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NOTICE OF A
SPECIAL MEETING OF THE
CALOPTIMA BOARD OF DIRECTORS'
QUALITY ASSURANCE COMMITTEE

THURSDAY, OCTOBER 17, 2019
3:00 P.M.

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

BOARD OF DIRECTORS' QUALITY ASSURANCE COMMITTEE
Paul Yost, M.D., Chair
Dr. Nikan Khatibi
Alexander Nguyen, M.D.

CHIEF EXECUTIVE OFFICER	CHIEF COUNSEL	INTERIM CLERK OF THE BOARD
Michael Schrader	Gary Crockett	Sharon Dwiers

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 documentation is available for review at CalOptima, 505 City Parkway West, Orange, CA 92868, 8 a.m. – 5:00 p.m., Monday-Friday, and online at www.caloptima.org

CALL TO ORDER
Pledge of Allegiance
Establish Quorum

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
1.   Approve Minutes of the February 20, 2019 Regular Meeting of the CalOptima Board of Directors' Quality Assurance Committee

REPORTS

None

INFORMATION ITEMS
2.   Updated Homeless Health Clinical Analysis

3.   Introduction to Trauma Informed Care and Building Resilience

4.   HEDIS 2019 (MY 2018 results)

5.   New Department of Health Care Services Managed Care Accountability Act Set (MCAS)

6.   Proposed Health Network Quality Rating Methodology and Pay for Value 2020 Program Update

7.   PACE Member Advisory Committee Update

8.   Quarterly Reports to the Quality Assurance Committee
        a.   Quality Improvement Committee Report
        b.   Member Trend Report

COMMITTEE MEMBER COMMENTS

ADJOURNMENT

MINUTES

REGULAR MEETING
OF THE
CALOPTIMA BOARD OF DIRECTORS'
QUALITY ASSURANCE COMMITTEE

CALOPTIMA
505 CITY PARKWAY WEST
ORANGE, CALIFORNIA

February 20, 2019

A Regular Meeting of the CalOptima Board of Directors' Quality Assurance Committee was held on February 20, 2019, at CalOptima, 505 City Parkway West, Orange, California.

Chair Yost reordered the agenda to hear Agenda Item 11, Depression Screening Initiative Update, until a quorum was reached.

INFORMATION ITEMS

11. Depression Screening Initiative Update
Edwin. Poon, M.D., Director, Behavioral Health Services, presented a brief update on the activities of the depression screening initiative approved by the Board of Directors in December 2016, using Intergovernmental Transfer (IGT) 1 funding to increase the rate of depression screenings conducted during annual wellness visits for members aged 12 to 18 years old. Approximately 7,000 members received a depression screening as of December 31, 2018. It was noted that this incentive initiative is scheduled to end in May 2019.

CALL TO ORDER
Chair Paul Yost called the meeting to order at 3:16 p.m. Director Khatibi led the Pledge of Allegiance.

Members Present: Paul Yost, M.D., Chair; Dr. Nikan Khatibi (at 3:16 p.m.), Alexander Nguyen, M.D.

Members Absent: Ria Berger

Others Present: Michael Schrader, Chief Executive Officer; Gary Crockett, Chief Counsel; Betsy Ha, Executive Director, Quality Analytics; Ladan Khamseh, Chief Operating Officer; David Ramirez M.D., Chief Medical Officer; Suzanne Turf, Clerk of the Board

12. Intergovernmental Transfer (IGT) Funding Update
Cheryl Meronk, Director, Strategic Development, presented an overview of IGT 1 through 7 funding, and the impact of the Medicaid Final Rule effective July 2017. The Final Rule prohibits retrospective payments to Medicaid managed care plans and must be tied to Medi-Cal covered services provided under CalOptima's contract with the Department of Managed Health Care Services (DHCS). Potential

strategic areas for IGT 8 funding were reviewed with the Committee. It is anticipated that IGT 8 funds will be received in May 2019, and recommendations will be presented to the Board of Directors for consideration.

13. Telehealth Strategy

David Ramirez, M.D., Chief Medical Officer, provided a review of CalOptima's telehealth strategy that is being developed in collaboration with health network and provider partners to ensure CalOptima members access quality care that is convenient, maintains CalOptima's National Committee for Quality Assurance (NCQA) ranking, and meets the new NCQA Population Health Standards. The telehealth strategy will be presented at the February 2019 Health Network Forum, and a comprehensive Health Network Telehealth Survey will be conducted in late February. The proposed Telehealth Program will be presented to the Board for consideration at a future meeting.

PUBLIC COMMENTS

There were no requests for public comment.

CONSENT CALENDAR

1. Approve the Minutes of the January 17, 2019 Special Meeting of the CalOptima Board of Directors Quality Assurance Committee

> *Action:* ***On motion of Director Khatibi, seconded and carried, the Committee approved the Consent Calendar as presented. (Motion carried 3-0-0; Director Berger absent)***

REPORTS

2. Receive and File the CalOptima 2018 Quality Improvement Program Evaluation

> *Action:* ***On motion of Director Nguyen, seconded and carried, the Committee received and filed the CalOptima 2018 Quality Improvement Program Evaluation as presented. (Motion carried 3-0-0; Director Berger absent)***

3. Consider Recommending Board of Directors' Approval of the CalOptima 2019 Quality Improvement (QI) Program and 2019 QI Work Plan

Betsy Ha, Executive Director, Quality Analytics, presented the action to recommend Board of Directors' approval of the CalOptima 2019 QI Program and 2019 QI Work Plan. The recommended revisions were presented to the Committee for discussion. As proposed, the recommended revisions ensure that the QI Program reflects health network and strategic organizational changes, and that all regulatory requirements and NCQA accreditation standards are met in a consistent manner across all lines of business.

> *Action:* ***On motion of Director Nguyen, seconded and carried, the Committee recommended Board of Directors' approval of the CalOptima 2019 QI Program and 2019 QI Work Plan as presented. (Motion carried 3-0-0; Director Berger absent)***

4. Receive and File the CalOptima 2018 Utilization Management Program Evaluation

> *Action:* ***On motion of Director Khatibi, seconded and carried, the Committee received and filed the CalOptima 2018 Utilization Management Program Evaluation as presented. (Motion carried 3-0-0; Director Berger absent)***

5. Consider Recommending Board of Directors' Approval of the 2019 CalOptima Utilization Management Program

Kathie Mutter, Manager, Utilization Management, presented the action to recommend Board of Directors' approval of the 2019 CalOptima Utilization Management Program. Ms. Mutter provided an overview of the program description revisions for 2019. The proposed changes are necessary to meet the requirements specified by the Centers for Medicare & Medicaid Services, DHCS, and NCQA accreditation standards.

> *Action:* ***On motion of Director Khatibi, seconded and carried, the Committee recommended Board of Directors' approval of the 2019 CalOptima Utilization Management Program as presented. (Motion carried 3-0-0; Director Berger absent)***

6. Receive and File the 2018 CalOptima Program of All-Inclusive Care for the Elderly (PACE) Quality Assurance Performance Improvement Plan Annual Evaluation

> *Action:* ***On motion of Director Khatibi, seconded and carried, the Committee received and filed the 2018 CalOptima PACE Quality Assurance Performance Improvement Plan Annual Evaluation as presented. (Motion carried 3-0-0; Director Berger absent)***

7. Consider Recommending Board of Directors' Approval of the 2019 CalOptima Program of All-Inclusive Care for the Elderly (PACE) Quality Assessment and Performance Improvement Plan

Miles Masatsugu, M.D., Medical Director, PACE, presented the action to recommend Board of Directors' approval of the 2019 CalOptima PACE Quality Assurance Performance Improvement Plan (QAPI). The 2019 QAPI encompasses all clinical care, clinical services, and organizational services provided to PACE participants and focuses on optimal health outcomes. Work plan elements for 2019 include comprehensive diabetes care, use of opioids at high dosage, reducing the rate of day center falls, participant satisfaction with meals, and Care for Older Adults: Advance Care Planning.

> *Action:* ***On motion of Director Nguyen, seconded and carried, the Committee recommended Board of Directors' approval of the 2019 CalOptima PACE Quality Assurance Performance Improvement Plan as presented. (Motion carried 3-0-0; Director Berger absent)***

8. Consider Recommending that the Board of Directors' Extend and Authorize Allocations/Reallocations of Spending Rate Year 2010-11 Intergovernmental Transfer (IGT 1) Funds

Pshyra Jones, Director, Health Education and Disease Management, presented the action to recommend that the Board of Directors: 1) Authorize extension of the timeline for previously-approved spending of Rate Year 2010–11 Intergovernmental Transfer (IGT) 1 Funds to expand the child and adolescent component of the Shape Your Life (SYL) weight management program for

Back to Agenda

CalOptima Medi-Cal members until the funds have been exhausted; and 2) Authorize the funds allocated for member interventions ($150,000) to support program awareness and outreach efforts, continued costs for program expansion, and the Department of Health Care Services (DHCS)-approved member and provider incentive program. Ms. Jones provided an overview of the program awareness and outreach efforts during 2018, the DHCS-approved incentive program for members and providers participating in this program, as well as the administrative expenses related to program expansion.

> *Action:*   ***On motion of Chair Yost, seconded and carried, the Committee recommended that the Board of Directors: 1) Authorize extension of the timeline for previously-approved spending of Rate Year 2010–11 Intergovernmental Transfer (IGT) 1 Funds to expand the child and adolescent component of the Shape Your Life (SYL) weight management program for CalOptima Medi-Cal members until the funds have been exhausted; and 2) Authorize the funds allocated for member interventions ($150,000) to support program awareness and outreach efforts, continued costs for program expansion, and the Department of Health Care Services-approved member and provider incentive program. (Motion carried 3-0-0; Director Berger absent)***

9. Consider Recommending Board of Directors' Approval of Modifications of CalOptima Policies and Procedures Related to Grievances and Appeals, Medicaid and Children's Health Insurance Program (CHIP) Managed Care Final Rule (Final Rule), and Annual Policy Review

Sesha Mudunuri, Executive Director, Operations, presented the action to recommend Board of Directors authorize modifications of the following CalOptima Policies and Procedures for the Grievance and Appeals process to be in compliance with regulatory requirements and Medicaid Final Rule: HH.1102: CalOptima Member Complaint; HH.1103: CalOptima Health Network Member Complaint; HH.1108: State Hearing Process; GG.1510: Appeal Process for Decisions Regarding Care and Services; and GG.1814: Appeal Process for Long Term Care Facility.

> *Action:*   ***On motion of Director Nguyen, seconded and carried, the Committee recommended that the Board of Directors authorize modifications of the following CalOptima Policies and Procedures for the Grievance and Appeals process to be in compliance with regulatory requirements and Medicaid Final Rule: HH.1102: CalOptima Member Complaint; HH.1103: CalOptima Health Network Member Complaint; HH.1108: State Hearing Process; GG.1510: Appeal Process for Decisions Regarding Care and Services; and GG.1814: Appeal Process for Long Term Care Facility. (Motion carried 3-0-0; Director Berger Absent)***

10. Consider Recommending Board of Directors' Approval of Policy GG.1657, the Medical Board of California and the National Practitioner Data Bank (NPDB) Reporting Policy

> *Action:*   ***On motion of Director Khatibi, seconded and carried, the Committee recommended Board of Directors' approval of Policy GG.1657, the Medical Board of California and the NPDB Reporting Policy. (Motion carried 3-0-0; Director Berger Absent)***

14. Quarterly Reports to the Board of Directors' Quality Assurance Committee

The following Quarterly Reports were accepted as presented:
   a. Quality Improvement Committee Update
   b. Member Trend Report Update

COMMITTEE MEMBER COMMENTS

Chair Yost commented on the more than 200 reported homeless deaths in Orange County during 2018 and directed staff to investigate the percentage of these homeless deaths that were CalOptima members, the demographics, causes of death, and prior access to medical care. Chair Yost also requested that staff identify opportunities for improvement for consideration at the May 15, 2019 Board of Directors' Quality Assurance Committee meeting.

ADJOURNMENT

Hearing no further business, Chair Yost adjourned the meeting at 4:31 p.m.

  /s/   Sharon Dwiers for
Suzanne Turf
Clerk of the Board

Approved: October 17, 2019

Board of Directors' Special Quality Assurance Committee Meeting
October 17, 2019

Homeless Health Clinical Analysis: Executive Summary

Background:
Orange County has been grappling with homelessness for some time. The issue reached CalOptima most recently when lawsuits by advocates for the homeless and coroner's data highlighted potential medical needs in this population. To that end, making improvements to homeless health has become a top priority for CalOptima. That priority expresses itself now in identifying and addressing health disparities between the homeless and non-homeless populations. In March 2019, the Board requested that staff present information about health disparities at the May meeting of the Quality Assurance Committee (QAC). Unfortunately, that meeting was cancelled. The September 18 QAC meeting is intended to offer greater detail and understanding for the Board regarding CalOptima's homeless data and clinical analysis.

Content:
Before beginning analysis, CalOptima must first identify the population of members who are homeless. Our investigation across other County Organized Health Systems (COHS) and health plans reveals that all are using similar methods. However, CalOptima is unique in assigning a confidence level to how strongly we believe that a member is homeless. We then review and calibrate some of the key disparities between the homeless and non-homeless populations.

Comparative diagnoses analysis identifies that the most significant differences are on Behavioral Health (BH) side as opposed to the medical side. The percentage differences for top BH diagnoses can be anywhere from two times to six times higher for the homeless. Additionally, nearly 60% of the homeless population has a BH diagnosis compared with just under 30% for the non-homeless — and the homeless are twice as likely to leave those conditions untreated. The homeless are four times more likely to have a Serious Mental Illness (SMI) condition compared with the non-homeless and have 11 times the rate of substance abuse or overdose diagnoses.

When we analyze the cost of homeless members as a function of how many chronic conditions they have, we find that 25% of the members are driving 75% of the cost. We also see a dramatic increase in cost per member per month ($PMPM) with the number of chronic conditions present. Overall, members who are homeless cost about twice the $PMPM as the non-homeless. At $870 PMPM, it is very close to the rate for the Seniors and Persons with Disabilities category.

For a more granular look at utilization, we use rates for primary care and specialist visits, emergency department visits, and inpatient admissions and bed days. Given this data, it is clear that members who are homeless are not medically underserved. The problem is the inherent difficulty in reaching and engaging this population, which leads to an inefficient system of treatment. Increasing efficiency and BH service utilization will help reduce those disparities.

Homeless Health Clinical Analysis

Board of Directors' Special Quality Assurance Committee
October 17, 2019

Marie J. Jeannis, RN, MSN
Enterprise Analytics Manager

Introduction

- Homeless population goals
  - ➢ Reduce health disparities
  - ➢ Improve outcomes

- In this session, we will review
  - ➢ Homeless identification methods
  - ➢ Homeless population volume, outcomes and disparities
  - ➢ Data alignment

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Content Overview

- Homeless identification methods
  - ➤ Sources of homeless information and confidence scoring
- Homeless disparities
  - ➤ Diagnoses, Behavioral Health (BH)
  - ➤ Chronic conditions
  - ➤ Homeless utilization metrics
    - ▪ Emergency room (ED), inpatient (IP), primary care provider (PCP) and specialist visits
  - ➤ Cost comparisons
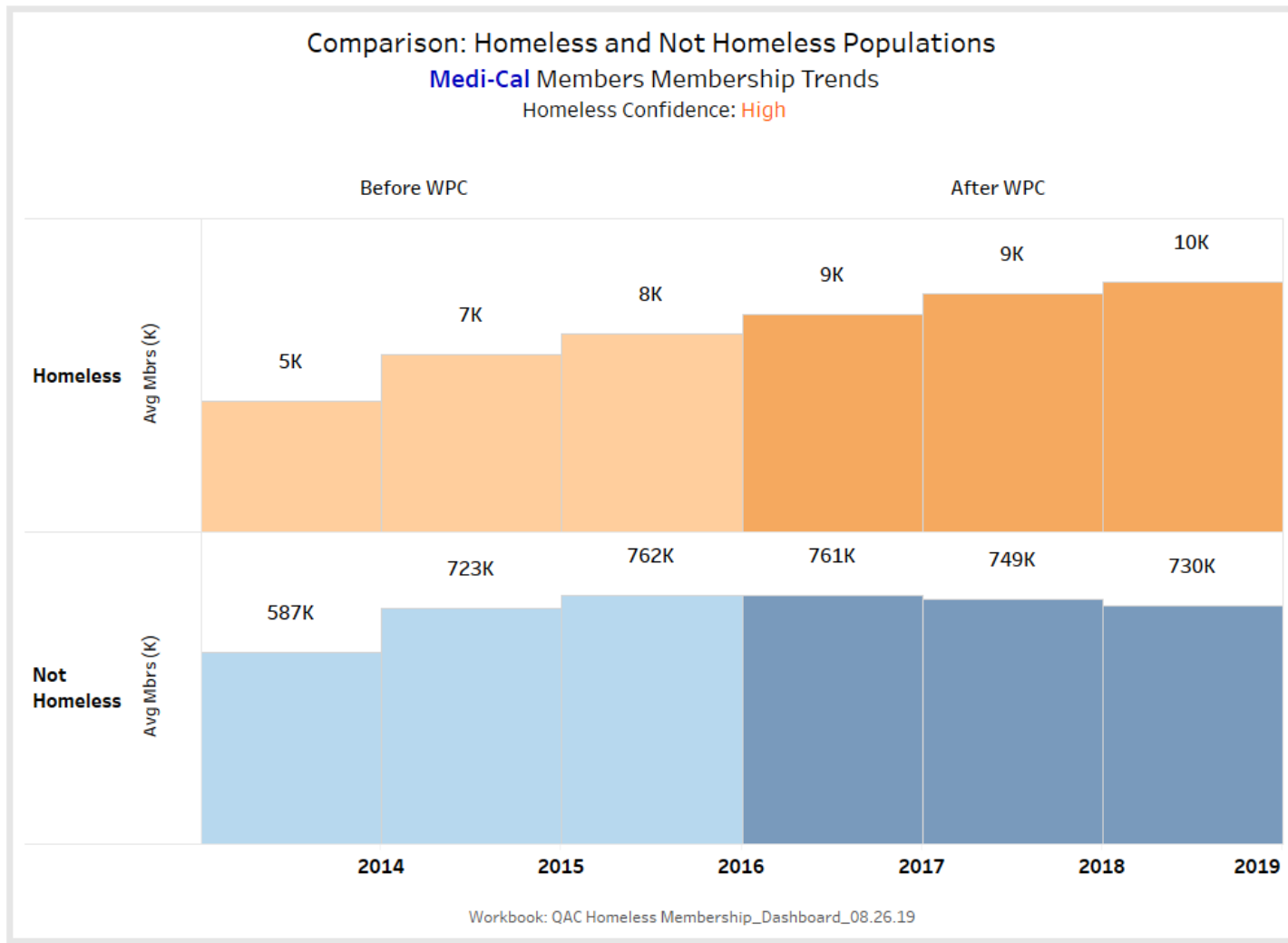- Summary of disparities
- Data alignment

Homeless: Identification Methods

- Point In Time count: About 6,800
  - Measured in January 2019 over two days in the field
  - Uses the Department of Housing and Urban Development (HUD) unsheltered and sheltered homeless person definition
    - An unsheltered person residing in a place not meant for human habitation, such as a car, park, sidewalk, abandoned building or on the street
    - A sheltered person residing in an emergency shelter, homeless shelter, transitional housing or other temporary homeless housing

- CalOptima Population: Approximately 10,000
  - Identified with high confidence in the past 12 months
  - Based on demographic and claims criteria

Homeless: Identification Methods (cont.)

- CalOptima homeless identification process not limited by the HUD criteria
    - ➢ Addresses: Includes Social Services Agency Regional Office addresses as well as shelters and other indicators such as, "living in car," "homeless" and "on the streets"
    - ➢ Direct: Includes directly identified homeless populations such as, Whole-Person Care (WPC), flood control channel, civic center and Illumination Foundation
    - ➢ ICD-10 Diagnosis: Specific homelessness diagnosis under Social Determinants of Health
- A confidence score is created by assigning a weight to each source and combination of sources
    - ➢ Uses a 12-month lookback period for address and diagnosis
    - ➢ The result is just under 10,000 with high confidence

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Homeless Population Trend

Comparison: Homeless and Not Homeless Populations
Medi-Cal Members Membership Trends
Homeless Confidence: High

- Number of homeless Medi-Cal members has doubled in the past five years
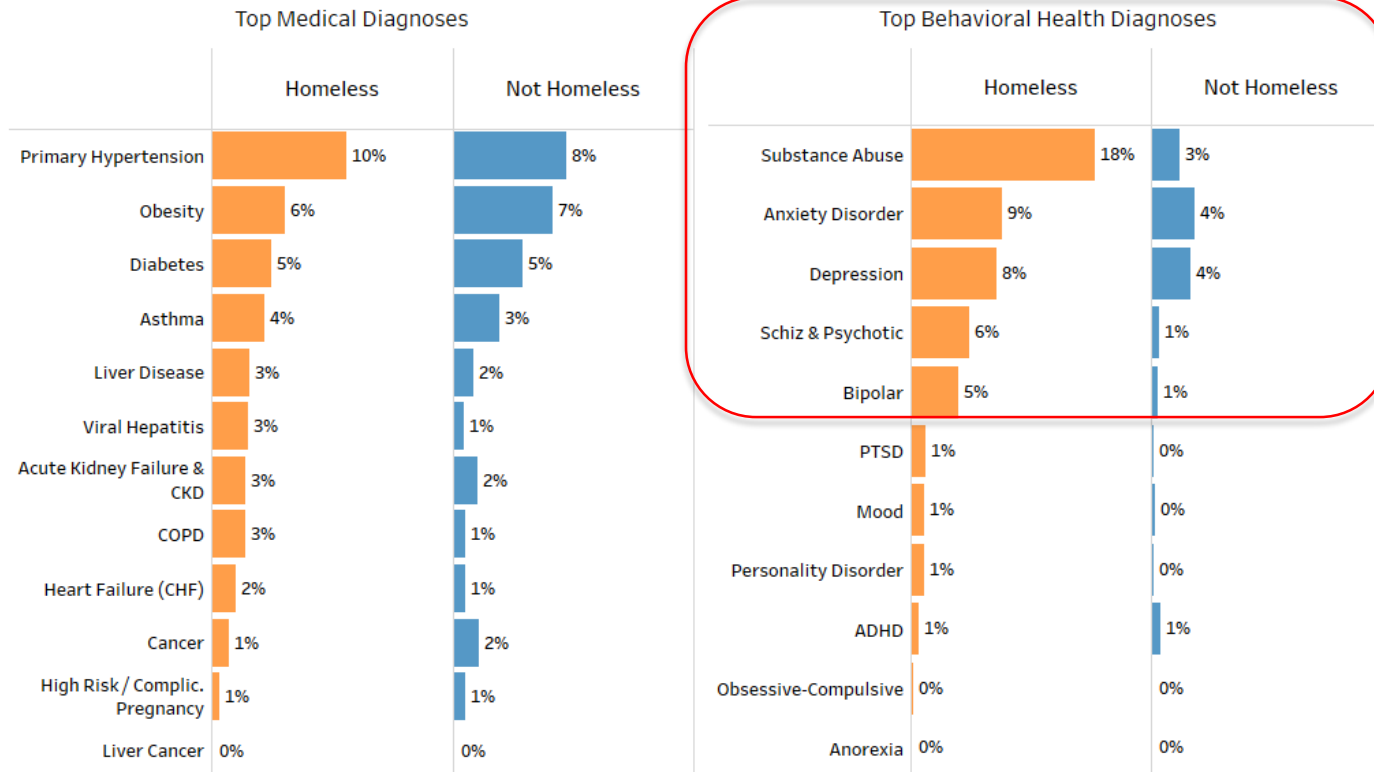
Source: CalOptima data

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Disparities: Medical and BH Diagnoses

Comparison: Homeless and Not Homeless Populations
Medi-Cal Top Medical and Behavioral Health Diagnoses: Percent Members
All diagnoses in previous 12 months
Homeless Confidence: High

Top Medical Diagnoses

Diagnosis	Homeless	Not Homeless
Primary Hypertension	10%	8%
Obesity	6%	7%
Diabetes	5%	5%
Asthma	4%	3%
Liver Disease	3%	2%
Viral Hepatitis	3%	1%
Acute Kidney Failure & CKD	3%	2%
COPD	3%	1%
Heart Failure (CHF)	2%	1%
Cancer	1%	2%
High Risk / Complic. Pregnancy	1%	1%
Liver Cancer	0%	0%

Top Behavioral Health Diagnoses

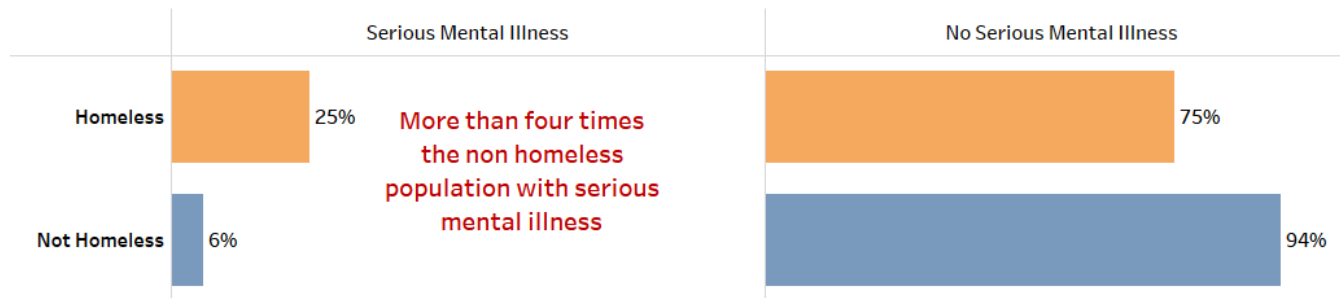| Diagnosis	Homeless	Not Homeless
Substance Abuse	18%	3%
Anxiety Disorder	9%	4%
Depression	8%	4%
Schiz & Psychotic	6%	1%
Bipolar	5%	1%
PTSD	1%	0%
Mood	1%	0%
Personality Disorder	1%	0%
ADHD	1%	1%
Obsessive-Compulsive	0%	0%
Anorexia	0%	0%

Workbook: QAC Homeless Membership_Dashboard_08.26.19

- Medical diagnoses are more or less equivalent in homeless and not homeless

- BH diagnoses for homeless range from two to six times higher than not homeless

Source: CalOptima data

# Disparities: Serious Mental Illness/BH Treatment

Comparison: Homeless and Not Homeless Populations
Medi-Cal BH Serious Mental Illness
Percent Total Members: Current Membership
Homeless Confidence: High

	Serious Mental Illness	No Serious Mental Illness
Homeless	25%	75%
Not Homeless	6%	94%

More than four times the non homeless population with serious mental illness

Medi-Cal BH In Treatment and Not In Treatment
Homeless Confidence: High

	BH In Treatment	BH Not in Treatment	No BH Dx
Homeless	40%	19%	41%
Not Homeless	18%	10%	72%

Twice the non homeless population not in treatment

Workbook: QAC Homeless Membership_Dashboard_08.26.19
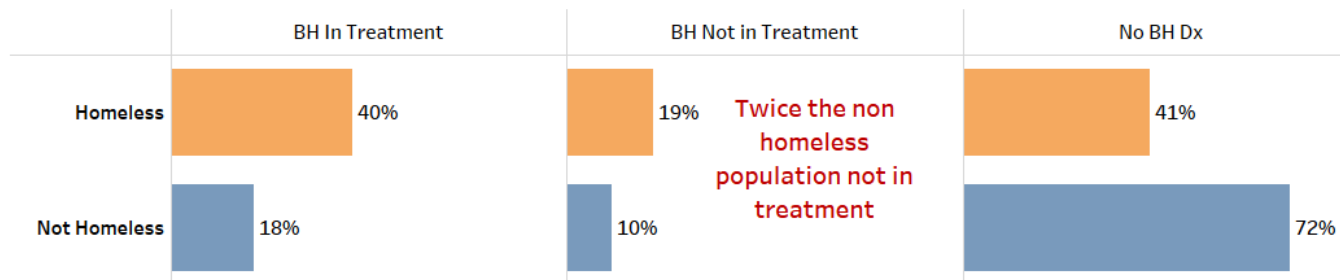
Source: CalOptima data

- Homeless are more than four times as likely to have an SMI condition

- Homeless are almost two times as likely to have a BH diagnosis and be without treatment
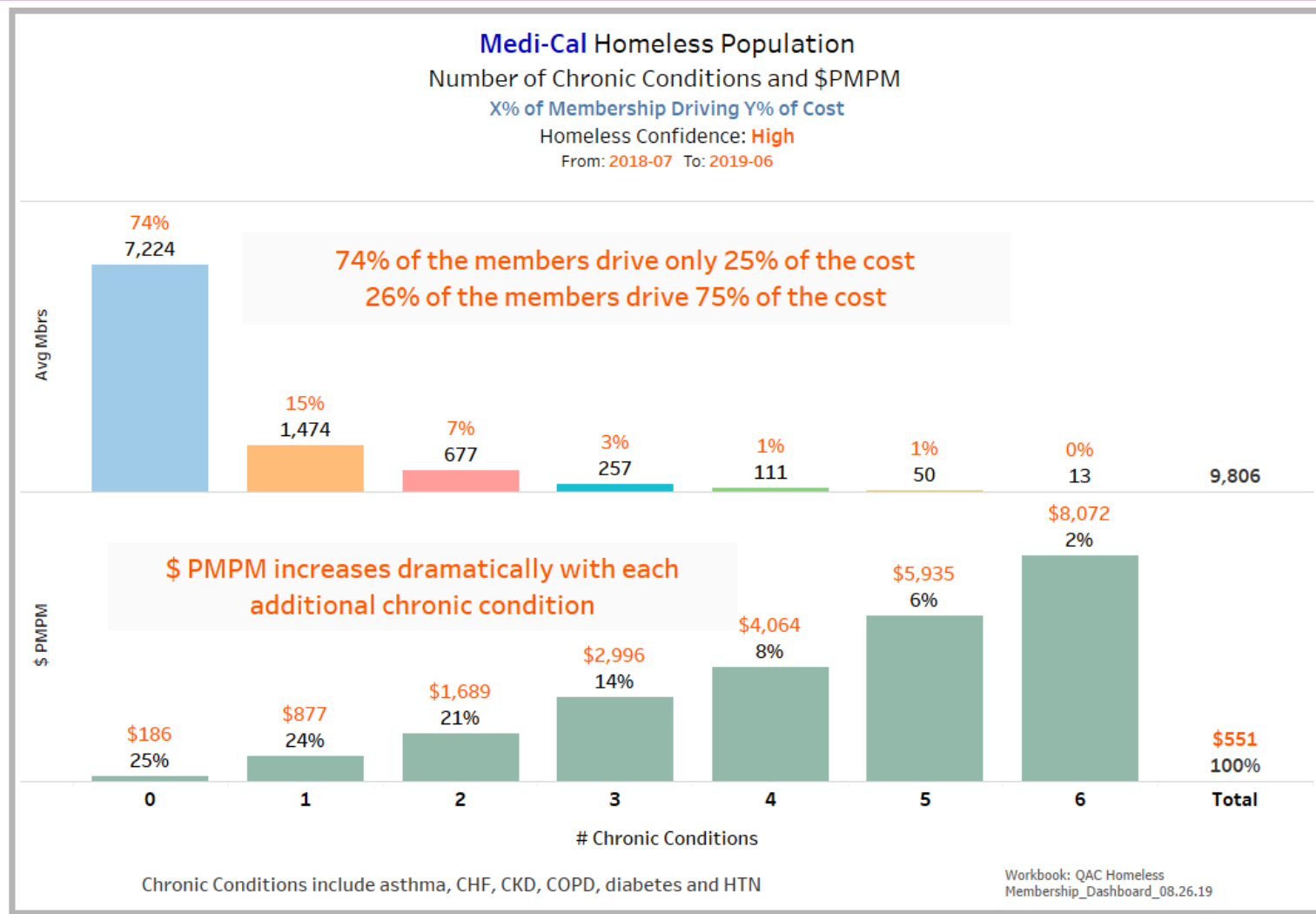
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Disparities: Overdose and Substance Abuse

Comparison: Homeless and Not Homeless Populations
Medi-Cal Overdose & Substance Abuse
Homeless Confidence: High
From: 2018-07 To: 2019-06
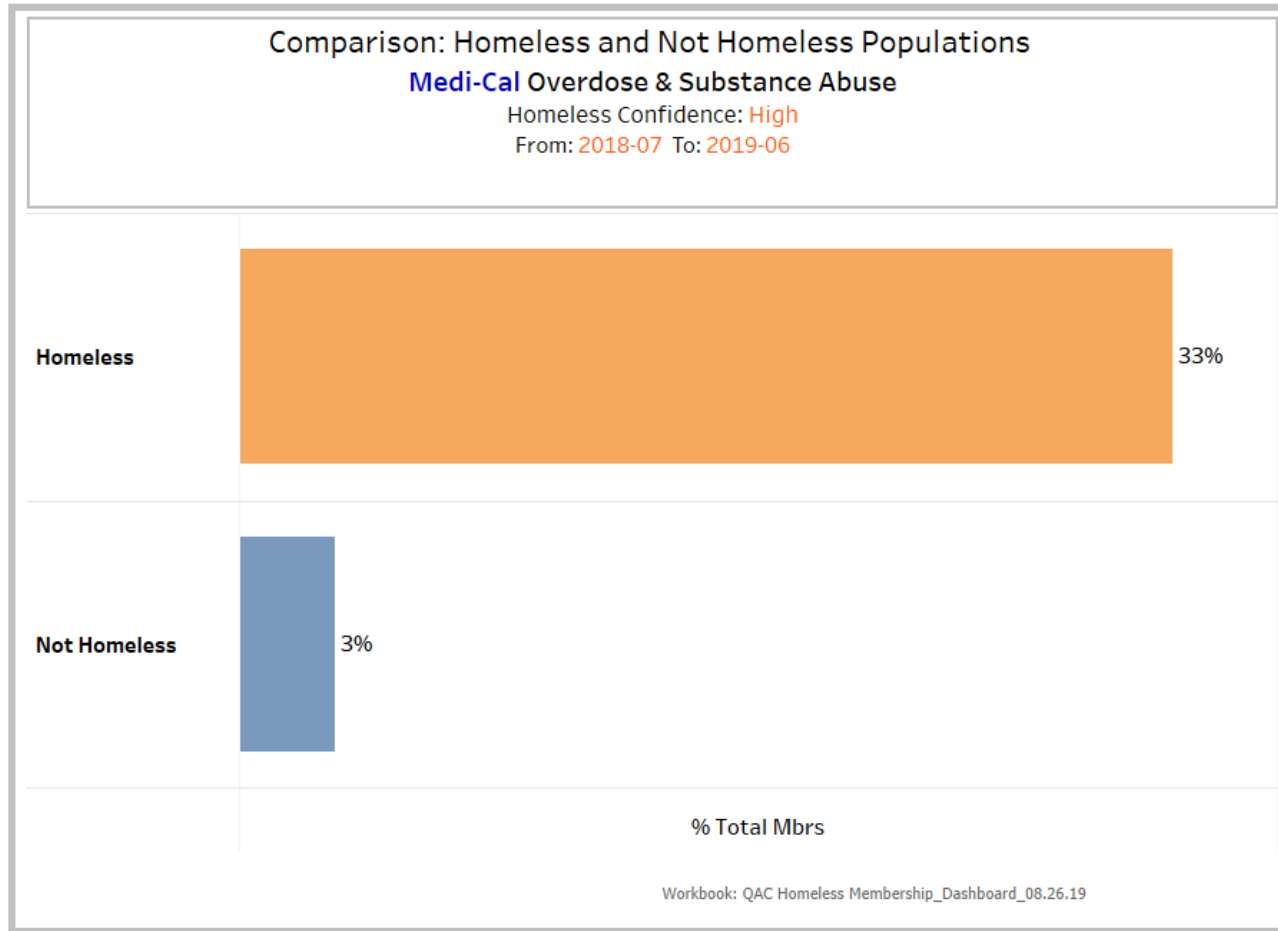
- Overdose and substance abuse rate is 11 times the rate for not homeless

Homeless — 33%

Not Homeless — 3%

% Total Mbrs

Workbook: QAC Homeless Membership_Dashboard_08.26.19

Source: CalOptima data

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Chronic Conditions:
Percent of Members vs. Percent of Costs

Medi-Cal Homeless Population
Number of Chronic Conditions and $PMPM
X% of Membership Driving Y% of Cost
Homeless Confidence: High
From: 2018-07 To: 2019-06

74% of the members drive only 25% of the cost
26% of the members drive 75% of the cost

$ PMPM increases dramatically with each additional chronic condition

Chronic Conditions include asthma, CHF, CKD, COPD, diabetes and HTN

Workbook: QAC Homeless Membership_Dashboard_08.26.19

Source: CalOptima data

Disparities: PCP and Specialist Visits

Comparison: Homeless and Not Homeless Populations
Medi-Cal PCP & Specialist Visit Rates
Homeless Confidence: High
From: 2018-07 To: 2019-06
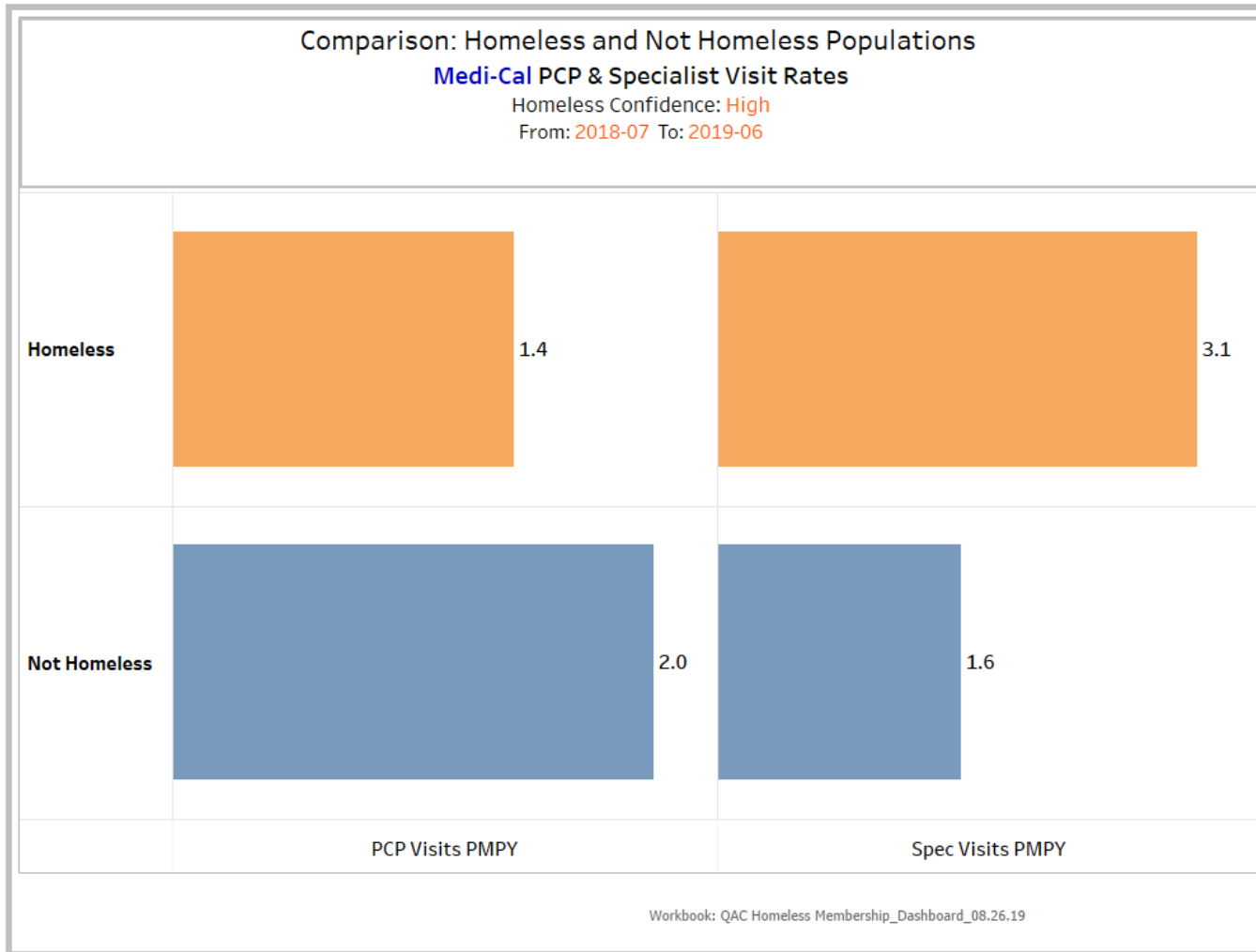
- Specialty visit rate is two times the rate for not homeless

Workbook: QAC Homeless Membership_Dashboard_08.26.19

Source: CalOptima data

Disparities: Inpatient Metrics

Comparison: Homeless and Not Homeless Populations
Medi-Cal IP Metrics
Homeless Confidence: High
From: 2018-07 To: 2019-06

	Admits PTMPY	Bed Days PTMPY	% Re-Admission
Homeless	440	2,239	30%
Not Homeless	71	305	12%

Workbook: QAC Homeless Membership_Dashboard_08.26.19
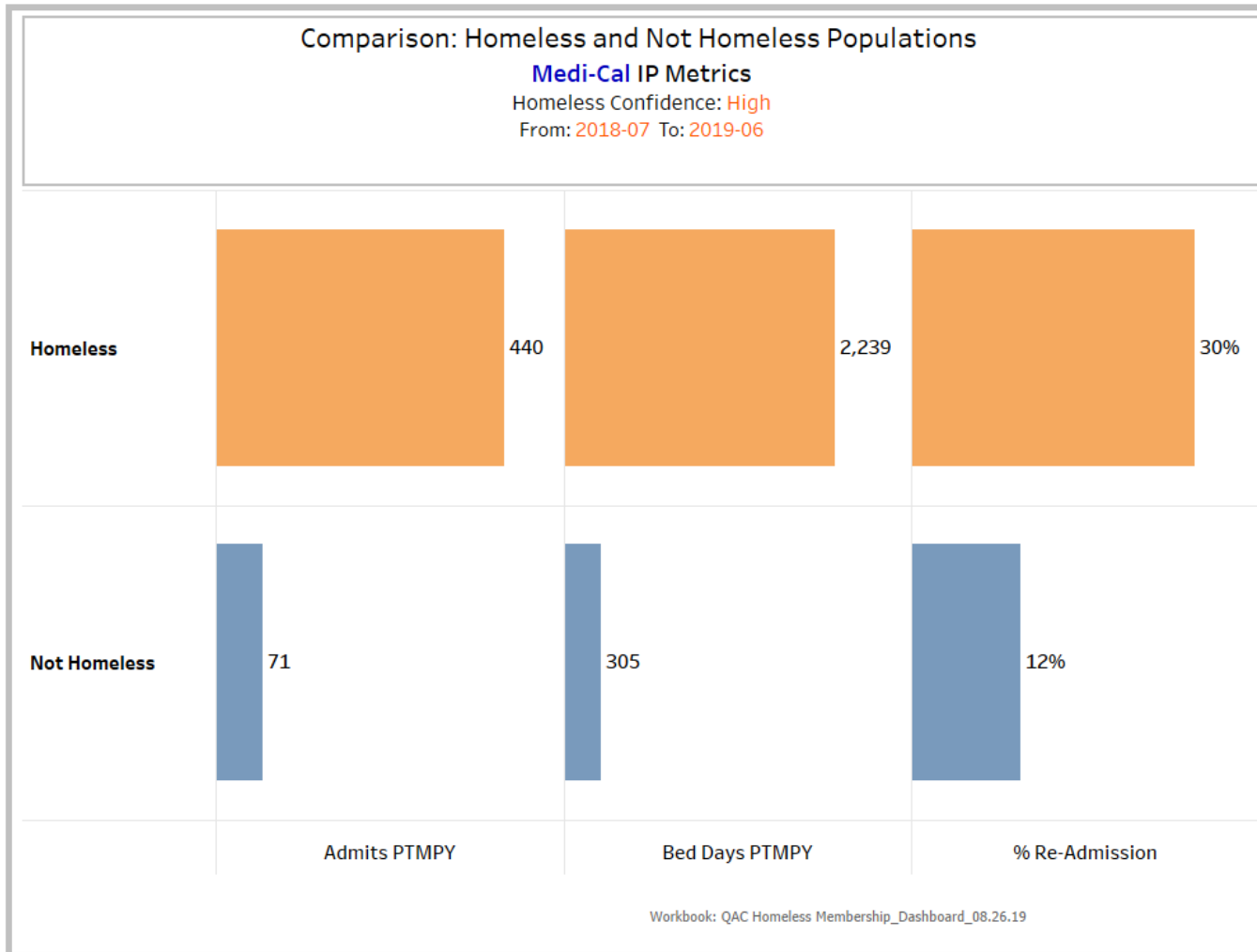
- Inpatient bed day rate is seven times the rate for not homeless
- Readmission rates is more than two times the rate for not homeless

Source: CalOptima data

Disparities: ED Visit Rates

Comparison: Homeless and Not Homeless Populations
Medi-Cal ED Visit Rates
Homeless Confidence: High
From: 2018-07 To: 2019-06
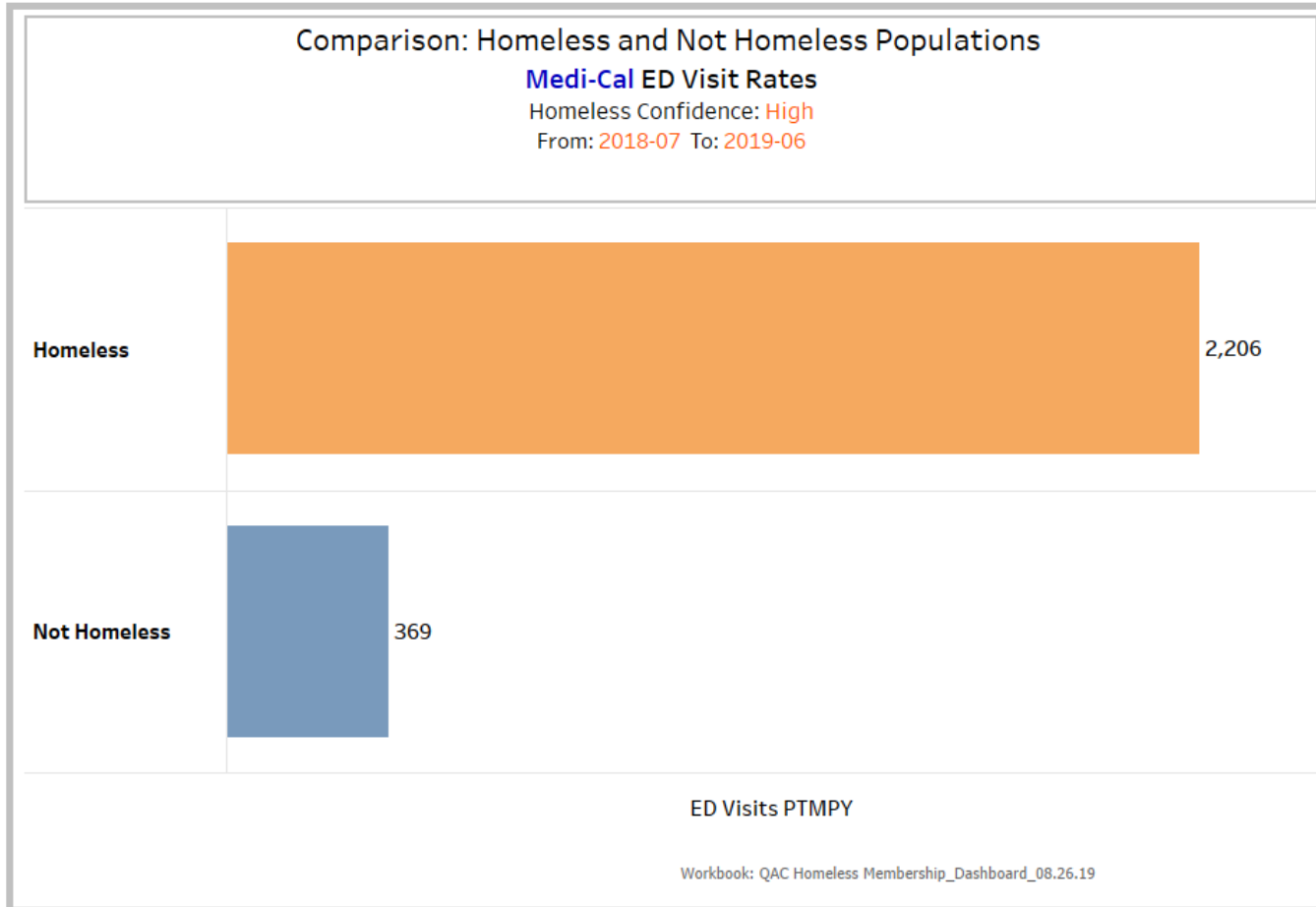
- Emergency department visit rate is five times the rate for not homeless

Source: CalOptima data

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Disparities: Cost Comparison

Comparison: Homeless and Not Homeless Populations
Medi-Cal - CCN General $PMPM by Selected Category of Service
Homeless Confidence: High
From: 2018-07 To: 2019-06

Category of Service	Homeless	Not Homeless
a. Primary Care	$41	$33
b. Specialty Care	$87	$50
e. Outp Rx	$4	$14
g. Behavioral Health	$10	$8
h. Other Outp & Prof	$33	$23
i. Dialysis	$7	$8
j. Hospice	$10	$4
m. Ambulance	$33	$2
n. NEMT	$14	$2
o. Emergency Room	$49	$7
p. Acute	$427	$105
s. SNF	$24	$2
u. Pharmacy	$131	$108
Grand Total	$869	$367

Workbook: QAC Homeless Membership_Dashboard_08.26.19

$PMPM Homeless: ~$870

- Two times higher than not homeless

Estimated Spending:

~$100 million/year

- $870 PMPM x 12 months x 10,000 members

Note: Using CalOptima Community Network General as representative sample to avoid capitation complexity in cost estimates

Source: CalOptima data

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Disparities Summary

- Members who are homeless, compared to those who are not homeless, are:
  - ➤ 2x as likely to have a BH diagnosis <u>and be without treatment</u>
  - ➤ 2-6x higher rate of top BH diagnoses
  - ➤ 4x as likely to have an SMI condition
  - ➤ 11x more likely to have an overdose and substance abuse diagnosis
  - ➤ 5x-6x more likely to have an ED visit
  - ➤ 7x more likely to have an IP stay
  - ➤ 2x as expensive per member per month ($PMPM)

Source: CalOptima data

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Data Alignment

- Information sharing with partnering organizations
  - County data from Department of Health Care Services
  - WPC provides membership and outcomes data
  - 2-1-1 Orange County provides homeless shelter addresses
  - Sherriff's/Coroner's office provides notification of deceased members
  - Homeless Management Information System (HMIS)
    - Includes Point in Time data
    - County-owned
    - Ongoing efforts for CalOptima access to data

CalOptima's Mission

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

**Board of Directors' Special Quality Assurance Committee Meeting
October 17, 2019**

Introduction to Trauma Informed Care and Building Resiliency

Background:

Trauma and violence are widespread, harmful, and costly public health concerns. Substance Abuse and Mental Health Services Administration (SAMHSA) describes individual trauma as resulting from "an event, series of events, or set of circumstances that is experienced by an individual as physically or emotionally harmful or life threatening and that has lasting adverse effects on the individual's functioning and mental, physical, social, emotional, or spiritual well-being."

Trauma has no boundaries with regard to age, gender, socioeconomic status, race, ethnicity or sexual orientation. Trauma is a common experience for adults and children in American communities, and it is especially common in the lives of people with mental and substance use disorders. For this reason, the need to address trauma is increasingly seen as an important part of effective behavioral health care and an integral part of the healing and recovery process.

The effects of traumatic events place a heavy burden on individuals, families and communities. Although many people who experience a traumatic event will go on with their lives without lasting negative effects, others will have difficulties and experience traumatic stress reactions. How someone responds to a traumatic experience is personal. If there is a strong support system in place, little or no prior traumatic experiences, and if the individual has many resilient qualities, it may not affect his or her mental health.

Research has shown that traumatic experiences are associated with both behavioral health and chronic physical health conditions, especially those traumatic events that occur during childhood. Substance use (e.g., smoking, excessive alcohol use, and taking drugs), mental health conditions (e.g., depression, anxiety or PTSD), and other risky behaviors (e.g., self-injury and risky sexual encounters) have been linked with traumatic experiences. Because these behavioral health concerns can present challenges in relationships, careers, and other aspects of life, it is important to understand the nature and impact of trauma, and to explore healing.[1]

Implication for Medi-Cal

- Requirement for Health Home pilot
- AB340 workgroup recommends universal Adverse Childhood Experiences (ACE) screening as a form of trauma screening
- For FY 2019–20, the Governor's Budget proposes to use $45 million (50% Proposition 56 Funds/ 50% Federal Funds) to support the first step in trauma informed care; which is trauma screenings for all children and adults with full-scope Medi-Cal coverage.

Relevancy to Homeless Health
On April 10, 2019, the CalOptima Homeless Health Clinical Field Team was deployed pursuant to the approval of the April 4, 2019 Board of Directors' unanimous support and commitment in partnership with Orange County Health Care Agency to address the escalating homeless crisis including prevention of escalation homeless mortality by addressing the urgent medical needs of the homeless population on the streets of Orange County. The team provided wound care to a CalOptima member in a park of Santa Ana. Although the member belongs to a CalOptima Health Network, this member refuses to seek care in the primary care clinic.
Homelessness is a serious Social Determinants of Health (SDoH) that impacts approximately 9,000 members across the population segments.

Population Health Management Approach
The Board of Directors supports CalOptima's Population Health Strategy to explore long-term and proactive approach to reverse the rising trend of homelessness mortality rate. Staff is introducing Trauma-Informed Care and strategies to increase member and work force resilience as the first step to address the root causes of 7 out of the 10 leading causes of death in the United States.[2]

This informational item also addresses key system of care to build resilience that will benefit the member as well as protecting the health care workforce from the harm of secondary trauma.

Reference:

1. https://www.samhsa.gov/trauma-violence
2. https://www.cdc.gov/violenceprevention/childabuseandneglect/acestudy/index.html
3. https://www.chcs.org/ Trauma-Informed Care Implementation Resource Center is a Center for Health Care Strategies website developed with support from the Robert Wood Johnson Foundation at https://www.rwjf.org/.

Presentation: PowerPoint Attached

Trauma Informed Care & Building Resilience

Board of Directors' Special Quality Assurance Committee
October 17, 2019

Betsy Chang Ha, RN, MS, MBB
Executive Director, Quality & Population Health Management

Agenda

- Introduction
- What is Trauma Informed Care?
- Understanding the Effects of Trauma on Health
- Building Resilience
- Call to Actions
- Q & A

Why Trauma Informed Care Now?

2018
- Requirement for Health Home pilot
- AB340 workgroup recommends universal ACEs screening as a form of trauma screening
- CHCS published Trauma-Informed Care in Action profile: San Francisco Department of Public Health implemented Trauma-Informed practice (Started in 2012)

2019
- Increase homeless mortality in OC
- Prop 56 proposed funded Value Based Purchasing, Developmental and Trauma Screening
- CA Surgeon General advocating universal ACE screening for Medi-Cal as a public health crisis
- Trauma-Informed Care Conference by CHOC and AAP in April
- Provider reimbursement for trauma screening

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What is Trauma-Informed Care?

What is Trauma-Informed Care?

https://youtu.be/fWken5DsJcw

Trauma-Informed Care

E-Learning Course:

https://www.youtube.com/watch?v=p-bCbImMUEo

Understanding the Effects of Trauma on Health

Trauma-Informed Care Implementation Resource Center is a Center for Health Care Strategies website developed with support from the Robert Wood Johnson Foundation. The views expressed here do not necessarily reflect the views of the Foundation.

TraumaInformedCare.chcs.org

Defining Trauma

"Individual trauma results from an event, series of events, or set of circumstances that is experienced by an individual as physically or emotionally harmful or life threatening and that has lasting effects on the individual's functioning and mental, physical, social, emotional, or spiritual well-being."

- *Substance Abuse and Mental Health Services Administration (SAMHSA)*

Defining Trauma

- **Adverse Childhood Experiences (ACEs)** are stressful or traumatic events, including abuse, neglect, and household dysfunction, that occur during childhood.

- **Toxic Stress** is a stress response that occurs when a person experiences strong, frequent, and/or prolonged adversity without adequate support.

Source: Substance Abuse and Mental Health Services Administration; Center on the Developing Child at Harvard University. "Key Concepts: Toxic Stress."

Back to Agenda

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Examples of Trauma

- Examples of trauma include, but are not limited to:

  ✓ Physical, sexual, and emotional abuse

  ✓ Childhood neglect

  ✓ Living with a family member with mental health or substance use disorders

  ✓ Sudden, unexplained separation from a loved one

  ✓ Poverty, discrimination, and historical trauma

  ✓ Violence in the community, war, or terrorism

Back to Agenda

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Prevalence of Trauma: Adverse Childhood Experiences Study

- In 1998, more than 17,000 Kaiser Permanente members took the Adverse Childhood Experiences (ACE) Survey.

- **Results:** Two-thirds of respondents had experienced one or more types of ACEs. Of those:

87% experienced 2+ ACEs

22% experienced 3+ ACEs

12.5% experienced 4+ ACEs

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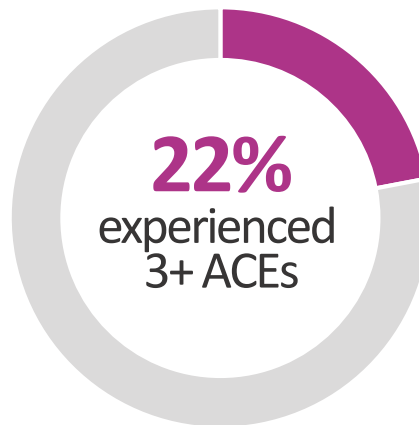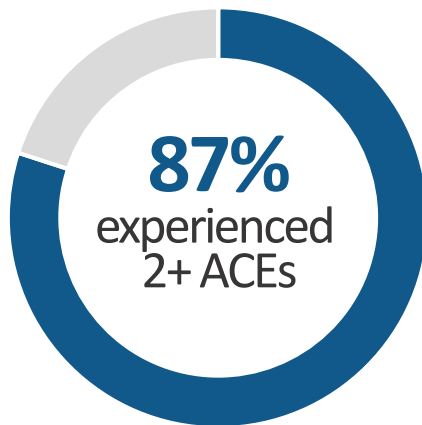
Adverse Childhood Experiences (ACE)

The three types of ACEs include

ABUSE — Physical, Emotional, Sexual

NEGLECT — Physical, Emotional

HOUSEHOLD DYSFUNCTION — Mental Illness, Incarcerated Relative, Mother treated violently, Substance Abuse, Divorce

Source: Robert Wood Johnson Foundation
https://www.rwjf.org/en/library/infographics/the-truth-about-aces.html

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Prevalence of Trauma: Philadelphia Urban ACE Study

- In 2012 a racially diverse sample of men and women in Philadelphia took a questionnaire that was based on the original ACEs Survey. Respondents were mostly between the ages of 35 and 64, and had completed high school.

- **Results:** More than four out of five respondents experienced at least one ACE:

83% experienced 1+ ACEs

37% experienced 4+ ACEs

Source: Findings from the Philadelphia Urban ACE Survey. Robert Wood Johnson Foundation. September 2013.

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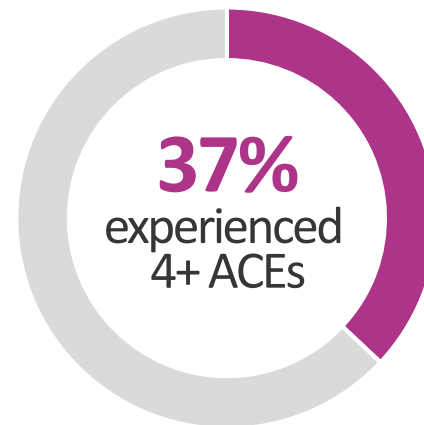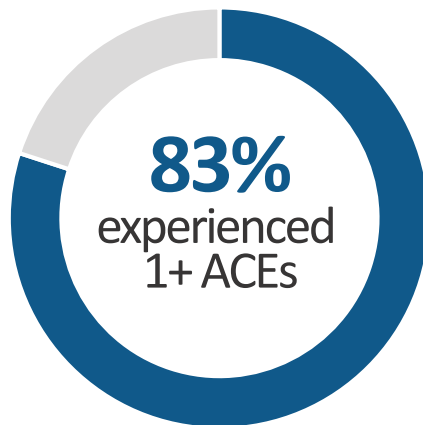
Impact of Trauma:
4 or More ACEs = Tipping Point

■ Compared to people with no ACEs, those with a score of 4 or greater have increased risks for:

» **Chronic Obstructive Pulmonary Disease:** 390% greater risk

» **Sexually-Transmitted Infections:** 240% greater risk

» **Smoking:** Twice as likely

» **Suicide Attempts:** 12 times more likely

» **Alcoholism**: 7 times more likely

» **Injecting Street Drugs:** 10 times more likely

Total estimated lifetime costs associated with one year of child maltreatment: $124 billion

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Impact of Trauma:
Health, Behavior, and Life Potential

■ ACEs can have lasting effects on…

Health - obesity, diabetes, depression, suicide attempts, STIs, heart disease, cancer, stroke, COPD, broken bones

Behaviors - smoking, alcoholism, drug use

Life potential - graduation rates, academic achievement, lost time from work

ACEs have been found to have a graded dose-response relationship with 40+ outcomes to date.

Risk for Negative Health and Well-Being Outcomes

0   1   2   3   4   ≥5

# of ACEs
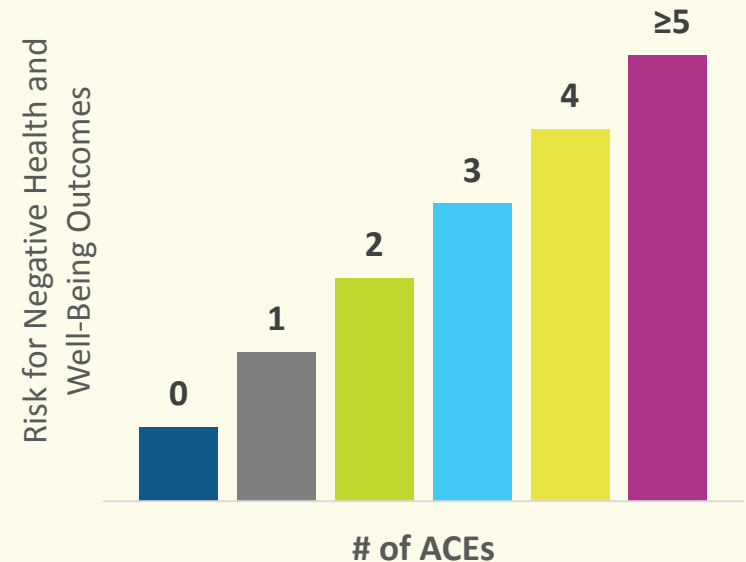
This pattern holds for the 40+ outcomes, but the exact risk values vary depending on the outcomes.

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Impact of Trauma: ACEs and Neurobiology

- Traumatic experiences in childhood and adulthood invoke *flight, fight, or freeze* responses

- Responses become toxic when turned on for too long (constant flood of adrenaline and cortisol)

- Prefrontal cortex development may become stunted

- Traumatic experiences can cause people to see the world as a place of constant danger — resulting in fear, anxiety, depression, anger, etc.

- Find solace in alcohol, tobacco, drugs, food, high-risk behaviors, etc.

Back to Agenda

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Key Systems for Building Resilience

Community, Faith & Cultural Processes
- Foster thriving communities
- Restore hope and a sense of meaning
- Reach beyond own social circle for help and to help others
- Mechanism for communication

Attachment & Belonging
- Connecting with support system
- Positive relationships with competent and nurturing people are vital
- Having 2- or more people who help
- People who provide a sense of security & belonging

Individual Capability
- Positive self view and efficacy
- Self-regulation, self-awareness, self esteem, self control
- Ability to direct & control attention, emotion, and behavior
- Empathy

Call to Actions

Build Awareness & Buy-in

- QIC & QAC
- Mental Health Awareness Week
- Awareness & Education Seminar on May 23, 2019

Invest in Trauma Informed Workforce

- Prevent secondary trauma
- Invest in employee wellness
- Building resilience in health care providers / workforce

Create a Safe Physical & Emotional Environment

- Recognize and address organizational trauma
- Building trauma-informed system of care

Engage Patient in Meaningful Ways

- Shift from judgement to empathy & compassion

Identify & Treat Trauma

- Implement prevention and Population Health Management Strategy
- Join California Surgeon General's universal ACEs screening movement

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DHCS Update

- ACE Screening is no longer mandated but suggested with focus on provider training

- PEARLS is the tool for kids

- ACES is the tool for adults

- $29 Reimbursement for screening every three years
  - ➢ G9919 positive screening (score of 4 or greater)
  - ➢ G9920 negative screening (0-3)

- Screenings should be completed by a Medi-Cal Enrolled Provider

- Provider trainings on ACES/PEARLS will be available in the fall 2019

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CalOptima's Mission

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

Board of Directors' Special Quality Assurance Committee Meeting
October 17, 2019

HEDIS 2019 (MY 2018) Results Executive Summary

HEDIS 2019 Results by Product Line

The results reported are for CalOptima based on performance in 2018. HEDIS results are retrospective results reported by June 15 for the prior calendar year. HEDIS reporting is required by DHCS and CMS.

New this year, many measures have been identified by NCQA to be "trended with caution" or not trendable due to significant changes in the specifications from the prior year. These measures are highlighted in the HEDIS 2019 results presentation.

Medi-Cal

- **All DHCS Minimal Performance Levels (MPLs) have been met!! The DHCS MPL for MY2018 was the National Medicaid 25th percentile. The bar is being raised by DHCS in 2019 to the 50th National Medicaid benchmark.**
- 43 out of 62 (69%) measures are at National 50th percentiles or higher
- 23 out of 62 (37%) measures met goals as established in our Quality Improvement Workplan
- 42 out of 62 (68%) measures are better than last year
- Opportunities for Improvement: Respiratory, Behavioral Health, Well Care and Access to preventive care measures

OneCare

- 16 out of 27 (59%) measures are at National 50th percentiles/CMS 3-Star or higher
- 5 out of 27 (19%) measures met goal
- 12 out of 27 (44%) measures are better than last year
- Opportunities for Improvement: Post discharge medication reconciliation and Readmissions measures

OneCare Connect

- 16 out of 43 (37%) measures met goal
- 26 out of 43 (60%) measures are better than last year
- Opportunities for Improvement: Breast cancer screening, Care for older adults, and Readmissions measures

Member Experience Results:

- Adult Survey was utilized for NCQA Accreditation scoring and submission.

- Results are improved from last year:

    - Rating of personal doctor, Rating of all health care, Rating of specialist, and Rating of health plan are all improved.

    - Rating of health plan is at the 25th percentile and it is a double weighted measure for NCQA accreditation

- Getting Needed Care and Getting Care Quickly are still less than 25th percentile

- OC/OCC CAHPS Results will be available in Q4

NCQA Accreditation Projection

- Both HEDIS and CAHPS estimated scores are higher than last year for Accreditation measures based on current benchmarks

NCQA Health Plan Ratings
- ***Embargoed scores*** available early September 2019
- Scores publicly announced 6PM EST September 20, 2019.
- CalOptima will be rated on Medicaid performance only
- CalOptima modeling anticipates that we will again be rated 4.0, based on current available benchmarks.

HEDIS and Member Experience Results Measurement Year (MY) 2018 Performance

Special Quality Assurance Committee
October 17, 2019

Kelly Rex-Kimmet
Director, Quality Analytics

Agenda

- CalOptima HEDIS 2019 Results
- Member Experience Results
- Next Steps
- Longitudinal Study-Tableau Demo

Summary Results by Product Line

- Medi-Cal
  - ➤ **All DHCS MPLs have been met !!**
  - ➤ 42 out of 62 (68%) measures are better than last year
  - ➤ 69% of measures are at the National Medicaid 50th percentile or higher
  - ➤ P4V measures showing improvement but several still below the 50th percentile
  - ➤ Opportunities for improvement: Respiratory, Behavioral Health, Well-Care and Access to Preventive Care measures

- OneCare
  - ➤ 12 out of 27 (44%) measures are better than last year
  - ➤ Opportunities for improvement: Post Discharge Medication Reconciliation and Readmissions
  - ➤ Small number of this population make comparisons difficult (caution)

- OneCare Connect
  - ➤ 26 out of 43 (60%) measures are better than last year
  - ➤ Opportunities for improvement: Breast Cancer Screening, Care for Older Adults, and Readmissions measures

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HEDIS 2019 Medi-Cal Measures

	Quality Compass 2018 Percentiles Met	
	HEDIS 2018	HEDIS 2019
Adult BMI Assessment +C	75th	**90th**
Weight Assessment and Counseling for Children/Adolescents (Physical Activity)	90th	90th
Immunization for Adolescents (combo 2)	90th	90th
Chlamydia Screening in Women	75th	**90th**
Controlling High-Blood Pressure	75th	**90th**
Statin Therapy for Patients with Cardiovascular Disease — Adherence +C	75th	**90th**
Comprehensive Diabetes Care — HbA1c Poor Control (>9.0%) +C	90th	**90th**
Comprehensive Diabetes Care — HbA1c Control (<8.0%) +C	90th	**90th**
Statin Therapy for Patients with Diabetes — therapy +C	75th	**90th**
Adherence to Antipsychotic Medications for Individuals with Schizophrenia +C	90th	90th

*Green = higher than last year, Red = lower than last year, +C=trend with caution due to specifications changes per NCQA, Highlighted yellow = Break in trending

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HEDIS 2019 Medi-Cal Measures

	Quality Compass 2018 Percentiles Met	
	HEDIS 2018	HEDIS 2019
Weight Assessment and Counseling for Children/Adolescents (BMI) +C	90th	75th
Weight Assessment and Counseling for Children/Adolescents (Nutrition)	90th	75th
Childhood Immunization Status (comb10) +C	75th	75th
Asthma Medication Ratio (5–64 years) +C	50th	75th
Comprehensive Diabetes Care (BP Controlled) +C	75th	75th
Statin Therapy for Patients with Diabetes (adherence) +C	75th	75th
Antidepressant Medications Management (Acute Phase Treatment)	75th	75th
Antidepressant Medications Management (Continuation Phase Treatment)	50th	75th
Diabetes Monitoring for People with Diabetes and Schizophrenia +C	75th	75th
Cardiovascular Monitoring for People with Cardiovascular and Schizophrenia +C	75th	75th
Metabolic Monitoring for Children and Adolescents on Antipsychotics	90th	75th
Appropriate Treatment for Children with URI	75th	75th

*Green = higher than last year, Red = lower than last year, +C=trend with caution due to specifications changes per NCQA, Highlighted yellow = Break in trending

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HEDIS 2019 Medi-Cal Measures

	Quality Compass 2018 Percentiles Met	
	HEDIS 2018	HEDIS 2019
Childhood Immunization Status (comb3) **+C**	75th	50th
Lead Screening in Children	50th	50th
Breast Cancer Screening **+C**	50th	50th
Cervical Cancer Screening	**50th**	**50th**
Pharmacotherapy management of COPD exacerbations (Bronchodilator)	25th	**50th**
Medication Management for People with Asthma (5–64 yr) - 75% **+C**	**50th**	50th
Statin Therapy for Patients with Cardiovascular Disease (Therapy) **+C**	25th	**50th**
Comprehensive Diabetes Care (HbA1c Testing) +C	75th	50th
Comprehensive Diabetes Care (Medical Attention for Nephropathy) **+C**	50th	50th
Comprehensive Diabetes Care (Eye Exam) **+C**	75th	50th
DMARD Therapy in Rheumatoid Arthritis **+C**	50th	50th
Annual Monitoring for Patients on Persistent Medications (ACE)	50th	50th
Annual Monitoring for Patients on Persistent Medications (Diuretics)	50th	50th
Annual Monitoring for Patients on Persistent Medications (Total)	50th	50th

*Green = higher than last year, Red = lower than last year, +C=trend with caution due to specifications changes per NCQA, Highlighted yellow = Break in trending

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HEDIS 2019 Medi-Cal Measures

	Quality Compass 2018 Percentiles Met	
	HEDIS 2018	HEDIS 2019
Non-Recommended Cervical Cancer Screening in Adolescent Females	90th	50th
Children and Adolescents' Access to Primary Care Practitioners (25 months–6 years)	50th	50th
Children and Adolescents' Access to Primary Care Practitioners (7–11 years)	**25th**	**50th**
Prenatal and Postpartum Care (Timeliness of Prenatal Care)	50th	50th
Prenatal and Postpartum Care (Postpartum Care)	75th	50th
Well-Child Visits in the 3rd, 4th, 5th and 6th Years of Life	75th	50th
Adolescent Well-Care Visits	25th	50th

*Green = higher than last year, Red = lower than last year, +C=trend with caution due to specifications changes per NCQA, Highlighted yellow = Break in trending

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HEDIS 2019 Medi-Cal Measures

	Quality Compass 2018 Percentiles Met	
	HEDIS 2018	**HEDIS 2019**
Pharmacotherapy Management of COPD Exacerbations (Corticosteroid)	25th	25th
Persistence of Beta Blocker Treatment After a Heart Attack **+C**	25th	25th
Diabetes Screening for People with Schizophrenia or Bipolar Disorder who are Using Antipsychotic Medications **+C**	25th	25th
Follow-up Care for Children Prescribed ADHD Medication (Initiation Phase)	25th	25th
Follow-up Care for Children Prescribed ADHD Medication (Continuation Phase)	<=10th	**25th**
Avoidance of Antibiotic Treatment for Adults with Acute Bronchitis **+C**	<=10th	**25th**
Adults' Access to Preventive/Ambulatory Health Services (65+) **+C**	**25th**	**25th**
Children and Adolescents' Access to Primary Care Practitioners (12–24months)	<=10th	25th
Children and Adolescents' Access to Primary Care Practitioners (12–19 years)	25th	25th
Use of Imaging Studies for Low Back Pain	25th	25th
Use of Multiple Concurrent Antipsychotic Medications in Children and Adolescents **+C**	90th	25th

*Green = higher than last year, Red = lower than last year, +C=trend with caution due to specifications changes per NCQA, Highlighted yellow = Break in trending

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HEDIS 2019 Medi-Cal Measures

	Quality Compass 2018 Percentiles Met	
	HEDIS 2018	**HEDIS 2019**
Appropriate Testing for Children with Pharyngitis	<=10th	<=10th
Use of Spirometry Testing in the Assessment and Diagnosis of COPD **+C**	<=10th	<=10th
Follow-up After ED Visit for Mental Illness (30-day)	<=10th	<=10th
Follow-up After ED Visit for Mental Illness (7-day)	<=10th	<=10th
Adults' Access to Preventive/Ambulatory Health Services (20-44) **+C**	<=10th	<=10th
Adults' Access to Preventive/Ambulatory Health Services (45-64) **+C**	<=10th	<=10th
Adults' Access to Preventive/Ambulatory Health Services (Total) **+C**	<=10th	<=10th
Well-Child Visits in the First 15 Months of Life (6+ visits)	<=10th	<=10th

*Green = higher than last year, Red = lower than last year, +C=trend with caution due to specifications changes per NCQA, Highlighted yellow = Break in trending

Medi-Cal Measure Results

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Children and Women's Health

HEDIS 2019 Results:
Medi-Cal Well-Child Visits
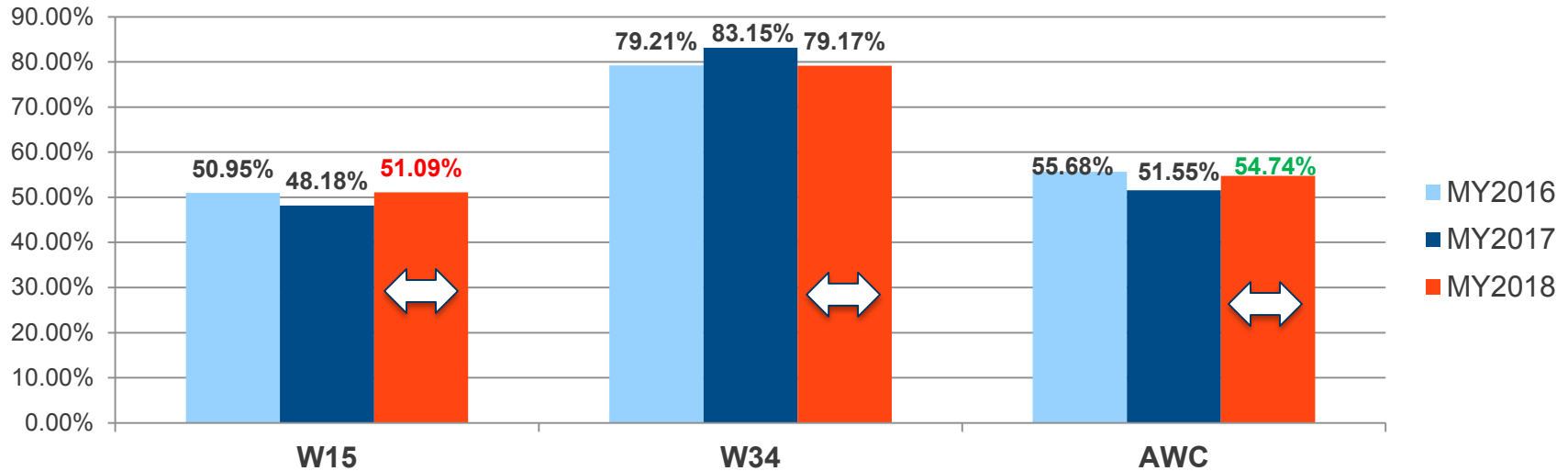
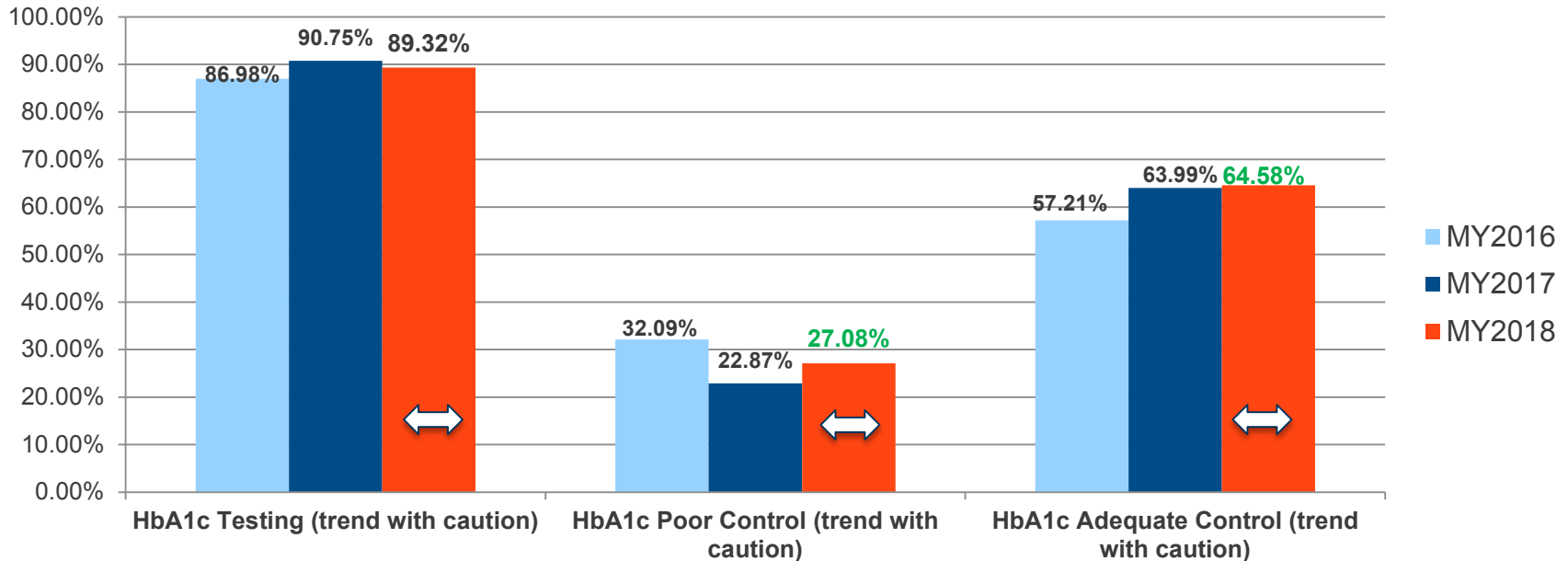| HEDIS Measure	QC 50th Percentile	QC 75th Percentile	QC 90th Percentile	Goal	Reporting Requirements**
Well-Child Visits in the First 15 Months of Life — 6 Well-Child Visits (W15)	66.23%	71.29%	75.43%	58.54%	P4V
Well-Child Visits in the Third, Fourth, Fifth and Sixth Years of Life (W34)	73.89%	79.33%	83.7%	83.70%	MPL, P4V
Adolescent Well-Care Visits (AWC)	54.57%	61.99%	66.8%	54.57%	P4V

*Red = less than 50th percentile, Green = met goal, MPL met, ↑ ↓ statistically higher or lower, ↔ statistically no difference
**RS = Health plan rating, MPL = DHCS Minimum Performance Level, ACC = NCQA Accreditation, P4V = Pay for Value

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HEDIS 2019 Results: Medi-Cal Immunizations
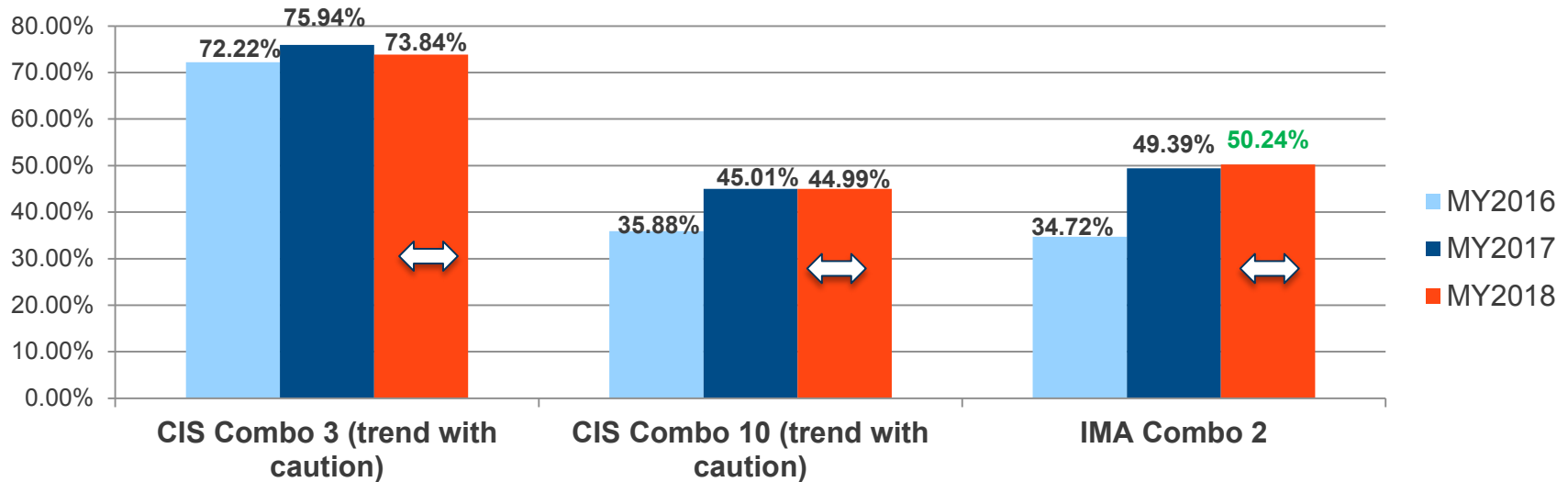
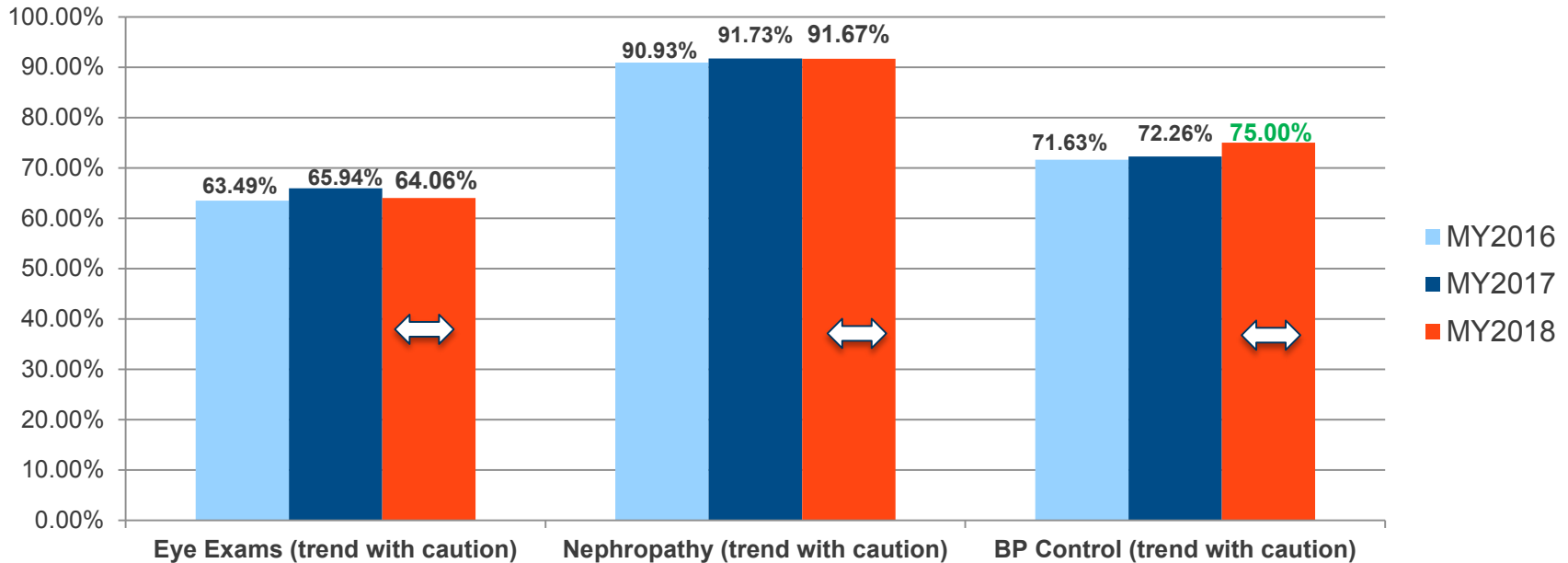| HEDIS Measure	QC 50th Percentile	QC 75th Percentile	QC 90th Percentile	Goal	Reporting Requirements**
Childhood Immunization Status (CIS)					
CIS - Combo 3	**70.8%**	**74.7%**	**79.56%**	**77.13%**	**MPL**
CIS - Combo10 ++	**35.28%**	**40.88%**	**48.42%**	**48.42%**	**ACC, P4V, RS**
Immunizations for Adolescents (IMA)					
IMA - Combo 2	**31.87%**	**37.71%**	**46.72%**	**46.72%**	**ACC, RS, MPL**

*Red = less than 50th percentile; Green = met goal, MPL met, ↑ ↓ statistically higher or lower, ↔ statistically no difference

**RS = Health plan ratings, MPL = DHCS Minimum Performance Level, ACC = NCQA Accreditation, P4V = Pay for Value

++ Measure triple weighted for Health Plan Ratings

HEDIS 2019 Results:
Medi-Cal Women's Health
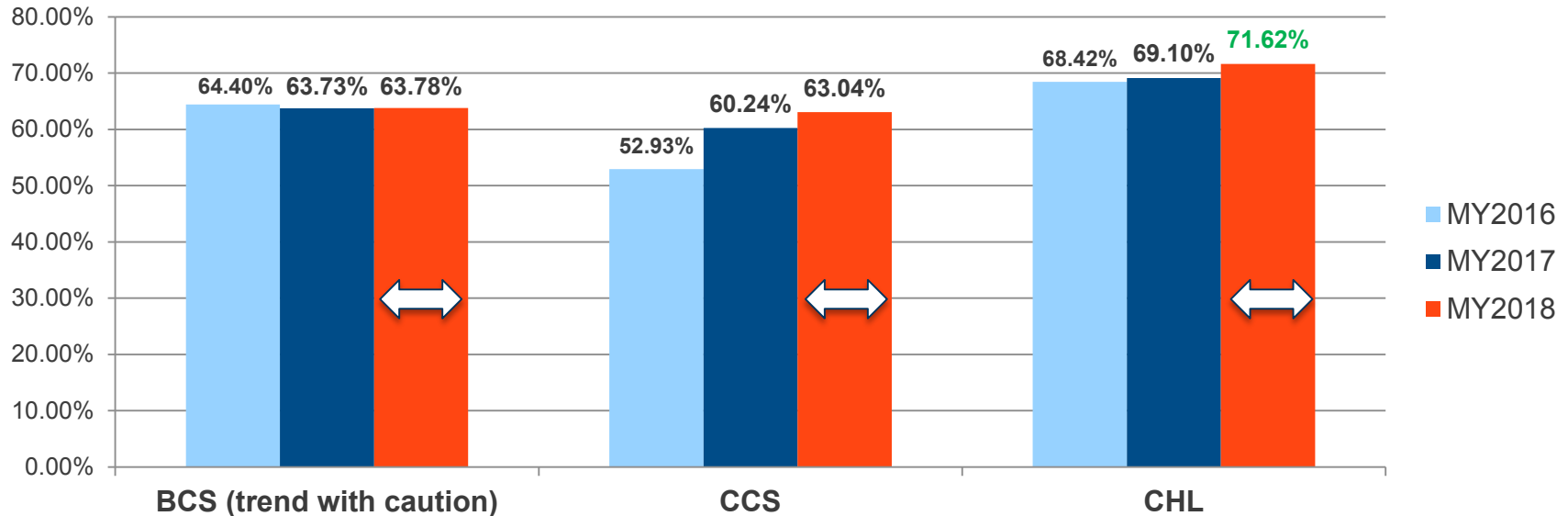
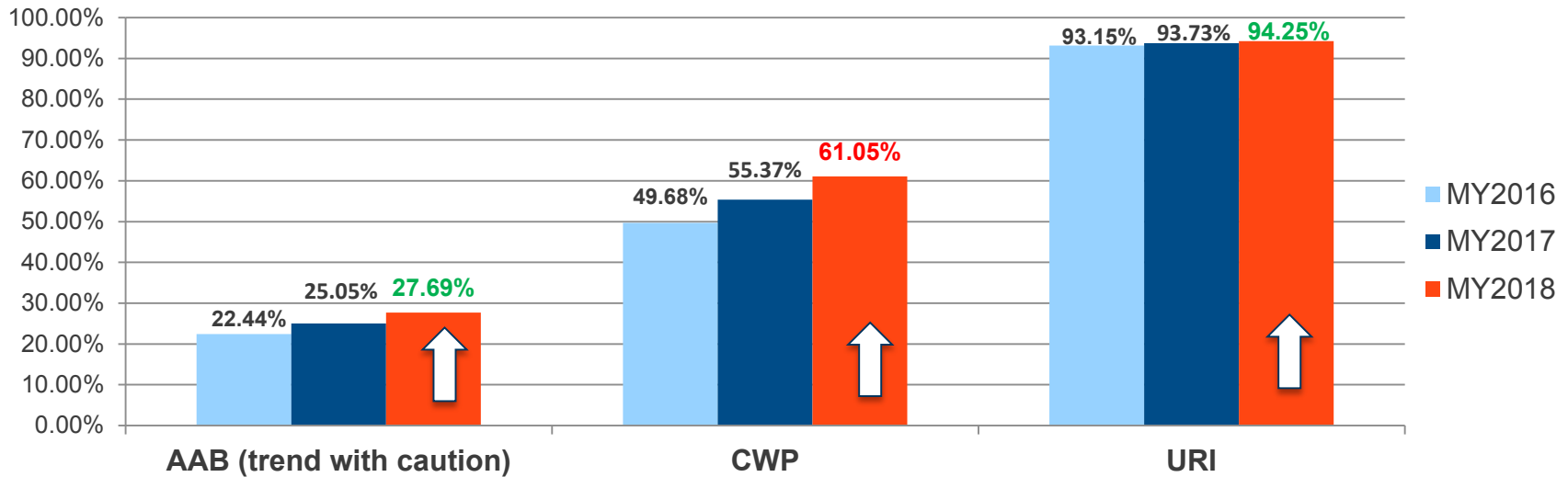| HEDIS Measure	QC 50th Percentile	QC 75th Percentile	QC 90th Percentile	Goal	Reporting Requirements*
Breast Cancer Screening (BCS)	58.04%	64.12%	68.94%	65.30%	ACC, MPL, P4V, RS
Cervical Cancer Screening (CCS)	60.1%	66.01%	70.68%	63.26%	ACC, MPL, P4V, RS
Chlamydia Screening (CHL)	56.07%	65.43%	71.33%	71.33%	ACC, RS

*Red = less than 50th percentile, Green = met goal, MPL met, ↑ ↓ statistically higher or lower, ↔ statistically no difference
**RS = Health plan rating, MPL = DHCS Minimum Performance Level, ACC = NCQA Accreditation, P4V = Pay for Value

HEDIS 2019 Results:
Medi-Cal Prenatal and Postpartum Care
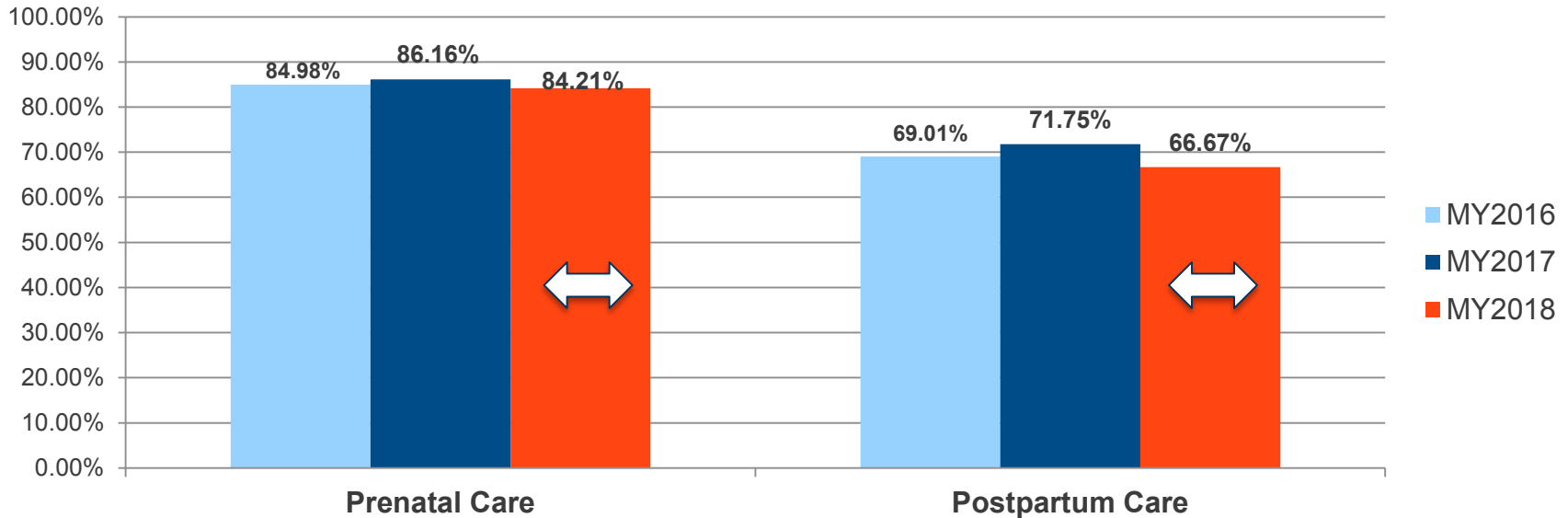
HEDIS Measure	QC 50th Percentile	QC 75th Percentile	QC 90th Percentile	Goal	Reporting Requirements**
Prenatal Care	83.21%	87.06%	90.75%	87.06%	ACC, MPL, RS
Postpartum Care	65.21%	69.34%	73.97%	73.97%	ACC, MPL, RS

*Red = less than 50th percentile, Green= met goal, MPL met, ↑ ↓ statistically higher or lower, ↔ statistically no difference
**RS = Health plan ratings, MPL = DHCS Minimum Performance Level, ACC = NCQA Accreditation, P4V = Pay for Value

Care for Chronic Conditions

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HEDIS 2019 Results:
Medi-Cal Comprehensive Diabetes Care — HbA1c

HEDIS Measure	QC 50th Percentile	QC 75th Percentile	QC 90th Percentile	Goal	Reporting Requirements*
HbA1c Testing	87.83%	90.45%	92.7%	91.58%	MPL
HbA1c Poor Control (>9.0%) (Lower is better)	38.2%	33.09%	29.68%	29.68%	MPL
HbA1c Adequate Control (<8.0%) ++	51.34%	55.47%	59.49%	59.49%	ACC, P4V, MPL, RS

*Red = less 50th percentile, Green= met goal, Purple=MPL Met, ↑ ↓ statistically higher or lower, ↔ statistically no difference

*RS = Health Plan Rating, MPL = DHCS Minimum Performance Level, ACC = NCQA Accreditation, P4V = Pay for Value

++ Measure triple weighted for Health Plan Ratings

HEDIS 2019 Results:
Medi-Cal Comprehensive Diabetes Care

HEDIS Measure	QC 50th Percentile	QC 75th Percentile	QC 90th Percentile	Goal	Reporting Requirements*
Eye Exams	57.88%	64.23%	68.61%	66.42%	ACC, MPL, P4V, RS
Nephropathy Monitoring	90.51%	92.05%	93.43%	92.05%	MPL
BP Control (<140/90) ++	63.02%	70.76%	77.5%	74.13%	ACC, MPL, RS

*Red = less 50th percentile, Green= met goal, MPL met, ↑ ↓ statistically higher or lower, ↔ statistically no difference
*RS = Health Plan Rating, MPL = DHCS Minimum Performance Level, ACC = NCQA Accreditation, P4V = Pay for Value
++ Measure triple weighted for Health Plan Ratings

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HEDIS 2019 Results:
Medi-Cal Respiratory Conditions

HEDIS Measure	QC 50th Percentile	QC 75th Percentile	QC 90th Percentile	Goal	Reporting Requirements*
Avoidance of Antibiotic Treatment in Adults with Acute Bronchitis (AAB)	31.97%	37.36%	44.64%	27.63%	ACC, MPL, RS, P4V
Appropriate Testing for Children with Pharyngitis (CWP)	80.13%	85.99%	90.53%	72.52%	ACC, P4V, RS
Appropriate Treatment for Children with Upper Respiratory Infection (URI)	90.42%	93.77%	95.94%	93.77%	ACC, P4V, RS

*Red = less than 50th percentile, Green= met goal, MPL met, ↑ ↓ statistically higher or lower, ↔ statistically no difference
**RS = Health plan ratings, MPL = DHCS Minimum Performance Level, ACC = NCQA Accreditation, P4V = Pay for Value

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Behavioral Health

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HEDIS 2019 Results: Medi-Cal Behavioral Health Antidepressant Medication Management
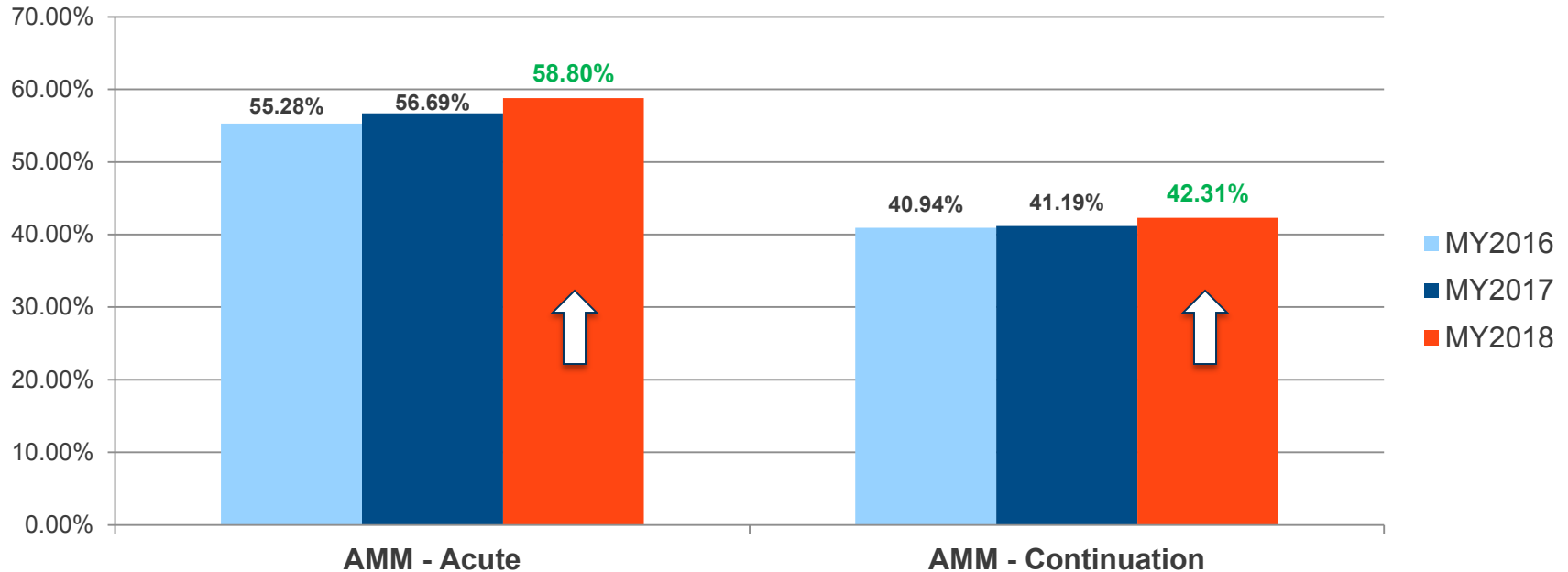
HEDIS Measure	QC 50th Percentile	QC 75th Percentile	QC 90th Percentile	Goal	Reporting Requirements*
Antidepressant Medications Management (AMM) — Acute Phase Treatment	51.73%	57.82%	64.72%	57.82%	ACC, RS
Antidepressant Medications Management (AMM) — Continuation Phase Treatment	36.4%	42.31%	49.24%	42.31%	ACC

*Red = less than 50th percentile, Green= met goal, ↑ ↓ statistically higher or lower, ↔ statistically no difference

**RS = Health plan ratings, MPL = DHCS Minimum Performance Level, ACC = NCQA Accreditation, P4V = Pay for Value

HEDIS 2019 Results: Medi-Cal Behavioral Health Attention Deficit Disorder
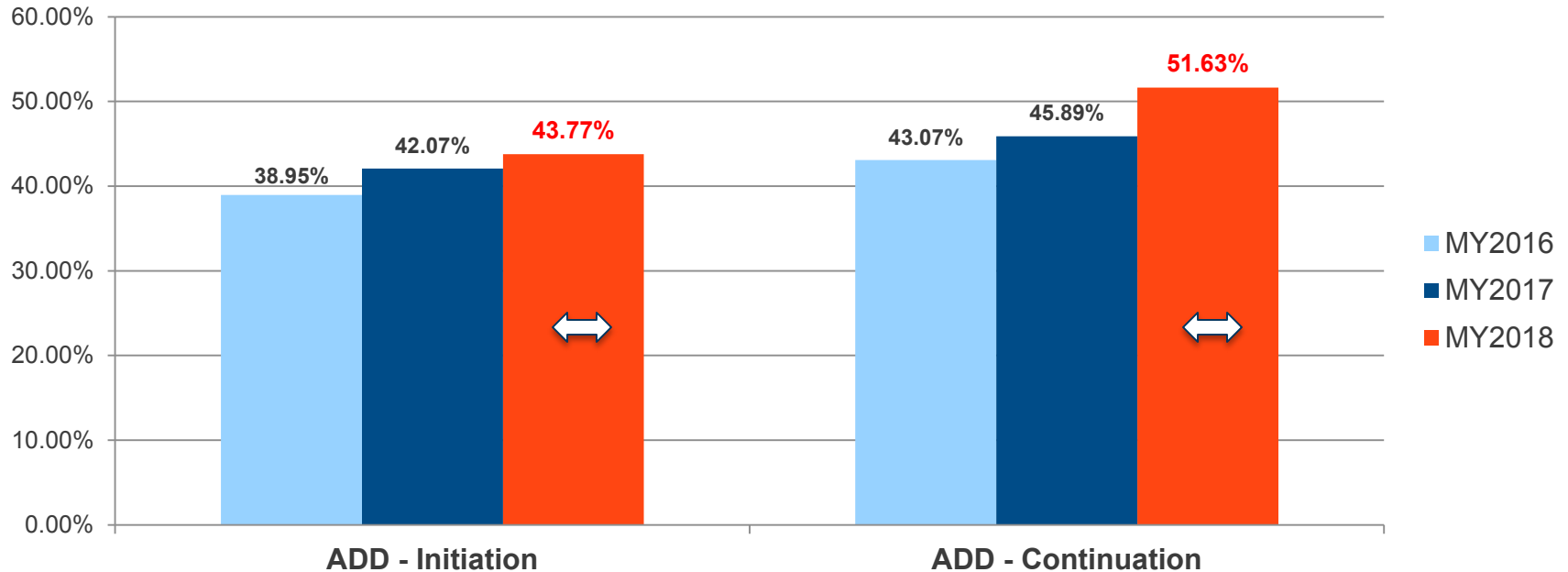
Bar chart showing ADD - Initiation and ADD - Continuation results for MY2016, MY2017, MY2018.

ADD - Initiation: MY2016 = 38.95%, MY2017 = 42.07%, MY2018 = 43.77% (with ↔ statistically no difference)

ADD - Continuation: MY2016 = 43.07%, MY2017 = 45.89%, MY2018 = 51.63% (with ↔ statistically no difference)

HEDIS Measure	QC 50th Percentile	QC 75th Percentile	QC 90th Percentile	Goal	Reporting Requirements*
Follow-up Care for Children Prescribed ADHD Medication (ADD) — Initiation Phase	**45.00%**	**50.82%**	**55.91%**	**45.00%**	**ACC**
Follow-up Care for Children Prescribed ADHD Medication (ADD) — Continuation Phase	**57.09%**	**63.72%**	**69.14%**	**47.13%**	**ACC, RS**

*Red = less than 50th percentile, Green= met goal, ↑ ↓ statistically higher or lower, ↔ statistically no difference
**RS = Health plan ratings, MPL = DHCS Minimum Performance Level, ACC = NCQA Accreditation, P4V = Pay for Value

HEDIS 2019 Results: Medi-Cal Behavioral Health Follow-up After ED Visits
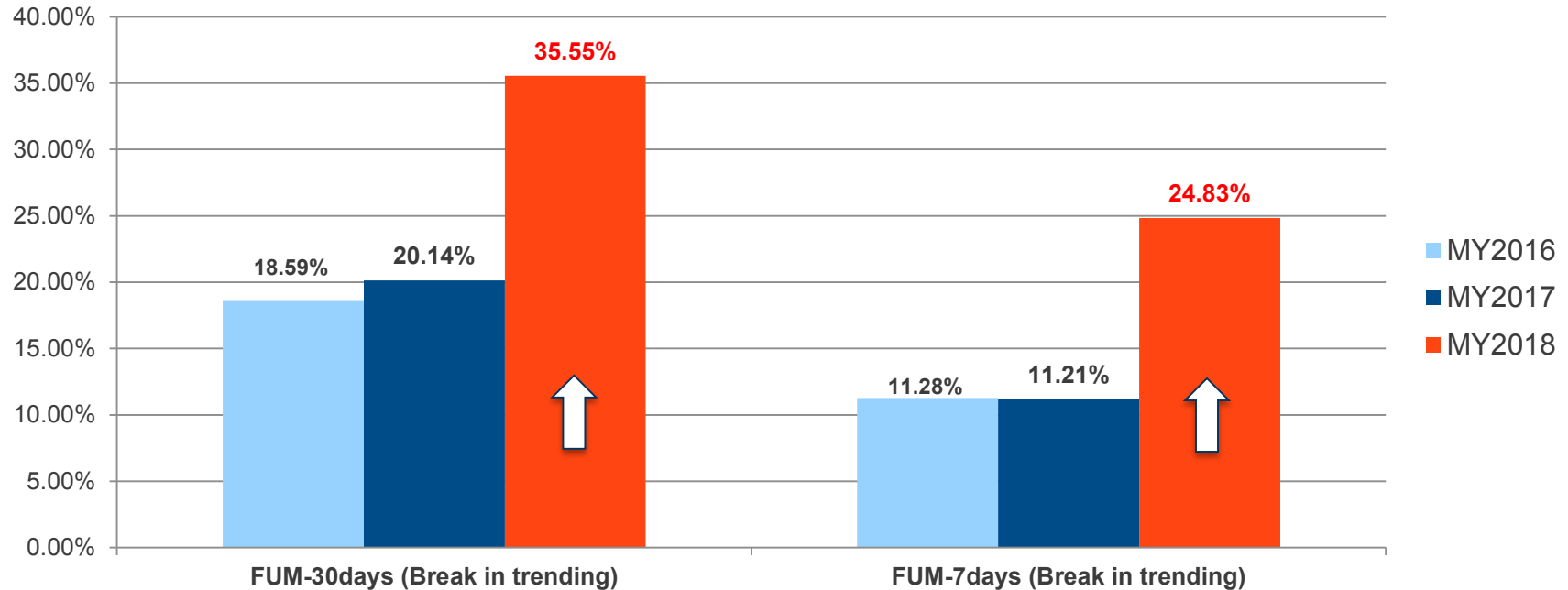
HEDIS Measure	QC 50th Percentile	QC 75th Percentile	QC 90th Percentile	Goal	Reporting Requirements*
Follow-up After ED Visit for Mental Illness (FUM 30–day)	52.59%	66.04%	74.30%	45.54%	
Follow-up After ED Visit for Mental Illness (FUM 7–day)	37.04%	51.93%	60.63%	28.62%	New RS

*Red = less than 50th percentile, Green= met goal, MPL met, ↑ ↓ statistically higher or lower, ↔ statistically no difference
**RS = Health plan ratings, MPL = DHCS Minimum Performance Level, ACC = NCQA Accreditation, P4V = Pay for Value

OneCare Connect Results

HEDIS 2019 OneCare Connect Measures

	Quality Compass 2018 Percentiles Met	
	HEDIS 2018	HEDIS 2019
Adult BMI Assessment	4 Star	4 Star
Care for Older Adults (Medication Review)	2 Star	4 Star
Persistence of Beta Blocker Treatment after a Heart Attack **+C**	90th	90th
Comprehensive Diabetes Care – HbA1c Poor Control (>9.0%) (lower rate is better) **+C**	3 Star	4 Star
Comprehensive Diabetes Care (Eye Exam) **+C**	4 Star	**5 Star**
Comprehensive Diabetes Care (Medical Attention for Nephropathy) **+C**	3 Star	4 Star
Potentially Harmful Drug-Disease Interactions in the Elderly	25th	**75th**
Use of High-risk Medications in the Elderly (One Prescription)	50th	**90th**
Use of High-risk Medications in the Elderly (Two Prescriptions)	50th	**90th**

*Green = higher than last year; Red = lower than last year; +C = trend with caution due to specification changes per NCQA
Highlighted yellow = Break in trending

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HEDIS 2019 OneCare Connect Measures

	Quality Compass 2018 Percentiles Met	
	HEDIS 2018	HEDIS 2019
Colorectal Cancer Screening (C02) **+C**	2 Star	**3 Star**
Care for Older Adults (SNP) — Pain Assessment	3 Star	**3 Star**
Pharmacotherapy Management of COPD Exacerbations (Bronchodilator)	50th	50th
Controlling High-Blood Pressure	3 Star	**3 Star**
Statin Therapy for Patients with Cardiovascular Disease — Adherence **+C**	<=10th	**50th**
Comprehensive Diabetes Care - HbA1c Control (<8.0%) **+C**	25th	**50th**
Comprehensive Diabetes Care (Blood Pressure Controlled <140/90 mm Hg) **+C**	50th	50th
Statin Therapy for Patients with Diabetes (Therapy) **+C**	50th	50th
Statin Therapy for Patients with Diabetes — Adherence **+C**	25th	**50th**
Osteoporosis Management in Women Who Had a Fracture **+C**	4 Star	**3 Star**
Medication Reconciliation Post-Discharge	2 Star	**3 Star**

*Green = higher than last year; Red = lower than last year; +C = trend with caution due to specification changes per NCQA
Highlighted yellow = Break in trending

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HEDIS 2019 OneCare Connect Measures

	Quality Compass 2018 Percentiles Met	
	HEDIS 2018	HEDIS 2019
Breast Cancer Screening	3 Star	2 Star
Care for Older Adults (Functional Status Assessment)	2 Star	2 Star
Statin Therapy for Patients with Cardiovascular Disease — Therapy **+C**	2 Star	2 Star
DMARD Therapy in Rheumatoid Arthritis **+C**	2 Star	2 Star
Antidepressant Medications Management (Acute Phase Treatment)	<=10th	25th
Follow-up After Hospitalization for Mental Illness (30–day)	<=10th	25th
Follow-up After Hospitalization for Mental Illness (7–day)	<=10th	25th
Adults' Access to Preventive/Ambulatory Health Services (age 20–44) **+C**	<=10th	25th
Plan All-Cause Readmissions — O/E Ratio 65+ **+C**	1 Star	2 Star

*Green = higher than last year; Red = lower than last year; +C = trend with caution due to specification changes per NCQA
Highlighted yellow = Break in trending

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HEDIS 2019 OneCare Connect Measures

	Quality Compass 2018 Percentiles Met	
	HEDIS 2018	HEDIS 2019
Use of Spirometry Testing in the Assessment and Diagnosis of COPD **+C**	50th	**<=10th**
Pharmacotherapy Management of COPD Exacerbations (Corticosteroid)	25th	**<=10th**
Comprehensive Diabetes Care (HbA1c Testing) **+C**	<=10th	<=10th
Antidepressant Medications Management (Continuation Phase Treatment)	<=10th	<=10th
Follow-up After Hospitalization for Mental Illness (30–day)	50th	**<=10th**
Follow-up After Hospitalization for Mental Illness (7–day)	75th	**<=10th**
Follow-up After ED Visit for Alcohol and Other Drug Dependence (30–day)	<=10th	<=10th
Follow-up After ED Visit for Alcohol and Other Drug Dependence (7–day)	25th	**<=10th**
Non-Recommended PSA-Based Screening in Older Men	25th	**<=10th**
Adults' Access to Preventive/Ambulatory Health Services (age 45–64) **+C**	<=10th	<=10th
Adults' Access to Preventive/Ambulatory Health Services (age 65+) **+C**	<=10th	<=10th
Adults' Access to Preventive/Ambulatory Health Services (Total) **+C**	<=10th	<=10th
Initiation of Alcohol and Other Drug Dependence Treatment	<=10th	<=10th
Engagement of Alcohol and Other Drug Dependence Treatment	<=10th	<=10th

*Green = higher than last year; Red = lower than last year; +C = trend with caution due to specification changes per NCQA
Highlighted yellow = Break in trending

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HEDIS 2019 Results: OneCare Connect Prevention and Screening
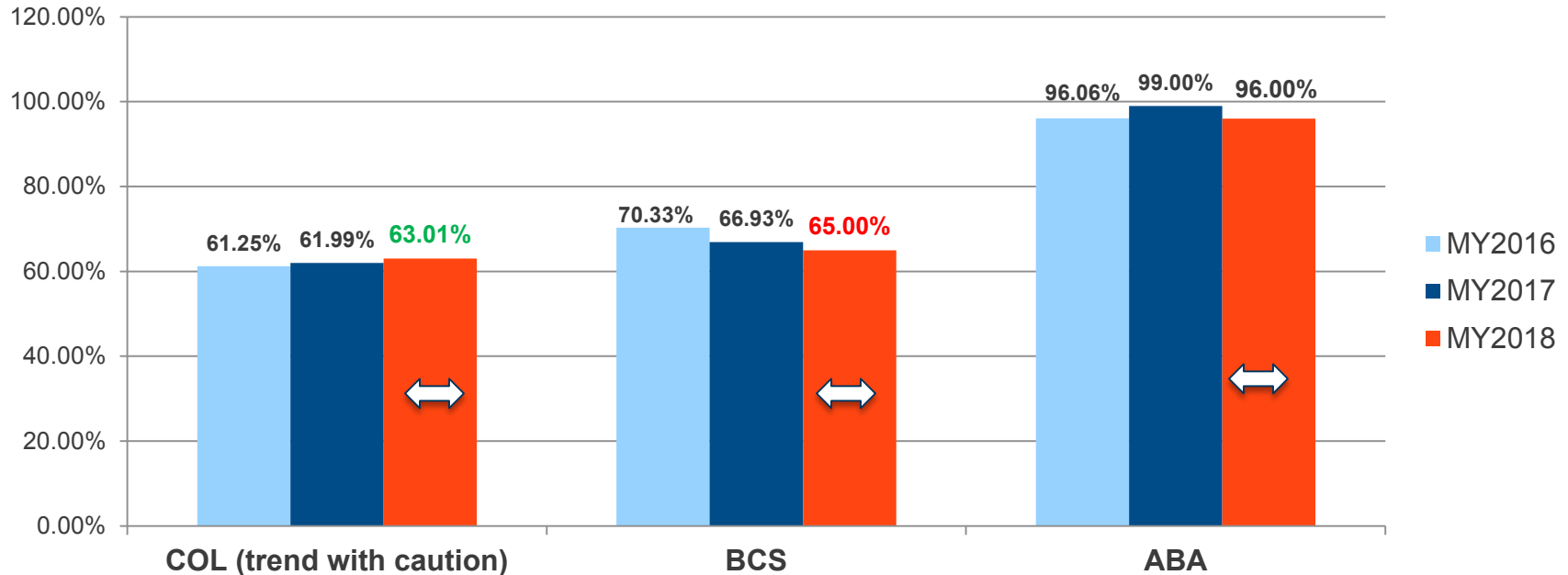
HEDIS Measure	Projected 3-Star**	Projected 4-Star**	Projected 5-Star**	Goal	Reporting Requirements*
Colorectal Cancer Screening (COL)	63%	72%	79%	63%	Star, P4V Display
Breast Cancer Screening (BCS)	68%	76%	82%	68%	Star, P4V
Adult BMI Assessment (ABA)	84%	93%	98%	98%	Star

*Red = less than 3–Star or 50th percentile, Green = met goal, ↑ ↓ statistically higher or lower, ↔ statistically no difference
**Star cut points are previous year (from 2018 Technical Notes, 2019 cut points are not available)

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HEDIS 2019 Results: OneCare Connect Comprehensive Diabetes Care – HbA1c
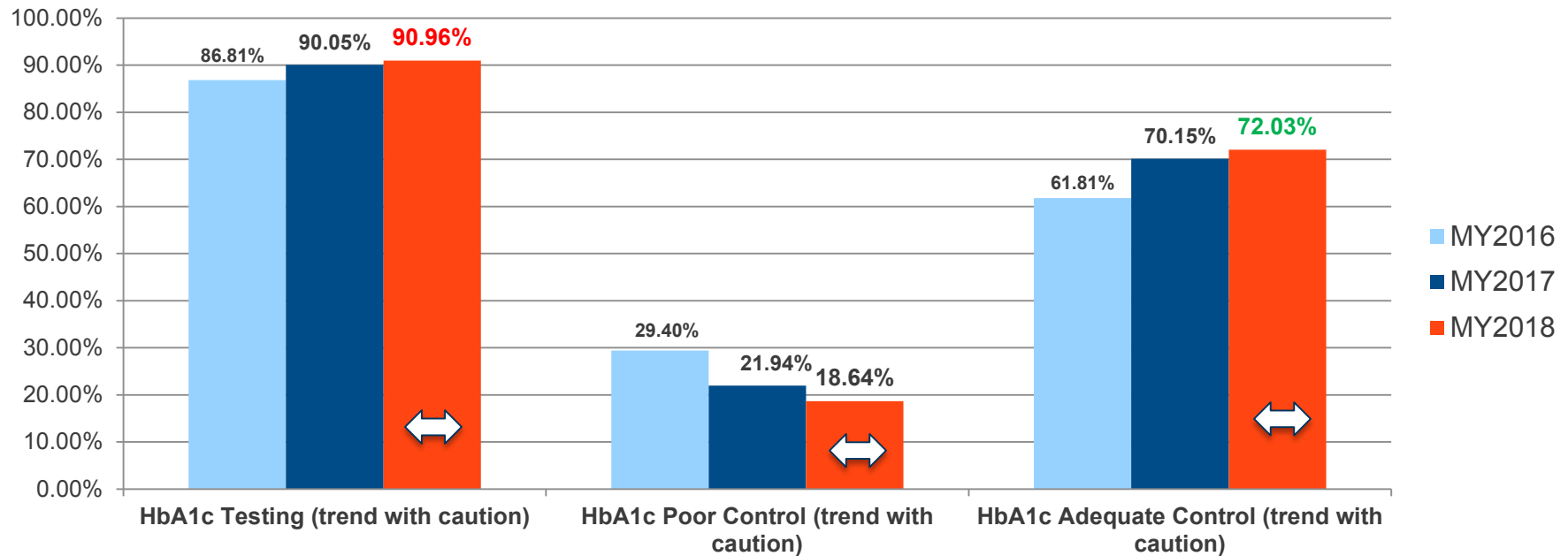
HEDIS Measure	3-Star/ 50th percentile	4-Star/ 75th percentile	5-Star/ 90th percentile	Goal	Reporting Requirements*
Comprehensive Diabetes Care (CDC) — HbA1c Testing	94.21%	95.86%	97.27%	92.15%	CMS
Comprehensive Diabetes Care (CDC) — HbA1c Poor Control (>9.0%) **	32%	22%	13%	13%	Star, P4V
Comprehensive Diabetes Care (CDC) — HbA1c Adequate Control (<8.0%)	67.88%	73.72%	77.26%	71.29%	CMS

*Red = less than 3–Star or 50th percentile, Green = met goal, ↑ ↓ statistically higher or lower, ↔ statistically no difference

**Star cut points are previous year (from 2018 Technical Notes, 2019 cut points are not available)

\# Triple weighted for STARS
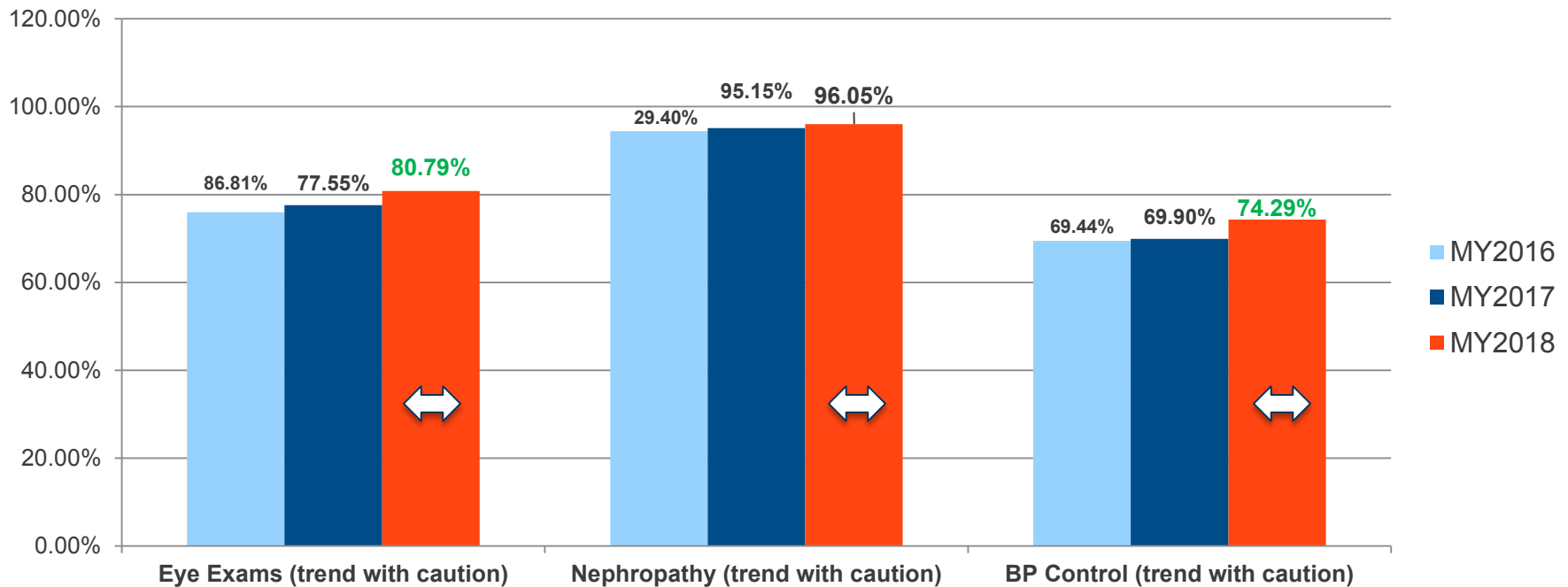
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HEDIS 2019 Results: OneCare Connect Comprehensive Diabetes Care

HEDIS Measure	3-Star/ 50th percentile	4-Star/ 75th percentile	5-Star/ 90th percentile	Goal	Reporting Requirements*
Comprehensive Diabetes Care (CDC) — Eye Exams	64%	73%	80%	80%	Star, P4V
Comprehensive Diabetes Care (CDC) — Nephropathy Monitoring	87%	95%	97%	97%	Star
Comprehensive Diabetes Care (CDC) — BP Control (<140/90)	69.34%	75.91%	80.21%	73.59%	CMS

*Red = less than 3–Star or 50th percentile, Green = met goal, ↑ ↓ statistically higher or lower, ↔ statistically no difference
**Star cut points are previous year (from 2018 Technical Notes, 2019 cut points are not available)

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HEDIS 2019 Results: OneCare Connect Behavioral Health
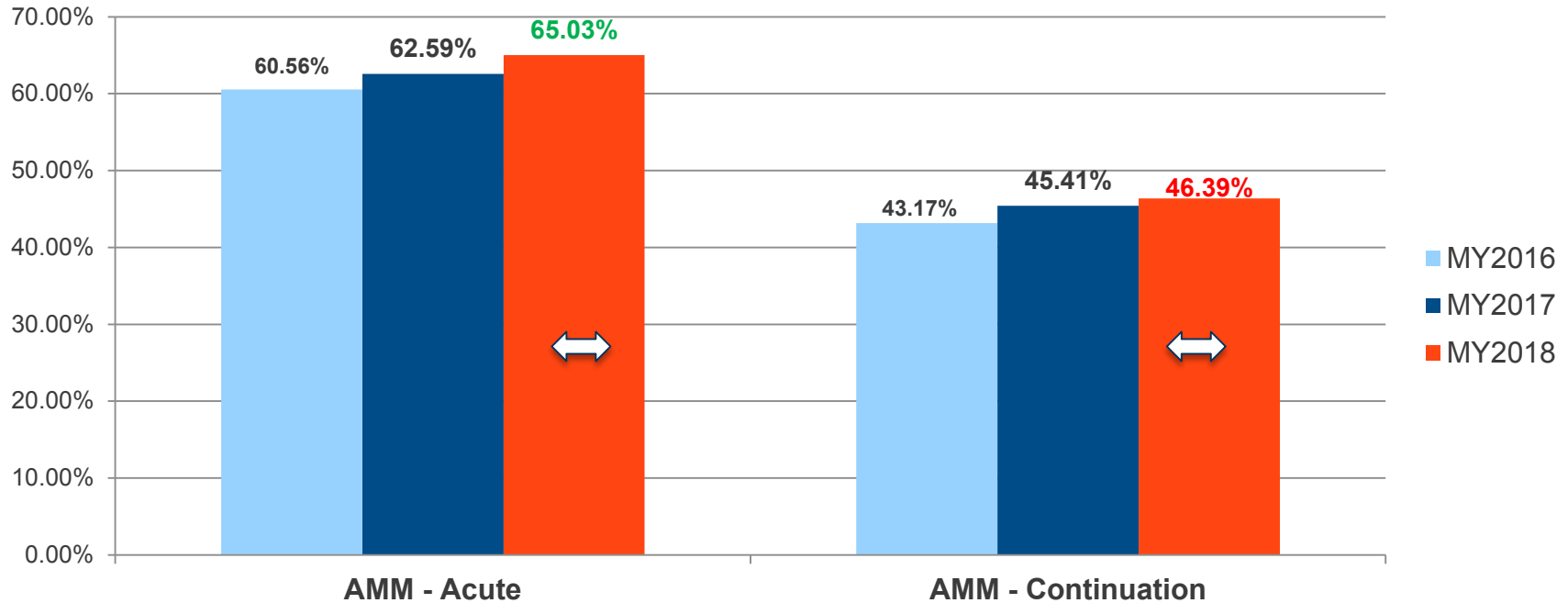
HEDIS Measure	QC 50th Percentile	QC 75th Percentile	QC 90th Percentile	Goal	Reporting Requirements*
Antidepressant Medications Management (AMM) — Acute Phase Treatment	69.78%	74.68%	79.41%	64.43%	CMS
Antidepressant Medications Management (AMM) — Continuation Phase Treatment	54.22%	59.88%	67.87%	49.00%	CMS

*Red = less than 3–Star or 50th percentile, Green= met goal, ↑ ↓ statistically higher or lower, ↔ statistically no difference
++ Quality Withhold measure

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HEDIS 2019 Results: OneCare Connect Plan All-Cause Readmissions — 65+ (C21)
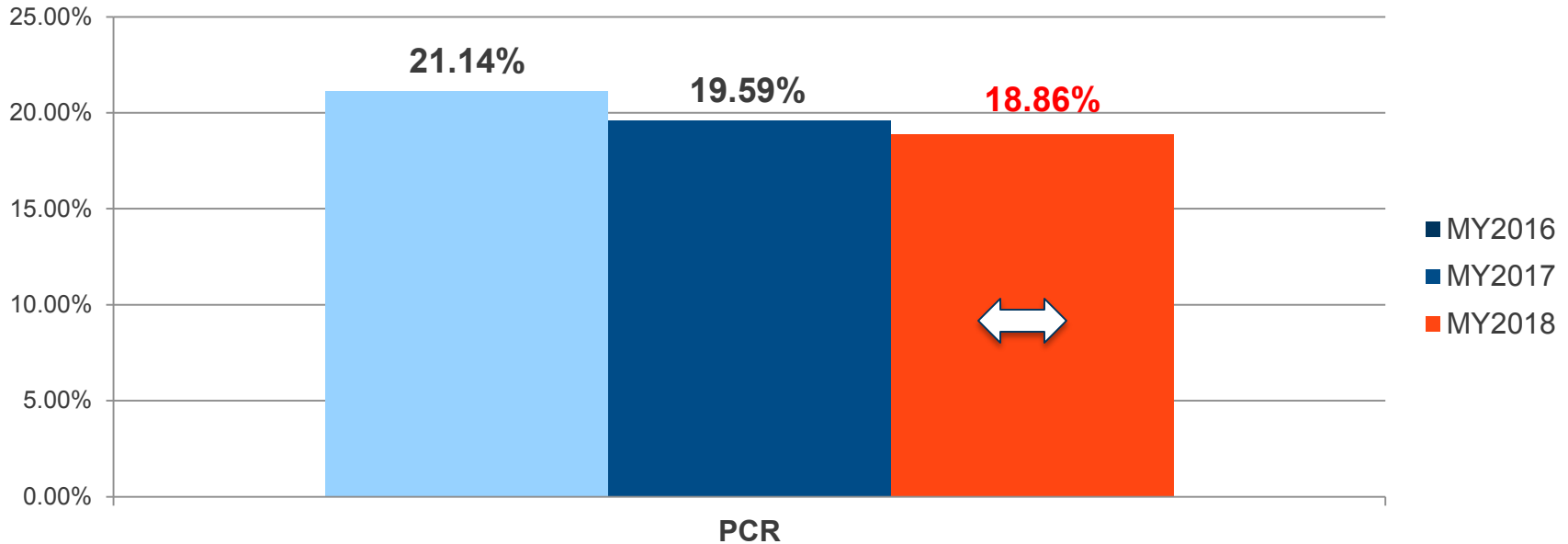
HEDIS Measure	3-Star	4-Star	5-Star	Goal	Reporting Requirements*
Plan All-Cause readmissions – 65+ (PCR)	10%	8%	5%	10%	Star, Withhold

*Red = less than 3–Star or 50th percentile, Green = met goal, ↑ ↓ statistically higher or lower, ↔ statistically no difference

**Star cut points are previous year (from 2018 Technical Notes, 2019 cut points are not available)

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OneCare Results

HEDIS 2019 OneCare Measures

	Quality Compass 2018 Percentiles Met	
	HEDIS 2018	HEDIS 2019
Comprehensive Diabetes Care (Blood Pressure Controlled <140/90 mm Hg) **+C**	75th	**90th**
Adult BMI Assessment	5 Star	**4 Star**
Care for Older Adults (SNP) — Medication Review	4 Star	4 Star
Care for Older Adults (SNP) — Pain assessment	4 Star	4 Star
Controlling High-Blood Pressure	4 Star	4 Star
Comprehensive Diabetes Care — HbA1c Poor Control (>9.0%) **+C**	5 Star	**4 Star**
Comprehensive Diabetes Care (Eye Exam) **+C**	4 Star	4 Star
Comprehensive Diabetes Care (Medical Attention for Nephropathy) **+C**	1 Star	4 Star
Statin Therapy for Patients with Diabetes (Adherence) **+C**	50th	**75th**
Adults' Access to Preventive/Ambulatory Health Services (age 20-44) **+C**	**75th**	**75th**
Breast Cancer Screening (C01)	2 Star	**3 Star**
Colorectal Cancer Screening (C02) **+C**	3 Star	3 Star
Care for Older Adults (SNP) — Functional status assessment	3 Star	3 Star
Comprehensive Diabetes Care — HbA1c Control (<8.0%) **+C**	90th	50th
Statin Therapy for Patients with Diabetes (Therapy) **+C**	50th	**50th**
Adults' Access to Preventive/Ambulatory Health Services (age 45–64) **+C**	50th	**50th**

*Green = higher than last year; Red = lower than last year; +C = trend with caution due to specification changes per NCQA
Highlighted yellow = Break in trending

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HEDIS 2019 OneCare Measures

	Quality Compass 2018 Percentiles Met	
	HEDIS 2018	**HEDIS 2019**
Comprehensive Diabetes Care (HbA1c Testing) **+C**	<=10th	25th
Medication Reconciliation Post-Discharge (C20)	3 Star	2 Star
Non-Recommended PSA-Based Screening in Older Men	<=10th	<=10th
Potentially Harmful Drug-Disease Interactions in the Elderly	25th	<=10th
Use of high-risk medications in the elderly (one prescription)	75th	<=10th
Use of high-risk medications in the elderly (two or more prescriptions)	25th	<=10th
Adults' Access to Preventive/Ambulatory Health Services (age 65+) **+C**	50th	<=10th
Adults' Access to Preventive/Ambulatory Health Services (Total) **+C**	50th	25th
Initiation of Alcohol and Other Drug Dependence Treatment	25th	<=10th
Engagement of Alcohol and Other Drug Dependence Treatment	<=10th	<=10th
Plan All-Cause readmissions — O/E Ratio 65+ (C21) **+C**	3 Star	2 Star

*Green = higher than last year; Red = lower than last year; +C = trend with caution due to specification changes per NCQA
Highlighted yellow = Break in trending

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Member Experience

Adult Survey Results

- Selected Adult Survey for NCQA Accreditation

- Results are improved from last year:
  - ➢ Rating of All Health Care
  - ➢ Rating of Health Plan
  - ➢ Rating of Personal Doctor
  - ➢ Rating of Specialist

- Pain points which keep us low scoring:
  - ➢ Member Experience Benchmarks have risen across the nation (bar continues to be raised)
  - ➢ Rating of Health Plan is double weighted; our score is at 25th percentile

- Anticipate receiving more points this year for member experience towards our accreditation score (+3)

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Next Steps

- Present results to stakeholder groups

- Calculate P4V scores and payments

- Pivot to focus on new DHCS quality measures

- Implement strategies on low performing areas

    ➢ Priority areas will include low areas of performance and areas related to strategic initiatives (Member Experience, New DHCS MPL measures, NCQA Accreditation, NCQA Health Plan Rating, OCC Quality Withhold)

    ➢ Analyze results for health disparities

- Await NCQA Health Plan and Accreditation Rating

Mission Statement

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

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Department of Health Care Services (DHCS) Managed Care Accountability Set (MCAS)

Special Quality Assurance Committee
October 17, 2019

Kelly Rex-Kimmet, MSW, MBA
Director, Quality Analytics

Background: How We Got Here

- Governor's Letter
- Initial MCAS measures and new Minimum Performance Level (MPL) announced
  - ➢ April 12, 2019
- Public comment
- DHCS released the final MCAS reporting set for measurement year 2019
  - ➢ May 28, 2019
  - ➢ New MCAS Measure set replaces DHCS required quality measure set called External Accountability Set (EAS). MCAS is a substantially larger set of required quality metrics.

Final MCAS Summary

- MCAS measures include:
  - National Committee of Quality Assurance (NCQA) / Healthcare Effectiveness Data and Information Set (HEDIS) measures and Centers for Medicare & Medicaid Services (CMS) Core Set Measures
- 39 Total Measures
  - 13 Hybrid (supplements rate with Medical record review)
  - 26 Administrative
  - Many measures we have experience with, but others we do not
- MPL (50th National Medicaid Benchmark) required by DHCS for 19 measures
  - Previous MPL was 25th percentile
- No baseline year or grace period to achieve the MPL
- Financial sanctions will be applied to plans who do not achieve the MPL(s)

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Measurement Year 2019 MCAS MPL Measures

HEDIS	Measure Name
IMA	Immunization for Adolescents (comb2)
BCS	Breast Cancer Screening
CCS	Cervical Cancer Screening
AMR	Asthma Medication Ratio (5-64 years)
CDC	Comprehensive Diabetes Care (HbA1c Testing)
CDC	Comprehensive Diabetes Care — HbA1c Poor Control (>9.0%)
PPC	Prenatal and Postpartum Care (Timeliness of Prenatal Care)
PPC	Prenatal and Postpartum Care (Postpartum Care)
W34	Well-Child Visits in the 3rd, 4th, 5th and 6th Years of Life

Measurement Year 2019 MCAS MPL Measures

HEDIS	Measure Name
ABA	Adult BMI Assessment
WCC	Weight Assessment and Counseling for Children/Adolescents (BMI)
CIS	Childhood Immunization Status (comb10)
CHL	Chlamydia Screening in Women
AMM	Antidepressant Medications Management — Acute Phase Treatment
	Antidepressant Medications Management — Continuation Phase Treatment
W15	Well-Child Visits in the First 15 Months of Live (6+ visits)
AWC	Adolescent Well-Care Visits
PCR	Plan All-Cause Readmissions

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Additional Required Measures (HEDIS)
(Not Held to MPL)

HEDIS	Measure Name
ADD	Follow-up Care for Children Prescribed ADHD Medication — Initiation Phase
	Follow-up Care for Children Prescribed ADHD Medication — Continuation Phase
MPM	Annual Monitoring for Patients on Persistent Medications — ACE
	Annual Monitoring for Patients on Persistent Medications — Diuretics
CAP	Children and Adolescents' Access to Primary Care Practitioners (12-24 months)
	Children and Adolescents' Access to Primary Care Practitioners (25 months-6 years)
	Children and Adolescents' Access to Primary Care Practitioners (7-11 years)
	Children and Adolescents' Access to Primary Care Practitioners (12-19 years)
AMB	Ambulatory Care — ED
CBP	Controlling High-Blood Pressure

Required Measures: CMS Core Set (no MPL)

HEDIS	Measure Name
CCW-AD	Contraceptive Care: All Women Ages 15-44: Most or moderately effective contraception
	Contraceptive Care: All Women Ages 15-44: Long Acting Reversible Contraception (LARC)
CCP-AD	Contraceptive Care: Postpartum Women Ages 15-44: Most or moderately effective contraception — 3 days
	Contraceptive Care: Postpartum Women Ages 15-44: Most or moderately effective contraception — 60 days
	Contraceptive Care: Postpartum Women Ages 15-44: Long Acting Reversible Contraception (LARC) — 3 days
	Contraceptive Care: Postpartum Women Ages 15-44: Long Acting Reversible Contraception (LARC) — 60 days
DEV-CH	Developmental Screening in the First Three Years of Life
HVL-AD	HIV Viral Load Suppression
COB-AD	Concurrent Use of Opioids and Benzodiazepines
OHD-AD	Use of Opioids at High Dosage in Persons Without Cancer
CDF-CH	Screening for Depression and Follow-Up Plan: Ages 12 and Older

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Retired From DHCS Required Reporting

HEDIS	Measure Name
WCC	Counseling Nutrition for Children/Adolescents
	Counseling Physical Activity for Children/Adolescents
CIS	Childhood Immunization Status (comb3)
CDC	Comprehensive Diabetes Care — HbA1c Control (<8.0%)
	Comprehensive Diabetes Care — Eye Exam
	Comprehensive Diabetes Care — Medical Attention for Nephropathy
	Comprehensive Diabetes Care — Blood Pressure Controlled <140/90 mm Hg
AAB	Avoidance of Antibiotic Treatment for Adults with Acute Bronchitis
LBP	Use of Imaging Studies for Low Back Pain
DSF	Depression Screening and Follow-up for Adolescents and Adults

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Challenges

- Plans notified of these changes four months into the 2019 measurement year
  - No lead time to plan to accommodate needed changes
  - Sanctions are immediate — no baseline year or grace period
- CMS Core Set measures
  - No experience with CMS Core set measures rate generation
  - Additional expense and resources will be required to generate these results
  - Possible data gaps
- Managing stakeholder reactions to these changes
- Immediate need to focus on new MPL measures and avoid sanctions… (see measure crosswalk)

Mission Statement

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

DHCS Managed Care Accountability Set
Revised August 13, 2019

Measures held to 50th MPL	Measures added to reporting set (No MPL established-yet)	Retired Measures from DHCS Measure Set (but still required for other quality reporting such as NCQA and Whole Child Model)
HEDIS - Measures	**HEDIS - Measures (11)**	**Measure Name**
IMA - Immunization for Adolescents (IMA2)	**ADD - Follow-up Care for Children Prescribed ADHD Medication - Initiation Phase**	WCC - Counseling Nutrition for Children / Adolescents
BCS - Breast Cancer Screening	**ADD - Follow-up Care for Children Prescribed ADHD Medication - Continuation Phase**	WCC - Counseling Physical Activity for Children / Adolescents
CCS - Cervical Cancer Screening	MPM - Annual Monitoring for Patients on Persistent Medications - ACE	CIS - Childhood Immunization Status (comb3)
AMR - Asthma Medication Ratio (5-64 years)	MPM - Annual Monitoring for Patients on Persistent Medications - Diuretics	CDC - Comprhensive Diabetes Care - HbA1c Control (<8.0%)
CDC - Comprehensive Diabetes Care (HbA1c Testing)	*CAP - Children and Adolescents' Access to Primary Care Practitioners (12-24months)*	CDC - Comprhensive Diabetes Care - Eye Exam
CDC - Comprehensive Diabetes Care - HbA1c Poor Control (>9.0%)	CAP - Children and Adolescents' Access to Primary Care Practitioners (25 months - 6 years)	CDC - Comprhensive Diabetes Care -Medical Attention for Nephropathy
PPC - Prenatal and Postpartum Care (Timeliness of Prenatal Care)	CAP - Children and Adolescents' Access to Primary Care Practitioners (7 - 11 years)	CDC - Comprhensive Diabetes Care -Blood Pressure Controlled <140/90 mm Hg
PPC - Prenatal and Postpartum Care (Postpartum Care)	*CAP - Children and Adolescents' Access to Primary Care Practitioners (12 - 19 years)*	AAB - Avoidance of Antibiotic Treatment for Adults with Acute Bronchitis
W34 - Well - Child Visits in the 3rd, 4th, 5th and 6th Years of Life	AMB - Ambulatory Care - Outpatient	LBP - Use of Imaging Studies for Low Back Pain
ABA - Adult BMI Assessment	AMB - Ambulatory Care - ED	DSF - Depression Screening and Follow-up for Adolescents and Adults
WCC - Weight Assessment and Counseling for Childeren / Adolescents (BMI)	CBP - Controlling High-Blood Pressure	
CIS - ChildhoodImmunization Status (comb10)	**Non-HEDIS - Measures (CMS Core Set-11)**	
CHL - Chlamydia Screening in Women	CCW-AD - Contraceptive Care: All Women Ages 15-44: Most or moderately effective contraception	
AMM - Antidepressant Medications Management - Acute Phase Treatment	CCW-AD - Contraceptive Care: All Women Ages 15-44: Long Acting Reversible Contraception (LARC)	
AMM - Antidepressant Medications Management - Continuation Phase Treatment	CCP-AD - Contraceptive Care: Postpartum Women Ages 15-44: Most or moderately effective contraception -3 days	
W15 - Well-Child Visits in the First 15 Months of Life (6+ visits)	CCP-AD - Contraceptive Care: Postpartum Women Ages 15-44: Most or moderately effective contraception -3 days	
AWC - Adolescent Well-Care Visits	CCP-AD - Contraceptive Care: Postpartum Women Ages 15-44: Long Acting Reversible Contraception (LARC) - 3 days	
PCR - Plan All-Cause Readmissions	CCP-AD - Contraceptive Care: Postpartum Women Ages 15-44: Long Acting Reversible Contraception (LARC) - 60 days	
	DEV-CH - Developmental Screening in the First Three Years of Life	
	HVL-AD - HIV Viral Load Suppression	
	COB-AD - Concurrent Use of Opioids and Benzodiazepines	
	OHD-AD - Use of Opioids at High Dosage in Persons Without Cancer	
	CDF-CH - Screening for Depression and Follow-Up Plan: Ages 12 and Older	

BOLD-New measures proposed 2020 P4V Program
RED BOLD Italic-Achieved below 50th percentile for MY 2018

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Proposed Health Network Quality Rating Methodology and Pay for Value 2020 Program Update

Quality Assurance Committee
October 17, 2019

Betsy Ha, RN, MS, MBB
Executive Director, Quality & Population Health Management

Kelly Rex Kimmet, MSW, MBA
Director, Quality Analytics

Proposed Health Network Quality Rating Methodology

Guiding Principles for Proposed Changes

- Align with Department of Health Care Services (DHCS) changes in Managed Care Accountability Sets (MCAS).

- Shift from "ranking" winner and loser thinking to a tiered rating system.

- Raise the tide of quality performance across all health networks (HN) to promote win-win thinking.

- Align with industry National Committee for Quality Assurance (NCQA) methodology.

- External expert consultant validation

- Administrative simplification by using a consistent measurement system across programs

- Leverage behavioral economics

MCAS

- Due to the governor's recent focus on increased accountability for managed care plan performance on select measures, CalOptima is proposing a HN rating methodology and measurement set for measurement year (MY) 2020.

- Effective immediately, DHCS will require Managed Care Plans to perform at least as well as 50 percent of Medicaid plans in the US.

  - ➢ We must achieve the 50th National Medicaid Benchmark for each measure to avoid sanctions.

  - ➢ To achieve the new minimum performance levels, we propose adopting a new HN rating methodology and MCAS measures to the Pay for Value (P4V) program to incentivize HNs for the additional quality metrics required by DHCS

HN Rating Methodology

- NCQA Health Plan Rating method adopted for HN Rating:
  - ➢ Each HN is assessed a quality score between 1 and 5.
  - ➢ Score is based on HN performance on the list of DHCS Minimum Performance Level (MPL) Medicaid measures on 1–5 (5 is highest) scale.
  - ➢ Healthcare Effectiveness Data and Information Set (HEDIS) measures will be weighted 1.0.
  - ➢ Member Experience measures: Consumer Assessment of Healthcare Providers and Systems (CAHPS) will be weighted 1.5.
  - ➢ Hybrid measures: the additional percentage from medical records collection (difference of CalOptima's hybrid and admin result) will be added to each HN result.
  - ➢ Measures having small denominator (HEDIS < 30; CAHPS <100) will be assigned "NA," and the measure will not used in the calculation.

Proposed New Scoring

- Score calculation is based on HN Medicaid HEDIS/Member Experience results

- NCQA Quality Compass Medicaid national percentiles are used as benchmarks

- Score points
  - 5 > = 90th percentile
  - 4 > = 66th but <90th percentile
  - 3 > = 33rd but <66th percentile
  - 2 > = 10th but <33rd percentile
  - 1 < 10th percentile

Proposed Measures for MY 2020

- Children's Health
  - ➤ * **Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents — Body Mass Index (WCC BMI)**
  - ➤ * Childhood Immunization Status — Combo 10 (CIS 10)
  - ➤ * Well Child Visits in the first 15 months of life (W15)
  - ➤ * Well Child Visits in the Third, Fourth, Fifth and Sixth years of life (W34)
  - ➤ * **Immunizations for Adolescents (IMA 2)**
  - ➤ * Adolescents Well-Care Visits (AWC)
- Behavioral Health
  - ➤ **Antidepressant Medication Management (AMM Acute phase)**
  - ➤ **Antidepressant Medication Management (AMM Continuation phase)**

  Measure rate may include findings from medical record review.

  Measures highlighted in bold are proposed new measures for P4V MY2020.

Proposed Measures for MY 2020 (cont.)

- Women's Health
  - \> *Cervical Cancer Screening (CCS)
  - \> **Chlamydia Screening in Women Ages 21–24 (CHL)**
  - \> Breast Cancer Screening (BCS)
  - \> ***Prenatal and Postpartum Care (PPC-Pre)***
  - \> ***Prenatal and Postpartum Care (PPC-Post)***
- Acute and Chronic Disease Management
  - \> ***Adult Body Mass Index Assessment (Adult BMI)***
  - \> ***Comprehensive Diabetes Care HbA1c Testing (CDC HT)***
  - \> ***Comprehensive Diabetes Care HbA1c Poor Control (CDC H9)***
  - \> **Asthma Medication Ratio Ages 19–64 (AMR)**
- Readmissions
  - \> **Plan All-Cause Readmissions (PCR)**

Measure rate may include findings from medical record review.

Measures highlighted in bold are proposed new measures for P4V MY2020.

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Member Satisfaction Measures

- Member Experience Performance remains an important metric (and required by DHCS)
- CAHPS measures
  - ➢ Rating of Health Care
  - ➢ Rating of Health Network
  - ➢ Rating of PCP
  - ➢ Rating of Specialist
  - ➢ Getting Needed Care
  - ➢ Getting Care Quickly
  - ➢ Care Coordination
  - ➢ Customer Service

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Health Network Quality Rating Tiers Overall Rating

Based on 2018 Performance and Proposed Measures

HEDIS + CAHPS + Accreditation Bonus Rating	
Health Network Name (alphabetical order for tied tiers)	Stars
Kaiser Permanente	★ ★ ★ ★ ½
AltaMed Health Services	★ ★ ★ ★
AMVI Care Health Network Arta Western Health Network CalOptima Overall CHOC Health Alliance Monarch Family HealthCare Talbert Medical Group United Care Medical Group	★ ★ ★ ½
CCN Family Choice Health Network Noble Mid-Orange County Prospect Medical Group	★ ★ ★
Heritage – Regal Medical Group	★ ★ ½

Health Network Quality Rating

Based on 2018 Performance and Proposed Measures

Health Network Name	HEDIS	Member Experience	Overall Rating
AltaMed Health Services	★ ★ ★ ★	★ ★ ½	★ ★ ★ ★
AMVI Care Health Network	★ ★ ★ ★	★	★ ★ ★ ½
Arta Western Health Network	★ ★ ★ ½	★ ½	★ ★ ★ ½
CalOptima Overall	★ ★ ★ ★	★ ½	★ ★ ★ ½
CCN	★ ★ ★	★ ★	★ ★ ★
CHOC Health Alliance	★ ★ ★	★ ★	★ ★ ★ ½
Family Choice Health Network	★ ★ ★ ½	★	★ ★ ★
Heritage – Regal Medical Group	★ ★ ★	★ ½	★ ★ ½
Kaiser Permanente	★ ★ ★ ★ ½	★ ★ ★ ★	★ ★ ★ ★ ½
Monarch Family HealthCare	★ ★ ★ ½	★ ½	★ ★ ★ ½
Noble Mid-Orange County	★ ★ ½	★ ½	★ ★ ★
Prospect Medical Group	★ ★ ★ ½	★	★ ★ ★
Talbert Medical Group	★ ★ ★ ½	★ ★ ½	★ ★ ★ ½
United Care Medical Group	★ ★ ★ ½	★ ½	★ ★ ★ ½

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Pay for Value 2020 Program

P4V Program Summary

- Tier-based payment
- Rating ≥ 2.5 to be eligible to receive P4V incentive money
- Performance based incentive dollars only
- No improvement money in MY 2020
- Member Satisfaction (CAHPS) survey results no longer use CA-specific benchmarks
- OneCare Connect measures and methodology are proposed to remain unchanged

P4V Program Payment Methodology

- $3.00 PMPM per HN allocated for MY 2020
- Additional monthly payment of $3 PMPM to start on 7/1/2020
- Performance based PMPM reduction will occur at end of the payment year, based on the final HN quality rating for the year (MY2020)

Rating	Percent of $3 PMPM Reduction
≥ 4.5	0%
≥ 4.0	20%
≥ 3.5	40%
≥ 3.0	60%
≥ 2.5	80%
< 2.5	100%

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P4V Program Timeline

Event	Date
MY 2018 P4V HN Payment (Lump Sum)	11/2019
MY 2019 HN Rating Released	8/1/2020
MY 2019 P4V HN Payment (Lump Sum)	11/2020
MY 2020 HN Quality Payments Begin ($3 PMPM)	7/1/2020
MY 2020 HN Rating Released	8/1/2021
MY 2020 HN Quality Payments End	6/30/2021
MY 2020 Performance Based Adjustment (Lump Sum)	9/1/2021
MY 2021 HN Quality Payments Begin ($3 PMPM)	7/1/2021
MY 2021 HN Rating Released	8/1/2022
MY 2021 HN Quality Payments End	6/30/2022
MY 2021 Performance Based Adjustment (Lump Sum)	9/1/2022

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Next Steps

- The CalOptima Board approved HealthCare Services Delivery Model consultant is reviewing the HN rating proposal and will make recommendations which will be shared with stakeholders for feedback.

- Finalized Proposed HN Quality Rating Methodology and P4V 2020 Program will be presented for recommended Board approval at the November QAC.

- Staff plans to present the recommendations for Board approval in December.

- Auto-assignment policy and algorithm will be updated based on the Board-approved HN Quality Rating Methodology in Q1 2020

CalOptima's Mission

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

Board of Director's Special Quality Assurance Committee Meeting
October 17, 2019

PACE Member Advisory Committee (PMAC) Update

PMAC Meeting March 20, 2019

- Updates from the Director
  - o New staff welcomed to the PACE team include a clinic nurse, social worker, 2 personal care attendants, activity therapy aide, scheduler, nurse practitioner and medical records. Two PACE staff members transferred to new role within CalOptima. A participant shared that his PACE driver recently passed away. General condolences were shared among the group.

- Items Discussed
  - o Day Center Focus Group Follow Up
    - ▪ PACE Center Manager Monica Macias, LCSW, discussed results of a recent activity survey. The top 3 suggestions were field trips, history classes, and outdoor activities. Many requests were also for technology lessons. Results showed the majority of participants prefer activities in Spanish, followed by Vietnamese and English. Approximately 70% of participants have concerns about their memory. Ms. Macias asked the committee for suggestions on how to support those with memory issues. Participants suggested puzzles and games to strengthen the mind.
    - ▪ Participants requested more information regarding the change in coffee services in the Day Center. Director Elizabeth Lee clarified the reason for the new process of coffee service is a result of the risk for burns. Coffee is now served and lids are placed securely on all cups.
    - ▪ A participant requested a salute to the American flag daily. Another participant suggested having a flag pole installed outside the PACE center.
  - o Transportation Recognition
    - ▪ On behalf of the PMAC, PACE Transportation Coordinator Oscar O'Campo received a certificate of appreciation for the PACE van drivers.
  - o Participant Satisfaction Survey 2018
    - ▪ PACE QI Manager Eva Elser provided the results of the Participant Satisfaction Survey conducted in October 2018.
  - o General Discussion:
    - ▪ One participant requested more foods traditional to the Phillipines; another participant requested more Arabic foods.

- A participant suggested the next meeting include a review of PACE's security and emergency preparedness.

PMAC Meeting June 12, 2019

- Updates from the Director
  - New staff welcomed to the PACE team include a Social Services Supervisor, Eligibility Specialist, Program Manager for oversight of Alternative Care Settings and 2 clinic nurses.

- Items Discussed
  - Dietary Services Update
    - PACE QI Manager Eva Elser reported that a sample of participants have provided feedback on PACE center food, specifically type and quantity. The surveys continue; however, a few changes have already been made based on initial feedback:
      - Additional condiments like sour cream, avocado, and cheese
      - More ethnic foods like Mexican-American, Middle-Eastern, Vietnamese.
      - Evaluating dietary concerns with increasing portion sizes
      - Purchase of new high capacity coffee maker – proven to be a success in both taste, temperature and safety
      - Initiation of a food committee, led by a PACE registered dietician
  - Emergency Planning and Security
    - Director Elizabeth Lee provided an overview of CalOptima PACE's emergency planning and security procedures. The CalOptima PACE hazard analysis was shared, including the areas assessed for the highest risk: earthquakes, human threats, combative person, fire, civil disturbance, medical emergency. These risks have been assigned a color code with a coordinating plan of action. Director Lee provided an overview of the options in case of an emergency 'shelter in place' or 'evacuate'. Safe evacuation and emergency plans were discussed. Quarterly fire drills at the PACE center were used as an example.
    - A participant asked what he could do to be better prepared for an emergency. The committee engaged in a general discussion of recommendations.
  - General Discussion:
    - A participant commented that the American flag and the flag pole had been installed near the front entrance and it looked nice.
    - A participant expressed concern regarding van drop-offs at popular times and how it creates a traffic jam if the vans don't move immediately after drop-off.
    - For next meeting, one participant wanted to explore learning about other's culture by using the diversity at the PACE center to help each other learn more about the norms of others and having that incorporated as a day center activity.
    - One participant requested an update on new activities staff are planning at the next meeting.

Board of Directors' Quality Assurance Committee Meeting
May 15, 2019

Quality Improvement Committee (QIC) Quarter 1 Update

QIC Meeting Dates: January 08, 2019; February 12, 2019; and March 12, 2019

- Summary
  - The following report to the QIC quarterly through various committees and subcommittees:
    - Behavioral Health Integration (BHI)
    - Grievance & Appeals Resolution Services (GARS)
    - Long-Term Services and Supports (LTSS)
    - Program of All-Inclusive Care for the Elderly (PACE)
    - Utilization Management (UM)
    - Credentialing and Peer Review Committee (CPRC)
    - Member Experience (MEMX)
  - Accepted minutes from the following committees and subcommittees:
    - Utilization Management Committee (UMC): November 29, 2018
    - Behavioral Health QI Committee (BHQIC): November 27, 2018
    - Long-Term Services and Supports QI Subcommittee (LTSS-QISC): November 19, 2018
    - Grievance & Appeals Resolutions Services Committee (GARS): November 29, 2018
    - Member Experience Subcommittee (MEMX): January 29, 2019; February 28, 2019
    - PACE Quality Improvement Committee (PACE QIC): November 27, 2018

- QIC Highlights
  - Annual Conflict of Interest Attestation, Confidentiality Agreement, and Conflict of Interest Disclosure Forms were signed
  - 2018 Quality Improvement Evaluation presented by Esther Okajima was reviewed and approved
  - 2019 Quality Improvement Program Description presented by Esther Okajima was reviewed and approved
  - 2018 Utilization Management Evaluation presented by Tracy Hitzeman was reviewed and approved
  - 2019 Utilization Management Program Description was presented by Tracy Hitzeman was reviewed and approved
  - 2018 PACE Quality Assurance Performance Improvement (QAPI) Plan Evaluation and Work Plan presented by Miles Masatsugu, MD was reviewed and approved
  - 2019 PACE Quality Assurance Performance Improvement (QAPI) Program and Work Plan presented by Miles Masatsugu, MD was reviewed and approved
  - 2019 Quality Improvement Committee Charter presented by Esther Okajima was reviewed and approved

- o Monitoring Adverse Actions Policy GG.1607 presented by Esther Okajima was reviewed and approved
- o 2018 Quality Improvement Work Plan 4Q presented by Esther Okajima was reviewed and approved
- o Kelly Rex-Kimmet presented the proposed Health Network Performance Rating Methodology

Attachments
1. Quality Improvement Committee Meeting Minutes January 08, 2019
2. Quality Improvement Committee Meeting Minutes February 12, 2019
3. Quality Improvement Committee Meeting Minutes March 12, 2019
4. 2018 Quality Improvement Work Plan 4Q
5. PACE Quality Improvement Committee Meeting Minutes November 27, 2018

Quality Improvement Committee
MEETING MINUTES
January 08, 2019
Medi-Cal / One Care / OneCare Connect

Miles Masatsugu, M.D.
Medical Director
Committee Chair

External Voting Members Attending	CalOptima Voting Members Attending	CalOptima Staff Attendees
☒ GORDON, Lowell, M.D. Pediatrician Medical Director FCMG,	☒ DAJEE, Himmet, M.D. Cardiothoracic Surgeon Medical Director	☒ CHANG, Steven, Director, Long Term Services and Supports
☒ KELLY, John, M.D. * Orthopedic Surgeon Private Practice	☒ FEDERICO, Frank, M.D. Hematology/Oncology Medical Director	☒ HA, Betsy Executive Director, Quality Improvement & Quality Analytics
☐ KO, Edward, MD Medical Director, AltaMed Health Services	☒ FONDA, Emily, M.D. Internal Medicine Medical Director	☒ GARCIA, Gloria Program Assistant, Quality Improvement
☒ MARCHESE, Sarah, MD Pediatrician Medical Director, CHOC Health Alliance	☒ HITZEMAN, Tracy Executive Director, Case Management	☒ GOMEZ, Veronica, Program Specialist, Int. Quality Improvement
☒ SINHA, Mohini, M.D Pediatrician Medical Director, Monarch	☐ LAUGHLIN, Michelle Executive Director Network Operations	☒ JONES, Pshyra Director, Health Education and Disease Management
☒ SWEIDAN, Jacob, M.D. Pediatrician Medical Director, Noble	☒ MASATSUGU, Miles, M.D., Family Medicine Medical Director, PACE	☒ KHAMSEH, Ladan Chief Operating Officer
	☐ MUNDUNURI, Sesha Executive Director, Operations	☒ NGUYEN, Jenny Program Manager, PACE
	☒ NGUYEN, Thanh-Tam, M.D. FAAP Pediatrics Medical Director, Whole Child Model	☒ OKAJIMA, Esther, Director Quality Improvement
	☒ RAMRIEZ, David, M.D. Internal Medicine Chief Medical Director	☒ POON, Edwin Director Behavioral Health Services
	☒ SHARPS, Donald, M.D. Psychiatrist Medical Director, Behavioral Health	☒ REX-KIMMET, Kelly Director Quality and Analytics
		☒ RAMIREZ, Nicole Manager, Behavioral Health
		☒ CHOO, MARSHA Manager Quality Analytics
		☒ Eva Elser

*Full time practitioners

Quality Improvement Committee Meeting

	Manager, PACE

Topic	Discussion	Recommendation/Acti on
Call to Order	Dr. Masatsugu, M.D., Committee Chair, called the meeting to order at 12:08 p.m.	No action necessary
Introductions	Introductions were made around the room.	No action necessary
Review and Approval of Minutes	1. <u>Approve the Minutes of the December 11, 2018 CalOptima Quality Improvement Committee (QIC) Meeting</u> The December 11, 2018 meeting minutes were reviewed and approved as presented.	On motion of Dr. Sweidan seconded and carried, the Committee approved the December 11, 2018 CalOptima Quality Improvement Committee Meeting as presented.
New Business 2018 Quality Improvement Evaluation	2. <u>2018 Quality Improvement Evaluation</u> Esther Okajima, Director, Quality Improvement presented the 2018 Quality Improvement Evaluation. A copy is attached to the original set of these minutes. The QI Evaluation represents the results from the 2018 QI Program and drives some of the changes to the 2019 QI Program and Work Plan. It represents the analysis of quality of clinical care, safety of clinical care, quality of service and member experience measures to determine if the Quality Improvement (QI) Program has achieved its key performance goals during the year. Based on the evaluation of QI activities for various populations, it includes 5-year trend data were available, and data reported through Q3 of the 2018 QI Work Plan. The analysis and evaluation provided guidance for the 2019 QI Program and Work Plan. In 2018 CalOptima accomplished the distinction of being identified by NCQA as the top-rated Medicaid plan in CA and maintained "Commendable" NCQA accreditation status based on its renewal survey, standards, HEDIS, and CAHPS. There was noted improvement in several HEDIS measures that can be attributed to Pay 4 Value (P4V) revamp in 2017. 76% of Medi-Cal measures scored better than previous year. All clinical measures met Minimum Performance Level (MPL)	On motion of Dr. Sweidan seconded and carried, the 2018 Quality Improvement Evaluation was approved as presented.

established by DHCS. There was significant improvement from previous year in: Childhood Immunizations, Cervical Cancer Screening, Appropriate Testing for Children with Pharyngitis, and Appropriate Treatment for Children with Upper Respiratory Infection (URI). Measures incentivized through CalOptima's P4V program performed better than other measures that were not incentivized. There were eight quality initiatives and several required QIP/PIP/CCIP implemented to improve chronic condition measures. In 2018 CalOptima implemented provider coaching program to improve Member Experience at physician offices, included HN. Redesigned and Implemented "Shape Your Life" childhood obesity program as well as the "Bright Steps" perinatal care program. At the beginning of 2018 started administrating the Medi-Cal Behavioral Health mild to moderate benefit including ABA services to members. Development of Population Health Management Strategy (PHM) to be implemented in 2019. CalOptima Quality Improvement maintained a viable committee structure with subcommittee reporting of QI activities to QIC through the QI Workplan.

This year, there was a different approach to how QI program was evaluated. CalOptima looked at the Quality of Clinical Care by population, and activities that took place with each population, also with the help of Tableau, looked at 5-year trends, and evaluated data reported through Q3 of the QI Work Plan. This approach helped inform goals for the new 2019 QI Workplan. Some of those goals are:

Adult Health – Mental Health QI Activities
  ➢ AMM (Antidepressant Medication Management) for Acute and Continuation phases - Met goal for Medi-Cal, however there was no significant change in rates from 2017. Because it did not meet goal for OCC it was added to 2019 QI Workplan.

Adult Health – Physical Health QI Activities
  ➢ BCS (Breast Cancer Screening) – Met goal although over 5 years it remains flat, P4V Measure, will continue to be on the 2019 QI Workplan
  ➢ CCS (Cervical Cancer Screening) – Improvement over last year, met goal, P4V Measure, Member incentive, will continue to be on 2019 QI Workplan
  ➢ AAP (Access to Preventive/Ambulatory Health Services) – Below goal, P4V Measure, focus on 45-65 years, will continue on 2019 QI Workplan

Child/Adolescent Health
  ➢ Depression Screenings Initiative – utilization increased in 2018, will

continue the incentive in 2019

- ➤ ADD (Attention Deficit Disorder) Initiation and Continuation Phase – consistently performs below 25th percentile for acute, but met goal for continuation phase, will continue on 2019 QI Workplan
- ➤ WCC (Weight Assessment and Counseling for Nutrition and Physical Activity for Children) consistently performs in the 90th percentile– Implemented Shape Your Life childhood obesity program in 2018 and will continue through 2019
- ➤ Child and Adolescent Well-Care HEDIS measures (W15, W34, AWC, CIS Combo 3 & 10, IMA Combo 1 & 2) – Most met goals except W15, AWC, which consistently perform below the 50th percentile. Added to 2019 QI Workplan
- ➤ Children with Pharyngitis (CWP) – consistently below the 25th percentile, remains P4V measure and on 2019 QI Workplan

Dr. Masatsugu asked the Committee if there were any suggestions on how CalOptima can improve its CWP measure. Dr. Sweidan shared that Noble found Emergency Room and Urgent Care centers have a lower rate of performing strep tests for children with Pharyngitis than Primary Care Physician (PCP) offices. Dr. Sinha also shared that Monarch found that for prescribers per location between Urgent Care centers and PCP's, most are from Urgent Care centers. They also found that some Strep tests were being performed by PCP's but were not always reported on their claims. This is thought to be due to PCP's receiving a flat fee with no incentive or fee for service to perform strep test. This becomes an additional cost to them. It's also thought that when urgent care providers are not pediatricians, they are less likely to see the value in performing the tests. Dr. Sweidan recommends incentivizing ER and Urgent Care centers to perform strep tests for children with Pharyngitis, in order to obtain better data and improve CWP measure.

Maternal Child Health
- ➤ PPC (Prenatal and Postpartum Care) –
  - ▪ Prenatal trending up the last 3 years, slightly shy of goal, however 50th percentile. Implementing Bright steps to impact measure
  - ▪ Postpartum achieved 75th percentile and met goal. Many quality initiatives to help improve this measure, will add to QI Workplan in 2019

Chronic Conditions
- ➤ Asthma – AMR (Asthma Medication Ratio) – Slight decrease but remains

at 50th percentile.
  ➤ Diabetes – CDC (Comprehensive Diabetes Care)
    ▪ HbA1C testing, Poor Control >9%, Control <8%
    ▪ Eye Exam
    ▪ Nephropathy
    ▪ Blood Pressure
  ➤ Heart Health – CCIP/QIP/PIP

Safety of Clinical Care QI Activities
  ➤ Review and Follow-up of Potential Quality of Care Issues - Created initial review process to quickly identify QOC vs. QOS. High PQI/GARS providers given opportunity for Provider Coaching
  ➤ Facility Site Review and Physical Accessibility Review Surveys - Conducted over 200 FSR/MRR and over 460 PARS
  ➤ Credentialing of Providers- Credentialed over 800 providers
  ➤ Opioid Monitoring Program - Be Safe Pilot Program – New Opioid Monitoring program

Access & Availability
  ➤ Timely Access Survey (appointment availability)
    ▪ Non-BH and BH
    ▪ Primary Care and Specialty Care
  ➤ Network Adequacy (access to network)
    ▪ Time and Distance standards
CalOptima met all the primary care timely access and network adequacy standards. However, CalOptima did not meet the timely access standards for specialty care (urgent and routine) and network adequacy for some provider types were also not met.

QI opportunities for 2019 include to maintain "Commendable" accreditation status and top Medicaid health plan rating through achievement of high HEDIS/CAHPS scores (50th percentile or higher on all measures), implement the Population Health Management strategy, improve performance on Clinical HEDIS metrics through the continuation of CalOptima Days, and other targeted initiatives which close gaps in care, and improve member experience through expansion of provider coaching and customer service training, to include all health network providers and office staff on the PQI list. CalOptima also wants to increase member experience related to Network Adequacy/Access and Availability (AA) and meet network adequacy standards established for the Whole Child Model

	program. Also implement WCM, CCS transition to CalOptima effective 7/1/2019 and continue partnership with the Coalition (of community clinics) to monitor community clinics performance on key quality metrics and assist them with developing strategies for closing gaps in care.	

2019 Quality Improvement Program Description	3. <u>2019 Quality Improvement Program Description</u>
	Betsy Ha, r Okajima, Director, Quality Improvement presented the QI Program Description. A copy is attached to the original set of these minutes. The 2019 QI Program Description describes clinical care, clinical services and organizational services provided to our members. It aligns with the NCQA Population Health Management standards, focusing on three strategic priorities: Maintain #1 NCQA Health Plan Rating; Improve member experience; and improve CCN performance. It also introduces the concept of lead and lag measures to monitor improvement, and Lean Thinking to focus on adding value from customer's perspective.
	
	Esther Okajima The 2019 QI Program Description simplified its description of Scope of Services for each line of business. It updated the new program initiatives; Whole Person Care; Whole Child Model; Health Homes Program; and Population Health Management. It updated Quality Improvement Program purpose to include Population Health accountability cadence of annual review and acceptance not limited to Utilization Management. The Authority, Board of Directors' – Quadruple Aim was also updated:
	      1) Enhancing patient experience
	      2) Improving population Health
	      3) Decreasing per capita cost
	      4) Enhancing provider satisfaction
	
	In addition, the QI Committee and Subcommittee descriptions and structure (diagram) was updated. Quality Analytics, COPHS and Access and Availability were removed from the structure but they will continue to report to QIC working as a workgroups. A new Committee, Whole-Child Model Clinical Advisory Committee (CAC) was added in 2019. The QI Strategic Goals that includes population segments (diagram) was updated.
	
	Revision to the established 2019 QI Goals and Objectives:
	    1. Goal: Achieve NCQA overall rating as the #1 Medi-Cal Health Plan in California by:
	        1.1. Improving NCQA ratings in Member Experience from 1.5 to 3.0
	        1.2. Improving NCQA ratings in Treatment from 3.5 to 4.0
		On motion of Dr. Sweidan seconded and carried, the 2019 Quality Improvement Program Description was approved as presented.

2. **Goal: Improve overall Health Networks, including CCN, quality performance rankings.**
   2.1. Implementing practice transformation technical assistance in 5 high volume CCN practices by December 2019.
   2.2. Expanding provider coaching and customer services training to include all health networks and all PQI providers and office staff in CCN by December 2019.
3. **Goal: Improve Member Experience CAHP performance from 25th percentile to exceed 50th percentile by:**
   3.1. Increasing the number of providers who have a high rate of grievances and PQIs who will participate in provider coaching and customer services training by December 2019.
   3.2. Expanding provider coaching and customer services training to all health networks providers and office staff on the PQI list by December 2019.

Other revisions include:
➢ Methodology - Introduced lead and lag indicators
➢ Communication of QI Activities to include Quality Forum
➢ Staff Responsibility and positions updated
➢ QI Lean Training Curriculum added to CalOptima University in 2019
➢ Include de-Credentialing to Corrective Action Plans
➢ Added new sections: Population Health Management, LTSS, and BH Integration Services
➢ Added Group Needs Assessment and PHM to Safety section
➢ Added Chinese and Arabic to C&L services

Delegated and Non-Delegated Activities (Appendix B) updates:
➢ Changed pre-delegation review to Readiness Assessment
➢ Population Health Management program renamed from Disease Management or Chronic Care Improvement Program
➢ Renumbered based on 2018 Standards

2019 QI Work Plan (Appendix A):
➢ QI Work Plan measures are aligned with 2019 QI Goals and Objectives
➢ Utilize SMART goals incorporating both lag and lead measures in Work Plan
  ▪ Clinical Measures organized by populations:

	- Adult Health – Mental - Adult Health – Physical - Child/Adolescent Health - Chronic Conditions - Maternal Child Health - Carry over measures that did not meet goals in 2018, and includes measures requiring extra focus and attention - Includes measures for Safety of Clinical Care, Quality of Service, and Member Experience - Removed maintenance of business goals on the workplan, measures tracked in other areas, and measures that are performing well - The Work Plan was reduced from 124 in 2018 to less than 40 in 2019 Dr. Sweidan recommends QI measure the delay of cord clamping after birth for women and children. His recommendation is based on studies showing a decrease of infections and in admission to Intensive Care Unit in many facilities that delayed clamping the cord by 30-60 seconds after birth. This resulted in a reduction of neonatal sepsis, intracranial hemorrhage and NICU admissions by 30%.	
Department/Subcommittee Reports Utilization Management Subcommittee	4. <u>Utilization Management Subcommittee</u> Tracy Hitzeman Executive Director Clinical Operations provided an update. A copy of the report is attached to the original set of these minutes. Utilization Management Subcommittee met November 29, 2018. At the meeting Membership Tends was reported a decreased in the overall Medi-Cal Shared Risk Membership. There was a slight decrease of .55% in 2018 for OneCare Connect Shared Risk Membership. There was also a slight decrease of .43% for OneCare Shared Risk Membership. Utilization Performance – Inpatient Metrics Medi-Cal: All Shared Risk Health Network's Including CNN Bed Days remain consistent and below goal for all aid codes. All lines of service is stable for all 5 Quarters. Readmissions remain stable Utilization Performance – Inpatient Metric Trends for OneCare Connect and OneCare: All lines of service is stable for all 5 Quarters Readmission rate averages is around 18%	On motion of Dr. Gordon seconded and carried, the Committee approved the Utilization Management Sub-Committee update as presented.

Emergency Department (ED) Metrics
Medi-Cal - ED Visits increased and above goal for all aid code categories in Q3 2018
OneCare Connect - ED Visits above goal at 514 in Q3 2018; goal = 448

Pharmacy Utilization – Medi-Cal
Prescription Per Member Per Month (PMPM) averages below projected goal. There's a promoting preferred Hepatitis C drug (Mavyret) which is reducing cost of antivirals. Its difficult to control cost of diabetes medications. The average prescription PMPM is found to be higher than other COHSs

Pharmacy Utilization – OneCare Connect/OneCare
OCC/OC PMPM is $300-$400 versus Medi-Cal at $52. The average cost per prescription higher than Medi-Cal. The average cost per prescription is up due to the insulins and Humira. There's an increase in the use of Vitamin D despite research showing little benefit from supplements. Interventions are planned for 2019.

Behavioral Health utilization
There's a low and steady increase in Outpatient Psychotherapy services. In Q1 2018, 77% of requests for Psych testing were denied; Providers were educated and denial rate is now low. There's an increase in OC/OCC outpatient utilization and and a decrease in OC/OCC inpatient Length of Stay and readmission rates.

Applied Behavioral Analysis (ABA) utilization
Ages 3-6 have the highest average of utilization in terms of weekly hours, due to more intensive and comprehensive services. As the children get older, the program becomes more focused and the hours become lower.
ABA penetration for ages 0-20, 1 in 138 Medi-Cal members receiving ABA services.

Long Term Supports and Services (LTSS)
The approved number of days vs utilized number of days for CBAS members was about 80%. The waiting list for Multipurpose Senior Services Program (MSSP) is 120 days. The MSSP Transition to Health Plan benefit may be potentially pushed back with an implementation date of 2023.

Whole Child Model (WCM): Transition delayed by DHCS; new go live date is July

Behavioral Health Quality Improvement Committee (BHQIC)	1, 2019; WCM meetings and activities continue Palliative Care: (aka "Supportive Care") - Implemented 1/1/18; Home and Clinic based services; Total of 109 new referrals in Q3 2018. Requiring PA for initiation of program to permit reporting to the State; Plan in place to initiate file review. Pediatric Palliative care transitioned to CalOptima (and HNs) 1/1/19. Palliative Care (aka "Supportive Care") - Implemented 1/1/18; Home and Clinic based services; Total of 109 new referrals in Q3 2018. Requiring prior authorization for initiation of program to permit reporting to the State; Plan in place to initiate file review. Benefit Management Sub Committee (BMSC) met August 30, 2018 and September 27, 2018, (New) Genetic Testing Code and Repair of Nasal Vestibular Lateral wall stenosis with implant (new benefit) to Prior Authorizations required list Pharmacy and Therapeutics (P&T) Met August 16, 2018. They reviewed lower cost alternative diabetes agents and COPD medication class review and decreased quantity limits for short-acting opioid analgesics. 5. Behavioral Health Quality Improvement Committee (BHQIC) Donald Sharps, MD, Medical Director, Behavioral Health presented an update. A copy of the report is attached to the original set of these minutes. BHQIC met on November 27, 2018. BHQIC provided several updates to the committee in areas including QI, BH Quality of Care, and UM (which is reported to the UMC). Quality Improvement Access & Member Experience. Behavioral Health (BH) Customer Service metrics met / improvement opportunities. Barriers to provider access continue to include provider availability, capacity and location. BH is working with network management to minimize impact. Will monitor BH phone line and staffing patterns and adjustments when needed. Will continue collaboration on County and ASO referrals. BH Quality of Care Transitions and Coordination of Care ICTs provider participation has a steady increase Q2 (60%) to Q3 (70%); MBHO YTD 99.18%. ADD & AMM: BHI work group ADD claims review, identified top 10 providers/networks for targeted phone campaign and enlist PR to talk to office staff; AMM met at (75th %). FUH 7 & 30-day rates declined from same time last year. There's ongoing engagement with networks & providers for ICTs. BH work group prioritize quality measures for brief, impactful improvement strategies, i.e. top 10 provider calls; Provider Relations staff assist with focused interventions. PHQ9 A Depression Screening provider importance for screening adolescents for	On motion of Dr. Gordon seconded and carried, the Committee approved the Behavioral Health Quality Improvement Committee update as presented

Quality Improvement Committee Meeting

Long Term Services and Supports	depression; more screenings are completed and there's a drop in denied claims. Provider Relations focus to educate providers was pushed to next quarter due to competing demands. 6. Long Term Services and Supports Steven Chang, LCSW CCM Director of Long Term Services and Supports Presented LTSS update. A copy of the report is attached to the original set of these minutes. LTSS QISC meeting was held on 11/19/2018. Draft minutes submitted for committee approval. Quality Improvement on Critical Incident Reporting and is tracking CBAS and LTC Facilities submissions. CBAS provider workshop on participation and satisfaction evaluation. Quality of Care Infection Control, LTSS is currently working with UCI School of Medicine on SHIELD project to limit infection rate in nursing facilities. CBAS Members Transitioned to LTC in Q3 2018: for Medi-Cal 6 of 2351 CBAS Members transitioned to LTC and in OCC 1 of 165 CBAS Members transitioned to LTC. The Ratio of Members Participating in CBAS vs Potentially Eligible has had a slow increase over time. 21% increase overall since its inception in Q2 2017. Ratio of Members Residing in LTC vs Potentially Eligible decrease in OCC and is thought to be attributed to members leaving OCC membership. LTC Residents Transitioned to the Community 51 out of 5197 LTC Members transitioned to a community setting.	On motion of Dr. Gordon seconded and carried, the Committee approved the Long Term Services and Supports update as presented
Open Discussion	No open discussion.	No action necessary
Approval of attachments	- QIC Meeting Minutes_12.11.2018_Draft - QIC 01 08 2019 2018 QI Annual Evaluation 2019 QI Program Description Executive Summary 2019 Quality Improvement Program Description - UMC MEETING MINUTES_11-29-18 - BHQIC 11-27-18 Minutes - LTSS QISC 11-19-18 Minutes	On motion of Dr. Marchese seconded and carried, the Committee approved the submitted attachments as presented.
Next Meeting	February 12, 2019 - UMC - PACE - WCM CAC	No action necessary

Quality Improvement Committee Meeting

	• QA	
Adjournment and Next Meeting	There being no further business before the Committee, the meeting was adjourned at 1:29p.m.	Dr. Masatsugu adjourned the meeting.

Respectfully Submitted:

_____   2/12/19
Miles Masatsugu M.D., Medical Officer   Date

Recorded by: Gloria Garcia, QI Program Assistant

Quality Improvement Committee
MEETING MINUTES
February 12, 2019
Medi-Cal / One Care / OneCare Connect

Miles Masatsugu, M.D.
Medical Director
Committee Chair

External Voting Members Attending	**CalOptima Voting Members Attending**	**CalOptima Staff Attendees**
☒ GORDON, Lowell, M.D. Pediatrician Medical Director FCMG,	☒ DAJEE, Himmet, M.D. Cardiothoracic Surgeon Medical Director	☒ CHANG, Steven, Director, Long Term Services and Supports
☒ KELLY, John, M.D. * Orthopedic Surgeon Private Practice	☒ FEDERICO, Frank, M.D. Hematology/Oncology Medical Director	☒ HA, Betsy Executive Director, Quality Improvement & Quality Analytics
☒ KO, Edward, MD Medical Director, AltaMed Health Services	☒ FONDA, Emily, M.D. Internal Medicine Medical Director	☒ GARCIA, Gloria Program Assistant, Quality Improvement
☒ MARCHESE, Sarah, MD Pediatrician Medical Director, CHOC Health Alliance	☒ HITZEMAN, Tracy Executive Director, Case Management	☒ GOMEZ, Veronica, Program Specialist, Int. Quality Improvement
☒ SINHA, Mohini, M.D Pediatrician Medical Director, Monarch	☒ LAUGHLIN, Michelle Executive Director Network Operations	☐ JONES, Pshyra Director, Health Education and Disease Management
☒ SWEIDAN, Jacob, M.D. Pediatrician Medical Director, Noble	☒ MASATSUGU, Miles, M.D., Family Medicine Medical Director, PACE	☒ KHAMSEH, Ladan Chief Operating Officer
	☐ MUNDUNURI, Sesha Executive Director, Operations	☒ OKAJIMA, Esther, Director Quality Improvement
	☒ NGUYEN, Thanh-Tam, M.D. FAAP Pediatrics Medical Director, Whole Child Model	☒ POON, Edwin Director Behavioral Health Services
	☒ RAMRIEZ, David, M.D. Internal Medicine Chief Medical Director	☒ REX-KIMMET, Kelly Director Quality and Analytics
	☒ SHARPS, Donald, M.D. Psychiatrist Medical Director, Behavioral Health	☒ MIRELES, Michael, Program Specialist, PACE
		☒ Eva Elser Manager, PACE
		☒ GUEST, Laura Supervisor Quality Improvement
		☒ Le, Sofia, Program Specialist, CalOptima

*Full time practitioners

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Quality Improvement Committee Meeting

Topic	Discussion	Recommendation/Action
Call to Order	Dr. Masatsugu, M.D., Committee Chair, called the meeting to order at 12:05 p.m.	No action necessary
Introductions	Introductions were made around the room.	No action necessary
Review and Approval of Minutes	1. Approve the Minutes of the January 08, 2019 CalOptima Quality Improvement Committee (QIC) Meeting The January 08, 2019 meeting minutes were reviewed and approved as presented.	On motion of Dr. Sweidan seconded and carried, the Committee approved the January 08, 2019 CalOptima Quality Improvement Committee Meeting as presented.
CMO Update	Dr. Ramirez thanked everyone for attending. Stated that in 2019 there will be more focus on improving clinical quality, member experience, and access to care. CalOptima will be working on consolidating measures and taking more action, with less reporting of is regular maintenance of business.	
New Business 2018 Utilization Management Evaluation	2. 2018 Utilization Management (UM) Evaluation Tracy Hitzeman, Director, Utilization Management presented the 2018 UM Evaluation. A copy is attached to the original set of these minutes. The UM Evaluation analyzes plan performance against 2018 approved goals in two general areas, operational performance and inpatient/outpatient outcomes. It includes status of focused initiatives described in the 2018 UM Program Description and informs areas of opportunity to address in 2019 UM Program. UM's Operational Performance: Authorization processing timeliness met the 2018 goals for routine requests however, the expedited requests did not meet the goals (-1% variance). Utilization Outcomes: Inpatient utilization (Bed Days/PTMPY) met goals with the exception of the first quarter: Readmissions rate were stable: ED visit/PTMPY did not meet goals, especially in the TANF population. Retail Pharmacy $PMPM below goal for all LOB. Accomplishments in 2018: Opioid analgesic utilization decreased 8.5% from Q3 2017 to Q3 2018.	On motion of Dr. Sweidan seconded and carried, the 2018 UM Evaluation was approved as presented.

	Provider data enhancement project was underway in 2018 with Process Excellence team. Added of UM Data Analyst to support robust program monitoring. There was in-depth review of California Children's Services program and numbered letters in preparation for WCM transition. Opportunities for 2019 UM in operations are to improve timeliness of expedited request processing and continue to focus on transitions across settings. The 2019 UM Evaluation was already approved at UMC.	
2019 UM Program Description	3. 2019 UM Program Description Tracy Hitzeman, Director of UM presented the 2019 UM Program Description. A copy is attached to the original set of these minutes. The 2019 UM Program Description describes defines CalOptima's structure and process for review of health care services, treatment and supplies. It explains how services are reviewed in an effective, timely manner and includes the assignment of appropriate individuals for review. UM program Description outlines monitoring processes to evaluate the effectiveness of the program and identify opportunities for improvement. Main changes to the 2019 UM Program was to align its descriptions and committee references with the Quality Management Program and approved committee charter updates. UM also updated the program to reflect the transition of California Children's Services program to the Whole Child Model program and updated the description of responsibilities for various key positions. UM also modified reference to CalOptima's Health Network (HN) to reflect changes in participating networks since 2018. The 2019 UM Program Descriptions were approved at UMC. Dr. Masatsugu added that in 2019 the quality oversight of under and over utilization is going to be a focus for CalOptima.	On motion of Dr. Sweidan seconded and carried, the 2019 UM Program Description was approved as presented
2018 PACE Plan Evaluation & Work Plan	4. 2018 PACE Quality Assurance Performance Improvement (QAPI) Plan Evaluation & Work Plan Miles Masatsugu, MD presented the 2018 PACE QAPI Plan Evaluation & Work Plan. A copy is attached to the original set of these minutes. 2019 membership grew to 299 participants. Only two participants were in Long-Term Care in 2018. 98% Influenza immunization rate. 95% medication reconciliation rate following a hospital discharge. 100% of participants had a Physician's Order for Life-sustaining Treatment (POLST) completed. 97% Satisfaction in Care Received (2nd Highest in the State). With the goal to reduce Hospital Utilization, PACE implemented an Emergency Room (ER) Diversion Program. The program incentivized on call PACE physician to seek alternatives to the ER. Some alternatives were to send a nurse or social worker to members house or meet the member at Skilled Nursing Facility or in the ER. The program. A slow decline in	On motion of Dr. Sweidan seconded and carried, the 2018 PACE QAPI Plan Evaluation & Work Plan was approved as presented

	Hospital Bed Days was noted at the implementation of the program with a full year data expected to show more positive results. 30-Day All-Cause Readmissions (Goal <10%) In 2019 opportunities for improvement in Quality and Safety of Clinical Care for PACE will be to expand ACS focused QI measures, implement End of Life Care Team, and add Opioid Measure. To ensure the Appropriate Use of Resources PACE will refine the ER Diversion Program and improve Specialty Coordination. To ensure Appropriate Access and Availability will expand the use of Community PCPs and focus expansion of PACE at home. To improve participant experience PACE will include Satisfaction with Meals Measure 5. 2019 PACE QAPI Program & Work Plan Miles Masatsugu, MD presented the 2019 PACE QAPI Program & Work Plan. A copy is attached to the original set of these minutes. It encompasses all clinical care, clinical services & organizational services provided to our participants. It focuses on optimal health outcomes for CalOptima participants and uses evidence-based guidelines, data and best practices tailored to CalOptima populations. 2018 PACE QAPI Work Plan goals are to improve the Quality of Care for Participants by ensuring the Safety of Clinical Care, Appropriate Access and Availability, Appropriate Use of Resources and to improve participant experience. 2019 QAPI New/Updated Work Plan Elements Comprehensive Diabetes Care (CDC) are bundled into Annual Diabetic Eye Exams, Nephropathy Monitoring, and Blood Pressure Control (<140/90). Updates also include Use of Opioids at High Dosage (UOD); Reduce the Rate of Day Center Falls; Increase Participant Satisfaction with Meals; Care for Older Adults (COA): Advanced Care Planning Increase Inquiry to Enrollment Conversion. 6. 2019 QIC Charter Esther Okajima presented the 2019 QIC Charter. A copy is attached to the original set of these minutes. QIC Charter updates include clarification on who the voting members are. Added language that QIC participants are in good standing and represent a range of specialty, network and that they are practicing physicians. As a result of the approval by CalOptima Board of Directors. there was a change in job description title to Betsy Ha and Pshyra Jones. Quorum language was changed to clarify that quorum is a minimum of six (6) voting	On motion of Dr. Sweidan seconded and carried, the 2019 PACE QAPI Program & Work Plan was approved as presented On motion of Dr. Gordon seconded and carried, the Committee approved the 2019 QIC Charter as presented

Quality Improvement Committee Meeting

	members. On the second page of the Charter, the reporting responsibilities were updated for clarification. The Whole-Child Model Clinical Advisory Committee was added as a new subcommittee.	
Department/Subcommittee Reports Credentialing Peer Review Committee	7. Credentialing Peer Review Committee (CPRC) Esther Okajima presented the a CPRC update. A copy of the report is attached to the original set of these minutes. Credentialing/Recredentialing There has been almost a 50% increase in total number of files processed through Initial and Recredentialing Credentialing The increase was primarily due to the number of initials as a result of building the Whole-Child Model network, and recredentialing of behavioral health providers that were new to our network. There was no disciplinary action taken in 2018. 1.3% of the files processed did not meet the timeliness goal for recredentialing of 36 months because 3 files were outside of the timeline. Facility Site Review (FSR), Medical Records Review (MRR) and Physical Accessibility Review Sites (PARS) There was a 30% increase in the number of FSR)/MRR completed, the increase is due to more Primary Care Physician's in CalOptima's network. The percent completed with 3 years decreased due to staff issues early in the year, however in Q4 100% of all full scopes were completed timely. The number of Failed Full scope went from 1 to 11. Almost 5% of the sites have failed FSR/MRR. The predominant area that sites are failing are in the Adult Preventive sections. In 2019, the FSR team will be looking at partnering and engaging with provider sites to help ensure that they are meeting the requirements through training and a new Practice Transformation Initiative. The percent of PARS that have BASIC Access is decreasing. The last half of the year, less than 50% of the sites are BASIC, that means they have missed at least 1 of the 6 critical areas for Physical Accessibility. Deeper dive into the areas of deficiency will be conducted. Committee asked if notification of failed FSR's are communicated with HN. Ms. Okajima stated that while FSR nurses communicate directly with the facilities, HN are currently not notified. The concern will be discussed with the FSR team.	On motion of Dr. Gordon seconded and carried, the Committee approved the CPRC update as presented. Action: FSR Team to communicate CAPS and Failed FSR/MRR to Health Networks

	Potential Quality of Care Issues (PQI) In 2018 there was an approximately 50% decrease in the number of PQI cases referred to QI. About 70-80% of the cases referred to QI are from GARS. Approximately 5% of PQI cases are identified as Quality of Care cases that get presented to the CPRC. The total volume of cases in 2018 have decreased however, of the PQI cases that were closed, 4% in 2017 vs. 9% in 2018 resulted in a Quality of Care issue, with a PQI Severity Code of 1,2, or 3. Less were coming, but the ones that were identified, were indeed QOC. This can be attributed to a change in PQI's process that allows a nurse reviewer to determine if it is indeed a QOC issue that needs be investigated, and in addition identifies that a member's clinical needs are being met. 9% of the PQI cases resulting in severity code of 1-2-3, usually receive a physician letter, best practice training. Last year, PQI also looked at the 6 Month Trend Reports, and compared with GARS. Currently 80% of referrals for PQI comes from GARS, however upon investigation, if there is not Quality of Care issue identified, the case is usually closed with No Further Action Required. Challenge, however, organizationally is what to do with trends that have been identified for Quality of Service (QOS) issues. Ms. Okajima asked the Committee how they handle cases where QOS issues are identified that are not reported to grievance? Committee shared that in the past freezing panels have taken when egregious cases were found. Administrative termination has also taken place as a result of QOS issue. HN Medical Director site visits have also been conducted when inappropriate response from a practice/provider is received. As a result of the discussion, CalOptima will develop a process and best practice for these types of issues and share with HN's. PQI is also looking at notification. Currently providers are not notified of PQI case outcome. PQI team to look into that possibility.	Action: Investigate possibility of providing PQI case outcomes to Providers
	8. Policy GG 1607: Monitoring Adverse Actions Ms. Okajima presented Policy GG.1607 for Committee's approval. A copy is attached to the original set of these minutes. The policy is related to action taken by external entities against providers and practitioners in the network including licensing boards, regulatory agencies and/or other entities against CalOptima practitioners/Health Delivery Organization (HDO). Checks such as OIG, SAM, are made but also 805 and 805.01 reports, and NPDB. The main change to the policy was language to preclusion list prior to credentialing which is new this year. Policy updates also affect Credentialing Policy GG.1657: Reporting 805 and 805.01 to Medical Board and NPDB and Policy EE.1101: Adds, Changes and Terminations	On motion of Dr. Sweidan seconded and carried, the Committee approved Policy GG.1607 as presented.

	that affect Provider Directory, including Specialty that is listed.	
Open Discussion	Committee recommended adding a discussion regarding Board Certification as future agenda topics.	No action necessary
Approval of attachments	- QIC Meeting Minutes_ - QIC 02 11 2019 PPP 2018 QAPI Plan Evaluation 2019 PACE QAPI Plan w Appendix A,B,C_QIC 2.12.19 - PACE QI Committee Meeting Minutes 11.27.18 - Policy GG.1607 (Moni Adv Act) - QIC Charter 2019_QIC 2.12.19 2018 UM Program Evaluation_DRAFT_ 2019_UM Program_FINAL _clean	On motion of Dr. Marchese seconded and carried, the Committee approved the submitted attachments as presented.
Next Meeting	March 12, 2019 - Member Experience update - Whole-Child Model Clinical Advisory Committee - GARS update - QI Work Plan Dashboard	No action necessary
Adjournment and Next Meeting	There being no further business before the Committee, the meeting was adjourned at 1:29p.m.	Dr. Masatsugu adjourned the meeting.

Respectfully Submitted:

_____   3/12/19_____
Miles Masatsugu M.D., Medical Officer   Date

Recorded by: Gloria Garcia, QI Program Assistant

Quality Improvement Committee
MEETING MINUTES
March 12, 2019
Medi-Cal / One Care / OneCare Connect

Miles Masatsugu, M.D.
Medical Director
Committee Chair

External Voting Members Attending	CalOptima Voting Members Attending	CalOptima Staff Attendees
☒ GORDON, Lowell, M.D. Pediatrician Medical Director FCMG,	☒ DAJEE, Himmet, M.D. Cardiothoracic Surgeon Medical Director	☒ ARANDA, Ana Director Grievance & Appeals
☐ KELLY, John, M.D. * Orthopedic Surgeon Private Practice	☐ FEDERICO, Frank, M.D. Hematology/Oncology Medical Director	☒ CHOO,Marsha Manager QI Initiatives
☒ KO, Edward, MD Medical Director, AltaMed Health Services	☒ FONDA, Emily, M.D. Internal Medicine Medical Director	☒ HA, Betsy Executive Director, Quality Improvement & Population Health Management
☒ MARCHESE, Sarah, MD Pediatrician Medical Director, CHOC Health Alliance	☒ HITZEMAN, Tracy Executive Director, Case Management	☒ GARCIA, Gloria Program Assistant, Quality Improvement
☒ SHAH, Archana, M.D. Family Practice	☐ LAUGHLIN, Michelle Executive Director Network Operations	☒ GOMEZ, Veronica, Program Specialist, Int. Quality Improvement
☒ SINHA, Mohini, M.D Pediatrician Medical Director, Monarch	☒ MASATSUGU, Miles, M.D., Family Medicine Medical Director, PACE	☒ JONES, Pshyra Director, Health Education and Disease Management
☐ SWEIDAN, Jacob, M.D. Pediatrician Medical Director, Noble	☐ MUNDUNURI, Sesha Executive Director, Operations	☒ KHAMSEH, Ladan Chief Operating Officer
	☒ NGUYEN, Thanh-Tam, M.D. FAAP Pediatrics Medical Director, Whole Child Model	☒ OKAJIMA, Esther, Director Quality Improvement
	☒ RAMRIEZ, David, M.D. Internal Medicine Chief Medical Director	☒ REX-KIMMET, Kelly Director Quality and Analytics
	☒ SHARPS, Donald, M.D. Psychiatrist Medical Director, Behavioral Health	

*Full time practitioners

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Quality Improvement Committee Meeting

Topic	Discussion	Recommendation/Action
Call to Order	1. Dr. Masatsugu, M.D., Committee Chair, called the meeting to order at 12:05 p.m.	No action necessary
Introductions	2. Introductions were made around the room.	No action necessary
Review and Approval of Minutes	3. <u>Approve the Minutes of the February 12, 2019 CalOptima Quality Improvement Committee (QIC) Meeting</u> The February 12, 2019 meeting minutes were reviewed and approved as presented.	On motion of Dr. Sinha seconded and carried, the Committee approved the February 12, 2019 CalOptima Quality Improvement Committee Meeting as presented.
CMO Update	4. Dr. Ramirez thanked everyone for participating. Reiterate the approach to quality which is to prioritize and focus on the most important goals and measures, simplify measurement and reporting, incentive and support provider and network and ensuring increasing accountability to all the above.	No action necessary
New Business	5. <u>Member Experience Subcommittee Update</u> Marsha Cho, Manager of Quality Initiatives, Quality & Analytics presented Member Experience Sub-Committee Quarter 4-2018 report. A copy of presentation is attached to the original set of these minutes. Access and Availably workgroup reports to Member Experience. In the workgroup they discussed CalOptima's participation in the DHCS audit with focus on appointment procedure and monitoring wait times. CalOptima fielded a Timely Access survey and issued Quality Improvement Plans (QIPs) to health networks, including CCN, in December 2018. Some asks were barrier analysis, implemented/planned interventions, validation and outreach/education of newly contracted providers and providers providers who are non-compliant. DHCS was concerned of Timely Access Survey not fielding in 2018. That was because CalOptima is moving to update methodology to conduct mystery shopper 2019 Timely Access Study beginning in March 2019. Results from that audit are awaiting. DHCS fielded a Timely Access Survey to all Medi-Cal Health Plans in California in 2018 with results made available in March 2019. Marsha Choo reviewed the Measures and findings grouped by DHCS. Areas not met are in the measures for how many times a	On motion of Dr. Sinha seconded and carried, the Member Experience Subcommittee Update was approved as presented. Action: Marsha Choo to share DHCS Timely Access Survey results with Health Networks

	provider was called and didn't get access to service. Ms. Choo will share DHCS finding results with Health Networks. Member Experience is working with a vendor on providing Provider Coaching thru a shadow coaching. 17 of the 25 coaching have been completed and slots are still available as are workshops for manager and staff. Next efforts are to focus on referrals and authorizations starting with Behavioral Health. 6. Grievance and Resolution Services (GARS) Committee Update Ana Aranda, Director, GARS presented Member and Provider Complaints Q4-2018. A copy of the presentation is attached to the original set of these minutes. **Medi-Cal Complaints:** Medi-Cal member and provider complaint increased while member grievance decreased in the quarter. The member appeals increased mainly for behavioral health requests for additional ABA service hours and psychology testing. Provider appeals had a large amounts of Fountain Valley hospital submitting for high amount of cost exclusion. Top grievances types are: Delay of Service; Question treatment; provider/staff services; CalOptima staff; Member billing. Largest portion being for Quality of Service. CalOptima has a Provider Data Integrity Workgroup that's working to ensure provider data is accurate and it has shown improvement from Q1 to Q4 of 2018. **OneCare Connect (OCC) Complaints:** OCC complaints and grievances decreased in all areas across the board. In Q42018 the highest volume of complaint was for Non-Medical Transportation (NMT). A new transportation vendor started in this first quarter, but similar complaints continue to be reported. CalOptima is working with the new vendor to provide solutions timely pick up times so they don't look their appointment and help prevent further Quality of Service issues. **OneCare Complaints:** OC is a very small program with grievance and appeals steady across the board. OC and OCC customer service has 30 days to resolve a member concern or complaint where Medi-Cal allows one day to resolve a members complaint if not it is referred to grievance for a resolution. Dr. Masatsugu added that in the most recent DHCS audit CalOptima's tracking of Potential Quality of Care (PQI) complaints was good but actions are lacking. CalOptima's Quality Improvement (QI) Department is taking action by identifying and	On motion of Dr. Sinha seconded and carried, the GARS Committee update was approved as presented Action: GARS follow-up on NMT grievances and complaints

reporting providers with the highest PQI grievance rate by specialty. Those providers are notified of their rate and offered an optional provider shadow coaching. If a provider continues to have a high PQI rate, QI is considering taking further action to recommend and/or require the provider shadow coaching, freeze their panel or even terminate the provider. Dr. Masatsugu asked if there are any comments or thoughts if CalOptima terminates a provider for administrative reason? Committee asked for the health network to be notified when one of their providers are identified as having a high PQI rate.	Action: QI Department to notify health networks when one of their providers are identified as having a high PQI rate.
7. <u>2018 Quality Improvement Work Plan – Quarter 4, 2018</u> Esther Okajima, Quality Improvement Director presented the 2018 Quality Improvement Work Plan – Quarter 4, 2018. A copy of the presentation and 2018 Quality Improvement Work Plan is attached to the original set of these minutes. There were 124 elements in the fourth quarter 2/3 of Workplan elements were Green (on target/met goal), 1/3 of work plan elements were Yellow (concerns), and 2 elements were Red (at risk). The areas at risk are in network Adequacy – Credentialing Timeliness. How process initial and re-credentialing process. Credentialing is working on process. Several concern areas continue to be tracked and monitored in 2019, i.e. BH measures in an effort to streamline the QI workplan and to eliminate redundant reporting, elements for Case Management and Long-Term Services and Supports did not carry over directly into the 2019 work plan, but will be monitored by respective business as key performance indicators. HEDIS and CAHPS Measures that did not meet goals in 2018 are currently being tracked and measured as part to the 2019 QI work plan. Network Adequacy measures will be tracked and reported as part of initiatives tracked by Access & Availability Workgroup, which reports to Member Experience Subcommittee and ultimately QIC. The workgroup will be focused on meeting network certification requirements, and meeting access and availability policy standards. Ensuring patient safety through the timely clinical review of potential quality issues will continue to be part of 2019 QI Workplan. The PQI team will also work very closely with GARS to address issues with specific providers that demonstrate high rates of GARS and PQI's. QI is ready to shift focus to 2019 QI Workplan Measures. As part of the interventions	On motion of Dr. Sinha seconded and carried, the 2018 Quality Improvement Work Plan – Quarter 4, 2018 was approved as presented

	CalOptima is considering increasing member and provider incentives.	

8. <u>Quality Analytics - Health Network Performance Rating Methodology</u>
Kelly Rex-Kimmet, Director, Quality Analytics presented the Health Networks Quality Ranking Proposal. To consider a new quality measure set for auto assignment and possibly P4V 2020. The current measures are outdated and internally developed vs. use of an industry standard measure set and method. Measures must be reviewed annually. There are currently three different sets of quality measures for auto assignment and a different set of measure for Pay-4-Value.

Get thoughts from the Committee on the idea of a ranking method for the health networks possibly using NCQA accreditation rating or score to drive member auto assignment and possibly for pay-4-Value. If a score falls below a threshold, members may not be auto assigned to that health network.

Dr. Marchese shared concern that only 6 measures are pediatric population and the possible unintended consequence that comparisons are being made that are fit for the NCQA rating of a plan but don't necessarily work when comparing very different population-based networks. Committee shared concern on the intent to follow industry standard method to reward performance of the network.

Dr. Ramirez recommended to include the include the 5 measures that have no data for more than half of the heath networks. Dr. Nguyen added that one of those is ADD which is a primary care diagnosis, but usually behavioral health takes care of ADD plus comorbidity and is that something to consider looking at based on prescription written by behavioral health vs primary care because it is a pediatric.

Dr. Marchese addressed concern that patients ages 18-21 who have diagnosis such as diabetes, hypertension and on medication, they would be CCS eligible making CCS the payer for the claims related to those diagnosis resulting in none of that data would be reported to the health network or to CalOptima, unless Whole Child Model goes into effect as anticipated on July1, 2019. Dr. Ramirez recommended braking up the measures by categories.

	Committee requested details on the calculation on how to get from the total points with the total weight to the score	

Quality Improvement Committee Meeting

Open Discussion	Committee recommended adding a discussion regarding Board Certification as future agenda topics.	No action necessary
Approval of attachments	- QIC Meeting Minutes_2.12.2019_Draft - QIC 03 12 2019 PPP - GARS Committee Minutes Q3 2018 11.29.18 Signed 201808013_Health_Plan_Ratings_Methodology - Member Experience Team Minutes_2019.01.29 Approved - Member Experience Team Minutes_2019.02.28. Draft 2018 QI Workplan 4Q_QIC_3.12.19	On motion of Dr. Lowell seconded and carried, the Committee approved the submitted attachments as presented.
Next Meeting	April 12, 2019 - Behavioral Health QIC update - Utilization Management Committee update - Whole-Child Model Clinical Advisory Committee - QI Work Plan Dashboard update	No action necessary
Adjournment and Next Meeting	There being no further business before the Committee, the meeting was adjourned at 1:30 p.m.	Dr. Masatsugu adjourned the meeting.

Respectfully Submitted:

_____   4/9/19 _____
Miles Masatsugu M.D., Medical Officer   Date

Recorded by: Gloria Garcia, QI Program Assistant

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Reports to	Department	Person(s) Responsible	2018 QI Work Plan Element	Objective	Planned Activities	2018 Goal/Timeline	Results/Metrics: Assessments, Findings, and Monitoring of Previous Issues	Next Steps	Target Completion	Red - At Risk Yellow - Concern Green - On Target (4Q)
I. PROGRAM OVERSIGHT										
QIC	Quality Improvement	Esther Okajima/Kelly Rex-Kimmet	2018 QI Annual Oversight of Program and Work Plan	Approve QI Program and Workplan for 2018	QI Program and QI Work Plan will be adopted on an annual basis; QI Program Descritpion-QIC-BOD; QI Work Plan-QIC-QAC	Annual Adoption	Approved at QIC 1/23/2018; QAC 2/20/2018; BOD 3/1/2018	None	3/1/2018	
QIC	Quality Improvement	Esther Okajima/Kelly Rex-Kimmet	2017 QI Program Evaluation	Evaluate QI Program for 2017	QI Program and QI Work Plan will be evaluated for effectiveness on an annual basis	Annual Evaluation	Approved at QIC 1/23/2018; QAC 2/20/2018; BOD 3/1/2018	None	3/1/2018	
QIC	Utlization Management	Tracy Hitzeman	2018 UM Program and UM Workplan	Approve UM Program and Workplan for 2018	UM Program and UM Work Plan will be adopted on an annual basis; Delegate UM annual oversight reports-from DOC	Annual Adoption	Approved at QIC 1/23/2018; QAC 2/20/2018; BOD 3/1/2018-(UM Pogram Only)	Work Plan will go in 2Q to QIC	3/1/2018	
QIC	Utlization Management	Tracy Hitzeman	2017 UM Program Evaluation	Evaluate UM Program for 2017	UM Program and UM Work Plan will be evaluated for effectiveness on an annual basis; Delegate oversight from DOC	Annual Evaluation	Approved at UMC 3/22/2018; QIC 4/10/2018; QAC 5/16/18 Wient to BOD 6/7/2018	QIC Approved April 10th meeting.	4/1/2018	
QIC	Case Management	Sloane Petrillo	2018 Case Management Program	Approve CM Program for 2018	CM Program will be adopted on an annual basis; Delegation oversight reported by DOC	Annual Adoption	CM Program on target to present at QIC.	QIC approved May 8th Meeting.	5/8/2018	
QIC	HE & DM	Pshyra Jones	2018 Health Management Program	Approve HM program for 2018	HM Program will be adopted on an annual basis	Annual Adoption	Approved at QIC 2/13/2018	None	2/13/2018	
QIC	Quality Improvement	Esther Okajima	Credentialing Peer Review Committee Oversight	Peer Review of Provider Network	Review of initial and recredentialing applications, related quality of care issues, approvals, denials, and reported to QIC ; Delegation oversight reported by A&O quarterly to CPRC.	Quarterly Adoption of Report	3Q results were presented to QIC 11/13/2018	4Q will be presented to QIC on 2/12/2019	1Q2019	
QIC	Behavioral Health	Donald Sharps MD	BHQIC Oversight	Internal and External oversight of BHI Activities	BHQI meets quarterly to monitor and identify improvement areas of member and provider services, ensure access to quality BH care, and enhance continuity and coordination between behavioral health and physical health care providers.	Quarterly Adoption of Report	3Q results were presented to QIC 10/9/2018. Completed for 2018	4Q will be presented to QIC on 3/12/19.	1Q2019	
QIC	Utlization Management	Tracy Hitzeman	UMC Oversight	Internal and External oversight of UM Activities	UMC meets quarterly; it monitored medical necessity, cost-effectiveness of care and services, reviewed utilization patterns, monitored over/under-utilization, and reviewed inter-rater reliability results	Quarterly Adoption of Report	3Q results were presented to QIC 10/9/2018.	4Q will be presented to QIC on 1/8/2019.	1Q2019	

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Reports to	Department	Person(s) Responsible	2018 QI Work Plan Element	Objective	Planned Activities	2018 Goal/Timeline	Results/Metrics: Assessments, Findings, and Monitoring of Previous Issues	Next Steps	Target Completion	Red - At Risk Yellow - Concern Green - On Target (4Q)
QIC	Quality & Analytics	Kelly Rex-Kimmet	Member Experience SubCommittee Oversight	Oversight of Member Experience activities to improve member experience	The MEMX Subcommittee assesses the annual results of CalOptima's CAHPS surveys, monitor the provider network including access & availability (CCN & the HNs), review customer service metrics and evaluate complaints, grievances, appeals, authorizations and referrals for the "pain points" in health care that impact our members.	Quarterly Adoption of Report	3Q results were presented to QIC 12/11/2018.	4Q will be presented to QIC on 3/12/2019.	1Q2019	
QIC	LTSS	Steven Chang	LTSS QISC Oversight	LTSS QI Oversight	The LTSS Quality Improvement Sub Committee meets on a quarterly basis and addresses key components of regulatory, safety, quality and clinical initiatives.	Quarterly Adoption of Report	4Q results presented to QIC on 10/9/2018.	1Q will be presented to QIC on April 9th	2Q2019	
QIC	Medical Affairs	Tracy Hitzeman/ Betsy Ha	Clinical Operations/Population Health Oversight	Clinical Operations Oversight	This COPHS monitors the progress of the established program goals and metrics defined for CalOptima's disease management, complex case management programs and Model of Care.	Quarterly Adoption of Report	In Q3, it was determined that it was best to have programs related to disease management, complex case manaegment and models of care report directly to QIC through the workplan, as well as to QIC directly. After Q4, a recommendation will be made to dissolve the Clinical Operation Population Health Sub-committee, and move to meet as a workgroup throught the existing Clinical Process Excellence group.	Reports will occur in subgroupas and through the QI Workplan, and QIC as needed	4Q	
QIC	GARS	Ana Aranda	GARS Committee	GARS Committee Oversight	The GARS Committee oversees the Grievance Appeals and Resolution of complaints by members for CalOptima's network. Results are presented to committee quarterly	Quarterly Adoption of Report	3Q results presented to QIC on 12/11/2018. Top grievance type is Quality of Service with Delay in service as an outlier. Some delays in service stem from the provider data, at times inaccurate, and issuing inaccurate referrals to members. Some of the data discrepancies include wrong provider phone number, open panel vs. closed, area of focus not captured in the UM system. The Provider Data Initiative workgroup is being provided with examples of these grievances to identify the root cause and correct these issues. Provider Relations has revisit their Provider Data Management process and has made changes to ensure provider information maintained in CalOptima's systems is accurate in accordance with the Provider Directory requirements. GARS will continue to monitor these types of grievances in efforts to ensure these issues are resolved long term.	4Q will be presented to QIC on 3/12/2019.	1Q2019	
QIC	PACE	Dr. Miles Masatsugu	PACE QIC	PACE QIC Oversight	The PACE QIC oversees the activities and processes of the PACE center. Reseults are presented to PACE-QIC	Quarterly Adoption of Report	3Q results presented to QIC on 12/11/2018	4Q will be presented to QIC on 3/12/2019.	1Q2019	
QIC	Quality & Analytics	Esther Okajima/Kelly Rex-Kimmet	Quality Program Oversight - NCQA	Maintain "Commendable" NCQA accreditation rating	Monitor specific HEDIS measures listed below. Conduct NCQA Renewal Survey submission May 2018	Maintain Commendable Status. Accreditation evaluated every three years. HEDIS measures scored annually.	Submission was on May 22, 2018. On-Site Audit was on July 9-10.	Submitted on by May 22. On 8/2018 we received Commendable Status.	8/31/2018	
QIC	Quality & Analytics	Kelly Rex-Kimmet/ Esther Okajima	Quality Program Oversight - Health Plan Rating	Maintain or exceed NCQA 4.0 health plan rating	Monitor specific HEDIS measures listed below and Maintain Commendable Status.	Achieve 4.0 Health Plan Rating - Annual Assessment	We achieved 4.0 Health Plan Rating 5 years in a row.	Health Plan Ratings were received we were scored top rated in California.	9/30/2018	

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QIC	Quality & Analytics	Kelly Rex-Kimmet/ Tracy Hitzeman	Quality Program Oversight - Quality Withold	Earn Quality Withhold Dollars back for OneCare Connect in OCC QW program.	Quarterly monitoring and reporting to OCC Steering Committee and QIC	Annual Assessment	We reported performance on OCC Quality Withhold measures on a quarterly basis to the OCC Quality Withhold Steering Committee. Withhold funds for DY2 (MY2016) were received from CMS and distributed to eligible health networks in September 2018. For MY 2016, we earned back 50% of available quality withhold dollars. We anticipate improving our MY 2017 quality withhold earn back rate to 75%	Receive and distribute DY3 (MY2017) quality withhold funds to eligible health networks.	9/30/2019	
QIC	Quality & Analytics	Kelly Rex-Kimmet/ Sandeep Mital	Pay for Value	• Implement and monitor health network performance on P4V measures during the year; • Calculate and distribute the P4V incentive payments to participating health networks for MY 2017; and • Calculate and distribute the P4V incentive payments to participating providers in CCN for MY 2017	• Generate and share Prospective Rate reports monthly for all health networks on their performance on adult and child clinical measures • Complete review of 2017 measures at the end of the year • Hold provider education with Provider relations team to educate CCN providers and provider relations team on the new CCN P4V program. • Implement CCN P4V Prospective Rate reporting	National and State benchmarks	We generated and shared Prospective Rate reports on a monthly basis with participating health networks throughout the year. CCN P4V was implemented and communicated to providers. CCN P4V Provider rates for CCN providers were developed (including FQHCs) and shared with them on the Provider Portal, along with their member detail files in August and October of 2018. Health Network Pay for Value incentive checks were delivered to health networks at a P4V reception in December 2018.	CCN provider checks will be delivered in March 2019. Health Network overall performance for MY2018 on P4V measures will be generated and shared with networks in March 2019 when HEDIS preliminary rates are available after auditor approval. Routine monthly Prospective Rates reporting for health networks and CCN providers will commence from March 2019. P4V program for MY 2019 was approved by BOD in February, 2019. Begin work on P4V redesign for MY2020.	Mar-19	
QIC	Medical Affairs	Tracy Hitzeman/ Betsy Ha	MOC Dashboard 2016-2019	Present OC/OCC & SPD MOC Quality Matrix to QAC and Board of Directors by 2nd Quarter, 2018 ; Re-evaluate measurements through data analysis	Define analytics and resources to support the Model of Care for OC/OCC & SPD members; Implement activities to meet or exceed measures	Meet or exceed defined MOC Metrics	The MOC elements will be reported on the QIPE/PIPE and submitted as needed through the QI Workplan	Monitor through QI workplan reports	12/31/2018	
II. QUALITY OF CLINICAL CARE - CARE MANAGEMENT										
QIC	Case Management	Sloane Petrillo	Review of Health Risk Assessments for OCC New Beneficiaries	OCC- Health Risk Assessment Outreach for members in the OneCare Connect Program monitored for completion and collection for Initial HRA	OCC- Administer the initial HRA to the high risk beneficiary within 45 days of a beneficiary's enrollment OCC- Administer the initial HRA to the low risk beneficiary within 90 days of a beneficiary's enrollment	OCC High Risk Initial 56% OCC Low Risk Initial 43%	OCC High Risk Initial 66% collected (Quarter 4) OCC Low Risk Initial 58% collected (Quarter 4)	Continue to monitor for sustained improvement.	Q2 2019	
QIC	Case Management	Sloane Petrillo	Review of Health Risk Assessments for OC New Beneficiaries	OC- Health Risk Assessment Outreach for members in the OneCare Program monitored for completion for Initial HRA	OC - Administer the Initial HRA within 90 days of beneficiary eligibility.	For OC Initial HRA - Achieve Collection Rate of 78%, report quarterly	OC Initial HRA 59% collected (Quarter 4)	Plan to expand redesigned HRA and new question added to HRA on 01/2019 to promote engagement. New staff member added in 1/2019 due to staff turnover. Evaluate appropriatness of goal.	Q2 2019	

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QIC	Case Management	Sloane Petrillo	Review of Health Risk Assessments for SPD New Beneficiaries	SPD- Health Risk Assessment Outreach for Seniors and Persons with Disabilities monitored for completion for Initial HRA	SPD- Administer the initial HRA to the high risk beneficiary within 45 days of a beneficiary's eligibility; SPD- Administer the initial HRA to the low risk beneficiary within 105 days of a beneficiary's eligibility	For SPD Initial High Risk HRA - Achieve Collection Rate of 63% report quarterly	SPD High Risk Initial 62% collected (Quarter 4) SPD Low Risk Initial 60% collected (Quarter 4)	Continue to monitor for sustained improvement.	Q2 2019	GREEN
QIC	Case Management	Sloane Petrillo	Annual Collection and Review of Health Risk Assessments for OCC/ OC/ SPD existing members	OCC/OC/SPD Administer the annual HRA to the beneficiary to all participants	OCC/OC/SPD Administer the annual HRA to the beneficiary to all participants	OCC Annual 50% OC Annual 34% No goal set for SPD.	OCC Annual 64% collected (Quarter 4) OC Annual 55% collected (Quarter 4)	Continue to monitor. Consider increasing goal for 2020.	Q2 2019	GREEN
QIC	Case Management	Sloane Petrillo	High ER Utilization	Evaluation and intervention for ongoing review of high ER utilizers	Identify top 10 high ER utilizers for CCN per quarter (all lines of business); Open to case management with focused group of case managers ; Regular meetings to identify causes of high utilization and effective strategies for reduction in inappropriate ER utilization	5% reduction in ER visits among intervention cohort	Data pending system update and development of new reports.	Evaluate data from active cohorts. New cohort enrollment is pending development of new reports.	Q2 2019	GREEN
QIC	Case Management	Sloane Petrillo	Review Of Member Satisfaction With CM Programs	Annual review of member feedback on the case management programs to assure high satisfaction and improved health status	Review annual satisfaction survey results, define areas for improvement and implement interventions to improve member experience with CM programs	Satisfaction with Case Management - 88%	Overall Satisfaction with Case Management 60%	Perform further member level analysis of results, discuss results with complex case management team, identify barriers, and develop an action plan for improvement.	Q2 2019	YELLOW
QIC	Case Management	Sloane Petrillo	Coordination of CCS Medical Home and CalOptima PCP	Monitor coordination efforts between CCS Medical Home and CalOptima PCP's	Coordinated quarterly review with CCS. Establishment of pilot to address CCS questions. Root cause analysis completed.	90%	Quarter 4 sample yielded a match of 40% between the medical home and CalOptima PCP.	Continue working through pilot. Extensive discussion with CCS regarding barriers to achieving 90% match. Group agrees that Whole Child Model will result in 100% match. Planning underway for Whole Child Model which will ensure PCP alignment. Whole Child Model transition date has been moved to 7/1/2019. Recommend suspension of this goal due to changes in CCS Program administration.	7/1/2019	YELLOW
QIC	Case Management	Sloane Petrillo	HN MOC Oversight	Regular review of the Health Network's performance of MOC functions	Review of 100% of MOC files with monthly feedback provided to Health Networks	HN to achieve 80% score on file review monthly	OCC - All HNs met goal. OC - All HNs met goal. SPD - All HNs met goal.	Continue monitoring 100% of files to ensure compliance.	Q2 2019	GREEN

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III. QUALITY OF CLINICAL CARE - BEHAVIORAL HEALTH										
BHQIC	Behavioral Health	Edwin Poon	Follow-up Care for Children with Prescribed ADHD Medication (ADD) Initiation Phase	Increase chances to meet or exceed HEDIS goals through effective interventions that are aligned with current practice and technological options.	• Continue to hold monthly BH QI work group with representation from the various departments associated with the measures • Continue to work on current intervention focus for AMM and ADD HEDIS measures • BHI has several measures that are being monitored which may also serve as opportunity for improvements	Medicaid Goal Initiation 48.18%	Medi-Cal 2017 Final 38.95% P50 42.19% 2018 Final 42.07% P50 44.8% Nov 2018 PR rate 43.43% gap to 50th 18	Wait for Q4 claim/encounter lag for final results. Added this measure to 2019 QI work plan to continue to find and implement opportunities for improvement.	Q1 2019	(green)
BHQIC	Behavioral Health	Edwin Poon	Follow-up Care for Children with Prescribed ADHD Medication (ADD) Continuation Phase	Increase chances to meet or exceed HEDIS goals through effective interventions that are aligned with current practice and technological options.	• Continue to hold monthly BH QI work group with representation from the various departments associated with the measures • Continue to work on current intervention focus for AMM and ADD HEDIS measures • BHI has several measures that are being monitored which may also serve as opportunity for improvements	Medicaid Goal Continuation 44.80%	Medi-Cal 2017 Final 43.07% P50 52.47% 2018 Final 45.89% P50 55.9% Nov 2018 PR rate 48.49% gap to 50th 22	Wait for Q4 claim/encounter lag for final results. Added this measure to 2019 QI work plan to continue to find and implement opportunities for improvement.	Q1 2019	(green)
BHQIC	Behavioral Health	Edwin Poon	Antidepressant Medication Management (AMM) Acute Phase Treatment	Increase chances to meet or exceed HEDIS goals through effective interventions that are aligned with current practice and technological options.	• Continue to hold monthly BH QI work group with representation from the various departments associated with the measures • Continue to work on current intervention focus for AMM and ADD HEDIS measures • BHI has several measures that are being monitored which may also serve as opportunity for improvements	Medicaid 56.94% OneCare 75.00% OneCare Connect 63.45%	Medi-Cal 2017 Final 55.28% P50 53.38% 2018 Final 56.69% P50 51.89% Nov 2018 PR rate 58.64% MET OCC 2017 Final 60.56% P50 69.47% 2018 Final 62.59% P50 69.11% Nov 2018 PR rate 64.72% gap to 50th 18	Wait for Q4 claim/encounter lag for final results. Added this measure to 2019 QI work plan to continue to find and implement opportunities for improvement.	Q1 2019	(yellow)
BHQIC	Behavioral Health	Edwin Poon	Antidepressant Medication Management (AMM) Continuation Phase Treatment	Increase chances to meet or exceed HEDIS goals through effective interventions that are aligned with current practice and technological options.	• Continue to hold monthly BH QI work group with representation from the various departments associated with the measures • Continue to work on current intervention focus for AMM and ADD HEDIS measures • BHI has several measures that are being monitored which may also serve as opportunity for improvements	Medicaid 41.12% OneCare 53.90% OneCare Connect 47.09%	Medi-Cal 2017 Final 40.94% P50 38.06% 2018 Final 41.19% P50 36.19% Nov 2018 PR rate 41.79% MET OCC 2017 Final 43.17% P50 55.26% 2018 Final 45.41% P50 53.9% Nov 2018 PR rate 45.99% gap to 50th 33	Wait for Q4 claim/encounter lag for final results. Added this measure to 2019 QI work plan to continue to find and implement opportunities for improvement.	Q1 2019	(green)
BHQIC	Behavioral Health	Edwin Poon	Follow-up After Hospitalization within 30 days of discharge (FUH)	FUH measures the percentage of discharges for patients 6 years of age and older who were hospitalized for treatment of selected mental illness diagnoses and who had a follow up visit with a mental health practitioner.	Will monitor and measure - The percentage of discharges for which the patient received follow up within 30 days of discharge	OCC Quality Withold Goal 60.89%	FUH OCC 30 day rate 2017 Final 59.35% P50 49.81% 2018 Final 46.81% P50 52.4% Nov 2018 PR rate 38.89% gap to 50th 22	Wait for Q4 claim/encounter lag for final results. Added this measure to 2019 QI work plan to continue to find and implement opportunities for improvement.	Q1 2019	(yellow)

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BHQIC	Behavioral Health	Edwin Poon	Follow-up After Hospitalization within 7 days of discharge (FUH)	FUH measures the percentage of discharges for patients 6 years of age and older who were hospitalized for treatment of selected mental illness diagnoses and who had a follow up visit with a mental health practitioner.	Will monitor and measure - The percentage of discharges for which the patient received follow up within 7 days of discharge	OCC Quality Withold Goal 56%	FUH OCC 7 day rate 2017 Final 52.34% P50 30.8% 2018 Final 28.72% P50 31.21% Nov 2018 PR rate 22.84% gap to 50th 14	Wait for Q4 claim/encounter lag for final results. Added this measure to 2019 QI work plan to continue to find and implement opportunities for improvement.	Q1 2019	(Yellow)
BHQIC	Behavioral Health	Edwin Poon	Interdisciplinary Care Treatment Team Participation	Behavioral health services, integration and coordination of care will be monitored and measured	Monitor and identify opportunities to improve integration and coordination of care across settings and /or transitions of care through ICT/ICP	Maintain or improve the participation rate of 95% or higher for Medi-Cal, One Care and One Care Connect ICTs or ICPs completed	Medi-Cal CCN participation for BH ICTs continues to increase incrementally. Q3 BH reported a 70% participation rate and for Q4, the rate was 72%. Magellan implemented a >80% participation rate for OCC BH ICTs. No change from reported 100% participation rate between Q3 and Q4. YTD 99.3%.	BH Clinician targets Medi-Cal Population ICT invitations and participates in weekly ICT meetings to represent BH and invite external partners. MBHO targets OCC population in kind.	Q4 2019	(Green)
BHQIC	Behavioral Health	Edwin Poon	Adopt Behavioral Health Clinical Practice Guidelines	BH Clinical Practice Guidelines will be reviewed and adopted	Adoption of at least two behavioral health Clinical practice guidelines will be reviewed and adopted	Annual Adoption of BH Clinical Practice Guidelines	BH Clinical Practice Guidelines in place are still relevant and the most updated clinically sound guidelines for use by practitioners providing behavioral health services.	This item will be migrated to maintenance of business process in 2019. CPGs are reviewed each year for continued relevance and bi-annually for adoption or replacement.	Reviewed for 2018 in Q1 and confirmed relevance for continued use. New review required for 2019.	(Green)
IV. QUALITY OF CLINICAL CARE - LONG TERM SERVICES AND SUPPORTS										
UMC	LTSS	Steven Chang	Operational Performance CBAS	100 % Compliance	Timeliness of Determination Inquiry to CEDT completion	CBAS CEDT TAT 100% completed within 30 calendar days of request for services.	QTR 4 CBAS CEDT 99.57%	Continue to Monitor	On-Going	(Green)
UMC	LTSS	Steven Chang	Operational Performance	Consistent application of guidelines	Inter-Rater Reliability (IRR) assessment to ensure consistent application of guidelines	Annual IRR assessment will reflect a score ≥ 90% Annual Assessment occurs in Quarter 2	N/A	LTSS Clinical staff will complete IRR testing in May 2019	Q2 20199	(Green)
UMC	LTSS	Steven Chang	Operational Performance MSSP	Ensure provision of MSSP to maximal participants (within program constraints).	Monitor New Admissions Discharges (voluntary terminations and involuntary terminations)	Discharges will not exceed New Admissions by more than two members during the quarter.	QTR 4 New Admissions 30 Voluntary Terminations 14 Involuntary Terminations 24	Continue to Monitor	On-Going	(Yellow)
LTSS-QISC	LTSS	Steven Chang	Number of CBAS members transitioned to LTC.	Promote continued community placement when safe and appropriate.	Track CBAS participants who transition to LTC.	Less than 0.50% of CBAS participants will transition to LTC during the quarter.	QTR 4 Medi-Cal 9/2,410 (0.37%) OCC 2/182 (1.10%)	Continue to Monitor	On-Going	(Green)

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UMC	LTSS	Steven Chang	Overall Ratio of average CBAS utilization (delivered) to average authorization (approved) for CBAS participation days.	Ensure appropriate level (amount) of CBAS services.	Implement processes to track authorized days versus actual participant days. Evaluate variance reasons (e.g. illness, hospitalized, vacation)	80% of authorized CBAS participation days will be utilized/delivered.	QTR 4 95,553 Days Used of 123,588 Authorized (77.32%)	Continue to Monitor	On-Going	
LTSS-QISC	LTSS	Steven Chang	Overall ratio of members participating in CBAS versus potentially program-eligible members.	Promote continued community placement with HCBS when safe and appropriate.	Quarterly reporting	Overall CBAS participation ratio does not decrease from previous quarter.	QTR 4 OCC 182/14,694 (1.24%) Increase Medi-Cal 2,410/109,628 (2.21%) Increase	Continue to Monitor	On-Going	
LTSS-QISC	LTSS	Steven Chang/Laura Guest	Member satisfaction	Evaluate member satisfaction with LTSS programs.	Annual member satisfaction survey CBAS and LTC	Average CBAS Member Satisfaction will exceed 85%. Average LTC Member Satisfaction will exceed 65%.	N/A	LTSS Satisfaction Surveys to be completed in 2019	Q2 2019	
LTSS-QISC	LTSS	Steven Chang	Overall ratio of members residing in LTC versus entire OCC/SPD memberships.	Monitor impact of HCBS in promoting residence in least restrictive environment.	Quarterly reporting	Overall LTC residency ratio does not increase from previous quarter.	QTR 4 OCC 230/14,694 (1.57%) Increase SPD 4,986/109,628 (4.54%) Increase	Continue to Monitor	On-Going	
LTSS-QISC	LTSS	Steven Chang	Number of LTC members successfully transitioned out to a lower LOC/community.	Monitor impact of focused transition efforts supporting member transitions to the community.	Quarterly reporting	Percentage of LTC members successfully transitioned to lower LOC/community does not decrease from previous quarter.	QTR 4 73 of 5,216 members (1.40%)	Continue to Monitor	On-Going	
LTSS-QISC	LTSS	Steven Chang	MSSP Transition Planning	Coordinated transition of all MSSP members into new benefit model.	Transition planning involving DHCS, CDA, internal and external stakeholders.	1/1/2020 is scheduled transition date.	Meetings with internal stakeholders held.	Conitnue communication and coordination with DHCS and CDA.	Q1 2020	
V. QUALITY OF CLINICAL CARE - HEDIS										
QIC	Quality Analytics	Paul Jiang/ Marsha Choo	Improve identified HEDIS Measures	Comprehensive Diabetes Care (CDC) HbA1c Testing	Outreach to members who are due for HbA1c testing. Interventions may include; targeted mailings, educational outreach by health coaches/educators and incentives.	Medicaid 87.1% OneCare 93.82% OneCare Connect 91.73%	**HEDIS 2018 Final Rates:** Medicaid 90.75%; **Met Goal** OneCare 90.32%; Goal not met OneCare Connect 90.05%; Goal not met **Nov 2018 Prospective Rates:** Medicaid 85.01% OneCare 89.25% OneCare Connect 87.60% - All LOBs are performing better when compared to same time last year.	Continue with implementing interventions; 1) Targeting high-volume CCN provider offices, 2) DM Member incentive programs to be implemented Q2, 2018, 3) targeted mailings, 4) educational outreach by health coaches/ educators.	Q4 2018	

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QIC	Quality Analytics	Paul Jiang/ Marsha Choo	Improve identified HEDIS Measures	Comprehensive Diabetes Care (CDC) HbA1c Poor Control (>9.0%)	Outreach to members who have poor or uncontrolled HbA1c levels. For the CCN population, targeted outreach to high volume providers via medical director outreach. Interventions may include; targeted mailings, educational outreach by health coaches/educators and incentives and members are identified and enrolled in the disease management program with opt-out option.	Medicaid 29.07% OneCare 20% OneCare Connect 27%	HEDIS 2018 Final Rates: Medicaid 22.87%; **Met Goal** OneCare 18.95%; **Met Goal** OneCare Connect 21.94%; **Met Goal** **A lower rate is better for this measure.** Nov 2018 Prospective Rates: Medicaid 52.79% OneCare 58.42% OneCare Connect 56.53% - MC and OCC are performing lower when compared to same time last year. Whereas OC is performing better than same time last year.	Continue with implementing interventions; 1) Targeting high-volume CCN provider offices, 2) DM Member incentive programs to be implemented Q2, 2018, 3) targeted mailings, 4) educational outreach by health coaches/ educators.	Q4 2018	🟨
QIC	Quality Analytics	Paul Jiang/ Marsha Choo	Improve identified HEDIS Measures	Comprehensive Diabetes Care (CDC) HbA1c Control (<8.0%)	Interventions may include; targeted mailings with educational materials. Members are identified and enrolled in the disease management program with opt-out option.	Medicaid 59.12% OneCare 69.71% OneCare Connect 64.72%	HEDIS 2018 Final Rates: Medicaid 91.73%; **Met Goal** OneCare 89.52%; Goal not met OneCare Connect 95.15%; Goal not met Nov 2018 Prospective Rates: Medicaid 40.32% OneCare 34.05% OneCare Connect 37.82% All LOBs are performing better when compared to same time last year.	Continue with implementing interventions; 1) Targeting high-volume CCN provider offices, 2) targeted mailings, 3) educational outreach by health coaches/educators.	Q4 2018	🟩
QIC	Quality Analytics	Paul Jiang/ Marsha Choo	Improve identified HEDIS Measures	Comprehensive Diabetes Care (CDC) Eye Exam	Targeted outreach to members who are due for a diabetic eye exam. Interventions may include; targeted mailings, educational outreach by health coaches/educators and incentives and members are identified and enrolled in the disease management program with opt-out option.	Medicaid 65.83% OneCare 81% OneCare Connect 81%	HEDIS 2018 Final Rates: Medicaid 72.26%; **Met Goal** OneCare 79.03%; Goal not met by <1% OneCare Connect 69.90%; Goal not met <1% Nov 2018 Prospective Rates: Medicaid 54.92% OneCare 59.86% OneCare Connect 67.93% All LOB rates are higher when compared to same time last year.	Continue with implementing interventions; 1) Targeting high-volume CCN provider offices, 2) DM Member incentive programs to be implemented Q2, 2018, 3) targeted mailings, 4) educational outreach by health coaches/educators.	Q4 2018	🟩
QIC	Quality Analytics	Paul Jiang/ Marsha Choo	Improve identified HEDIS Measures	Comprehensive Diabetes Care (CDC) Medical Attention for Nephrology	Targeted outreach to members who are due for a screening. Interventions may include; targeted mailings, educational outreach by health coaches/educators and incentives and members are identified and enrolled in the disease management program with opt-out option.	Medicaid 91.24% OneCare 94% OneCare Connect 96%	HEDIS 2018 Final Rates: Medicaid 91.73%; **Met Goal** OneCare 89.52%; Goal not met OneCare Connect 95.15%; Goal not met Nov 2018 Prospective Rates: Medicaid 90.71% OneCare 92.83% OneCare Connect 95.15% All LOBs are performing better when compared to same time last year.	Continue with implementing interventions; 1) Targeting high-volume CCN provider offices, 2) targeted mailings, 3) educational outreach by health coaches/educators.	Q4 2018	🟩

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Reports to	Department	Person(s) Responsible	2018 QI Work Plan Element	Objective	Planned Activities	2018 Goal/Timeline	Results/Metrics: Assessments, Findings, and Monitoring of Previous Issues	Next Steps	Target Completion	Red - At Risk Yellow - Concern Green - On Target (4Q)
QIC	Quality Analytics	Paul Jiang/ Marsha Choo	Improve identified HEDIS Measures	Comprehensive Diabetes Care (CDC) Blood Pressure Control (<140/90 mm Hg	Outreach to diabetic members with high blood pressure. Interventions may include; targeted mailings, educational outreach by health coaches/educators and incentives and members are identified and enrolled in the disease management program with opt-out option.	Medicaid 72.24% OneCare 80.12 OneCare Connect 70.83%	**HEDIS 2018 Final Rates:** Medicaid 72.26%; **Met Goal** OneCare 79.03%; Goal not met by <1% OneCare Connect 69.90%; Goal not met <1% **Nov 2018 Prospective Rates:** Medicaid 23.12% OneCare 41.22% OneCare Connect 34.23% All LOB rates are higher when compared to same time last year.	Continue with implementing interventions; 1) Targeting high-volume CCN provider offices, 2) DM Member incentive programs to be implemented Q2, 2018, 3) targeted mailings, 4) educational outreach by health coaches/educators.	Q4 2018	🟩
QIC	Quality Analytics	Paul Jiang/ Marsha Choo	Improve identified HEDIS Measures	All-Cause Hospital Readmissions (PRC)	Continue to implement the Transition of Care program; focus on the health coaching intervention.	OneCare 6% OneCare Connect 9%	**HEDIS 2018 Final Rates:** OneCare OneCare Connect **Nov 2018 Prospective Rates:** OneCare 15.22% OneCare Connect 12.13% - OC rates are lower and OCC rates are better when compared to last year and close to the goal of 9%.	Continue to implement the Transition of Care program; focus on the health coaching intervention. Working on improving data process and validating results on a monthly basis	Q4 2018	🟨
QIC	Quality Analytics	Paul Jiang/ Marsha Choo	Improve identified HEDIS Measures	Prenatal and Postpartum Care Services (PPC) Timeliness of Prenatal Care	Targeted outreach to members who are due for prenatal/postpartum visits. Interventions may include; targeted mailings and incentives. The Bright Steps maternal health program is set to launch July, 2018.	Medicaid 86.79%	**HEDIS 2018 Final Rate:** Medicaid 86.16%; Goal not met by <1% **Nov 2018 Prospective Rates:** Medicaid 74.81% - Prenatal rate is slightly lower when compared to same time last year.	Continue with targeted prenatal and postpartum mailings until the launch of the Bright Steps program. Implement the member incentive program in June, 2018.	Q4 2018	🟨
QIC	Quality Analytics	Paul Jiang/ Marsha Choo	Improve identified HEDIS Measures	Prenatal and Postpartum Care Services (PPC) Postpartum Care	Targeted outreach to members who are due for prenatal/postpartum visits. Interventions may include; targeted mailings and incentives. The Bright Steps maternal health program is set to launch July, 2018.	Medicaid 69.44%	**HEDIS 2018 Final Rate:** Medicaid 71.75%; **Met Goal** **Nov 2018 Prospective Rates:** Medicaid 52.72 % - Postpartum rate is higher when compared to same time last year.	Continue with targeted prenatal and postpartum mailings until the launch of the Bright Steps program. Member incentive program launched in Q2. [Runs from June 1- Dec. 31, 2018]	Q4 2018	🟩
QIC	Quality Analytics	Paul Jiang/ Marsha Choo	Improve identified HEDIS Measures	Childhood Immunization Status (CIS) Combo 3	Targeted outreach to members who are due for an immunization. Interventions may include; preventive screening events, target mailings, incentives, and facets pop-ups.	Medicaid 74.39%	**HEDIS 2018 Final Rate:** Medicaid 74.94%; **Met Goal** **Nov 2018 Prospective Rates:** Medicaid 51.98% - Rate is higher when compared to same time last year.	Implement the next series of "CalOptima Day" events which includes a member and provider incentive in Q3, 2018. These events will impact the following measures [CIS, IMA, WC15, W34, AWC]	Q4 2018	🟩

Reports to	Department	Person(s) Responsible	2018 QI Work Plan Element	Objective	Planned Activities	2018 Goal/Timeline	Results/Metrics: Assessments, Findings, and Monitoring of Previous Issues	Next Steps	Target Completion	Red - At Risk Yellow - Concern Green - On Target (4Q)
QIC	Quality Analytics	Paul Jiang/ Marsha Choo	Improve identified HEDIS Measures	Childhood Immunization Status (CIS) Combo 10	Targeted outreach to members who are due for an immunization. Interventions may include; preventive screening events, target mailings, incentives, and facets pop-ups.	Medicaid 37.23%	**HEDIS 2018 Final Rate:** Medicaid 45.01%; **Met Goal** **Nov 2018 Prospective Rates:** Medicaid 29.98% - Rate is higher when compared to same time last year.	Implement the next series of "CalOptima Day" events which includes a member and provider incentive in Q3, 2018. These events will impact the following measures [CIS, IMA, WC15, W34, AWC]	Q4 2018	Green
QIC	Quality Analytics	Paul Jiang/ Marsha Choo	Improve identified HEDIS Measures	Lower Back Pain (LBP)	Provider education and outreach	Medicaid 74.40%	**HEDIS 2018 Final Rate:** Medicaid 70.50%; Goal not met **Nov 2018 Prospective Rates:** Medicaid 71.20% - Rate is higher when compared to same time last year. Measure currently at the 50th percentile.	Developing a news article for Provider Update and/or targeted mailings to Providers.	Q4 2018	Yellow
QIC	Quality Analytics	Paul Jiang/ Marsha Choo	Improve identified HEDIS Measures	Adult's Access to Preventive/Ambulatory Health Services (AAP) (Total)	Targeted outreach to members who are due for a preventive visit. Interventions may include; preventive screening events, target mailings, incentives, and facets pop-ups.	Medicaid 76.17%	**HEDIS 2018 Final Rate:** Medicaid 68.65%; Goal not met **Nov 2018 Prospective Rates:** Medicaid 66.48% - Rate is higher when compared to same time last year	Implement PIP activities focusing on targeted provider offices. Develop/Update educational materials for members to be included in newsletters.	Q4 2018	Green
QIC	Quality Analytics	Paul Jiang/ Marsha Choo	Improve identified HEDIS Measures	Children's Access to Primary Care Practitioners (CAP) 12-24 months	Targeted outreach to members who are due for a preventive visit. Interventions may include; preventive screening events, target mailings, incentives, and facets pop-ups.	Medicaid 95.7%	**HEDIS 2018 Final Rate:** Medicaid 93.44%; Goal not met by 2.26% **Nov 2018 Prospective Rates:** Medicaid 93.04% - Rate is lower when compared to same time last year.	Implement the next series of "CalOptima Day" events which includes a member and provider incentive in Q3, 2018. These events will impact the following measures [CIS, IMA, WC15, W34, AWC]. Close to reaching goals for all submeasures. Activities are in progress.	Q4 2018	Yellow
QIC	Quality Analytics	Paul Jiang/ Marsha Choo	Improve identified HEDIS Measures	Children's Access to Primary Care Practitioners (CAP) 25 months - 6 years	Targeted outreach to members who are due for a preventive visit. Interventions may include; preventive screening events, target mailings, incentives, and facets pop-ups.	Medicaid 87.87%	**HEDIS 2018 Final Rate:** Medicaid 87.63%; Goal not met by <1% **Nov 2018 Prospective Rates:** Medicaid 80.83% - Rate is lower when compared to same time last year	Implement the next series of "CalOptima Day" events which includes a member and provider incentive in Q3, 2018. These events will impact the following measures [CIS, IMA, WC15, W34, AWC]. Close to reaching goals for all submeasures. Activities are in progress.	Q4 2018	Yellow

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Reports to	Department	Person(s) Responsible	2018 QI Work Plan Element	Objective	Planned Activities	2018 Goal/Timeline	Results/Metrics: Assessments, Findings, and Monitoring of Previous Issues	Next Steps	Target Completion	Red - At Risk Yellow - Concern Green - On Target (4Q)
QIC	Quality Analytics	Paul Jiang/ Marsha Choo	Improve identified HEDIS Measures	Children's Access to Primary Care Practitioners (CAP) 7-11 years	Targeted outreach to members who are due for a preventive visit. Interventions may include; preventive screening events, target mailings, incentives, and facets pop-ups.	Medicaid 90.77%	**HEDIS 2018 Final Rate:** Medicaid 90.67%; Goal not met by <1% **Nov 2018 Prospective Rates:** Medicaid 89.34% - Rate is lower when compared to same time last year	Implement the next series of "CalOptima Day" events which includes a member and provider incentive in Q3, 2018. These events will impact the following measures [CIS, IMA, WC15, W34, AWC]. Tdap targets members 10-13 years olds which impact CAP population. Close to reaching goals for all submeasures. Activities are in progress.	Q4 2018	(yellow)
QIC	Quality Analytics	Paul Jiang/ Marsha Choo	Improve identified HEDIS Measures	Children's Access to Primary Care Practitioners (CAP) 12-19 years	Targeted outreach to members who are due for a preventive visit. Interventions may include; preventive screening events, target mailings, incentives, and facets pop-ups.	Medicaid 89.52%	**HEDIS 2018 Final Rate:** Medicaid 87.32%; Goal not met 2.2% **Nov 2018 Prospective Rates:** Medicaid 86.49% - Rate is lower when compared to same time last year	Implement the next series of "CalOptima Day" events which includes a member and provider incentive in Q3, 2018. These events will impact the following measures [CIS, IMA, WC15, W34, AWC]. Events also impacts the CAP population. Close to reaching goals for all submeasures. Activities are in progress.	Q4 2018	(yellow)
QIC	Quality Analytics	Paul Jiang/ Marsha Choo	Improve identified HEDIS Measures	Cervical Cancer Screening (CCS)	Targeted outreach to members who are due for a screening. Interventions may include; preventive screening events, target mailings, incentives, and facets pop-ups.	Medicaid 58.48%	**HEDIS 2018 Final Rate:** Medicaid 60.24%; **Met Goal** **Nov 2018 Prospective Rates:** Medicaid 56.04% - Rate is higher when compared to same time last year	Implement the member incentive program in June, 2018. Plan targeted mailings.	Q4 2018	(green)
QIC	Quality Analytics	Paul Jiang/ Marsha Choo	Improve identified HEDIS Measures	Well-Child Visits in the 3rd, 4th, 5th and 6th Years of Life (W34)	Targeted outreach to members who are due for a screening. Interventions may include; wellness events at high volume provider sites, target mailings, incentives, and facets pop-ups.	Medicaid 80.64%	**HEDIS 2018 Final Rate:** Medicaid 83.15%; **Met Goal** **Nov 2018 Prospective Rates:** Medicaid 60.73% - Rate is lower when compared to same time last year	Planning the next series of "CalOptima Day" events which includes a member and provider incentive. These events will impact the following measures [CIS, IMA, WC15, W34, AWC]	Q4 2018	(yellow)
QIC	Quality Analytics	Paul Jiang/ Marsha Choo	Improve identified HEDIS Measures	Well-Care Visits in first 15 months of life (W15)	Targeted outreach to members who are due for a screening. Interventions may include; wellness events at high volume provider sites, target mailings, incentives, and facets pop-ups.	Medicaid 56.11%	**HEDIS 2018 Final Rate:** Medicaid 48.18%; Goal not met **Nov 2018 Prospective Rates:** Medicaid 31.57% - Rate is higher when compared to same time last year	Planning the next series of "CalOptima Day" events which includes a member and provider incentive. These events will impact the following measures [CIS, IMA, WC15, W34, AWC]	Q4 2018	(yellow)

Reports to	Department	Person(s) Responsible	2018 QI Work Plan Element	Objective	Planned Activities	2018 Goal/Timeline	Results/Metrics: Assessments, Findings, and Monitoring of Previous Issues	Next Steps	Target Completion	Red - At Risk Yellow - Concern Green - On Target (4Q)
QIC	Quality Analytics	Paul Jiang/ Marsha Choo	Improve identified HEDIS Measures	Appropriate Testing for Children with Pharyngitis (CWP)	Provider outreach at PCP sites, Target urgent care centers	Medicaid 67.15%	**HEDIS 2018 Final Rate:** Medicaid 55.37%; Goal not met **Nov 2018 Prospective Rates:** Medicaid 57.03% - Rate is higher when compared to same time last year	Focus is on Urgent Care centers. Purchasing kits to distribute to CCN contracted Urgent Care centers and some targeted high-volume offices.	Q4 2018	
QIC	Quality Analytics	Paul Jiang/ Marsha Choo	Improve identified HEDIS Measures	Colorectal Cancer Screening (COL)	Targeted outreach to members who are due for a screening. Interventions may include; preventive screenings event, target mailings, incentives, and facets pop-ups.	OneCare 63% OneCare Connect 63%	**HEDIS 2018 Final Rates:** OneCare 63.07%; **Met Goal** OneCare Connect 61.99%; Goal not met **Nov 2018 Prospective Rates:** OneCare 55.17 % OneCare Connect 52.19% - OC and OCC rates are better when compared to same time last year.	Add article in OCC newsletter and/or send targeted mailing to OC and OCC members in Q4.	Q4 2018	
QIC	Quality Analytics	Paul Jiang/ Marsha Choo	Improve identified HEDIS Measures	Care of Older Adult (COA) Medication Review	Targeted outreach to providers; obtain ICP for each members	OneCare 88% OneCare Connect 79%	**HEDIS 2018 Final Rates:** OneCare 90.13%; **Met Goal** OneCare Connect 79.81%; **Met Goal** **Nov 2018 Prospective Rates:** OneCare 40.00% OneCare Connect 33.81% - OC and OCC rates are better when compared to same time last year.	Case Management to continue outreaching and obtaining ICPs. CM updated the HRA form and collect information at first contact with members. Implement OCC PIP project that focuses on ICP 1.5 and 1.6 (ICP completion for high/low risk members and discussion of care goals).	Q4 2018	
QIC	Quality Analytics	Paul Jiang/ Marsha Choo	Improve identified HEDIS Measures	Care of Older Adult (COA) Functional Status Assessment	Targeted outreach to providers; obtain ICP for each member	OneCare 67% OneCare Connect 67%	**HEDIS 2018 Final Rates:** OneCare 73.68%; **Met Goal** OneCare Connect 59.37%; Goal not met **Nov 2018 Prospective Rates:** OneCare 39.23% OneCare Connect 35.70 % - OC and OCC rates are better when compared to same time last year.	Case Management to continue outreaching and obtaining ICPs. CM updated the HRA form and collect information at first contact with members. Implement OCC PIP project that focuses on ICP 1.5 and 1.6 (ICP completion for high/low risk members and discussion of care goals).	Q4 2018	

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Reports to	Department	Person(s) Responsible	2018 QI Work Plan Element	Objective	Planned Activities	2018 Goal/Timeline	Results/Metrics: Assessments, Findings, and Monitoring of Previous Issues	Next Steps	Target Completion	Red - At Risk Yellow - Concern Green - On Target (4Q)
QIC	Quality Analytics	Paul Jiang/ Marsha Choo	Improve identified HEDIS Measures	Care of Older Adult (COA) Pain Assessment	Targeted outreach to providers; obtain ICP for each member	OneCare 94% OneCare Connect 80%	**HEDIS 2018 Final Rates:** OneCare 88.16%; Goal not met OneCare Connect 75.67%; Goal not met **Nov 2018 Prospective Rates:** OneCare 41.54% OneCare Connect 36.42% - OC and OCC rates are better when compared to same time last year.	Case Management to continue outreaching and obtaining ICPs. CM updated the HRA form and collect information at first contact with members. Implement OCC PIP project that focuses on ICP 1.5 and 1.6 (ICP completion for high/low risk members and discussion of care goals).	Q4 2018	Green
QIC	Quality Analytics	Paul Jiang/ Marsha Choo	Improve identified HEDIS Measures	Breast Cancer Screening (BCS)	Targeted outreach to members who are due for a screening. Interventions may include; mobile mammography event, target mailings, incentives, and facets pop-ups.	Medicaid 65.52% OneCare 78% OneCare Connect 78%	**HEDIS 2018 Final Rates:** Medicaid 63.73%; Goal not met OneCare 66.13%; Goal not met OneCare Connect 66.93%; Goal not met **Nov 2018 Prospective Rates:** Medicaid 59.35% OneCare 70.03% OneCare Connect 62.01 % - All LOB rates are lower when compared to same time last year.	Implement the Medi-Cal member incentive program in June, 2018. Caloptima to collaborate with community clinics to host mobile mammography screening events for CCN members. CalOptima is contracted with Alinea (mobile mammography vendor) to provide direct services to CCN members.	Q4 2018	Green
QIC	Quality Analytics	Paul Jiang/ Marsha Choo	Improve identified HEDIS Measures	Avoidance of Antibiotic Treatment in Adults with Acute Bronchitis (AAB)	Provider education via the AWARE Toolkit.	Medicaid 24.91%	**HEDIS 2018 Final Rate:** Medicaid 25.05%; **Met Goal** **Nov 2018 Prospective Rates:** Medicaid 26.90% - Rates are better when compared to same time last year.	Send AWARE toolkit in Q4, 2018.	Q4 2018	Yellow
QIC	Pharmacy	Nicki Ghazanfarpour, Pharm.D.	Improve identified HEDIS Measures	Statin Therapy for Patients with Cardiovascular Disease (SPC)	Physician notification faxes	MCAL Statin therapy 75.85% OCC Statin therapy 73.56 Adherence 71.14% OC Denominator too small last year to set goal	MCAL: faxes sent to 293 providers for 797 members OCC: faxes sent to 130 providers for 180 members OC: faxes sent to 7 providers for 8 members Failed faxes: 3 failed fax for 3 prescriber (18 members) Barriers: -HEDIS registry data refreshes in January so intervention data has to be tweaked to take into account end of the year pharmacy claims for statins (more manual) -Some members do not have PCPs assigned -True prospective rates for adherence submeasure not readily available--special request to QI to pull it because HEDIS registry report is not a true assessment of current adherence rates Members removed from intervention due to: -Loss of eligibility Provider responses prompting removal from intervention faxes: -Member can not tolerate a moderate/high potency statin -Member has allergy to statins -Member can not tolerate any statin -Contraindications for taking a statin Enhancements: -Adherence calculation (Proportion of Days Cover- <PDC> Adherence Star measure) is being automized to calculate continued adherence rate with a 12 month look back. This real-time rate will be used to flag and target members who are on a statin but remain non-adherent (PDC <80%) -Starting 3Q18 PDC percentage was included in the provider notifications for all non-adherent members 2018 Final HEDIS rates: MCAL: Statin therapy: 75.97% (50th percentile); Adherence: 72.34% (75th percentile) OCC: Statin therapy: 73.62% (25th percentile); Adherence: 73.29% (25th percentile)	1Q19 Faxes	Mar-19	Green

Reports to	Department	Person(s) Responsible	2018 QI Work Plan Element	Objective	Planned Activities	2018 Goal/Timeline	Results/Metrics: Assessments, Findings, and Monitoring of Previous Issues	Next Steps	Target Completion	Red - At Risk Yellow - Concern Green - On Target (4Q)
QIC	Pharmacy	Nicki Ghazanfarpour, Pharm.D.	Improve identified HEDIS Measures	Statin Therapy for Patients with Diabetes (SPD)	Physician notification faxes	MCAL Statin therapy 66.31% Adherence 67.76% (5/2/18- OC/OCC was added to goal/Timeline) OCC Statin therapy 73.83% Adherence 74.75% OC Statin therapy 67.37% Adherence 77.13%	MCAL: faxes sent to 574 providers for 7293 members OCC: faxes sent to 368 providers for 868 members OC: faxes sent to 50 providers for 63 members Failed faxes: 10 failed faxes for 10 unique prescribers 127 members (across all LOBs) Barriers: -HEDIS registry data refreshes in January so intervention data has to be tweaked to take into account end of the year pharmacy claims for statins (more manual) -Bad/Missing data: Incorrect fax numbers oudated provider locations PCPs not assigned -True prospective rates for adherence submeasure not readily available until close of look of year Members removed from intervention due to: -Loss of eligibility Provider responses prompting member removal from intervention: -Member does not have diabetes -Member refuses to take statin Enhancements: -Adherence calculation (Proportion of Days Cover- <PDC> Adherence Star measure) is being automized to calculate continued adherence rate with a 12 month look back. This real-time rate will be used to flag and target members who are on a statin but remain non-adherent (PDC <80%) -Starting 3Q18 PDC percentage was included in the provider notifications for all non-adherent members 2018 Final HEDIS Rates: MCAL: Statin therapy: 66.81% (75th percentile) ; Adherence: 67.76% (75th percentile) OCC: Statin therapy: 72.13% (50th percentile); Adherence: 72.36% (25th percentile) OC: Statin therapy: 72.43% (50th percentile); Adherence: 78.36% (50th percentile)	1Q19 Faxes	Mar-19	
QIC	Pharmacy	Nicki Ghazanfarpour, Pharm.D.	Improve identified HEDIS Measures	Persistence of Beta Blocker Treatment after a Heart Attack (PBH)	Physician notification faxes	MCAL 80.95% (5/2/18- OC/OCC was added to goal/Timeline) OCC 96.1% OC Denominator too small last year to set goal	MCAL: faxes sent to 178 providers for 304 members OCC: faxes sent to 42 providers for 47 members OC: faxes sent to 2 providers for 2 members Failed faxes: none Barriers: -HEDIS registry data refreshes in January so intervention data has to be tweaked to take into account end of the year pharmacy claims for beta blockers Enhancements: -Measurement time frame is July 31-June 30 for the inpatient event (denominator) then followed for 6 months June 30-December 31st (Numerator); Fax included members who were identified with an inpatient event from July 31 2018-December 31 2018 -Failed faxes require manual intervention Members removed from intervention due to: -Loss of eligibility 2018 Final HEDIS rates: MCAL: 75.91%; below 25th percentile	1Q19 Faxes	Mar-19	

VI. QUALITY OF CLINICAL CARE - HEALTH EDUCATION & DISEASE MANAGEMENT

Reports to	Department	Person(s) Responsible	2018 QI Work Plan Element	Objective	Planned Activities	2018 Goal/Timeline	Results/Metrics: Assessments, Findings, and Monitoring of Previous Issues	Next Steps	Target Completion	
QIC	HE & DM	Pshyra Jones	Initial Health Assessment Completion Rate	To assure all new members are connected with a PCP and their health risks are assessed	IHA/IHEBA [Staying Healthy Assessment(SHA)] will be completed within 120 days of enrollment; Reports will be available for Health Networks on IHA/SHA completion; Facility Site Reviews will review a sample of medical records for compliance with completing appropriate age level IHA/SHA; If use of alcohol or drugs, the member will have an SBIRT documented (Screening, Brief Intervention, and Referral to Treatment)	Improve plan performance over 2017 by 5%	IHA Completion Rates* Q1 2018 - 43.69% Q2 2018 - 40.59% Q3 2018 - 43.79% Q4 2018 - 41.94% *Data as of 2/7/19; IHA performance calculated as fully met + partially met (Fully Met Evidence of an IHA visit and SHA within 120 days of member effective date; Partially Met Evidence of an IHA visit or SHA within 120 days of member effective date)	None	2/13/2018	

Reports to	Department	Person(s) Responsible	2018 QI Work Plan Element	Objective	Planned Activities	2018 Goal/Timeline	Results/Metrics: Assessments, Findings, and Monitoring of Previous Issues	Next Steps	Target Completion	Red - At Risk Yellow - Concern Green - On Target (4Q)
QIC	HE & DM	Pshyra Jones	Review of Disease Management Programs	Disease Management activity reviewed to assess clinical care delivered to members with Asthma, Diabetes and Heart Failure	Develop DM Program interventions to help improve HEDIS measures such as AMR, MMA, MPM, CBP; Assure DM programs are implemented across all populations; Conduct annual member satisfaction of DM programs; Evaluate the overall effectiveness of the Program-Participation Member Rates, ED, IP and RX related utilization	Improve program participation rates over 2017 by 3% Reduce ED and IP rates for program participants by 3% Increase member satisfaction with DM Programs to 90%	November 2018 Medi-Cal Prospective Rates: AMR 5-11: 67.70% ↓ 2.22% since September - 25th percentile MMA 5-64: 33.41% ↑12.14% since September - 50th percentile HbA1c Testing: 85.01% ↑ 4.51% since September - 25th percentile HbA1c Poor Control: 52.79% ↓6.69% since September - decrease is better - below 25th percentile Eye Exam: 54.92% ↑5.69% since September - 25th percentile Annual Monitoring for Patients on Persistent Medications (MPM) Ace Inhibitors or ARBs: 86.80% - ↑ 1.97% since September - 25th percentile 2018 DM Satisfaction -93.4% actively managed DM members are overall satisfied with CalOptima's DM Programs November 2018 OC Prospective Rates: HbA1c Testing 89.25% ↑7.98% since September 2018 - below 25th percentile HbA1c Poor Control: 58.42% ↑13.86% since September - decrease is better - below 25th percentile Eye Exam: 59.86% ↑4.43% since September - below 25th percentile Annual Monitoring for Patients on Persistent Medications (MPM) Ace Inhibitors or ARBs: 91.11% - ↑ 5.86% since September - 25th percentile November 2018 OCC Prospective Rates: HbA1c Testing: 87.60% ↑ 4.56% since September 2018 - below 25th percentile HbA1c Poor Control: 56.53% ↑15.14% since September - decrease is better - below 25th percentile Eye Exam: 67.93% ↑5.89% since September - 25th percentile Annual Monitoring for Patients on Persistent Medications (MPM) Ace Inhibitors or ARBs: 89.76% - ↑ 5.2% since September -below 25th percentile	*Identified programming issues with Diabetes methodology were resolved, removing Type 1 diabetics and deceased members from identification process. *Continue efforts with Alturista Health to improve member triage and referral to staff (Round Robin) * Completed the targeted member incentives for Diabetes eye exam and A1C testing.	On-Going	
QIC	HE & DM	Pshyra Jones	Implementation of Population Health & Wellness Programs	Expand child and adolescent components for the Shape Your Life/Weight Management Program; Implement Weight Watchers benefit for Shape Your Life CalOptima Medi-Cal members age 15 years or greater; Design and implement a comprehensive Perinatal Health Program	Establish program goals, objectives and interventions; Develop clinical and operational components to expand the reach and capability; Identify program resources and vendor support (Provider, Health Ed/RD linkages, Community Based Organizations); Implementation of revised program design	Implement revised program design-2018; Evaluate progress semi-annually	In 2018 Shape Your Life (SYL) was redesigned and implemented. The goals of the program were to: 1) Increase youth member access to weigh management program(s) 2) Increase doctor-patient relationships regarding healthy weight and nutrition & physical activity counseling and 3) Increase member nutrition and physical activity knowledge and behaviors. Interventions incorporated a family friendly atmosphere of community-based group classes. Members eligible for the SYL program must meet two criteria: 1) between the ages of 5-18 and 2) > 85th BMI percentile. Member are eligible to attend up to twelve classes a year. However members are eligible for an $25 gift card incentive once they complete six classes and go to a PCP follow-up visit. The PCP is also provided an incentive to complete the visit measured ht/wt/BMI and is encouraged to provide nutrition and physical activity counseling which is expected to increase WCC HEDIS measures. To analyze data from SYL a pre/post survey including behavior/knowledge indicators was provided to each eligible member participating in the program on the first day of classes and at their last or 6th session. Members height weight and BMI was assessed during the say two data points. CalOptima contracted with two community vendors; Dr. Riba's Health Club and Latino Health Access to implement these community classes in addition to CalOptima Health Educators teach community classes. To date SYL classes have been provided at 15 sites throughout Orange County. Over 300 members have completed all requirements to receive an incentive and approximately 270 Providers have received an incentive. October 2018 CalOptima launched *Bright Steps* a prenatal postpartum program for moms and babies. Bright Steps program goals are to improve: 1) early identification of CalOptima pregnant members 2) coordination between CalOptima contracted Bright Steps providers county services and health network case management staff 3) quality outcomes for moms and babies and 4) member experience. Bright Steps works with the members to provide health education nutrition assess for psychosocial issues and provide community resources. Bright Steps staff provide telephonic trimester calls and a postpartum call.	SYL 1) Evaluate the program 2) implement program improvements 3) continue to expand program access 4) continue incentive program 5) next review in 2019 Bright Steps 1) Continue to develop program 2) Implement postpartum incentive 3) Next review in 2019	On-Going	
QIC	HE & DM	Pshyra Jones	Adopt Medical Clinical Practice Guidelines	Clinical Practice Guidelines will be reviewed and adopted	Adoption of Clinical Practice Guidelines, as least three (3) will be reviewed and adopted (linked to DM Diabetes, Asthma, CHF)	CPG's reviewed and adopted every two years	CPGS approved in July 2017	Next review in 2019	3Q2019	

VII. QUALITY OF CLINICAL CARE - QUALITY IMPROVEMENT PROJECTS

Reports to	Department	Person(s) Responsible	2018 QI Work Plan Element	Objective	Planned Activities	2018 Goal/Timeline	Results/Metrics: Assessments, Findings, and Monitoring of Previous Issues	Next Steps	Target Completion	Red - At Risk Yellow - Concern Green - On Target (4Q)
QIC	HE & DM	Pshyra Jones	Quality And Performance Improvement Projects (QIP, PIPS, CCIPs, PDSAs)	Implement DHCS and CMS Quality and Performance Improvement Projects (QIPs and PIPs), PDSAs, CCIPs	**OneCare CCIP:** Diabetes to improve HBA1C Testing, Targeted mailings to members; Outreach to health networks; provide monthly Prospective Rates and member detail information to health networks	Starting January 2018	In 2018, a pre-established OC Diabetes A1C Testing QIP was transitioned into a CCIP for the last year of the 3-year plan cycle per CMS. The goals were to 1) impact HEDIS OC A1C testing rates by raising the rate to 93.90%, an increase of 1.88% over the baseline of 92.02% from HEDIS 2015 final rate and 2) to obtain a 50% confirmation rate obtaining verification of a completed A1C test for 2018 from the identified contact. Intervention strategy changed from previous years from member-focused mailings to telephonic outreach by disease management health coaches. Health coaches trained in motivational interviewing skills were provided a list of N 111 members with no A1C test on record as of August 2018. Health coaches would initiate outreach calls with 2 attempts, before determining members were unable to contact (UTC) and sent a UTC letter. Those members who were reached were engaged in a coaching session and members were encouraged to get A1C testing done if they had none on record. Through the intervention process, health coaches identified missing A1C testing information either by obtaining it directly from members, from providers and finding data in the Aerial/Cerecons data repository. They also identified members who were no longer eligible.	CCIP Competed	4Q 2018	
QIC	HE & DM	Pshyra Jones	Quality And Performance Improvement Projects (QIP, PIPS, CCIPs, PDSAs)	Implement DHCS and CMS Quality and Performance Improvement Projects (QIPs and PIPs), PDSAs, CCIPs	OneCare Connect CCIP Heart Health	Starting January 2018	The OCC Heart Health Program Chronic Care Improvement Plan (CCIP) concluded the three-year cycle by implementing the program officially. Goals ranged from obtaining a 70% participation rate to reducing unplanned readmissions within 30 days for identified members. While barriers of identifying the correct data source for hospital discharges with date, time and discharge diagnoses and sorting through related cross-departmental activities between Case Management, Utilization Management and Pharmacy caused delays, by Q3 2018, a pilot program for CalOptima Community Network (CCN) OCC members began. All admissions for all primary diagnosis were considered for this program were considered, as long as the CCN OCC member had a diagnosis of CHF. The aim was to prevent all hospitalizations for CCN OCC members regardless of whether the primary diagnosis was CHF. All admissions/discharges from Anaheim Regional Med Center and Fountain Valley Hospital were excluded due to a separate existing Transitions of Care (TOC) program to avoid overlap. Despite challenges, the vetted program was tweaked, and program identification and outreach began in October 2018. The program includes members being 1) contacted telephonically and assessed by the health coach, 2) referred to the pharmacy department for medication reconciliation and consultation and 3) maintained in DM health coaching for ongoing follow-up calls. Out of 9 unique members identified so far, 5 of the members were discharged to Skilled Nursing Facility (SNF) and therefore were not included in the program. Due to the late start of the program, formal evaluation has been postponed until the program has been running for a longer period. However, since October, of the 4 members identified as being discharged to home, 3 participated in the program, and 1 declined health coach sessions. Of the 4 eligible for the program, there have been no readmissions within 30 days. Of the 5 other identified admissions, those members were all in skilled nursing facilities, experienced multiple readmissions within a 30-day period, and unfortunately 2 of the members expired during the review period.	CCIP Competed	4Q 2018	
QIC	Quality Analytics	Mimi Cheung	Quality And Performance Improvement Projects (QIP, PIPS, CCIPs, PDSAs)	Implement DHCS and CMS Quality and Performance Improvement Projects (QIPs and PIPs), PDSAs, CCIPs	OneCare Connect QIP To Improve 30-day Readmission Rate <16.8% ; Transition of Care program; health coach outreach	OneCare Connect QIP To Improve 30-day Readmission Rate <16.8%; Transition of Care program; health coach outreach	**OCC November PR Rate: 12.13%**	Continue to implement the Transition of Care program; focus on the health coaching intervention at the two (2) targeted hospitals. Team will also continue efforts to improve data process and validating results on a monthly basis. There has been rate improvements since the last update. QIP is on track.	12/31/2018	

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QIC	Quality Analytics	Mimi Cheung	Quality And Performance Improvement Projects (QIP, PIPS, CCIPs, PDSAs)	Implement DHCS and CMS Quality and Performance Improvement Projects (QIPs and PIPs), PDSAs, CCIPs	**OneCare QIP (NEW)** Improving hypertension management and caregiver involvement in the OC SNP population	**QIP Goals:** 1) Obtain 30% PHI forms for OC hypertension members w/ outdated caregiver information. 2) Reach a 10% opt-in participation rate of eligible OC hypertension members or caregivers to provide telephonic coaching. 3) Demonstrate decrease in blood pressure values of 20% of active participants in the coaching program over member's personal baseline.	Disease Management mailed OneCare members with hypertension information about engaging their caregivers and providing support. PHI forms were included in this mailing so that CalOptima could share information with caregivers to improve delivery of services. This mailing was sent to 329 members in October, 2019. This is an OPT-IN program only. Goal 1 0 - Not Met Goal 2 2%; Not Met Goal 3 57.1%; Met	CMS notified CalOptima that QIPs are no longer a requirement for the OneCare population in moving forward and we will be closing out this OC QIP at the end of 2018.	4Q	🟩
QIC	Quality Analytics	Mimi Cheung	Quality And Performance Improvement Projects (QIP, PIPS, CCIPs, PDSAs)	Implement DHCS and CMS Quality and Performance Improvement Projects (QIPs and PIPs), PDSAs, CCIPs	**Medi-Cal PIP:** Improving Diabetes Care for Medi-Cal Members with Poor Control (HbA1c >9%) residing in Santa Ana, CA. (Focus on health disparities); Targeted provider outreach in the CCN network; Increase referrals and participation in CalOptima' Disease Management program; Educational classes	**PIP** Reduce the Poor Control (HbA1c >9) targeted group down from 62.5% to 52.31%	Module 4 Plan was approved by HSAG. Intervention implementation in process. Intervention implementation started Sept, 2018 Health Coaches conducted targeted outreach to members to provide comprehensive telephonic counseling services.	Submitted Module 3 of the PIP on 5/15/18 to DHCS for approval. On Track **Interventions:** 1) Conduct targeted outreach by a health coach to provide comprehensive telephonic counseling services. 2) Provide member registry list to targeted provider offices for outreach.	2Q2019	🟩
QIC	Quality Analytics	Mimi Cheung	Quality And Performance Improvement Projects (QIP, PIPS, CCIPs, PDSAs)	Implement DHCS and CMS Quality and Performance Improvement Projects (QIPs and PIPs), PDSAs, CCIPs	**Medi-Cal PIP:** Improving Adult's Access to Preventive/Ambulatory Health Services Ages 45-64 years	Improving Adult's Access to Preventive/Ambulatory Health Services Ages 45-64 years PIP Goal 82.49%	Module 4 (Plan Section) approved by HSAG Intervention In process. Conducting outreach to targeted provider offices in Q4. Pending data in Q1 2019 Planned intervention 1) Office staff at the targeted provider offices are to conduct targeted outreach to schedule preventive/well-care visits for members. Office staff are incentivized based on improvement. 2) Members are incentivized to complete a preventive/well-care visit with their PCP and can receive a $25 gift card.	Submitted Module 3 of the PIP on 5/15/18 to DHCS for approval. On Track. **Proposed Interventions:** 1) Office staff to conducted targeted outreach to schedule preventive/well-care visits 2) Test holding extended office hours beyond normal provider office hours of operations with targeted offices.	2Q2019	🟩

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QIC	Quality Analytics	Mimi Cheung	Quality And Performance Improvement Projects (QIP, PIPS, CCIPs, PDSAs)	Implement DHCS and CMS Quality and Performance Improvement Projects (QIPs and PIPs), PDSAs, CCIPs	**OneCare Connect PIP:** Improving rate of completed Individualized Care Plan Completed for members and improve rate of Members with Documented Discussions of Care Goals	PIP Member with an Individualized Care Plan Completed/Members with Documented Discussions of Care Goals (OCC) 1) CA 1.5 – Members with an Individualized Care Plan Completed. Year 1 Goal High Risk 79.9%; Low Risk 71% 2) CA 1.6 – Members with Documented Discussions of Care Goals. Year 1 Goal 77.91%	9/30/18 *Updated 2/28/2019 1) CA 1.5 – Members with an Individualized Care Plan Completed. **2017 High Risk Rate** 77.43%; **2017 Low Risk Rate** 68.49% **2018 High Risk Rate** 81.12%; **2018 Low Risk Rate** 73.48% 2) CA 1.6 – Members with Documented Discussions of Care Goals. **2017 Rate:** 74.81% **2018 Rate** 81.57% All goals met with extremely statistically significant resutls.	To submit PDSA intervention plan due on 7/18/18. Intervention 1 was implemented on 1/3/18. Intervention 2 Implemented 4/3/18. Data collection in process. On Track	12/31/2019	[green]
QIC	Quality Analytics	Mimi Cheung	Quality And Performance Improvement Projects (QIP, PIPS, CCIPs, PDSAs)	Implement DHCS and CMS Quality and Performance Improvement Projects (QIPs and PIPs), PDSAs, CCIPs	**OneCare Connect PDSA -** Reducing Avoidable Hospitalizations and Other Adverse Events for Nursing Facility Residents (LTC - OCC); Treatment in Place training to targeted facility sites and Follow up with targeted facility sites by CalOptima nurses	**SMART Objective 1:** By 6/30/2018 CalOptima will offer enhanced care coordination to all OCC CCN LTC members with ≥ two (2) acute admissions within the last ro ling 12 months. **SMART Objective 2:** By 9/30/2018 the rolling 12-month average acute admissions represented by OCC CCN LTC members with multiple admissions 2.76 admissions per member per year at 2017 baseline will decrease to ≤2.45 admissions per member per year **SMART Objective 3:** By 3/31/2019 the overa l rolling 12-month average ratio of acute admissions represented by all OCC CCN LTC members 0.88 admissions per member at 2017 baseline will decrease to ≤0.79 admissions per member per year.	Q4 Report Objective 1 Implemented enhanced care coordination; Goal Met Objective 2 (2.3 admissions); Goal Met Objective 3 (≤0.79 admissions; Goal Met Implement enhanced care management strategies in Q2, 2018.	Implement enhanced care management strategies in Q2, 2018, CYCLE 1. On Track	Ongoing; PDSA cycles are determined by CMS	[green]
VIII. SAFETY OF CLINICAL CARE										
UMC	Pharmacy	Kris Gericke, Pharm.D.	Utilization of Opiod Analgesics	Promote optimal utilization of opioid analgesics	Quarterly opioid analgesic monitoring. Formulary limits and prior authorization requirements for opioid analgesics. Prescriber monitoring and education	Reduction in opioid analgesic overutilization as measured by number of prescriptions and quantity per prescription for short-acting opioid analgesics	The average number of Rxs PMPQ for opioid analgesics decreased from 0.0236 to 0.0222 from 3Q18 to 4Q18 (5.9% decrease). The average number of Rxs PMPQ for short-acting opioid analgesic hydorocodone/acetaminophen decreased from 0.0117 to 0.0112 from 3Q18 to 4Q18 (4.3% decrease).	Implement additional formulary quantity limits per P&T Committee approval. Continue with quarterly prescriber report cards.	1Q19	[green]
UMC	Pharmacy	Kris Gericke, Pharm.D.	Pharmacy Benefit Manager (PBM) Oversight	Provide ongoing monitoring of the PBM contract performance guarantees	Review and report on clinical and service metrics for MedImpact as it relates to performance guarantees	PBM Performance Guarantees met per the PBM Services Agreement	3Q18 Performance Guarantees met.	Continue to monitor quarterly reports.	1Q19	[green]

Reports to	Department	Person(s) Responsible	2018 QI Work Plan Element	Objective	Planned Activities	2018 Goal/Timeline	Results/Metrics: Assessments, Findings, and Monitoring of Previous Issues	Next Steps	Target Completion	Red - At Risk Yellow - Concern Green - On Target (4Q)
CRPC	Quality Improvement	Esther Okajima/ Katy Noyes	Providers Shall Have Timely And Complete Facility Site Reviews	To assure all new and re-credentialed providers are compliant with FSR/MRR/PAR requirements	Facility Site Reviews (FSR), Medical Record Reviews (MRR) and Physical Accessibility Review Surveys (PARS) are completed as part of initial and re-credentialing cycles; Report of FSR/MRR/PARS activity to CPRC	100% of FSR/MRR/PARS Initial or Full Scope Surveys are completed within initial and re-credentialing timeframes, measured as 100% Full Scope Periodic Audits completed within three years from the last FSR/MRR and PARS.	100% of all Periodic Full Scope Review were completed within timeframe in Q4 2018.	None	12/31/2018	Green
CPRC	Quality Improvement	Esther Okajima/ Laura Guest	Follow-up on Potential Quality Of Care Complaints	To assure patient safety and enhance patient experience by timeliness of clinical care reviews	QI Nurse Specialists and Medical Directors review cases and provide determination; Report all case results to CPRC for discussion; Present cases that have a severity rating of 1 (one) or higher will be presented to CPRC for action; Follow through on Medical Director determination, when applicable, to ensure closure and compliance of all cases; Conduct a PQI trend analysis at least two times a year. Review GARS and PQI's twice annually for trends by practitioner.	a) Achieve a turnaround time of 90 days on 90% of cases received. B) Review data for trends and patterns by practitioner. Take appropriate actions for outliers.	a) In Q4, we closed 247 cases as compared to 286 in Q3. Of the cases closed, 46% of the cases were closed in 90 days or less. Most of the delay was due to the closure of old cases which were as much as 1 year old. b) The top 5 PQI complaint types in Q4 were as follows 1. Medical Care - 224; 130 of which were Treatment Delay, Failure, Inappropriate or Complications 2. Authorization Issue - 30; 16 of which were Authorization denied or delayed 3. Medication Issue - 57; 15 of which were Improper Management of Medication Regimen 4. Communication Issue - 25; 10 of which were Inappropriate Patient, Provider or Office Behavior 5. Access - 14; 12 of which were Member Unable to Make Appointment c) In Q4 2018, we changed the process for receiving PQIs from the GARS department. The cases had been sent to QI toward the end of the GARS review, and many of the cases were QOS. The cases are now sent to a nurse within the first couple of days it is received by GARS. The case is reviewed by the nurse and an Initial Clinical Review is performed to determine if the member has any urgent clinical issues that needs to be addressed. The nurse will assist as needed to coordinate care. The nurse will then determine if the case is QOS or QOC. This process has reduced the number of QOS cases coming to PQI and has improved the response time for the nurse to assist the members with urgent clinical issues.	a) Continue to monitor TAT of cases and identify reasons for not being able to meet the goal. b) Continue to monitor trends of complaint types. C) Continue to identify quality improvement processes that will reduce the TAT of cases and improve the member experience.	On-going	Yellow
LTSS-QISC	Quality Improvement	Esther Okajima/ Laura Guest	CBAS Quality Monitoring	Review CBAS quality monitoring of services provided	a) Continue to assess compliance of contracted CBAS Centers. Report to LTSS QIS Subcommittee. b) Continue to review Incident and Critical Incident Reports for Potential Quality of Care issues	a) All (100%) contracted CBAS centers will be audited at least annually against the audit performed by CDA. b) All (100%) CAPs generated as a result of the audit will be returned by the due date. c) The number of CBAS centers receiving a CAP will be reduced to 75% in 2018, down from 93% in 2017. d) All (100%) Incident and Critical Incident reports will be reviewed for Potential Quality of Care issues	In Q4, 11 centers were reviewed against CDA audit. All 11 centers received a CAP, and all CAPs have been returned Incidents and Critical Incidents in Q3 There was 1 critical incidents reported. Forty-four incidents were reported all. The type of incidents are as follows 8 falls 9 falls resulted in minor injury 5 falls resulted in transport to hospital 11 diagnosis related incidents required transportation to hospital. Incidents by Center Alzheimer's CBAS submitted 8 incident reports. Rio Orange submitted 8 incident reports. One incident reported by Helping Hands resulted in PQI, which was resolved and leveled 0-No quality of care or quality of service issue identified.	Continue to provide quality oversight monitoring of the CBAS Centers and review critical incident reports for PQI.	On-going	Green

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LTSS-QISC	Quality Improvement	Esther Okajima/ Laura Guest	SNF/LTC Quality Monitoring	Review SNF/LTC quality monitoring of services provided	a) Continue to assess compliance of contracted SNF/LTC Facilities. Report to LTSS QIS Subcommittee. b) Continue to review Critical Incident Reports for Potential Quality of Care issues	a) All (100%) contracted SNF/LTC Facilities will be audited at least annually against the audit performed by DHCS. b) All (100%) CAPs generated, as a result of the audit, will be returned by the due date. c) The number of SNF/LTC Facilities receiving a CAP will be below 10%. d) All (100%) Critical Incident reports will be reviewed for Potential Quality of Care issues.	a) In Q4, 16 NF were audited against the audit performed by DHCS. b) Two of the facilities received CAPs. There are no outstanding CAPs. c)There was 1 unannounced visit performed for a PQI. Incidents by Type and Facility IHSS - 0 MSSP - 9; 0 became PQIs NF - 2; 2 became PQIs. One case was closed as QOS. The second case is still under review.	Continue to provide quality oversight monitoring of the NFs and review critical incident reports for PQI.	On-going	Green

IX. QUALITY OF SERVICE

Reports to	Department	Person(s) Responsible	2018 QI Work Plan Element	Objective	Planned Activities	2018 Goal/Timeline	Results/Metrics: Assessments, Findings, and Monitoring of Previous Issues	Next Steps	Target Completion	Status
MEMX	Quality Analytics	Kelly Rex-Kimmet/ Marsha Choo	Review of Member Experience (CAHPS)	Increase CAHPS score on Rating of Health Plan	Implement CG-CAHPS to obtain provider level specific member experience data. Utilize results from CalOptima's CG-CAHPS survey and explorations of other methods to "hear" our member will assist in developing strategies to improve Rating of Health Plan. Contract with vendor to implement Provider Coaching to improve provider satisfaction and overall member experience.	Adult Medicaid 2.43 (50th Percentile) Child Medicaid 2.57 (50th Percentile) OneCare Medicare 86% (CMS 4 star goal) OneCare Connect Medicare 86% (CMS 4 star goal)	A kick-off meeting with SPH Analytics has taken place in November. Translation of the survey tool is complete and SPH has been provided the data files to create the survey sample. Progess--to-date for shadow coaching - 10 providers have received coaching - A lot of interest from the health networks to have their providers participate Progess--to-date for workshop - 2 customer service office staff workshop on November 2, 2018 - 1 customer service office manager workshop on November 2, 2018	CG-CAHPS Finalize the survey sample and begin fielding Coaching Continue with shadow coaching pilot. Collaborate with the Coalition of Clinics to hold additional workshops.	Q4 and Q1	Green
MEMX	Quality Analytics	Kelly Rex-Kimmet/ Marsha Choo	Review of Member Experience (CAHPS)	Increase CAHPS score on Getting Needed Care	Sharing of HN specific CAHPS reports, member education on referrals and prior authorization processes, and review and monitoring of provider capacity and geoaccess standards will improve rating of Getting Needed Care.	Adult Medicaid 2.28 (25th Percentile) Child Medicaid 2.37 (25th Percentile) OneCare Medicare 82% (CMS 3 star goal) OneCare Connect Medicare 82% (CMS 3 star goal)	Continuous monitoring of CalOptima members' ability to access care. Shared plan and health network level CAHPS at committees and forums. Health network specific CAHPS were be shared with each health network at either the HN Quality Meetings or their JOMS. Passed all network adequacy requirements. Developed and kicked-off a workgroup to improve member experience with referrals and authorizations. Unfortunately, the UM deparment does not have the ability to work on this area. Issued Quality Improvement Plans (QIPs) to the HNs for areas of non-compliance. QIPs inlcude Working with new survvey vendor to plan and prep for 2019 Timely Access Survey with a secret shopper methdology.	Updating provider network adequacy reports and providing these reports to the HNs. Work with BH to improve the referral and authorization process. Field the 2019 Timely Access Survey.	Q1 2019	Yellow

Reports to	Department	Person(s) Responsible	2018 QI Work Plan Element	Objective	Planned Activities	2018 Goal/Timeline	Results/Metrics: Assessments, Findings, and Monitoring of Previous Issues	Next Steps	Target Completion	Red - At Risk Yellow - Concern Green - On Target (4Q)
MEMX	Quality Analytics	Kelly Rex-Kimmet/ Marsha Choo	Review of Member Experience (CAHPS)	Increase CAHPS score on Getting Care Quickly	Sharing of HN specific CAHPS reports, member education on referrals and prior authorization processes, and review and monitoring of timely access and appointment availability standards will improve rating of Getting Care Quickly.	Adult Medicaid 2.33 (25th Percentile) Child Medicaid 2.54 (25th Percentile) OneCare Medicare 79% (CMS 4 star goal) OneCare Connect Medicare 76% (CMS 3 star goal)	Continuous monitoring of CalOptima members' ability to access care. Shared plan and health network level CAHPS at committees and forums. Health network specific CAHPS were be shared with each health network at either the HN Quality Meetings or their JOMS. Passed all network adequacy requirements. Developed and kicked-off a workgroup to improve member experience with referrals and authorizations. Unfortunately, the UM deparment does not have the ability to work on this area. Issued Quality Improvement Plans (QIPs) to the HNs for areas of non-compliance. QIPs inlcude Working with new survey vendor to plan and prep for 2019 Timely Access Survey with a secret shopper methdology.	Updating provider network adequacy reports and providing these reports to the HNs. Work with BH to improve the referral and authorization process. Field the 2019 Timely Access Survey.	Q1 2019	Yellow
MEMX	Quality Analytics	Kelly Rex-Kimmet/ Marsha Choo	Review of Member Experience (CAHPS)	Increase CAHPS score on Customer Service	Customer service post-call survey and evaluation and trending of member pain points will improve rating of Customer Service. Contract with vendor to implement Provider Coaching for Customer Service staff.	Adult Medicaid 2.54 (50th Percentile) Child Medicaid 2.50 (25th Percentile) OneCare Medicare 89% (CMS 3 star goal) OneCare Connect Medicare 89% (CMS 3 star goal)	Completed 10 provider shadow coaching, 2 staff workshops and 1 manager workshop.	Continue to conduct shadow coaching to providers. Working with clinics to provide customer service workshop for their staff.	Q1 2019	Green
MEMX	Quality Analytics	Kelly Rex-Kimmet/ Marsha Choo	Review of Member Experience (CAHPS)	Increase CAHPS score on Care Coordination	Provider and office staff in-service on best practices to better coordinate care for members will improve rating on Care Coordination.	Adult Medicaid 2.34 (25th Percentile) Child Medicaid 2.36 (25th Percentile) OneCare Medicare 85% (CMS 3 star goal) OneCare Connect Medicare 85% (CMS 3 star goal)	Developed and kicked-off a workgroup to improve member experience with referrals and authorizations. Unfortunately, the UM deparment does not have the ability to work on this area.	Work with BH to improve the referral and authorization process.	Q1 2019	Yellow
MEMX	Customer Service	Belinda Abeyta/ Albert Cardenas	Customer Service Access	Customer Service call lines evaluated for average speed to answer; Customer Service call line evaluated for call abandonment rate	Customer Service lines monitored for average speed to answer; Customer service lines monitored for abandonment rate	ASA 30 Seconds <5% First Call Resolution 85%	**Medi-Cal:** ASA - 26 Seconds Target Met ABD 1.7% Target Met First Call Resolution 86%	**Medi-Cal:** Continued monitoring of staff. Seek opportunities for improvement.	1Q2019	Green
MEMX	GARS	Ana Aranda/Laura Guest	Review and Report GARS for all Lines of Business. Include review of quality issues (QOC, QOS, Access) related to member experience.	Global review of member "pain points"; assure appropriate actions are taken to assist the member experience, and present data to the Member Experience Committee and QIC	a) Quarterly review of all GARS data to identify issues and trends; including Health Network b) Implement any necessary corrections c) Review health network quarterly totals of grievances d) Conduct causal analysis and determine plan of action for "pain points" that affect member experience	Meet GARS Regulatory Turnaround Times 100%. Improve member experience as measured by improved CAHPS scores.	Q3 data has not been presented to the Member Experience Committee as a result of scheduling conflicts. GARS continues to review grievances to identify trends and escalates concerns to the Member Experience Committee to determine plan of action and implement corrections.	Present 3Q to Memx Committee in March 2019. 4Q results will be presented to QIC in 1Q 2019.	1Q2019	Yellow

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MEMX	Pharmacy	Kris Gericke, Pharm.D.	Member Accessing Pharmacy Benefit Information	Maintain member access to their pharmacy benefit and the operations of network pharmacies through the CalOptima website, or through telephone communication with CalOptima Customer Service staff	Monitor and annually report requirements for NCQA Member Connection 4 Pharmacy Benefit Information Standards	Via the CalOptima website Members are able to -Submit Prior Authorization requests; -Conduct network pharmacy proximity searches based on zip code; -Find information on potential drug-drug interactions, common side effects and significant risks, and availability of generic substitutes; and -Receive responses to pharmacy inquiries within twenty-four (24) hours (or next business day).	2Q18 MEM 4 website access testing passed all elements.	Continue to monitor quarterly reports.	1Q19	
X. NETWORK ADEQUACY										
MEMX	Customer Service/ Network Management	Belinda Abeyta/ Jennifer Bamberg	Notification to Member when Practitioners Terminate.	Members are notified when Practitioners Terminate.	Termination of Practitioners is monitored through monthly CT forms that are submitted to PDMS. 1) Members are notified of terminated practitioners with 30 days from when CalOptima is notified 2) Network is monitored to determine if adjustments to network are necessary.	Notification to members are within 30 days of notification to CalOptima 85% of the time.	**Medi-Cal:** Achieved 100% for member notification within 30 days of provider termination.	**Medi-Cal:** Continue to monitor and report.	1Q2019	
MEMX	Quality Analytics	Marsha Choo	Review of access to care non-urgent primary care appointments	1. Non-urgent primary care appointments within 10 business days of request	Data against goals will be measured and analyzed through the implementation of our annual Timely Access study. Results will be reported to committee and shared with contracted health networks. Quality Improvement Plans may be issued to health networks, including the CalOptima Community Network, for areas of non-compliance.	Appointment 90% minimum performance level	Standard met. Continuous monitoring.	Continue to monitor performance.	Q1 2019	

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MEMX	Quality Analytics	Marsha Choo	Review of availability of primary care practitioners (min. provider ratios)	Primary care practitioner availability (min. provider ratio) is measured, assessed and adjusted to meet standard	Data against goals will be measured and analyzed for the following through the implementation of our provider data pull from FACETS.. Results will be reported to committee and shared with contracted health networks. Quality Improvement Plans may be issued to health networks, including the CalOptima Community Network, for areas of non-compliance.	Minimum performance levels in CalOptima's Access and Availability Policies GG.1600 and MA.7007	Standard met all regulatory requirements at the plan level. Continuous monitoring.	Continue to monitor performance and develop reports for the HN. Update the policy to reflect DHCS minimum requirements.	Q1 2019	[Green]
MEMX	Quality Analytics	Marsha Choo	Review of availability of primary care practitioners (geographic distribution)	Primary care practitioner availability (geographic distribution) is measured, assessed and adjusted to meet standard	Data against goals will be measured and analyzed for the following through the implementation of our provider data pull from FACETS and GeoAccess Software. Results will be reported to committee and shared with contracted health networks. Quality Improvement Plans may be issued to health networks, including the CalOptima Community Network, for areas of non-compliance.	Minimum performance levels in CalOptima's Access and Availability Policies GG.1600 and MA.7007	Standard met all regulatory requirements at the plan level. Continuous monitoring.	Continue to monitor performance and develop reports for the HN. Update the policy to reflect DHCS minimum requirements.	Q1 2019	[Green]
MEMX	Quality Analytics	Marsha Choo	Review of availability of specialty practitioners (min. provider ratios)	High volume and high impact specialty availability (practitioner to member ratio) is measured, assessed and adjusted to meet standard	Data against goals will be measured and analyzed for the following through the implementation of our provider data pull from FACETS.. Results will be reported to committee and shared with contracted health networks. Quality Improvement Plans may be issued to health networks, including the CalOptima Community Network, for areas of non-compliance.	Minimum performance levels in CalOptima's Access and Availability Policies GG.1600 and MA.7007	Standards met for all regulatory requirements at the plan level. Standard for OB-GYN PCP was not met for MC. Continuous monitoring.	Continue to monitor performance and develop reports for the HN. Update the policy to reflect DHCS minimum requirements.	Q1 2019	[Yellow]

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MEMX	Quality Analytics	Marsha Choo	Review of availability of specialty practitioners (geographic distribution)	High volume and high impact specialty availability (geographic distribution) is measured, assessed and adjusted to meet standard	Data against goals will be measured and analyzed for the following through the implementation of our provider data pull from FACETS and GeoAccess Software. Results will be reported to committee and shared with contracted health networks. Quality Improvement Plans may be issued to health networks, including the CalOptima Community Network, for areas of non-compliance.	Minimum performance levels in CalOptima's Access and Availability Policies GG.1600 and MA.7007	Standard met all regulatory requirements at the plan level. Some specialty standards were not met. Continuous monitoring.	Continue to monitor performance and develop reports for the HN. Update the policy to reflect DHCS minimum requirements.	Q1 2019	YELLOW
MEMX	Quality Analytics	Marsha Choo/ Edwin Poon	Review of availability of behavioral health practitioners (min. provider ratios)	Behavioral Health practitioner availability (practitioner to member ratio) is measured, assessed and adjusted to meet standard	Data against goals will be measured and analyzed for the following through the implementation of our provider data pull from FACETS.. Results will be reported to committee and shared with contracted health networks. Quality Improvement Plans may be issued to health networks, including the CalOptima Community Network, for areas of non-compliance.	Minimum performance levels in CalOptima's Access and Availability Policies GG.1600 and MA.7007	Standard met all regulatory requirements at the plan level. Continuous monitoring.	Continue to monitor performance and develop reports for the HN. Update the policy to reflect DHCS minimum requirements.	Q1 2019	GREEN
MEMX	Quality Analytics	Marsha Choo/ Edwin Poon	Review of availability of behavioral health practitioners (geographic distribution)	Behavioral Health practitioner availability (geographic distribution) is measured, assessed and adjusted to meet standard	Data against goals will be measured and analyzed for the following through the implementation of our provider data pull from FACETS and GeoAccess Software. Results will be reported to committee and shared with contracted health networks. Quality Improvement Plans may be issued to health networks, including the CalOptima Community Network, for areas of non-compliance.	Minimum performance levels in CalOptima's Access and Availability Policies GG.1600 and MA.7007	Standard met all regulatory requirements at the plan level. Continuous monitoring.	Continue to monitor performance and develop reports for the HN. Update the policy to reflect DHCS minimum requirements.	Q1 2019	GREEN

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Reports to	Department	Person(s) Responsible	2018 QI Work Plan Element	Objective	Planned Activities	2018 Goal/Timeline	Results/Metrics: Assessments, Findings, and Monitoring of Previous Issues	Next Steps	Target Completion	Red - At Risk Yellow - Concern Green - On Target (4Q)
MEMX	Pharmacy	Kris Gericke, Pharm.D.	Network Pharmacy Access	Network pharmacy availability (geographic distribution) is measured and assessed to meet the standard	Quarterly GeoAccess report	Pharmacy Network Access Requirements -At least ninety percent (90%) of Members, on average, in urban areas live within two (2) miles of a Participating Pharmacy; -At least ninety percent (90%) of Members, on average, in suburban areas live within five (5) miles of a Participating Pharmacy; and -At least seventy percent (70%) of Members, on average, in rural areas live within fifteen (15) miles of a Participating Pharmacy	2Q18 network access requirements met.	Continue to monitor quarterly reports.	1Q19	
CPRC	Quality Improvement	Esther Okajima/ Melinda Enos	Credentialing Of Provider Network Is Monitored	Credentialing program activities monitored for volume and timeliness	New applicants processed within 180 calendar days of receipt of application; Report of initial credentialing file activity to CPRC	90% of initial credentialing applications are processed within 120 days of receipt of application	In Q4, 81 initial files were completed and approved. Processing times average 100 days for practitioners and 80 days for HDOs, however we still have a backlog of initial applications. This workplan element continues to be a concern and at risk for delaying the approval of new practitioners into the network.	Work with the team to determine the barriers to the backlog and TAT	Q1 2019	
CPRC	Quality Improvement	Esther Okajima/ Melinda Enos	Recredentialing Of Provider Network Is Monitored	Recredentialing of practitioners is completed timely	Recredentialing is processed every 36 months; Report of Admin term due to missed recredentialing cycle; Report of re-credentialing activity to CPRC	100% of all recredentialing files are processed within 36 months of last credentialing date	In Q4 181 recredentialing files 3 were completed. Files exceeded the 36 month time limit for recredentialing files. The 3 files that exceeded the time frame was due to issues identified in CPRC, and the fact that many of the files were approved in the month that they were due. This does not allow for any margin if a file needed further investigation.	Work with contracting and PR to identify those files that require additional time, and bring them to CPRC sooner than later to ensure timeliness standards are met.	Q1 2019	
MEMX	Quality Analytics	Marsha Choo	Review of access to care for urgent appointments	1. Urgent care appointments without prior authorization within 48 hours of request 2.Urgent appointments with prior authorization with 96 hours of request	Data against goals will be measured and analyzed through the implementation of our annual Timely Access study. Results will be reported to committee and shared with contracted health networks. Quality Improvement Plans may be issued to health networks, including the CalOptima Community Network, for areas of non-compliance.	Appointment 90% minimum performance level	Issued Quality Improvement Plans to the HNs for areas of non-compliance that asked for the following root cause analysis, list of implemented interventions, validation and education to non-compliant and newly contracted providers. Working with new survey vendor to field the 2019 Timely Access Survey based on a secret shopper methodology.	Continue to work with the HN on their QIP submission. Field the 2019 Timely Access Survey.	Q1 2019	

Reports to	Department	Person(s) Responsible	2018 QI Work Plan Element	Objective	Planned Activities	2018 Goal/Timeline	Results/Metrics: Assessments, Findings, and Monitoring of Previous Issues	Next Steps	Target Completion	Red - At Risk Yellow - Concern Green - On Target (4Q)
MEMX	Quality Analytics	Marsha Choo	Review of access to care specialty appointments	1. Appointment with specialist within 15 business days of request 2. Non-urgent, non-physician mental health appointment within 10 business days of request 3. First pre-natal visit within 10 days	Data against goals will be measured and analyzed through the implementation of our annual Timely Access study. Results will be reported to committee and shared with contracted health networks. Quality Improvement Plans may be issued to health networks, including the CalOptima Community Network, for areas of non-compliance.	Appointment 90% minimum performance level	Issued Quality Improvement Plans to the HNs for areas of non-compliance that asked for the following root cause analysis, list of implemented interventions, validation and education to non-compliant and newly contracted providers. Working with new survey vendor to field the 2019 Timely Access Survey based on a secret shopper methodology.	Continue to work with the HN on their QIP submission. Field the 2019 Timely Access Survey.	Q1 2019	

XI. COMPLIANCE

Reports to	Department	Person(s) Responsible	2018 QI Work Plan Element	Objective	Planned Activities	2018 Goal/Timeline	Results/Metrics: Assessments, Findings, and Monitoring of Previous Issues	Next Steps	Target Completion	Red - At Risk Yellow - Concern Green - On Target (4Q)
AOC	A&O	Solange Marvin/Karla Gutierrez	Delegation Oversight of HN Compliance (UM, CR, Claims)	Delegation Oversight of Health Networks to assess compliance of **UM, CR, Claims**	Delegated entity oversight supports how delegated activities are performed to expectations and compliance with standards, such as Prior Authorizations; Credentialing, Claims etc. **Report from AOC	98%	**Medi-Cal** Ut lization Management (UM): Summary of Findings of file Review for Utilization Management decisions (October 2018 - December 2018) – The Utilization Management Requests are reviewed to assure that they are approved or denied appropriately to the requirements and are processed within appropriate timeframe. Claims(CL): Summary of Findings of file Review for Claims (October 2018 - December 2018) - Claim payment obligations and claims settlement practices are reviewed to assure they are paid accurately to the requirements and are processed within the appropriate timeframe. **OneCare** Ut lization Management (UM): Summary of Findings of file Review for Utilization Management decisions (October 2018 - December 2018) – The Utilization Management Requests are reviewed to assure that they are approved or denied appropriately to the requirements and are processed within appropriate timeframe. Claims(CL): Summary of Findings of file Review for Claims (October 2018 - December 2018)- Claim payment obligations and claims settlement practices are reviewed to assure they are paid accurately to the requirements and are processed within the appropriate timeframe. **OneCare Connect** Ut lization Management (UM): Summary of Findings of file Review for Utilization Management decisions (October 2018 - December 2018)– The Utilization Management Requests are reviewed to assure that they are approved or denied appropriately to the requirements and are processed within appropriate timeframe. Claims(CL): Summary of Findings of file Review for Claims (October 2018 - December 2018) - Claim payment obligations and claims settlement practices are reviewed to assure they are paid accurately to the requirements and are processed within the appropriate timeframe. All LOB: Credentialing (CR): Credentialing and Recredentialing activities are reviewed to assure they are performed in accordance with quality state and federal standards. (October 2018 - December 2018).	Next Step Corrective Action Plan issued and continued monitoring from performance Improvement. See separate document details on 4Q.	Ongoing	
AOC	Case Management	Sloane Petrillo	HN Compliance with CCM NCQA Standards	Delegation Oversight of Health Networks to assess compliance of CCM	Delegated entity oversight supports how delegated activities are performed to expectations and compliance with standards, such as CCM; **Report from AOC	HN to achieve 90% on file review monthly	AltaMed did not meet goal for two months. CHOC did not meet goal for one month. Prospect did not meet goal for two months. Regal did not meet goal for three months. UCMG did not meet goal for three months.	Continue monthly review. Letters sent to networks that are not demonstrating improvement trend. CAP initiated for UCMG.	Q2 2019	

PACE Quality Improvement Committee Meeting Minutes
November 27, 2018
Time: 10:30am – 12:00pm
Place: PACE conference Room 109

Meeting Attendees: Dr. Miles Masatsugu, Elizabeth Lee, Jenny Nguyen, Noe Zuniga, Monica Macias, Eva Elser, Dr. Arghami, Dr. Thuy Nguyen, Jerry Hou

Meeting Notes Taker: Eva Elser

Topic	Presentation/Discussion	Actions	Owner/Leader	Due Date
Roll Call and Introduction	Meeting called to order by Dr. Masatsugu at 10:34 am.	N/A	Dr. Masatsugu	
OLD BUSINESS:				
Review and Accept Previous PQIC Minutes	Minutes of the PQIC September 11, 2018 approved	First by Jenny Nguyen Second by Dr. Thuy Nguyen	Dr. Masatsugu	
Updates	**Community Based Physicians:** Dr. Masatsugu reported that HCMA will be one of our community-based physicians for PACE. The advantages would be that they would utilize our EMR and be able to see the members at their clinic, at an ACS site or at the member's home.		Dr. Masatsugu	

Updates cont.				
QAPI Workplan 2018 Q3	**Membership:** Although the enrollment numbers are up, the number of disenrollments affect our net numbers. The non-voluntary disenrollments will naturally increase as our census increases. Noe indicated that the new marketing workflow and staff will allow for an increase in the number of prospective participants the team can process each month. In September, the enrollment team received 30 inquiries from mailers which were sent out. On a monthly basis, we conduct 16 home visits. With the implementation of PACE 2.0, we should see a higher conversion rate due to a greater number of home visits over a greater period of time. In January 2019, another mailer will go out and this will occur 3 times over the year. Monica Macias said that perhaps we can look at issues such as social isolation and depression as far as determining attendance days. Dr. Masatsugu felt that this could possibly be a QI Initiative.	QI Initiative: Using depression screening scores in assigning attendance days	Noe Zuniga	
	Immunizations: 96% of our participants have received the influenza vaccine.	Goal of 100% by the next PQIC meeting in December.	Christine Sisil	
	POLST: Monica Macias is working on including family members in the POLST. Currently, the POLST is completed initially and annually thereafter. Dr. Nguyen recommended that a family decision maker should be designated for each participant.	Social Work to identify designated family member for end-of-life discussions Dr. Nguyen to look at operationalizing family involvement in end-of-life discussions	Monica Macias	

QAPI Workplan 2018 Q3	**Functional Assessments:** Jenny Nguyen reported that there are only a few disciplines who were late in their functional assessments. This was a participant who was in a coma. Jenny sends a report on a monthly basis to those disciplines who are missing assessments. Dr. Arghami stated that most MD's are notified through their schedule of which participants need to be seen. Dr. Masatsugu questioned whether the frequency of reminders was sufficient. Elizabeth Lee stated that the staff needed to be accountable.	Continue to track and trend	Monica Macias	
	Diabetic Eye Exams: Dr. Masatsugu suggested that we wait until Christine Sisil to return to review data on diabetic eye exams. Dr. Masatsugu will look at utilizing the HEDIS spec to calculate our rates. Currently, we calculate new members in this data which may account for a deficit of 6% (current number is 94%). A member who just enrolled into the program would not have time to get the eye exam ordered, scheduled and completed.	Continue to track and trend Review HEDIS spec and make recommendations	Dr. Masatsugu	
	Nephropathy Monitoring and Blood Pressure Control: We are missing 12 participants. Dr. Masatsugu would like the clinical team to look into initiating Standing Lab orders for all diabetic participants.	Drs. Masatsugu and Arghami will look at creating a process for Standing Orders	Dr. Masatsugu	
	Medication Reconciliation Post-Discharge: During Qtr 3, we are missing 6 medication reconciliations. The primary obstacle is obtaining medical records and discharge summaries. Dr. Nguyen stated that he often reconciles the medication upon discharging the participants from the SNF.	Joe Franson, LVN to follow up on medication reconciliation	Christine Sisil	

QAPI Workplan 2018 Q3	**Specialty Rate (Access and Availability):** In October 2019, we had 76 open authorizations. A strike at UCI may have impacted access. Dr. Arghami stated that the impacted specialties are Psych, Gi and pulmonology. Dr. Masatsugu is looking into a Telehealth Psych group.	Continue to track and trend. Continue with contracting with Telehealth Psych group. Resend clinical team the list of contracted PACE specialists.	Dr. Masatsugu	
	Utilization Management: Dr. Masatsugu stated that the rates for acute hospital days and emergency room admissions are doing well. The UM workgroup will continue to analyze these two measures.	UM Workgroup to review Hospital and Emergency Room Admissions	Dr. Masatsugu	
	Disenrollment's: Dr. Masatsugu noted that it is difficult to review quarter to quarter trends since the figures are annualized.	Continue to track and trend. Moving forward, we will report these trends as rates as opposed to actual numbers and quarterly as opposed to annualized.	Noe Zungia	
	Transportation: Elizabeth Lee reported that there have been no issues. 2 vehicles were added on 10/1 and on 12/1 we expect 2 more vehicles. At that time, we will have a total of 15 vans. We are still trying to reduce the reliance on On-Site Transportation providers since this affects our budget. The on-time performance is excellent.	Continue to track and trend	Elizabeth Lee	

New Business				
Qtr. 4 Focus	Dr. Masatsugu: In Q4, we will be focusing on Community Based Physicians; UM Workgroups and identifying a QI Project.		Dr. Masatsugu	
UCI Fellows	Dr. Arghami: In December 2019, we will have two geriatric fellows from UCI. They will be with PACE every day.		Dr. Arghami	
2018 Audit	Eva Elser: Eva provided CMS CAP updates. In November, we received word that CMS has closed our CAP's. QI will however continue to monitor.		Eva Elser	
Desk Reference	Eva Elser presented a proposed Desk Reference: "PACE Concurrent Review; In patient and SNF Authorizations and Appeals Process". There was discussion around the wording of "Notice of Denial". This has been tabled until the next meeting.		Eva Elser	
Onboarding Workflow	Eva Elser presented a PACE Onboarding Workflow which explained the oversight of the onboarding on new staff.		Eva Elser	
Care Pathways	Elizabeth Lee: Presented CalOptima PACE Care Pathways which outlined discipline specific activities for PACE at the Center, PACE at Home and PACE in the community (ACS). It detailed all of the stages from functional, curative, curative and end-of-life. The committee agreed that it would be implemented.		Elizabeth Lee	

	Meeting Adjourned at 12:07		

Board of Directors' Quality Assurance Committee Meeting
September 18, 2019

Quality Improvement Committee (QIC) Quarter 2 Update

QIC Meeting Dates: April 09, 2019; May 14, 2019; and June 11, 2019

- Summary
  - The following report to the QIC quarterly through various committees and subcommittees:
    - Behavioral Health Integration (BHI)
    - Grievance and Appeals (GARS)
    - Long-Term Services and Supports (LTSS)
    - Utilization Management (UM)
    - Credentialing and Peer Review Committee (CPRC)
    - Member Experience (MEMX)
    - Whole-Child Model Clinical Advisory Committee (WCM CAC)
  - Accepted minutes from the following committees and subcommittees:
    - Utilization Management Committee (UMC): February 28, 2019
    - Behavioral Health QI Committee (BHQIC): March 27, 2019
    - Long-Term Services and Supports QI Subcommittee (LTSS-QISC): March 19, 2019
    - Grievance and Appeals Committee (GARS): March 06, 2019
    - Member Experience Subcommittee (MEMX): March 28, 2019; April 25, 2019; May 23, 2019
    - PACE Quality Improvement Committee (PACE QIC): January 29, 2019; March 05, 2019
    - Whole-Child Model Clinical Advisory Committee (WCM CAC) September 25, 2018; January 15, 2019; March 19, 2019

- QIC Highlights
  - Policies reviewed and approved:
    - Transgender Services Policy GG.1517 presented by Donald Sharps, M.D. was reviewed and approved
    - CalOptima Policy GG.1651 Assessment and Re-Assessment of Organization Providers presented by Esther Okajima was reviewed and approved
  - Quality Initiative for Multi-Drug Resistant Organism Reduction Suppression was presented by Emily Fonda, M.D. The initiative was a pilot project by UC Irvine which dramatically reduced inpatient infection rates at nursing facilities. This initiative was presented to and approved by the BOD June.
  - Homeless member population profile and intervention presented by Betsy Ha
  - Trauma Informed Care presented by Betsy Ha
  - DHCS Random Facility Site Review audit presented by Esther Okajima at the May QIC. CalOptima issued all required Correction Action Plans (CAPS) and repeated two audits with failed site reviews.

- o Grievance and Potential Quality Issue (PQI) six-month trend report presented by Esther Okajima
- o Proposed CalOptima Community Network (CCN) Provider Report Card presented by Kelly-Rex-Kimmet
- o Member Portal Demo presented by Mauricio Flores
- o 2019 Quality Improvement Work Plan 1Q presented by Esther Okajima was reviewed and approved

Attachments
1. Quality Improvement Committee Meeting Minutes April 09, 2019
2. Quality Improvement Committee Meeting Minutes May 14, 2019
3. Quality Improvement Committee Meeting Minutes June 11, 2019
4. 2019 Quality Improvement Work Plan 1Q
5. PACE Quality Improvement Committee Meeting Minutes January 29, 2019; March 05, 2019

Quality Improvement Committee
MEETING MINUTES
April 09, 2019
Medi-Cal / One Care / OneCare Connect

Miles Masatsugu, M.D.
Medical Director
Committee Chair

External Voting Members Attending	CalOptima Voting Members Attending	CalOptima Staff Attendees
☐ GORDON, Lowell, M.D. Pediatrician Medical Director FCMG,	☒ DAJEE, Himmet, M.D. Cardiothoracic Surgeon Medical Director	☒ HA, Betsy Executive Director, Quality Improvement & Population Health Management
☒ KELLY, John, M.D. * Orthopedic Surgeon Private Practice	☒ FONDA, Emily, M.D. Internal Medicine Medical Director	☒ GARCIA, Gloria Program Assistant, Quality Improvement
☒ KO, Edward, MD Medical Director, AltaMed Health Services	☒ HITZEMAN, Tracy Executive Director, Clinical Operations	☒ GOMEZ, Veronica, Program Specialist, Int. Quality Improvement
☒ MARCHESE, Sarah, MD Pediatrician Medical Director, CHOC Health Alliance	☐ LAUGHLIN, Michelle Executive Director Network Operations	☒ JONES, Pshyra Director, Health Education and Disease Management
☐ SHAH, Archana, M.D. Family Practice	☒ MASATSUGU, Miles, M.D., Family Medicine Medical Director, PACE	☒ KHAMSEH, Ladan Chief Operating Officer
☒ SINHA, Mohini, M.D Pediatrician Medical Director, Monarch	☐ MUNDUNURI, Sesha Executive Director, Operations	☒ OKAJIMA, Esther, Director Quality Improvement
☒ SWEIDAN, Jacob, M.D. Pediatrician Medical Director, Noble	☒ NGUYEN, Thanh-Tam, M.D. FAAP Pediatrics Medical Director, Whole Child Model	☒ REX-KIMMET, Kelly Director Quality and Analytics
	☒ RAMRIEZ, David, M.D. Internal Medicine Chief Medical Director	☒ POON, Edwin, Director, Behavioral Health Integration
	☒ SHARPS, Donald, M.D. Psychiatrist Medical Director, Behavioral Health	☒ MIRELES, Michael, Program Specialist, PACE
		☒ RAMOS, Diane, Program Manager, Behavioral Health Integration
		☒ TASOFF, Data Analyst Int., Quality Analytics
		☒ SYN, Helen, Manager, Population Health
		☒ ZAVALA, Natalie, Manager, Behavioral Health Integration
		☒ RAMIREZ, Nicole, Manager, Behavioral Health Integration

*Full time practitioners

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Quality Improvement Committee Meeting
04/09/19

Topic	Discussion	Recommendation/Action
Call to Order	Dr. Masatsugu, M.D., Committee Chair, called the meeting to order at 12:09 p.m.	No action necessary
Introductions	Introductions were made around the room.	No action necessary
Review and Approval of Minutes	1. <u>Approve the Minutes of the March 12, 2019 CalOptima Quality Improvement Committee (QIC) Meeting</u> The March12, 2019 meeting minutes were reviewed and approved as presented.	On motion of Dr. Sinha seconded and carried, the Committee approved the March 12, 2019 CalOptima Quality Improvement Committee Meeting as presented.
CMO Update	Dr. Ramirez thanked everyone for participating.	No action necessary

New Business	2. <u>CalOptima Policy GG.1517 Transgender Services</u>
	Donald Sharps, MD Medical Director, Behavioral Health Integration presented. A copy of presentation is attached to the original set of these minutes. Transgender services have been available to Medi-Cal beneficiaries since the California Superior Court issued a Writ of Mandate on this topic in 2001.The court held that DHCS Medi-Cal providers must determine the medical necessity of each claim on a case-by-case basis. GG. 1517's update was a product of CalOptima's Integrated Transgender Care workgroup beginning in January 2017. The purpose of policy GG.1517 is to follow the all plan letter.
	
	APL 16-013 says MCPs must provide
	    1) Medically necessary covered services "which are reasonable and necessary to protect life, to prevent significant illness or significant disability, or to alleviate severe pain through the diagnosis and treatment of disease, illness or injury".
	    2) Reconstructive surgery which is "surgery performed to correct or repair abnormal structures of the body . . . to create a normal appearance to the extent possible" (Health and Safety Code § 1367.63(c)(1)(B)). In the case of transgender beneficiaries, normal appearance is to be determined by referencing the gender with which the beneficiary identifies.
		On motion of Dr. Masatsugu seconded and carried, CalOptima Policy GG.1517 Transgender Services was approved as presented.

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3) MCPs are required to provide beneficiaries who have been diagnosed with gender dysphoria *(F64.1)* with all Medi-Cal covered services that are provided to non-transgender beneficiaries, so long as the services are medically necessary, OR meet the definition of reconstructive surgery.

APL 16-013 says MCPs
1) MCPs are not required to cover cosmetic surgery, which is "performed to alter or reshape normal structures of the body in order to improve appearance".
2) The determination of whether the requested service is medically necessary and/or constitutes reconstructive surgery will be made by the MCP.
3) MCPs, UM processes must make the same determinations for medically necessary services and/or reconstructive surgery that are otherwise available to non-transgender beneficiaries on a case-by-case basis applying non-discriminatory limitations, exclusions, and utilization management criteria.

GG.1517 overview is treating the diagnosis of Gender Dysphoria. Gender Dysphoria treatments options include the following:
1) Changes in gender expression and role (which may involve living part time or full time in another gender role, consistent with one's gender identity);
2) Psychotherapy (individual, couple, family, or group) for purposes such as exploring gender identity, role, and expression; addressing the negative impact of gender dysphoria and stigma on mental health; alleviating internalized transphobia; enhancing social and peer support; improving body image; or promoting resilience.
3) Hormone therapy to feminize or masculinize the body;
4) Surgery to change primary and/or secondary sex characteristics (e.g., breasts/chest, external and/or internal genitalia, facial features, body contouring)

Policy GG.1517 will next be going to CalOptima Quality Assurance Committee for approval.

3. CalOptima Policy GG.1651 Assessment and Re-Assessment of Organization Providers
Esther Okajima, Director of Quality Improvement presented. A copy of Policy

On motion of Dr. Masatsugu seconded and carried, CalOptima Policy GG.1651 Assessment and Re-Assessment of Organization Providers

	GG.1651 and presentation is attached to the original set of these minutes. The policy assesses Organizational Providers participation eligibility in the CalOptima provider network, prior to contracting and every 3 years thereafter. Organizational Providers (OPs) are defined as medical service providers such as hospitals, home health agencies, skilled nursing facilities, free standing surgical centers, extended care facilities (LTC), nursing homes, hospice, community clinics, urgent care centers, dialysis centers, rehab centers, radiology centers, CBAS centers, DME suppliers etc. Policy GG.1651 was formerly combined with a credentialing policy, however, was separated approximately two years ago because the process is distinctly different that credentialing a practitioner. Policy GG.1651 will next be going to CalOptima Quality Assurance Committee for approval.	was approved as presented
	There being no questions or comments, Committee recommends approving CalOptima Policy GG.1651 as presented.	No action necessary.
	4. <u>Initiative for Multi-Drug Resistant Organism Reduction Suppression</u> Emily Fonda, Medical Director presented. Shield Orange County, a pilot project study conducted by an infectious disease professor at UC Irvine on decolonization in patients with Methicillin-resistant Staphylococcus Aureus (MRSA) (carriers). The study was conducted in 38 facilities,17 hospitals 18 Skilled Nursing Facility (SNF)'s, and 3 Long Term Acute Care Hospital (LTACH)'s. The study conducted trial of post discharge hygiene education plus decolonization. Decolonization was for chlorhexidine (CHG) mouthwash, baths or showers, and nasal mupirocin for 5 days twice per month for 6 months. decolonization with 10% povidone-iodine was also used on admission and every other week. The project funding ends in April 2019. CalOptima active SHIELD OC Facilities: 16 CalOptima LTC Residents in SHIELD OC Facilities: 980 patients that's 46% of Total Beds (3/2019) CalOptima Contracted OC Facilities: 67 Total Beds in Contracted OC Facilities: 7300 CalOptima LTC Residents in OC Facilities: >3600 (49%) SHIELD OC's impact on CalOptima cost per quarter of inpatients with infection as the top five diagnosis shows the total drastically decreased after the study. As a result, CalOptima is researching options to support with the continuation of the pilot protocols that are already in place with expansion to remaining Orange County nursing facilities. Support is intended for all patients in the 67 CalOptima	No action necessary.

Contracted OC Facilities.

5. <u>Homeless member population profile and intervention</u>
Betsy Ha, Executive Director, Quality and Population Health Management presented. A copy is attached to the original set of these minutes. Data shows that CalOptima Community Network, Alta Med, Arta Western and Monarch have the highest Homeless membership. CalOptima is going to focus on:

Prioritizing population health for the homeless
Address Homeless crisis with urgency and commitment
  ➢ ~9800 CalOptima members identified as homeless
Acknowledge the trend of homeless deaths, but focus new initiatives on:
  ➢ Special needs of children
  ➢ Identification and treatment of emerging chronic health conditions
  ➢ Reduce health disparities and improve outcomes
  ➢ Behavioral health and substance abuse needs
Build a better system of care for members who are homeless that is long-lasting and becomes part of established delivery system.

CalOptima is acting by committing $140 million for homeless health. They will create a restricted homeless health reserve and stipulate that funds can only be used for homeless health. CalOptima's clinical field team includes clinical and support staff, vehicle for transportation of staff and equipment, and internet connectivity and use of Whole-Person Care (WPC) Connect. Clinical Services include urgent care, wound care, vaccinations, health screening and point-of-care labs. Prescriptions and immediate dispensing of commonly used medications and exploring video consults, referrals, appointment scheduling and care transitions. There will be referrals and coordination between CalOptima Homeless Response Team, providers, behavioral health, substance abuse, recuperative care, hospitals, and social services. Availability and coverage for regular hours at shelters/hot spots and rotation for on-call services from 8 a.m.–9 p.m. seven days a week, with response time of less than 90 minutes. Intent is to pursue to move members who are identified as homeless to CalOptima Direct, subject to regulatory approval, in the interim, move the members who have been identified in the field based on choice.

6. <u>Trauma Informed Care</u>
Betsy Ha, Executive Director, Quality and Population Health Management

No action necessary.

	presented. A copy is attached to the original set of these minutes. Trauma Informed Care is an organizational structure and treatment framework that involves understanding, recognizing, and responding to the effects of all types of trauma. Trauma Informed Care also emphasizes physical, psychological and emotional safety. CalOptima's Population Health Strategy is taking steps by increasing awareness about trauma, offer providers and staff education, and spread knowledge and tools. In addition, incorporate Trauma Screening as part of the strategy to address the needs of the population segment with emerging risk. Align member and provider incentives to promote adoption of Trauma Screening and also address secondary traumatic stress of the health care delivery system and community. 7. Behavioral Health Quality Improvement Committee Donald Sharps, MD Medical Director, Behavioral Health Integration presented. A copy of the presentation is attached to the original set of these minutes. BHQIC meeting held on 3/27/18 where the November meeting minutes were approved. The 2019 BHQI Charter was presented to the committee with no changes this year. The March 27, 2018 BHQIC meeting minutes are being submitted to accept and file by QIC. Access & Member Experience BH Call Center, GARS, and PQI's; CalOptima BHT services. The Behavioral Health (BH) call center continues to meet metrics with no real concerns. BH Grievances for Medi-Cal services had a slight drop from Q2 and related to member concerns about not getting timely feedback from providers about LOA's expiring. Grievances were generally resolved or referred on for PQIs. However, Behavioral Health Appeals increased. Appeals were filed for psychological testing requests and ABA services hours. BH GARS continued to be monitored with PQIs reviewed by BH Medical Director. Trending to identify repeat occurrences with specific offices or providers will continue. Quality of Care: BHQI Work Group BHQI Work Group update including quality measures: DSF, ADD, and AMM. Provided the distinguishing difference between the current IGT Depression screening and the new DSF measure BH will focus on: IGT – 12-year-old vs. DSF – Ages 12 year and up. BH plans to conduct an active intervention (currently under	On motion of Dr. Dajee seconded and carried, Behavioral Health Quality Improvement Committee report was approved as presented.

Quality Improvement Committee Meeting
04/09/19

	development but possibly integrating DSF and AMM for intervention). Regarding ADD, a three-question survey with providers and parents of child members has been developed and presented to the workgroup for action. This update was provided to the committee with the idea to gain feedback about challenges with follow up to drive the actionable intervention here. Letter interventions plateaued during the 3-year intervention. BHQI Work Group keeps meeting monthly, taking ideas from BHQI and develop active interventions. Recruit ad hoc members from CalOptima departments including Provider Relations when needed. Consider requirements from DHCS for new measures and develop plan of action. Update committee at next meeting. PHQ9 – Adolescent Depression Screening Update PHQ-9 Adolescent Depression Screening update was provided. This specific IGT project is coming to an end in May. Committee provided an accomplishments update, namely a Provider Lunch and Learn in November and an article published in January OC Medical Association Physician. Newsletter which widened the field of information and increased the provider utilization of screenings for this population. PHQ9, a depression screening total screening 7085: Positive Screenings 976; Negative Screenings 6107. Committee provided an accomplishments update, namely a Provider Lunch and Learn in November and an article published in January OC Medical Association Physician. Newsletter which widened the field of information and increased the provider utilization of screenings for this population. IGT ends May 2019. BH developing proposal to combine incentive for DSF and AMM, addressing spectrum of Depression screening and intervention services 8. Utilization Management Committee update Tracy Hitzeman, Executive Director, Case Management presented. A copy of the presentation is attached to the original set of these minutes. UMC met February 28, 2019. The annual UM Criteria were approved and the Q4 2018 UM Metrics for both Operational and Outcomes- Medical, Pharmacy, Behavioral Health, LTSS were reviewed. There was also focus on Over and Underutilization. Operational performance and turnaround times. Solidly meeting turnaround times on routine authorizations in Medi-Cal, OCC,,and OC. However, Medi-Cal TAT for expedited auth did not reach goal for two of the six PHC, HMO networks. All met	On motion of Dr. Sharp seconded and carried, Utilization Management Committee update was approved as presented

for routine TAT and three of the seven OneCare SRGs struggled with timeliness on expedited requests. All SRG and CCN met TAT goals for OCC expedited and routine.

Utilization Trends
CalOptima membership by line of business (LOB): Medi-Cal (MC) is 740,511, OneCare (OC) is 1,443, OneCare Connect (OCC) is 14,281 and Program for All-Inclusive Care for the Elderly (PACE) is 304. There has been a minor downward trend in membership since July 2017 thought to be due to the strength of the economy.

Medical: Operational Performance for CCN and SRGs
For timeliness of UM determinations of prior authorizations for the MC side for CCN and SRGs, we did very well on the routine authorization requests turnaround times. For the expedited authorization requests, there is opportunity for improvement. The lowest score was 97.71% and the goal is 98% or higher. For OC for SRGs, all health networks are above goal on the routine authorization requests, and we are slightly below goal on four of the groups for the expedited authorization requests. For OCC for CCN and SRGs, all the health networks are above goal for routine and expedited authorization requests. PHC and HMO for OCC, we are slightly below goal on expedited authorization requests for two of the groups and slightly below goal for routine authorization requests for one group.

The utilization outcomes for 4th quarter inpatient metrics for MC SPD, admits were at 258, bed days were at 1,076 which was under our goal of 1,260. The re-admits is variable higher than one would like. For TANF > 18, the bed days per thousand members per year (PTMPY), the goal was 400 and we were within goal. The percent of re-admits were lesser than the SPD category but still fairly high. For TANF ≤18, bed days we only exceeded the goal of 42 once in the first quarter of 2018. The re-admit rate is historically very low in this group. California Children's Services (CCS) is not included in this and will have some learning at the implementation of Whole Child Model (WCM).

OC is a very small population and it looks like the members joining OC are a bit healthier than they were previously. For the OCC SPD category, bed day goal was 965 which we exceeded all four quarters this year. The re-admission rate was high. For TANF > 18, there was a little variability in bed days and 965 was the goal which was met except for the 2nd and 4th quarters of this year. The re-admission rate is

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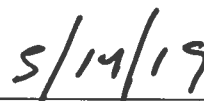|		
	concerning for the 4th quarter since this information was pulled rather early and still had some maturing to do. Pharmacy Management Medi-Cal, OC, and OCC top drug class Rxs PMPM diabetic cost has increased do to a newly developed antidiabetic medication which are generic and are costlier. Emergency Department (ED) metrics for MC by aid code category, for SPD, the goal was 725 and was exceeded for the first three quarters and data is still lacking for the 4th quarter. For TANF > 18, the goal was 465 which we exceeded and suspect that will also be true in 4th quarter when the data matures. TANF ≤18 goal was 330 which we met in quarters 2, 3 and probably 4. For OC SPD, the goal was 525 and was met. For OCC, the overarching goal was 448 and wasn't separated by aid code category roll-up. We had more difficulty managing that on the TANF > 18 and SPD categories. In the first quarter of 2018 the range of unused authorization were from mid-30's to 50's. Factors include new consultation codes and new patient codes used may potentially add 4-5 categories resulting in what appears to be unused authorizations however the auth was actually used resulting in a false negative. 9. <u>QI Work Plan update</u> Pended to next meeting. 10. <u>Whole-Child Model Clinical Advisory Committee update</u> Pended to next meeting.	Pended to next meeting. Pended to next meeting.
Open Discussion	Committee recommended adding a discussion regarding Board Certification as future agenda topic.	No action necessary
Approval of attachments	• QIC Meeting Minutes_3.12.2019_Draft • QIC 04 09 2019 PPP • Shield OC- Pilot for Multi-Drug Resistant Organism Reduction_QIC PPP • Policy GG.1517 Transgender Services • Policy GG.1651 Assessment and Re-Assessment of Ops • BHQIC 03-27-19 Meeting Minutes Draft • LTSS QISC 03-19-19 Meeting Minutes Draft • UMC 02-28-19 Meeting Minutes Draft • Infographic-Staff-Wellness	On motion of Dr. Dajee, seconded and carried, the Committee approved the submitted attachments as presented.

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	• Infographic-TIC	
Next Meeting	May 14, 2019 • Whole-Child Model Clinical Advisory Committee • QI Work Plan Dashboard update	No action necessary
Adjournment and Next Meeting	There being no further business before the Committee, the meeting was adjourned at 1:30 p.m.	Dr. Masatsugu adjourned the meeting.

Respectfully Submitted:

_____   _____
Miles Masatsugu M.D., Medical Officer   5/14/19
                                                              Date

Recorded by: Gloria Garcia, QI Program Assistant

Quality Improvement Committee
MEETING MINUTES
May 14, 2019
Medi-Cal / One Care / OneCare Connect

Miles Masatsugu, M.D.
Medical Director
Committee Chair

External Voting Members Attending	CalOptima Voting Members Attending	CalOptima Staff Attendees
☒ GORDON, Lowell, M.D. Pediatrician Medical Director FCMG,	☒ DAJEE, Himmet, M.D. Cardiothoracic Surgeon Medical Director	☒ HA, Betsy Executive Director, Quality Improvement & Population Health Management
☒ KELLY, John, M.D. * Orthopedic Surgeon Private Practice	☐ FONDA, Emily, M.D. Internal Medicine Medical Director	☒ GARCIA, Gloria Program Assistant, Quality Improvement
☒ KO, Edward, MD Medical Director, AltaMed Health Services	☐ HITZEMAN, Tracy Executive Director, Clinical Operations	☐ GOMEZ, Veronica, Program Specialist, Int. Quality Improvement
☒ MARCHESE, Sarah, MD Pediatrician Medical Director, CHOC Health Alliance	☐ LAUGHLIN, Michelle Executive Director Network Operations	☒ JONES, Pshyra Director, Population Health Management
☐ SHAH, Archana, M.D. Family Practice	☒ MASATSUGU, Miles, M.D., Family Medicine Medical Director, PACE	☐ KHAMSEH, Ladan Chief Operating Officer
☒ SINHA, Mohini, M.D Pediatrician Medical Director, Monarch	☐ MUNDUNURI, Sesha Executive Director, Operations	☒ OKAJIMA, Esther, Director Quality Improvement
☐ SWEIDAN, Jacob, M.D. Pediatrician Medical Director, Noble	☒ NGUYEN, Thanh-Tam, M.D. FAAP Pediatrics Medical Director, Whole Child Model	☒ REX-KIMMET, Kelly Director Quality and Analytics
	☒ RAMRIEZ, David, M.D. Internal Medicine Chief Medical Director	☐ POON, Edwin, Director, Behavioral Health Integration
	☒ SHARPS, Donald, M.D. Psychiatrist Medical Director, Behavioral Health	☒ SYN, Helen, Manager, Population Health Management

*Full time practitioners

Back to Agenda

Quality Improvement Committee Meeting
May 14, 2019

Topic	Discussion	Recommendation/Action
Call to Order	Dr. Masatsugu, M.D., Committee Chair, called the meeting to order at 12:09 p.m.	No action necessary
Introductions	Introductions were made around the room.	No action necessary
Review and Approval of Minutes	1. <u>Approve the Minutes of the March 12, 2019 CalOptima Quality Improvement Committee (QIC) Meeting</u> The March12, 2019 meeting minutes were reviewed and approved as presented.	On motion of Dr. Kelly seconded and carried, the Committee approved the March 12, 2019 CalOptima Quality Improvement Committee Meeting as presented.
CMO Update	Dr. Ramirez shared the importance of the DHCS update to be shared later in today's meeting. CalOptima's Whole Child Model Clinical Advisory Committee has been meeting on a regularly and working closely with CalOptima and health network medical directors in preparation for go live date on July 1, 2019.	No action necessary
Department/Subcommittee Reports	2. <u>Whole-Child Model (WCM) Clinical Advisory Committee (CAC) Update</u> Dr. Fonda presented. A copy of the report is attached to the original set of these minutes. WCM CAC met January 15, 2019, March 19, 2019 and April 16, 2019. A copy of WCM CAC Meeting Minutes is presented to QIC to review and file. WCM CAC members have express the different concerns they have from themselves, other providers, and members on CalOptima's 7/1/19 implementation of WCM. CalOptima reached out to the committee and have compiled a list of question and concerns to be addressed at the next WCM CAC meeting to be held on May 21, 2019. At the last WCM CAC meeting, CalOptima's Pharmacy department presented. A response to one question/comment, Pharmacy has removed any unnecessary prior authorizations for over 100 medications and have increase the quantity medications where appropriate. Met with CHOC to ensure ways to keep interruptions and are proactively using claims from CCS to develop and enter prior authorizations for prior to July 1 to ensure no interruptions service. After July 1,	On motion of Dr. Sinha seconded and carried, WCM CAC update was approved as presented.

	2019 if a new prescription for continuation of a medication, the prescriber can simply write Continuity of Care on it and prescription will be continued. The HRIF workflow was introduced to WCM CAC. CalOptima has a dedicated telephone line in place staffed with staff educated and staffed on WCM in anticipation of July 1 go live 7/1/19 date. Lastly, CHOC is working on standardizing authorizations for about 17 common conditions and will be brought to WCM CAC when ready for CalOptima's input and comments. Dr. Marchese recognized CalOptima's pharmacy leadership in providing the level of comfort to the providers with the concerns they had in preparation of WCM implementation. 3. Credentialing Peer Review Committee (CPRC) Esther Okajima, Director of Quality Improvement presented a report of Q1 2019 Credentialing Activity. A copy of report is attached to the original set of these minutes. Credentialing For Q1 2019, the total number of initial files completed, 94; Total number of re-credentialed files completed, 220; Disciplinary Action Taken (805), 0; Timeliness for Recreds – Goal Met *(Within 36 Months),* 99.5%. One file exceeded 36 month recred cycle. Total Number of Initial and Recred files (Clean list and CPRC Approved), 314 which is one third of files in the first quarter of 2019 than all the ones in 2018. Site Reviews Activity A total of 70 Initial and Full Scope FSR's were conducted in the first quarter 2019: Total number of Full Scope FSR/MRR Completed (PCP's), 53; Total number of Initial FSR/MRR 17; % FSR/MRR Completed within 3 Years, 100%; % FSR/MRR Completed with Passing Score, 94%; Total CAPS (CE, FSR, MRR) issued, 63; Total Number of PARS Completed (PCP&HVS), 125; % of PARS with BASIC Access, 55%. The FSR team is working with the providers to correct the issued CAPS to	On motion of Dr. Sinha seconded and carried, CPRC update was approved as presented

remediate the Site Review findings.

DHCS Random Facility Site Review audit
DHCS performed a random Facility Site Review onsite audits that were conducted February 11-14, 2019. DHCS Medical Monitoring Unit (MMU) reviewed a total of 16 Cal Optima provider sites within the review period. CalOptima's average overall score for all sites performed resulted in 91% for FSR and 88%MRR.

DHCS Corrective Action Plans (CAPs) required CalOptima FSR nurses to provide Critical Element (CE), FSR, and/or MRR CAPs in order to respond to any cited deficiencies documented in the audit report.
- Number of Corrective Action Plans (CAPs) issued:
  - CE – 7
  - FSR – 9
  - MRR – 11
- Sites that failed the FSR or MRR with an overall score below 80% are required to submit CAP(s) and repeat the audit.
  - FSR – 2
  - MRR - 4

DHCS report, separated by health networks (HN) were sent to HN's. CalOptima must submit Corrective Action Plans (CAPs) to the Department of Health Care Services (DHCS) Medical Monitoring Unit (MMU) for each site identified in the Narrative Report that did not meet the compliance criteria for the Facility Site Review (FSR) or Medical Record Review (MRR). CE CAPs were to be issued and due back to DHCS within 10 business days. FSR and MRR CAPs were to be issued and due back to DHCS within 30 business days. All CAPS issued were in addition to regular FSR/MRR activity. To date, all CAPS submitted to DHCS are timely.

Potential Quality of Care (PQI) activity
CalOptima received a PQI case that can arise from just about anything and most are referred from CalOptima's own grievance department. PQI cases are investigated for clinical judgement from the providers. A questionable case is investigated to first determine if there is merit in the complaint. Those found to have clinical or judgement issues are either tracked or taken action against. In Q1 2019, the Total Number of Referrals, 292; Total Number of New Cases Opened, 322;

	Total Number of Cases Closed, 276; Average Turn Around Time in Days,283; Total number of cases presented at CPRC, 8; % Closed within 90 Days, 48%. PQI cases investigated and identified are issued a Severity Code. In Q1 2019 cases with Severity Code 0-No quality of care issue, 167; Severity Code 1-Clinical judgment issue without adverse outcome, 29; Severity Code 2-Clinical judgment issue with a mild to moderate adverse outcome,7; Severity Code 3-Severe clinical judgment issue with or without severe adverse outcome,6; Severity Code HDS-Healthcare delivery system issue with or without adverse outcome, 0; Severity Code H1-Potential clinical care issue with or without adverse outcome in hospital, 2; Severity Code S0-Service-related issue, unable to verify, 20; Severity Code S1-Service-related issue, verified, 54. PQI Summary by Action in Q1 2019: No Further Action Required, 8; Physician Letter/Best Practices/Training, 225; Review file in 6 months to ensure no trend emerges, 15; Close PQI and open new PQI with another Provider, 14; Corrective Action Plan (CAP), 3; Other, 0. Grievance and PQI Trend Report CalOptima track and trends the history of complaints for all practitioners with grievance complaints >25 or PQI's >10 at least every 6 months. Grievance activity evaluates the providers 2-year history by: Specialty, GARS count; claim count; practitioner GARS Rate; and specialty GARS rate. PQI complaint activity evaluates the providers 3-year history by: PQI count; claim count; practitioner PQI rate; and specialty PQI count. CalOptima providers identified with history pattern of quality of care issues are notified by letter of CalOptima's concern and are reevaluated in 12 months. If poor quality trend does not improve, additional steps and/or actions will be addressed by CalOptima.	
	4. DHCS Proposed Quality Measures Kelly Rex-Kimmet presented. A copy of the presentation is attached to the original set of these minutes. Currently, MCPs report yearly on a set of quality measures. Most measures are from HEDIS. DHCS's proposal is for MCPs and DHCS to report yearly on a set of quality measures. Measures will be from CMS Child and Adult Core Sets as feasible	No action required.

	Currently, DHCS contracts require the MCPs to perform at least as well as the lowest 25% of Medicaid plans in the US. DHCS is proposing MCPs to perform at least as well as 50% of Medicaid plans in the US where that information is available, and services measured are delivered by MCPs. DHCS may establish alternative benchmarks for measures where that information is not available and for which the services measured are delivered by MCPs

Currently DHCS requires QI work if MCPs below MPL on measures. 3 Quality Corrective Action Plan (CAP) triggers for MCPs with sustained poor performance. Multi-year CAPs with milestones. Sanctions if CAP milestones are not met. In the future, DHCS is proposing that any MCP not meeting the MPL on any of the required measures will require QI work with immediate sanctions. Three Quality Oversight Tiers, including two levels of CAPs. CAPs are re-evaluated annually. Possibility of progressive sanctions for sustained poor performance

Ms. Rex-Kimmet moved to share CalOptima's Quality Compass 2018 National Medicaid HMO 50th Percentiles for Proposed Reporting Year 2020 Managed Care Accountability Set Measures. Measures below 50th percentile were: Follow-Up Care for Children Prescribed ADHD Medication; Adolescent Well-Care Visits; and Well-Child Visits in the First 15 Months of Life. Dr. Marchese initiated a discussion on supplemental information that could be missing on claims and encounter data. Dr. Marchese gave the example of a baby being treated under their moms CIN and there being no reliable way to connect the encounter data with the child.

Ms. Rex-Kimmet stated that the Well-Child Visits in the First 15 Months of Life have a specific timeline and it's the child's last visit that tends to be more commonly non-compliant than the first. This is due to the encounter happening early or late. When the encounter falls outside of the timeframe it results in non-compliance. Ms. Rex-Kimmet then suggested a report of missed opportunity be sent to HN of the documentation or lack of that resulted in the chart to be non-compliant.

5. QI Work Plan Update Q1 2019
Esther Okajima, Director of Quality Improvement presented QI Workplan Update – Q1. A copy of the report and the QI Work plan update Q1 2019 is attached to the original set of these minutes.

The QI Workplan will focus on 50 goals and objectives:
     ➢   Quality of Clinical Care – 26 Measures | Action: Report chart audit results of missed opportunities of documentation resulting in non-compliance of DHCS Quality Measures to health networks.

On motion of Dr. Sinha seconded and carried, QI Work Plan Q1 2019 update was approved as presented |

> ➢ Safety Clinical Care – 3 Measures
> ➢ Quality of Service – 1 Measures
> ➢ Member Experience – 3 Measures

QI Workplan Quality of Clinical Care will focus on developing Lead Measures for (19 of the measures):
> ➢ Adult Wellness (AAP, CCS, BCS, COL, AAB)
> ➢ Chronic Conditions (SUPD, CDC, CPB)
> ➢ Maternal Health (PPC)
> ➢ Pediatric/Adolescent Wellness (DSF, AMM, CIS, W34, W15, AWC, CWP, CAP)

QI will focus on moving the Lead Measures which are high leverage actions to take in order to get the Lag Measure which measures the goal or result.

The prioritizing Targeted Interventions include:
- Health Plan Rating
- DHCS/MPL
- Special Focus on Child Core Measures
- "Low N" Opportunities CalOptima Direct and CalOptima Community Network
- Star Measures
- Current P4V or Incentives

The proposed Targeted Member Interventions:

Member Interventions	Measures Impacted	Lead Measure
Member incentive to complete an adolescent well-child visit	AWC, CAP, IMA, DSF, WCC, CHL	% Member incentives paid out
Member incentive for postpartum care	PPC*, W15, CAP, CIS	% Member incentives paid out
Member incentive for cervical, breast, colorectal cancer screening	CCS*, BCS*, COL*	% Member incentives paid out

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	Member incentive for Chronic Disease Bundle	CDC (eye exams, HbA1c Testing, Nephropathy)	% Member incentives paid out	
	Member incentive to complete 6 well visits within first 15 months	W15, CAP, CIS, LSC, PPC	% Member incentives paid out	

*Existing Incentives

Proposed Targeted Provider Interventions:

Provider Interventions	Measures Impacted	Lead Measure
CalOptima Days	W15, W34, AWC, CIS, IMA, AAP, CCS, BCS, CDC	# of CalOptima Days implemented by 12/31/2019
Urgent care provider Incentives	AAB, CWP	% Provider incentives paid out
Provider incentive for BH measures	AMM, DSF	% Provider incentives paid out
Provider incentive for Chronic Disease Bundle	CCS, BCS	% Provider incentives paid out

Open Discussion	Committee recommended adding a discussion regarding Board Certification as future agenda topic.	No action necessary
Approval of attachments	- QIC Meeting Minutes_4.09.2019_Draft - QIC 05 14 2019 PPP - WCM CAC Meeting Minutes_09.25.2018 - WCM CAC Meeting Minutes_01 15 19 - WCM CAC Meeting Minutes_03 19 19 2019 QI Workplan_QIC Q1	On motion of Dr. Lowell seconded and carried, the Committee approved the submitted attachments as presented.
Next Meeting	June 11, 2019 - Member Experience - Grievance and Resolutions Services	No action necessary

Quality Improvement Committee Meeting
May 14, 2019

	• PACE QIC	
Adjournment and Next Meeting	There being no further business before the Committee, the meeting was adjourned at 1:30 p.m.	Dr. Masatsugu adjourned the meeting.

Respectfully Submitted:

Miles Masatsugu M.D., Medical Officer   6/11/19
                                                                          Date

Recorded by: Gloria Garcia, QI Program Assistant

Quality Improvement Committee
MEETING MINUTES
June 11, 2019
Medi-Cal / One Care / OneCare Connect

Miles Masatsugu, M.D.
Medical Director
Committee Chair

External Voting Members Attending	CalOptima Voting Members Attending	CalOptima Staff Attendees
☒ GORDON, Lowell, M.D. Pediatrician Medical Director FCMG,	☒ DAJEE, Himmet, M.D. Cardiothoracic Surgeon Medical Director	☒ HA, Betsy Executive Director, Quality Improvement & Population Health Management
☒ KELLY, John, M.D. * Orthopedic Surgeon Private Practice	☐ FONDA, Emily, M.D. Internal Medicine Medical Director	☒ GARCIA, Gloria Program Assistant, Quality Improvement
☒ KO, Edward, MD Medical Director, AltaMed Health Services	☐ HITZEMAN, Tracy Executive Director, Clinical Operations	☒ GOMEZ, Veronica, Program Specialist, Int. Quality Improvement
☒ MARCHESE, Sarah, MD Pediatrician Medical Director, CHOC Health Alliance	☐ LAUGHLIN, Michelle Executive Director Network Operations	☒ JONES, Pshyra Director, Population Health Management
☐ SHAH, Archana, M.D. Family Practice	☒ MASATSUGU, Miles, M.D., Family Medicine Medical Director, PACE	☒ KHAMSEH, Ladan Chief Operating Officer
☒ SINHA, Mohini, M.D Pediatrician Medical Director, Monarch	☐ MUNDUNURI, Sesha Executive Director, Operations	☒ OKAJIMA, Esther, Director Quality Improvement
☒ SWEIDAN, Jacob, M.D. Pediatrician Medical Director, Noble	☒ NGUYEN, Thanh-Tam, M.D. FAAP Pediatrics Medical Director, Whole Child Model	☒ REX-KIMMET, Kelly Director Quality and Analytics
	☒ RAMRIEZ, David, M.D. Internal Medicine Chief Medical Director	☐ POON, Edwin, Director, Behavioral Health Integration
	☒ SHARPS, Donald, M.D. Psychiatrist Medical Director, Behavioral Health	☒ SYN, Helen, Manager, Population Health Management
		☒ CHOO, Marsha, Manager, Quality Analytics
		☒ ARANDA, Ana, Executive Director, GARS
		☒ BUENSUCESO, Acecy, IS Project Specialist, IS
		☒ FLORES, Mauricio, Manager, Customer Service
		☒ GUEST, Laura, Manager, Quality Improvement

*Full time practitioners

Quality Improvement Committee Meeting
June 11, 2019

Topic	Discussion	Recommendation/Action
Call to Order	Dr. Masatsugu, M.D., Committee Chair, called the meeting to order at 12:11 p.m.	No action necessary
Introductions	Introductions were made around the room.	No action necessary
Review and Approval of Minutes	1. Approve the Minutes of the May 14, 2019 CalOptima Quality Improvement Committee (QIC) Meeting The May 14, 2019 meeting minutes were reviewed and approved as presented.	On motion of Dr. Lowell seconded and carried, the Committee approved the May 11, 2019 CalOptima Quality Improvement Committee Meeting as presented.
New Business	2. Member Portal Demo Mauricio Flores presented a demonstration of the recently launched new Member Portal. The portal is intended for members to have direct access to their medical file after business hours and be available 24 hours a day. Links to the member portal have been embedded to the CalOptima.org page in the online tool section and quick links located at the bottom of the page. Currently only English and Spanish is available but additional translations is being worked on and will be available soon. The portal allows a member to request a copy of their ID cards to be mailed or they can print it themselves. The portal is mobile friendly and resizes the screen size to adapt to the device its being viewed on. It also provides the member the option to send an inquiry to customer service and allow them to view member demographic. Contact information and preferred language made by the member will be updated into FACETS in real time. They can also request a primary care physician or Health Network change. If a member changes their Health Network a message will notifies them of effects on open referral authorization according to CalOptima policies. The portal also links to documents, such as member handbook, network reports, formularies, and authorization forms.	No action necessary

	3. <u>CCN Provider Report</u> Kelly Rex-Kimmet presented. A draft copy of the CalOptima Community Network (CCN) PCP Report Card is attached to the original set of these minutes. The first part of the report card contains the Pay for Value measures, current performance, and what percentile they're in. CCN PCP have been receiving this information but CalOptima would like to provide it in a single source. The second part communicates with the physician their overcapacity status. The third part is information on their own rate of grievances and potential quality issues as well as the peers rate compared their own specialty (Peds, IM FP, etc.) the third part also has a section for provider site visits that list the FSR/MRR/PARS score/findings as well as the number of open or overdue correction action plans. Dr. Sinha suggested adding utilization measures like admits/k and ED visits to HEDIS measures in the report card. Other recommendations were to add explanation of HEDIS measures; PC member capacity status at the plan level; IHA completion; Average member encounter per year; patient satisfaction; update data in real time; report card sent quarterly.	No action necessary
Department/Subcommittee Reports	4. <u>Member Experience Committee Update Q12019</u> Marsha Choo, Manager Quality Analytics presented. A copy of the report is attached to the original set of these minutes. Member Experience has a goal to achieve a minimum of 25th percentile on all CAHPS measures and achieve at least 50th percentile on two CAHPS measures. An optional 1:1 provider coaching and workshops for large clinics were performed to help improve with customer service. Three of three staff workshops offered were done to office staff and office management. Initially there was one manager workshop but two were added in response to high demand for more. Of the 25 providers coaching training that CalOptima offered 18 have been completed and two are scheduled to be performed. Member Experience will wait one year to measure the success of provider coaching and workshops **Network Adequacy**: the Medi-Cal DHCS Annual Network Certification was submitted and met all areas except for OB-GYN PCP at 99.3% for 2 zip codes in San Clemente. For OneCare CalOptima did not meet distance/time standard for Occupational Therapy and Vascular Surgery in South County but did meet all standards for OneCare Connect. Health Network Relations will reach out to Monarch specifically to expand the network. Also, Quality Improvement Plan (QIPs) updates were re-issued to the health networks on May 2019. Quality Improvement, Provider Relations and EDI teams are collaborating to improve data in 274 for better reporting of grievances. CalOptima's internal	On motion of Dr. Sinha seconded and carried, Member Experience Committee Update Q12019 was approved as presented.

2019 Timely Access Survey: Appointment availability (mystery shopper) are out in the field collecting for correct information and disposition. CalOptima's after-hours survey is being retired moving to a nurse advice line. Data collection methodology now includes Facility Site Review (FSR) and Physical Accessibility Review (PAR) on-sites as a result more accurate data is expected however the score may be lower.

Primary Care Provider Overcapacity Outreach: The general Provider to Member ratio is 1:2,000. Providers who are nearing or exceeding capacity will be notified of their capacity status. Health networks will also be notified and will receive a copy of the letter to the provider. Committee recommends an update to CalOptima's policy and procedure to reflect the actions as a result of exceeding capacity that may include closing the provider panel.

2018 PCP Experience Survey: The target population is CalOptima contracted primary care providers (PCPs). CalOptima fielded the survey in-house between August 3, 2018 – October 15, 2018. E-mails were sent to PCPs, that included a link to the PCP experience survey, was successful. Questionnaire were simplified with survey tool. All PCPs received only one survey that asked questions regarding the CalOptima Program and their contracted Health Network(s). 35.48% Response Rate (529 of 1491 surveys completed) was higher than previous year with new methodology.

PCP Experience Survey:
- 78% of PCPs were satisfied with CalOptima.
- 81% of PCPs were satisfied with their Health Network. Scores vary by HN where the range is between 65 and 96%.
- PCPs are generally satisfied with validation processes. Ex.: verifying member eligibility, recredentialing process
- PCPs are dissatisfied with Care coordination (being informed of members care). Ex: Receiving consultation/specialist reports (particularly in behavioral health) and Timeliness of referrals and authorizations
- The following areas are important to providers:
  - ➢ Provider relations
  - ➢ Referrals and authorizations
  - ➢ Access to care
  - ➢ Administrative requirements
  - ➢ Continuity of care

- PCPs have some of the same pain points as members.
  - ➢ Referrals and authorizations
  - ➢ Access to care
- PCP Areas of Concern
  - ➢ Provider Relations: Difficult to obtain support from provider relations staff; very hard to talk with someone over the phones; not updated on new formularies.
  - ➢ Referrals and authorizations: Timeliness of referrals; need faster approval of authorizations.
  - ➢ Care Coordination: Not receiving reports of mental health visits; poor communication with specialists; no records get sent out office.
  - ➢ Administrative: Too much paperwork; ICT notes should be simplified; HRAs are difficult.
  - ➢ Access to Care: Not many choices to refer to a specialist; long waits to see a specialist; limited access to urgent cares

Quality Analytics (QA) will share health network specific qualitative data to help inform HN initiatives. Member Experience Team to develop initiatives to improve both member and provider satisfaction. Strategies include to increasing support for our providers, improving access to care and streamlining current referral and authorization process.

5. Grievance and Resolution Services (GARS) update
Ana Aranda, Director of GARS presented. A copy of the report is attached to the original set of these minutes.

Medi-Cal Complaints
Q1 2019 CalOptima received 4,811 total complaints; 393 member appeals; 3083 member grievances; and 1335 provider appeals. Member and provider complaints in Q1-2019 reports that member grievances decreased by 14% due to a new billing process implemented in January 2019 allowing the members to contact the billers and provide insurance information. Often, educating billers resolves the billing issue. Improvements to the provider data have resulted in reduction of access related issues as referrals are being approved to the correct providers. Provider Appeals also had a decrease. A large volume of provider appeals was related to inpatient stays and high cost payment items. There was a slight increase in member appeals due to speech therapy requests denied by one specific health network and another network referring to their preferred providers and not applying continuity of care criteria for the

On motion of Dr. Sinha seconded and carried, Grievance and Resolution Services (GARS) update was approved as presented.

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existing requests. Quality of Service continues to be the most common category followed by Member Billing and Access. Overall, the grievances issues are Member Billing, Delay in Service, Question Treatment, Provider/Staff Services. Members' perception and expectations are the key factors for these grievances.

Veyo, the non-medical transportation vendor, has experienced an increase in rides. The implementation of the new vendor presented an increase in volume of grievances in the beginning of the year and is beginning to decrease. Some of the challenges for Veyo were related to a delay in onboarding their independent drivers and a large dependency on third party vendors. The increase in utilization also posed some challenges as well as training of new staff. CalOptima's and the transportation vendor's collaborative efforts have been successful in reducing grievances. CalOptima continues to provide immediate awareness of grievances to the transportation vendor in ongoing efforts to correct any problems and avoiding reoccurrences. The previous transportation vendor, American Logistics, reported 50,773 rides in Q4, 2018. There has been a 10% increase in rides from Q4 to Q1.

OneCare Connect Complaints
Q1-2019 CalOptima received 497 total complaints; 88 member appeals; 314 member grievance; 95 provider appeals. Member Appeals remain steady with a large majority of appeals related to payment denials for Behavioral Health services provided by out of network providers. Dental appeals triggered by denials at the end of the year also increased the volume. The Supplemental Dental benefit is no longer available for members under the OneCare Connect Program. (Crowns and x-rays). Grievances had a 55% increase due to NMT services. The implementation of a new vendor, compounded with dispatch errors, and delays in the onboarding of independent drivers, caused delays in picking up members and at times resulted in no-shows. Provider Appeals remain steady. The top provider appeals were related to inpatient stays, specialty services and therapy services. Similar to the Medi-Cal line of business, Quality of Service accounts for the majority of grievances. The top grievance issues are NMT services, Provider Services and Delays in Service. Member perception and expectations accounts for most provider services and delays in service.

OneCare Complaints
Q1-2019 CalOptima received 36 total complaints; 11 member appeals; 12 member grievances; 13 provider appeals. Member appeals were related to out of network services for gastroenterology, ophthalmology, cardiology and behavioral health. 5 of

Quality Improvement Committee Meeting
June 11, 2019

	the 12 grievances were regarding NMT services related to the challenges Veyo experienced during the implementation period. Provider Appeals were for behavioral health services and Inpatient stays. CalOptima continues to review all grievances and appeals for trends, improvements and correction.	
Minutes	6. PACE Q1 2019 Meeting Minutes Dr. Masatsugu presented the PACE Meeting Minutes for January 29, 2019 and March 05, 2019 to the committee to be accepted and filed. Having reviewed the minutes, and no comment or questions, the Committee recommended to accept and file.	On motion of Dr. Sweden seconded and carried, the Committee approved the submitted PQCE Q1 2019 Meeting Minutes as presented.
Open Discussion	Committee recommended adding a discussion regarding Board Certification as future agenda topic.	No action necessary
Approval of attachments	• QIC Meeting Minutes_5.14.19 Draft • GARS Committee Signed Minutes Q4 • Member Experience Team Minutes_2019.03.28 • Member Experience Team Minutes_2019.04.25 • Member Experience Team Minutes_2019.05.23. Draft • PACE QI Ad Hoc Meeting Minutes 01292019 • PACE QI Meeting Minutes 03052019	On motion of Dr. Sweden seconded and carried, the Committee approved the submitted attachments as presented.
Next Meeting	July 9, 2019 • Member Experience • Grievance and Resolutions Services • PACE QIC	No action necessary
Adjournment and Next Meeting	There being no further business before the Committee, the meeting was adjourned at 1:23 p.m.	Dr. Masatsugu adjourned the meeting.

Quality Improvement Committee Meeting
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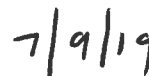
Action Item List 2019

#	Item	Person Responsible	Due Date	Comments	Status
1.	Member Experience - Primary Care Provider Overcapacity Outreach	Marsha Choo	Next QIC	Update CalOptima's policy and procedure to reflect actions as a result of exceeding capacity that may include closing the provider panel.	Completed: Topic discussed at the 6/18/19 Access and Availability Workgroup.

Respectfully Submitted:

_Mi.M_____   _____7/9/19_____
Miles Masatsugu M.D., Medical Officer   Date

Recorded by: Gloria Garcia, QI Program Assistant

Evaluation Category	2019 QI Work Plan Element Description	Objectives/Lag Measures	Planned Activities	Target Date(s) for Completion	Results/Metrics: Assessments, Findings, and Monitoring of Previous Issues	Next Steps	Red - At Risk Yellow - Concern Green - On Target
Program Oversight	2019 QI Annual Oversight of Program and Work Plan	Obtain Board Approval of 2019 QI Program and Workplan by February 2019	QI Program and QI Work Plan will be adopted on an annual basis; QI Program Description-QIC-BOD; QI Work Plan-QIC-QAC	Annual Adoption	Approved at **QIC** 2/14/19; **QAC** 2/20/19; **BOD** on 3/7/19	None	
Program Oversight	2018 QI Program Evaluation	Complete Evaluation 2018 QI Program by January 2019	QI Program and QI Work Plan will be evaluated for effectiveness on an annual basis	Annual Evaluation	Approved at **QIC** 2/14/19;**BOD** 2/20/19	None	
Program Oversight	2019 UM Program	Obtain Board Approval of 2019 UM Program by Q1 2019	UM Program will be adopted on an annual basis; Delegate UM annual oversight reports-from DOC	Annual Adoption	Approved at **UMC** 2/14/19; **QAC** 2/20/19; **BOD** 3/7/2019	None	
Program Oversight	2018 UM Program Evaluation	Complete Evaluation of 2018 UM Program by Q1 2019	UM Program and UM Work Plan will be evaluated for effectiveness on an annual basis; Delegate oversight from DOC	Annual Evaluation	Approved at QIC 2/14/19; **QAC** 2/20/19	None	
Program Oversight	Population Health Management Strategy	Obtain Board Approval of 2019 Population Health Management Strategy and start implementation by July 1, 2019	Implement PHM Strategy. Review and adopt on an annual basis	Annual Adoption	Approved as attachment C to the 2019 QI Program **QIC** 2/14/19; **QAC** 2/20/19; **BOD** 3/7/19.	None	
Program Oversight	**Credentialing Peer Review Committee (CPRC) Oversight** - Conduct Peer Review of Provider Network per regulatory and contract requirement	Peer Review of Credentialing and Re-credentialing files, and Quality of Care and Quality of Service cases related to CalOptima's provider network.	Review of initial and recredentialing applications, related quality of care issues, approvals, denials, and reported to QIC; Delegation oversight reported by A&O quarterly to CPRC.	Quarterly Adoption of Report	CPRC reported their Q4 update to QIC 2/12/19. A&O Delegation reported their Q4 2018 and Q1 2019 updated thru CPRC to QIC on 5/14/19. QIC approved Policy GG.1607 Monitoring Adverse Actions	CPRC due to report Q1 updated to QIC in May 2019	
Program Oversight	**Behavioral Health Quality Improvement Committee (BHQIC) Oversight** - Conduct Internal and External oversight of BHI QI Activities per regulatory and contract requirement	Ensure member's have access to quality behavioral health services, while enhancing continuity and coordination between physical health and behavioral health providers.	BHQI meets quarterly to: monitor and identify improvement areas of member and provider services, ensure access to quality BH care, and enhance continuity and coordination between behavioral health and physical health care providers.	Quarterly Adoption of Report	BHQIC reported their Q4 updated to QIC 1/8/19	Q1 update due to report to QIC in April 2019	
Program Oversight	**Utilization Management Committee (UMC) Oversight** - Conduct Internal and External oversight of UM Activities per regulatory and contract requirement	Monitors the utilization of health care services of CalOptima Direct and delegated HMO's, PHCS, SRGs to area identifies over and under utilization that may adversely impact the member's care.	UMC meets quarterly; monitors medical necessity, cost-effectiveness of care and services, reviewed utilization patterns, monitored over/under-utilization, and reviewed inter-rater reliability results	Quarterly Adoption of Report	UMC reported their Q4 update to QIC 1/8/19. 2018 UM Evaluation and 2019 UM Program approved at QIC 2/12/19	Q1 update due to report to QIC in April 2019	
Program Oversight	**Member Experience (MEMX) Subcommittee Oversight** - Oversight of Member Experience activities to improve member experience to achieve the 2019 QI Goal	Improve member experience to meet 2019 strategic objectives. Increase CAHP performance from 25th percentile to exceed 50th percentile.	The MEMX Subcommittee assesses the annual results of CalOptima's CAHPS surveys, monitor the provider network including access & availability (CCN & the HNs), review customer service metrics and evaluate complaints, grievances, appeals, authorizations and referrals for the "pain points" in health care that impact our members.	Quarterly Adoption of Report	MemX Subcommittee reported their Q4 update to QIC 3/12/19	Q1 update due to report in June 2019	
Program Oversight	**Long Term Services and Supports Quality Improvement Sub-Committee (LTSS-QISC) Oversight** - Conduct Internal and External oversight of LTSS QI Activities per regulatory and contract requirement	Monitor and review the quality and outcomes of services provided to members in both Nursing Facility Services for Long-Term Care and Home and Community Based Services.	The LTSS Quality Improvement Sub Committee meets on a quarterly basis and addresses key components of regulatory, safety, quality and clinical initiatives.	Quarterly Adoption of Report	LTSS QISC reported their Q4 updated to QIC 1/8/19. Going forward in 2019, LTSS metrics will be reported as part of UMC	None	

Evaluation Category	2019 QI Work Plan Element Description	Objectives/Lag Measures	Planned Activities	Target Date(s) for Completion	Results/Metrics: Assessments, Findings, and Monitoring of Previous Issues	Next Steps	Red - At Risk Yellow - Concern Green - On Target
Program Oversight	**Whole Child Model - Clinical Advisory Committee (WCM CAC)**- Conduct Clinical Oversight for WCM per regulatory and contract requirement	Provide clinical advice for issues related to Whole Child Model.	Meet quarterly, provide clinical advice regarding Whole Child Model operations to Medical Affairs.	Quarterly Adoption of Report	WCM CAC report their Q4 2018 and Q1 2019 update to QIC 5/14/19. AdHoc meeting were added to meet at least monthly until July in preparation of WCM implemention	WCM due to report their Q2 upate to QIC in August 2019. Continue to meet at least monthly until 7/1/19	
Program Oversight	**Grievance and Appeals Resolution Services (GARS) Committee** - Conduct oversight of Grievances and Appeals per regulatory and contract requirement	Resolve provider complaints and appeals expeditiously for all CalOptima providers in a timely manner.	The GARS Committee oversees the Grievance Appeals and Resolution of complaints by members for CalOptima's network. Results are presented to committee quarterly	Quarterly Adoption of Report	GARS Committee reported their Q4 update to QIC 3/12/19	Q1 update due to report in June 2019	
Program Oversight	**PACE QIC** - Quarterly review and update of PACE QIC activities	Provide all the acute and long-term care services covered by Medicare and Medi-Cal through an Interdisciplinary Team (IDT). Plan, coordinate and deliver the most fitting and personalized health care to participants.	The PACE QIC oversees the activities and processes of the PACE center. Results are presented to PACE-QIC, and summarized quarterly at QIC	Quarterly Adoption of Report	PACE QIC reported their Q4 update to QIC 2/12/19. QIC adoption of 2018 PACE QAPI Plan Evaluation & workplan and 2019 PACE QAPI Program and Workplan	Q1 update due to report in June 2019	
Program Oversight	Quality Program Oversight - Quality Withhold	Earn 100% of Quality Withhold Dollars back for OneCare Connect in OCC QW program end of MY 2019	Quarterly monitoring and reporting to OCC Steering Committee and QIC	Annual Assessment	For DY3 (MY2017), CalOptima will receive 100% of the Quality Withhold funds because of extreme and uncontrollable circumstances.	Receive notification of the exact withhold dollar amount we receive from CMS; assess health network allocation based on their performance for the Quality Withhold measures; work with Finance to validate our assessments; process check requests to Accounts; mail checks to health networks.	
Program Oversight	Quality Program Oversight - QIPE/PPME Monitoring	Meet and exceed goals set forth on the QIPE/PPE dashboard for OC/OCC measures.	Conduct quarterly oversight of specific goals on QIPE/PPME dashboard for OC/OCC measures. Reference dashboard for SMART goals	Annual Assessment	Completed Table 2 entires for 2018, currently working on updating Q1 2019	Finish Q1 reporting of Table 2 by May 31, 2019, in preparation for CMS audit	
Quality of Clinical Care	Follow-up After Hospitalization for Mental illness within 7 and 30 days of discharge (FUH).	OC OCC 30 day: 56% 33rd percentile OC: N/A OCC: 7 day: 28.97% 50th percentile	CalOptima to manage mental health services for OC/OCC Develop transition of care process for post-discharge Outreach to members post discharge to coordinate follow-up appointments Add ADT and/or EDIE Reporting Incentives for urgent appointments for providers	12/31/2019	Results: Not meeting 25th Percentile. Receive PR rates from P4V team monthly. Send to Magellan for review and comment at clinical meeting. Pending feedback from Magellan.	Discuss at Clinical meetings. Identify opportunity based on feedback from Magellan and BHI.	
Quality of Clinical Care	Persistence of Beta Blocker Treatment after a Heart Attack (PBH)	MC: 79.67% 50th percentile OC: N/A OCC: 90.23% 50th percentile	Targeted outreach of CCN	12/31/2019			

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Evaluation Category	2019 QI Work Plan Element Description	Objectives/Lag Measures	Planned Activities	Target Date(s) for Completion	Results/Metrics: Assessments, Findings, and Monitoring of Previous Issues	Next Steps	Red - At Risk Yellow - Concern Green - On Target
Quality of Clinical Care	Use of Imaging Studies for Lower Back Pain (LBP)	MC: 71.71% 50th percentile	Targeted outreach of CCN	12/31/2019			
Quality of Clinical Care	Follow-up Care for Children with Prescribed ADHD Medication (ADD): Continuation Phase. Increase chances to meet or exceed HEDIS goals through effective interventions that are aligned with current practice and technological options.	MC; Continuation Phase: 45% 50th percentile	Targeted outreach of CCN	12/31/2019	Results: Not meeting 50th percentile. Data analysis of 2018 HEDIS ADD pull Q1. Analysis focus on Top Prescribers/HNs. Script for member/provider phone campaign challenges/barriers/successes ready to implement. Developing plan to address Focus measure activities in more real time. Reviewed Rx data pull from Medical meeting that took place to see how to merge that data with the data the work group pulled to best address needs.	Waiting on board approval of budget to begin to implement member/provider incentives and/or measures	
Quality of Clinical Care	Improve HEDIS measures related to Asthma: Asthma Medication Ratio (AMR)	MC: 65.30% 66th percentile	CCIP/QIP for AMR Targeted outreach of CCN	12/31/2019	Working on intervention to interventions to address this measure. Intervention would likely be provider focused.	Report on interventions selected for implementation.	
Quality of Clinical Care	Plan All-Cause Readmissions (PCR)	MC: N/A OC: 8% 50th percentile OCC: 10%	Update Transition of Care post-discharge program, all diagnosis for all LOB (Focus on Anaheim and Fountain Valley hospitals) New means of identification for ER visits in Data Warehouse. CMS: CCN OCC Members with CHF and hospital admission. Health Coaches contact member to prevent unplanned readmission within 30 days (all hospitals excluding Anaheim and Fountain Valley)	12/31/2019	Transition of Care program for all LOB updated by Case Management. New TOC program for CCN OCC members with CHF are being contacted within 30 days to prevent unplanned readmissions.	Update on TOC program will be provided in Q2	

Evaluation Category	2019 QI Work Plan Element Description	Objectives/Lag Measures	Planned Activities	Target Date(s) for Completion	Results/Metrics: Assessments, Findings, and Monitoring of Previous Issues	Next Steps	Red - At Risk Yellow - Concern Green - On Target
Quality of Clinical Care	Improving the quality performance of all HNs, including CalOptima Community Network (CCN).	Implement practice transformation technical assistance in 5 high volume CCN practices by December 2019

Expand provider coaching and customer service training to include all health networks, and PQI Providers and CCN office staff by December 2019 | Pay for Value
Provider Report Card
Provider Incentive targeting measures not in P4V
Practice Transformation Initiative in partnership with California Quality Coalition
Expand provider coaching and customer service training | 12/31/2019 | Pay for Value (P4V) team continues to generate a monthly P4V Prospective Rates report which shows the networks their performance on various P4V clinical measures to date. In addition the P4V team generates similar reports for community clinics. These reports are posted to the networks secure FTP servers, along with the member detail files to better assist networks in their member outreach and identifying which members need to have their gaps in screening addressed. | P4V team is working with IS to have the CCN Provider Report Card and Member Detail files for the first quarter of MY2019 posted to the Provider Portal. Similar reports will be posted in June, October, and December 2019. | |
| Quality of Clinical Care | Adult's Access to Preventive/Ambulatory Health Services (AAP) (Total) | MC: 75.84%
25th percentile | CalOptima Days targeting adults and children

Continue implementing MC PIP activities through 6/30/2019 | 12/31/2019 | In Q1, all planning for 2019 was initiated. Goals were set to complete 50 total CalOptima days in 2019, 20 scheduled to occur before the end of the fiscal year. There were no completed CalOptima Days in Q1. 23 are scheduled for Q2. This initiative was promoted to Health Networks via Quality Forum, Health Network Forum and Community Clinic meetings. | Complete scheduled 23 events in Q2. Provide measurement data of activities accomplished in next update. | |
| Quality of Clinical Care | Cervical Cancer Screening (CCS) | MC: 63.26%
66th percentile | CalOptima Days targeting adults and children

Continue existing incentives | 12/31/2019 | In Q1, all planning for 2019 was initiated. Goals were set to complete 50 total CalOptima days in 2019, 20 scheduled to occur before the end of the fiscal year. There were no completed CalOptima Days in Q1. 23 are scheduled for Q2. This initiative was promoted to Health Networks via Quality Forum, Health Network Forum and Community Clinic meetings.

$20 CCS Member incentive was launched in March to Health Networks and Community Clinic partners. Targeted mailing for each incentive is expected to drop in Q2. | Complete scheduled 23 events in Q2. Provide measurement data of activities accomplished in next update.

Mail member incentive in Q2 | |
| Quality of Clinical Care | Colorectal Cancer Screening (COL) | OC:
4 STAR
OCC:
3 STAR | $50 per screening incentive for OC/OCC | 12/31/2019 | Proposed OC/OCC Member Incentive for colorectal cancer screening is pending budget approval. | Once budget approved will move forward with incentive. | |

Evaluation Category	2019 QI Work Plan Element Description	Objectives/Lag Measures	Planned Activities	Target Date(s) for Completion	Results/Metrics: Assessments, Findings, and Monitoring of Previous Issues	Next Steps	Red - At Risk Yellow - Concern Green - On Target
Quality of Clinical Care	Breast Cancer Screening (BCS)	MC: 65.30% 75th percentile	CalOptima Days targeting adults and children Continue existing incentives	12/31/2019	In Q1, all planning for 2019 was initiated. Goals were set to complete 50 total CalOptima days in 2019, 20 scheduled to occur before the end of the fiscal year. There were no completed CalOptima Days in Q1. 23 are scheduled for Q2. This initiative was promoted to Health Networks via Quality Forum, Health Network Forum and Community Clinic meetings. $15 BCS Member incentive was launched in March to Health Networks and Community Clinic partners. Targeted mailing for each incentive is expected to drop in Q2.	Complete scheduled 23 events in Q2. Provide measurement data of activities accomplished in next update. Mail member incentive in Q2	(Green)
Quality of Clinical Care	Avoidance of Antibiotic Treatment in Adults with Acute Bronchitis (AAB)	MC; 27.63% 25th percentile	Urgent Care Center Provider Incentives, $10 per hit	12/31/2019	Currently developing plan to develop an urgent care incentive for this measure. Pending Board approval of incentive dollars, we will move forward accordingly.	Plan incentive in Q2 once board approves incentive dollars	(Green)
Quality of Clinical Care	Statin Therapy for People with Cardiovasular Disease (SPC) and Statin Therapy for People with Diabetes (SPD)	Therapy OC:74% 66th percentile OCC:74% 66th percentile Adherence OC: 80.75% 75th percentile OCC: 74.56% 50th percentile	Chronic Disease Bundle, $100 for getting tests done and screenings	12/31/2019	Still in process of identifying lead measures for PBH, SPC and SPD. Still collecting and analyzing the data to determined focused acitvities, and trends for outreach efforts.	Continue with data discovery and present proposal for focused targeted interventions in Q2	(Yellow)
Quality of Clinical Care	Improve HEDIS measures related to Comprehensive Diabetes Care (CDC): HbA1c Testing; HbA1c Good Control (<8.0%); Eye Exam; Medical Attention for Nephrology	A1c Testing: MC: 91.58% 75th percentile OC: 92.15% 25th percentile OCC: 92.15% 25th percentile	Chronic Disease Bundle, $100 for getting tests done and screenings PIP - CDC	12/31/2019	CCN targeted outreach to 15 high volume provider offices, includes: Medical Director and Quality Initiative staff outreach; Health coach outreach for targeted PIP offices. Diabetes member incentive targeted for members who are due for eye exam and HbA1c Testing. Expected to Launch in Q3.	In Q2 will report on # of CCN targeted outreach efforts	(Green)

Evaluation Category	2019 QI Work Plan Element Description	Objectives/Lag Measures	Planned Activities	Target Date(s) for Completion	Results/Metrics: Assessments, Findings, and Monitoring of Previous Issues	Next Steps	Red - At Risk Yellow - Concern Green - On Target
Quality of Clinical Care	Improve HEDIS measures related to Comprehensive Diabetes Care (CDC): HbA1c Testing; HbA1c Good Control (<8.0%); Eye Exam; Medical Attention for Nephrology	A1c (<8%): MC: 59.49% 90th percentile OC: 77.26% 66th percentile OCC: 71.70%	Chronic Disease Bundle, $100 for getting tests done and screenings Expand annual access to VSP to MC Diabetic members PIP - CDC	12/31/2019	CCN targeted outreach to 15 high volume provider offices, includes: Medical Director and Quality Initiative staff outreach; Health coach outreach for targeted PIP offices. Diabetes member incentive targeted for members who are due for eye exam and HbA1c Testing. Expected to Launch in Q3.	In Q2 will report on # of CCN targeted outreach efforts	
Quality of Clinical Care	Improve HEDIS measures related to Comprehensive Diabetes Care (CDC): HbA1c Testing; HbA1c Good Control (<8.0%); Eye Exam; Medical Attention for Nephrology	Eye Exams: MC: 66.42% 75th percentile OC: 80% 66th percentile OCC: 80% 66th percentile	Chronic Disease Bundle, $100 for getting tests done and screenings PIP - CDC	12/31/2019	CCN targeted outreach to 15 high volume provider offices, includes: Medical Director and Quality Initiative staff outreach; Health coach outreach for targeted PIP offices. Diabetes member incentive targeted for members who are due for eye exam and HbA1c Testing. Expected to Launch in Q3.	In Q2 will report on # of CCN targeted outreach efforts	
Quality of Clinical Care	Improve HEDIS measures related to Comprehensive Diabetes Care (CDC): HbA1c Testing; HbA1c Good Control (<8.0%); Eye Exam; Medical Attention for Nephrology	Nephropathy: MC: 92.05% 75th percentile OC: 95% 25th percentile OCC 97% 66th percentile	Chronic Disease Bundle, $100 for getting tests done and screenings PIP - CDC	12/31/2019	CCN targeted outreach to 15 high volume provider offices, includes: Medical Director and Quality Initiative staff outreach; Health coach outreach for targeted PIP offices. Diabetes member incentive targeted for members who are due for eye exam and HbA1c Testing. Expected to Launch in Q3.	In Q2 will report on # of CCN targeted outreach efforts	
Quality of Clinical Care	Prenatal and Postpartum Care Services (PPC): Timeliness of Prenatal Care and Postpartum Care	Prenatal: 87.06% 75th percentile Postpartum: 73.97% 90th percentile	Increase PPC from existing $25 to $50 Conduct Bright Step post partum assessment	12/31/2019	In Q1, 1036 PNR submitted to CalOptima. 55% (575) were referred to Bright Steps, 45% (461) were provided by CPSP Provider. Of the 575, 33% participate in Bright Steps. Mailed 295 Incentive forms in Q1. 16 members completed PP assessment. Currently gathring baseline date to estalish SMART Goals for this measure. Currently ensuring approved CPSP providers are aware they can provide CPSP services and claims are being paid approrpiately. Also, monitoring the PP incentive.	In Q2 Bright Steps will be 1) Processing eligible incentives 2) Working with providers to provide CPSP services or refer to Bright steps and 3) Encourage Providers to submit PNR timely, after 1 st prenatal appt.	
Quality of Clinical Care	Antidepressant Medication Management (AMM): Continuation Phase Treatment. Increase chances to meet or exceed HEDIS goals through effective interventions that are aligned with current practice and technological options.	Continuation Phase: MC: 42.31% 75th Percentile OC: 67 87% 90th percentile OCC: 49% 25th percentile	Proposed Incentive for 2 follow-up incentives within 6 months: AMM $75	12/31/2019	Results: Acute phase meet 50th, Continuation not meeting 50th percentile. Discussed bundling AMM with DSF measures to provide incentive for screening and follow-up. In development.	Waiting on board approval of budget to begin to implement member/provider incentives and/or measures	

Evaluation Category	2019 QI Work Plan Element Description	Objectives/Lag Measures	Planned Activities	Target Date(s) for Completion	Results/Metrics: Assessments, Findings, and Monitoring of Previous Issues	Next Steps	Red - At Risk Yellow - Concern Green - On Target
Quality of Clinical Care	Depression Screening and Follow-Up for Adolescents (12+) and Adults (DSF)	New in 2019, DHCS required, for MC, no external benchmarks	Proposed Incentive f/u visit within 30 days for those who screen positive: DSF $25	5/31/2019	Results: Pending HEDIS results. Not received. Currently have Depression Screening through IGT, ending May 2019. Will transition to DSF initiative. Reviewed specs and rates to determine potential numerator/denominator and explored possible incentives.	Waiting on board approval of budget to begin to implement member/provider incentives and/or measures	(Yellow)
Quality of Clinical Care	Childhood Immunization Status (CIS): Combo 10	MC: Combo 10: 48.42% 90th percentile Last year final rate 45.01 75%, our goal is to move from 75% to 90%	CalOptima Days targeting adults and children W15 Incentive, $100 completed 6 visits in 12 month or $50 for first month, and $100 for completing	12/31/2019	In Q1, all planning for 2019 was initiated. Goals were set to complete 50 total CalOptima days in 2019, 20 scheduled to occur before the end of the fiscal year. There were no completed CalOptima Days in Q1. 23 are scheduled for Q2. This initiative was promoted to Health Networks via Quality Forum, Health Network Forum and Community Clinic meetings.	Complete scheduled 23 events in Q2. Provide measurement data of activities accomplished in next update.	(Green)
Quality of Clinical Care	Well-Child Visits in the 3rd, 4th, 5th and 6th Years of Life (W34)	MC: 83.70% 90th percentile	CalOptima Days targeting adults and children	12/31/2019	In Q1, all planning for 2019 was initiated. Goals were set to complete 50 total CalOptima days in 2019, 20 scheduled to occur before the end of the fiscal year. There were no completed CalOptima Days in Q1. 23 are scheduled for Q2. This initiative was promoted to Health Networks via Quality Forum, Health Network Forum and Community Clinic meetings.	Complete scheduled 23 events in Q2. Provide measurement data of activities accomplished in next update.	(Green)
Quality of Clinical Care	Well-Care Visits in first 15 months of life (W15)	MC: 58.54% 25th percentile	CalOptima Days targeting adults and children W15 Incentive, $100 completed 6 visits in 12 month or $50 for first month, and $100 for completing	12/31/2019	In Q1, all planning for 2019 was initiated. Goals were set to complete 50 total CalOptima days in 2019, 20 scheduled to occur before the end of the fiscal year. There were no completed CalOptima Days in Q1. 23 are scheduled for Q2. This initiative was promoted to Health Networks via Quality Forum, Health Network Forum and Community Clinic meetings.	Complete scheduled 23 events in Q2. Provide measurement data of activities accomplished in next update.	(Green)
Quality of Clinical Care	Adolescent Well-Care Visits (AWC)	MC: 54.57% 50th percentile	CalOptima Days targeting adults and children AWC incentive, $25/visit targeting 12-15 year olds	12/31/2019	In Q1, all planning for 2019 was initiated. Goals were set to complete 50 total CalOptima days in 2019, 20 scheduled to occur before the end of the fiscal year. There were no completed CalOptima Days in Q1. 23 are scheduled for Q2. This initiative was promoted to Health Networks via Quality Forum, Health Network Forum and Community Clinic meetings.	Complete scheduled 23 events in Q2. Provide measurement data of activities accomplished in next update.	(Green)
Quality of Clinical Care	Appropriate Testing for Children with Pharyngitis (CWP)	MC: 72.52% 25th percentile	Urgent Care Center Provider Incentives, $10 per hit	12/31/2019	Currently developing plan to develop an urgent care incentive for this measure. Pending Board approval of incentive dollars, we will move forward accordingly.	Plan incentive in Q2 once board approves incentive dollars	(Green)

Evaluation Category	2019 QI Work Plan Element Description	Objectives/Lag Measures	Planned Activities	Target Date(s) for Completion	Results/Metrics: Assessments, Findings, and Monitoring of Previous Issues	Next Steps	Red - At Risk Yellow - Concern Green - On Target
Quality of Clinical Care	Children and Adolescents' Access to Primary Care Practitioners (CAP)	MC 12-24 Months 93.64% 25-6 years: 89.26% 7-11 years: 90.69% 12-19 years: 89.56% 50th percentile	CalOptima Days targeting adults and children AWC incentive, $25/visit targeting 12-15 year olds W15 Incentive, $100 completed 6 visits in 12 month or $50 for first month, and $100 for completing	12/31/2019	In Q1, all planning for 2019 was initiated. Goals were set to complete 50 total CalOptima days in 2019, 20 scheduled to occur before the end of the fiscal year. There were no completed CalOptima Days in Q1. 23 are scheduled for Q2. This initiative was promoted to Health Networks via Quality Forum, Health Network Forum and Community Clinic meetings.	Complete scheduled 23 events in Q2. Provide measurement data of activities accomplished in next update.	(green)
Quality of Service	Review and Report GARS for all Lines of Business, Include review of quality issues (QOC, QOS, Access) related to member "pain points" and provide recommendation to assure appropriate actions are taken to improve member experience.	Address quality issues related to (Quality of Service, Access, and Quality of Care).	Provider Data Initiative to address accuracy issues with on-line provider directory which may impact member experience Provider Coaching Initiative	12/31/2019	In addition to 6 month trend reports, working with sub-group to identify key trends in quality of service, access, and quality of care. In Q1, 194 Access, 135 QOC and 1222 QOS related GARS.	Subgroup will identify key themes from Q1 GARS data, and will report trends and potential actions required in Q2.	(green)
Safety of Clinical Care	Use of Opioids at High Dosage (UOD)	New in 2019, Need to establish benchmark and goals	Quarterly opioid analgesic monitoring. Formulary limits and prior authorization requirements for opioid analgesics Prescriber monitoring and education	12/31/2019			
Safety of Clinical Care	Use of Opioids from Multiple Providers (UOP)	New in 2019, Need Goals	Quarterly opioid analgesic monitoring. Formulary limits and prior authorization requirements for opioid analgesics Prescriber monitoring and education	12/31/2019			
Safety of Clinical Care	Follow-up on Potential Quality Of Care Complaints	To assure patient safety and enhance patient experience by timeliness of clinical care reviews	Provider Report Card Expand Provider Coaching	12/31/2019	Conducted 6 month trend reports to identify providers with high grievances and PQI's. Identified 3 additional providers that were not offered provider coaching previously, and sent them letters to provide additional training. In addition to 6 month trend reports, working with sub-group to identify key trends in quality of service, access, and quality of care. In Q1, 194 Access, 135 QOC and 1222 QOS related GARS.	Subgroup will identify key themes from Q1 GARS data, and will report trends and potential actions required in Q2.	(green)

Evaluation Category	2019 QI Work Plan Element Description	Objectives/Lag Measures	Planned Activities	Target Date(s) for Completion	Results/Metrics: Assessments, Findings, and Monitoring of Previous Issues	Next Steps	Red - At Risk Yellow - Concern Green - On Target
Member Experience	Review of Member Experience (CAHPS) -Increase CAHPS score on Getting Needed Care	Improve Member Experience for **Getting Needed Care** from 25th to 50th percentile AND Improve Member Experience for **Getting Care Quickly** from 25th to 50th percentile	Update and redesign P4V CalOptima Days for Specialists as well as PCPs Create Access incentives for hard to access specialties to accept new referrals Member Portal Implementation Streamline CCN Prior Auth Process: i.e. change feed from COLA to GC, update auto auth, Provider Directory Initiative, notification to members of approved auths, unused auth reporting, UCI specialist referrals etc.	12/31/2019	Member experience team is still working on creating lead measures to help improve Getting Needed Care and Getting Care quickly. In the process of creating CalOptima Days targeted towards hard to access specialties. Identifying ways to streamline CCN prior auth processes, to include updating auto auth rules in GC.	Continue to develop lead measures to impact CAHPS measures	(yellow)
Member Experience	Review of Member Experience (CAHPS)-Increase CAHPS score on How Well Dr Communication	Improve Member Experience for **How Well Drs Communicate** from 25th to 50th percentile	Expand Targeted provider education (focus on high volume) CQC Practice Transformation Initiative Expand Provider Workshops (By S&L) PCP Provider Report Card to Improve Provider performance: i.e. goals, priorities, expectations, auto-assignment, PQI, GARS, provider accountability, medical director visits	12/31/2019	Member experience team is still working on creating lead measures to help improve How Doctors Communicate. In the process of creating a PCP Provider Report card to improve Provider Performance. Indicators to include PQI, GARS, FSR, Access, and other HEDIS measures.	Continue to develop lead measures to impact CAHPS measures. Develop PCP report card for QIC review in June. Target to implement PCP report card in July.	(yellow)
Member Experience	Review of Member Experience (CAHPS)-Increase CAHPS score on Care Coordination	Improve Member Experience for **Care Coordination** from 25th to 50th percentile	How well dr's are informed about their care (sepcialist to PCP, hospital to PCP, Pharmacy)	12/31/2019			
Compliance	Delegation Oversight of HN Compliance (UM, CR, Claims)	Delegation Oversight of Health Networks to assess compliance of **UM, CR, Claims**	Delegated entity oversight supports how delegated activities are performed to expectations and compliance with standards, such as Prior Authorizations; Credentialing, Claims etc. **Report from AOC	12/31/2019	Reported to AOC	Please refer to AOC for corrective actions issued	(green)
Compliance	HN Compliance with CCM NCQA Standards	Delegation Oversight of Health Networks to assess compliance of **CCM**	Delegated entity oversight supports how delegated activities are performed to expectations and compliance with standards, such as CCM; **Report from AOC	12/31/2019	Reported to AOC	Please refer to AOC for corrective actions issued	(green)

PACE Quality Improvement Ad Hoc Committee Meeting

January 29, 2019 Meeting Minutes

Attendees: Miles Masatsugu, MD; Elizabeth Lee; Eva Elser, Jenny Nguyen, Noe Zuniga, Christine Sisil, Monica Macias, Elham Arghami, MD, Thuy Nguyen, MD, Jerry Hou, Sophia Nguyen, Mardany Escobedo

Topic	Discussion	Recommendation/Action
Call to Order	**Dr. Masatsugu, Committee Chair called the meeting to order at 10:34 am**	
Minutes	Motion to approve December 18, 2018 meeting minutes. First by Jenny Nguyen; second by Elizabeth Lee	

2018 QAPI Work Plan Evaluation	Dr. Masatsugu presented the final 2018 QAPI Work Plan Evaluation. Overall, data findings indicate that we did well. The Work Plan reflected a mixture of areas in which we stand out and areas that need improvement. Dr. Masatsugu reviewed all 25 elements of the 2018 Work Plan. Key Points:
	• Long Term Care: Below the national average, however we anticipate an increase in the rate due to aging population.
	• Pneumococcal Vaccine: Variable factors in the calculation due to multiple strains (PCV 23/Prevnar 13). Still, rates look good.
	• Infection Rates: Look good. We will delete skin infections due to low numbers.
	• DDE's (Drug Disease Interactions):
	   ○ Falls plus TCA/antipsychotics: Difficult to compare with other dual eligible health plans since they do not capture every fall as in the case of PACE.
	• Utilization:
	   ○ Bed Days trending down
	   ○ ER: ER diversion program helping to keep ER utilization rates down. Also, our ER utilization doesn't always transfer to admissions – our transitions of care are good.
	   ○ LTC: Need to have our management team and IDT look at this – which participants are a short step from LTC? What are other options?	

2018 QAPI Work Plan Evaluation (con't)	• Participant Satisfaction: 2018 Scores were high (93% for recommending PACE and 97% for overall satisfaction).
	   ○ Only 2 domains fell below the 2018 CalPACE average: Recreational Therapy and Meals.
	   ○ Participant comments were very supportive of our care and services
	• 2 Quality Indicators will be deleted in the 2019 Work Plan: Pain Management and Medication Review.
	• In 2018, we met 19 out of 25 goals
	• Take-away points for 2018:
	   ○ 2 successful LOC audits
	   ○ 98% Influenza immunization rate
	   ○ Infection rates below national benchmark
	   ○ Only 2 participants in LTC
	   ○ 95% Medication reconciliation rate
	   ○ Diverse participants and staff	

Approval of 2018 QAPI Work Plan Evaluation	Motion to approve by Jenny Nguyen; Second by Elizabeth Lee	

Introduction of 2019 Work Plan	Dr. Masatsugu presented the 2019 QAPI Work Plan.
	Major points of the 2019 Work Plan:
	• 5 Goal Domains:
	   ○ Quality of Care
	   ○ Ensure Safety of Care
	   ○ Ensure Appropriate Access and Availability to Specialty Care
	   ○ Ensure appropriate use of resources
	   ○ Improve participant experience
	• Retired 2 elements from previous year (pain screening and medication review)
	• Added new measures:
	   ○ Rate of Day Center Falls (including ACS)
	   ○ Opioid Use	

Introduction of 2019 Work Plan (con't)	○ Identification of Designated family member who can make decisions in the event of an emergency (Under Care of Older Adults) ○ Enrollment conversion rates ○ Participant Satisfaction - Bundled Comprehensive Diabetes Care to include nephropathy monitoring, diabetic eye exams, blood pressure control for diabetics Dr. Masatsugu identified responsible staff members who have oversight of the 2019 Work Plan Objectives. QI will provide requested data to the staff members which will assist in meeting goals.	Dr. Masatsugu and Eva Elser to meet with staff who have oversight of the objectives on a regular basis.
Approval of 2019 Work Plan	Motion to Approve by Jenny Nguyen; Second by Christine Sisil	
	Meeting Adjourned at 11:50 am	

Member Trend Report: Second Quarter 2019

Board of Directors' Special Quality Assurance Committee Meeting
October 17, 2019

Ana Aranda
Director, Grievance and Appeals Resolution Services

Overview

- Breakdown of complaints by category

- Second quarter trends in rate of complaints (appeals/grievances) per 1,000 members for all CalOptima programs

- Interventions based on trends, as appropriate

Definitions

- Appeal: A request by the member for review of any decision to deny, modify or discontinue a covered service

- Grievance: An oral or written expression indicating dissatisfaction with any aspect of a CalOptima program

- 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

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Medi-Cal Complaints
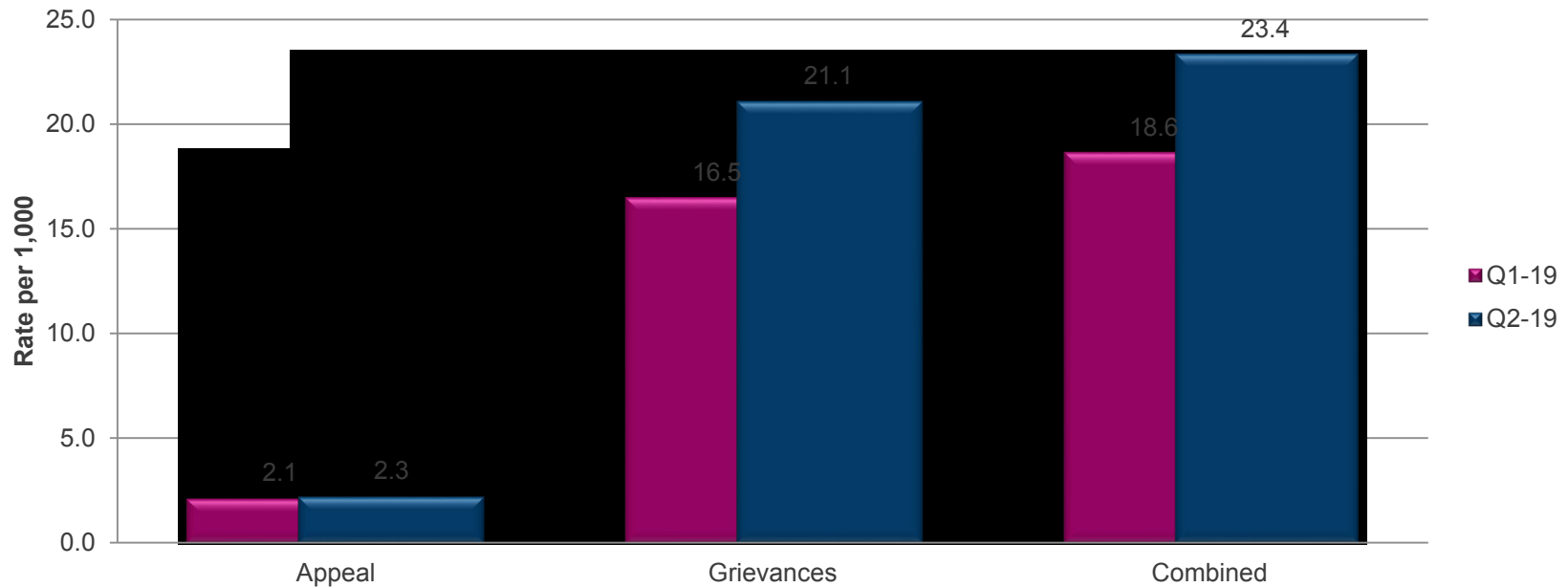
	Total Complaints	Member Appeals	Member Grievances	Membership
Q1-2019	3,476	393	3,083	741,963
Q2-2019	4,302	416	3,886	738,880

Medi-Cal Member Grievances Quarterly Rate/1,000

	AltaMed (48,151)	AMVI (21,894)	Arta (62,344)	CHA (145,170)	Family Choice (45,200)	Heritage (6,631)	Kaiser (44,655)	Monarch (78,664)	Noble (22,180)	Prospect (34,218)	Talbert (24,354)	UCMG (33,038)	CCN (77,823)	COD (94,560)	CO Prog (738,880)	CO Pharm (695,664)	MLTSS (695,664)	Behavioral Health (738,880)	VSP (695,664)	Veyo, LLC (79,210)
Q1-19 (3083)	1.19	1.27	2.54	0.66	1 24	4 04	4.19	3 38	1 35	2.97	2.63	1.08	10 02	2.86	0.12	0.20	0.00	0.23	0.02	7.96
Q2-19 (3886)	2.97	1.83	3.02	1.23	1 97	6 64	3 99	4 65	1 94	4.24	4.02	2.21	14 24	2.44	0.20	0.23	0.00	0.24	0.02	5.78

Medi-Cal Grievances by Category

- Top grievance types
  - Question treatment
  - Delays in service
  - NMT services
  - Member billing
  - Provider/staff services

Pie chart: Quality of Service 72%, Quality Care 9%, Access 11%, Billing 8%, Practitioner office <1%
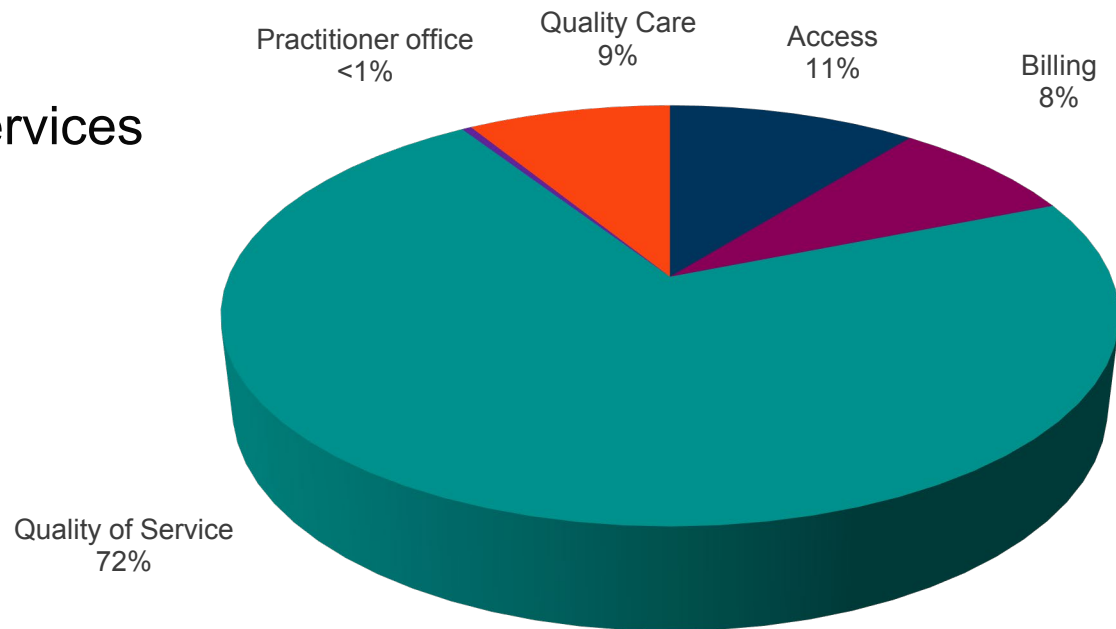
Medi-Cal Summary

- Billing grievances continue to decrease following the new billing process implemented in January 2019, allowing the members to contact the billers to provide insurance information first. CalOptima is requesting that members provide a copy of the bill before addressing the billing issue.

- Grievances related to inappropriate referrals caused by incorrect provider data have been trending down as the Provider Data Initiative continues to improve the collection of provider information.

Medi-Cal Summary (cont.)

- Access-related grievances remain steady from the prior quarter, although Quality of Care and Quality of Service had an increase in grievances for Q2-2019.

- Utilization of Non-Medical Transportation (NMT) increased 53 percent. The increase in utilization caused a less than 1 percent increase in grievances.

OneCare Connect Complaints
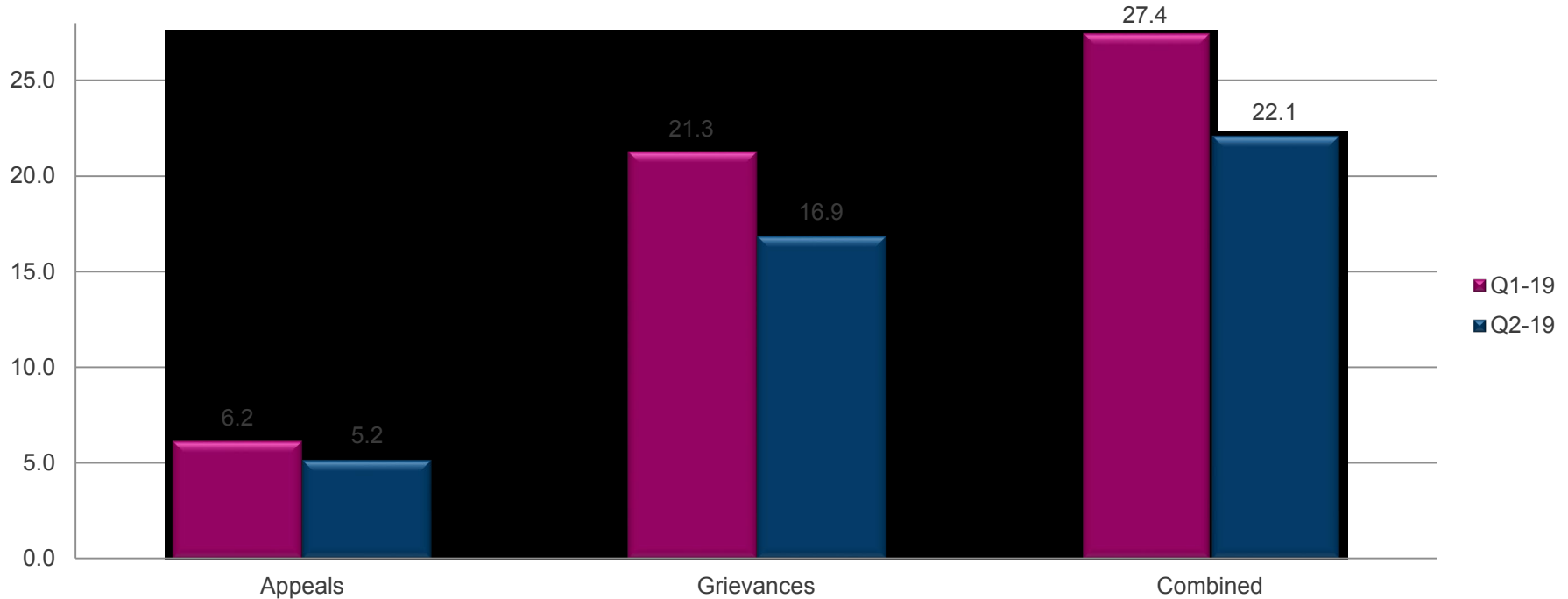
	Total Complaints	Member Appeals	Member Grievances	Membership
Q1-2019	402	88	314	14,293
Q2-2019	314	74	240	14,207

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OneCare Connect Member Grievances Quarterly Rate/1,000

	Alta Med Health (540)	AMVI Care (432)	Arta (562)	Family Choice (1,774)	Heritage (198)	Monarch (4,644)	Noble (431)	Prospect (2,380)	Talbert (1,043)	UCMG (514)	CCN (1,688)	OCC Prog (14,207)	OCC Pharm (14,207)	MLTSS (14,207)	Behavioral Health (14,207)	Liberty Dental (14,207)	Silver and Fit (14,207)	VSP (14,207)	Veyo (17,552)
Q1-19 (314)	7.5	0.0	3.5	1.7	0.0	7.9	2.3	5.3	4.8	5.9	7.8	0.9	0.9	0.0	0.3	0.3	0.0	0.1	13.2
Q2-19 (240)	3.7	0.0	5.3	0.6	5.0	6.5	0.0	5.9	3.8	0.0	7.1	0.7	0.3	0.0	0.7	0.1	0.0	0.1	10.3

10
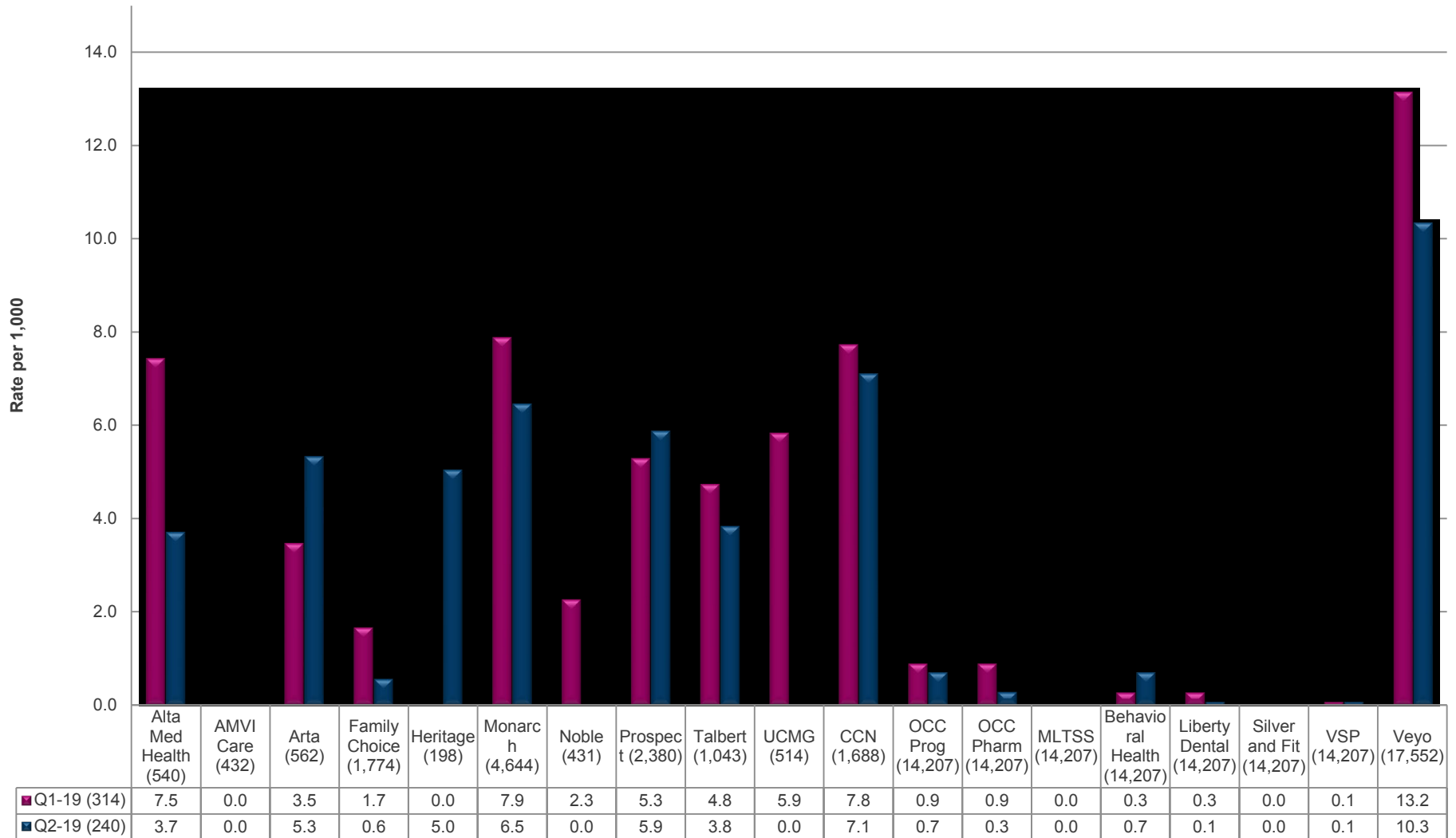
OneCare Connect Grievances by Category

- Top grievance types
  - ➢ NMT services
  - ➢ Provider services
  - ➢ Delays in service

Access
1%

Billing/Financial
>1%

QualityCare
5%

Attitude/Service
94%

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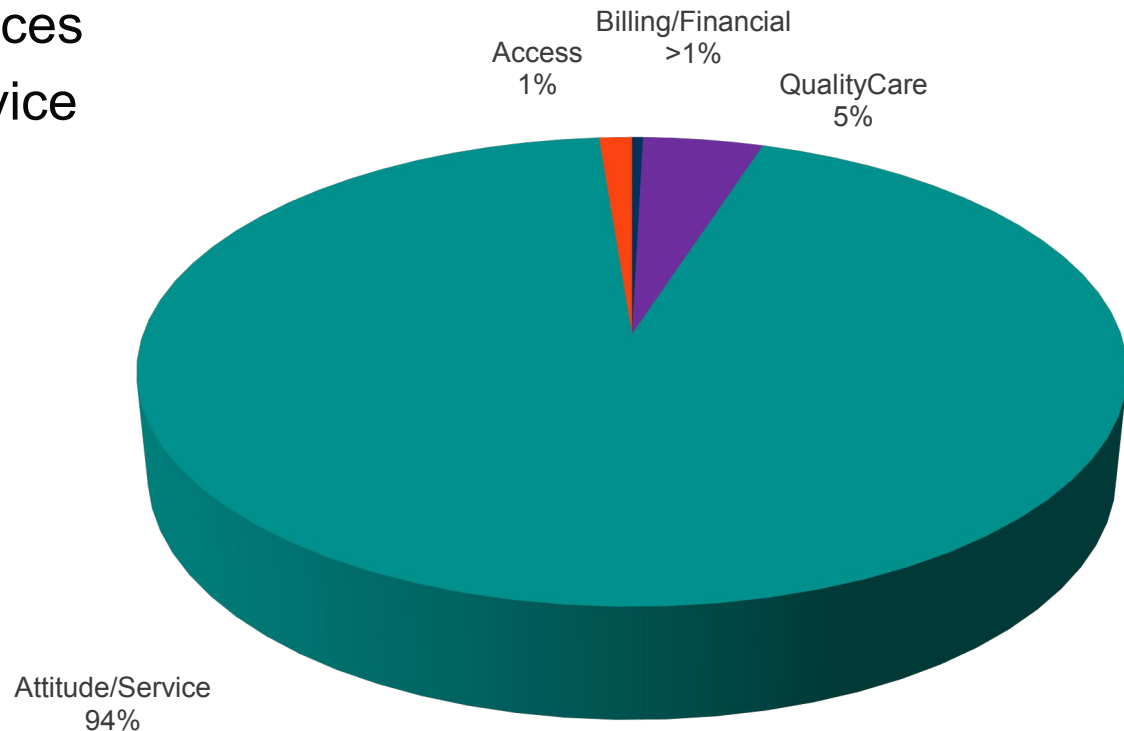
OneCare Connect Summary

- Grievances decreased by 24 percent from Q1-2019 to Q2-2019.

- The majority of the grievances were related to NMT. Utilization of this transportation benefit increased by 14 percent.

- No significant trends by specific providers were identified.
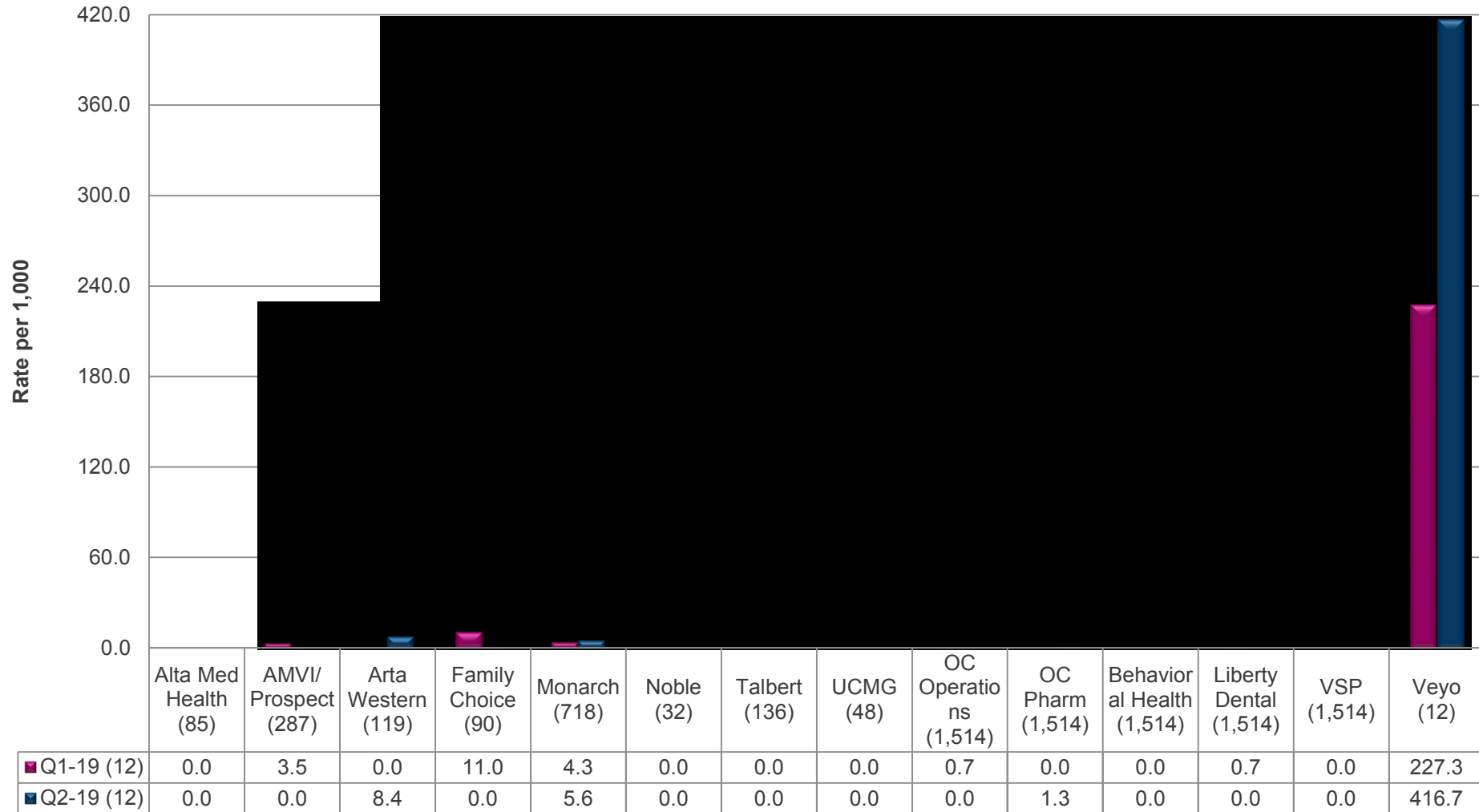
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OneCare Complaints
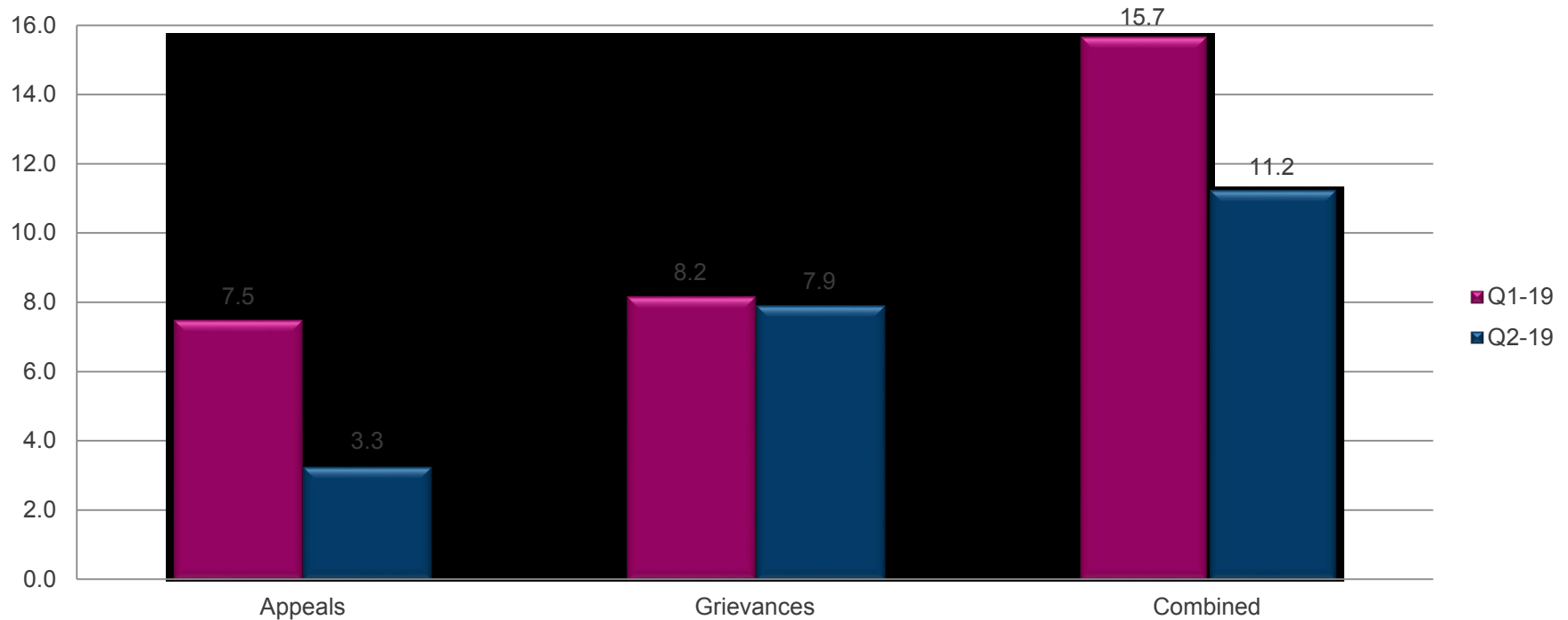
	Total Complaints	Member Appeals	Member Grievances	Membership
Q1-2019	23	11	12	1,468
Q2-2019	17	5	12	1,514

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OneCare Member Grievances Quarterly Rate/1,00

	Alta Med Health (85)	AMVI/ Prospect (287)	Arta Western (119)	Family Choice (90)	Monarch (718)	Noble (32)	Talbert (136)	UCMG (48)	OC Operations (1,514)	OC Pharm (1,514)	Behavioral Health (1,514)	Liberty Dental (1,514)	VSP (1,514)	Veyo (12)
Q1-19 (12)	0.0	3.5	0.0	11.0	4.3	0.0	0.0	0.0	0.7	0.0	0.0	0.7	0.0	227.3
Q2-19 (12)	0.0	0.0	8.4	0.0	5.6	0.0	0.0	0.0	0.0	1.3	0.0	0.0	0.0	416.7

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OneCare Summary

- Grievances remain consistently low.

- Grievances were mostly service-related.
  - Dissatisfaction with PCP and staff services
  - Authorization delays
  - NMT services

- No further trends identified.

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Overall Interventions

- Grievance trends are shared with the Quality Improvement and Provider Relations departments for action and escalation steps.

- CalOptima continues to provide immediate notification of grievances to the transportation vendor in an ongoing effort to correct problems and avoid reoccurrences.

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CalOptima's Mission

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

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