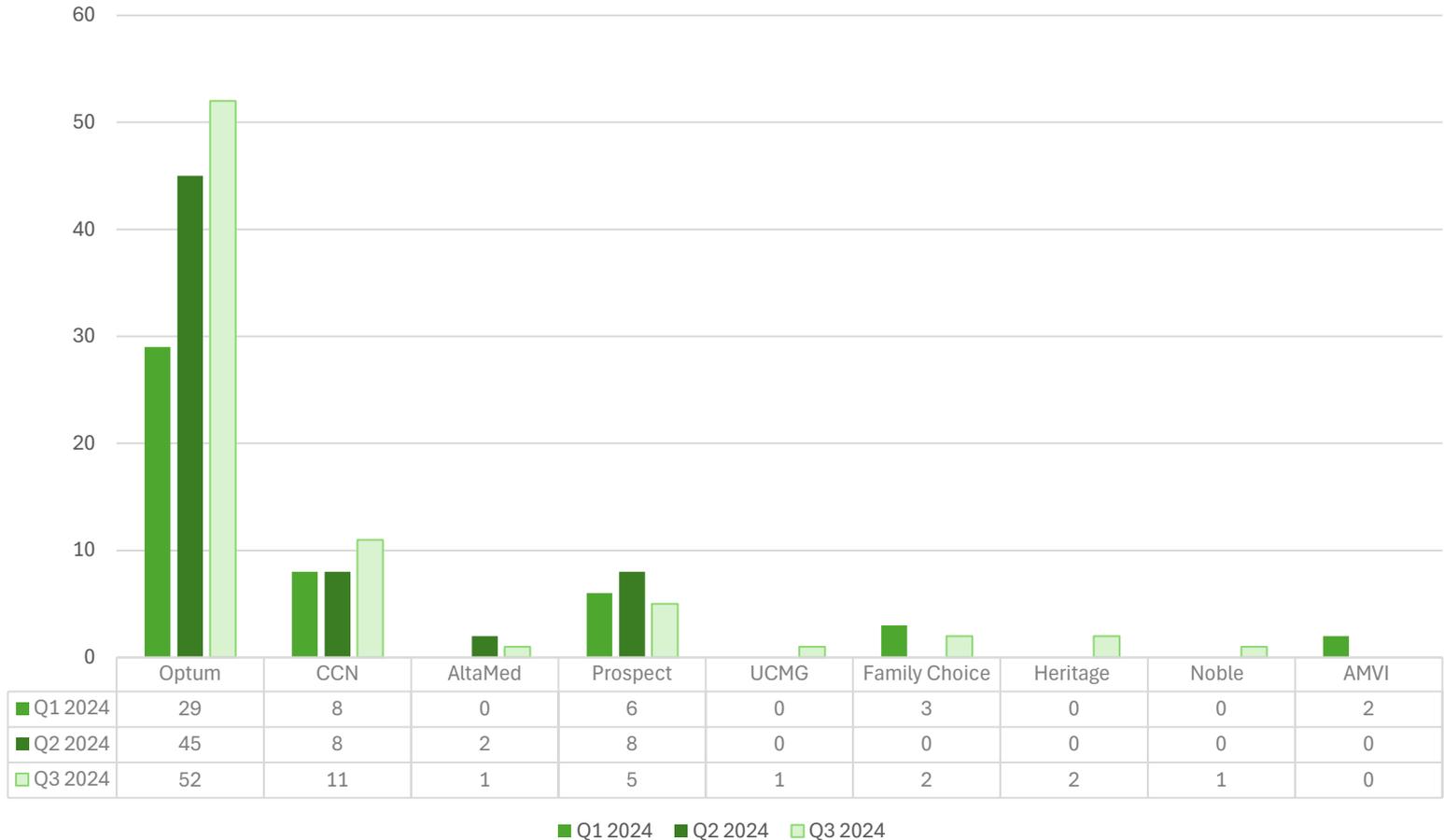
Appeals Volume by Health Network

Q1 2024-Q3 2024
MC Appeals Volume



Appeals Volume by Health Network

Q1 2024-Q3 2024
MC Appeals Volume



Medi-Cal Appeals Trends for Q3

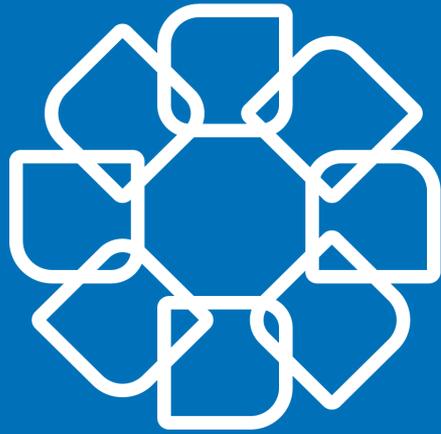
Type	Upheld Count	Overtured Count	Total	Overturen Perc. (%)
Specialty Care	105	56	161	35 %
SNF	12	0	12	0 %
Behavioral Health (BH)	3	9	12	75 %
Outpatient Services	33	23	56	41 %
DME	20	5	25	20 %
Orthotics/Prosthetics	9	2	11	18 %
Hospital Inpatient	17	1	18	5 %
CalAIM	7	0	7	0 %
Other	8	5	13	38 %

OneCare Appeals Trends for Q3

Type	Upheld Count	Overtured Count	Total	Overturen Perc. (%)
Specialty Care	18	10	28	36 %
Skilled Nursing Facility	8	6	14	43 %
Outpatient Services	4	7	11	64 %
DME	6	1	7	14 %
Orthotics/Prosthetics	0	2	2	100 %
Hospital Inpatient	8	1	9	11 %
Other	1	2	3	66 %

Actions Taken in Response to Trends

- The trend regarding specialty care request for tertiary level of care from Q2 Appeals continues to be the item of focus for Q3.
- Specialty Care (tertiary level of care)
 - Provider authorization request are being redirected to available providers who are able to treat the condition and have appointment availability
 - Referring providers are being educated on the tertiary level of care requirements



CalOptima Health

Stay Connected With Us
www.caloptima.org

   @CalOptima



**Board of Directors' Quality Assurance Committee Meeting
December 11, 2024**

**Program of All-Inclusive Care for the Elderly (PACE)
Quality Improvement Committee
Third Quarter 2024 Meeting Summaries**

August 20, 2024: PACE Quality Improvement Committee (PQIC) and PACE Infection Control Subcommittee Summary of the Health Plan Monitoring Data and PACE Quality Initiatives

- Infection Control Subcommittee: PACE's Response to COVID-19:
 - PACE will continue to report on any updates in recommendations regarding COVID and any outbreaks or reporting trends for quality purposes.
 - There were 4 reported participant cases of COVID-19 in Q2 2024.
 - PACE Staff have been reminded to report exposure/illness to their supervisor and HR, and not to come in if feeling sick.
 - COVID-19 vaccination is being monitored as part of QAPI (Quality Assurance Performance Improvement) measures.
 - CDC now recommends the updated 2024-2025 COVID-19 and flu vaccines.
- Presentation of the Q2 2024 HPMS Elements:
 - Membership data figures presented. In terms of total membership, Q2 ended with 492 total enrolled. The goal of 508 was not met.
 - Immunizations
 - Pneumococcal Immunization rate in Q2 2024 was 93.7% (no exclusions) 421 received, 58 had prior immunization, 24 refused and 8 missed opportunities.
 - The influenza Immunization rate is not tracked by CMS in Q2.
 - Falls without Injury. Q2 ended with 121 falls without injury. Most happened in the bedroom and bathroom, from not using DME. Loss of balance and tripped over object are the main contributing factors.
 - Grievances. 8 grievances received in Q2 2024. 4 valid and 1 invalid Transportation grievances. 2 Dental and 1 Communication related grievance.
 - Emergency Room Visits. 94 ER visits, an increase of 3 from Q1 2024. 56 were sent home without hospital admission. 38 were admitted from ER to hospital. Trends in admission diagnoses: Falls, Pain, Chest pain/SOB.

- Other common admission diagnoses include- Physical Injury (contusion/fracture), Dizziness and Giddiness.
- Medication Errors Without Injury. No medication errors reported in Q2 2024.
 - Quality Incidents with Root Cause Analysis Reported in HPMS. 8 Falls with Injury, 5 Burn Injuries and 1 Pressure Ulcer case. Root cause analysis completed for each case with meeting of IDT members to make recommendations for future prevention of incidents.
 - Presentation of the 2024 PACE Quality Initiative Data
 - Advanced Health Care Directive
 - Goal: $\geq 70\%$ of participants will have completed AHCD in 2024.
 - Q2 ended at 40%. Goal not met yet.
 - Dental Satisfaction Quality Initiative.
 - Goal: ≤ 1 dental related grievance per quarter in 2024.
 - 2 dental grievances reported in Q2 2024. Goal was not met for the quarter.
 - Transportation Satisfaction Quality Initiative
 - Goal is ≤ 3 **valid** transportation related grievances per quarter in 2024.
 - QI received 5 total transportation grievance. One was classified as invalid and 4 as valid. Goal was NOT met.

August 20, 2024: PACE Quality Improvement Committee (PQIC) Summary Quality Assurance and Performance Improvement Work Plan

- Presentation of the 2024 Quality Work Plan Elements
 - *Elements 3 – 5: Immunizations*
 - Pneumococcal Immunization rate in Q2 2024 was 92%. Goal of 94% was not met.
 - Influenza Immunization rate: This element is reviewed only with the Q1, Q3, and Q4 data submissions.
 - Covid-19. Goal for 2024 is $>50\%$ will receive the latest CDC recommended COVID vaccine. Rate for Q2 2024 was 56%, goal met for the year. In Q4 2024, Participants will receive the 2024-2025 Updated COVID booster and PACE will continue to follow update vaccine recommendations and changes as we are notified.
 - *Element 6: Colorectal Cancer Screening*. Goal $> 65\%$ will have colorectal cancer screening as defined in quality workplan. Q2 ended with 64% completed. Goal not met, but improving.

- *Elements 7: Breast Cancer Screening.* Goal is >82.56% will have breast cancer screening as defined in quality workplan. Q2 ended with 81.72%. Goal not met, but improving.
- *Element 8: POLST.* Goal is $\geq 95\%$ %. In Q2, 98% of participants had a POLST in their chart. Goal was met.
- *Elements 9: Blood Pressure Control.* Goal is >82.98% of qualifying participant will have a blood pressure reading <140/90mm. Q2 2024 rate is 86%. Goal met.
- *Elements 10: Diabetic Eye Exams.* The goal is that 87.29% of qualifying diabetic enrollees will receive annual eyes exams. Q2 2024 rate was 89%. Goal was met.
- *Elements 11: Diabetic Care – Blood Sugar Control.* Goal is <11.78% of qualifying diabetics will have blood sugar levels with HbA1c measurement of >9%. Q2 ended at 16%. Goal not met.
- *Element 12: Osteoporosis Treatment.* Goal of 75% of qualifying participants receiving osteoporosis monitoring via bones density scan. Q2 rate was 85%, goal is met.
- *Element 13: Reduce Percentage of Falls reported by PACE Enrollees.* Q2 2024 ended with 136 falls, higher than the Goal of <72 falls per quarter in 2024. Goal not met.
- *Elements 14: Potentially Harmful Drug/Disease Interactions in the Elderly*
 - *Dementia and Drug Interactions-* Goal is that <25% of qualifying enrollees will be prescribed potentially harmful medications. Q2 2024 rate was 17%. Goal met. Excluded are participants with Palliative Care Approach diagnosis and those with schizophrenia or bipolar disorder.
- *Element 15: Decrease the Use of Opioids at High Dosage.* Goal: 100% of members receiving opioids for 15 or more days at an average milligram morphine dose of (MME) 90mg will be reevaluated monthly by their treating provider. Only 1 participant received a dose greater than 90 MME and had PCP follow up each month in Quarter 2 2024. Goal met.
- *Element 16: Medication Reconciliation Post Discharge (MRP).* Goal is $\geq 93\%$ of participants will have meds reconciled within 7 calendar days after discharge from Hospital or SNF. Q2 2024 rate was 100%. Goal met.
- *Element 17: Access to Specialty Care.* Goal is >90% of appointments to be scheduled within 14 calendar days. 85% in Q2 2024. Goal not met. Note: CMS 2025 Final Rule states this will be a regulation to schedule 100% within 7 calendar days.

- *Element 18: ACS Utilization.* Goal is $\geq 15\%$ of all eligible PACE Enrollees will utilize day center services at one of the PACE Alternative Care Settings by end of 2024. At the end of Q2 2024, the rate is 2%
- *Element 19: Acute Hospital Days.* Goal of $< 3,300$ was met with 2,302 hospital days for Q2 2024.
- *Element 20: ER Visits.* Goal for 2024 is 825 ER visits per 1000 per year. Q2 2024 rate was 809. Goal met.
- *Element 21: All Cause Readmissions.* Goal is $< 14\%$ of hospital readmission stays will occur within 30 days of discharge of previous stay. Participants who are readmitted for scheduled treatment, such as cancer treatment, are excluded in 2024. The rate for Q2 was 21%. Goal not met.
- *Element 22: Long Term Care Placement.* Goal is $< 4\%$. The rate is 0% in Q4. Goal met. There were no participants in LTC in Q2.
- *Element 23: Enrollment Conversion.* In 2024, the goal is 70% conversion from inquiries to active enrolled participants. Rate in Q2 was 78%. Goal met.
- *Element 24: 90-Day Disenrollment.* The goal is $< 6\%$ of disenrollments are from new enrollees in 2024. Rate in Q2 2024 was 11.54%. Goal was not met.
- *Element 25: Total Attrition Rate.* The goal is a $< 8\%$ overall attrition rate in 2024. Q2 2024 rate is 5.26%. Goal met.
- *Element 26: Transportation < 60 minutes.* There were a total of 125 one-hour violations in April, 191 in May and 189 in June. A Corrective Action Plan was issued to Secure Transportation. PACE continues to monitor 60 minute violations on a daily basis and has issued sanctions to the contracted transportation service.
 - * Per Secure- Time stamps are recorded on IQ platform. Drivers are to inform dispatch if they are going to pass the 60-minute time frame.
- *Element 27: Transportation on Time Performance.* On time performance data gathered directly from Secure transportation report to reflect on time trips with a ± 15 -minute window. The goal is $\geq 92\%$ of all transportation rides will be on-time. Q2 2024 rate is 72%. Goal not met.