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

**WEDNESDAY, JUNE 18, 2025**
**3:00 P.M.**

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

**TELECONFERENCE LOCATION:**
**ORANGE COUNTY WATER DISTRICT**
**18700 WARD STREET**
**FOUNTAIN VALLEY, CA 92708**

BOARD OF DIRECTORS' QUALITY ASSURANCE COMMITTEE
José Mayorga, M.D., Chair
Maura Byron
Catherine Green

| CHIEF EXECUTIVE OFFICER | OUTSIDE GENERAL COUNSEL KENNADAY LEAVITT | CLERK OF THE BOARD |
|---|---|---|
| Michael Hunn | Troy R. Szabo | 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 materials are available for review at CalOptima Health, 505 City Parkway West, Orange, CA 92868, 8 a.m. – 5:00 p.m., Monday-Friday, and online at www.caloptima.org. Committee meeting audio is streamed live on the CalOptima Health website at www.caloptima.org.*

**Members of the public may attend the meeting in person. Members of the public also have the option of participating in the meeting via Zoom Webinar (see below).**
Participate via Zoom Webinar at: https://us06web.zoom.us/webinar/register/WN_Ga7zk5ufQgiN3LUSPXWaBw and Join the Meeting.
Webinar ID: **829 3550 6992**
Passcode: **587207** -- Webinar instructions are provided below.

**CALL TO ORDER**
Pledge of Allegiance
Establish Quorum

**ADVISORY COMMITTEE UPDATES**
1. Program of All-Inclusive Care for the Elderly Member Advisory Committee Update

2. Whole Child Model Family Advisory Committee Updates

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

**CONSENT CALENDAR**
3. Approve Minutes of the March 12, 2025 Regular Meeting of the CalOptima Health Board of Directors' Quality Assurance Committee

**REPORTS/DISCUSSION ITEMS**
4. Recommend New Appointments and Reappointments to the CalOptima Health Whole-Child Model Family Advisory Committee

**INFORMATION ITEMS**
5. 2024 Health Equity Report
   a. Transplant Program Update
   b. Accreditation Status Update
   c. Credentialing Update
   d. Utilization Management Update

6. Quarterly Reports to the Quality Assurance Committee
   a. Quality Improvement Health Equity Committee Report
   b. Member Grievances and Appeals Report
   c. Program of All-Inclusive Care for the Elderly Report

**COMMITTEE MEMBER COMMENTS**

**ADJOURNMENT**

# TO REGISTER AND JOIN THE MEETING

**Please register for the Special Meeting of the CalOptima Health Board of Directors' Quality Assurance Committee on June 18, 2025 at 3:00 p.m. (PST)**

To **Register** in advance for this webinar:
**https://us06web.zoom.us/webinar/register/WN_Ga7zk5ufQgiN3LUSPXWaBw**

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**Passcode: 587207**
International numbers available: **https://us06web.zoom.us/u/keEKPetPJ4**

# Board of Directors'
# Special Quality Assurance Committee Meeting
# June 18, 2025

## Program of All-Inclusive Care for the Elderly Member Advisory Committee Update

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**Committee Overview**
The Program of All-Inclusive Care for the Elderly (PACE) Member Advisory Committee (PMAC) meets quarterly to share information and engage PACE participants in a discussion on recommendations to inform CalOptima PACE leadership on the PACE care delivery system. The committee is primarily comprised of PACE participants.

**March 19, 2025: PMAC Meeting Summary**

Updates from the Director
Director Monica Macias thanked PMAC members for joining the meeting in person. Members were updated on the status of the program, open positions, and transportation. The Director welcomed new members who were joining us for the first time. Participants discussed transportation as there have been issues in the past and reporting that areas appear to be getting better. Participants wanted to ensure that all the new drivers are aware of making the phone call alerting the participants they are near the home to pick up. The Director indicated that this will be shared with the transportation company and the new Manager that is anticipated to start in April. Participants are still expressing gratitude for the services they are receiving and for the improvements.

Quality Manager Jennifer Robinson reminded participants that it is still flu season. She reminded the participants that we have flu and COVID vaccines available for all participants, and they are safe. She also reminded participants of ways they can help not spread the virus like staying home when feeling sick, staying away from sick people and correctly wearing mask.

PMAC Member Forum

- Participants expressed improvement with transportation services.
- Participants expressed gratitude for having a forum where they can express their concerns.
- Participants want to ensure all new drivers understand the need to do reminder calls.

Back to Agenda

# Board of Directors'
# Special Quality Assurance Committee Meeting
# June 18, 2025

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

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On March 18, 2025 the Whole-Child Model Member Family Advisory Committee (WCM FAC) conducted its quarterly meeting in-person and telephonically using Zoom Webinar technology.

Doris Billings, Program Manager and Chief Therapist of the California Children Services (CCS) program in Orange County submitted a presentation to share with the committee and announced her retirement noting that Michelle Laba of CCS would be presenting to the WCM FAC on the CCS program.

Michelle Evans, MSN, RN, ACM-RN, Senior Director, Medical Management, presented an update on the Newborn Gateway Program which became effective July 1, 2024. Ms. Evans provided background on the program noted the qualified providers participating in Presumptive Eligibility are required to report births of newborns with eligibility to Medi-Cal and Medi-Cal Access Infant Program (MCAIP) born in their facilities within 72 hours after birth or 24 hours after discharge, whichever is sooner. She also noted that from the date of implementation, newborns enrolled through the Newborn Gateway were placed into the Medi-Cal Fee-for-Service (FFS) delivery system until the family chose or was defaulted into a Medi-Cal managed care plan. Ms. Evans noted that effective November 26, 2024, there has been a change in procedure, where newborns placed in coverage through the Newborn Gateway, will be enrolled in the mother's health care plan (HCP) at the time of birth. She also noted that newborns will continue to receive their own unique Client Index Number (CIN) and all services administered to the infant should be billed to their CIN.

Ms. Evans added that births reported through the Newborn Gateway Portal will be given a "B1" HCP enrollment status code linking the infant to the mothers HCP and capitation payment for the birth month and the month following birth, when the mother has an active HCP enrollment. Ms. Evans also noted that there were links at the end of materials provided should the committee wish to review this information further.

Eric Holland, Sr. Program Manager, Utilization Management, provided a report on transportation usage by children enrolled in the Whole-Child Model (WCM) program. He noted that from April 2024 through February 2025, the WCM had an average enrollment of 9,533 members and that utilization of

the transportation feature was at an average of 6.3 trips per member. He also provided an overview of Medi-Cal children for all health networks which averaged an enrollment of 298,898 Medi-Cal enrolled children with an average of 5.1 trips per member per month.

Yunkyung Kim, Chief Operating Officer, thanked the committee members for their dedication and support of CalOptima Health members and families and help to ensure that CalOptima Health provides the right care at the right time.

Ms. Kim thanked Kristen Rogers for her many years of service on the committee and asked her to continue to provide frank and honest feedback, good or bad, so that the committee could continue to advocate for children so that they can become healthy adults.

Ms. Kim also updated the committee on the last round of soliciting organizations that were interested in becoming Enhanced Care Management (ECM) providers. She noted that CalOptima Health was fortunate to be in Orange County as there were finding organizations who were interested and noted that there were parts of California where other health plans had been having a difficult time finding organizations who were interested in being ECM providers. She noted that 91 organizations and 101 applications had been submitted with 12 organizations selected who mostly serve children and adolescents and also older adults.

Richard Pitts, D.O., Ph.D., Chief Medical Officer, provided an update on the resurgence of measles and noted that in 2019 220,000 people died, mostly young children, compared to 2025, which he expects the number of deaths to be closer to 250,000. He added that there were nine confirmed measles cases in Orange County since March 2025. He stressed the importance of measles vaccines for children and adults.

Veronica Carpenter, Chief Administrative Officer, provided an update on items at the federal level noting that on Friday March 14, 2025, the Senate narrowly averted a government shutdown at midnight, passing a 54 to 46 nearly party line vote for a stop gap measure that funds the government through September 30, 2025.

Also, on the federal level, Ms. Carpenter reported that Dr. Mehmet Oz, is scheduled to have his nomination confirmed on April 3, 2025 as Administrator of the Centers Medicare & Medicaid Services. She also addressed some items on the state side and noted that on March 17, 2025, the Assembly Budget Subcommittee on Health held a hearing to hear updates from the Department of Health Care Services (DHCS) on the status of several health-related budget issues.

Ms. Carpenter noted that the biggest budget takeaway from DHCS came during the general budget overview on Medi-Cal, provided by the DHCS director Michelle Bass. In that update, the Newsom administration was asking for an additional $2.8 billion immediately for Medi-Cal. This amount was in addition to the $3.44 billion loan that was authorized last week by the Department of Finance. This brings the total to $6.24 billion, which is above what was projected in the signed budget by Governor Newsom last summer, this is only expected to sustain Medi-Cal funding through the end of the fiscal

year. The May Revise will be critical in terms of the outlook for the fiscal year 2025-2026 and Director Bass stated that several factors contributed to the unexpected increase, including prescription drug costs, more overall enrollment, higher enrollment among undocumented, and higher enrollment among seniors.

Michael Hunn, Chief Executive Officer, provided an overview of his CEO report which he provides to the Board of Directors. He noted that CalOptima Health was watching the budget process both at the federal level and the state level, very closely. He also noted that CalOptima Health had done a very good job at managing its overall financial performance and that there has been a balanced budget for the last three years. Mr. Hunn briefly reviewed the data shown in the Fast Facts in his report, noting that the Board-designated reserves are about $1.1 billion, unallocated reserves are a little over $400 million and CalOptima Health has about 142 days of cash on hand. He noted that staff will continue to monitor the State and Federal budgets.

Mr. Hunn also discussed how staff was continuing to meet with Legislators to advocate on behalf of CalOptima Health and its members.

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

# Board of Directors'
# Special Quality Assurance Committee Meeting
# June 18, 2025

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

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On May 13, 2025 the Whole-Child Model Member Family Advisory Committee (WCM FAC) conducted its quarterly meeting in-person and telephonically using Zoom Webinar technology.

Michelle Laba, MD, MS, FAAP, Medical Services Deputy Director of the California Children Services, (CCS) program in Orange County presented an update on the CCS CalAIM Monitoring and Oversight Program. She noted that this program's effective date, which was to be on July 1, 2025 had been deferred and that a future date had not been determined and that CCS counties are not required to submit a signed Memorandum of Understanding at this time.

Dr. Laba also discussed CCS proposed legislation Assembly Bill (AB) 1450 proposed by Assemblyman Hoover and noted that the language as written conflicts with Title 22 regulations and CCS Numbered Letters that require a physician to see the patient. She noted that AB1450 would authorize the Department of Health Care Services (DHCS) to approve an advanced practice provider's, defined as a nurse practitioner, physician assistant, or certified registered nurse that meet specified qualifications, request to be CCS paneled. It would also require the following: eligible applicants to submit an application through the CCS internet website; require DHCS to acknowledge receipt of the application within 5 business days and approve, deny, or return the application for additional information within 10 business days of submission; Require the advanced practice provider to be paneled prior to providing care, and once paneled, would authorize the advanced practice provider to perform initial or continuing care without the need of a co-signature for specified professional services. It would also authorize those paneled providers enrolled in Medi-Cal to bill Medi-Cal directly for independent office and inpatient visits. She also noted that it would expand the meaning of a provider to include a physician certified by their respective specialty board, except when in the opinion of the specialist, treatment may be delegated or shared with a family physician and advanced practice providers, as defined, who meet specified criteria.

Dr. Laba also discussed CCS programmatic changes and noted that she would be overseeing the general medical program and that Diana Weber would be the new Interim Chief Therapist for the medical therapy program. Dr. Laba notified the committee that a hiring freeze at CCS continues and that the

CCS priorities were workflow adjustment and monitoring due to staff downsizing with a focus on time-sensitive responsibilities (e.g., new referrals).

Carmen Katsarov, LPCC, CCM, Executive Director, Behavioral Health, presented a behavioral health update and discussed several topics of interest to the committee such as the Student Behavioral Health Incentive Program (SBHIP) implementation which concluded at the end of December 2024. Ms. Katsarov reported that five partners, Orange County Department of Education which included all 29 Orange County Public School Districts, Children's Hospital of Orange County, Western Youth Services, Hazel Health and the Orange County Health Care Agency worked diligently to get this program off the ground and reviewed the DHCS deliverables timeline with the committee and noted that funding had been received in the amount of $3,128,084 for meeting the DHCS deliverables. She noted that the partners would continue to play a crucial role in the post-phase of SBHIP by reporting utilization updates and future mental health program implementation opportunities through the quarterly SBHIP Partner meetings. As part of their ongoing collaboration, SBHIP partners would continue through their collaborative efforts to support the school district's preparedness for the Child and Youth Behavioral Health Initiative (CYBHI) Fee Schedule Services billing and reimbursement. The collective approach will support the relationship required for effective care coordination for our Medi-Cal youth with the school districts.

Ms. Katsarov also provided an update on Adverse Childhood Experiences (ACEs). She noted that ACEs are stressful or traumatic events experienced in childhood that relate to abuse, neglect and/or household dysfunction and that research showed that individuals who experienced ACEs are at greater risk of nine of the 10 leading causes of death in the United States, including heart disease, stroke, cancer and diabetes. She noted that when a child experiences ACEs without necessary supports, it can cause prolonged activation of the stress response system or toxic stress. Toxic stress can have damaging effects on learning, behavior and health across the lifespan. Ms. Katsarov discussed the ACEs Aware Initiative with the committee, noting that ACEs Aware is a first in the nation statewide effort to screen children and adults for ACEs in primary care and to treat the impacts of toxic stress with trauma-informed care and offers Medi-Cal providers training, clinical protocols and payments for screening children and adults for ACEs.

Linda Lee, Executive Director, Quality Improvement, presented on Voice of the Member/Access to Care: Addressing Vaccine Hesitancy. She provided background and noted that CalOptima Health's quality data had indicated a decline in vaccination rates and increase in vaccine hesitancy and that CalOptima Health had recently met with the American Academy of Pediatrics Orange County Chapter and Rady Children's Health to discuss vaccine promotion. She also noted that a Dallas County Health and Human Services community assessment to identify vaccine concerns and barriers affecting declining childhood vaccination rates indicated that vaccine barriers were a bigger driver than vaccine hesitancy and noted that addressing barriers such as complex vaccine records, transportation needs and the lack of availability of vaccine appointments were contributors to improving vaccine compliance. She asked the members of the committee for feedback such as: Are vaccines safe? Why do vaccines start so early? Is there a link between vaccines and autism? Ms. Lee also asked what barriers had the committee members encountered in getting vaccines for their children and was it due to lack of transportation, lack

of appointments, inconvenient appointment times, vaccine not available or confusion about vaccine schedules? Several of the members related how they were hesitant to vaccinate their special needs children. Ms. Lee reviewed sample provider tools with the committee and also noted that the feedback received would be used by CalOptima Health to develop educational materials, tools and implement process improvements.

Yunkyung Kim, Chief Operating Officer, thanked Chair Lori Sato for her inspiring talk to CalOptima Health employees at the first employees' retreat. Ms. Kim also discussed the transportation benefit and how critical it was for the members to have this option as a benefit as members rely on getting to their appointments on time and that some of those appointments. She noted that 70-80K were being utilized by members on a monthly basis. She reviewed the various transportation modes that were available to the members as a Medi-Cal benefit. Ms. Kim also discussed how on an idea by Board member Maura Byron CalOptima Health started Come to the TABLE (Teaming to Align Benefits for Lifelong Equity). CalOptima Health, Regional Center of Orange County, Libertana and Access TLC have met to discuss what part each other play in providing services to special needs individuals in Orange County. CalOptima Health will continue to meet with these agencies and formulate a process that allows each agency and CalOptima health to work together for the benefit of the member.

Richard Pitts, D.O., Ph.D., Chief Medical Officer. provided an update to his last measles presentation and shared a map that noted that Texas was ground zero for measles cases. He noted that Orange County had approximately 11 reported cases of measles. He recommended that those traveling outside of the United States make sure that their vaccinations are up-to-date.

Veronica Carpenter, Chief Administrative Officer, provided an update on the Federal and State Legislative matrix and noted that a long federal budget process is expected this Summer. She noted that she and several Government Affairs staff had been to Washington DC and met with approximately 15 congressional members and their staff sharing CalOptima Health's opposition to any Medicaid cuts and concerns around a work requirement and that CalOptima Health would continue these conversations with the Orange County congressional delegation. Ms. Carpenter also discussed the State budget process and noted that the May Revise would be released on May 14, 2025. She noted that the State budget must be approved by June 15, 2025.

Michael Hunn, Chief Executive Officer, thanked the members on the committee for their advocacy on behalf of their children. He thanked the members for their frank discussion on vaccines and special needs children and noted that he could never fully appreciate the magnitude of what parents go through with their special needs children and how they dedicate their lives to managing very complex medical conditions in their children.

Jennifer Heavener, Consumer Advocate representative on the WCM FAC thanked Mr. Hunn for his warm and encouraging words and his acknowledgement of how difficult it is to live a day-to-day life with special needs children. Ms. Heavener noted and that most people do not understand or give the empathy that Mr. Hunn exhibits at these meetings. She added that behind every special needs child is an

exhausted caregiver that will not give up and noted that it was nice for someone to actually acknowledge how stressful it can be to be a parent of a special needs child.

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

# MINUTES

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

## CALOPTIMA HEALTH
## 505 CITY PARKWAY WEST
## ORANGE, CALIFORNIA

**March 12, 2025**

A Regular Meeting of the CalOptima Health Board of Directors' Quality Assurance Committee (Committee) was held on March 12, 2025, at CalOptima Health, 505 City Parkway West, Orange, California. The meeting was held in person and via Zoom webinar as allowed for under Assembly Bill (AB) 2449, which took effect after Governor Newsom ended the COVID-19 state of emergency on February 28, 2023. The meeting recording is available on CalOptima Health's website under Past Meeting Materials.

Chair Jose Mayorga called the meeting to order at 3:02 p.m., and Director Catherine Green led the Pledge of Allegiance.

**CALL TO ORDER**

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

(All Committee members in attendance participated in person.)

**Members Absent:** None.

**Others Present:** Yunkyung Kim, Chief Operating Officer; Richard Pitts, D.O., Ph.D., Chief Medical Officer; Troy Szabo, Outside General Counsel, Kennaday Leavitt; Kelly Giardina, Executive Director, Clinical Operations; Ladan Khamseh, Executive Director, Operations; Linda Lee, Executive Director, Quality Improvement; Donna Frisch, Medical Director, PACE; Sharon Dwiers, Clerk of the Board

**ADVISORY COMMITTEE UPDATES**

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

Monica Macias Garcia, Director, CalOptima Health PACE, provided a brief overview of the PACE Member Advisory Committee (MAC) activities. Ms. Macias Garcia noted that the main topic of interest as of late has been the transportation issues. She noted that issues with transportation for PACE members have greatly improved. Ms. Macias Garcia noted that in her presentation to the Committee on December 11, 2024, there were 140 transportation violations in the past month and but today the number of transportation violations is 5 in the past month. Ms. Macias Garcia also noted that many of the violations are for pickup and drop-off times. She added that many PACE members are elderly and cannot be dropped off if no one is at the residence when the member arrives back home, so the driver will keep the member with them until someone is at the residence to accept the member. These types of circumstances lead to violations of timely drop-offs, which are not necessarily the transportation vendor's fault. Ms. Macias Garcia reported that staff and the PACE

members are happy that the issues around transportation are improving and that PACE is hiring a new transportation manager who will assist in scheduling PACE members' transportation needs. She noted that PACE members are expressing gratitude for the improvements related to transportation and the care they receive and staff at CalOptima Health's PACE facility.

Chair Mayorga had questions regarding ongoing comments about the transportation vendor.

**PUBLIC COMMENTS**
There were no public comments.

**CONSENT CALENDAR**
2. Approve the Minutes of the December 11, 2024, Regular Meeting of the CalOptima Health Board of Directors' Quality Assurance Committee

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

**REPORTS/DISCUSSION ITEMS**
3. Recommend that the Board of Directors Receive and File 2024 CalOptima Health Quality Improvement and Health Equity Transformation Program Evaluation and Recommend the Board of Directors Approve the 2025 CalOptima Health Quality Improvement and Health Equity Transformation Program and Work Plan
Linda Lee, Executive Director, Quality Improvement, provided a high-level overview of the evaluation of the 2024 CalOptima Health Quality Improvement and Health Equity Transformation Program (QIHETP). Ms. Lee noted that the QIHETP is reviewed, evaluated, and approved annually by the Board of Directors. The QIHETP defines the structure within which quality improvement and health equity activities are conducted and establishes objective methods for systematically evaluating and improving the quality of care for all CalOptima Health members.

Ms. Lee reviewed in detail the achievements that CalOptima Health had in 2024, which included $25 million in workforce education grants and a $526 million investment to increase provider rates. She discussed the success of the Back to School Health and Wellness Fair, the launch of the second Street Medicine program, and the opening of the nation's first recuperative care center. Additional achievements for 2024 included the Quality Improvement Health Equity Committee (QIHEC) meeting 12 times in 2024, with six subcommittees meeting quarterly, and the launch of a new Population Health Management Committee. She added that CalOptima Health developed, approved, and implemented a new Culturally and Linguistically Appropriate Services (CLAS) Program, launched activities to prepare for the NCQA Health Equity Accreditation Survey (which is scheduled for October 7, 2025), and launched a Star Executive Steering Committee to focus on the Centers for Medicare & Medicaid Services Stars measure improvement.

Ms. Lee reviewed the 2024 priorities and goals, which included closing racial and ethnic disparities in well-child visits and maternity care for Black and Native American persons, exceeding the 50$^{th}$ percentile for all children's preventive care measures, improve maternal and adolescent depression screening by 50%, improving follow-up care for mental health and, substance abuse disorder by 50%, for Medi-Cal: exceed the minimum performance levels (MPLs) for Medi-Cal Managed Care Accountability Set (MCAS), and for OneCare: attain a Four-Star Rating for Medicare.

She reported which goals were met and also the goals where there were opportunities for improvement. For example, in the MCAS the goal is to reach the 50th percentile, CalOptima Health met 16 of the 18 MCAS held to the MPL. The two measures that did not meet the MPL were: Follow-up After ED visit for Alcohol and Other Drug Dependence within 30 days, and Follow-up After ED visit for Mental Illness within 30 days. Ms. Lee provided detailed information for the various measures and goals, noting that the 2024 evaluation results are used to determine strategies and areas to focus on in CalOptima Health's 2025 QEHITP.

Ms. Lee introduced the 2025 QEHITP, outlining changes, additions, and deletions from the program. She reviewed the program goals, which include closing racial and ethnic disparities, improving maternity care, and exceeding the 50th percentile for children's preventive care measures. Ms. Lee highlighted the addition of the new Population Health Management Committee and the expansion of the Comprehensive Community Cancer Screening Program. She added that the 2025 QEHITP also includes the implementation of a Diversity, Equity and Inclusion (DEI) Training Program and the identification and leveraging of technology and automation to streamline quality operations.

Katie Balderas, Director, Equity and Community Health, presented on the 2025 Population Health Management Strategy and Work Plan, noting that it is part of the QEHITP.

Ladan Khamseh, Executive Director, Operations, presented the 2024 Culturally and Linguistic Appropriate Services (CLAS) evaluation, highlighting the successful implementation of five of six work plan goals. The program includes updates to the member demographic data, language services, and training for staff and network providers.

Ms. Khamseh reported that the 2025 CLAS program will focus on expanding language services to include Russian and implementing DEI training for staff and network providers.

Staff responded to Committee members' comments and questions.

***Action:*** ***On motion of Director Byron, seconded and carried, the Committee recommended that the Board of Directors: 1.) Receive and file the 2024 CalOptima Health Quality Improvement and Health Equity Transformation Program (QIHETP) Evaluation; and 2.) Approve the 2025 CalOptima Health QIHETP and Work Plan. (Motion carried 3-0-0)***

4. Recommend that the Board of Directors Approve the 2024 CalOptima Health Utilization Management Program Evaluation and the 2025 CalOptima Health Integrated Utilization Management/Case Management Program Description

Kelly Giardina, Executive Director, Clinical Operations, presented the 2024 Utilization Management Program Evaluation, highlighting key accomplishments and program enhancements. Ms. Giardina noted that the program includes the enhancement of treatment authorization inventory oversight, facility rounds, and post-stabilization authorization process improvements. She noted that the program also includes the removal of preventative screening prior authorization requirements for OneCare and the transition of Kaiser members. Ms. Giardina noted that the program will continue to focus on under and overutilization, member satisfaction, and the promotion of health literacy and prevention.

Back to Agenda

***Action:*** ***On motion of Director Green, seconded and carried, the Committee recommended that the Board of Directors: Approve the Annual 2024 CalOptima Health Utilization Management Program Evaluation, and Approve the updates to the Annual 2025 CalOptima Health Integrated Utilization Management and Case Management Program Description. (Motion carried 3-0-0)***

5. Recommend that the Board of Directors Receive and File 2024 CalOptima Health Program of All-Inclusive Care for the Elderly Quality Assessment and Performance Improvement Work Plan Evaluation and Recommend the Board of Directors Approve the 2025 CalOptima Health Program of All-Inclusive Care for the Elderly Quality Improvement Work Plan

Donna Frisch, M.D., PACE Medical Director, presented the 2024 accomplishments and goals for PACE. The program reached a milestone enrollment of 500 participants, distributed over 10,000 home-delivered meals, and achieved high influenza and pneumococcal vaccination rates. Dr. Frisch reported that the program set and exceeded goals for colorectal and breast cancer screenings and diabetes control, with 88% of participants achieving good control. She added that the program will focus on increasing vaccination rates, cancer screening, and blood pressure monitoring in 2025.

***Action:*** ***On motion of Director Byron, seconded and carried, the Committee recommended that the Board of Directors: 1.) Receive and file the 2024 CalOptima Health Program of All-Inclusive Care for the Elderly Quality Improvement Work Plan Evaluation, and 2.) Approve the 2025 Program of All-Inclusive Care for the Elderly Quality Improvement Work Plan. (Motion carried 3-0-0)***

**INFORMATION ITEMS**

6. 2024 Health Equity Report

Michaell Rose, Dr.PH, LCSW, presented the 2024 Health Equity Update, highlighting the commitment to health equity and the development of the community impact team. Dr. Rose noted that the team will focus on community-level impact, population-of-focus impact, and member-level impact, including health education classes and clinic days. Examples of community impact include participating in the Black History Parade and Cultural Event, which provided a wide range of health services. The team will continue to develop and implement strategies to close gaps in healthcare access and improve member satisfaction.

7. Quarterly Reports to the Quality Assurance Committee

a. Quality Improvement Health Equity Committee Report

Ms. Lee provided an update on the quarter four activities of the QIHEC. She noted that the committee reviewed the annual work plan, subcommittee reports, and quality oversight functions, including potential quality issues and credentialing of providers. Ms. Lee added the recommendations from the committee included a follow-up report from the Bright Steps program and an assessment of current immunization policies by primary care providers. She also reported that the committee monitored access and availability, member experience, and quality improvement policies and procedures.

Ms. Lee announced the approval of a new board certification entity for credentialing purposes in Canada, emphasizing the reciprocity between Canada and the United States. The Member

Experience Committee recommends continued peer-to-peer meetings between CalOptima Health Medical Directors and providers with repeated failures for timely access to care. CalOptima Health Medical Directors are conducting outreach to help providers understand requirements and obligations for timely access.

Ms. Lee noted that the Population Health Committee will be provide guidance to churches on engaging and connecting Orange County residents experiencing homelessness with resources.

b. Member Grievances and Appeals Report

Ms. Khamseh provided an overview of the fourth quarter grievances and appeals process, defining grievances as expressions of dissatisfaction and appeals as decisions made by the plan that members are unhappy with. Overall, there were 4437 grievances, and 387 appeals received during the fourth quarter for both lines of business, with a 9% decrease in grievances from the third to the fourth quarter. Ms. Khamseh noted that the grievances were mostly related to provider services, with no specific providers identified, and a 16% decrease in grievances for the One Care line of business. Appeals showed an increase for the Medi-Cal line of business from 328 to 346 in the fourth quarter, with a decrease in the overturned rate from 31% to 30%.

Ms. Khamseh presented a detailed breakdown of grievances and appeals, showing a slight decrease in grievances in the fourth quarter and compliance with the 30-day turnaround time. The rate per 1000 for each quarter is well below the NCQA recommendation, with a side-by-side comparison of Medi-Cal and OneCare grievances. Ms. Khamseh noted that the breakdown of grievances by health network shows CalOptima Health Community Network as one of the higher rates, with activities being discussed to address these issues. The top categories for grievances are quality of service, access to care, quality of care, and billing issues, with specific breakdowns for Medi-Cal and One Care.

Ms. Khamseh outlined actions taken to address grievances related to transportation, staff, and primary care physicians, including weekly meetings with vendors and an escalation process for critical appointments. She noted that the focus on dialysis patients is highlighted, with policies allowing multiple members to be transported together if they agree. Ms. Khamseh added that transportation issues for OneCare members using PAPA Pal services, such as no-shows and delays, are being addressed through coordination with the vendor and medical management. She also noted that an annual review of PAPA Pal services is planned, with Grievances and Appeals staff involved in assessing performance based on grievances received.

Ms. Khamseh reported on specialty care, noting that this refers to referrals to specialists and tertiary level of care. She added that complaints regarding specialty care arise from long wait times and inappropriate referrals.

Ms. Khamseh reported that complaints regarding durable medical equipment services mostly involve outpatient services, with providers referring to out-of-network labs for lab services.

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

c. Program of All-Inclusive Care for the Elderly Report
Ms. Macias noted that the topics for the quarterly PACE Report were covered earlier in the meeting.

**COMMITTEE MEMBER COMMENTS**
The Committee thanked staff for the depth of information and the ease of understanding the reports, highlighting the importance of transparency and communication.

**ADJOURNMENT**
Hearing no further business, Chair Mayorga adjourned the meeting at 4:54 p.m.

_____
Sharon Dwiers
Clerk of the Board

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# CALOPTIMA HEALTH BOARD ACTION AGENDA REFERRAL

**Action To Be Taken June 18, 2025**
**Special Meeting of the CalOptima Health Board of Directors'**
**Quality Assurance Committee**

## Report Item

4. Recommend New Appointments and Reappointments to the CalOptima Health Whole-Child Model Family Advisory Committee

## Contact

Yunkyung Kim, Chief Operating Officer, (714) 923-8834

## Recommended Actions

Approve the Whole-Child Model Family Advisory Committee's recommendations and in turn recommend that the Board of Directors approve those recommendations as follows:

1. Reappoint the following individuals to each serve a two-year term on the Whole-Child Model Family Advisory Committee, effective upon Board of Directors approval:
    a. Cally Johnson as an Authorized Family Member Representative for a term ending June 30, 2027; and
    b. Lori Sato as an Authorized Family Member Representative for a term ending June 30, 2027.

2. Newly appoint the following individuals to each serve a two-year term on the Whole-Child Model Family Advisory Committee, effective upon Board of Directors approval:
    a. Fabiana Avendano as an Authorized Family Member Representative for a term ending June 30, 2026, fulfilling the existing term for the seat;
    b. April Johnston as an Authorized Family Member Representative for a term ending June 30, 2027;
    c. Mayra Ortiz as an Authorized Family Member Representative for a term ending June 30, 2027;
    d. Katya Aguilar as a Community Based Organization Representative for a term ending June 30, 2027; and
    e. Kristen Rogers as a Consumer Advocate Representative for a term ending June 30, 2027.

## Background

Senate Bill 586 was signed into law on September 25, 2016, and authorized the establishment of the Whole-Child Model (WCM), incorporating California Children's Services (CCS)-covered services for Medi-Cal eligible children and youth into specified County-Organized Health System plans. A provision of the WCM program requires each participating health plan to establish a family advisory committee. Accordingly, the CalOptima Health Board of Directors established the Whole-Child Model Family

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Advisory Committee (WCM FAC) by resolution on November 2, 2017, to report and provide input and recommendations to the CalOptima Health Board relative to the WCM program.

The WCM FAC is comprised of 11 voting members, nine of whom are designated as Authorized Family Member Representatives and two of whom are designated as Community Based Organization/Consumer Advocate Representatives who represent the interests of children receiving CCS services. While two of the WCM FAC's 11 seats are designated as Community Based Organization/Consumer Advocate Representative seats, WCM FAC candidates representing the community may be considered for up to two additional WCM FAC seats if there are not enough Authorized Family Member Representative candidates to fill the nine designated seats.

**Discussion**

CalOptima Health conducted comprehensive outreach, including sending notifications to community-based organizations, conducting targeted community outreach to agencies and community-based organizations serving the various open positions, and posting recruitment materials on the CalOptima Health website and CalOptima Health's social media sites, such as LinkedIn and Facebook.

With the fiscal year ending on June 30, 2025, six WCM FAC seat terms will expire: four Authorized Family Member Representatives and two Community Based Organization/Consumer Advocate Representatives. One Authorized Family member seat with a term ending June 30, 2026, is also vacant.

The WCM FAC Nominations Ad Hoc Subcommittee, composed of WCM FAC members Vice Chair Erika Jewell, Jennifer Heavener, and Janis Price, evaluated each of the applicants for the current openings. The WCM FAC Nominations Ad Hoc Subcommittee proposes the slate of candidates for the seven vacancies and forwards the recommended slate of candidates for consideration at the June 18, 2025 Special Meeting of the Quality Assurance Committee for recommendation to and final appointment by the Board of Directors at its August 7, 2025, meeting.

The candidates for the seven open seats are as follows:

***Authorized Family Member Representative***

**Cally Johnson (Reappointment)**

Cally Johnson is the mother of a special needs child. Ms. Johnson has several years of experience working with the Autism Speaks foundation and as a long-term care ombudsman. Ms. Johnson has over 20 years of experience as a private tutor for children in grades K-12 with special needs. Ms. Johnson's knowledge of CCS places her in a unique perspective to assist families of children with special needs with her bilingual skills. She has been a member of the WCM FAC since 2023.

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**Lori Sato (Reappointment)**
Lori Sato is the mother of a special needs child who currently receives CCS and Medi-Cal services. Ms. Sato has learned to navigate new systems to better advocate for children with special needs. She is familiar with medical therapy units for various therapies (physical and occupational) and for special equipment needs by CCS children. Ms. Sato has been inspired by other parents who are knowledgeable about the system to help CCS children get the care they need. She has been a member on the committee since July 2022, and she is the current Chair of the WCM FAC.

**Fabiana Avendano (New Appointment)**
Fabiana Avendano is the mother of a three-year old special needs child who has recently been accepted into the CCS program and who is a CalOptima Health Medi-Cal member. Ms. Avendano would like to participate in the WCM FAC in order to share her experiences and advocate on behalf of the special needs community. Ms. Avendano is the mother of two sons who has the will to move forward, inform, help and contribute to the success of the committee.

**April Johnston (New Appointment)**
April Johnston is the mother of a one-year-old special needs child who is enrolled in CalOptima Health Medi-Cal and is currently receiving CCS services. Ms. Johnston has many connections in the community and would like to learn how to better advocate on behalf of special needs children by learning about the various services that are offered in the community.

**Mayra Ortiz (New Appointment)**
Mayra Ortiz is the mother of a two-year-old, special needs daughter whose experience with CCS is just beginning as her daughter receives physical and occupational therapy at one of the CCS units due to several medical conditions. The care at the CCS unit has been a great help to her daughter's well-being. Ms. Ortiz would like to learn more about the CCS program and gain knowledge to be able to provide the best medical care for her daughter and other children as a responsible individual who is eager to learn.

***Community-Based Organization Representative***

**Katya Aguilar (New Appointment)**
Katya Aguilar is an Early Childhood Supervisor and Developmental Screening Coordinator for the Family Support Network where she oversees the Early Childhood department and coordinates developmental screenings for children ages 0-5. Ms. Aguilar helps families learn how to access CalOptima Health covered services by guiding and empowering families with the knowledge and tools they need to advocate for their child's care while collaborating with community partners to ensure they are connected to the appropriate resources and support systems.

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***Consumer Advocate Representative***

**Kristen Rogers (New Appointment)**
Kristen Rogers is the mother of a special needs adult who received CCS services until March 2025 when her son aged out of CCS and is currently a CalOptima Medi-Cal member. Ms. Rogers is an active volunteer at Children's Health Orange County and has been a member in good standing of the WCM FAC since 2018. Ms. Rogers served on the CCS Advisory Group, where she represented CalOptima Health and the WCM FAC, from March 2019 until her son aged out of the CCS program. She also previously served as Chair of the WCM FAC.

**Fiscal Impact**
Each WCM FAC member may receive a stipend of up to $50 per committee meeting attended. Funding for the stipends is a budgeted item in the CalOptima Health Fiscal Year 2025-26 Operating Budget. Staff will also include the estimated cost in future operating budgets.

**Rationale for Recommendation**
As stated in policy AA.1271, the WCM FAC established a Nominations Ad Hoc Subcommittee to review the potential candidates for vacancies on the committee. The WCM FAC Nominations Ad Hoc Subcommittee forwards the recommended candidates to the Board of Directors' Quality Assurance Committee for consideration and recommendation to the Board of Directors.

**Concurrence**
Whole-Child Model Family Advisory Committee Nominations Ad Hoc Subcommittee
Troy R. Szabo, Outside General Counsel, Kennaday Leavitt

**Attachments**
None

*/s/ Michael Hunn* *06/13/2025*
**Authorized Signature** **Date**

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# Transplant Program Update

**Special Quality Assurance Committee**

**June 18, 2025**

**Dr. Richard Lopez, Medical Director**

## Our Mission

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

## Our Vision

**Provide all members with access to care and supports to achieve optimal health and well-being through an equitable and high-quality health care system.**

# BACKGROUND

# Transplant Programs and Services

- Transplants are performed at Centers of Excellence(COE) comprised of facilities that:
  - perform a high-volume of transplants,
  - maintain experienced specialist physicians,
  - provide patient support services, and
  - achieve high-quality outcomes

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# CalOptima Health's Transplant Program

- CalOptima Health's transplant program provides life-saving care to about 150 members each year, providing the following transplant types:
  - Bone marrow transplant (BMT)
  - Heart
  - Liver
  - Kidney
  - Lung
  - Pancreas and Kidney

# Contracted Transplant Centers of Excellence

| | Transplant Type | | | | | | |
|---|---|---|---|---|---|---|---|
| Transplant Center | BMT | Heart | Kidney | Liver | Lung | Pancreas | Multi-Organ |
| Children's Hospital Los Angeles | Pediatric | Pediatric | Pediatric | Pediatric | | | |
| Children's Hospital Orange County | Pediatric | | | | | | |
| City of Hope | Adult<br>Pediatric | | | | | | |
| UCI | Adult | | Adult | | | Adult | |
| UCSD | | Adult | Adult | Adult | Adult | | Adult |
| Loma Linda* | | Adult<br>Pediatric | Adult<br>Pediatric | Adult | | | |

*contracted through letter of agreement

# Transplant Services

- In addition to medical services for pre-transplantation work up and transplantation, CalOptima Health provides the following supportive services:
  - Transportation to COE
  - Local Lodging with Caregiver near COE
  - Meals while at local lodging
  - Local Home Health Services
  - Local Pharmacy Services

# Enhancements to CalOptima Health's Transplant Program

# Pillars of CalOptima Health's Transplant Program

- CalOptima Health identified the following core components for our transplant program
  - Establish contractual commitments with COE
  - Utilize established COE based on experience and published outcomes; performance equal to or exceeding national average
  - Promote adherence to National and Regional Guidelines
  - Ensure timely coordination of services
  - Maintain regular communication with COE clinical and administrative teams

# Enhancements to CalOptima Health's Transplant Program

- While transplants are inherently high-cost procedures, there is wide variability across different facilities
- CalOptima Health identified an opportunity to reduce costs while maintaining high standards of care
  - Recruit an expert transplant surgeon dedicated to transplant services
  - Organize an interdisciplinary transplant team including pharmacist, nurses, and administrators lead by transplant medical director
  - Establish peer to peer communication with COEs
  - Minimize referrals to non-contracted COEs
  - Review contracted rate structure

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# Transplant Program Cost Savings

- In 2024, CalOptima Health reduced transplant related costs by **40%** resulting in savings of over **$24 million and an average cost per day savings of 25%.**
- This was accomplished by shifting transplant services from facilities that bill based on percent of billed charges to utilizing facilities that bill based on University of California Major Organ Transplant (UC MOT) rates
- The UC MOT rates were established in 2022 by DHCS when major organ transplant became the responsibility of managed care plans in non-COHS counties

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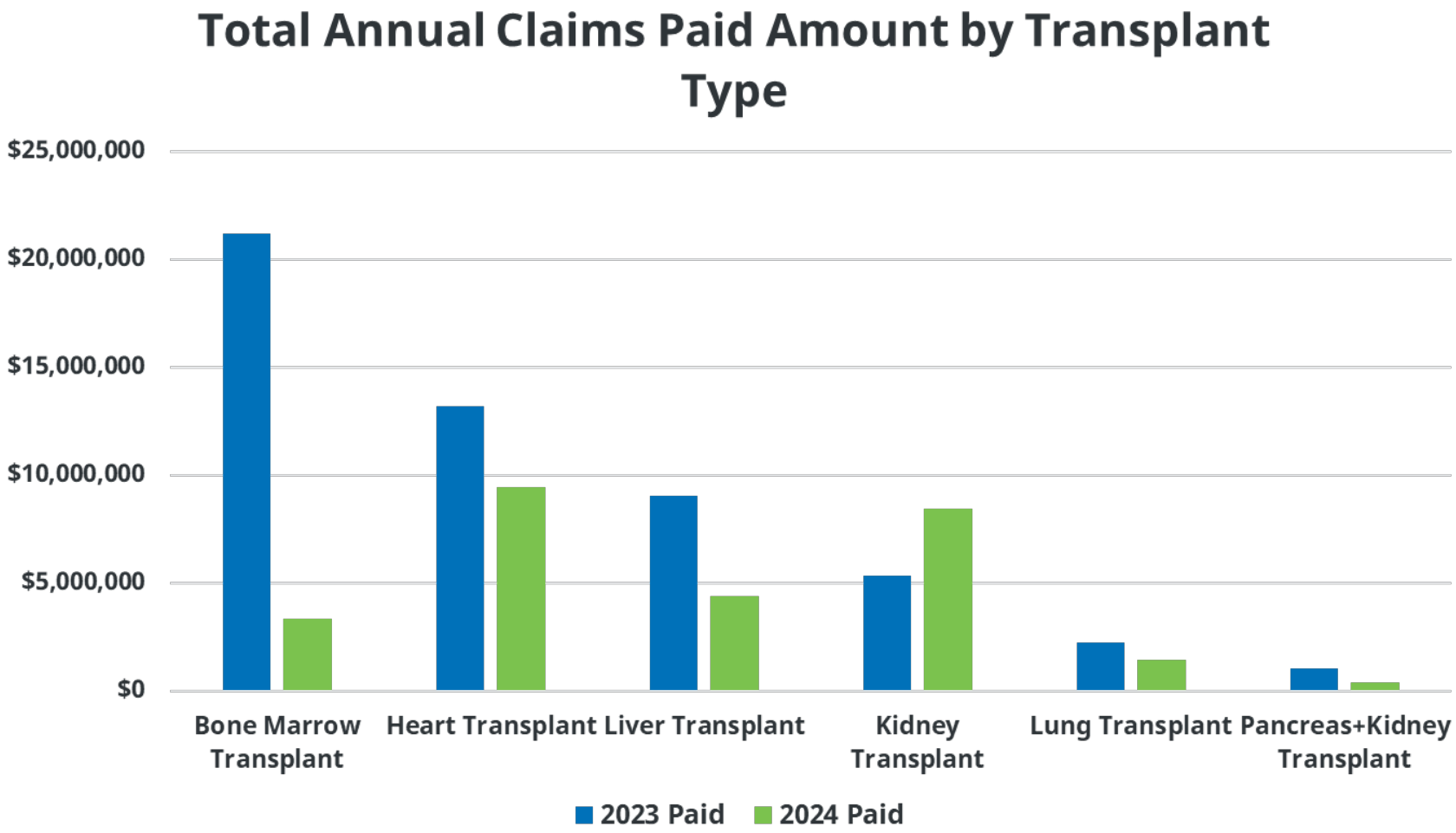
# 40% Reduction in Total Claims Paid

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# Next Steps

- Track member outcomes for patients throughout the transplant process including
  - Operative mortality
  - One, three, and five-year survival rates
  - Re-operations
  - Re-transplants
- Continue to expand transplant network: target Los Angeles county

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# National Committee for Quality Assurance (NCQA) Accreditation Update

## Special Quality Assurance Committee

## June 18, 2025

**Linda Lee, Executive Director Quality Improvement**

## Our Mission

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

## Our Vision

**Provide all members with access to care and supports to achieve optimal health and well-being through an equitable and high-quality health care system.**

# NCQA Accreditation Timeline

| | Review Time Period | File Review | Submission Dates |
|---|---|---|---|
| Health Plan Accreditation | April 06, 2025-April 06, 2027 (24 months) | April 6, 2026-April 6, 2027 (UM Denials, Appeals, Complex Case)<br><br>April 6, 2024-April 6, 2027 (Credentialing) | April 6, 2027 |
| Health Equity Accreditation | April 07, 2025-October 07, 2025 (6 months) | Not applicable | October 7, 2025 |

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# NCQA Health Plan Reaccreditation Progress

| Status | Actions | Timeline |
|---|---|---|
| Completed | • All policies and Annual Programs, evaluations, and work plans were reviewed and approved by the consultants.<br>• NCQA Team conducted training with stakeholders that write analytical reports and set due dates.<br>• Audit period kick-off meeting | • July 2024-ongoing<br>• 12/6/2024<br>• 3/24/2025 |
| In Progress | • Continue to submit year one documents for consultant review.<br>• NCQA released a list of proposed standards for 2026. CalOptima Health provided feedback back to NCQA. | • April 2025-ongoing |

# NCQA Health Equity Accreditation Progress

| Status | Actions | Timeline |
|---|---|---|
| Completed | • Consultants reviewed: policies and procedures, desk-top level procedures, training materials, survey materials, language services contracts, reports, program description, program evaluation(s), minutes<br>• Current Assessment is 69.35% out of a possible 100% points. | January 2025-March 2025 |
| In-Progress | • The five work groups continue to meet and provide status updates via the monthly Health Equity Steering Committee<br>• Consultants provided a revised GAP Assessment, which was shared with workgroups and executive leadership. | Ongoing until Submission |
| Next Steps | • Consultants will continue to review documents as they become available and/or finalized, guiding the team until identified gaps are closed.<br>• CalOptima Health to revise and finalize all documents and share with HMA for review. | Ongoing until submission |

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# Summary and Next Steps

- Health Equity and Health Plan accreditation are on track and ready for the start of audit review periods 4/6/25(HPA) and 4/7/25 (HEA).
- Finalize documents for the upcoming Health Equity Accreditation submission on 10/7/2025.
- Work with Stakeholders on the review and collection of year one documents for Health Plan Accreditation to meet the lookback period (4/6/2025-4/6/2026)
- 2026 Health Plan Standards- purchase and train stakeholders on the Standards. There are several changes to the upcoming standards.

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# Credentialing Update

**Special Quality Assurance Committee**

**June 18, 2025**

**Linda Lee, Executive Director Quality Improvement**

## Our Mission

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## Our Vision

**Provide all members with access to care and supports to achieve optimal health and well-being through an equitable and high-quality health care system.**

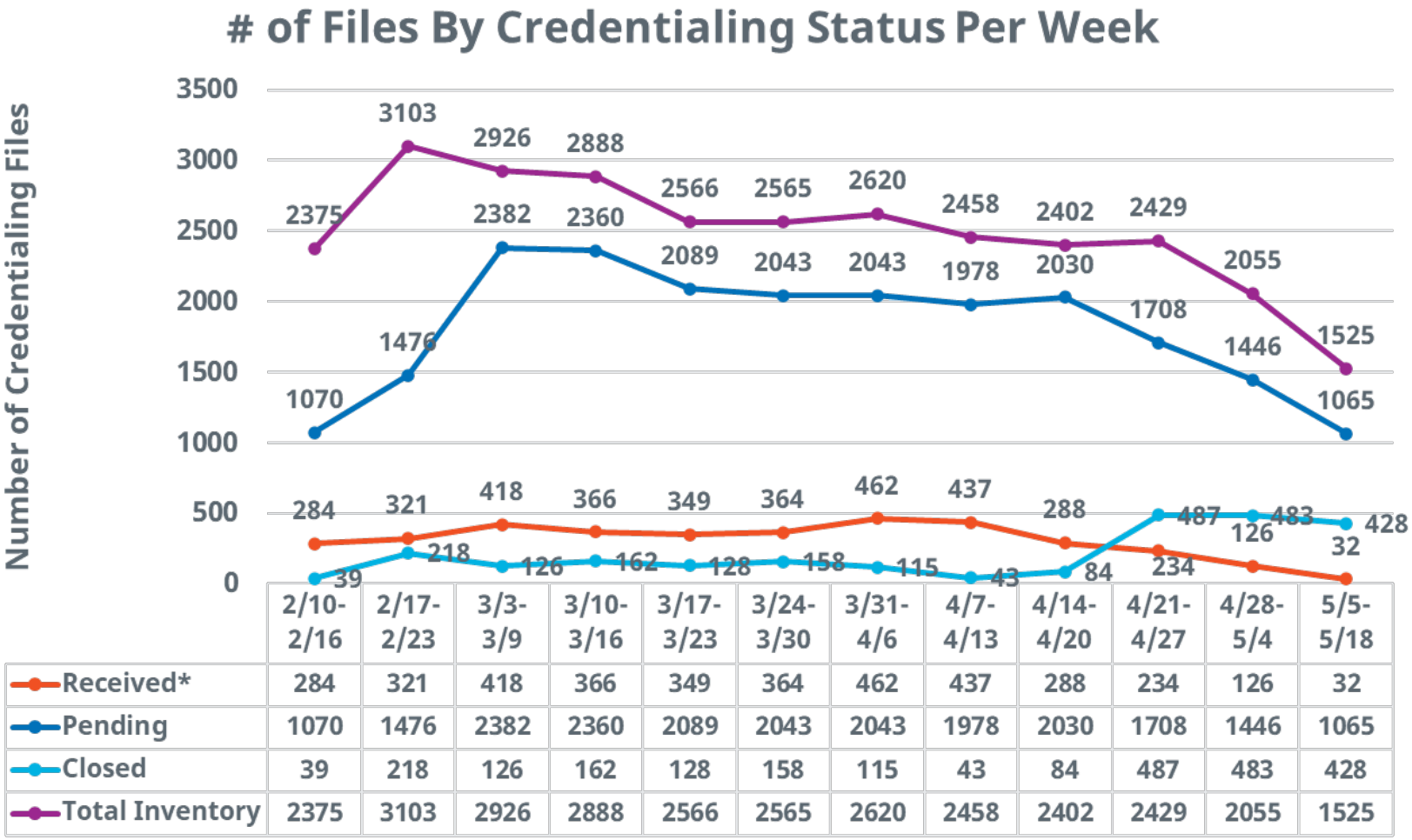
# Efforts to Improve the Credentialing Process

- August 2024: Outsourced credentialing verifications to a certified NCQA Credentialing Verification Organization (CVO)
  - CalOptima Health reviews CVO files for accuracy and completeness before making a credentialing decision.
- February 2025: Dedicated additional staffing resources to respond to external provider emails
- March 2025: Reduced manual data entry via automation
  - CVO data upload to current credentialing system

# Current Credential Backlog Mitigation Plan (April to June 2025)

- In April 2025, CalOptima Health implemented the following to clear the backlog of credentialing files:
  - Hired and trained temporary staff to assist with credentialing
  - Initiated overtime for staff to support credentialing
    - Overtime shifts occur before/after work hours Monday to Friday and Saturdays
- Currently, CalOptima Health is processing approximately 130 files a week
- Deadline to clear the backlog of credentialing files by June 30, 2025

# Provider Credentialing Files




| | 2/10-2/16 | 2/17-2/23 | 3/3-3/9 | 3/10-3/16 | 3/17-3/23 | 3/24-3/30 | 3/31-4/6 | 4/7-4/13 | 4/14-4/20 | 4/21-4/27 | 4/28-5/4 | 5/5-5/18 |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Received* | 284 | 321 | 418 | 366 | 349 | 364 | 462 | 437 | 288 | 234 | 126 | 32 |
| Pending | 1070 | 1476 | 2382 | 2360 | 2089 | 2043 | 2043 | 1978 | 2030 | 1708 | 1446 | 1065 |
| Closed | 39 | 218 | 126 | 162 | 128 | 158 | 115 | 43 | 84 | 487 | 483 | 428 |
| Total Inventory | 2375 | 3103 | 2926 | 2888 | 2566 | 2565 | 2620 | 2458 | 2402 | 2429 | 2055 | 1525 |

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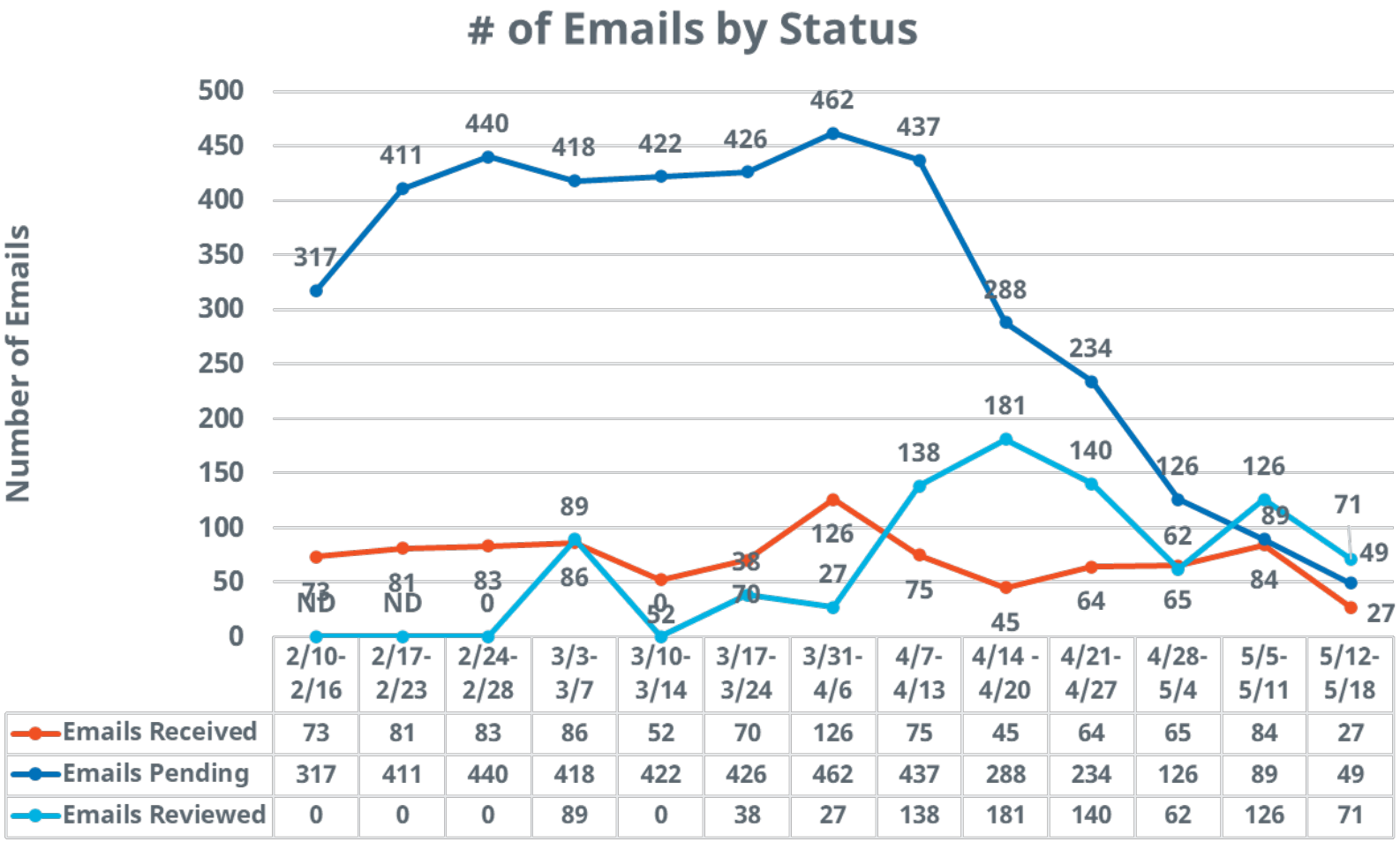
# Credentialing Emails in Inboxes




| | 2/10-2/16 | 2/17-2/23 | 2/24-2/28 | 3/3-3/7 | 3/10-3/14 | 3/17-3/24 | 3/31-4/6 | 4/7-4/13 | 4/14 - 4/20 | 4/21-4/27 | 4/28-5/4 | 5/5-5/11 | 5/12-5/18 |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Emails Received | 73 | 81 | 83 | 86 | 52 | 70 | 126 | 75 | 45 | 64 | 65 | 84 | 27 |
| Emails Pending | 317 | 411 | 440 | 418 | 422 | 426 | 462 | 437 | 288 | 234 | 126 | 89 | 49 |
| Emails Reviewed | 0 | 0 | 0 | 89 | 0 | 38 | 27 | 138 | 181 | 140 | 62 | 126 | 71 |

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# Additional Credentialing Efforts

- Hiring two full-time staff to support credentialing
  - Positions have been posted
- CalOptima Health is transitioning to a new credentialing system that integrates with our contracting and provider data processes
  - Improves tracking of credentialing applications throughout the process
  - Reduces provider onboarding times
  - Reduces manual work via automation

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# REGULATORY UPDATE

# Qualified Autism Service Provider Medi-Cal Enrollment Update

- Starting on May 5, 2025, DHCS implemented a method for Qualified Autism Service (QAS) provider organizations, individuals, and community-based organizations to apply for Medi-Cal enrollment
- Medi-Cal enrollment applications submitted to DHCS from May 5 through June 30, 2025 will receive an enrollment effective date of July 1, 2025
- Applications received after June 30, 2025 will receive an effective date based on application receipt date
- Existing providers who were contracted with CalOptima Health prior to May 5, 2025 must become Medi-Cal enrolled

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# Qualified Autism Service Provider Notification and Process Update

- CalOptima Health notified all currently contracted QAS providers on 6/3/2025 via fax
- CalOptima Health will discuss the Medi-Cal enrollment process at the June 18th ABA provider webinar
- CalOptima Health is monitoring current QAS providers to ensure timely Medi-Cal enrollment
- All newly contracted QAS providers will be required to be Medi-Cal enrolled prior to contract execution

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# Utilization Management Committee and Clinical Operations Updates Q1 2025

## Special Quality Assurance Committee

## June 18, 2025


**Kelly Giardina, Executive Director, Clinical Operations**

**Dr. Robin Hatam, Medical Director**


## Our Mission

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

## Our Vision

**Provide all members with access to care and supports to achieve optimal health and well-being through an equitable and high-quality health care system.**

# Agenda

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

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# Utilization Management Committee Sub-Workgroups

**Kelly Giardina, Executive Director, Clinical Operations**

# UM Sub-Workgroups – Q1 2025 Accomplishments

- High-Risk Care:
  - Launched ED Diversion Program (Feb 2025)
- Transitional Care Services workgroup:
  - Enhancements to TCS MC support line oversight phone reports
  - Ushur Text campaign expanded to OneCare TCS CCN
    - Go live April 2025
- Over/Under Utilization:
  - Remove PA process for Medi-Cal preventive screenings
  - Auto Approval Trend Dashboard enhanced
- Gender Affirming Care
  - TGI Cultural Competency training for all staff completed. Training added to the Provider Portal for network providers
  - Contracting efforts to improve network gaps

# UM Sub-Workgroups

- Early and Periodic Screening, Diagnostic and Treatment (EPSDT)
  - Enhance PDN network
  - Review denial data to ensure members are receiving EPSDT services
  - Developed Dental, Vision, Hearing EPSDT Dashboard

- Enhanced Care Management (ECM) Clinical Oversight
  - ECM provider meetings to review their members with multiple ED visits to review plan to support member.

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# Over/Under Utilization: Utilization Goal Tracking

**Kelly Giardina, Executive Director Clinical Operations**

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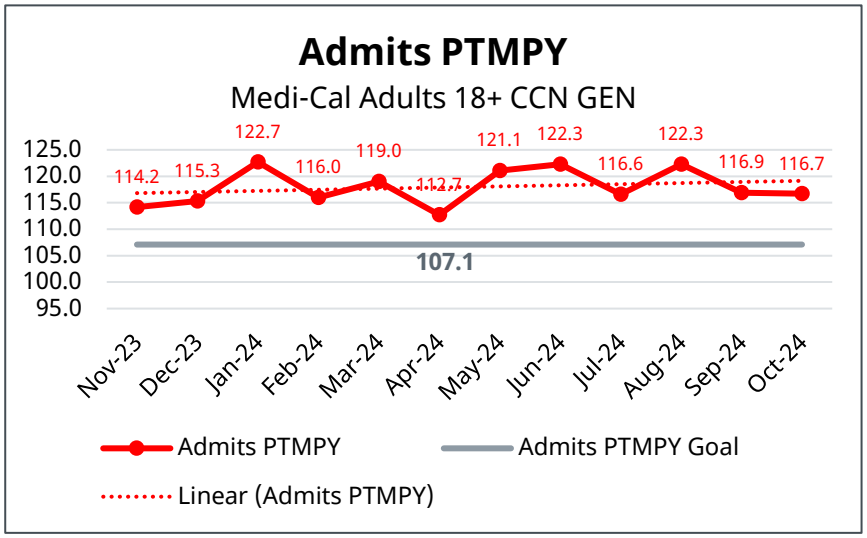
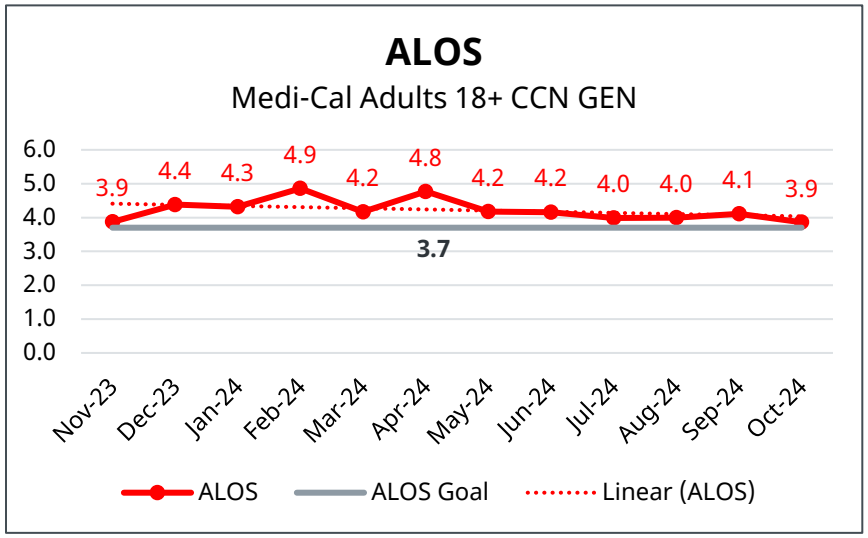
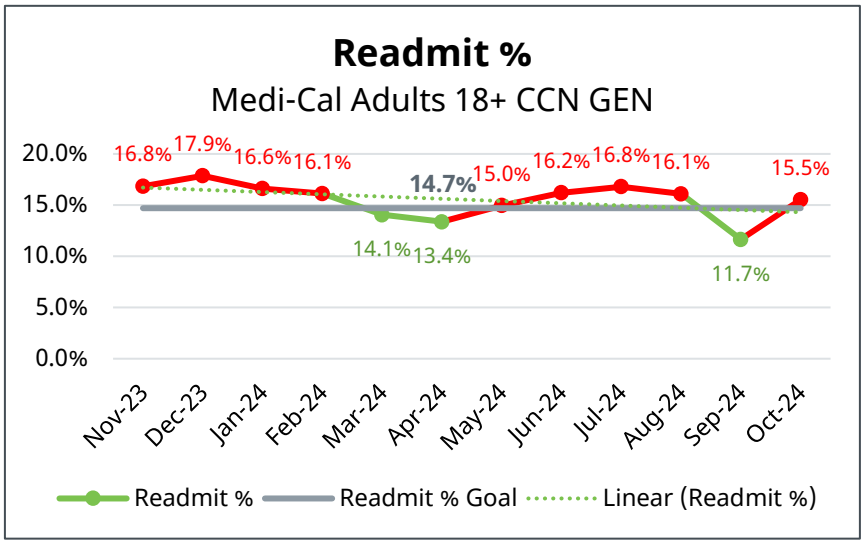
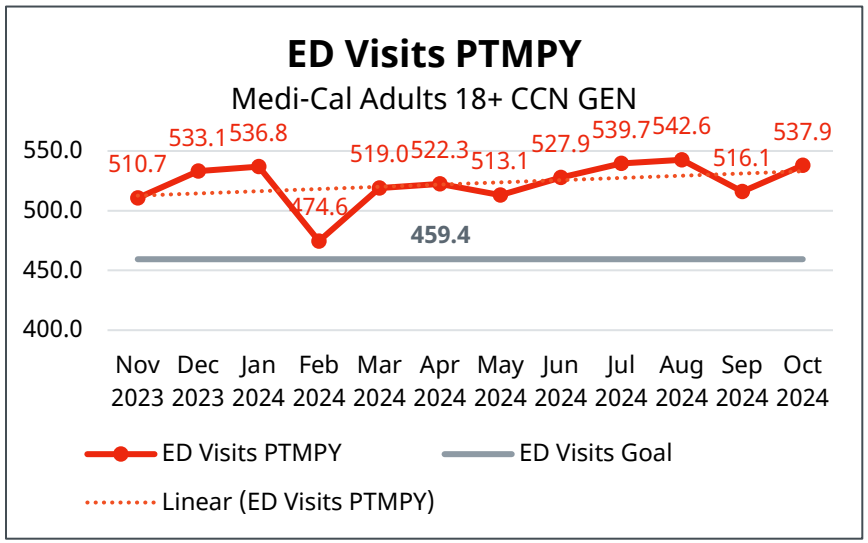
# Medi-Cal Adults 18+

| Members / Month | Nov 2023 | Dec 2023 | Jan 2024 | Feb 2024 | Mar 2024 | Apr 2024 | May 2024 | Jun 2024 | Jul 2024 | Aug 2024 | Sep 2024 | Oct 2024 |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | 100,707 | 100,088 | 100,927 | 105,014 | 108,968 | 110,916 | 112,799 | 114,201 | 114,527 | 117,275 | 118,287 | 119,348 |




*Source: Membership and Utilization Trends > MC IP (CCN GEN). Population Includes TANF 18+ and Expansion only. CCN General only. Population excludes Dual, WCM, LTAC, and Acute Rehab. Date 102023-052024, LOB: Medi-Cal. Data pulled 5/5/2025 ED Utilization: Membership and Utilization Trends dashboard. Medi-Cal Data excludes Duals and WCM. Data looking at 112023-102024. Data pulled 5/5/2025*

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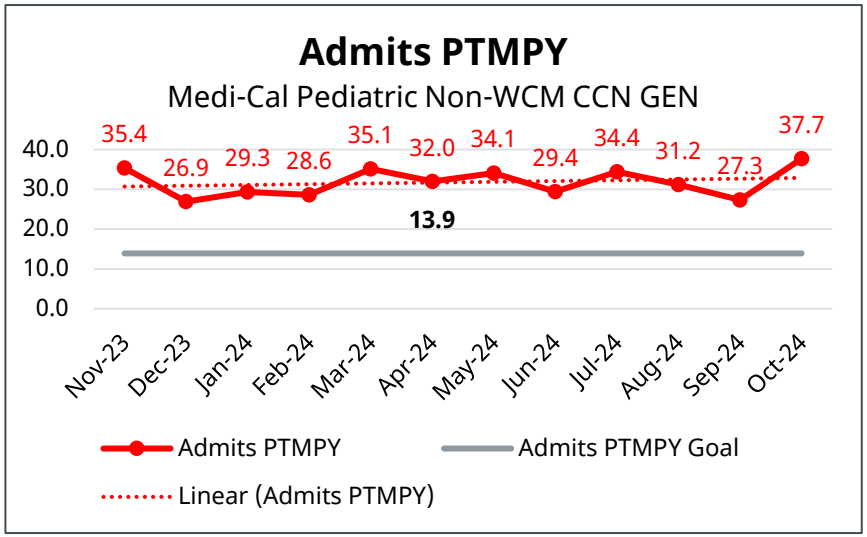
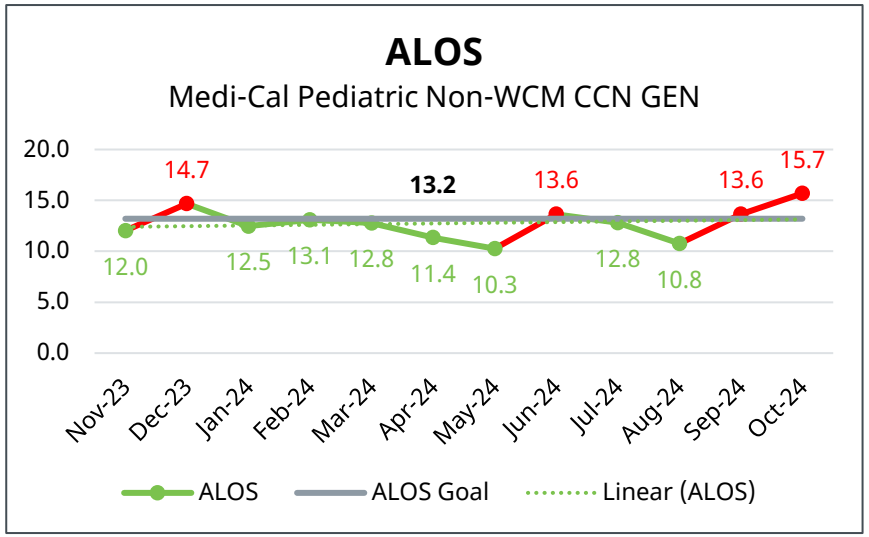
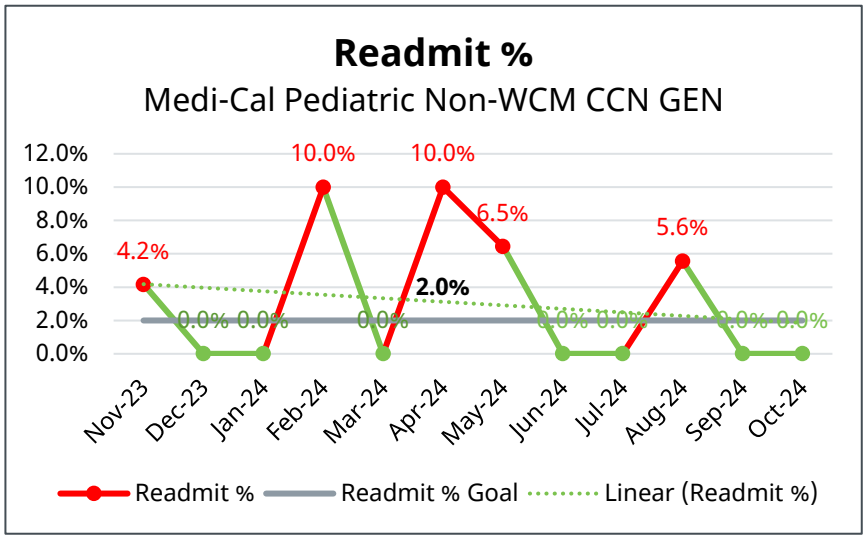
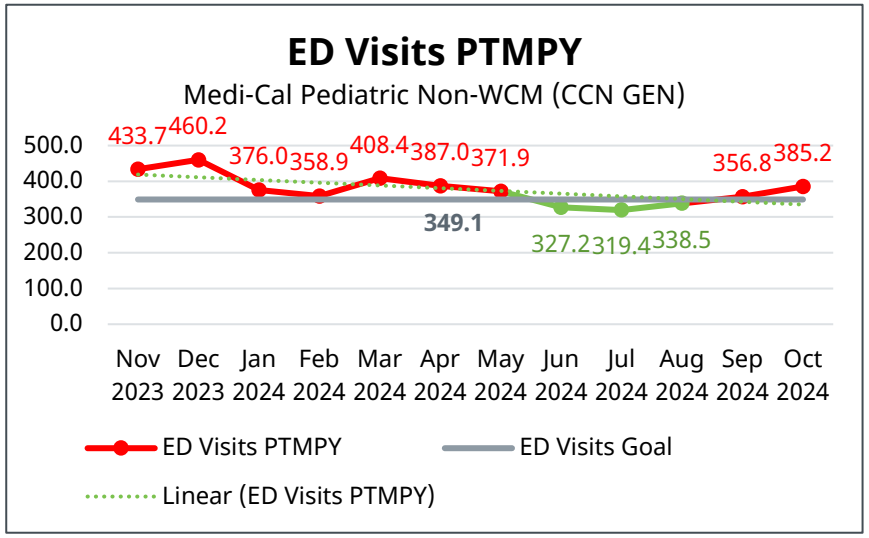
# Medi-Cal Pediatric Non-WCM

| Members / Month | Nov 2023 | Dec 2023 | Jan 2024 | Feb 2024 | Mar 2024 | Apr 2024 | May 2024 | Jun 2024 | Jul 2024 | Aug 2024 | Sep 2024 | Oct 2024 |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | 23,742 | 23,676 | 23,715 | 23,904 | 24,297 | 24,401 | 24,650 | 24,869 | 25,095 | 25,351 | 25,529 | 25,762 |




*Source: Membership and Utilization Trends > MC IP (CCN GEN). Population Includes CCN General only. Population excludes Dual, WCM, LTAC, and Acute Rehab. Date 112023-102024, LOB: Medi-Cal. Data pulled 5/5/2025 ED Utilization: Membership and Utilization Trends dashboard. Medi-Cal Data excludes Duals and WCM. Data looking at 102023-062024. Data pulled 5/5/2025*

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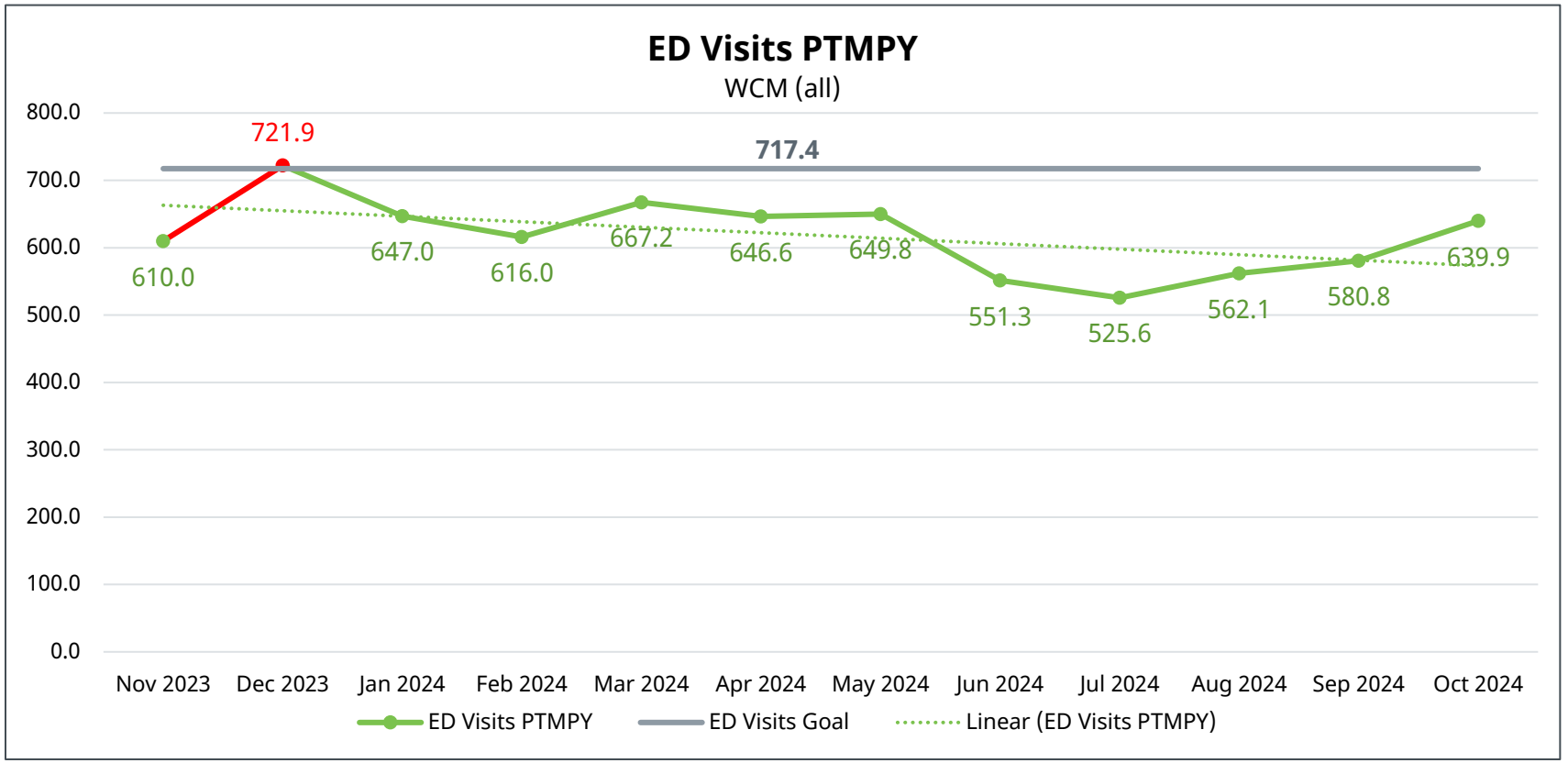
# Whole Child Model

## ED Visits PTMPY

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

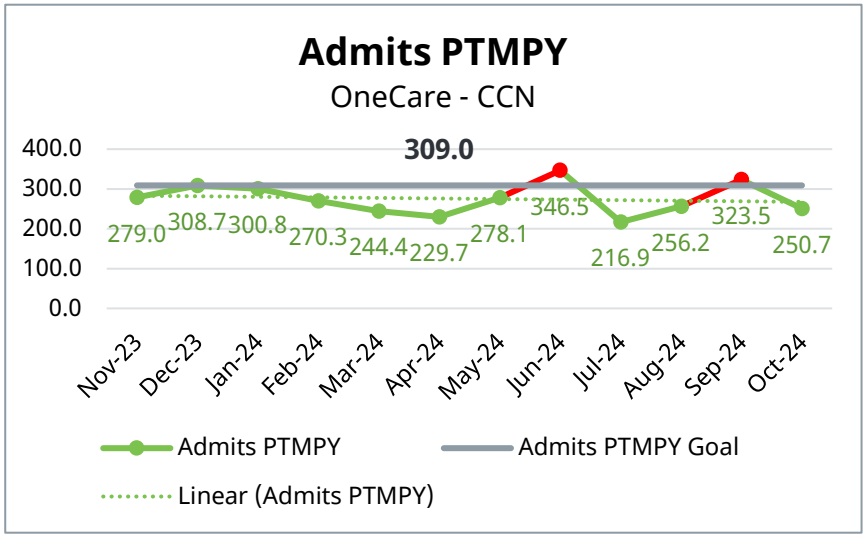
| Members / Month | Nov 2023 | Dec 2023 | Jan 2024 | Feb 2024 | Mar 2024 | Apr 2024 | May 2024 | Jun 2024 | Jul 2024 | Aug 2024 | Sep 2024 | Oct 2024 |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | 11,214 | 11,088 | 10,165 | 10,032 | 9,910 | 9,800 | 9,806 | 9,730 | 9,680 | 9,629 | 9,546 | 9,489 |

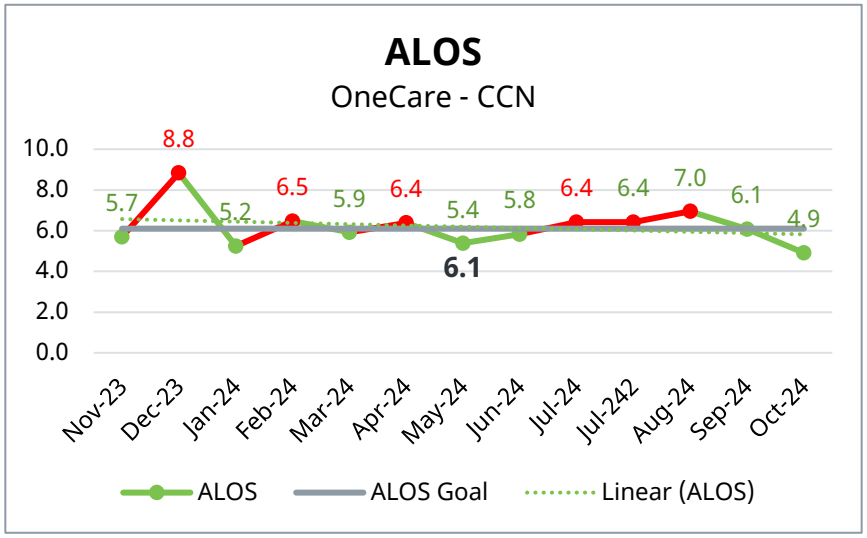


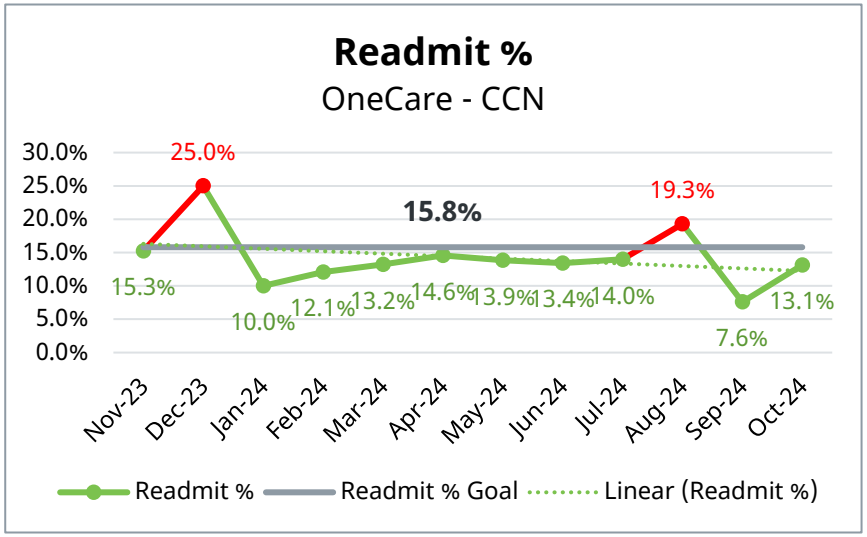

*Source: Membership and Utilization Trends dashboard. Medi-Cal Data excludes Duals and WCM. Data looking at 112023-102024. Data pulled 5/5/2025*

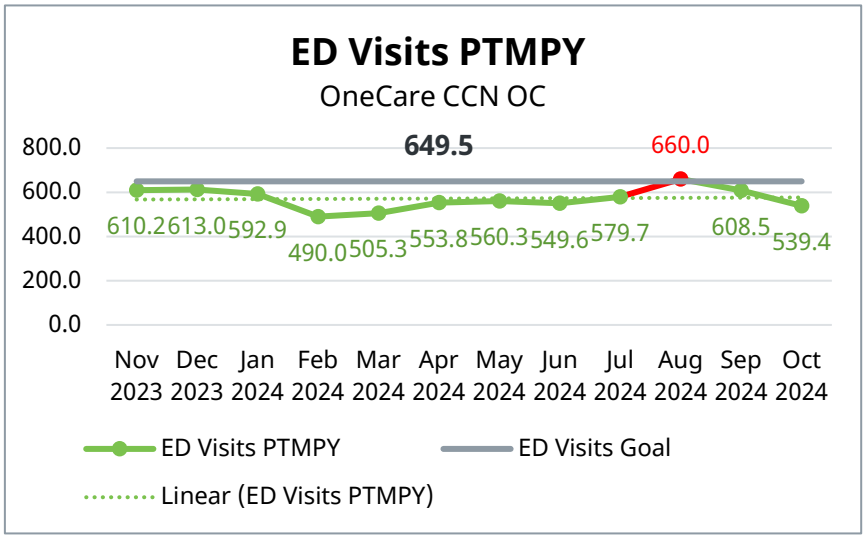
# OneCare

| Members / Month | Nov 2023 | Dec 2023 | Jan 2024 | Feb 2024 | Mar 2024 | Apr 2024 | May 2024 | Jun 2024 | Jul 2024 | Aug 2024 | Sep 2024 | Oct 2024 |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | 2,753 | 2,760 | 2,793 | 2,841 | 2,898 | 2,925 | 2,977 | 3,013 | 3,043 | 3,091 | 3,116 | 3,159 |




*Source: Cost & Utilization: IP Acute Claims by Month Date 112023-102024, LOB: OneCare. CalOptima- CCN OC. Data pulled 5/5/2025*
*ED Utilization: Membership and Utilization Trends dashboard. Data looking at 112023-102024. Data pulled 5/5/2025*

# Health Network Oversight

**Dr. Robin Hatam, Medical Director**

# Health Network Clinical Oversight

- Monitoring of Over/ Under Utilization
- Intervention discussions to address utilization trends
- Tracking progress towards goals set by the Health Networks
- Review of UM Semi-Annual Program and Workplan
- Delegation dashboard oversight
- Reviewed EPSDT criteria and strategies to ensure compliance with APL 23-005
- Development of Complex Case Management Workbook and Modeling
- Bi-weekly Clinical Ops HN Meeting topics:
  - Health Network CoC Process
  - UM Letter Implementation Oversight
  - STAR and Quality Measures

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# Inpatient / Hospital Facility Supports and Health Network Overwork Oversight

**Dr. Robin Hatam, Medical Director**

# Inpatient / Hospital Facility Supports

- Hospital Rounds and LTACH Rounds
  - TCS engagement/member identification
  - Confirming delivery of UM TCS letters to members
  - TCS Supervisors attend rounds
- Emergency Department Pilot Program
- SNF Partner Engagement
  - Q1 2025 meeting March 28, 2025
  - Topics:
    - Transitional Care Services
    - Member resources
    - Transportation
    - Admission, discharge and transfer instructions (ADT Portal)
    - Multipurpose Senior Services Program
    - Claims Data Overview

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# Emergency Department Program

- Program went live at UCI on 2/5/2025
- MSW embedded in the ED. Recruiting for open RN position.
- Integrated with UCI Case management and ED staff
- Engage with all CalOptima Health members-CCN & HN. Assist in the coordination of the following:
  - Predischarge and Post discharge telephonically
  - Coordinate CalAIM CS & ECM
  - Transportation
  - PCP/Specialist appointments
  - Transportation
  - Authorizations
  - HH, DME, supplies

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# Board of Directors'

## Special Quality Assurance Committee Meeting

## June 18, 2025

## Quality Improvement Health Equity Committee (QIHEC) First Quarter 2025 Report

| QIHEC Summary | | |
|---|---|---|
| QIHEC Chair(s) | Quality Medical Director and Chief Health Equity Officer | |
| Reporting Period | Quarter 1, 2025 | |
| QIHEC Meeting Dates | January 14, 2025, February 11, 2025, March 11, 2025 | |
| Topics Presented and Discussed in QIHEC or subcommittees during the reporting period | • Access and Availability<br>• Adolescent Care<br>• Adverse Childhood Experiences (ACES)<br>• Adult Wellness and Prevention<br>• Appropriate Testing for Pharyngitis (CWP) and Avoidance of Antibiotic Treatment for Acute Bronchitis/Bronchiolitis (AAB)<br>• Behavioral Health Integration (BHI)<br>• Case Management (CM) program<br>• Comprehensive Community Cancer Screening Program<br>• Consumer Assessment of Healthcare Providers and Systems (CAHPS)<br>• Care Management and Care Coordination<br>• Chronic Conditions Management<br>• Continuity & Coordination of Care<br>• Credentialing and Recredentialing<br>•<br>• Cultural and Linguistics Appropriate Services Program<br>• Customer Service<br>• Delegation Oversight<br>• Demographic Data Collection<br>• Department of Health Care Services (DHCS) Non-Clinical Performance Improvement Project (PIP)<br>• Depression Screening<br>• Diabetes Care | • Healthcare Effectiveness Data and Information Set (HEDIS)<br>• Hospital Quality Program<br>• Initial Health Appointment<br>• Language Accessibility<br>• Managed Care Accountability Set (MCAS)<br>• Medicare Advantage Star Program Rating<br>• Medication Adherence<br>• Member and Provider Outreach and Education Plan<br>• Member Experience (MemX)<br>• National Committee for Quality Assurance (NCQA) Accreditation<br>• OneCare Model of Care<br>• Pay for Value (P4V)<br>• Pediatric Wellness and Prevention<br>• Performance Improvement Projects<br>• Plan All Cause Readmission (PCR)<br>• Policy<br>• Population Health Management (PHM)<br>• Potential Quality Issues (PQIs)<br>• Prenatal and Postpartum Care<br>• Preventive and Screening Services<br>• Maternal Care<br>• Quality Compliance Report<br>• Quality Improvement Health Equity Transformation Program (QIHETP) and Work Plan (WP)<br>• Quality Metrics |

| | | |
|---|---|---|
| | • Diversity, Equity, and Inclusion (DEI) training<br>• Diversity, Equity, and Inclusion (DEI) Committee Survey<br>• Enhanced Care Management (ECM)<br>• Facility Site Review (FSR)/Medical Record Review (MRR)/Physical Accessibility Review Survey (PARS)<br>• Grievance & Appeals Resolution Services (GARS)<br>• Health Education | • Student Behavioral Health Incentive Program<br>• Utilization Management Committee<br>• Utilization Management (UM) Program<br>• Whole Child Model (WCM) |

**QIHEC Actions in Quarter 1, 2025**

QIHEC Approved the Following Items:

- December 10, 2024, meeting minutes; January 14, 2025, meeting minutes; February 11, 2025, meeting minutes
- Three Quality Improvement policies:
  - Policy GG.1615: Corrective Action Plan for Practitioners and Organizational Provider
  - Policy GG.1652: DHCS Notification of Change in the Availability or Location of Covered Services
  - Policy GG.1618: Member Request for Medical Records
- 2024 QIHETP Evaluation and Work Plan (Q1-Q4)
- 2024 Population Health Management Impact Report
- 2024 Cultural and Linguistically Appropriate Services (CLAS) Evaluation
- 2025 Quality Improvement Health Equity Transformation Program and Work Plan
- 2025 Quality Improvement Health Equity Transformation Program and Work Plan Revised
- 2025 UM/CM Integrated Program and 2024 UM/CM Integrated Program Evaluation

Accepted and filed the following items:

- 2024 Quality Improvement Work Plan Q4
- GARS Q3 2024 Committee Meeting Minutes
- MemX Committee October 15, 2024 Agenda and Meeting Minutes
- MemX Committee 2025 Charter
- UMC Meeting Minutes_11.21.24
- PHM Committee November 21, 2024 Meeting Minutes
- PHM Committee February 20, 2025 Consent Calendar
- UMC Meeting Minutes_01.23.25
- WCM CAC Mtg Minute_2024.11.12
- PowerPoint Appendix: 2025 UM Program and 2024 Evaluation
- PowerPoint Appendix: 2024 Population Health Management Impact Report (Evaluation)
- Appendix: Benefit Management Subcommittee Meetings
- Appendix: Member Experience (MEMX) Committee Oversight
- Appendix: PHM Committee Consent Calendar (Q1 2025)
- Appendix: Adverse Childhood Experiences (ACEs) Quarter 4, 2024 Update

**QIHEC Actions in Quarter 1, 2025**

Committee Updates:

- In Q1 2025, there were no changes made to committee membership.
- Annual Conflict of Interest and Confidentiality Forms were collected and reviewed.

**QIHEC Quarter 1 2025 Highlights**

- The Chief Medical Officer updated the committee on the following:
  - DHCS Medical Audit was scheduled for January 27, 2024. Optum Health Network was selected to be part of the audit.
  - The Provider Relations team will increase community visits to improve satisfaction. Focus areas include timely care, medication adherence, reducing hospital visits, and preventive screenings. A training session is scheduled for March.
  - CalOptima Health tracks Proportion of Days Covered for statins, blood pressure, and diabetes medications. The tool updates daily and shows when people have less than a 100-day supply, important for compliance.
  - Measles outbreak in Texas and providers are urged to inform parents about risks.
  - CalOptima Health found that 12 members are referred yearly for advanced care due to grinding stone countertops and encouraged the community to follow simple mitigation procedures, like mask use.
- QIHEC Chair promoted the two available programs:
  - The Outstanding Order Program allows CCN members to submit mammograms or lab tests through CalOptima Health, reducing provider workload.
  - A 30 to 90- or 100-day medication conversion is available for all CalOptima Health members, allowing pharmacists to convert 30-day prescriptions to 100-day ones to improve adherence.
- Quality Improvement Compliance Report –A compliance issue was presented to QIHEC regarding CalAIM Community Support program turnaround times. The 95% benchmark of determination completed within 5 business days was not met from November to December due to staff vacancies and increased referral volume. A Corrective Action Plan (CAP) was implemented that includes cross-training staff and adding temporary staff. Management improved oversight, resulting in a 98% compliance rate by the end of January. The CAP was reviewed, closed, and LTSS is currently meeting turnaround times with no open issues.
- The 2024 QIHETP Evaluation evaluated the Quality Improvement Work Plan for the year, including the Population Health Management Impact Report and Cultural and Linguistically Appropriate Services evaluations and below are highlights from the evaluation.
  - 2024 accomplishments include: CalOptima Health implemented grants, conducted community events, and expanded the Street Medicine Program in Orange County.
  - CalOptima Health met 4 of the 7 priority goals and will continue to focus on the following: closing racial/ethnic disparities in well-child visits and immunization, improving follow-up care for mental health and substance abuse, attaining a Four-Star rating for Medicare and meeting the minimum performance levels for all MCAS measures, focusing on follow up care for mental health and substance abuse after an emergency room visit.
  - In 2024, the Quality Improvement Health Equity Committee met monthly.
  - The 2024 Population Health Management Impact Report shows CalOptima Health effectively implements its strategy, with 7 of 8 programs on track.
  - Recommendations for 2025 include implementing diversity training and enhancing quality operations through technology.

**QIHEC Quarter 1 2025 Highlights**

  - The 2024 CLAS Evaluation showed success with positive outcomes. CalOptima Health's teams met five of the six goals, with one goal expected to finish by Q1 2025. Feedback was collected from advisory committees, and language services were accessible to members. In 2025, CalOptima Health will add Russian as a threshold language and provide DEI training for staff.
- 2025 Quality Improvement Health Equity Transformation Program (QIHETP) Description and Work Plan was presented and approved by QIHEC. The QIHETP includes the Population Health Management Strategy as well as the Cultural Linguistics Appropriate Services Program.
  - For 2025, priorities remain the same and have added attaining NCQA Health Equity Accreditation as a priority goal
  - The PHM Strategy was revised to align with the CalOptima Health Strategic plan and developed a specific workplan and goals to focus on keeping members healthy, managing members with emerging risk, increasing patient safety, managing multiple chronic illnesses (enhanced care management), and providing advance care support. QIHEC requested a report on depression screening for prenatal and postpartum members in the hospital setting.
  - Carlos Soto, Manager of Customer Service presented an update on 2025 Culturally and Linguistically Appropriate Services (CLAS) Program Description - Overall, the 2025 CLAS Program compared to 2024 program remains unchanged from 2024.
- The 2024 Utilization Management/Case Management Integrated Program Evaluation highlighted the year's achievements in workflow and process improvements and program enhancements. The management system changed to Jiva. Staff completed gender-affirming care training and improved the durable medical equipment (DME) workflow. Program enhancements included new clinical platforms and automation in provider portals. Utilization metrics showed fluctuating average lengths of stay (ALOS) for various patient categories, and Medi-Cal compliance maintained 95% turnaround times for prior authorizations.
- The 2025 Utilization Management (UM) and Case Management Program was presented to the QIHEC for approval. Work groups will evaluate UM programs bi-monthly and ensure compliance with regulations. Case Management (CM) program updates/changes include enhanced care management, clinical documentation improvements, staff training, and targeted outreach for members with specialized needs.
- NCQA Accreditation: The look back period for the NCQA Health Plan Accreditation survey starts on April 6, 2025, with a survey submission scheduled for April 6, 2027. An NCQA consultant provided training on report writing and standards. The Health Equity Accreditation look back period begins on April 7, 2025. Staff will continue preparing for NCQA submission on October 7, 2025.
- Diversity Equity and Inclusion (DEI): DEI training modules were developed and submitted to DHCS for approval. Upon approval, staff will pilot the program early in 2025. The goal is to achieve a 90% completion rate. The DEI surveys were sent to QIHEC and feedback will be used to improve DEI compliance and inclusivity within our quality committees.
- OneCare Star Measures Improvement: Staff compared MY2024 data up to November 2024 to the Star Ratings goals for 2026. 15 of the 29 measures performed at or above the 2026 Star Goal
  - Most administrative measures for Part C are performing better than the same time in 2023.
  - For Part D, improvements in complaints and price accuracy are noted, but adherence rates do not meet targets. However, there are ongoing efforts to improve adherence, including reminders to providers and members, which carried into 2025.
- Value Based Payment Program:

**QIHEC Quarter 1 2025 Highlights**

  - The Stars Ratings overall performance was 3.5 or above. Most Member Experience measures were also 3.5 or above, but Part D adherence measures were above 3 Stars. Health Network performance remained below the 3.0 or 2.5 range.
  - Payments for the OneCare Pay-for Value program had high performance with only one 3 Star rating. About 75% of the Pay-for-Value dollars were distributed.
  - Hospital Quality Incentive Program – Measurement Year 2023 Hospital Quality Program - CalOptima Health has calculated baseline hospital performance using measurement year 2023 and issued first-year incentives in December 2024. The Committee proposed improving follow-up care after ER visits.
- Behavioral Health Integration (BHI) Updates:
  - Student Behavioral Health Incentive Program (SBHIP): The SBHIP program is finalizing operations, with a project outcome report completed and awaiting DHCS approval. Notification on funding is expected by March 2025, and CalOptima Health has received the full funding amount, about $25 million.
  - BH Quality Measures: Staff reviewed the BH quality measures and identified that FUM and FUA were not meeting the goal, while (Follow-Up Care for Children Prescribed ADHD medication) ADD was on track. Metabolic Monitoring for Children and Adolescents on Antipsychotics (APM) is used to monitor children and adolescents on antipsychotics and showed concerning rates as of September 2024. New activities include updating the provider portal with daily Emergency Department data, TeleMed2U's outreach to members after ED visits for follow-up care, and discussions with the Orange County Health Care Agency about data sharing.
- CalOptima Health Comprehensive Community Cancer Screening Program: A kickoff meeting took place in October 2024 to connect grantees, followed by a webinar in November for grant reporting instructions. Member text messages were sent for breast and cervical cancer screening.
- Customer Service: Metrics successfully met internal and regulatory goals in Q1. Customer service metrics improved in 2024 through staff recruitment and member engagement campaigns, including text messaging and callback capabilities.
- Cultural and Linguistic (C&L) and Language Accessibility: The goals to collect and manage members' Race, Ethnicity, Language, Sexual Orientation, and Gender (REL/SOGI) data were achieved with the development of surveys and mailing packets. A new survey for practitioner data was launched. For 2025, goals include adding Russian as a threshold language, increasing REL/SOGI data collection, and providing DEI training. Utilization of translation services grew significantly in 2024, demonstrating increased member awareness.
- Coordination of Care: Member movement across practitioners – Staff focused on VSP data distribution to HNs for the Eye Exam for Patients with Diabetes (EED) measure. Five of seven HNs are receiving VSP data, and two HN are in progress.
- Special Needs Plan (SNP) Model of Care (MOC) Health Risk Assessment (HRA): Minor edits for the MOC for 2025 were approved by CMS, and CalOptima Health is awaiting approval from DHCS. DHCS is also requiring changes to California specific requirements in the MOC, and staff will update the MOC for 2026.
- Medi-Cal Member Health Reward Program – For Medi-Cal, there were 11 different categories of Member Health Rewards in 2024. Most rewards were issued for Annual Wellness Visits, and the rewards had significantly increased from 2023 to 2024. The 2025 Member Health Rewards Program will continue the same criteria as the previous year for Medi-Cal. For OneCare, member rewards will

**QIHEC Quarter 1 2025 Highlights**

switch to digital self-submissions. The Committee requested a Health Network comparison and staff will monitor and analyze data for future reporting.

- Plan All Cause Readmission (PCR) – There was an upward trend in PCR readmissions seen in Q2 to Q3 of 2024. For OneCare, re-admit rates exceeded the 8% goal. Improvement efforts include contacting members in the hospital for post-discharge support and working with Quality teams on Medi-Cal readmission ratios and analyze data to improve rates.
- Maternal and Child Health:
    - Timeliness of Prenatal Care (PPC) is lower compared to last year. Postpartum Care has improved, but both metrics remain below the 50th percentile. Staff aims to improve performance with new data.
    - Maternal and Adolescent Depression Screening - In November 2024, CalOptima Health held maternal health events with UCI Family Health, serving 20 attendees. They completed seven postpartum screenings and other health evaluations. Four members showed elevated depression scores and received support. Staff also provided flu shots, safety education, and nutrition guidance.
- Maternity Care for Black and Native American Persons - Timely prenatal appointments for CalOptima Health's Black and Native American members are below the goal set for December 31, 2024. A partnership with OCHCA is promoting outreach to these members. The new Black Infant Health Program offers education and support. Staff reached 24 of 183 members by phone and mailed 169 members information on ECM, Black Infant Health, and doula services.
- Quality Improvement MCAS Minimum Performance Level: CalOptima Health is improving in Follow-Up After ER Visit for Mental Illness (FUM) and Follow-Up After ER Visit for Substance Use (FUA) but is still below target. Staff are working on text message campaigns, and Telemed2U is providing virtual care. Efforts are also underway to receive behavioral health data from county partners for better care coordination.
- Preventive and Screening Services – For Medi-Cal, cervical cancer screening have slightly decreased. This hybrid measure is expected to rise with medical record reviews. Breast and colorectal cancer screenings have increased, and additional data feeds will further boost these rates. Initiatives involve outreach and collaboration for colorectal cancer screening
- EPSDT/Children's Preventive Services: Preventative screenings for children have increased, except for immunization status combo 10. Three of the five measures have met the 50th percentile. Initiatives include calls, texts, and reminders.
- Chronic Care Improvement Projects (CCIPs) OneCare: Staff continue outreach to OneCare members with diabetes, providing telephonic health coaching. They targeted 184 members in Q1 2025, successfully contacting 17. Outreach will continue to reach more members at risk.
- Performance Improvement Projects (PIPs) Medi-Cal: CalOptima Health's PIP for Well-Child Visits in Black and African Americans achieved 40% success in member contact and will address barriers by offering scheduling assistance for visits.
- Appropriate Testing for Pharyngitis (CWP) and Avoidance of Antibiotic Treatment for Acute Bronchitis/Bronchiolitis (AAB): Staff are closely monitoring CWP and AAB. The CWP measure has improved by 9% compared to last year. The AAB measure decreased, and staff will focus on interventions to address these rates.
- Improve medication adherence for Cholesterol (Statins), Hypertension (RAS Antagonists) and Diabetes: The adherence star rating improved in 2024, and efforts will continue in 2025. Staff are making calls to remind members about medications, collaborating with doctors for 100-day supplies,

| QIHEC Quarter 1 2025 Highlights |
|---|
| and tracking refills. They also send newsletters to providers and offer education through the Medication Therapy Management (MTM) program about the importance of medication refills and compliance.<br>• Demographic Data Collection: CalOptima Health: Staff fielded a provider satisfaction survey receiving 30 responses. -Next steps include following up with providers to complete the survey, adding REL questions to the annual data attestation, and requiring forms for credentialing. Information will be available in directories by April 1, 2025.<br>• Behavioral Health Outreach and Education Plan: Through Senate Bill 1019, the Department of Health Care Services reported low use of Non-Specialty Mental Health Services in California. CalOptima Health's Behavioral Health Integration department will implement an Outreach and Education Plan for members and providers. Staff sought feedback from the Member Advisory Committee and Provider Advisory Committee and shared their plan with the Orange County Mental Health Plan. After DHCS approval, the plan will be available online and reviewed annually for updates.<br>• Maternal and Adolescent Depression Screening: Prenatal and postpartum depression screenings for the perinatal population in December 2024 exceed the 50th percentile, with rates around 6% for postpartum and 8. 4% for prenatal. Maternal Mental Health Initiatives include a 16-week online training by Postpartum Support International, preparing individuals to support maternal mental health. In Fall 2024, 135 providers registered for this training. CalOptima Health is promoting routine depression screenings during well-child visits and is improving data exchange with community health networks.<br>• BH Quality Measures:<br>o There is a new behavioral health Performance Improvement Project (PIP) that aims to increase the number Medi-Cal members with mental health and substance use disorders into care management programs by 2%. Baseline data for 2023 have been approved, and quality improvement activities have been validated. Data integrity issues were noted, which could affect baseline validity.<br>o New measures for 2025 include adherence to antipsychotic medications for schizophrenia, psychosocial care for youths on antipsychotics, depression screening for those 12 and older, follow-up care for substance use disorders, and pharmacotherapy for opioid use disorder.<br>o The committee requested CalOptima Health to educate providers on new BH measures and provide a pursuit list of members to follow up with.<br>• Adverse Childhood Experiences (ACEs): The ACES screenings occurred from 10/1/2024 to 12/31/2024, with the highest numbers in ages 6 to 12. The Hispanic population had the highest number of ACEs, reflecting city demographics.<br>• Delegation Oversight: In Q4 2024, CalOptima Health conducted three (3) delegates annual audits and CAPs were issued accordingly and addressed the following issues: Delegates not utilizing decision template(s) effective on date of decision(s) and not utilizing applicable attachment template(s) effective on date of decision(s). |

| QIHEC Subcommittee Report Summary in Quarter 1, 2025 |
|---|
| Credentialing Peer Review Committee (CPRC) |
| CPRC met October 24, 2024, November 21, 2024 and December 19, 2024<br>• There were three Fair Hearings in process and a development of an expert panel, which consists of legal and medical experts, for Fair Hearing panels was approved. |

**QIHEC Subcommittee Report Summary in Quarter 1, 2025**

- There was one OB/GYN provider identified through On-going Monitoring which required no action.
- Proposal to set PCP minimum appointment hours which was recommended for additional policy refinement.
- Provider Action Workgroup to address quality-of-care provider issues organizationally which was recommended for additional policy refinement.
- Approved Credentialing/Recredentialing Clean Lists and Credentialing Closure Lists
- Six practitioners with issues identified during recredentialing and all were approved.
- A proposal to add Behavioral Health Quality physicians was approved with recommendation that a minimum number of CME in behavioral health be completed.
- Eight quality-of-care PQIs were presented and leveled.
    - Actions against the providers included:
        - Reporting to the Medical Board of California (non-805)
        - Referral to the LOA Resolution Workgroup for review of the process for oncology cases
        - Corrective Action Plan
        - Obtaining additional information and re-presenting to the Committee
- The following policies were approved:
    - GG.1604 - Confidentiality of Credentialing Files
    - GG.1607 - Monitoring Adverse Actions
    - GG.1633 - Board Certification Requirements for Physicians
    - GG.1643 – Minimum Provider Credentialing Standards
    - GG.1651 - Assessment and Reassessment of Organizational Providers
    - GG.1657 - State Licensing Board and the National Practitioner Data Bank (NPDB) Reporting
    - GG.1659: System Controls and Confidentiality of Provider Credentialing Information
- The Diversity, Equity and Inclusion Survey was conducted, and Committee members were asked for their participation.

Grievance & Appeals Resolution Services Committee (GARS)

GARS met February 19, 2025

- The February 19, 2025 committee minutes were approved
- Grievance and appeals trends led to the following activities:
    - Health Network meetings to discuss GARS identified trends.
    - Transportation workgroup to address the following concerns with Modivcare: improve performance for dialysis trips and managing unassigned standing order weekly.

Member Experience Committee (MemX)

MemX met January 28, 2025

- Approved updates to 2025 charter
    - New committee members added: Director of Provider Relations, Director of Customer Service, and Executive Director Medicare Programs.
    - Title change from Director of Operations Management to Director of Provider Data Operations Management
    - Quorum changed from 7 to 9 voting members

**QIHEC Subcommittee Report Summary in Quarter 1, 2025**

- Strategic priorities and assignments were reviewed for monitoring improvement activities for access to care, customer service and provider office efficiencies. Continuing to monitor provider overcapacity. Issued CAPs to health networks with deficiencies based on Q4 network adequacy reporting.
- Prioritize Rheumatology, Neurology and Urology recruitment for specialties.

Population Health Management (PHM) Committee

PHMC met: February 20, 2025

- Approved updates to 2025 charter
  - Added Chief Medical Officer (or their designee) as a voting member of the committee through an amendment to the Charter.
- Health Equity & Community Engagement:
  - A new Diversity, Equity, and Inclusion (DEI) and Health Equity training was approved by the state and will be implemented in phases.
  - CalOptima Health's first annual Health Equity Report was published, highlighting collaborative efforts in health equity.
- Community Spotlight:
  - The Access California Services presentation highlighted the challenges and needs of the Middle Eastern, North African, and South Asian communities, emphasizing the lack of data representation, health disparities, and advocacy efforts for increased recognition and funding.
- Population Health Management (PHM) Strategy:
  - The PHM strategy focuses on five areas of care, covering preventive health, chronic disease management, complex care, and advanced care support.
  - Risk stratification data was presented, showing 1% of members classified as high-risk, with ongoing outreach efforts.
  - 62% of high-risk members received at least one intervention over the past year, and increased outreach efforts are being prioritized for those who have not yet been reached.
- Initial Health Appointment (IHA) Compliance:
  - The IHA completion benchmark is 50%, with significant variance across delegated health networks.
  - A chart review pilot identified documentation gaps, particularly in outreach attempts and lead level screenings for young children.
  - New strategies are being explored, including no-cost codes and improved documentation methods.
- PHMC recommended follow-up with Access California Services on CalOptima Health benefits education for SAMENA Collective.

Committee Approvals

- Approval of previous PHMC meeting minutes from November 21, 2024.
- Approval of amendment to the PHMC Charter to include the Chief Medical Officer (or designee) as a voting member.
- Approval of PHMC consent calendar items.

Utilization Management Committee (UMC)

- Benefits Management Subcommittee (BMSC)

| **QIHEC Subcommittee Report Summary in Quarter 1, 2025** |
|---|
| • Pharmacy and Therapeutics Committee (P&T) |

UMC met January 23, 2025

- Ad-hoc committee was held to perform an annual review of key documents
- Charter updates approved with addition of Chief Health Equity Officer and Sr. UM Manager
- The National Correct Coding Initiative (NCCI) criteria moved to a lower position in the hierarchy based on UM workgroup recommendation
- Approved 2025 Board-Certified Consultants
- 2024 UM Program Evaluation opportunities were discussed
- Approved 2025 UM/CM Integrated Program Description
- 2024 Behavioral Health Integration Inter-Reliability Assessment - IRR continued oversight & training
- Approved 7 UM policies

UMC Met February 20, 2025

- Approved 2024 UM Program Evaluation Revision:
    - Consolidated Temporary Assistance for Needy Families (TANF) 18+ goals: Aid categories identified with outlier trends addressed through workgroups.
    - Planned readmissions excluded from readmit rate: Increased readmit rate around oncology diagnosis to be explored.
- Membership volume for Over-Under Utilization Metrics Q3 2024 was reported stable with aa slight downward trend for OneCare (OC)
- Emergency Department (ED) Utilization
    - Utilization goal not met: Aid category- Seniors and Persons with Disabilities (SPD)
    - High Risk Workgroup reviews detailed data to identify opportunities for improvement
        - Implemented Point Click Care (PCC) surveillance
        - Embedded ED program at The University of California, Irvine Medical Center (UCI)
- High Risk Management Workgroup
    - Implemented post discharge Usher text messages
        - Transitional Care Services (TCS) call engagement improvements
    - Expand UCI embedded ED Program to OneCare
- Gender Affirming Care Workgroup
    - Review of APLs 24-003 & 24-018
    - Create roster for electrolysis
- Non-Emergency Medical Transportation (NEMT)/ Non-Medical Transportation (NMT) Utilization
    - Trip utilization & grievance data reviewed with no additional recommendations
    - Committee recommendation to compare utilization between WCM & non WCM
    - Recommendation for further analysis of and reporting of Health Networks
- Risk: Long Term Services & Supports (LTSS)
    - CalAIM Turn Around Time (TAT) compliance below goal due to increase in volume, staff vacancies, process changes. Remediation includes cross-training staff, hiring temp positions, daily meetings to review inventory, and daily leadership reports.
    - Develop Jiva report to present long-term care residents transitioning to the community
- 4 UM Policy and Procedures were approved

BMSC Met October 30, 2024 and December 18, 2024

| **QIHEC Subcommittee Report Summary in Quarter 1, 2025** |
|---|
| • 19 codes identified for Prior Authorization (PA) required<br>• 24 codes removed from PA requirements<br>• 16 codes overseen by CalAIM deferred until 2025<br>• Transcranial magnetic stimulation (TMS), specialty mental health codes carved out |
| P&T met 11/21/2024 |
| • Five monographs for new medications and seven protected drug class drugs were reviewed. Presented the quarterly drug recalls, OneCare Annual Formulary review, Medi-Cal quarterly Physician Administered Drug Prior Authorization (PAD PA) list review and retrospective Drug Authorization review (DUR) reports.<br>• They approved the drug monograph criteria and recommendations for formulary placement. |
| Whole-Child Model Clinical Advisory Committee (WCM CAC) |
| WCM met February 18, 2025<br>• Reviewed data and analysis of Quality Network Adequacy, Utilization (criteria for 30-day readmission data), Appeals and Grievances, Case Management, Behavioral Health, and Customer Service<br>• Discussion on Newborn Gateway: Starting in November, DHCS has a new registration process for newborn births aimed at timely obtaining immunization data for newborns. Staff meeting with health networks to explain the process<br>• Reviewed Access and Readmission Rates<br>  o Discussed timely access, ED readmission rates, and authorization turnover time<br>  o Focused on 30-day readmission rates but will also examine 7-day readmissions<br>  o Concerns raised about discharge planning and care coordination<br>• Future Presentations:<br>  o Address transportation issues in Whole Child and Non-Whole Child Models<br>  o Include CHOC Autism Comprehensive Care Program<br>• Next meeting is on May 20th, 2025 |

For more detailed information on the workplan activities, please refer to the First Quarter of the 2025 QIHETP Work Plan.

**Attachment**

Approved at QIHEC throughout Q1 2025: First Quarter 2025 QIHETP Work Plan 1Q

| TOC | Evaluation Category | Domain | 2025 QIHETP Work Plan Element Description | Goal(s) | Planned Activities | Specific date of completion for each activity (i.e. MM/DD/YYYY) | Responsible Business owner | Support Staff | Department | Results for the Quarter | Findings | Interventions /Activities Implemented | Barriers | Next Steps /Follow-up Actions | Red - At Risk Yellow - Concern Green - On Target |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| 1 | Program Oversight | | 2025 Quality Improvement Health Equity and Transformation Program (QIHETP) Description and Annual Work Plan | Obtain Board Approval of 2025 QIHETP Description and Workplan by April 30, 2025 | QIHETP Description and Annual Work Plan will be adopted on an annual basis; QIHEC-QAC-BOD<br><br>Development of the QIHETP Work Plan will include a review of the following:<br>1.Comprehensive Quality Strategy Report<br>2. Technical Report<br>3. Health Disparities Report<br>4. Preventive Services Report<br>5. Focus Studies<br>6. Encounter Data Validation Report | QIHEC: 01/14/2025<br>QAC: 03/12/2025<br>BOD: 4/3/2025 Annual BOD adoption by end of April 2025 | Director of Quality Improvement | Program Specialist of Quality Improvement | Quality Improvement | The 2025 QIHETP Description and Annual Work Plan was presented and approved at QIHEC (2/11/2025) and QAC (3/12/2025) . | QI staff found that a QI staff position was missing in the Org Chart and updated the document to include Chief Administrative Officer. | Updated document was prepared and submitted to the Clerk of the Board for approval (4/3/2025) | N/A | The 2025 QIHETP Description and Annual Work Plan was submitted for approval by the BOD (04/3/2025). | |
| 2 | Program Oversight | | 2024 QIHETP Description and Work Plan Evaluation | Complete Evaluation of the 2024 QIHETP Description and Work Plan by April 30, 2025 | 2024 QIHETP Description and Work Plan will be evaluated for effectiveness on an annual basis; QIHEC-QAC-BOD. 2025 QIHETP Evaluation will be drafted in Q4 of 2025 | QIHEC: 02/11/2025<br>QAC: 03/12/2025<br>BOD: 4/3/2025 Annual BOD adoption by end of April 2025 | Director of Quality Improvement | Program Specialist of Quality Improvement | Quality Improvement | 2024 QIHETP Description and Work Plan Evaluation was presented and approved at QIHEC (2/11/2025) and QAC | None noted. | None | N/A | 2024 QIHETP Description and Work Plan Evaluation was presented for approved at the BOD | |



Domain abbreviations: PHM = Population Health Management Strategy; CoC = Continuity of Care; HE = Health Equity; CLAS = Cultural and Linguistically Appropriate Services

| TOC | Evaluation Category | Domain | 2025 QIHETP Work Plan Element Description | Goal(s) | Planned Activities | Specific date of completion for each activity (i.e. MM/DD/YYYY) | Responsible Business owner | Support Staff | Department | Results for the Quarter | Findings | Interventions /Activities Implemented | Barriers | Next Steps /Follow-up Actions | Red - At Risk Yellow - Concern Green - On Target |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | | | | | and approved in Q1 2026. | | | | | (3/12/2025) . | | | | (04/3/2025). | |
| 3 | Program Oversight | | 2025 Integrated Utilization Management (UM) and Case Management (CM) Program Description | Obtain Board Approval of 2025 Integrated UM and CM Program Description by April 30, 2025 | Integrated UM and CM Program will be adopted on an annual basis; UMC-QIHEC-QAC-BOD | UMC: 01/23/2025 QIHEC: 2/11/2025 QAC: 03/12/2025 BOD: 4/3/2025 Annual BOD adoption by end of April 2025 | Executive Director of Clinical Operations | Director of Utilization Management | Utilization Management | The 2025 Integrated Utilization Management (UM) and Case Management (CM) Program Description was presented to the Committee's/BOD as indicated in Column H. Final approval by the BOD on 4/3/2025. | The 2025 Integrated Utilization Management (UM) and Case Management (CM) Program Description was approved by the BOD on 4/3/25. | None | None | Continue with plan as defined for 2025 | |

| TOC | Evaluation Category | Domain | 2025 QIHETP Work Plan Element Description | Goal(s) | Planned Activities | Specific date of completion for each activity (i.e. MM/DD/YYYY) | Responsible Business owner | Support Staff | Department | Results for the Quarter | Findings | Interventions /Activities Implemented | Barriers | Next Steps /Follow-up Actions | Red - At Risk Yellow - Concern Green - On Target |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| 4 | Program Oversight | | 2024 Integrated UM CM Program Evaluation | Complete Evaluation of 2024 Integrated UM CM Program Description by April 30, 2025 | Integrated UM CM Program Description will be evaluated for effectiveness on an annual basis; UMC-QIHEC-QAC-BOD<br>2025 UM CM Program Evaluation will be drafted in Q4 of 2025 and approved in Q1 2026. | UMC: 01/23/2025<br>QIHEC: 2/11/2025<br>QAC: 03/12/2025<br>BOD: 4/3/2025<br>Annual BOD adoption by end of April 2025 | Executive Director of Clinical Operations/Director Case Management | Director of Utilization Management | Utilization Management | The 2024 Integrated UM CM Program Evaluation was presented to the Committee's/BOD as indicated in Column H . Final approval by the BOD on 4/3/2025. | The 2024 Integrated UM CM Program Evaluation was approved by the BOD on 4/3/2025. | None | None | Continue with plan as defined for 2025 | |
| 5 | Program Oversight | PHM | 2025 Population Health Management (PHM) Strategy and PHM Work Plan | Obtain Board Approval of 2025 PHM Strategy and PHM Work Plan by April 30, 2025 | PHM Strategy will be adopted on an annual basis; PHMC-QIHEC-QAC-BOD | QIHEC: 01/14/2025<br>PHMC: 02/20/2025<br>QAC: 03/12/2025<br>BOD: 4/3/2025<br>Annual BOD adoption by end of April 2025 | Director of Equity and Community Health | Manager of Equity and Community Health | Equity and Community Health | 2025 PHM Strategy and PHM Work Plan were presented at PHMC (2/20/2025) and approved by QIHEC (2/11/2025) and QAC (3/12/2025) | 2025 PHM Strategy and PHM Work Plan was approved by BOD on 4/3/2025. | Implemented the progression of approvals | N/A | Seek BOD approval and adopt the 2025 PHM Strategy and PHM work Plan. Provide quarterly progress updates or as requested | |

| TOC | Evaluation Category | Domain | 2025 QIHETP Work Plan Element Description | Goal(s) | Planned Activities | Specific date of completion for each activity (i.e. MM/DD/YYYY) | Responsible Business owner | Support Staff | Department | Results for the Quarter | Findings | Interventions /Activities Implemented | Barriers | Next Steps /Follow-up Actions | Red - At Risk Yellow - Concern Green - On Target |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| 6 | Program Oversight | PHM | 2024 PHM Strategy Evaluation | Complete the Evaluation of the 2024 PHM Strategy by April 30, 2025 | PHM Strategy will be evaluated for effectiveness on an annual basis (PHMC-QIHEC-QAC-BOD) and will include the following:<br>1. Develop collaborative evaluation process<br>2. Facilitate development of the evaluation process<br>3. Produce evaluation<br>4. Present evaluation to the appropriate governing committees<br>2025 PHM Strategy Evaluation will be drafted in Q4 of 2025 and approved in Q1 2026. | QIHEC: 02/11/2025<br>PHMC: 02/20/2025<br>QAC: 03/12/2025<br>BOD: 4/3/2025<br>Annual BOD adoption by end of April 2025 | Director of Equity and Community Health | Manager of Equity and Community Health | Equity and Community Health | 2024 PHM Evaluation was presented at PHMC (2/20/2025) and approved by QIHEC (2/11/2025) and QAC (3/12/2025) | BOD approved at the 4/3/25 meeting. | Implemented the progression of approvals | N/A | Seek BOD approval and file the 2024 PHM Evaluation | |
| 7 | Program Oversight | CLAS | 2025 Cultural and Linguistic Accessibility Services (CLAS) Program | Obtain Board Approval of 2025 CLAS Program by April 30, 2025 | CLAS Program will be adopted on an annual basis; QIHEC-QAC-BOD | QIHEC: 01/14/2025<br>QAC: 03/12/2025<br>BOD: 4/3/2025<br>Annual BOD adoption by end of April 2025 | Director of Customer Service | Manager of Cultural and Linguistics | Customer Service/Cultural and Linguistic Services | QIHETP Description and Annual Work Plan presented for BOD approval on 4/3/2025. | BOD approved at the 4/3/25 meeting. | None | N/A | Seek BOD approval | |

| TOC | Evaluation Category | Domain | 2025 QIHETP Work Plan Element Description | Goal(s) | Planned Activities | Specific date of completion for each activity (i.e. MM/DD/YYYY) | Responsible Business owner | Support Staff | Department | Results for the Quarter | Findings | Interventions /Activities Implemented | Barriers | Next Steps /Follow-up Actions | Red - At Risk Yellow - Concern Green - On Target |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| 8 | Program Oversight | CLAS | 2024 CLAS Program Evaluation | Complete the Evaluation of the 2024 CLAS Program by April 30, 2025 | The CLAS Program will be evaluated for effectiveness on an annual basis; QIHEC-QAC-BOD 2025 CLAS Program Evaluation will be drafted in Q4 of 2025 and approved in Q1 2026. | QIHEC: 02/11/2025 QAC: 03/12/2025 BOD: 4/3/2025 Annual BOD adoption by end of April 2025 | Director of Customer Service | Manager of Cultural and Linguistics | Customer Service/Cultural and Linguistic Services | QIHETP Description and Annual Work Plan presented for BOD approval on 4/3/2025. | BOD approved at the 4/3/25 meeting. | None | N/A | Seek BOD approval | |
| 9 | Program Oversight | PHM | **Population Health Management Committee (PHMC)** - Oversight of population health management activities to improve population health outcomes and advance health equity. | Report committee key findings/updates, activities, and recommendations to QIHEC: | Conduct and report on the following activities:<br>1. PHMC reviews, assesses, and approves the Population Needs Assessment (PNA), PHM Strategy activities, and PHM Workplan progress and outcomes.<br>2. Provide overall direction for the continuous improvement process and oversee that activities are consistent with CalOptima Health's PHM strategic goals and priorities.<br>3. Facilitate | PHMC report to QIHEC:<br>Q1 03/11/2025<br>Q2 06/10/2025<br>Q3 09/9/2025<br>Q4 12/9/2025 | Director of Equity and Community Health | Manager of Equity and Community Health | Equity and Community Health | The Q1 2025 PHM Committee Meeting was held on February 20, 2025 which included both internal CalOptima Health updates on the PHM Program and a community spotlight presentation from Access California Services. The Chief Health Medical Officer (or designee) was | N/A | Continue to assist the committee by reviewing relevant guidance, agenda setting, presentation development, and deliverables shared with QIHEC. | N/A | Next PHM Committee meeting is scheduled for May 2025. Report committee update to QIHEC in May 2025. | |

| TOC | Evaluation Category | Domain | 2025 QIHETP Work Plan Element Description | Goal(s) | Planned Activities | Specific date of completion for each activity (i.e. MM/DD/YYYY) | Responsible Business owner | Support Staff | Department | Results for the Quarter | Findings | Interventions /Activities Implemented | Barriers | Next Steps /Follow-up Actions | Red - At Risk Yellow - Concern Green - On Target |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | | | | | quarterly meetings 4. Report PHMC activities to the QIHEC quarterly. | | | | | officially added as a voting member of the committee through PHMC Charter amendment. The Committee reviewed and approved Q4 2024 PHMC Meeting Minutes. Staff provided a PHM Committee update for QIHEC in March 2025. | | | | | |

| TOC | Evaluation Category | Domain | 2025 QIHETP Work Plan Element Description | Goal(s) | Planned Activities | Specific date of completion for each activity (i.e. MM/DD/YYYY) | Responsible Business owner | Support Staff | Department | Results for the Quarter | Findings | Interventions /Activities Implemented | Barriers | Next Steps /Follow-up Actions | Red - At Risk Yellow - Concern Green - On Target |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| 10 | Program Oversight | | **Credentialing Peer Review Committee (CPRC) Oversight** - Conduct Peer Review of Provider Network by reviewing Credentialing Files, Quality of Care cases, and Facility Site Review to ensure quality of care delivered to members | Report committee key findings/updates, activities, and recommendations to QIHEC: | Conduct and report on the following activities:<br>1. Review of Initial and Recredentialing applications approved and denied; Facility Site Review (including Medical Record Review (MRR) and Physical Accessibility Reviews (PARS)); Quality of Care cases leveled by committee, critical incidence reports and provider preventable conditions.<br>2. Committee meets at least 8 times a year, maintains and approve minutes, and reports to the QIHEC quarterly. | CPRC report to QIHEC:<br>Q1 03/11/2025<br>Q2 06/10/2025<br>Q3 09/09/2025<br>Q4 12/09/2025 | Manager of Quality Improvement | Manager of Quality Improvement | Quality Improvement | The Committee met on 01/23/2025, 02/27/2025 and 03/27/2025. In addition, there were two ad hoc meetings on 03/06/2025 and 03/20/2025 for the development of questions to ask of two physicians undergoing Fair Hearing who will be attending CPRC in Q2. | Three physicians continue undergoing the Fair Hearing process. Twenty-one PQIs leveled as 1 or 2 were presented to CPRC for leveling and actions; there were no level 3 cases in Q1. There were 3 quality-of-service cases presented and 2 level-2 PQIs re-presented. One Ob/Gyn was presented for on-going monitoring. The PQI trends (6-month) and statistics for Q4 were presented. There were two hospitals, one transportati | Three providers with issues were presented and approved for recredentialing; there were no providers with issues presented for credentialing. Approved the Credentialing Clean Lists for the following dates: 12/12/2024, 12/31/2024, 01/17/2025, 01/31/2025, 02/07/25, 02/14/2025, 02/19/2025, 02/21/2025, 02/25/2025 and 02/28/2025. Approved the Practitioner Closure Lists for the following dates: 12/31/2024, 01/31/2025 and 02/28/2025. Credentialing, FSR, MRR, and Incident Reporting was presented for Q4. | N/A | It was suggested that the ABA groups receive additional training by the BH Department.<br>It was recommended that a policy be developed to address egregious incidents immediately. | |

| TOC | Evaluation Category | Domain | 2025 QIHETP Work Plan Element Description | Goal(s) | Planned Activities | Specific date of completion for each activity (i.e. MM/DD/YYYY) | Responsible Business owner | Support Staff | Department | Results for the Quarter | Findings | Interventions /Activities Implemented | Barriers | Next Steps /Follow-up Actions | Red - At Risk Yellow - Concern Green - On Target |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | | | | | | | | | | | on vendor, one orthopaedic surgeon, and six ABA groups that trended from 07/01/2024 - 12/31/2024 . Most of the ABA groups received PQIs related to documentation. | | | | |
| 11 | Program Oversight | | **Grievance and Appeals Resolution Services (GARS) Committee** - Conduct oversight of Grievances and Appeals to resolve complaints and appeals for members and providers in a timely manner. | Report committee key findings/updates, activities, and recommendations to QIHEC: | Conduct and report on the following activities:<br>1. The GARS Committee reviews the Grievances, Appeals and Resolution of complaints by members and providers for CalOptima Health's network and the delegated health networks.<br>2. Trends and results are presented by product time to the committee quarterly.<br>3. Committee | GARS Committee Report to QIHEC:<br>Q1 03/11/2025<br>Q2 06/10/2025<br>Q3 09/09/2025<br>Q4 12/09/2025 | Associate Director of Grievance and Appeals | Manager of Grievance and Appeals | GARS | 1) MC and OC grievances resolved timely<br>2) MC and OC appeals resolved timely | 1) Grievance trends: Provider/Staff Attitude, Timely Access, Treatment Concerns<br>2) Appeal Trends- Modifications to In-Network who cannot treat, Integrated Medicare and Medi-Cal criteria not utilized during initial UM decision. | 1) Tracking and trending of specific providers quarter over quarter | 1) Tracking and trending of specific providers quarter over quarter | 1) Tracking and trending of specific providers quarter over quarter | |

| TOC | Evaluation Category | Domain | 2025 QIHETP Work Plan Element Description | Goal(s) | Planned Activities | Specific date of completion for each activity (i.e. MM/DD/YYYY) | Responsible Business owner | Support Staff | Department | Results for the Quarter | Findings | Interventions /Activities Implemented | Barriers | Next Steps /Follow-up Actions | Red - At Risk Yellow - Concern Green - On Target |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | | | | | meets at least quarterly, maintains and approve minutes, and reports to the QIHEC quarterly. | | | | | | | | | | |
| 12 | Program Oversight | | **Member Experience (MEMX) Committee Oversight** - Oversight of Member Experience activities to improve quality of service, member experience and access to care. | Report committee key findings/updates, activities, and recommendations to QIHEC: | Conduct and report on the following activities:<br>1. The MEMX Committee reviews the annual results of CalOptima Health's CAHPS surveys, monitors the provider network including access and availability (CCN and the HNs), reviews customer service metrics and evaluates complaints, grievances, appeals, authorizations and referrals for the "pain | MemX Committee report to QIHEC:<br>Q1 03/11/2025<br>Q2 06/10/2025<br>Q3 09/09/2025<br>Q4 12/09/2025 | Director of Quality Analytics (Medicare Stars and Quality Initiatives) | Project Manager Quality Analytics / Manage of Quality Analytics | Quality Analytics | Committee met on 1/28/25 and accepted minutes from the10/15/24 meeting. The 2025 charter was updated and adopted with the addition of 3 new voting members. Follow up item was presented about CalOptima members access to home blood pressure | QIHEC accepted the MemX update and did not have additional questions, comments or feedback. | Strategic priorities will include expansion of drill down to issue. | None noted. | Next meeting 4/15/2025 | |

| TOC | Evaluation Category | Domain | 2025 QIHETP Work Plan Element Description | Goal(s) | Planned Activities | Specific date of completion for each activity (i.e. MM/DD/YYYY) | Responsible Business owner | Support Staff | Department | Results for the Quarter | Findings | Interventions /Activities Implemented | Barriers | Next Steps /Follow-up Actions | Red - At Risk Yellow - Concern Green - On Target |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | | | | | points" in health care that impact our members.<br>2. Committee meets at least quarterly, maintains and approve minutes, and reports to the QIHEC quarterly. | | | | | monitors. The meeting focus was on strategic priorities for 2025. Timely access, network adequacy, customer service, behavioral health survey results , complex case managmen t survey results and GARS data were moved to consent items. A MemX update was provided to QIHEC on 3/11/25 with submission of 2025 Charter, approved minutes and consent calender. | | | | | |

| TOC | Evaluation Category | Domain | 2025 QIHETP Work Plan Element Description | Goal(s) | Planned Activities | Specific date of completion for each activity (i.e. MM/DD/YYYY) | Responsible Business owner | Support Staff | Department | Results for the Quarter | Findings | Interventions /Activities Implemented | Barriers | Next Steps /Follow-up Actions | Red - At Risk Yellow - Concern Green - On Target |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| 13 | Program Oversight | | **Utilization Management Committee (UMC) Oversight** - Conduct internal and external oversight of UM activities to ensure over and under utilization patterns do not adversely impact member's care. | Report committee key findings/updates, activities, and recommendations to QIHEC: | Conduct and report on the following activities:<br>1. UMC reviews medical necessity, cost-effectiveness of care and services, reviews utilization patterns, monitors over/under-utilization, and reviews inter-rater reliability results.<br>2. Committee meets at least quarterly, maintains and approve minutes, and reports to the QIHEC quarterly. P&T and BMSC reports to the UMC, and minutes are submitted to UMC quarterly. | UMC Committee report to QIHEC:<br>Q1 03/11/2025<br>Q2 06/10/2025<br>Q3 09/09/2025<br>Q4 12/09/2025 | Executive Director of Clinical Operations/Director Case Management | Director of Utilization Management | Utilization Management | Internal and external oversight of UM activities to ensure over and under utilization patterns do not adversely impact member's care was presented to the CalOptima Health UMC on Jan. 23, 20205 and Feb. 22, 2025. Next meeting is scheduled for May 22, 2025. | Continue with planned activities. UM presented UMC actions & recommendations from the Feb. 20, 2025 UMC meeting.<br>*UMC minutes for Jan. 23, 2025<br>*Increase in oncology readmissions<br>*Final Rule Health Equity Analysis of the Use of Prior Authorization data. GARS to review the root cause for overturns<br>*Russian treshold language to be added July 2025<br>*4 revised policies presented & approved<br>*Expansion, TANF18+ | Continue track/trend data. | None | Continue with plan as defined for 2025 | |

| TOC | Evaluation Category | Domain | 2025 QIHETP Work Plan Element Description | Goal(s) | Planned Activities | Specific date of completion for each activity (i.e. MM/DD/YYYY) | Responsible Business owner | Support Staff | Department | Results for the Quarter | Findings | Interventions /Activities Implemented | Barriers | Next Steps /Follow-up Actions | Red - At Risk Yellow - Concern Green - On Target |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | | | | | | | | | | | & OC ALOS & readmission above goal. TANF under 18 admits above goal *IP TAT Q4 2024 above goal of 95% *PA TAT Q4 2024 above goal of 95% | | | | |

| TOC | Evaluation Category | Domain | 2025 QIHETP Work Plan Element Description | Goal(s) | Planned Activities | Specific date of completion for each activity (i.e. MM/DD/YYYY) | Responsible Business owner | Support Staff | Department | Results for the Quarter | Findings | Interventions /Activities Implemented | Barriers | Next Steps /Follow-up Actions | Red - At Risk Yellow - Concern Green - On Target |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| 14 | Program Oversight | | **Whole Child Model - Clinical Advisory Committee (WCM CAC)**- Ensures clinical and behavior health services for eligible children with California Children Services (CCS) are integrated into the design, implementation, operation, and evaluation of the CalOptima Health WCM program in collaboration with County CCS, Family Advisory Committee, and Health Network CCS Providers. | Report committee key findings/updates, activities, and recommendations to QIHEC.3 | Conduct and report on the following activities:<br>1. WCM CAC reviews WCM data and provides clinical and behavioral service advice regarding Whole Child Model operations.<br>2. Committee meets at least quarterly, maintains and approve minutes, and reports to the QIHEC quarterly.<br>3. Annual Pediatric Risk Stratification Process (PRSP) monitoring (Q3) | WCM CAC report to QIHEC:<br>Q1 03/11/2025<br>Q2 06/10/2025<br>Q3 09/09/2025<br>Q4 12/09/2025 | Medical Director of Whole Child Model / Director of Case Management | Program Specialist of Quality Improvement | Medical Management | WCM met 2/18/25. | Quarter 1, met all goals | Collected annual Conflict of Interest and Confidentiality Forms. Discussed Newborn Gateway, Timely Access, 7-day vs 30 day Readmission, ED Re-admit, TAT for all HN's, data for Telemed2U Mental health non ABA WCM vs non-WCM | Meaning ful data for 7 day vs 30 days. | Action items is timely Access Data, 7day Readmiss ion rate, ED Readmiss ion rate, TAT for all HN's, future report of Autism Compreh ensive Care Program. | |
| 15 | Program Oversight | PHM | Care Management (CM) Program | Report on key activities of CM program, analyze CM data compared to goal, and improvement efforts. | Report on the following activities:<br>1. Basic PHM/CM<br>2. Early and Periodic Screening, Diagnostic and Treatment (EPSDT) CM | Report to PHMC<br>Q1: 02/20/25<br>Q2: 05/15/25<br>Q3: 08/21/25<br>Q4: 11/20/25 | Director of Medical Management (Case Management) | Quality Improvement Nurse | Medical Management | Report on the following activities:<br>1. Basic PHM/CM: Ongoing HRA assesment s which are being shared with PCP. | Quarter 1, met all goals | Report on the following activities:<br>1. Basic PHM/CM: Ongoing HRA assesments which are being shared with PCP.<br>2. Early and Periodic Screening, | None | Report on the following activities:<br>1. Basic PHM/CM: Continue to share assessme nts collected with the PCP. | |

| TOC | Evaluation Category | Domain | 2025 QIHETP Work Plan Element Description | Goal(s) | Planned Activities | Specific date of completion for each activity (i.e. MM/DD/YYYY) | Responsible Business owner | Support Staff | Department | Results for the Quarter | Findings | Interventions /Activities Implemented | Barriers | Next Steps /Follow-up Actions | Red - At Risk Yellow - Concern Green - On Target |
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| | | | | | | | | | | 2. Early and Periodic Screening, Diagnostic and Treatment (EPSDT) CM: Continued meeting in workgroup and review collected data to address potential gaps in delivery of EPSDT services, including vision, dental, and BH screenings. 3. Medical Directors re-reviewed EPSDT requirements in Caloptima Clinical Ops meeting with delegated HNs on 3/6/2025 4. Medical Director met with CHOC on 3/31 and | | Diagnostic and Treatment (EPSDT) CM: Continued meeting in workgroup and review collected data to address potential gaps in delivery of EPSDT services, including vision, dental, and BH screenings. 3. Medical Directors re-reviewed EPSDT requirements in Caloptima Clinical Ops meeting with delegated HNs on 3/6/2025 4. Medical Director met with CHOC on 3/31 and Optum on 3/17 to discuss EPSDT reviews. | | 2. Early and Periodic Screening, Diagnostic and Treatment (EPSDT) 3. CM: Future meeting with HN to review EPSDT. 4. Continued meeting in workgroup and review collected data to address potential gaps in delivery of EPSDT services, including vision, dental, and BH screenings. | |



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| TOC | Evaluation Category | Domain | 2025 QIHETP Work Plan Element Description | Goal(s) | Planned Activities | Specific date of completion for each activity (i.e. MM/DD/YYYY) | Responsible Business owner | Support Staff | Department | Results for the Quarter | Findings | Interventions /Activities Implemented | Barriers | Next Steps /Follow-up Actions | Red - At Risk Yellow - Concern Green - On Target |
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| | | | | | | | | | | Optum on 3/17 to discuss EPSDT reviews. | | | | | |
| 16 | Program Oversight | PHM | Complex Case Management Program | Implement Complex Case Management Program and report key findings and/or activities, analyze barriers, and improvement efforts and compare program data against the following goals:<br>(1) Ensure provision of CCM services resulting in optimal care coordination as evidenced through monthly auditing of 5 files or 5% of files for each health network resulting in a minimum score of 90% through December 31, 2025.<br>(2) Obtain 85% member satisfaction in CCM program by December 31st, 2025.<br>(3) 85% of members surveyed who participated in CCM between January 1, 2024-December 31, 2025, will report that the case management process helped them meet their care plan goals. | Conduct and report on the following activities:<br>1. Continue training and educational opportunities to staff on the 2025 PHM5 Element D and E and complex conditions/situations (Goal 1)<br>2. Member Satisfaction scores will be shared with the CCN and the delegates to provide valuable insight to help identify strengths and areas for improvement to enhance the quality of care, member outcomes, and improve the member experience of | Report to PHMC<br>Q1: 02/20/25<br>Q2: 05/15/25<br>Q3: 08/21/25<br>Q4: 11/20/25 | Director of Medical Management (Case Management) | Nurse Specialist of Utilization Management | Case Management | Conduct and report on the following activities:<br>1. Continue training and educational opportunities to staff on the 2025 PHM5 Element D and E and complex conditions/ situations (Goal 1): Trainings provide for both CCN and Health Networks on 2/27/2025 and 3/4/2025.<br>2. Member Satisfaction scores will be shared with the | Quarter 1, met all goals | Conduct and report on the following activities:<br>1. Continue training and educational opportunities to staff on the 2025 PHM5 Element D and E and complex conditions/situations (Goal 1): Trainings provide for both CCN and Health Networks on 2/27/2025 and 3/4/2025.<br>2. Member Satisfaction scores will be shared with the CCN and the delegates to provide valuable insight to help identify strengths and areas for improvement | None | Conduct and report on the following activities:<br>1. Continue training and educational opportunities to staff on the 2025 PHM5 Element D and E and complex conditions /situations (Goal 1): Ongoing.<br>2. Member Satisfaction scores will be shared with the CCN and the delegates | |

| TOC | Evaluation Category | Domain | 2025 QIHETP Work Plan Element Description | Goal(s) | Planned Activities | Specific date of completion for each activity (i.e. MM/DD/YYYY) | Responsible Business owner | Support Staff | Department | Results for the Quarter | Findings | Interventions /Activities Implemented | Barriers | Next Steps /Follow-up Actions | Red - At Risk Yellow - Concern Green - On Target |
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| | | | | | CM programs (Goal 2)<br>3. Ongoing training and support for new and existing staff. (Goal 2)<br>4. Continue to gather member feedback to improve outcomes. (Goal 3)<br>5. Training and Education on member centric care plans. (Goal 3) | | | | | CCN and the delegates to provide valuable insight to help identify strengths and areas for improvement to enhance the quality of care, member outcomes, and improve the member experience of CM programs (Goal 2)<br>Quarter 1 results pending and being finalized.<br>3. Ongoing training and support for new and existing staff. (Goal 2)<br>4. Continue to gather member feedback to improve outcomes. (Goal 3)<br>Conduct and report on the following activities:<br>Quarter 1 results pending and being finalized.<br>5. Training and Education on member centric care plans. (Goal 3): Develop training for CCN team to be provided in Quarter 2. | | to enhance the quality of care, member outcomes, and improve the member experience of CM programs (Goal 2)<br>Quarter 1 results pending and being finalized.<br>3. Ongoing training and support for new and existing staff. (Goal 2)<br>4. Continue to gather member feedback to improve outcomes. (Goal 3)<br>Conduct and report on the following activities:<br>Quarter 1 results pending and being finalized.<br>5. Training and Education on member centric care plans. (Goal 3): Develop training for CCN team to be provided in Quarter 2. | | to provide valuable insight to help identify strengths and areas for improvement to enhance the quality of care, member outcomes, and improve the member experience of CM programs (Goal 2)<br>Q1 results to be shared.<br>3. Ongoing training and support for new and existing staff. (Goal 2)<br>Ongoing.<br>4. Continue to gather member feedback to improve outcomes. (Goal 3) | |



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| TOC | Evaluation Category | Domain | 2025 QIHETP Work Plan Element Description | Goal(s) | Planned Activities | Specific date of completion for each activity (i.e. MM/DD/YYYY) | Responsible Business owner | Support Staff | Department | Results for the Quarter | Findings | Interventions /Activities Implemented | Barriers | Next Steps /Follow-up Actions | Red - At Risk Yellow - Concern Green - On Target |
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| | | | | | | | | | | Quarter 1 results pending and being finalized.<br>5. Training and Education on member centric care plans.<br>(Goal 3) Develop training for CCN team to be provided in Quarter 2. | | | | Ongoing.<br>5. Training and Education on member centric care plans.<br>(Goal 3) Future training planned for Q2 on ICP: Report on date of training. | |
| 17 | Program Oversight | PHM | Population Health Management (PHM) Strategy and Program | Implement initiatives for the 2025 PHM program starting January 1, 2025. | Conduct and report the following activities:<br>1. Population Needs Assessment (PNA)<br>2. Develop and implement a PHM Work Plan and includes the following:<br>a. Risk stratification<br>b. Screening and Assessment<br>c. Wellness and prevention | Report to PHMC<br>Q1: 02/20/25<br>Q2: 05/15/25<br>Q3: 08/21/25<br>Q4: 11/20/25 | Director of Equity and Community Health | Manager of Population Health Management/ Sr. Director Medical Management | Equity and Community Health | 1. Drafted the 2025 PNA<br>2. Implementation of 2025 PHM work plan is in progress<br>3. Quarterly 2025 PHM work plan monitoring is in progress | N/A- work in progress | 1. Internal review and approval of 2025 PNA<br>2. Obtained approval of the 2025 PHM work plan<br>3. Developed quarterly reporting process to avoid duplication | N/A | 1. Finalize and seek approval of 2025 PNA from PHMC; NCQA submission<br>2. Continue implementing the 2025 PHM work plan<br>3. Continue monitoring progress | |



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| TOC | Evaluation Category | Domain | 2025 QIHETP Work Plan Element Description | Goal(s) | Planned Activities | Specific date of completion for each activity (i.e. MM/DD/YYYY) | Responsible Business owner | Support Staff | Department | Results for the Quarter | Findings | Interventions /Activities Implemented | Barriers | Next Steps /Follow-up Actions | Red - At Risk Yellow - Concern Green - On Target |
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| | | | | | 3. Collect quarterly progress reports from PHM Work Plan implementation owners | | | | | | | | | | |
| 18 | Program Oversight | PHM | Disease Management Program | Implement 2025 Disease Management Program and report key findings and/or activities, analyze barriers, and improvement efforts and meet the following goal:<br>1. By December 31, 2025, 85% of members who participate in Disease Management program from January 1 – December 31, 2025 will report satisfaction | Conduct and report on the following activities:<br>1. Evaluation of current utilization of disease management services<br>2. Enhance identification of gaps in care to better promote quality care across all Disease Management interventions.<br>3. Use multimodal methods of outreach to identify members in need of Disease Management services and | Report to PHMC<br>Q1: 02/20/25<br>Q2: 05/15/25<br>Q3: 08/21/25<br>Q4: 11/20/25 | Director of Equity and Community Health | Manager of Equity and Community Health | Equity and Community Health | 1.Two-Way Text Campaign Launched: 5,200 diabetes members and 5,900 asthma members were contacted through two-way text messages, demonstrating scaled outreach efforts<br>2.Initiated Stratification Criteria Revision: Stratification and risk-level criteria to better | 1.Increased Reach Through Text Campaigns:<br>•For members with diabetes and asthma to opt in to health coaching services<br>2.Real-Time Feedback Improves Response Rate:<br>•The Disease Management Satisfaction survey received in just 2 | 1.Continue two-way text message campaigns: For member with diabetes and asthma<br>2.Monthly Stratification Criteria Logic Updates: Revisions include removing members already engaged with other departments and improving visibility of care gaps across Disease Management interventions.<br>3.Expansion of Disease Management Satisfaction | There have been ongoing issues with staff not being able to launch the text message satisfaction survey. Issue is being addressed by vendor. | Continue to implement activities. | |



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| TOC | Evaluation Category | Domain | 2025 QIHETP Work Plan Element Description | Goal(s) | Planned Activities | Specific date of completion for each activity (i.e. MM/DD/YYYY) | Responsible Business owner | Support Staff | Department | Results for the Quarter | Findings | Interventions /Activities Implemented | Barriers | Next Steps /Follow-up Actions | Red - At Risk Yellow - Concern Green - On Target |
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| | | | | | reduce cold calls.<br>4. Integrate new methods to measure and improve member satisfaction. | | | | | target low to moderate-risk members and avoid duplicative outreach.<br>3.Launch of Disease Management Satisfaction Survey: Survey is a text-based survey delivered to members after a via text after follow-up session. The Disease Management Satisfaction survey received 57 responses out of 131 texts sent. | months — over half of the previous annual total (100), indicating a likely improvement in response rates using this new survey method. | Survey: Planning to supplement with a paper survey included in the education packet sent by health coaches following telephonic outreach. | | | |



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| TOC | Evaluation Category | Domain | 2025 QIHETP Work Plan Element Description | Goal(s) | Planned Activities | Specific date of completion for each activity (i.e. MM/DD/YYYY) | Responsible Business owner | Support Staff | Department | Results for the Quarter | Findings | Interventions /Activities Implemented | Barriers | Next Steps /Follow-up Actions | Red - At Risk Yellow - Concern Green - On Target |
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| 19 | Program Oversight | PHM | Health Education | Implement interventions for the 2025 Health Education program and report key findings and/or activities, analyze barriers, and improvement efforts. 2025 Health Education program focuses on promoting early detection, fostering healthy habits, and empowering members to be proactive with preventive care. | Conduct and report on the following activities:<br>1. Evaluation of current utilization of health education services<br>2. Enhance methods for outreaching, promoting, and enrolling members in Health Education services and classes (e.g. text message outreach, member self-referral, etc.)<br>3. Expand health education offerings in various community classes and events (e.g. clinic days, virtual and in-person classes, etc.) and tech-based modalities (app/web-based services). | Report to PHMC<br>Q1: 02/20/25<br>Q2: 05/15/25<br>Q3: 08/21/25<br>Q4: 11/20/25 | Director of Equity and Community Health | Manager of Equity and Community Health | Equity and Community Health | Total referrals in Q1 2025 to ECH for health education was 1580. Shape Your Life held 26 classes with 96 total attendees, with 6 in person and 20 virtual classes. | Referrals increased in Q1 2025 by 25% compared to Q1 2024 and were 29% higher than Q4 2024. | None this quarter. Please see barriers. | In Q1 2025, there was an issue with the text messaging vendor which caused 11,900+ members to receive duplicate text messages. The outcome was 2,700+ opted out of text messages. Changes implemented to prevent this from happening again include no text messages to be sent on the weekends or overnight. | 1. Decide when DHCS approved text messages regarding classes and ECH services can send and to what population. 2. Determine the day and time for monthly hypertension classes offered virtually in English, Spanish and Vietnamese going forward. | |



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| TOC | Evaluation Category | Domain | 2025 QIHETP Work Plan Element Description | Goal(s) | Planned Activities | Specific date of completion for each activity (i.e. MM/DD/YYYY) | Responsible Business owner | Support Staff | Department | Results for the Quarter | Findings | Interventions /Activities Implemented | Barriers | Next Steps /Follow-up Actions | Red - At Risk Yellow - Concern Green - On Target |
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| 20 | Program Oversight | PHM | CalAIM Community Supports and Enhance Care Management (ECM) | Implement CalAIM and report key findings and/or activities, analyze barriers, and improvement efforts and compare program data against the following goals:<br>1. By December 31, 2025, enhance community support services (e.g., housing transition navigation services, housing deposits, and housing tenancy and sustaining services) to achieve optimal care coordination, as demonstrated by auditing the performance of 10 providers.<br>2. Increase number of members authorized for ECM services by 10%, from 2,500 to 2,842 by December 31, 2025. | Community Supports Activities:<br>1. Conduct housing transition navigation services audits.<br>2. Conduct housing deposits audits.<br>3. Conduct housing tenancy and sustaining services audits.<br><br>ECM Activity: Track ECM outreach, authorizations and services. | Report to PHMC<br>Q1: 02/20/25<br>Q2: 05/15/25<br>Q3: 08/21/25<br>Q4: 11/20/25 | Director of Medi-Cal and CalAIM | Director of Medi-Cal and CalAIM | Medi-Cal and CalAIM | 1. As of February 20, 2025, Community Supports audit oversight process, templates, and report for Housing are in development and will be implemented by July 2025 (Q4).<br>2. Goal has been met for 2025. | 1. There are a total of 47 Housing Providers that will be audited on services rendered from 01/01/24 - 06/30/25.<br>2. High demand for ECM Services. | 1. Community Supports:<br>• Developed required Housing Assessment Tools and Plan that will be standardized<br>• Scheduled Office Hours for Community Support Providers by Community Support Services<br>2. ECM:<br>• Increased the ECM Network. | 1. No barriers at this time.<br><br>2. No barriers. | 1. Finalize Housing Assessment Tools and Plan and Housing Audit Monitoring Template<br><br>2. None as goals have been met. | |

| TOC | Evaluation Category | Domain | 2025 QIHETP Work Plan Element Description | Goal(s) | Planned Activities | Specific date of completion for each activity (i.e. MM/DD/YYYY) | Responsible Business owner | Support Staff | Department | Results for the Quarter | Findings | Interventions /Activities Implemented | Barriers | Next Steps /Follow-up Actions | Red - At Risk Yellow - Concern Green - On Target |
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| 21 | Program Oversight | PHM | Street Medicine Program | Implement Street Medicine Program and report key findings and/or activities, analyze barriers, and improvement efforts and compare program data against the following goals:<br>(1) By December 31, 2025, connect 80% of unhoused participating members to an active Primary Care Physician (PCP).<br>(2) By December 31, 2025, connect 90% of unhoused participating members with CalAIM ECM and Housing Navigation.<br>(3) By December 31, 2025, connect 20% of unhoused participating members to a shelter or other housing option. | Conduct and report on the following activities:<br>Goal 1:<br>▪ Offer all members the opportunity to utilize the Street Medicine Provider as their PCP.<br>▪ Utilize Releases of Information when member has active PCP to increase collaboration and communication.<br>▪ Support member with PCP change, as needed.<br>▪ Care scheduling and delivery.<br>Goal 2:<br>▪ Make attempts to engage with members weekly.<br>▪ Provide ECM and/or Housing Navigation appointments face to face at least every other week.<br>▪ Care scheduling and | Report to PHMC<br>Q1: 02/20/25<br>Q2: 05/15/25<br>Q3: 08/21/25<br>Q4: 11/20/25 | Director, CalAIM Outreach Operations | McKenzie Rodriguez | Medi-Cal and CalAIM | By February 20, 2025, 84% of unhoused participating members were connected to an active Primary Care Physician (PCP).<br><br>By February 20, 2025, 98% of unhoused participating members were connectced to CalAIM ECM and Housing Navigation.<br><br>By February 20, 2025, 16% of unhoused participating members were connected to a shelter or another housing option. | The outcome for connecting unhoused participating members was 4% higher than the goal of 80%.<br><br>The outcome of unhoused participating members connected to CalAIM ECM and Housing Navigation was 8% higher than the goal of 90%.<br><br>The outcome of unhoused participating memebers connected to shelter or other housing option was 4% less than the goal of 20%. | Goal 1:<br>▪ Offered all members the opportunity to utilize the Street Medicine Provider as their PCP.<br>▪ Utilized Releases of Information when member has active PCP to increase collaboration and communication.<br>▪ Supported member with PCP change, as needed.<br>Goal 2:<br>▪ Made attempts to engage with members weekly.<br>▪ Provided ECM and/or Housing Navigation appointments face to face at least every other week.<br>▪ Documented all encounters.<br>Goal 3:<br>▪ Outreached and engaged unsheltered individuals<br>▪ Provided | Affordable and availabl e perman ent housing coninue to be a barrier for all unshelte red individu als. | Continue to deliver compassionate and whole person care services to unsheltered members within the cities our Street Medicine Program operates. Continue to carry out the goals and objectives of the program. | |

| TOC | Evaluation Category | Domain | 2025 QIHETP Work Plan Element Description | Goal(s) | Planned Activities | Specific date of completion for each activity (i.e. MM/DD/YYYY) | Responsible Business owner | Support Staff | Department | Results for the Quarter | Findings | Interventions /Activities Implemented | Barriers | Next Steps /Follow-up Actions | Red - At Risk Yellow - Concern Green - On Target |
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| | | | | | delivery.<br>▪ Document all encounters.<br>Goal 3:<br>▪ Outreach to and engage unsheltered individuals<br>▪ Provide ECM and/or Housing Navigation<br>▪ Enter members in to the Coordinated Entry System<br>▪ Connect individuals to local shelters<br>▪ Work with members on completing housing documentation | | | | | | | ECM and/or Housing Navigation<br>▪ Entered members in to the Coordinated Entry System<br>▪ Connected individuals to local shelters<br>▪ Worked with members on completing housing documentation | | | |

| TOC | Evaluation Category | Domain | 2025 QIHETP Work Plan Element Description | Goal(s) | Planned Activities | Specific date of completion for each activity (i.e. MM/DD/YYYY) | Responsible Business owner | Support Staff | Department | Results for the Quarter | Findings | Interventions /Activities Implemented | Barriers | Next Steps /Follow-up Actions | Red - At Risk Yellow - Concern Green - On Target |
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| 22 | Program Oversight | | Long-Term Support Services (LTSS) | Implement LTSS Program and meet the 95% compliance with the following TATs:<br>(1) CalAIM Turnaround Time (TAT): Determination completed within 5 business days<br>(2) CBAS Inquiry to Determination (TAT): Determination completed within 30 calendar days<br>(3) CBAS Turnaround Time (TAT): Determination completed within 5 business days<br>(4) LTC Turnaround Time (TAT): Determination completed within 5 business days | Assess and report the following activities:<br>1. Evaluation of current utilization of LTSS<br>2. Maintain business for current programs and support for community<br>3. Improve process of handling member and provider requests<br>4. Meet goal/TATs | Report to UMC<br>Q1: 02/20/2025<br>Q2: 05/22/2025<br>Q3: 08/22/2025<br>Q4:11/20/2025 | Director of Long Term Support Services | Manager of Long Term Support Services | Long Term Support Services | Jan-25<br>Feb-25<br>Mar-25<br>CBAS Inquiry to Determination:<br>99.04%;<br>100.00%;<br>99.03%<br>CBAS TAT:<br>99.88%;<br>99.82%;<br>100.00%<br>LTC TAT:<br>98.72%;<br>98.57%;<br>98.59%<br>CalAIM TAT:<br>79.17%:<br>99.36%:<br>99.85% | LTSS utilization remains stable/unchanged. CalAim volume of referrals continues to grow primarily in housing navigation and personal care services. January the TAT in CalAim fell below the compliance threshold. | CalAim: Implemented staffing (OT, Temps, recruitment)and process changes to improve and stablize compliance with TAT which resulted in complaint TAT in February and March. | Unfilled staff positions. Process efficiencies | Fill open positions. Update all 14 community support workflows. | |
| 23 | Program Oversight | | Delegation Oversight | Implement annual oversight and performance monitoring for delegated activities and report key findings and/or activities, analyze barriers, and improvement efforts. | Report on the following activities: Implementation of annual delegation oversight activities; monitoring of delegates for regulatory and accreditation standard compliance that, at minimum, include comprehensive annual audits and corrective actions. | Report to QIHEC:<br>Q1 03/11/2025<br>Q2 06/10/2025<br>Q3 09/9/2025<br>Q4 12/9/2025 | Director of Delegation Oversight | Manager of Delegation Oversight | Delegation Oversight | Delegate:<br>• Family Choice Medical Group (83)/Family Choice Health Services (21)/Conifer Health Solutions<br>• Family Choice Medical Group (83)/Family Choice Health Services (21)/Family Choice Manageme | Family Choice Medical Group (83)/Family Choice Health Services (21)/Conifer Health Solutions:<br>• Claims (Medi-Cal) – Not accepted<br>• Claims, Provider Dispute Resolutions (Medi-Cal) – Not accepted<br>• Utilization | Continue to remediate Corrective Action(s) as applicable. | None noted. | As per Corrective Action Plan agreed upon monitoring date(s). | |



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| TOC | Evaluation Category | Domain | 2025 QIHETP Work Plan Element Description | Goal(s) | Planned Activities | Specific date of completion for each activity (i.e. MM/DD/YYYY) | Responsible Business owner | Support Staff | Department | Results for the Quarter | Findings | Interventions /Activities Implemented | Barriers | Next Steps /Follow-up Actions | Red - At Risk Yellow - Concern Green - On Target |
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| | | | | | | | | | | nt Services/Altura MSO<br><br>Area(s) Assessed:<br>• Case Management<br>• Claims<br>• Compliance<br>• Credentialing<br>• Customer Service<br>• Provider Network Contracting<br>• Provider Relations<br>• Sub-Contractual<br>• Utilization Management | Management (Medi-Cal) – Not accepted<br>• Claims (OneCare) – Not accepted<br>• Utilization Management (OneCare) – Not accepted<br><br>Family Choice Medical Group (83)/Family Choice Health Services (21)/Altura MSO:<br>• Compliance (All Lines of Business) – Accepted<br>• Provider Relations (All Lines of Business) – Accepted<br>• Customer Service – Accepted | | | | |

| TOC | Evaluation Category | Domain | 2025 QIHETP Work Plan Element Description | Goal(s) | Planned Activities | Specific date of completion for each activity (i.e. MM/DD/YYYY) | Responsible Business owner | Support Staff | Department | Results for the Quarter | Findings | Interventions /Activities Implemented | Barriers | Next Steps /Follow-up Actions | Red - At Risk Yellow - Concern Green - On Target |
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| 24 | Program Oversight | | National Committee for Quality Assurance (NCQA) Accreditation | CalOptima Health must have full NCQA Health Plan (HP) Accreditation and NCQA Health Equity (HE) Accreditation by January 1, 2026 | 1. Implement activities for NCQA Standards compliance for HP and HP Renewal Submission by April 6, 2027.<br>2. Implement activities for NCQA Standards compliance for Initial HE Accreditation Survey and submit requirement documents to NCQA by October 7, 2025. | 1) By December 31, 2025<br>2) By October 7, 2025<br><br>Report program update to QIHEC<br>Q1:01/14/2025<br>Q2: 04/08/2025<br>Q3: 07/08/2025<br>Q4: 10/07/2025 | Director Quality Improvement | Program Manager of Quality Improvement (NCQA) | Quality Improvement | The Quality Improvement (QI) Department has a National Committee for Quality Assurance (NCQA) team consisting of three Program Managers who oversee both Health Plan Accreditation and Health Equity Accreditation. The Health Equity accreditation focuses on five key workstreams, which involve the review and collection of documents necessary for the upcoming accreditation.<br>Here is the current status update for | Health equity and health plan accreditations are on schedule, with preparations underway for the start of the look-back periods on April 6, 2025 (HPA) and April 7, 2025 (HEA).<br><br>1) Several annual reports have been reassigned to new owners.<br>2) A few health plan policies required clarification. | 1) Complete the required website screenshots for both Health Equity and Health Plan accreditation by April 15.<br>2) NCQA Program Managers will set up meetings with each stakeholder to review the work plan, the documents due, and the deadlines for each deliverable.<br>3) Finalize all documents for the upcoming Health Equity Accreditation submission by October 7, 2025.<br>4) Collaborate with stakeholders to review and collect the Year one documents for Health Plan Accreditation to meet the lookback period from April 6, 2025, to April 6, 2026. | No barriers have been identified for both Health Equity and Health Plan accreditation. | **Health Plan Accreditation (HPA)**: Continue submitting year one documents for consultant review. NCQA has released a list of proposed standards for 2026. The final 2026 NCQA standards will be released after July 2025, with an effective date of July 1, 2026. Please note that for the HPA 2027 submission, we will be assessed based on the 2026 HPA standards. **Health** | |

| TOC | Evaluation Category | Domain | 2025 QIHETP Work Plan Element Description | Goal(s) | Planned Activities | Specific date of completion for each activity (i.e. MM/DD/YYYY) | Responsible Business owner | Support Staff | Department | Results for the Quarter | Findings | Interventions /Activities Implemented | Barriers | Next Steps /Follow-up Actions | Red - At Risk Yellow - Concern Green - On Target |
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| | | | | | | | | | | each accreditation:<br>1. **Health Plan Accreditation:** All policies, annual programs, evaluations, and work plans have been reviewed and approved by NCQA consultants. Some documents from 2024 and the present have been evaluated against the latest standards. The NCQA consultants have trained stakeholders on the 2025 Health Plan Standards. Additionally, the NCQA team met with stakeholders responsible for writing | | 5) Purchase the 2026 Health Plan Standards and provide training to stakeholders on these standards, as there are several changes in the upcoming version, standards will be available for purchase July/Aug. | | **Equity Accreditation (HEA)**: Consultants will continue to review documents as they become available or finalized, guiding the team until identified gaps are addressed. CalOptima will revise and finalize all documents and share them with consultants until submission. | |



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| TOC | Evaluation Category | Domain | 2025 QIHETP Work Plan Element Description | Goal(s) | Planned Activities | Specific date of completion for each activity (i.e. MM/DD/YYYY) | Responsible Business owner | Support Staff | Department | Results for the Quarter | Findings | Interventions /Activities Implemented | Barriers | Next Steps /Follow-up Actions | Red - At Risk Yellow - Concern Green - On Target |
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| | | | | | | | | | | analytical reports to establish due dates. A comprehensive work plan is currently being developed. 2. **Health Equity Accreditation**:The consultants have conducted reviews that include policies and procedures, desktop-level procedures, training materials, survey materials, language services contracts, reports, program descriptions, and program evaluations. The current assessment score is 66.67% out of a | | | | | |

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| | | | | | | | | | | possible 100 points | | | | | |



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| 25 | Program Oversight | | Quality Performance Improvement: Managed Care Accountability Set (MCAS)<br>OneCare STAR measures<br>DHCS Quality Withhold<br>Health Plan Accreditation (QI3)<br>Health Plan Rating | Track and report quality performance measures required by regulators against the following goals:<br>(1) Achieve 50th percentile MPL or above<br>(2) Achieve 4 Stars or above<br>(3) Achieve 100% of withhold<br>(4) Achieve 3 or higher<br>(5) Achieve 5.0 | 1. Track rates monthly<br>2. Share final results with QIHEC annually<br>3. Review and identify measures for focused improvement efforts after each monthly refresh<br>4. Streamline data validations of monthly refresh data. HEDIS software vendor is currently solving medical record review tool issues and cannot work on concurrent data processing which delays processing of monthly data. Anticipating improvement once issues are resolved. | By December 2025<br><br>Report program update to QIHEC<br>Q1: 01/14/2025<br>Q2: 05/13/2025<br>Q3: ~~07/08/2025~~ 08/12/25<br>Q4: 11/04/2025<br>Q1: 02/10/2026 | Director of Quality Analytics/Director of Medicare Stars and Quality Initiatives | Manager of Quality Analytics | Quality Analytics | As of 4/14/2025, the most recent data set available is January 2025. Member-measure level detail for data through January 2025 was provided in Q1 to Health Network and CHCN providers for both lines of business. | As of 4/14/2025, summary level data has not yet been provided to CHCN providers for both lines of business. | As of 4/14/2025, OneCare summary level data has been provided to Health Networks but not MediCal. | Challenges running reports with the new system. | Working with EDI and Financial Analysis to automate the new prospective rate report format (member-measure level and summary reports) in Q2. | |

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| 26 | Program Oversight | | Value Based Payment Program | Implement a value-based payment program and report on progress made towards achievement of goals; distribution of earned P4V incentives and quality improvement grants<br>- HN P4V<br>- Hospital Quality | Assess and report the following activities:<br>1. Share HN performance on all P4V HEDIS measures via prospective rates report each month.<br>2. Share hospital quality program performance<br>3. Develop monthly P4V report to show HNs the estimated amount of P4V dollars based on current performance | Report program update to QIHEC<br>Q1: 01/14/2025<br>Q2: 05/13/2025<br>Q3: 07/08/2025<br>Q4: 11/04/2025 | Executive Director of Quality Improvement | Director of Quality Analytics | Quality Analytics | HN performance of P4V measures are shared with HN. Estimated P4V dollar amount will be developed in Q3 because of the calculation fomular changed. | None | Data is available. | New HEDIS software and new P4V score calculation method. | Data is available and waiting for generating reports. | |
| 27 | Quality of Clinical Care | | Facility Site Review (including Medical Record Review and Physical Accessibility Review) Compliance | Monitor PCP, High Volume Specialist and ancillary sites utilizing the DHCS audit tool and methodology and report any findings, barriers and improvement efforts. | Review and report initial and periodic reviews conducted for PCP, high volume specialists and ancillary sites and ensure periodic reviews are conducted every three years. Tracking and trending of reports are reported quarterly. | Report to CPRC<br>Q1:02/27/2025<br>Q2: 05/13/2025<br>Q3: 08/12/2025<br>Q4: 11/04/2025 | Director of Quality Improvement | Manager of Quality Improvement | Quality Improvement | Site Review, PARS, Community-based Adult Services (CBAS), and Nursing Facilities (NF) Oversight: A. FSR: Initials FSRs=7; Periodic FSRs=42; On-site Interims=17; Failed | **FSR/MRR:** The number of Periodic and Initial FSRs and MRRs completed decreased slightly from Q4 2024 to Q1 2025. The number of Periodic FSRs completed timely increased slightly from 92% | Please refer to results for site reviews conducted in the quarter. | N/A | Continue implementing work plan | |

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| | | | | | | | | | | FSRs=0; 93% of Periodic FSRs were completed timely. B. MRR: Initial MRRs=11; Periodic MRRs=54; Failed MRRs=6 C. CAPs: Critical Element (CE)=33; FSR=43; MRR=61 D. PARS: Completed PARS=74; Basic Access=38 ; Limited Access=36 E. CBAS Oversight: Critical Incidents=1 ; Non-Critical Incidents=42; Falls=15; Audits Completed =8; CAPs Issued=6; Unannounced Visits=1 F. NF Oversight: Critical Incidents=1 ; On-site | in Q4 2024 to 93% in Q1 2025. The number of failed FSRs decreased from 3 in Q4 2024 to 0 in Q1 2025. The number of failed MRRs decreased significantly from 19 in Q4 2024 to 6 in Q1 2025. **CAPs**: The number of CE CAPs issued decreased from 44 in Q4 2024 to 33 in Q1 2025. The number of FSR CAPs issued decreased from 60 in Q4 2024 to 43 in Q1 2025. The number of MRR CAPs remained stable from Q4 2024 and Q1 2025. **PARS:** The number of | | | | |

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| | | | | | | | | | | Visits=16; Unannounced Visits=0 | PARS completed decreased slightly from 82 in Q4 2024 to 74 in Q1 2025. The number of PARS with BASIC access increased from 32% in Q4 2024 to 51% Q1 2025. **CBAS Oversight:** The number of Critical Incidents reported decreased from 2 in Q4 2024 to 1 in Q1 2025. The number of Non-Critical Incidents reported increased from 31 in Q4 2024 to 42 in Q1 2025. The number of Falls reported remained stable from Q4 2024 to Q1 2025. The | | | | |

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| | | | | | | | | | | | number of audits completed decreased from 12 in Q4 2024 to 8 in Q1 2025. The number CAPs issued decreased from 9 in Q4 2025 to 6 in Q1 2025. **NF Oversight:** The number of Critical Incidents reports received increased from 4 in Q4 2014 to 13 in Q1 2025. The number on on-site visits completed increased from 14 in Q4 2024 to 16 in Q1 2025. | | | | |

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| 28 | Quality of Clinical Care | | Potential Quality Issues Review | PQIs are reviewed timely to ensure care and services provided fall within the range of professionally recognized standards of health care. | Review and report quality-of-care cases for peer review (CPRC), determine appropriate severity level and make recommendations for actions based on findings. | Report to CPRC Q1:02/27/2025 Q2: 05/13/2025 Q3: 08/12/2025 Q4: 11/04/2025 | Director Quality Improvement | Manager of Quality Improvement | Quality Improvement | Twenty-one PQIs leveled as 1 or 2 were presented to CPRC for leveling and actions; there were no level 3 cases in Q1. There were 3 quality-of-service cases presented and 2 level-2 PQIs re-presented. The PQI trends (6-month) and statistics for Q4 were presented. There were two hospitals, one transportation vendor, one orthopaedic surgeon, and six ABA groups that trended from 07/01/2024 - 12/31/2024. | The number of PQIs closed in Q4 increased over all of 2023 and 2024, though the number of cases presented to CPRC remained steady. Quality of Care grievances declined but declined grievances increased. Medical Care remained the greatest category of PQIs. Most of the ABA groups received PQIs related to documentation. | We are working on developing a plan address the PQI backlog. | The number of open PQIs was 710 at the end of Q4. | It was suggested that the groups receive additional training by the BH Department. Continue to reduce the overall number of open PQIs. Further develop the Provider Action Workgroup. | |

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| 29 | Quality of Clinical Care | | Provider Credentialing and Recredentialing | All providers are credentialed and recredentialed according to regulatory requirements | Review and report providers are credentialed according to regulatory requirements:<br>• No more than 180 days between verification and approval<br>• Providers are recredentialed within 36 months | Report to CPRC<br>Q1:02/27/2025<br>Q2: 05/13/2025<br>Q3: 08/12/2025<br>Q4: 11/04/2025 | Director Quality Improvement | Manager of Quality Improvement | Quality Improvement | Initial BH Credentialing Q1 = 643<br>Initial CCN Credentialing Q1 = 56<br>BH Recredentialing - Q1 = 48<br>CCN Recredentialing Q4 = 122<br>For Q1 we did not have any recredentialing files out of compliance | Initial credentialing/Recredentialing: We have contracted with a Credentialing Verification Organization (CVO) to assist with the credentialing of providers. This will ensure compliance and timeliness of the initial and recredentialing files. | We are working on developing a plan address the credentialing backlog. | Need resources | 2 FTEs hiring in process. Aquiring help from other Depts per leadership request. | |
| 30 | Quality of Clinical Care | | Special Needs Plan (SNP) Model of Care (MOC) | Increase the number of members completing an HRA, and ICP and ICT to meet the following goal:<br>Percent of Members with Completed HRA: Goal 100%<br>Percent of Members with ICP: Goal 100%<br>Percent of Members with ICT: Goal 100% | Assess and report the following activities:<br>1. Monthly communication process with Networks on ICP development<br>2. DHCS HRA1 and ICP1 Quarterly reporting<br>3. HRA Star status<br>4. MOC Updates<br>5. Face to | Report progress to QIHEC<br>Q1: 02/11/2025<br>Q2: 05/13/2025<br>Q3: 08/12/2025<br>Q4: 11/04/2025 | Director Medical Management | QI Nurse Specialist | Medical Management | Assess and report the following activities:<br>1. Monthly communication process with Networks on ICP development:<br>ICP dashboard being updated with MOC updates and MOC | Quarter 4 2025 and 2024 annual DHCS reports submitted to DHCS 2025 MDVA for CY 2024 data file submitted to CMS | Assess and report the following activities:<br>1. Monthly communication process with Networks on ICP development:<br>ICP dashboard being updated with MOC updates and MOC tracking file additions.<br>MOC tracking file implemented two additional | Members who are UTC or decline to participate in the HRA or the ICP. | Assess and report the following activities:<br>1. Resume monthly communication process with Networks on ICP development:<br>-add ICT status<br>2. Submit DHCS | |



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| | | | | | Face interactions | | | | | tracking file additions.<br>2. DHCS HRA1 and ICP1 Quarterly/Annual Reporting 2024:<br>Q4 2024 HRA1 Completed 84% Non-adjusted<br>Q4 2024 ICP1 Complete 82% Non-adjusted<br>2024 ICP2 Element D: 82% Total number of members with a ICP completed within 365 days of the most recent ICP completed (Subset of C)<br>2024 HRA2 Element D: 93% Total number of members with a reassessment completed within 365 days of the most recent | | columns to track sharing of ICP with Member and PCP.<br>2. DHCS HRA1 and ICP1 Quarterly reporting and annual reporting 2024:<br>Q4 2024 HRA1 Completed 84%<br>Q4 2024 ICP1 Complete 82%<br>2024 ICP2 Element D: 82% Total number of members with a ICP completed within 365 days of the most recent ICPcompleted (Subset of C)<br>2024 HRA2 Element D: 93% Total number of members with a reassessment completed within 365 days of the most recent assessment completed (Subset of C)<br>3. HRA Star status: as of 3/31/2025 Completed | | HRA1 and ICP1 Q1 2025 Quarterly reporting.<br>3. Assesses HRA Star status for Q2.<br>4. MOC Updates: Report on changes or trainings; continue quarterly audits.<br>5. Face to Face interactions: Reports status for Q2 2025 to date.<br>6. ICP dashboard as of 4/14/2025 : 97% initial Care Plan; 95.4% annual care plan<br>7. Finalize SNPE universe testing and begin reporting Q2 | |

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| | | | | | | | | | | assessment completed (Subset of C)<br>3. HRA Star status: as of 3/31/2025 Completed 28.83% had qualifying HRA in 2025<br>4. MOC Updates: MOC 2025 updated and approved Palliative Care Contract for OC/CCN LOB.<br>5. Face to Face interactions: as of 3/31/2024 40% of OC members had an interaction in 2025.<br>6. ICP dashboard as of 4/14/2025: Members with 97% initial Care Plan; Members with 95.4% | | 28.83% had qualifying HRA in 2025<br>4. MOC Updates: MOC 2025 updated and approved Palliative Care Contract for OC/CCN LOB.<br>5. Face to Face interactions: as of 3/31/2024 40% of OC members had an interaction in 2025.<br>6. ICP dashboard as of 4/14/2025: 97% initial Care Plan; 95.4% annual care plan | | members with ICT. | |



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| 31 | Quality of Clinical Care | PHM - LSC | Pediatric and Adolescent Wellness: EPSDT/Children's Preventive and Screening Services | Childhood Immunization Status (CIS)<br>MC Combo 10: 42.34%<br>Increase from 36.50% to 42.34% by 12/31/2025.<br><br>Immunizations for Adolescents (IMA)<br>MC Combo 2: Increase from 47.45% to 48.66% by 12/31/2025.<br><br>Well-Child Visits in the First 30 Months of Life (W30)<br>MC First 15 Months: Increase from 58.92% to 63.38% by 12/31/2025.<br>MC 15 to 30 Months: Increase from 72.44% to 73.09% by 12/31/2025.<br><br>Child and Adolescent Well-Care Visits (WCV)<br>MC Total: Increase from 53.03% to 55.29% by 12/31/2025.<br><br>Lead Screening in Children (LSC)<br>MC LSC: Increase from 63.75% to 63.84% by 12/31/2025. | Goal not met - W30. Continue to assess and report the following activities:<br>1. Determine primary drivers to noncompliance and segment members into targeted groups<br>2. Develop culturally tailored and age-appropriate messaging to improve engagement<br>3. Update outreach materials to include personalized content based on individual health needs (e.g. provide insight into CIS Combo 10 status for each vaccine)<br>4. Implement a comprehensive outreach strategy utilizing multiple modalities (e.g. mail, SMS, IVR, email, telephone)<br>5. For CIS Combo 10, identify members missing only the first Hep B vaccine and | Report progress to QIHEC<br>Q1: 02/11/2025<br>Q2: 05/14/2025<br>Q3: 08/12/2025<br>Q3: 11/04/2025 | Director of Quality Analytics (Medicare Stars and Quality Initiatives) | Manager of Quality Analytics | Quality Analytics | Childhood Immunization Status (CIS)<br>MC Combo 10: 21.50%<br><br>Immunizations for Adolescents (IMA)<br>MC Combo 2: 38.25%<br><br>Well-Child Visits in the First 30 Months of Life (W30)<br>MC First 15 Months: 15.54%<br>MC 15 to 30 Months: 62.45%<br><br>Child and Adolescent Well-Care Visits (WCV)<br>MC Total: 6.38%<br><br>Lead Screening in Children (LSC)<br>MC Total: 65.77%<br><br>Rates are as of 2/28/25. We currently do not have rates for the first quarter (data through | Year over year comparison between 2024 and 2025 to be reported as part of quarter 2 updates.<br><br>Vaccine hesitancy post COVID continues to be a common barrier reported by health networks. Quality Analytics team will explore best practices to share with providers in support of vaccine hesitancy. | 1. Vendor supported member outreach to provide education and care coordination with PCP.<br>2. Vendor supported SMS messaging to provide education and reminders about the importance of care (well-child/well-care visits, lead testing, vaccination)<br>3. Standing Orders Program participation: 14 CHCN providers have opted into the program. | 1. Standing Orders Program is currently being operationalized. Agreement for one major lab is projected to be received in Q2 2025 for Contracting department review. Step is needed prior to operationalizing data exchange between lab and CalOptima Health.<br>2. Year round chart chase efforts for 1st Hep B vaccine pending. | 1. Q2 - finalize the mailing materials to be personalized with each vaccine status.<br>2. Create provider and member materials to address vaccine hesitancy.<br>2a. A Communication Strategies for Promoting Adolescent Vaccinations article is scheduled for the April 2025 provider monthly update. | |

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| | | | | | complete chart chase efforts year-round<br>6. Begin prospective outreach to members that will age into the measure for the following year (i.e. message 1 year old members to ensure compliance with recommended vaccine schedule thus far)<br>7. Create educational materials for addressing vaccine hesitancy and distribute to providers and members<br>8. Drive provider participation in the Standing Orders Program to place lab orders for blood lead testing<br>9. Provide point-of-care lead testing equipment and supplies to providers via the Quality Improvement Grant Program<br>10. Early Identification and Data Gap | | | | | March) due to a system upgrade. The most recent data available is reflective of claims/encounters processed through January 2025. | | | | | |

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| | | | | | Bridging Remediation for early intervention | | | | | | | | | | |



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| 32 | Quality of Clinical Care | | Adult Wellness: Preventive and Screening Services | Cervical Cancer Screening (CCS)<br>MC: Increase from 58.31% to 60.10% by 12/31/2025.<br><br>Colorectal Cancer Screening (COL)<br>OC: Increase from 66.84% to 70.33% by 12/31/2025.<br><br>Breast Cancer Screening (BCS-E)<br>MC: Increase from 58.39% to 59.51 % by 12/31/2025.<br>OC: Increase from 66.88% to 75.00 % by 12/31/2025.<br><br>Immunization Status - Flu, Pneu, Tdap, Zoster<br>MC Flu Total: Increase from 22.19% to 26.40% by 12/31/2025.<br>OC Flu Total: Increase from 47.17% to 49.12% by 12/31/2025.<br>MC Pneumococcal 66+: Increase from 38.18% to 38.73% by 12/31/2025.<br>OC Pneumococcal 66+: Increase from 44.96% to 56.76% by 12/31/2025.<br>MC Tdap Total: Increase from 25.43% to 33.40% by 12/31/2025.<br>OC Tdap Total: Increase from 24.57% to 31.56% by 12/31/2025.<br>MC Zoster Total: Increase from 17.52% to 20.56% by 12/31/2025.<br>OC Zoster Total: Increase from 23.62% to 40.94% by 12/31/2025. | Assess and report the following activities:<br>1. Determine primary drivers to noncompliance and segment members into targeted groups<br>2. Develop culturally tailored messaging to improve engagement<br>3. Update outreach materials to include personalized content based on individual health needs<br>4. Provide facility listings for services completed outside the PCP office setting, such as diagnostic sites for mammography<br>5.Provide mobile mammography services in collaboration with other departments, Health Network partners, and CHCN providers<br>6. Provide at-home Cologuard testing for | Report progress to QIHEC<br>Q1: 02/11/2025<br>Q2: 05/13/2025<br>Q3: 08/12/2025<br>Q4: 11/04/2025 | Director of Quality Analytics (Medicare Stars and Quality Initiatives) | Quality Analyst of Quality Analytics / Manager of Quality Analytics | Quality Analytics | Cervical Cancer Screening (CCS)<br>MC: 42.21%<br><br>Colorectal Cancer Screening (COL)<br>OC: 52.55%<br><br>Breast Cancer Screening (BCS-E)<br>MC: 46.75%<br>OC: 53.49%<br><br>Immunization Status - Flu, Pneu, Tdap, Zoster (AIS-E)<br>MC Flu Total: 16.64%<br>OC Flu Total: 41.62%<br>MC Pneumococcal 66+: 36.89%<br>OC Pneumococcal 66+: 45.31%<br>MC Tdap Total: 35.98%<br>OC Tdap Total: 39.54%<br>MC Zoster Total: 17.19% | CCS MC: A 5.37 percent point increase compared to March 2024.<br><br>COL OC: A 2.55 percent point increase compared to March 2024.<br><br>BCS MC: A 6.14 percent point increase compared to March 2024.<br>BCS OC: A 0.49 percent point increase compared to March 2024.<br><br>MC Flu Total: A 1.33 percent point decrease compared to March 2024<br>OC Flu Total: A 2.48 percent point decrease compared to March | General Cancer Screening Texting Campaign (approx 290K MC Members)<br><br>Updated CCS, BCS, COL cover letter for member screening reminder mailing<br><br>Completed facility listing for CHCN MC and OC members for mobile mammography location<br><br>Flu Thank You Postcard<br><br>Care gap member outreach to commence Q3 and Q4 | None identified. | Continue Outreach modalities for CCS, BCS and COL (text, IVR, mailing, telephone)<br><br>Standing Order telephonic and mailing member outreach for BCS<br><br>Initiate 2025 Cologuard Campaign<br><br>Initiate of mobile mammography events<br><br>Continue Flu Postcard for members TBD Q3/Q4<br>Relaunch IVR robocall campaign TBD Q3/Q4<br>Relaunch Texting Campaign TBD Q3/Q4 | |

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| | | | | | Colorectal Cancer Screening<br>7. Implement a comprehensive outreach strategy utilizing multiple modalities (e.g. mail, SMS, IVR, email, telephone) | | | | | OC Zoster Total: 24.62% | 2024 MC Pneumococcal 66+: A 1.5 percent point decrease compared to March 2024<br>OC Pneumococcal 66+: A 0.26 percent point increase compared to March 2024<br>MC Tdap Total: A 2.35 percent point decrease compared to March 2024<br>OC Tdap Total: A 1.69 percent point decrease compared to March 2024<br>MC Zoster Total: A 1.28 percent point decrease compared to March 2024<br>OC Zoster Total: A 0.2 percent point increase | | | | |

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| | | | | | | | | | | | compared to March 2024 | | | | |



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| 33 | Quality of Clinical Care | | CalOptima Health Comprehensive Community Cancer Screening Program (CCCSP) | Increase capacity and access to cancer screening for breast, colorectal, cervical, and lung cancer report key findings and/or activities, analyze barriers, and improvement efforts. | Assess and report the following:<br>1. Establish the Comprehensive Community Cancer Screening and Support Grants program and monitor Grantees' progress to measure impact<br>2. Develop and implement a comprehensive plan for other initiatives under CCCSP. | Report Program update to QIHEC<br>Q1: 01/14/2025<br>Q2: 04/08/2025<br>Q3: 07/08/2025<br>Q4: 10/07/2025 | Chief Medical Officer | Manager of Medical Management | Medical Management | 1) Hosted the quarterly grantee meeting on January 21, 2025, to review Q1 (Sep-Nov 2024) progress.<br>2) Received the Q2 progress reports (Dec 2024 - Feb 2025) from all grantees.<br>3) Received feedback on the Research and Eval component from both City of Hope and UCI Chao Family Comprehensive Cancer Center.<br>4) Created a prototype dashboard to view grantees' baseline, goals, and progress toward their goals. | 1) Not all grantees reported baseline data for Q1 2024 (Jan 1 - Mar 31, 2024). Several non-health system grantees are unable to report on or connect their outreach efforts to screening measures yet.<br>2) Need to tailor each grantee's goals and progress into measurable formats.<br>3) 1-way GCA Results: Total messages sent: 1,276,774 to 215,207 unique members. Delivery rate: 91% Opt-out rate: 4% | Met with individual grantees alongside CalAIM's Director of Program Development to understand their progress and introduce the idea of newly formatted goal/progress reports. | Lack of consistent baseline data and goals displayed as percentages without a clear indication of the numerator and denominator. | 1) Conduct the quarterly grantee meeting in April to review Q3 (Mar-May 2025) progress.<br>2) Release the RFP for the Research & Evaluation component of the program. | |



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| | | | | | | | | | | 5) Started collaboratin g with CalAIM's Program Developme nt team to enhance the grant manageme nt process. 6) Launched the 1-way General Cancer Awareness (GCA) texting campaign on February 18 and 25, 2025. 7) Started working with Alinea to schedule mobile mammogra phy services for CHCN members. | | | | | |



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| 34 | Quality of Clinical Care | CoC - PPC | Maternal and Child Health: Prenatal and Postpartum Services | Timeliness of Prenatal Care and Postpartum Care (PHM Strategy).<br>MC Prenatal: Increase from 88.08% to 88.58% by 12/31/2025.<br>MC Postpartum: Increase from 80.00% to 80.23% by 12/31/2025. | Assess and report the following activities:<br>1. Determine primary drivers to noncompliance and segment members into targeted groups<br>2. Develop culturally tailored messaging to improve engagement<br>3. Implement a comprehensive outreach strategy utilizing multiple modalities timed with the member meeting denominator-qualifying criteria<br>4. Launch an interdepartmental maternal health workgroup focused on improving outcomes and addressing disparities<br>5. Provide bundled code education to high volume providers | Report progress to QIHEC<br>Q1: 01/14/2025<br>Q2: 04/08/2025<br>Q3: 07/08/2025<br>Q4: 10/07/2025 | Director of Medicare Stars and Quality Initiatives | Manager of Quality Analytics | Quality Analytics | Activity 1 is in progress (2024 data 'deep dive'). Preliminary discussions re: activity 6 have been held with the Equity & Community Health team and the Financial Analysis team. File layout / dashboard fields have been drafted. | N/A at this time | Activity 1 is in progress (2024 data 'deep dive'). Preliminary discussions re: activity 6 have been held with the Equity & Community Health team and the Financial Analysis team. File layout / dashboard fields have been drafted. | Lack of time and resources; QA focus in Q1 has been on providing support for prospective rate reporting post Citius transition. Measure-specific reporting is slated for Q2. | Complete activities as listed. | |



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| | | | | | 6.Create a comprehensive dashboard / report that refreshes weekly to ensure timely member identification and intervention<br>7. Collaborate with OBGYN specialty groups to perform member outreach and schedule services<br>8. Expand on collaborative efforts with community-based organizations, providers, and health networks. | | | | | | | | | | |

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| 35 | Quality of Clinical Care | PHM | Maternal and Child Health: Prenatal and Postpartum Depression Screening | Prenatal Depression Screening and Follow-Up (PND-E)<br>MC Screening: Increase from 14.52% to 16.03% by 12/31/2025.<br>MC Follow-up: Increase from 52.80% to 53.33% by 12/31/2025.<br><br>Postpartum Depression Screening and Follow-Up (PDS-E)<br>MC Screening: Increase from 17.33% to 29.84% by 12/31/2025.<br>MC Follow-up: Increase from 56.84% to 61.70% by 12/31/2025. | PND-E & PDS-E Activities:<br>1. Provider maternal mental health training<br>2. Enhance CalOptima Health Maternal Depression Program and support referral to Behavior Health Integration when screened at risk.<br>3. Conduct or promote depression screening at community events. | Report to PHMC<br>Q1: 02/20/25<br>Q2: 05/15/25<br>Q3: 08/21/25<br>Q4: 11/20/25 | Director Equity and Community Health | Manager of Equity and Community Health/Manager of Behavioral Health Integration | Equity and Community Health | 1. Provided a maternal mental health training through Postpartum Support International to clinics/providers and community-based partners. 58 providers and partners are registered.<br>2. Conducted maternal mental health screenings at community-based events including Santa Ana College and Maternal Presentations to 45 members. | N/A- work in progress | 1. Provided a maternal mental health training opportunity to clinics/providers and community-based partners.<br>2. Conducted maternal mental health screenings at community-based events.<br>3. Receive contracted provider list for providers that self-identified as specializing in maternal mental health to assist members with connecting to services.<br>4. Maternal Health focused TeleMed2U flyer is included in maternal health member mailings. | N/A | 1. Implement maternal mental health screenings at stroller walks and other community-based activities. | |

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| 36 | Cultural and Linguistic Appropriate Services | PHM CLAS HE | Maternity Care for Black Members | Medi-Cal<br>1. Increase timeliness of prenatal care (TOPC) for CalOptima's Black members from 75.71% to 84.55% by December 31, 2025.<br>2. Increase postpartum care (PPC) for CalOptima's Black members from 71.43% to 80.23% by December 31, 2025. | Assess and report the following activities:<br>1. Connect members to doula, Enhanced Care Management (ECM) services, and Black Infant Health (BIH) programs.<br>2. Implement community and clinic events that focus on improving prenatal and postpartum appointments.<br>3. Explore digital methods of providing perinatal assessments, education, and resource navigation for pregnant and postpartum members. | Report progress to QIHEC<br>Q1: 02/11/2025<br>Q2: 05/13/2025<br>Q3: 08/12/2025<br>Q4: 11/20/2025 | Director of Medicare Stars and Quality Initiatives | Manager of Quality Analytics/Manager of CalAIM/Director of Equity and Community Health | Equity and Community Health/ Cal AIM/Quality Analytics | Per data through February 2025, the current compliance rate for the Black or African American population for the Timeliness of Prenatal Care measure is 0.97%, and 0.69% for the Timeliness of Postpartum Care measure. The data source is CitiusTech with non-continuous enrollment applied. | Based on February 2025 data, the Black or African American population is trending lower (in terms of compliance rate for both prenatal and postpartum care) as compared to Asian and White members. | 1) 22 Black members with open authorization for Enhanced Care Management (ECM) Birth Equity Population of Focus. 7 Black members received doula services in Jan-Feb 2025, comprising 32% of all members engaged in doula services during the same period, March data to be pulled in Q2.<br>2) Promoted prenatal/postpartum education and doula services at OC Black History Parade and Unity Festival will be held February 1, 2025.<br>3) Received presentations from three maternal health digital vendors to identify best practices and features. | Fragmented services and coordination of member care. | 1) Continue to promote ECM and doula services to population of focus. Establish data sharing with Black Infant Health program. | |

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| 37 | Quality of Clinical Care | PHM CoC-EED | Chronic Conditions: Members with Diabetes | Eye Exam for Patients with Diabetes (EED)<br>MC EED 64.06% Increase from 63.52% to 64.06% by 12/31/2025.<br>OC: EED 77.00%; Increase from 75.14% to 77.00% by 12/31/2025.<br><br>HbA1c Control for Patients with Diabetes (HBD): HbA1c Poor Control (this measure evaluates Percentage of members with poor A1C control-lower rate is better) (>9.0%)<br>MC HBD: Decrease from 29.34% to 27.01% by 12/31/2025.<br>OC HBD: 10.00% decrease from 15.30% to 10.00% by 12/31/2025. | Assess and report the following activities (Quality Analytics):<br>1. Determine primary drivers to noncompliance and segment members into targeted groups<br>2. Develop culturally tailored messaging to improve engagement<br>3. Update outreach materials to include personalized content based on individual health needs<br>4. Explore at-home testing for HBD via lab vendor<br>5. Implement a comprehensive outreach strategy utilizing multiple modalities (e.g. mail, SMS, IVR, email, telephone)<br>6. Drive provider participation in the Standing Orders program to place A1c lab orders on behalf of | By December 2025<br>Report to PHMC<br>Q1: 02/20/25<br>Q2: 05/15/25<br>Q3: 08/21/25<br>Q4: 11/20/25 | Director of Quality Analytics (Medicare Stars and Quality Initiatives)/Director of Equity and Community Health | Manager of Quality Analytics | Equity and Community Health and Quality Analytics | Eye Exam for Patients with Diabetes (EED)<br>EED MC: 28.42%<br>EED OC: 40.54%<br><br>HbA1c Control for Patients with Diabetes (HBD): HbA1c Poor Control (this measure evaluates Percentage of members with poor A1C control-lower rate is better) (>9.0%)<br>HBD MC: 81.05%<br>HBD OC: 79.01% | EED MC: A 0.08 percent point increase compared to March 2024.<br>EED OC: A 2.46 percent point decrease compated to March 2024.<br><br>HBD MC: A 3.45 percent point decrease compared to March 2024. (lower is better)<br>HBD OC: A 3.99 percent point decrease compared to March 2024. (lower is better) | Complete build of Ushur Two way text campaign for Diabetes.<br><br>CareNet Telephonic member outreach<br><br>VSP Eye Exam mailing reminder | | Continue Outreach modalities for EED, HBD (text, IVR, mailing, telephonic, emailing)<br><br>Update EED/HBD cover letter for member remind mailing.<br><br>Standing Orders program to place A1c lab orders on behalf of physicians<br><br>Partner with VSP to educate providers on EED CPT II code submission to capture testing results | |

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| | | | | | physicians<br>7. Collaborate with OPH and OPT providers on member outreach and scheduling of services for EED<br>8 Regularly review members with evidence of A1c testing but no result and address via supplemental data capture<br>9. Partner with VSP to educate providers on EED CPT II code submission to capture testing results<br>10. Explore offering EED testing at community based events<br><br>Assess and report the following activities:<br>1. Enhance Diabetes Education: Launch virtual and group education classes to improve member engagement by FY 2025.<br>2. Leverage Technology: Use digital apps and web- | | | | | | | | | | |

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| | | | | | based tools to support diabetes prevention, management, and interactive engagement. 3. Strengthen Support Services: Link members to medically tailored meals, health coaching nutrition services, community/clinic events. | | | | | | | | | | |

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| 38 | Quality of Clinical Care | PHM CLAS HE | Chronic Conditions: Members with Heart Health (Hypertension) | Controlling High Blood Pressure (CBP)<br>MC CBP: Maintain the 90th percentile (72.75%) or higher by December 31, 2025.<br>OC CBP: Increase from 74.87% to 80.00% by 12/31/2025.<br><br>Controlling High Blood Pressure (CBP) - CLAS and Health Disparity for Medi-Cal<br>1. Increase CBP rate among Black and African American Medi-Cal members from 39.21% to 64.48% by 12/31/2025.<br>2. Increase CBP rate among Black and African American Medicare members from 47.24% to 77% by 12/31/2025.<br>3. Increase CBP rate among Korean speaking Medi-Cal members from 24.87% to 64.48% by 12/31/2025.<br>4. Increase CBP rate among Vietnamese speaking Medicare members from 50.56% to 77% by12/31/2025. | Assess and report the following activities:<br>1. Expand Hypertension Program to offer both virtual and in-person Hypertension Education. | Report to PHMC:<br>Q1: 02/20/25<br>Q2: 05/15/25<br>Q3: 08/21/25<br>Q4: 11/20/25 | Director of Equity and Community Health | Manager of Equity and Community Health | Equity and Community Health | 1. Education on blood pressure control were provided at the Black History and Unity parade on 2/1/2025. Over 50 members were screened and received education. Hosted a table with information on high blood pressure at the 2nd Annual Ethiopian Day Celebration hosted by Ethio American Generational Bridge on 3/2.<br>2. A hypertension class was conducted on 2/28 at the Vietnamese American Cancer Foundation | 1)Community events are effective engagement points, particularly those centered around cultural identity and inclusion.<br><br>2)Members are receptive to health education when delivered through trusted community organizations.<br><br>3)There is an ongoing need to reduce equipment access barriers, such as blood pressure monitors, to support chronic condition management.<br><br>4)Internal | 1. Identified OC members with CBP health gap to provide targeted outreach for education and blood pressure screening clinics<br>2. Finalized hypertension class curriculum<br>3. A standing order was created to increase access to BP monitor for CalOptima members. Training for CalOptima staff will take place in April.<br>4. Meeting with providers and community based organizations to schedule blood pressure clinics<br>5. Increased screening opportunities at community events | N/A | Several classes and BP screening are scheduled for Q2. | |



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| | | | | | | | | | | . Total attendees: 16<br>3. A standing order was created to increase access to blood pressure monitors for CalOptima members. Training for CalOptima staff will take place in Q2. | training and protocol implementation are necessary next steps to operationalize expanded member access. | | | | |

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| 39 | Quality of Clinical Care | | Chronic Conditions: Osteoporosis | Osteoporosis Management in Women Who Had a Fracture (OMW)<br>OC Total: Increase from 34.67% to 39.00% by 12/31/2025. | 1.Case management to collaborate with Quality to identify members who need follow-up.<br>2.Quality to outreach to noncompliant members via SMS, mail, and/or telephone.<br>3.Quality to pursue at-home DEXA testing via vendor.<br>4.Quality to provide timely notifications to the member's PCP via fax.<br>5.Quality to explore collaboration with the Pharmacy team to provide education on the importance of taking a medication to treat osteoporosis (e.g. bisphosphonate).<br>6.Quality and Case Management coordinate to provide more timely data and | Report to PHMC<br>Q1: 02/20/25<br>Q2: 05/15/25<br>Q3: 08/21/25<br>Q4: 11/20/25 | Sr. Director Medical Management/Manager of Quality Analytics | Quality Improvement Nurse/Program Manager Quality Analytics | Medical Management (Case Management) /Quality Analytics | Denominator: 48<br>Numerator: 11<br>Rate is 22.92% as of 2/28/25<br><br>Not applicable due to system upgrade. We currently do not have rates for the first quarter (data through March). The most recent data available is reflective of claims/encounters processed through January 2025. | Rate is 22.92% as of 2/28/25 and reflective of claims/encounters processed through January 2025. Year over year comparison between 2024 and 2025 to be reported as part of quarter 2 updates. | **Member focused:**<br>1. CM telephonic outreach to CHCN members<br>2. QA outreach to all members via mail<br><br>**Provider/Health Network focused:**<br>1. Notifications to providers via fax<br>2. Data enhancements to HN and CHCN reports to include insight into the compliance deadline date<br>3. CalOptima Health collaboration with Health Network Case Management Leadership regarding identified members.<br><br>**Other:**<br>1. Exploration of at-home DEXA vendor in progress for CHCN OC members.<br>2. QA enhancement<br>3. QA - | Visibility into members for MY2025<br><br>Quality Team has partnered with Finance team to create OMW specific reports to allow for visiblity of fractures occurring as of July 1, to allow for enhanced member identification and outreach. | 1. Continue to pursue at-home DEXA testing via vendor, or purchase equipment and utilize internal resources to complete test at home.<br>2. Targeted provider outreach for medical record submission if member is compliant<br>3. Member education to emphasize the importance of osteoporosis medication<br>4. Provider Education: Develop provider | |

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| | | | | | insight to the member's compliance deadline date to Health Network partners. | | | | | | | Standing Orders Program for DEXA | | tip sheet/ explore CE/CME for osteoporosis screening and treatment. 5. Add pharmacy component to member outreach and/or member communication materials. 6. Continued CM follow-up with appropriate HN Case Management Leadership regarding identified members. 7. Continued CM telephonic outreach to CHCN members 8. Year over year comparison | |



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| | | | | | | | | | | | | | | between 2024 and 2025 to be reported as part of quarter 2 updates. | |
| 40 | Quality of Clinical Care | CoC - FMC | Chronic Conditions: Follow-Up After Emergency Department Visit for People with Multiple High-Risk Chronic Conditions | Follow-Up After Emergency Department Visit for People With Multiple High-Risk Chronic Conditions (FMC) OC Total: Increase from 51.27% to 53.00% by 12/31/2025. | 1. Review and update the Key Events for Emergency Visits<br>2. Continue to share Emergency Visits with Health Networks through Key Event reporting. | Report to PHMC<br>Q1: 02/20/25<br>Q2: 05/15/25<br>Q3: 08/21/25<br>Q4: 11/20/25 | Director Medical Management | Quality Improvement Nurse | Case Management | Denominator: 307<br>Numerator: 116<br><br>Rate is 37.79% as of 2/28/25 | Rate is 37.79% as of 2/28/25 | 1. Key Event logic reviewed and reshared with Health Networks.<br>2. Daily Key Event Reporting.<br>3. CM outreach to all members | 1. Ability to differentiate on key event report for ER visits those members who qualify for FMC so networks may prioritize.<br>2. short turn-around time for visit 7 days | 1. Continue Daily Key Event Reporting.<br>2. Continue CM outreach to all member | |



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| 41 | Quality of Clinical Care | | Behavioral Health Services: Child and Adolescent Health on Antipsychotics | Metabolic Monitoring for Children and Adolescents on Antipsychotics (APM)<br>MC Glucose and Cholesterol Combined-All Ages: Increase from 36.76% to 41.41% by December 31, 2025. | Goal not met. Continue to assess and report the following activities:<br>1) Monthly review of metabolic monitoring data to identify prescribing providers and Primary Care Providers (PCP) for members in need of metabolic monitoring.<br>2) Work collaboratively with provider relations to conduct monthly face to face provider outreach to the top 10 prescribing providers to remind of best practices for members in need of screening.<br>3) Monthly mailing to prescribing providers to remind of best practices for members in need of screening.<br>4) Send | Report progress to QIHEC<br>Q1: 01/14/2025<br>Q2: 04/08/2025<br>Q3: 07/08/2025<br>Q4: 10/07/2025 | Manager, Director and Executive Director of Behavioral Health Integration | Program Specialist of Behavioral Health Integration | Behavioral Health Integration | Not applicable due to system upgrade, we currently do not have rates for the first quarter and unable to analyze any findings. | Not applicable due to system upgrade, we currently do not have rates for the first quarter and unable to analyze any findings. | 1) Created a draft to update the Prescriber tip tool sheet.<br>2) Updated the Best Practices Prescriber letter-pending management approval.<br>3) Created a Quick Reference Guide (QRG) & Power Point Presentation for Providers and staff on how to use the Provider Portal. Pending report availability.<br>4) Created Social media post for this HEDIS measure.<br>5) Created article for Fall Member Newsletter. | 1) Due to lack of the Prospective Rate report we are unable to track and trend any analysis for this measure.<br>2) Unable to send text messages to members due to system upgrade. | 1) If data is received, Disseminate prescriber letter.<br>2) If data is received, Disseminate prescriber tip tool sheet.<br>3) If data is received, resume Text message campaign.<br>4) If data is received, resume mailings of Provider materials (Best Practices letter and Provider tip tool sheet) to providers on a monthly basis.<br>5) If data is received, resume collaborati | |



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| | | | | | monthly reminder text message to members (approx 600 mbrs).<br>5) Information sharing via provider portal to PCP on best practices. | | | | | | | | | on with Provider Relations to conduct in-person provider outreach with top 10 providers on a monthly basis.<br>6) Schedule listening sessions with Providers to educate/train on how to obtain BH data upon BH reports are availability. | |

| TOC | Evaluation Category | Domain | 2025 QIHETP Work Plan Element Description | Goal(s) | Planned Activities | Specific date of completion for each activity (i.e. MM/DD/YYYY) | Responsible Business owner | Support Staff | Department | Results for the Quarter | Findings | Interventions /Activities Implemented | Barriers | Next Steps /Follow-up Actions | Red - At Risk Yellow - Concern Green - On Target |
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| 42 | Quality of Clinical Care | PHM | Behavioral Health Services: Depression | Antidepressant Medication Management (AMM)<br>MC Acute Phase - 63.35% Increase from 68.06% to 68.35% by December 31, 2025.<br>MC Continuation Phase - Increase from 48.06% to 48.16% by December 31, 2025.<br>OC Acute Phase - 63.35% Increase from 75.52% to 78.39% by December 31, 2025.<br>OC Continuation Phase - Increase from 60.77% to 62.58% by December 31, 2025.<br><br>Depression Screening and Follow-up for Adolescents and Adults (DSF-E)<br>MC Screening Total: Increase from 6.57% to 16.22% by December 31, 2025.<br>OC Screening Total: Maintain the 90th percentile (54.28%) or higher by December 31, 2025. | AMM<br>Goal not met. Continue to assess and report the following activities:<br>1) Educate providers on the importance of medication adherence through outreach.<br>2) Educate members on the importance of medication adherence through newsletters/outreach.<br>3) Track number of educational events on depression treatment adherence.<br><br>DSF-E<br>Goal not met. Continue to assess and report the following activities:<br>1) Educate providers on the importance of screenings and follow-up care after positive screenings.<br>2) Educate | Report progress to QIHEC<br>Q1: 01/14/2025<br>Q2: 04/08/2025<br>Q3: 07/08/2025<br>Q4: 10/07/2025 | Manager, Director and Executive Director of Behavioral Health Integration | Program Specialist of Behavioral Health Integration | Behavioral Health Integration | **AMM/DSF-E:**<br>Not applicable due to system upgrade, we currently do not have rates for the first quarter and unable to analyze any findings. | **AMM/DSF_E:**<br>Not applicable due to system upgrade, we currently do not have rates for the first quarter and unable to analyze any findings. | **AMM**<br>1) Created a draft to update the Prescriber tip tool sheet.<br>2) Updated Best Practices Prescriber letter-Pending management approval.<br>3) Created a Quick Reference Guide (QRG) & Power Point Presentation for Providers and staff on how to use the Provider Portal. Pending report availability.<br>4) Created Social media post for this HEDIS measure.<br>5) Created article for Fall Member Newsletter.<br><br>DSF-E:<br>1) Created a draft to update the Prescriber tip tool sheet.<br>2) Updated Prescriber letter-pending management approval.<br>3) Created a Quick | AMM/DSF-E:<br>1) Due to lack of the Prospective Rate report we are unable to track and trend any analysis for this measure.<br>2) Unable to send text messages to members due to system upgrade. | AMM/DSF-E:<br>1) If data is received, Disseminate prescriber letter.<br>2) If data is received, Disseminate prescriber tip tool sheet.<br>3) If data is received, resume Text message campaign.<br>4) If data is received, , resume mailings of Provider materials (Best Practices letter and Provider tip tool sheet) to providers on a monthly basis.<br>5) If data is received, | |

| TOC | Evaluation Category | Domain | 2025 QIHETP Work Plan Element Description | Goal(s) | Planned Activities | Specific date of completion for each activity (i.e. MM/DD/YYYY) | Responsible Business owner | Support Staff | Department | Results for the Quarter | Findings | Interventions /Activities Implemented | Barriers | Next Steps /Follow-up Actions | Red - At Risk Yellow - Concern Green - On Target |
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| | | | | | members on the importance of screenings through newsletters/outreach and increase follow up appointments after positive screenings. | | | | | | | Reference Guide (QRG) & Power Point Presentation for Providers and staff on how to use the Provider Portal. Pending report availability. | | resume collaboration with Provider Relations to conduct in-person provider outreach with top 10 providers on a monthly basis. 6) Schedule listening sessions with Providers to educate/train on how to obtain BH data upon BH reports availability. | |

| TOC | Evaluation Category | Domain | 2025 QIHETP Work Plan Element Description | Goal(s) | Planned Activities | Specific date of completion for each activity (i.e. MM/DD/YYYY) | Responsible Business owner | Support Staff | Department | Results for the Quarter | Findings | Interventions /Activities Implemented | Barriers | Next Steps /Follow-up Actions | Red - At Risk Yellow - Concern Green - On Target |
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| 43 | Quality of Clinical Care | CoC-SSD | Behavioral Health Services: Schizophrenia | Diabetes Screening for People with Schizophrenia or Bipolar Disorder (SSD) (Medicaid only)<br>MC SSD: Increase from 74.96% to 79.51% by 12/31/2025.<br><br>Adherence to Antipsychotic Medications for Individuals with Schizophrenia (SAA)<br>MC: Increase from 70.19% to 74.83% by 12/31/2025.<br>OC: Increase from 77.37% to 77.93% by 12/31/2025. | SSD<br>Goal not met.<br>Continue to assess and report the following activities:<br>1) Identify members in need of diabetes screening.<br>2) Conduct provider outreach, work collaboratively with the communications department to fax blast best practice and provide list of members still in need of screening to prescribing providers and/or Primary Care Physician (PCP).<br>3) Information sharing via provider portal to PCP on best practices, with list of members that need a diabetes screening.<br>4) Send monthly reminder text message to members (approx 1100 mbrs) | Report progress to QIHEC<br>Q1: 01/14/2025<br>Q2: 04/08/2025<br>Q3: 07/08/2025<br>Q4: 10/07/2025 | Manager, Director and Executive Director of Behavioral Health Integration | Program Specialist of Behavioral Health Integration | Behavioral Health Integration | **SSD\SAA:**<br>Not applicable due to system upgrade, we currently do not have rates for the first quarter and unable to analyze any findings. | **SSD\SAA:**<br>Not applicable due to system upgrade, we currently do not have rates for the first quarter and unable to analyze any findings. | **SSD:**<br>1) Updated prescribing provider letter.<br>2) Created new provider tool tip sheet.<br>3) Created a Quick Reference Guide (QRG) & Power Point Presentation for providers and staff on how to use the Provider Portal. Pending report availability.<br>4) Created Social Media Posts for members to receive a diabetic screening.<br>5) Created an article for the Fall Member Newsletter.<br><br>SAA:<br>1) Created new Prescribing Provider Letter.<br>2) Created a Provider Too Ttip sheet.<br>3) Created a Quick Reference Guide (QRG) & Power Point Presentation | **SSD\SAA:**<br>1) Due to lack of the Prospective Rate report we are unable to track and trend any analysis for these measures.<br>2) Unable to send text messages to members due to system upgrade. | **SSD:**<br>1) Continue tracking members in need of glucose screening test as soon as we're able to receive data.<br>2) Use provider portal to communicate follow-up best practice and guidelines for follow-up visits.<br>3) Continue to follow up on data pull for text messaging campaign.<br>4) Mail out member health rewards flyer to eligible members.<br>5) Mail out to all prescribing provider | |

| TOC | Evaluation Category | Domain | 2025 QIHETP Work Plan Element Description | Goal(s) | Planned Activities | Specific date of completion for each activity (i.e. MM/DD/YYYY) | Responsible Business owner | Support Staff | Department | Results for the Quarter | Findings | Interventions /Activities Implemented | Barriers | Next Steps /Follow-up Actions | Red - At Risk Yellow - Concern Green - On Target |
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| | | | | | 5) Member Health Reward Program.<br><br>SAA<br>Assess and report the following activities:<br>1) Educate providers on the importance of medication adherence through outreach.<br>2) Educate members on the importance of medication adherence through newsletters/outreach. | | | | | | | for Providers & Staff on how to use the Provider Portal. Pending report availability.<br>4) Created an article for the Fall Member Newsletter. | | offices the following:<br><br>a.)Prescribing Provider Letter<br>b.)Provider Tool Tip Sheet<br>c.)Member Reward Flyer<br><br>6)Schedule listening sessions with Providers to educate/train on how to obtain BH data. Pending report availability.<br><br>**SAA:**<br>1) Will use provider portal to communicate best practices and guidelines for medication adherence and member | |

| TOC | Evaluation Category | Domain | 2025 QIHETP Work Plan Element Description | Goal(s) | Planned Activities | Specific date of completion for each activity (i.e. MM/DD/YYYY) | Responsible Business owner | Support Staff | Department | Results for the Quarter | Findings | Interventions /Activities Implemented | Barriers | Next Steps /Follow-up Actions | Red - At Risk Yellow - Concern Green - On Target |
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| | | | | | | | | | | | | | | follow-up.<br>2) Discussion of implementing a text messaging campaign.<br>3) Begin mail out to all prescribing provider offices the following:<br>a.) Prescribing Provider letter<br>b.) Provider Tool Tip Sheet<br>4) Schedule listening sessions with providers to educate/train on how to obtain BH data. Pending report avialability. | |

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| 44 | Quality of Clinical Care | PHM CoC-FUM; FUA; FUI | Behavioral Health Services: Care Coordination and Follow-up Care | Follow-Up After Emergency Department Visit for Mental Illness (FUM)<br>MC 30-Day: Increase from 35.76% to 53.82% by 12/31/2025.<br>MC 7-day: Increase from 21.38% to 33.01% by 12/31/2025.<br><br>Follow-Up After Emergency Department Visit for Substance Use (FUA)<br>MC 30-Day: Increase from 21.12% to 36.18% by 12/31/2025.<br>MC 7-Day: Increase from 11.23% to 18.76% by 12/31/2025.<br><br>Follow-up After High-Intensity Care for Substance Use Disorder (FUI)<br>MC 30-Day: Increase from 20.25% to 44.53% by 12/31/2025.<br>MC 7-Day: Increase from 7.99% to 26.90% by 12/31/2025. | FUM<br>Goal not met. Continue to assess and report the following activities:<br>1. Share real-time ED data with our health networks on a secured FTP site.<br>2. Participate in provider educational events related to follow-up visits.<br>3. Utilize CalOptima Health NAMI Field Based Mentor Grant to assist members connection to a follow-up after ED visit.<br>4. Bi-Weekly Member Text Messaging (approx. 500 mbrs)<br>5. IVR calls to members who fall under the FUM measure<br><br>FUA<br>Goal not met. Continue to assess and report the following activities:<br>1. IVR calls to members who fall under the FUA measure<br>2. Continue weekly | Report progress to QIHEC<br>Q1: 01/14/2025<br>Q2: 04/08/2025<br>Q3: 07/08/2025<br>Q4: 10/07/2025 | Manager, Director and Executive Director of Behavioral Health Integration | Program Specialist of Behavioral Health Integration | Behavioral Health Integration | **FUM/FUA/ FUI:** Not applicable due to system upgrade, we currently do not have rates for the first quarter and unable to analyze any findings. | **FUM/FUA/ FUI:** Not applicable due to system upgrade, we currently do not have rates for the first quarter and unable to analyze any findings. | **FUM:**<br>1) Member text messages sent weekly.<br>2) Member outreach via BH Telehealth vendor to assist with scheduling Follow up appointments. Outreach based on daily ED data feed.<br>3) Reminders regarding importance of FUM/FUA sent in monthly HN Communication.<br>4) Continued sharing FUM data with HN Networks via sFTP.<br>5) Attend HN Quality meetings to educate on importance of FUM/FUA measures.<br>6) Collaboration with OC HCA regarding 837 data exchange<br>7) Created HEDIS Provider Tip Sheet.<br><br>FUA:<br>1) Weekly member text messages.<br>2) Sharing FUA data with Health Networks via | **FUM/FUA/FUI:** Due to lack of the Prospective Rate report we are unable to track and trend any analysis for this measure. | **FUM:**<br>1) Start IVR calls for members who meet FUM criteria to remind them of the importance of scheduling a follow up appointment after an ED visit.<br>2) Continue following up with OC HCA regarding data exchange.<br>3) Meet with High volume ED's to ensure members are connected to services before they leave the hospital by introducing Telemed2U/NAMI By Your Side.<br>4) Share FUM data | |

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| | | | | | member text messaging<br>3. Share FUA data with providers through the Provider Portal.<br>4. Sharing FUA data with Health Networks via sFTP.<br><br>FUI: This measure was added for monitoring purposes. Opportunities for improvement and/or interventions will be considered upon the ability to obtain data from the Orange County Health Care Agency. | | | | | | | the sFTP.<br>3) Participate in Quality update meetings with Health Networks to educate the importance of the FUA measure.<br>4) Send reminders regarding the importance of FUA measure in monthly HN communication.<br>5) Created HEDIS Provider Tip Sheet.<br>6) Member outreach via BH Telehealth vendor to assist with scheduling Follow up appointments. Outreach based on daily ED data feed.<br><br>**FUI:**<br>1) Opportunities for improvement and/or interventions are being considered upon the ability to obtain data from the Orange County Health Care Agency.<br>2) Created a HEDIS | | via Provider portal. Pending report availability.<br>5) Schedule listening sessions regarding how to use data from Provider portal.<br><br>FUA:<br>1) Continue weekly text messages.<br>2) Continue sharing data with Health Networks via the sFTP.<br>3) Continue to collaborate in Quality update meetings with Health Networks.<br>4) Start IVR calls for members who meet FUA criteria to remind | |

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| | | | | | | | | | | | | | Provider Tool Tip Sheet. | | them of the importance of scheduling a follow up appointment after an ED visit.<br>5) Continue following up with OC HCA regarding data exchange.<br>6) Share FUA data via the Provider Portal.<br><br>FUI:<br>1) Continue to monitor measure on a monthly basis.<br>2) Continue collaborative meetings between teams to identify best practices to implement. | |

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| 45 | Quality of Clinical Care | CoC - APP | Behavioral Health Services: Medication Management | Use of First-Line Psychosocial Care for Children and Adolescents on Antipsychotics (APP)<br>MC Total: Increase from 28.95% to 54.55% by 12/31/2025.<br><br>Pharmacotherapy for Opioid Use Disorder (POD)<br>MC Total: 21.36% Increase from 7.79% to 21.36% by 12/31/2025. | Assess and report on the following activities:<br>1) Educate providers on measure and best practice guidelines. | Report progress to QIHEC<br>Q1: 01/14/2025<br>Q2: 04/08/2025<br>Q3: 07/08/2025<br>Q4: 10/07/2025 | Manager, Director and Executive Director of Behavioral Health Integration | Manager of Behavioral Health Integration | Behavioral Health Integration | **APP/POD:** Not applicable due to system upgrade, we currently do not have rates for the first quarter and unable to analyze any findings. | **APP/POD:** Not applicable due to system upgrade, we currently do not have rates for the first quarter and unable to analyze any findings. | **APP:**<br>1) Created HEDIS Provider Tip Sheet.<br>2) Created Provider Best Practice Letter<br>**POD:**<br>1) Met with Pharmacy on 02/24/25 to discuss collaboration with this measure. Both BH and Pharmacy agreed that data will be needed from Orange County Health Care Agency for tracking purposes. | **APP/POD:** Due to lack of the Prospective Rate report we are unable to track and trend any analysis for this measure | **APP:**<br>1) Use provider portal to communicate best practices and guidelines.<br>2) Discuss implementing a text messaging campaign.<br>3) Plan to mail out to all prescribing provider offices the following:<br>a.) Best Practice Provider letter<br>b.) Provider HEDIS Tool Tip Sheet<br><br>**POD:**<br>1) Establish steps to obtain data from OCHA. | |

| TOC | Evaluation Category | Domain | 2025 QIHETP Work Plan Element Description | Goal(s) | Planned Activities | Specific date of completion for each activity (i.e. MM/DD/YYYY) | Responsible Business owner | Support Staff | Department | Results for the Quarter | Findings | Interventions /Activities Implemented | Barriers | Next Steps /Follow-up Actions | Red - At Risk Yellow - Concern Green - On Target |
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| 46 | Quality of Clinical Care | | Behavioral Health Services: School-Based Services Mental Health Services | Report on activities to improve access to preventive, early intervention, and BH services by school-affiliated BH providers. | Assess and report the following Student Behavioral Health Incentive Program (SBHIP) activities/school base mental health services 1 . SBHIP Program Outcome Reporting 2. DHCS CYBHI multi-Payer Fee Schedule | Report program update to QIHEC Q1: 01/14/2025 Q2: 04/08/2025 Q3: 07/08/2025 Q4: 10/07/2025 | Manager, Director and Executive Director of Behavioral Health Integration | Project Manager of Behavioral Health Integration | Behavioral Health Integration | NA | NA | 1) Waiting for DHCS' approval letter for the December submitted project outcome reports. 2) Final two WellSpaces installed March 2025. 3) The Autism Comprehensive Program designed by CHOC through SBHIP launched in March 2025. | NA | 1) For the CYBHI Fee Schedule, Carelon Behavioral Health conducting an implementation kick-off meeting for the ASO claims payment process - April 2025. | |
| 47 | Quality of Clinical Care | | Medication Management | Appropriate Testing for Pharyngitis (CWP) MC Total: Increase from 43.66% to 76.71% by 12/31/2025. OC Total: Increase from 15.77% to 72.50% by 12/31/2025.<br><br>Avoidance of Antibiotic Treatment for Acute Bronchitis/Bronchiolitis (AAB) MC Total: Increase from 47.55% to 56.73% by 12/31/2025. OC Total: Increase from 68.97% to 47.50% by 12/31/2025. | 1) Identify top 5-10 providers that prescribed antibiotics to members and provide targeted provider education via provider updates/provider newsletter. 2) Provide members with general education on antibiotic avoidance. | Report progress to QIHEC Q1: 01/14/2025 Q2: 04/08/2025 Q3: 07/08/2025 Q4: 10/07/2025 | Director of Medicare Stars and Quality Initiatives | Program Manager of Quality Analytics | Quality Analytics | Appropriate Testing for Pharyngitis (CWP) MC Total: 52.8% OC Total: 17.22%<br><br>Avoidance of Antibiotic Treatment for Acute Bronchitis/ Bronchiolitis (AAB) MC Total: 37.16% OC Total: 24.82% | CWP MC: A 0.53 percent point increase compared to March 2024 CWP OC: A 7.58 percent point increase compared to March 2024<br><br>AAB MC: A 2.51 percent point decrease compared to March 2024 | Create provider material on antibiotics avoidance.<br><br>Identify top 10 lower performing providers | N/A | COH to finalize provider communication plan | |



Domain abbreviations: PHM = Population Health Management Strategy; CoC = Continuity of Care; HE = Health Equity; CLAS = Cultural and Linguistically Appropriate Services

| TOC | Evaluation Category | Domain | 2025 QIHETP Work Plan Element Description | Goal(s) | Planned Activities | Specific date of completion for each activity (i.e. MM/DD/YYYY) | Responsible Business owner | Support Staff | Department | Results for the Quarter | Findings | Interventions /Activities Implemented | Barriers | Next Steps /Follow-up Actions | Red - At Risk Yellow - Concern Green - On Target |
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| | | | | | | | | | | | AAB OC: A 1.60 percent point decrease compared to March 2024 | | | | |
| 48 | Quality of Clinical Care | | Medication Adherence | Improve medication adherence for Cholesterol (Statins), Hypertension (RAS Antagonists) and Diabetes | 1) Member IVR, member education, provider education, PDC report to Health Networks. | Report progress to QIHEC<br>Q1: 01/14/2025<br>Q2: 04/08/2025<br>Q3: 07/08/2025<br>Q4: 10/07/2025 | Director of Pharmacy Management | Manager of Pharmacy Management | Pharmacy Management | 1Q25 Overview: Count of Member adherence IVRs: 4,473 Count of Member: 1,088 interventions (pharmacies, members and providers); 283 prescriptions filled (26%) which resulted in successful refills for | CY2025 Star Measure reports unavailable from Acumen for 1Q25. Results of interventions documented in column O. | 1) Adherence IVRs<br>2) Adherence outreach calls to members, pharmacies and providers<br>3) Health network coaching<br>4) PDC report enhancements<br>5) 100-day supply conversion program | 1) Members picking up their medications<br>2) Limited providers signing collaborative practice agreement for 100-day supply program | Continue all interventions outlined. | |



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| | | | | | | | | | | 197 members Report distribution Health Networks via provider portal (daily refresh); actionable report for networks to conduct outreach Distribution of best practices document to health networks to assist in intervention design 100-day supply conversion program (19 contracted providers); 54 prescriptions converted for 34 members | | | | | |



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| 49 | Cultural and Linguistic Appropriate Services | CLAS HE | Performance Improvement Projects (PIPs) Medi-Cal | Increase well-child visit appointments for Black/African American members (0-15 months) from (final rate TBD) to 55.78% by 12/31/2025. | Conduct quarterly/Annual oversight of MC PIPs (Jan 2023 - Dec 2025):<br>1) Clinical PIP – Increasing W30 6+ measure rate among Black/African American Population | Report progress to QIHEC<br>Q1: 02/11/2025<br>Q2: 05/13/2025<br>Q3: 08/12/2025<br>Q4: 11/20/2025 | Director of Quality Analytics (Medicare Stars and Quality Initiatives) | Manager of Quality Analytics / Manager of Quality Analytics | Quality Analytics | Denominator: 38<br>Numerator: 4<br>Rate is 10.53% as of 2/28/25<br><br>Not applicable due to system upgrade. We currently do not have rates for the first quarter (data through March). The most recent data available is reflective of claims/encounters processed through January 2025. | Count of Member IVRs: 4,473 | 1. PIP Call Campaign to coordinate well-child visit with PCP. | 1. Contact Information: bad or disconnected phone numbers poses additional challenges in the ability to contact members and subsequntly coordinate care. | 1. Following up with PCP offices to identify alternative contact information for members. | |

| TOC | Evaluation Category | Domain | 2025 QIHETP Work Plan Element Description | Goal(s) | Planned Activities | Specific date of completion for each activity (i.e. MM/DD/YYYY) | Responsible Business owner | Support Staff | Department | Results for the Quarter | Findings | Interventions /Activities Implemented | Barriers | Next Steps /Follow-up Actions | Red - At Risk Yellow - Concern Green - On Target |
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| 50 | Quality of Clinical Care | | Performance Improvement Projects (PIPs) Medi-Cal BH | Meet and exceed goals set forth on all improvement projects (See individual projects for individual goals) FUM and FUA for complex case management. | Non Clinical PIP: Improve the percentage of members enrolled into care management, CalOptima Health community network (CCN) members, complex care management (CCM), or enhanced care management (ECM), within 14-days of a ED visit where the member was diagnosed with SMH/SUD. | Report progress to QIHEC<br>Q1: 01/14/2025<br>Q2: 04/08/2025<br>Q3: 07/08/2025<br>Q4: 10/07/2025 | Manager, Director and Executive Director of Behavioral Health Integration | Program Specialist of Behavioral Health Integration | Behavioral Health Integration/ Quality Analytics | NA | Count of Member: 1,088 interventions (pharmacies, members and providers); 283 prescriptions filled (26%) which resulted in successful refills for 197 members | 1) Receiving daily ED report from vendor which contains Real-Time ED data for CCN and COD members.<br>2) Collaborate with telehealth provider, Telemed2U, and internal ITS team to develop implementation plan for Member Outreach. Vendor to provide information about case management including ECM and referrals | 1) Data integrity has been an issue. Proposed changes may threaten validity of baseline data. | 1) Continue collaboration with Case Management and Financial Analysis depts to ensure accuracy of internal data and reports.<br>2) Continue to conduct barrier analysis<br>3) Continue Telehealth member outreach. | |

| TOC | Evaluation Category | Domain | 2025 QIHETP Work Plan Element Description | Goal(s) | Planned Activities | Specific date of completion for each activity (i.e. MM/DD/YYYY) | Responsible Business owner | Support Staff | Department | Results for the Quarter | Findings | Interventions /Activities Implemented | Barriers | Next Steps /Follow-up Actions | Red - At Risk Yellow - Concern Green - On Target |
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| 51 | Quality of Clinical Care | | Chronic Care Improvement Projects (CCIPs) OneCare: Diabetes Emerging Risk | By December 31, 2025, 5% of members identified as emerging risk* and who participated in program will lower HbA1c to less than 8.0%.<br><br>*Emerging risk is defined as members with a result of A1C 8.0% to A1C 9.0% who were previously in good control A1C less than 8.0% in previous 12 months. | Conduct quarterly/Annual oversight of specific goals for OneCare CCIP (Jan 2023 - Dec 2025):<br><br>CCIP Study - Comprehensive Diabetes Monitoring and Management<br><br>Measures: Diabetes Care Eye Exam Diabetes Care Kidney Disease Monitoring Diabetes Care Blood Sugar Controlled Medication Adherence for Diabetes Medications Statin Use in Persons with Diabetes | Report progress to QIHEC<br>Q1: 02/11/2025<br>Q2: 05/13/2025<br>Q3: 08/12/2025<br>Q4: 11/04/2025 | Director of Quality Analytics (Medicare Stars and Quality Initiatives) | Manager of Quality Analytics | Quality Analytics | HbA1c Control for Patients with Diabetes (HBD): HbA1c Poor Control (this measure evaluates Percentage of members with poor A1C control- lower rate is better) (>9.0%) HBD OC: 79.01% | Report distribution Health Networks via provider portal (daily refresh); actionable report for networks to conduct outreach | Telephonic outreach via Disease Management department staff for those identified as emerging risk | Data refresh issue due to the HEDIS vendor transition | Case Management and Equity & Community Health teams are currently discussing the approach to Q2-Q4 outreach | |
| 52 | Quality of Service: Access | | Improve Network Adequacy: Reducing Gaps In Provider Network | Increase provider network to meet regulatory access goals | Assess and report the following activities:<br>1) Conduct gap analysis of our network to identify opportunities with providers and expand provider network | Report to MemX<br>Q1: 01/28/2025<br>Q2: 04/15/2025<br>Q3: 07/15/2025<br>Q4: 10/21/2025 | Director of Provider Operations | Sr. Program Manager, Provider Operations/Program Specialist | Provider Data Operations | 1.Gap analysis showed Plan level meets standards except for PMR, which shows gaps in LMFT, Gastroente | Distribution of best practices document to health networks to assist in intervention design | 1. PDO curated target lists for R,U,N and PR Recruitment Outreach is in progress<br>2. Research to see what caused the new Plan - count gap in Opthalmology | South County is always an area where it's hard to find providers (CCN gaps) | 1. Review the results of the outreach and identify next steps<br>2. Review HN CAP response submission | |



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| TOC | Evaluation Category | Domain | 2025 QIHETP Work Plan Element Description | Goal(s) | Planned Activities | Specific date of completion for each activity (i.e. MM/DD/YYYY) | Responsible Business owner | Support Staff | Department | Results for the Quarter | Findings | Interventions /Activities Implemented | Barriers | Next Steps /Follow-up Actions | Red - At Risk Yellow - Concern Green - On Target |
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| | | | | | 2) Conduct outreach and implement recruiting efforts to address network gaps to increase access for Members | | | | | rology, Ortho Surgery & LMFT<br>2.CCN met all requirements except for Time or Distance - Q1 showed 3 gaps<br>3. HNs all had Time or Distance gaps, with some having PMR gaps | | 3. HNs are to provide CAP response on or before 4/4 to address gaps | | | |
| 53 | Quality of Service: Access | | Improve Timely Access: Appointment Availability/Telephone Access | Improve Timely Access compliance with Appointment Wait Times to meet 80% MPL | Goal not met. Continue to assess and report the following activities:<br>1) Conduct an evaluation of appointment and telephone access<br>2) Issue corrective action for areas of noncompliance<br>3) Collaborative discussion between CalOptima Health Medical Directors and providers to develop actions to improve timely | Report to MemX<br>Q1: 01/28/2025<br>Q2: 04/15/2025<br>Q3: 07/15/2025<br>Q4: 10/21/2025 | Director of Quality Analytics (Medicare Stars and Quality Initiatives) | Manager of Quality Analytics / Project Manager of Quality Analytics | Quality Analytics | Timely Access CAPs issued to 9 HNs in December 2024, and all networks submitted a response in Q1. Response Rate: 100%<br><br>As of Q1, 64% of the provider CAPs (109) issued in June-2024 have been closed. | HN CAP submissions for MY-2023 data are currently under review. High level findings noted attributing to non-compliance includes but not limited to: staffing shortages, lack of walk-in availability, and scheduling.<br><br>MY-2024 Timely | In February issued an RFP for Timely Access Survey and received 6 submission. Selection process is underway.<br><br>Timely Access workgroup members are working on streamlining the survey process and reviewing standards to ensure they are a regulatory requirement<br><br>Will continue to collaborate with providers | Vendor issues with data integrity and quality control issues has caused significant delays in releasing results timely to providers and health networks over the last several years. | -2025 Timely Access Survey (MY-2024) non-compliance/CAP notifications to be issued to providers by mid-June.<br>-Continue to educate and collaborate with providers and HNs on Access.<br>-Re-evaluate | |

| TOC | Evaluation Category | Domain | 2025 QIHETP Work Plan Element Description | Goal(s) | Planned Activities | Specific date of completion for each activity (i.e. MM/DD/YYYY) | Responsible Business owner | Support Staff | Department | Results for the Quarter | Findings | Interventions /Activities Implemented | Barriers | Next Steps /Follow-up Actions | Red - At Risk Yellow - Concern Green - On Target |
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| | | | | | access.<br>4) Continue to educate providers on timely access standards<br>5) Develop and/or share tools to assist with improving access to services. | | | | | | Access Survey concluded December 2024, and QA is in the process of receiving and QC'ng data from the vendor. | to learn more about their challenges and to share best practices. | | MPL threshold per DHCS Timely Access recommendations | |
| 54 | Quality of Service: Access | | Network Adequacy Regulatory Submission and Audits | Comply with regulatory requirements<br>• Annual Network Certification (ANC)<br>• Subdelegate Network Certification (SNC)<br>• Network Adequacy Validation (NAV) Audit | 1) Annual participation of ANC, SNC and NAV to DHCS with AAS or CAP<br>2) Implement improvement efforts<br>3) Monitor for Improvement<br>4) Communicate results and remediation process to HN | Submission:<br>1) By end of January 15, 2025<br>2) By end of Q2 2025<br>3) By end of Q3 2025<br><br>Report to MemX<br>Q1: 01/28/2025<br>Q2: 04/15/2025<br>Q3: 07/15/2025<br>Q4: 10/21/2025 | Director of Provider Operations | Sr. Program Manager, Provider Operations | Provider Data Operations | 1. ANC<br>- 2023 ANC approved AAS website posting in process<br>- 2024 ANC from DHCS showed 21 gaps.<br>- COH submitted completed 2024 ANC submission 3/18 inclusive of revised AAS request for 21 gaps (down from 43 in 2023)<br>2. SNC<br>- RAC requested update for 2023 CAPs | 2024 SNC (HN) found all Health Networks did not meet Network Adequacy Standards based on Q4 Network Adequacy Assessments | 1. 2024 ANC Package - PDO and PR performed outreach recruiting efforts and Contracting completed requested information regarding provider network.<br>2. 2024 SNC - COH issued HN CAPs for Time or Distance and PMR | 1. ANC - DHCS FFS database show providers with inaccurate practice locations<br>- DHCS and CalOptima Health do not use the same geomapping software, leading to different assessment | 1. COH working on upgrading Quest geomapping software to increase TorD assessment accuracy<br>2. HN CAP submissions due to COH 4/4/2025 for contracting efforts to close SNC gaps | |



Domain abbreviations: PHM = Population Health Management Strategy; CoC = Continuity of Care; HE = Health Equity; CLAS = Cultural and Linguistically Appropriate Services

| TOC | Evaluation Category | Domain | 2025 QIHETP Work Plan Element Description | Goal(s) | Planned Activities | Specific date of completion for each activity (i.e. MM/DD/YYYY) | Responsible Business owner | Support Staff | Department | Results for the Quarter | Findings | Interventions /Activities Implemented | Barriers | Next Steps /Follow-up Actions | Red - At Risk Yellow - Concern Green - On Target |
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| | | | | | | | | | | issued, submitted document stating COH has closed all CAPS issued to HNs, and found no deficiencies, officially closing out 2023 SNC. 3. RAC has not heard from DHCS regarding 2024 NAV Audit | | | results for Tor D | | |
| 55 | Quality of Service: Access | PHM | Increase Primary Care Utilization - Initial Health Appointment | Increase the IHA completion rate for all new Medi-Cal members from 33% to 50% by December 31, 2025. | Assess and report the following activities:<br>1) Enhance methods of informing members of the importance of IHA and preventive screenings.<br>2) Collaborate with delegation oversight to improve IHA compliance by Health Network. | Report to PHMC<br>Q1: 02/20/25<br>Q2: 05/15/25<br>Q3: 08/21/25<br>Q4: 11/20/25 | Director of Equity and Community Health | Manager of Equity and Community Health/Program Manager Equity and Community Health | Equity and Community Health | 1) Member communication:<br>- Member text message campaign went live in December 2024 and is sent to new members monthly.<br>2) DO Collaboration for HN compliance improvement | N/A- work in progress | Presentations:<br>- PHMC 2/20/25<br>- CLCHC CalOptima Quality Meeting 2/20/25<br>- SOS Clinic Quarterly Mtg (held by PR) 3/18/25<br>- HN Forum 3/20/25<br>- CHCN Virtual Meeting 3/25/25<br>- DOC Meeting 3/26/25 | N/A | 1) Member communication:<br>-Continue text campaign along with existing member outreach efforts<br>2) DO Collaboration for HN compliance improvement | |



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| TOC | Evaluation Category | Domain | 2025 QIHETP Work Plan Element Description | Goal(s) | Planned Activities | Specific date of completion for each activity (i.e. MM/DD/YYYY) | Responsible Business owner | Support Staff | Department | Results for the Quarter | Findings | Interventions /Activities Implemented | Barriers | Next Steps /Follow-up Actions | Red - At Risk Yellow - Concern Green - On Target |
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| | | | | | 3) Provider and HN education to support new member screening for SDOH screening within 120 days. | | | | | -Under DO guidance, ECH is working with HNs to obtain additional information from their submitted DODR Forms<br>- ECH participation in the monthly Delegate Health Network Dashboard Monitoring Workgroup<br>3) Provider/HN education ECH presented IHA updates at 6 meetings in Q1, listed in Column Q. | | | | - A follow up meeting with ECH/DO will be held to decide the next step to take with HNs not meeting or improving their rates.<br>3) Provider/ HN education Continue educating and supporting HNs and Providers with IHA requirements through various presentations. | |

| TOC | Evaluation Category | Domain | 2025 QIHETP Work Plan Element Description | Goal(s) | Planned Activities | Specific date of completion for each activity (i.e. MM/DD/YYYY) | Responsible Business owner | Support Staff | Department | Results for the Quarter | Findings | Interventions /Activities Implemented | Barriers | Next Steps /Follow-up Actions | Red - At Risk Yellow - Concern Green - On Target |
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| 56 | Quality of Service: Member Experience | | Improve Member Experience/CAHPS | Increase CAHPS performance to meet goal OC: One Star ImprovementMC: One Star Improvement | Assess and report on the following activities: 1) JIT: Conduct outreach to members in advance of 2025 CAHPS survey (Just in Time campaign combines mailers with live call campaigns to members deemed likely to respond negatively).2) Launch 8 Listening Post campaigns via two-way Ushur SMS and provide year-round service recovery in collaboration with multiple departments. 3) Launch a recurring meeting series with Health Network partners dedicated to member experience improvement strategy.4) Propose mapping of member responses to CAHPS | Report to MemX Q1: 01/28/2025Q2: 04/15/2025Q3: 07/15/2025Q4: 10/21/2025 | Director of Quality Analytics (Medicare Stars and Quality Initiatives) | Project Manager of Quality Analytics / Manage of Quality Analytics | Quality Analytics | 1) Just In Time outreach completed2) 3 of the 8 listening posts have been implemented.3) 2 health network meetings have been held focusing on improving member experience. 4) Mapping of CAHPS responses is in progress.5) Meeting was held with one department to review the DPI platform. | 1) Average NPS score is > 92) Members would like refill reminders3) health networks vary in member experience improvement efforts | 1) Just in Time mailer and calls completed for OneCare in February. Calls will be completed for MediCal in mid-April.2) 3 of 8 Listening Post campaigns are live (missed medication refill, first time medication for med adherence measures, post office visit).3) Meetings launched with HNs in late Q1.4) Mapping in progress for multiple channels.5) Discussed with the Case Managment team on 3/17/25. | Lack of time and resources | Continue with plan as listed | |

| TOC | Evaluation Category | Domain | 2025 QIHETP Work Plan Element Description | Goal(s) | Planned Activities | Specific date of completion for each activity (i.e. MM/DD/YYYY) | Responsible Business owner | Support Staff | Department | Results for the Quarter | Findings | Interventions /Activities Implemented | Barriers | Next Steps /Follow-up Actions | Red - At Risk Yellow - Concern Green - On Target |
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| | | | | | categories in support of the organization adopting a Voice of Member reporting system.5) Train member-facing roles to the Decision Point Insights platform to review and address CAHPS risk during member discussions. | | | | | | | | | | |

| TOC | Evaluation Category | Domain | 2025 QIHETP Work Plan Element Description | Goal(s) | Planned Activities | Specific date of completion for each activity (i.e. MM/DD/YYYY) | Responsible Business owner | Support Staff | Department | Results for the Quarter | Findings | Interventions /Activities Implemented | Barriers | Next Steps /Follow-up Actions | Red - At Risk Yellow - Concern Green - On Target |
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| 57 | Quality of Service: Member Experience | | Grievance and Appeals Resolution Services | Implement grievance and appeals and resolution process and report key findings and/or activities, analyze barriers, and improvement efforts. Maintain the grievance and appeals and resolution process while meeting all regulatory requirements for timely processing of appeals and grievances at a target goal of 95%. | Track and trend member and provider grievances and appeals for opportunities for improvement. Maintain business for current programs. Improve process of handling member and provider grievance and appeals Identify trends in grievances quarterly to address member needs and systemic issues within the Plan. Utilize feedback provided in our quarterly GARS Committee Meetings to improve overall member experience and plan operations. | Report progress to GARS Q1 02/19/2025 Q2: 05/13/2025 Q3: 08/12/2025 Q4: 11/13/2025 Q1: 02/10/2026 | Director of Grievance and Appeals | Manager of Grievance and Appeals | GARS | 1) MC and OC grievances resolved timely 2) MC and OC appeals resolved timely | 1) Grievance trends: Provider/Staff Attitude, Timely Access, Treatment Concerns 2) Appeal Trends- Modifications to In-Network who cannot treat, Integrated Medicare and Medi-Cal criteria not utilized during initial UM decision. | 1) Tracking and trending of specific providers quarter over quarter | 1) Tracking and trending of specific providers quarter over quarter | 1) Tracking and trending of specific providers quarter over quarter | |

| TOC | Evaluation Category | Domain | 2025 QIHETP Work Plan Element Description | Goal(s) | Planned Activities | Specific date of completion for each activity (i.e. MM/DD/YYYY) | Responsible Business owner | Support Staff | Department | Results for the Quarter | Findings | Interventions /Activities Implemented | Barriers | Next Steps /Follow-up Actions | Red - At Risk Yellow - Concern Green - On Target |
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| 58 | Quality of Service: Member Experience | | Customer Service Call Center | Implement customer service process and monitor against the following standards:<br>OC Call Center Abandonment Rate 5% or lower<br>OC Call Center Average Speed of Answer 2 minutes or lower<br>MC Call Center Average Speed of Answer 10 minutes or lower<br><br>Report key findings and/or activities, analyze barriers, and improvement efforts. | Track and trend customer service call center data<br>Comply with regulatory standards<br>Improve process for handling customer service calls | Report progress to QIHEC<br>Q1: 01/14/2025<br>Report to MemX<br>Q2: 04/15/2025<br>Q3: 07/15/2025<br>Q4: 10/21/2025 | Director of Customer Services | Manager of Customer Service | Customer Service | OneCare Call Center Abandonment Rate: 3.6%<br>OneCare Call Center Average Speed of Answer: 49 seconds<br>Medi-Cal Call Center Average Speed of Answer: 2 minutes and 56 seconds | None noted. | Hired additional staff, collaborate with various departments to stagger their member engagement campaigns, leveraging call back capabilities for inbound calling members opting in. | None noted. | Continue with plan as listed | |
| 59 | Safety of Clinical Care | | Plan All Cause Readmission | Plan All-Cause Readmissions 18-64 (PCR)<br>MC: Decrease from 0.8983 to 0.8937 by 12/31/2025.<br>OC: Decrease from 10.00% to 8.00% by 12/31/2025. | 1. Collaborate with Quality /Data analytics to identify top 5-10 readmission DX – consider adding in top 5-10 member readmission data for targeted education and outreach for member/provider.<br>2. review of ambulatory Follow up | Report progress to QIHEC<br>Q1: 02/11/2025<br>Q2: 05/13/2025<br>Q3: 08/12/2025<br>Q4: 11/04/2025 | Director Medical Management | None | Case Management | 1. MC readmission: 0.087 2. OC readmission (pending as current report only pulls not pulling data for q1 2025 yet) | MC: Readmission Rate with slight downward trend. | 1)Report in progress by Data analytics for top 5-10 readmission DX.members.<br>2) Provider education for E/M's post discharge (99495 & 99496)in process to share @ HN/facility JOMS' and clinical OPs outreach, provider | Member engagement. Limited reporting functionality for visibility into member readmission details for targeted outreach. | Continue planned activities | |

| TOC | Evaluation Category | Domain | 2025 QIHETP Work Plan Element Description | Goal(s) | Planned Activities | Specific date of completion for each activity (i.e. MM/DD/YYYY) | Responsible Business owner | Support Staff | Department | Results for the Quarter | Findings | Interventions /Activities Implemented | Barriers | Next Steps /Follow-up Actions | Red - At Risk Yellow - Concern Green - On Target |
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| | | | | | within 7 days of DC for HN and discharging facilities.<br>3. Provider education for E/M's post discharge appt's within 7 days: 99495 and 99496.<br>3. Collaborate with other departments (UM/CM/TCS) for targeted outreach for member outreach for | | | | | | | relations outreach through PR channels. 3) Member resources at HN and Hospital JOM's.<br>4)TCS (MC) calling members when admitted as IP to make connections for support after discharge<br>5)HN outreach on ways to impact readmission. | | | |
| 60 | Safety of Clinical Care | | Emergency Department Member Support | Launch the Emergency Department (ED) Program in 2025 and track utilization of services and report key findings and/or activities, analyze barriers, and improvement efforts. | Assess and report the following activities:<br>1) Promoting communication and member access across all CalOptima Networks<br>2) Increase CalAIM Community Supports Referrals<br>3) Increase PCP follow-up visit within 30 days of an ED visit<br>4) Decrease inappropriate ED Utilization | Report to UMC<br>Q1: 02/20/2025<br>Q2: 05/22/2025<br>Q3: 08/21/2025<br>Q4: 11/20/2025 | Director of Long Term Support Services | Manager of Long Term Support Services | Long Term Support Services | The UCI embedded ED program launched on 2/5/2025 with one RN and MSW in the ED. | February and March had minimal in person Member enagement . Ten members were engaged with and 250 members were followed up telephonically. | An ED workgroup was was established to review barriers to member in person engagement | Staff not located in the ED due to lack of space. Can only make rounds. No full epic access. Needed for epic chat and admission board. | Locate work space in the ED to facilitate case management coordination with members. Get full epic access for chat and admission information. Implement point click care. | |

| TOC | Evaluation Category | Domain | 2025 QIHETP Work Plan Element Description | Goal(s) | Planned Activities | Specific date of completion for each activity (i.e. MM/DD/YYYY) | Responsible Business owner | Support Staff | Department | Results for the Quarter | Findings | Interventions /Activities Implemented | Barriers | Next Steps /Follow-up Actions | Red - At Risk Yellow - Concern Green - On Target |
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| 61 | Safety of Clinical Care | | Transitional Care Services (TCS) | UM/CM/LTC to improve care coordination by increasing successful interactions for TCS high-risk members within 7 days of their discharge by 10% by end of December 31,2025. [New goal will be established Q1 2025] | 1) Use of Ushur platform to outreach to members post discharge.<br>2) Implementation of TCS support line.<br>3) Ongoing audits for completion of outreach for High-Risk Members in need of TCS.<br>4) Ongoing monthly validation process for Health Network TCS files used for oversight and DHCS reporting. | Report to UMC<br>Q2: 05/22/2025<br>Q3: 08/21/2025<br>Q4: 11/20/2025 | Sr. Director of Utilization Management | Project Manager, Medical Management | Utilization Management | 1) Usher text campaign for 2/weekly text to members admitted to hospital<br>2) TCS support line moved to be managed by all TCS staff.<br>3) Ongoing audits for outreach for high risk members<br>4) Creating JIVA report for transarency into successful outreach within 7 days- currently no report- manual sample audit process. | Manual audit finding for successful outreach within 7 days is 49.15% with random sample audit completed monthly. Need reporting into TCS support line for visibility into volume/handled calls. | 1) Moved TSC phone support to all TCS staff support<br>2) Creating TSC phone audit log (transparency into type of calls) and support ability to return missed calls.<br>3) Report in Jiva in process.<br>4) Continue random sample audits.<br>5) Sharing TCS flyer to HN and Hospital JOM's.<br>6) Creating TCS phone line reporting for visbility and opportunities. | Member engagement. Limited reporting function ality. | Continue planned activities | |

| TOC | Evaluation Category | Domain | 2025 QIHETP Work Plan Element Description | Goal(s) | Planned Activities | Specific date of completion for each activity (i.e. MM/DD/YYYY) | Responsible Business owner | Support Staff | Department | Results for the Quarter | Findings | Interventions /Activities Implemented | Barriers | Next Steps /Follow-up Actions | Red - At Risk Yellow - Concern Green - On Target |
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| 62 | Cultural and Linguistic Appropriate Services | CLAS | Language Services: Cultural and Linguistics and Language Accessibility | Implement interpreter and translation services and report key findings and/or activities, analyze barriers, and improvement.<br><br>For translation services, by August 1st, 2025, CalOptima Health will expand the threshold languages to include Russian to meet requirements established by the California Department of Health Care Services (DHCS). | Track and trend interpreter and translation services utilization data and analysis for language needs.<br>Comply with regulatory standards, including Member Material requirements<br>Launch Russian as new threshold language. | Report progress to QIHEC<br>Q1: 01/14/2025<br>Q2: 04/08/2025<br>Q3: 07/08/2025<br>Q4: 10/07/2025 | Director of Customer Service | Manager of Cultural and Linguistics | Cultural and Linguistic Services | Cultural and Linguistic Services continually tracks and trends interpreter and translation services utilization data while analyzing and identifying language needs, as an ongoing process.<br><br>Cultural and Linguistic Services continually to complies with regulatory standards, including Member Material requirements for all threshold languages.<br><br>Cultural and Linguistic Services will lead the launch of Russian as new | In preparation of the Russian threshold language implementation on August 11, 2025. The following preparations are currently underway for the August launch.<br>• Member facing documents are currently being translated into Russian.<br>• Interviews are underway to identify and onboard a full-time Russian translator. | No interventions or activities planned at this time. | No barriers have been identified for both Health Equity and Health Plan accreditation. | Cultural and Linguistic Services will lead the launch of Russian as new threshold language on August 11, 2025. | |

| TOC | Evaluation Category | Domain | 2025 QIHETP Work Plan Element Description | Goal(s) | Planned Activities | Specific date of completion for each activity (i.e. MM/DD/YYYY) | Responsible Business owner | Support Staff | Department | Results for the Quarter | Findings | Interventions /Activities Implemented | Barriers | Next Steps /Follow-up Actions | Red - At Risk Yellow - Concern Green - On Target |
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| | | | | | | | | | | threshold language on August 11, 2025. The following preparations are currently underway for the August launch.<br><br>• Member facing documents are currently being translated into Russian.<br>• Interviews are underway to identify and onboard a full-time Russian translator. | | | | | |

| TOC | Evaluation Category | Domain | 2025 QIHETP Work Plan Element Description | Goal(s) | Planned Activities | Specific date of completion for each activity (i.e. MM/DD/YYYY) | Responsible Business owner | Support Staff | Department | Results for the Quarter | Findings | Interventions /Activities Implemented | Barriers | Next Steps /Follow-up Actions | Red - At Risk Yellow - Concern Green - On Target |
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| 63 | Cultural and Linguistic Appropriate Services | CLAS | Network Cultural Responsiveness: Data Collection on Member Demographic Information | By Dec. 31st, 2025, CalOptima Health will increase the collection of sexual orientation gender identify (SOGI) data by 10% through focused outreach and education, ensuring better representation and inclusion of members. | 1) Field a survey to collect the Member's Sexual Orientation and Gender Identity (SOGI) information from members (18+ years of age).<br>2) Collaborate with other participating CalOptima Health departments, to share SOGI data with the Health Networks.<br>3) Develop and implement a survey via the Member Portal, mail to new members and other methods.<br>4) Share member demographic information with practitioners. | Report progress to QIHEC<br>Q1: 01/14/2025<br>Q2: 04/08/2025<br>Q3: 07/08/2025<br>Q4: 10/07/2025 | Director of Customer Service | Manager of Cultural and Linguistics | Cultural and Linguistic Services | CalOptima staff continues to collect SOGI data from members through various methods in Quarter 1:<br>> Continue to mail survey's to new members 18+ years of age.<br>> Member Portal<br>> Community Events<br>> New Member Orientation Meetings | Collection of data continues to be a challenge as overall, we have collected 5% of members surveyed. | Expanding SOGI Collection methods<br>> April 2025: Mailing surveys to 186,000+ existing members 18+ years of age.<br>>April 2025: Survey members during the New Member Orientation meetings. | Lack of response to the member surveys | Continue monitoring the collection rate. For now, this goal is on target but will re-evaluate in the next quarter after we assess the collection rate of the 186,000 surveys mailed on April 30th 2025.<br><br>Collaborate with IT to implement a process to share the data collected with the Health Networks. Target Q3 2025 | |

| TOC | Evaluation Category | Domain | 2025 QIHETP Work Plan Element Description | Goal(s) | Planned Activities | Specific date of completion for each activity (i.e. MM/DD/YYYY) | Responsible Business owner | Support Staff | Department | Results for the Quarter | Findings | Interventions /Activities Implemented | Barriers | Next Steps /Follow-up Actions | Red - At Risk Yellow - Concern Green - On Target |
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| 64 | Cultural and Linguistic Appropriate Services | CLAS | Network Cultural Responsiveness: Data Collection on Practitioner Demographic Information | By Dec. 31st, 2025, CalOptima Health will increase the collection of race/ethnicity/languages (REL) data by 10% through focused outreach and education, ensuring better representation and inclusion of providers. | 1) Add REL questions to routine forms, including credentialing, provider relations LOI, and provider demographic forms.<br>2) Enter REL data into the provider data system to ensure it can be retrieved and used for CLAS improvement.<br>3) Share data on the provider network's capacity to meet the language needs of CalOptima Health members.<br>4) Assess the provider network's ability to meet CalOptima Health's culturally diverse member needs.<br>5) Collaborate with other CalOptima Health departments to share SOGI data with | Report progress to QIHEC<br>Q1: 02/11/2025<br>Q2: 05/13/2025<br>Q3: 08/12/2025<br>Q4: 11/20/2025 | Director of Provider Operations | Program Manger Provider Data Operations | Provider Data Management Services | 1. The REL data collection is embedded into the routine workflow. REL questions are integrated into the Addition, Change, Termination (ACT) form, Provider Relations LOI, and credentialing forms.<br>2. PR and Health Networks submit REL data via ACT forms, LOIs, and rosters. This information is routed to Provider Data Operations, where it is stored and maintained within the Facets database for use and reporting.<br>3-5. Data on provider | REL questions have been integrated into routine forms, including ACT and credentialing forms. REL data submission workflows are routed to PR or PDMS via Provideronline@caloptima.org. The data entry process allows REL information to be stored and retrieved for analysis and CLAS reporting. Language and demographic data are visible in the provider directory when shared by providers. | Addition/Change/Termination (ACT), initial credentialing application, Letter of Intent (LOI), and the Language Supplemental Form now capture race/ethnicity, language fluency, and language-service capability. | Provider disclosure of language fluency and race/ethnicity data remains voluntary, resulting in low response rates. Many providers opt not to share this information, limiting the completeness of data available for analysis and reporting. | Continue collecting REL data through ongoing integration in standard forms, ensuring providers are consistently prompted to submit this information during credentialing, updates, and demographic reviews. | |

| TOC | Evaluation Category | Domain | 2025 QIHETP Work Plan Element Description | Goal(s) | Planned Activities | Specific date of completion for each activity (i.e. MM/DD/YYYY) | Responsible Business owner | Support Staff | Department | Results for the Quarter | Findings | Interventions /Activities Implemented | Barriers | Next Steps /Follow-up Actions | Red - At Risk Yellow - Concern Green - On Target |
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| | | | | | Health Networks. | | | | | language capacity and cultural demographics is displayed in CalOptima Health's online provider directory when shared by the provider. This information is available to CalOptima Health PR and Health Networks upon request; however, no formal requests have been made to date. | | | | | |

| TOC | Evaluation Category | Domain | 2025 QIHETP Work Plan Element Description | Goal(s) | Planned Activities | Specific date of completion for each activity (i.e. MM/DD/YYYY) | Responsible Business owner | Support Staff | Department | Results for the Quarter | Findings | Interventions /Activities Implemented | Barriers | Next Steps /Follow-up Actions | Red - At Risk Yellow - Concern Green - On Target |
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| 65 | Cultural and Linguistic Appropriate Services | CLAS | Experience with Language Services | Evaluate language services experience from member and staff by implementing at language services survey to member and staff by March 31, 2025.<br><br>By Dec. 31st, 2025, CalOptima Health will evaluate language services experience by collecting feedback from at least 10% of members and 80% of staff using surveys and will analyze the results to identify improvements to language services. | Goal not met. Continue to assess and report the following activities:<br>1) Develop and implement a survey to evaluate the effectiveness related to cultural and linguistic services.<br>2) Analyze data and identify opportunities for improvement. | Report progress to QIHEC<br>Q1: 01/14/2025<br>Q2: 04/08/2025<br>Q3: 07/08/2025<br>Q4: 10/07/2025 | Director of Customer Service | Manager of Cultural and Linguistics | Cultural and Linguistic Services | 1) Develop and implement a survey to evaluate the effectiveness related to cultural and linguistic services. Cultural and Linguistic Services developed and launched a Staff and a Member survey in March 2025, to assess the satisfaction level of the language assistance service experience of CalOptima Health staff and members.<br>• Staff survey – C&L received 72 responses from CalOptima Health staff as of the end of April | • Member survey – C&L received 642 responses as of the end of April 2025, via U.S. Mail, from the 32,480, that were mailed. The responses are still being sorted and tallied.<br>2) Analyze data and identify opportunities for improvement.<br>• Since the surveys are still in progress, and the responses from the Member survey are still being sorted and tallied, opportunities for improvement will be identified in the following quarters. | No interventions or activities planned at this time. | No barriers have been identified for both Health Equity and Health Plan accreditation. | The responses for the Member Survey are still being sorted and tallied an update will be provided in the following quarters. | |



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| TOC | Evaluation Category | Domain | 2025 QIHETP Work Plan Element Description | Goal(s) | Planned Activities | Specific date of completion for each activity (i.e. MM/DD/YYYY) | Responsible Business owner | Support Staff | Department | Results for the Quarter | Findings | Interventions /Activities Implemented | Barriers | Next Steps /Follow-up Actions | Red - At Risk Yellow - Concern Green - On Target |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | | | | | | | | | | 2025. The survey results were positive responses, with only 3 un-favorable responses.<br>• Member survey – C&L received 642 responses as of the end of April 2025, via U.S. Mail, from the 32,480, that were mailed. The responses are still being sorted and tallied.<br>2) Analyze data and identify opportunities for improvement.<br>• Since the surveys are still in progress, and the responses from the Member survey are | | | | | |

| TOC | Evaluation Category | Domain | 2025 QIHETP Work Plan Element Description | Goal(s) | Planned Activities | Specific date of completion for each activity (i.e. MM/DD/YYYY) | Responsible Business owner | Support Staff | Department | Results for the Quarter | Findings | Interventions /Activities Implemented | Barriers | Next Steps /Follow-up Actions | Red - At Risk Yellow - Concern Green - On Target |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | | | | | | | | | | still being sorted and tallied, opportunities for improvement will be identified in the following quarters. | | | | | |
| 66 | Cultural and Linguistic Appropriate Services | CLAS | Network Cultural Responsiveness: Diversity, Equity and Inclusion Training | By Dec. 31st, 2025, CalOptima Health will implement and train 90% of staff, health networks, and providers on Diversity, Equity and Inclusion (DEI) training, ensuring compliance with DHCS All Plan Letter (APL) 24-016. | 1. Develop a DEI Training and launch pilot training by July 31, 2025 | Report progress to QIHEC<br>Q1: 01/14/2025<br>Q2: 04/08/2025<br>Q3: 07/08/2025<br>Q4: 10/07/2025 | Chief Health Equity Officer | Manager Human Resources and Provider Relations | HR and Provider Relations | 1) DEI and Health Equity Training approved by DHCS (2/14/25)<br>2) DEI and Health Equity Training to replace other related trainings such as:<br>- Cultural Competency<br>- Disability<br>- DEI- | -Internal Regulatory and Compliance Team confirmed DHCS approval.<br><br>-Approval marks a key milestone for moving forward with implementation | Submitted DEI and Health Equity training materials to DHCS in December 2024.<br><br>Received and reviewed approval notification from DHCS.<br><br>Planning activities began for pilot testing and full-scale rollout. | N/A | Quarter 2, 2025 (April 2025)<br><br>1) Pilot launch for CalOptima Health staff (new employees).<br><br>2) Pilot launch for Providers via the provider portal.<br><br>3) Brief survey to | |

| TOC | Evaluation Category | Domain | 2025 QIHETP Work Plan Element Description | Goal(s) | Planned Activities | Specific date of completion for each activity (i.e. MM/DD/YYYY) | Responsible Business owner | Support Staff | Department | Results for the Quarter | Findings | Interventions /Activities Implemented | Barriers | Next Steps /Follow-up Actions | Red - At Risk Yellow - Concern Green - On Target |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | | | | | | | | | | Unconciou s Bias | | | | be administe red post-training for feedback collection.<br><br>4) Begin evaluating pilot feedback to prepare for full launch. | |

Domain abbreviations:
PHM = Population Health Management Strategy
CoC = Continuity of Care
HE = Health Equity
CLAS = Cultural and Linguistically Appropriate Services

# First Quarter 2025 Summary of the Quality Improvement Health Equity Committee (QIHEC)

**Special Quality Assurance Committee**

**June 18, 2025**

**Linda Lee, Executive Director, Quality Improvement**

## Our Mission

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

## Our Vision

**Provide all members with access to care and supports to achieve optimal health and well-being through an equitable and high-quality health care system.**

# QIHEC Actions in First Quarter 2025

- QIHEC oversees and monitors the Quality Improvement Health Equity Transformation Program (QIHETP) Annual Work Plan
- In Quarter 1, 2025, QIHEC evaluated the following topics:
  - QIHEC Subcommittee reports
  - CalOptima Health programs and business functions
  - Quality performance measures including OneCare Star measures and Managed Care Accountability Set (MCAS) measures
  - National Committee for Quality Assurance (NCQA) Accreditation

# QIHEC Actions in First Quarter 2025

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

# QIHEC Actions: Program Oversight

- QIHEC reviewed and approved the following:
  - December 10, 2024; January 14, 2025; and February 11, 2025 meeting minutes
  - 2024 QIHETP Evaluation and Work Plan (Q1-Q4)
  - 2024 Population Health Management Impact Report
  - 2024 Cultural and Linguistically Appropriate Services (CLAS) Evaluation
  - 2025 Quality Improvement Health Equity Transformation Program and Work Plan initial and revised
  - 2025 UM/CM Integrated Program and 2024 UM/CM Integrated Program Evaluation

# QIHEC Actions: Policy Review

- QIHEC reviewed and approved the following policies:
  - Policy GG.1615: Corrective Action Plan for Practitioners and Organizational Provider
  - Policy GG.1652: DHCS Notification of Change in the Availability or Location of Covered Services
  - Policy GG.1618: Member Request for Medical Records

# QIHEC Actions: Sub-Committee Oversight

- QIHEC accepted and filed subcommittee minutes
  - Grievance and Resolutions Services (GARS) Committee February 19, 2025
  - Member Experience Committee (MEMx) October 15, 2024
  - Population Health Management Committee (PHMC) November 21, 2024

# QIHEC Findings/Outcomes

- CalAIM Community Supports Turnaround Time did not meet benchmark of 95% in November and December 2024 due to staff vacancies and increased referral volume
  - A Corrective Action Plan (CAP) was implemented that includes cross-training staff and adding temporary staff
  - 98% compliance rate was achieved by end of January 2025
  - The CAP was reviewed, closed, and LTSS is currently meeting turnaround times with no open issues

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# QIHEC Findings/Outcomes

- Health Risk Assessment (HRA) Star Measure reached 3-Star for the 2024 Measurement Year
- 14,629 OneCare health rewards were issued for HRA in 2024

# QIHEC Recommendations in First Quarter 2025

- QIHEC made the following requests and/or recommendations:
  - A follow-up report on CalAIM Community Supports Program turnaround times
  - A report on depression screening for prenatal and postpartum members in the hospital setting

# QIHEC Actions: Sub-Committees

- QIHEC accepted and filed subcommittee minutes
  - Utilization Management Committee Meeting (UMC) January 23, 2025
    - Benefits Management Subcommittee (BMSC)
    - Pharmacy and Therapeutics Committee (P&T)
  - Whole Child Model Clinical Advisory Committee (WCM CAC) November 11, 2024

# QIHEC Actions: Sub-Committees

- QIHEC accepted and filed program documents
  - MemX Committee 2025 Charter
  - PHM Committee February 20, 2025 Consent Calendar
  - Benefit Management Subcommittee Meetings
  - Member Experience (MEMX) Committee Oversight
  - PHM Committee Consent Calendar (Q1 2025)
  - Adverse Childhood Experiences (ACEs) Quarter 4, 2024 Update

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# QIHEC Sub-Committee Report

Back to Agenda

# Subcommittee Actions in First Quarter 2025: Credentialing and Peer Review

- Credentialing and Peer Review Committee (CPRC) reviewed and approved seven policies related to credentialing
- CRPC approved the credentialing clean/closure list
- CPRC recommended the requiring PCP minimum appointments hours

# Subcommittee Actions in First Quarter 2025: Member Experience

- Member Experience (MemX) Committee approved updates to the MemX Committee Charter
  - Quorum changed from 7 to 9 voting members.
- MemX issued corrective action plans to health networks based on Q4 2024 network adequacy performance
- MemX recommended rheumatology, neurology and urology specialist be prioritized for recruitment due to appointment delays

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# Subcommittee Actions in First Quarter 2025: Population Health Management

- Population Health Management Committee (PHMC) updated their charter to add the Chief Medical Officer (CMO) as a voting member of the committee
- PHMC recommended follow-up with Access California Services to educate about CalOptima Health benefits for the SAMENA Collective, a community-based organization advancing care for South Asian, Middle Eastern, and North African (SAMENA) individuals

# Subcommittee Actions in First Quarter 2025: Utilization Management

- UMC updated the charter to add the Chief Health Equity Officer (CHEO) and Senior Manager of UM
- UMC approved the following:
  - 2024 UM Program Evaluation
  - 2025 UM/CM Integrated Program Description
  - 2025 Board-Certified Consultants
  - 11 UM policies

# Subcommittee Actions in First Quarter 2025: Utilization Management

- BMSC identified 19 codes to require prior authorization (PA) and 24 codes were removed from PA requirements
- P&T approved the drug monograph criteria and recommendations for formulary placement

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# APPENDIX

Back to Agenda

# Quality Improvement Health Equity Committee (QIHEC) Purpose

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

# QIHEC's Responsibilities

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

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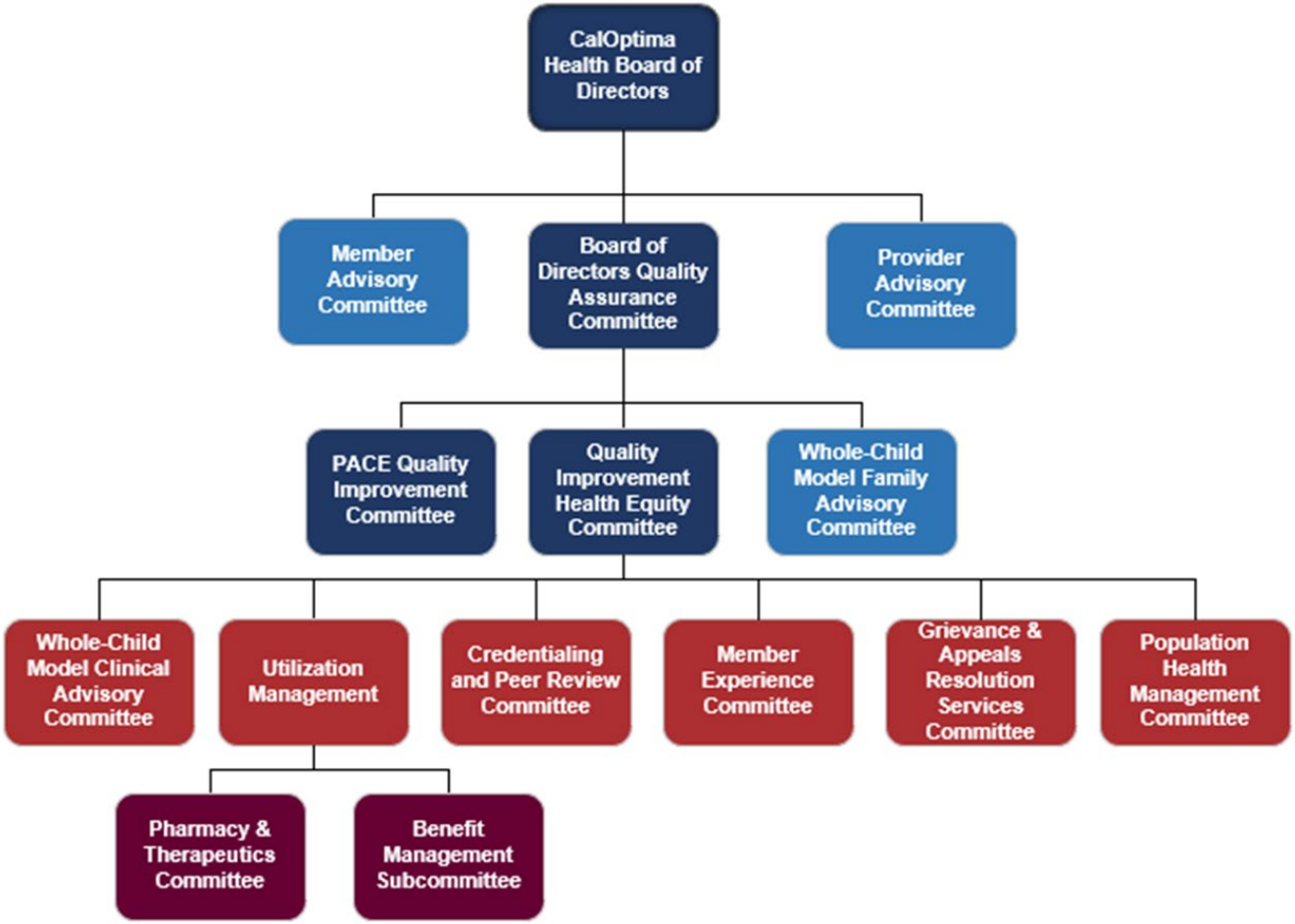
# Quality Improvement and Health Equity Governance



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# Stay Connected With Us

## www.caloptima.org

# Member Grievances and Appeals Report First Quarter 2025

## Special Quality Assurance Committee

## June 18, 2025

**Ladan Khamseh, Executive Director, Operations**

## Our Mission

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

## Our Vision

**Provide all members with access to care and supports to achieve optimal health and well-being through an equitable and high-quality health care system.**

# Agenda

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

# Definitions

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

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

# Executive Summary

- CalOptima Health received a total of 4,046 grievances and 324 appeals for the combined Medi-Cal and OneCare lines of business. The turnaround time for both complaint types remained compliant averaging a closure rate of 23 days.

Grievances

- Medi-Cal experienced a decrease in grievances from 4,018 in the fourth quarter 2024 to 3,675 in the first quarter 2025, representing a **decrease of 9%** from prior quarter. Grievance types making up the overall first quarter volume include: dissatisfaction in Provider/Staff Attitude, transportation issues, and grievances related to provider services specifically delays in referral submissions by treating providers.
- OneCare experienced a decrease in grievances from 419 in the fourth quarter 2024 to 371 in the first quarter 2025, representing **a decrease of 11%** from prior quarter. Grievance types making up this volume include dissatisfaction in Provider/Staff Attitude, telephone accessibility with providers offices, referral submission delays and transportation grievances regarding driver punctuality and scheduling of services.

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# Executive Summary (Continued)

Appeals

- Medi-Cal experienced a decrease in appeals from 346 in the fourth quarter 2024 to 265 in the first quarter 2025, representing a **decrease of 23.4%**, with an overturn rate of 26%. The overall appeal volume was for redirection or modifications to community specialists, CalAim personal care/homemaker services and Housing Tenancy.

- OneCare experienced an increase in appeals from 41 in the fourth quarter 2024 to 59 in the first quarter 2025 representing an **increase of 44%,** with an overturn rate increase from 44% to 47%. Contributing to the appeals volume were inpatient hospital care with non-contracted Providers, redirected authorizations from our tertiary providers to the community providers who can treat the condition, and DME requests.

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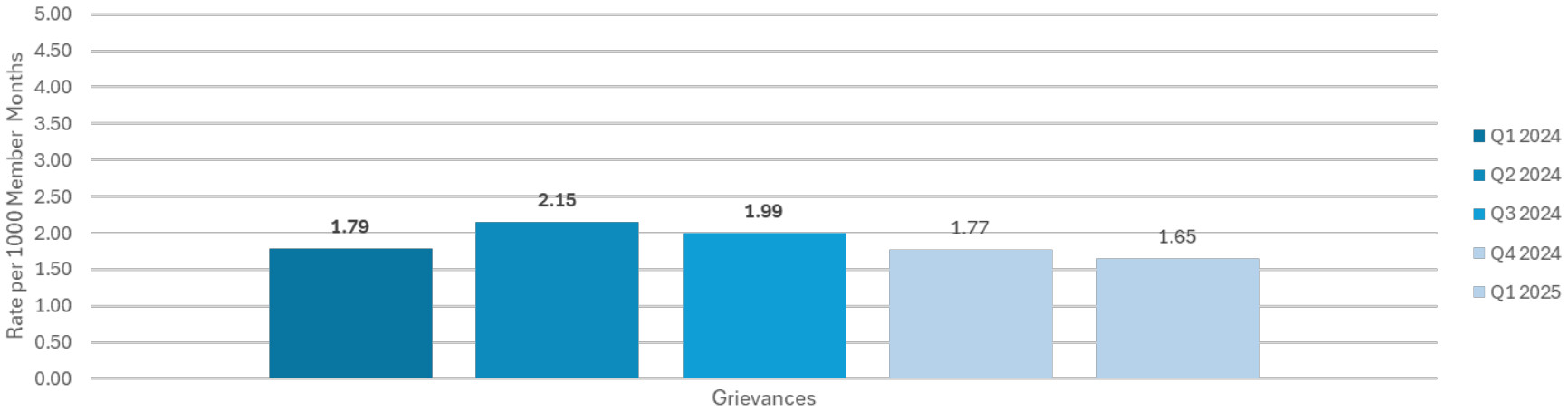
# Grievances

Back to Agenda

# Total Grievance Volume and Compliance

| Timeframe | Total Grievances |
|---|---|
| Q1-2025 | 4,510 |
| Q4-2024 | 4.829 |
| Q3-2024 | 5,456 |
| Q2-2024 | 5,962 |
| Q1-2024 | 4,999 |

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




| Complaint Type | Required TAT | CalOptima Average TAT | Compliance Percentage |
|---|---|---|---|
| Grievances | 30 Days | 23 Days | 99.9% |

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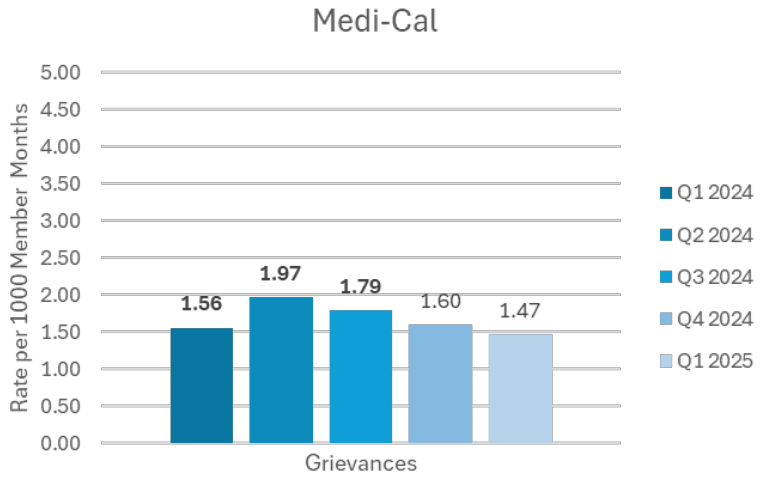
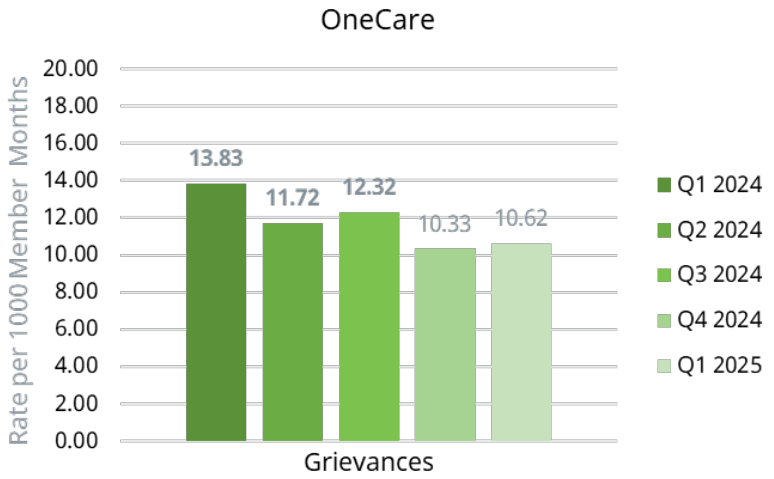
# Grievance Volume by Line of Business (LOB)




| Total Grievances | |
|---|---|
| Q1 2025 | 3,958 |
| Q4 2024 | 4,298 |
| Q3 2024 | 4,817 |
| Q2 2024 | 5,355 |
| Q1 2024 | 4,280 |

| Total Grievances | |
|---|---|
| Q1 2025 | 552 |
| Q4 2024 | 531 |
| Q3 2024 | 639 |
| Q2 2024 | 607 |
| Q1 2024 | 719 |

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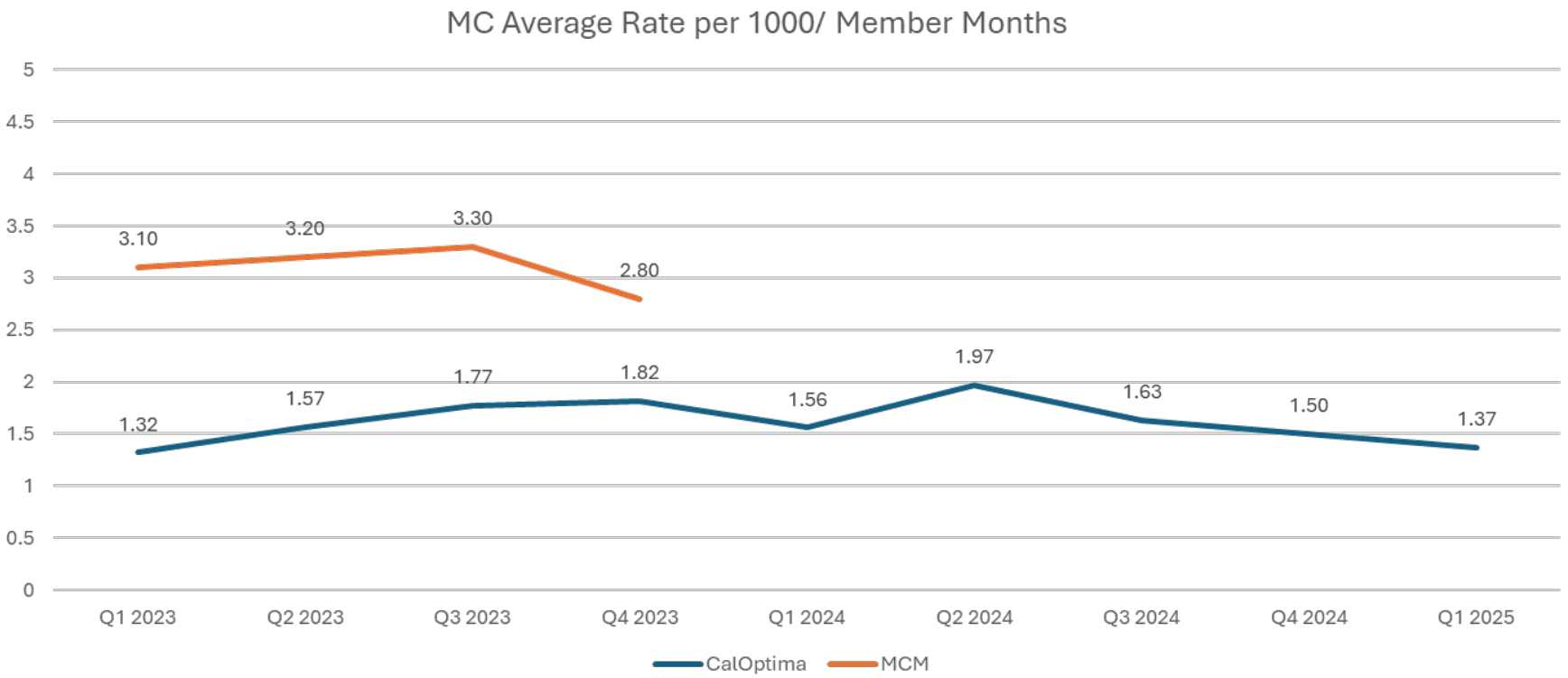
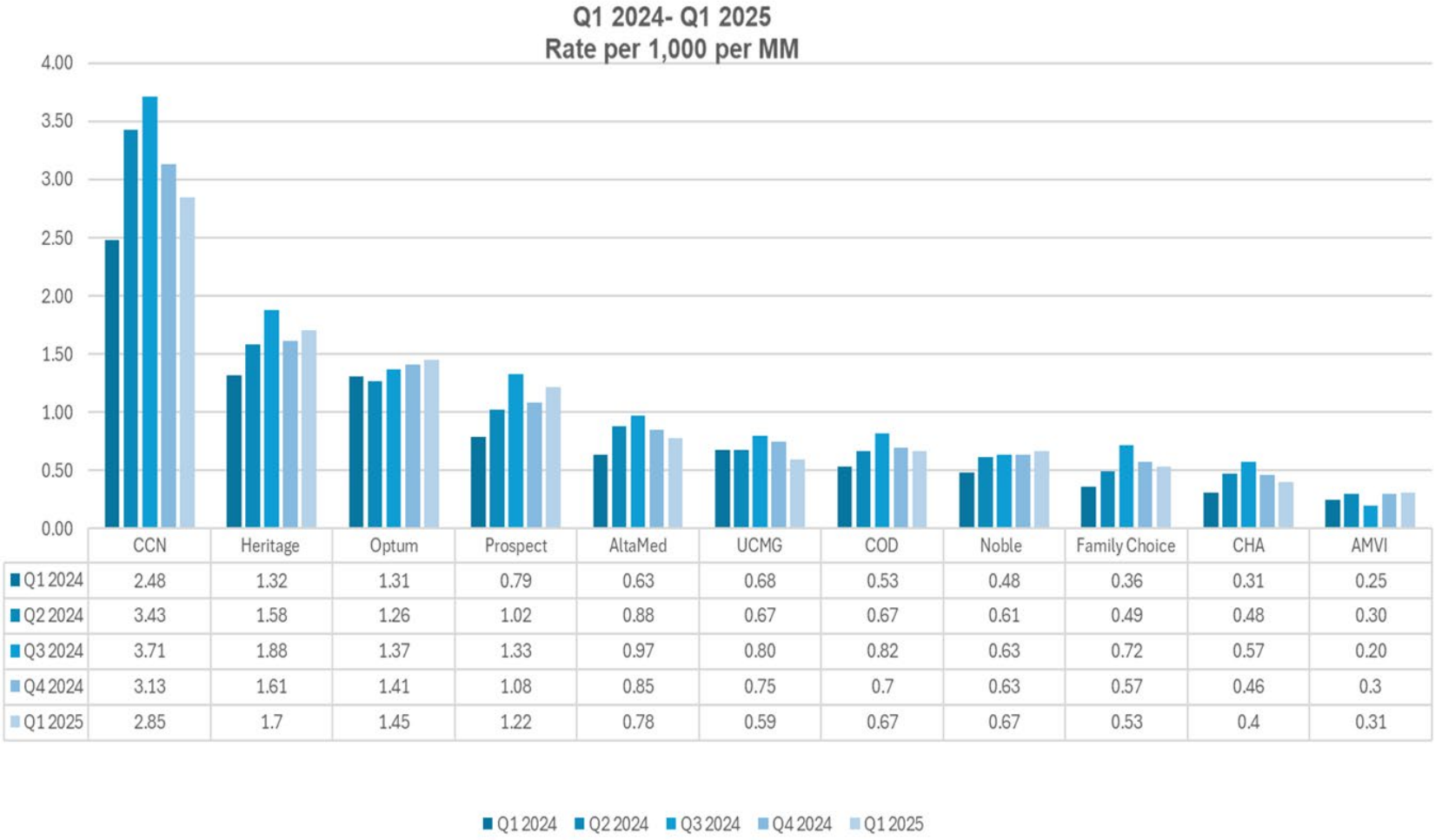
# CalOptima Health Comparison

- National Committee for Quality Assurance (NCQA) benchmark is 5 - meaning we should receive less than 5 grievances per 1,000 member months.
- DHCS rolling average across all similar Plans is 3.1 per 1,000 Member Months – please note that DHCS delays publication by at least two quarters.
- CalOptima Health remains below both the industry average and the NCQA benchmark at 1.37 grievances per 1,000 member months.




CalOptima Health

# 2024-2025 Complaint Rate per 1,000 Member Months




| | CCN | Heritage | Optum | Prospect | AltaMed | UCMG | COD | Noble | Family Choice | CHA | AMVI |
|---|---|---|---|---|---|---|---|---|---|---|---|
| Q1 2024 | 2.48 | 1.32 | 1.31 | 0.79 | 0.63 | 0.68 | 0.53 | 0.48 | 0.36 | 0.31 | 0.25 |
| Q2 2024 | 3.43 | 1.58 | 1.26 | 1.02 | 0.88 | 0.67 | 0.67 | 0.61 | 0.49 | 0.48 | 0.30 |
| Q3 2024 | 3.71 | 1.88 | 1.37 | 1.33 | 0.97 | 0.80 | 0.82 | 0.63 | 0.72 | 0.57 | 0.20 |
| Q4 2024 | 3.13 | 1.61 | 1.41 | 1.08 | 0.85 | 0.75 | 0.7 | 0.63 | 0.57 | 0.46 | 0.3 |
| Q1 2025 | 2.85 | 1.7 | 1.45 | 1.22 | 0.78 | 0.59 | 0.67 | 0.67 | 0.53 | 0.4 | 0.31 |

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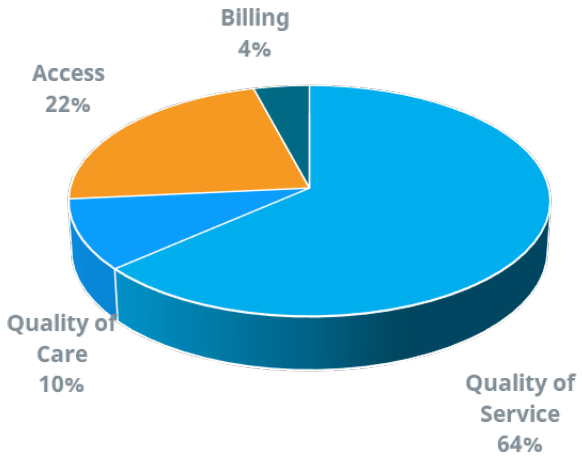
# 2024-2025 Grievance Type by Category




| | MC Grievances | | | | |
|---|---|---|---|---|---|
| | Q1 2024 | Q2 2024 | Q3 2024 | Q4 2024 | Q1 2025 |
| Quality of Service | 2,034 | 2,668 | 2,702 | 2,485 | 2,337 |
| Quality of Care | 320 | 505 | 586 | 480 | 364 |
| Access | 594 | 789 | 882 | 875 | 821 |
| Billing | 190 | 208 | 217 | 178 | 153 |
| TOTAL | **3,127** | **4,170** | **4,387** | **4,018** | **3,675** |

**Q1 2025 Trends within each Category:**

Quality of Care – Inappropriate care/treatment concerns; Authorization

Billing – Provider Direct Member Billing, Balance Billing

Access – Telephone Accessibility, Referral Related

Quality of Service – Provider/Staff Attitude, Plan Customer Service

Medi-Cal
CalOptima Health

# Medi-Cal Grievance Trends for Q1

### Quality of Service

| Trend | Percentage of Total Volume |
|---|---|
| Provider / Staff Attitude | 21% (482) |
| Plan Customer Service | 17% (387) |
| Authorization | 10% (234) |

### Access

| Trend | Percentage of Total Volume |
|---|---|
| Referral Related | 29% (236) |
| Telephone Accessibility | 14% (115) |
| Scheduling | 13% (106) |

### Quality of Care

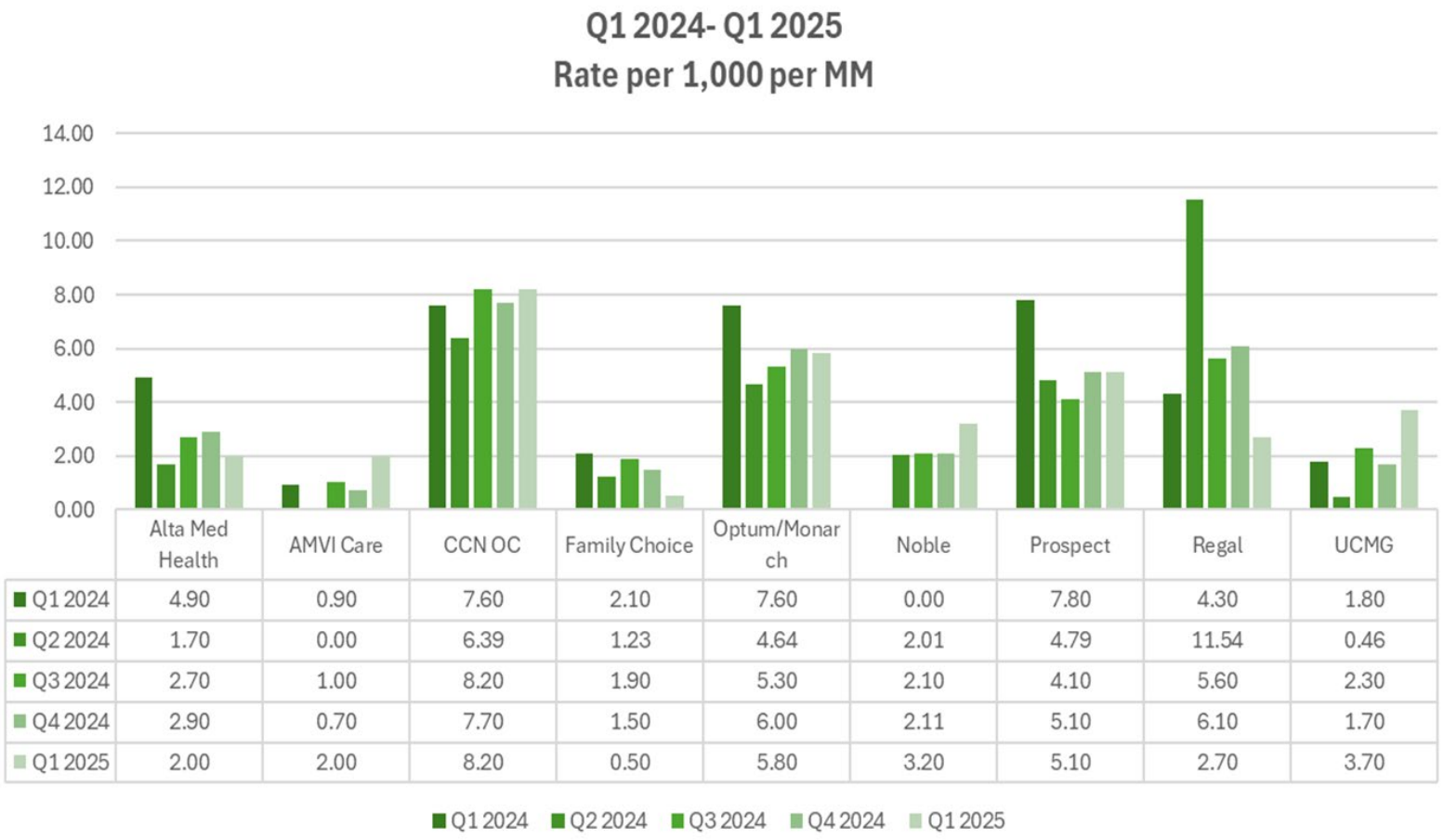
| Trend | Percentage of Total Volume |
|---|---|
| Treatment Concerns | 60% (220) |
| Inappropriate Care | 10% (37) |
| Authorization | 6% (22) |

### Billing

| Trend | Percentage of Total Volume |
|---|---|
| Provider Direct Member Billing | 69% (105) |
| Provider Balance Billing | 26% (40) |
| Denial of Pmt. Request | .5% (1) |

Medi-Cal
CalOptima Health

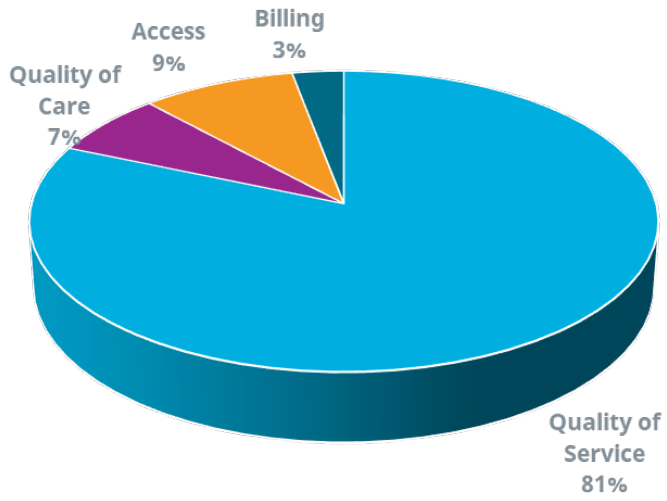
# 2024-2025 Grievance Rate per 1,000 Member Months




| | Alta Med Health | AMVI Care | CCN OC | Family Choice | Optum/Monarch | Noble | Prospect | Regal | UCMG |
|---|---|---|---|---|---|---|---|---|---|
| Q1 2024 | 4.90 | 0.90 | 7.60 | 2.10 | 7.60 | 0.00 | 7.80 | 4.30 | 1.80 |
| Q2 2024 | 1.70 | 0.00 | 6.39 | 1.23 | 4.64 | 2.01 | 4.79 | 11.54 | 0.46 |
| Q3 2024 | 2.70 | 1.00 | 8.20 | 1.90 | 5.30 | 2.10 | 4.10 | 5.60 | 2.30 |
| Q4 2024 | 2.90 | 0.70 | 7.70 | 1.50 | 6.00 | 2.11 | 5.10 | 6.10 | 1.70 |
| Q1 2025 | 2.00 | 2.00 | 8.20 | 0.50 | 5.80 | 3.20 | 5.10 | 2.70 | 3.70 |

OneCare CalOptima Health

# 2025 Grievance Type by Category




| | OC Grievances | | | | |
|---|---|---|---|---|---|
| | Q1 2024 | Q2 2024 | Q3 2024 | Q4 2024 | Q1 2025 |
| Quality of Service | 366 | 326 | 371 | 334 | 302 |
| Quality of Care | 27 | 34 | 51 | 22 | 25 |
| Access | 54 | 47 | 49 | 49 | 33 |
| Billing | 22 | 16 | 15 | 14 | 11 |
| **TOTAL** | **469** | **423** | **486** | **419** | **371** |

**Q1 Trends within each Category:**

Quality of Service –Provider Staff Attitude, Plan Customer Service

Quality of Care – QOC, Provider Staff Attitude

Access – Telephone Issues, Referral, Provider Availability

Billing – Provider Direct Member Billing, Plan Customer Service, Balance Billing

OneCare CalOptima Health

# OneCare Grievance Trends for Q1

### Quality of Service

| Trend | Percentage of Total Volume |
|---|---|
| Provider / Staff Attitude | 26% (79) |
| Plan Customer Service | 18% (54) |
| Scheduling | 13% (39) |

### Access

| Trend | Percentage of Total Volume |
|---|---|
| Referral related | 24% (8) |
| Technology / Telephone | 18% (6) |
| Provider Availability | 12% (4) |

### Quality of Care

| Trend | Percentage of Total Volume |
|---|---|
| Quality of Care | 68% (17) |
| Provider/Staff Attitude | 12% (3) |
| Driver Punctuality | 8% (2) |

### Billing

| Trend | Percentage of Total Volume |
|---|---|
| Provider Direct Member Billing | 73% (8) |
| Provider Balance Billing | 17% (3) |

OneCare CalOptima Health

# Actions Taken in Response to Trends

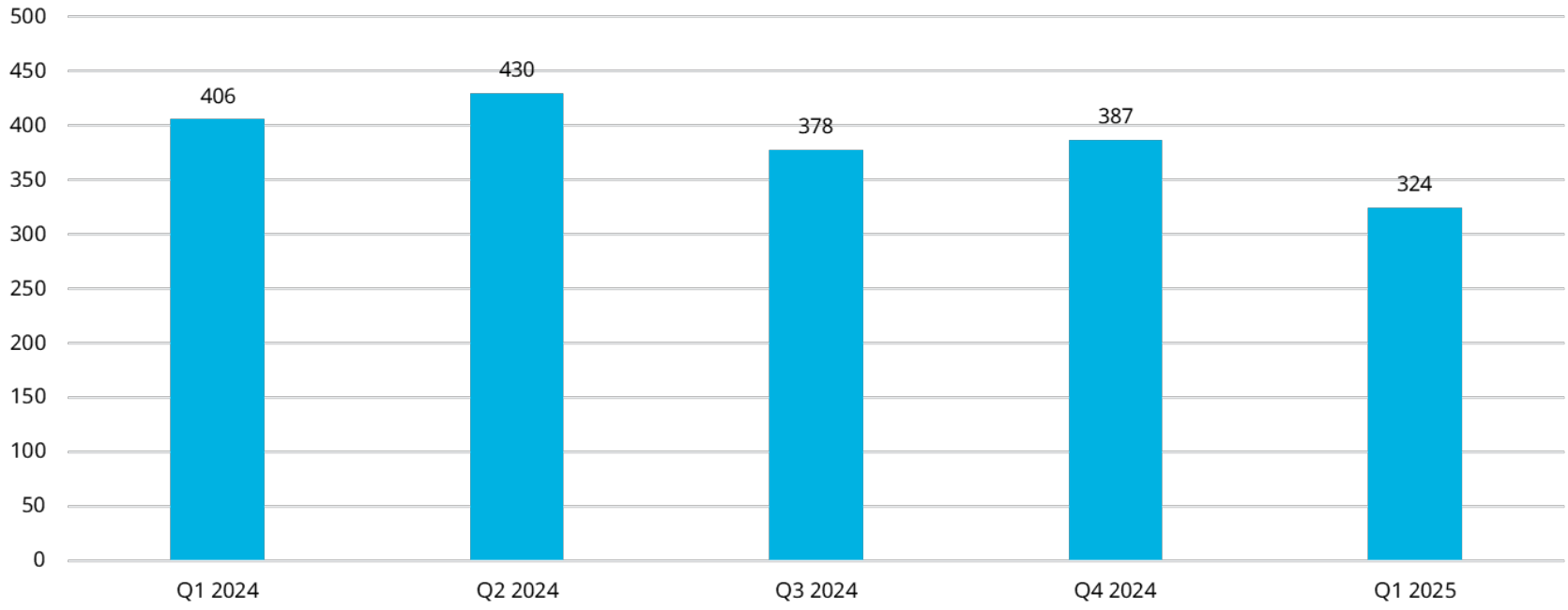
- Q1 trends identified
  - Medi-Cal and OneCare grievances regarding transportation providers.
  - Medi-Cal and OneCare Grievances against the staff at Primary Care Physicians and Specialists visits.
- Actions Taken
  - Vendor providing weekly report to show successful rides, critical care focus and escalated process for recovery rides. Focus on dialysis trips for on time performance and monitoring.
  - No trending providers identified. GARS continues to track provider specific grievances monthly and has set up a process with Provider Services to monitor this at a minimum of quarterly and take actions, as necessary.

# Appeals

# Appeals Overview

## Volume and Compliance

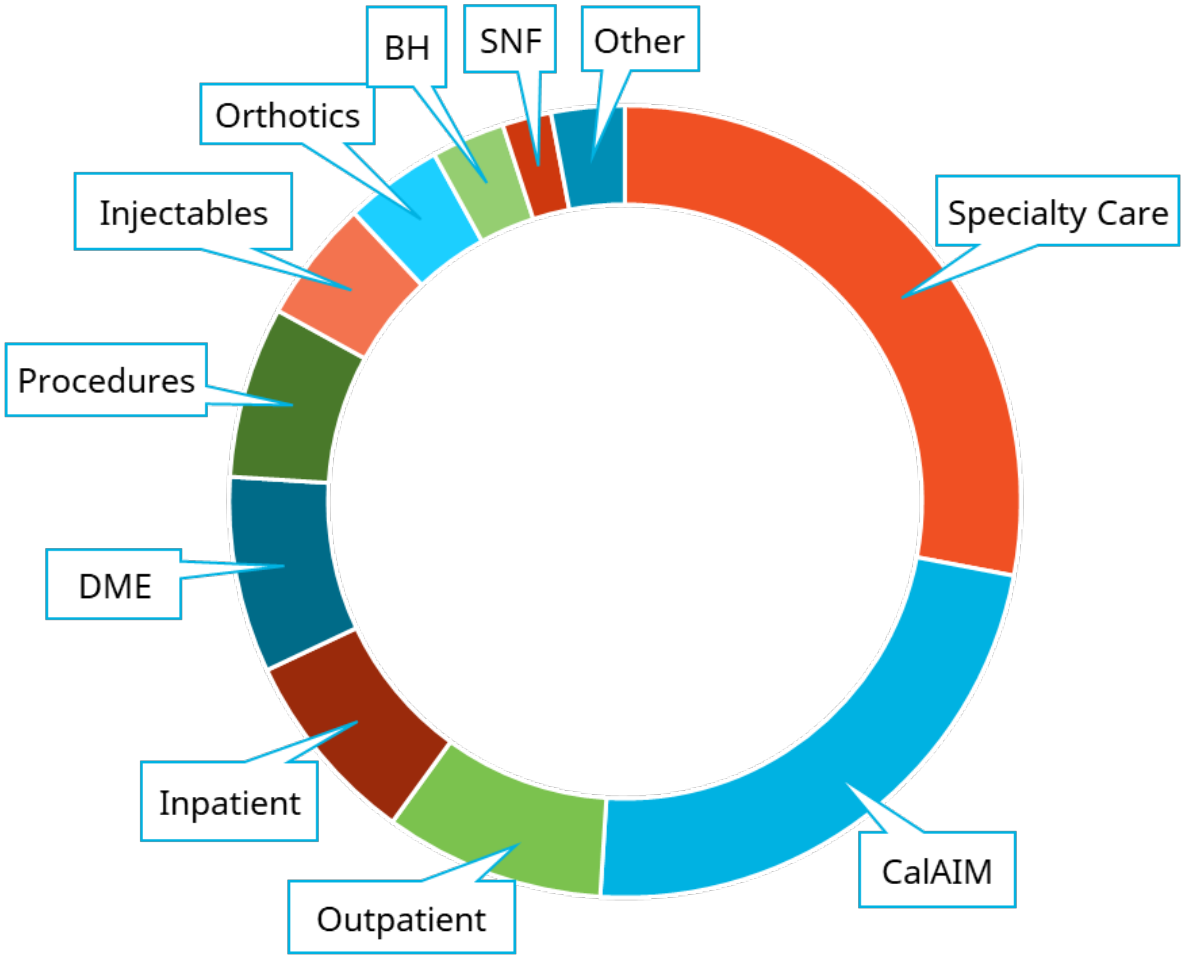
Appeal: A request by a member or on behalf of a member to review a previous denial, modification or discontinuation of a covered service by a Health Network.




| Complaint Type | Required Turn Around Time (TAT) | CalOptima TAT | Compliance Percentage |
|---|---|---|---|
| Appeals | 30 Days | 22 Days | 98% |

CalOptima Health

# Appeals Overall
## Service Types




| Services | Qty | % |
|---|---|---|
| Specialty Care | 90 | 28% |
| CalAIM | 74 | 23% |
| Outpatient | 29 | 9% |
| Inpatient | 27 | 8% |
| DME | 26 | 8% |
| Procedures | 24 | 7% |
| Injectables | 15 | 5% |
| Orthotics / Prosthetics | 13 | 4% |
| Behavioral Health | 11 | 3% |
| SNF | 6 | 2% |
| Other | 9 | 3% |

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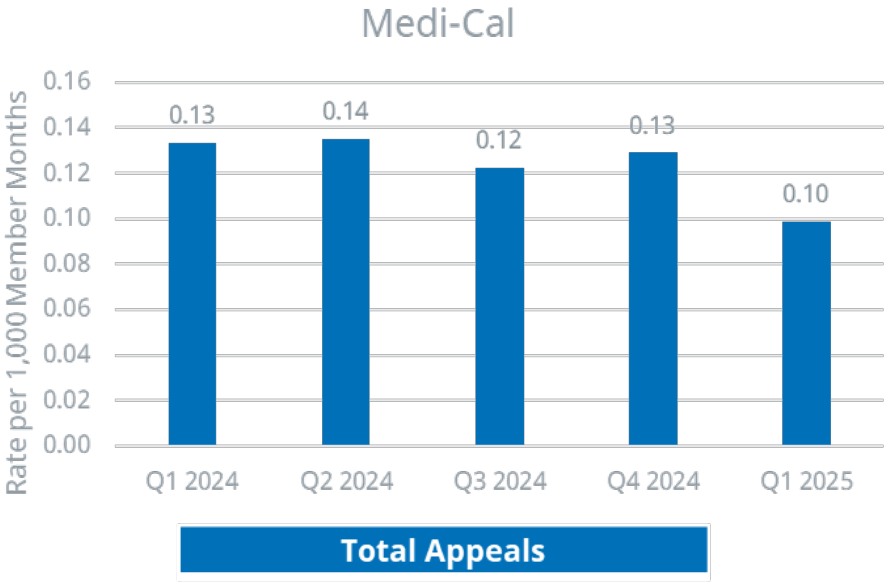
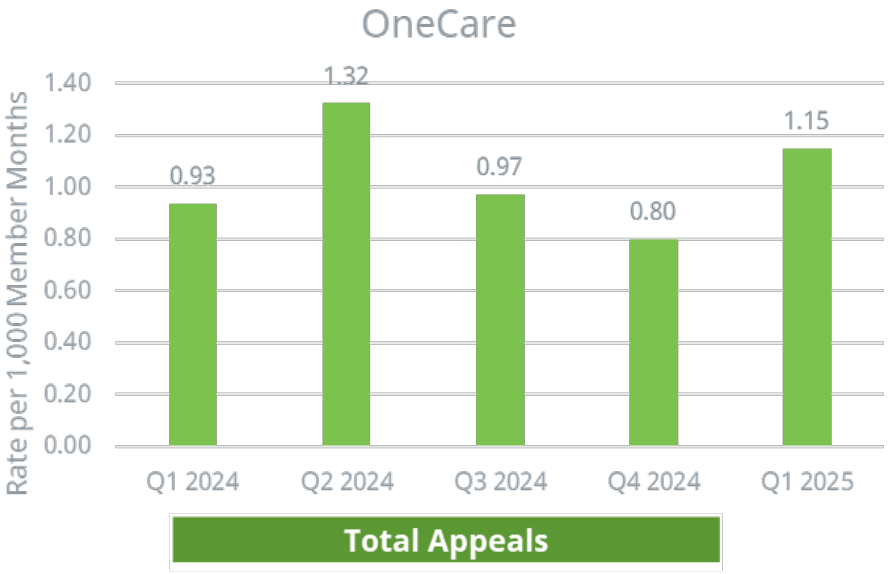
# Appeals Volume by LOB




| | |
|---|---|
| Q1 2025 | 265 |
| Q4 2024 | 346 |
| Q3 2024 | 328 |
| Q2 2024 | 362 |
| Q1 2024 | 358 |

| | |
|---|---|
| Q1 2025 | 59 |
| Q4 2024 | 41 |
| Q3 2024 | 50 |
| Q2 2024 | 68 |
| Q1 2024 | 48 |

# Appeal Types by LOB Q1 2025

| Service Types | Medi-Cal Q1 2025 Percentage of Total Volume | OneCare Q1 2025 Percentage of Total Volume |
|---|---|---|
| Specialty Care | 39% (103) | 19% (11) |
| SNF | 2% (5) | 2% (1) |
| Behavioral Health (BH) | 4% (10) | 2% (1) |
| Outpatient Services | 8% (22) | 12% (7) |
| DME | 7% (19) | 12% (7) |
| Orthotics/Prosthetics | 4% (11) | 3% (2) |
| Hospital Inpatient | 3% (7) | 34% (20) |
| CalAIM | 26% (69) | 8% (5) |
| Other | 7% (19) | 8% (5) |
| TOTAL | 265 | 59 |

CalOptima Health

# Medi-Cal Appeals Trends for Q1

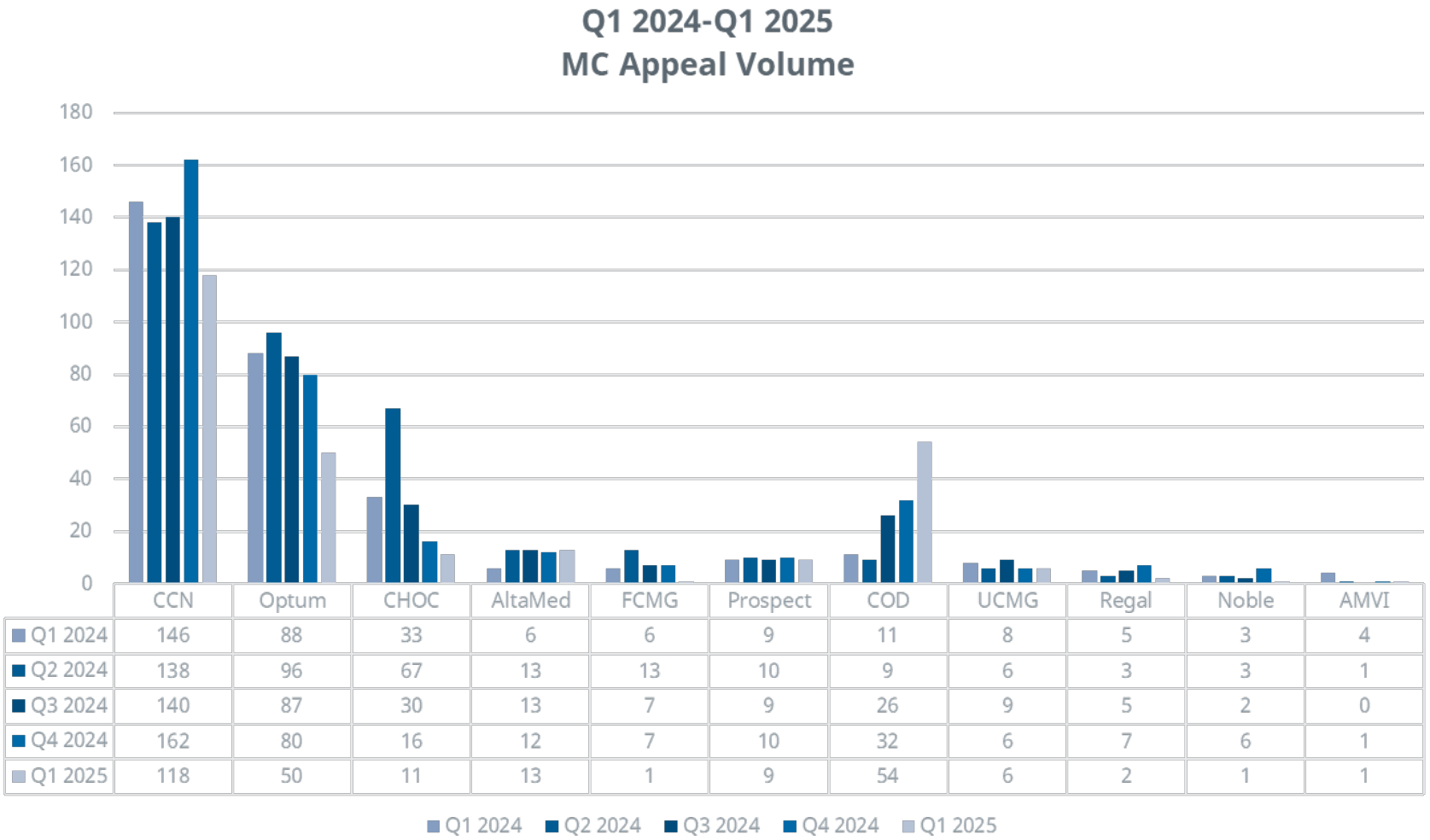
| Type | Upheld Count | Overturned Count | Total | Overturn Perc. (%) |
|---|---|---|---|---|
| Specialty Care | 35 | 68 | 103 | 66% |
| SNF | 5 | 0 | 5 | 0% |
| Behavioral Health (BH) | 4 | 6 | 10 | 60% |
| Outpatient Services | 16 | 6 | 22 | 27 % |
| DME | 15 | 4 | 19 | 21 % |
| Orthotics/Prosthetics | 11 | 0 | 11 | 0 % |
| Hospital Inpatient | 7 | 0 | 7 | 0% |
| CalAIM | 62 | 7 | 69 | 10% |
| Other | 9 | 10 | 19 | 53% |

CalOptima Health

# OneCare Appeals Trends for Q1

| Type | Upheld Count | Overturned Count | Total | Overturn Perc. (%) |
|---|---|---|---|---|
| Specialty Care | 3 | 8 | 11 | 73 % |
| Skilled Nursing Facility | 1 | 0 | 1 | 0% |
| Outpatient Services | 2 | 5 | 7 | 71 % |
| DME | 5 | 2 | 7 | 29 % |
| Orthotics/Prosthetics | 2 | 0 | 2 | 0 % |
| Hospital Inpatient | 11 | 9 | 20 | 45 % |
| CalAIM | 4 | 1 | 5 | 20% |
| Other | 2 | 3 | 5 | 60% |

# Appeals Volume by Health Network




| | CCN | Optum | CHOC | AltaMed | FCMG | Prospect | COD | UCMG | Regal | Noble | AMVI |
|---|---|---|---|---|---|---|---|---|---|---|---|
| Q1 2024 | 146 | 88 | 33 | 6 | 6 | 9 | 11 | 8 | 5 | 3 | 4 |
| Q2 2024 | 138 | 96 | 67 | 13 | 13 | 10 | 9 | 6 | 3 | 3 | 1 |
| Q3 2024 | 140 | 87 | 30 | 13 | 7 | 9 | 26 | 9 | 5 | 2 | 0 |
| Q4 2024 | 162 | 80 | 16 | 12 | 7 | 10 | 32 | 6 | 7 | 6 | 1 |
| Q1 2025 | 118 | 50 | 11 | 13 | 1 | 9 | 54 | 6 | 2 | 1 | 1 |

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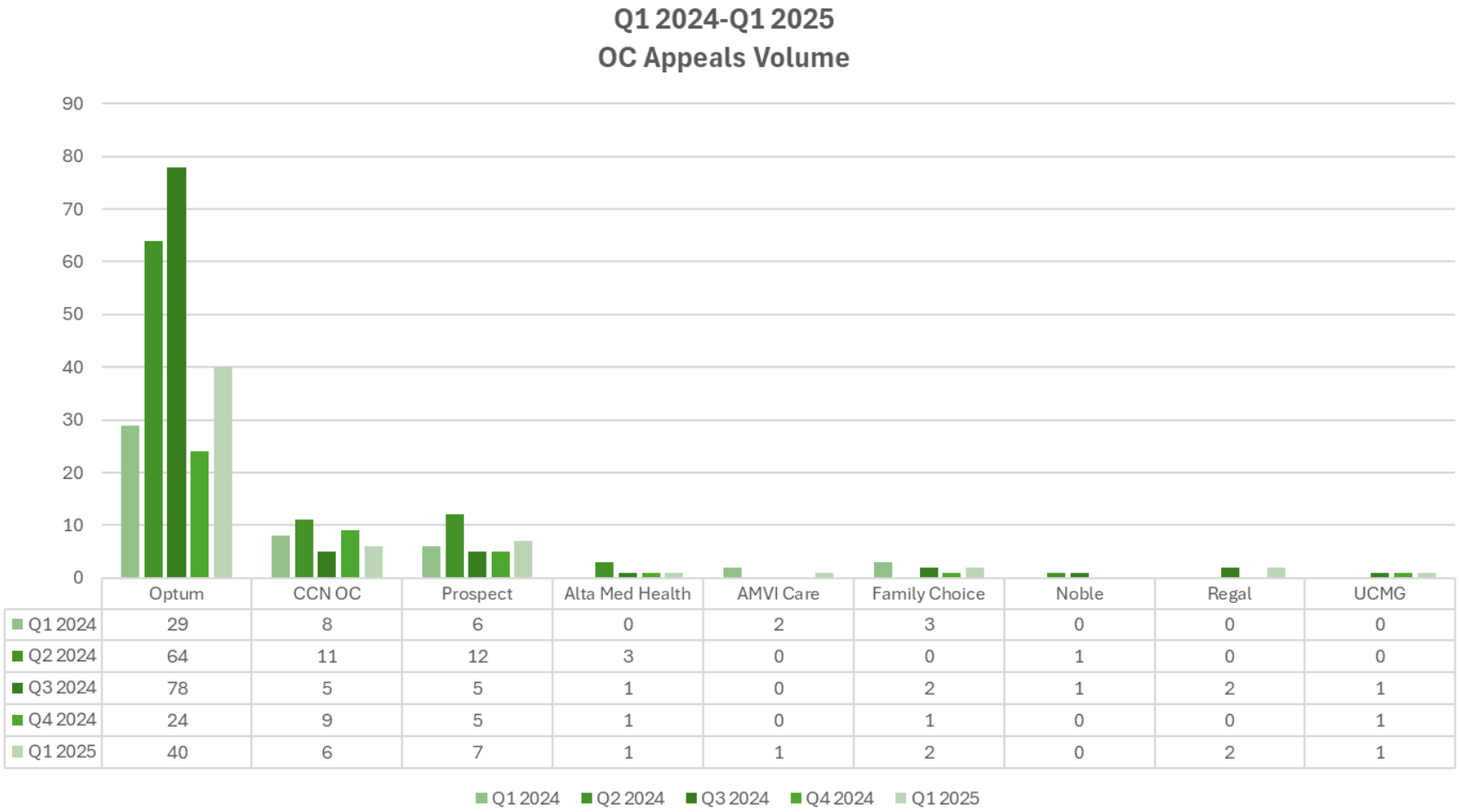
# Appeals Volume by Health Network




| | Optum | CCN OC | Prospect | Alta Med Health | AMVI Care | Family Choice | Noble | Regal | UCMG |
|---|---|---|---|---|---|---|---|---|---|
| Q1 2024 | 29 | 8 | 6 | 0 | 2 | 3 | 0 | 0 | 0 |
| Q2 2024 | 64 | 11 | 12 | 3 | 0 | 0 | 1 | 0 | 0 |
| Q3 2024 | 78 | 5 | 5 | 1 | 0 | 2 | 1 | 2 | 1 |
| Q4 2024 | 24 | 9 | 5 | 1 | 0 | 1 | 0 | 0 | 1 |
| Q1 2025 | 40 | 6 | 7 | 1 | 1 | 2 | 0 | 2 | 1 |

OneCare CalOptima Health

# Actions Taken in Response to Trends

- Q1 trends identified
  - Requests for specialists/tertiary level of care being modified/redirection to in-network providers who cannot treat the condition or see the member timely based on their needs and/or access to care standards.
  - Continuity of Care (COC)- During initial reviews, COC based on multidisciplinary care is not considered.
- Actions Taken
  - Upon appeal overturn, the health networks are provided the criteria utilized in the review, this serves as health network education.
  - Internal tracking and trending of network overturns and information to be shared with the Delegation Oversight Medical Director to be presented at the quarterly meetings with Health Network partners, specifically UM and GARS departments.

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# Stay Connected With Us

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# First Quarter Summary of the PACE Quality Improvement Committee (PQIC)

**Special Quality Assurance Committee**

**June 18, 2025**

**Monica Macias-Garcia, PACE Program Director**

**Dr. Donna Frisch, PACE Medical Director**

## Our Mission

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

## Our Vision

**Provide all members with access to care and supports to achieve optimal health and well-being through an equitable and high-quality health care system.**

# PACE 2024 Annual Survey Data & Q1 2025 PQIC Meeting Summary

**Monica Macias-Garcia, PACE Program Director**

# 2024 PACE Annual Survey

- The 2024 PACE QI Work Plan review and 2025 Proposed PACE QI Work Plan were submitted to the CalOptima Health Quality Assurance Committee (QAC) for review and approval at the March 12, 2025 meeting
- These two documents were missing information related to PACE Annual Integrated Satisfaction Measurement for PACE (I-SAT) Survey due to the survey information being provided to PACE later than usual
- The survey information was received by PACE on February 21, 2025, and has now been incorporated into the work plans via supplemental documents that were submitted for this meeting

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# 2024 PACE Annual Survey

- Transportation Satisfaction

| 2024 Goal | 2024 Score | Goal Met? | 2025 Goal |
|---|---|---|---|
| ≥ 93.6% | 90% | No | ≥ 93.2% |

  - Strategies to achieve satisfaction goal by 12/31/25
    - Additional vans added in 2024 and January 2025
    - Transportation vendor onsite management has changed, with new management team closely reviewing and reporting all issues for resolution
    - Supplemental transportation vendor chosen in May 2025

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# 2024 PACE Annual Survey

- Meal Satisfaction

| 2024 Goal | 2024 Score | Goal Met? | 2025 Goal |
|---|---|---|---|
| ≥ 71.5% | 90% | Yes | ≥ 72% |

  - Strategies to achieve satisfaction goal by 12/31/25
    - March 2025 event at PACE participants voted on favorite meals through interactive daily activities
    - PACE center staff encouraging participants to regularly write down suggestions for the menu
    - Creation of menu focus groups- for both PACE meals and home delivered meals
    - Working directly with food vendor to assure quality of food

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# 2024 PACE Annual Survey

- Home Care Satisfaction Plan for 2025

| 2023 Score | 2024 Score | 2025 Goal |
|---|---|---|
| 89% | 83% | ≥ 85.5% |

- We have not previously analyzed Home Care Services satisfaction as quality element. Based on score drop from 2023 to 2024, we are incorporating a goal and strategies for improvement in Home Care Services satisfaction for 2025
- Strategies to achieve satisfaction goal by 12/31/25
  - PACE Home Care Assessment Tool to determine support needs
  - Confirmation of participant involvement and understanding in determination of home care process
  - All inquiries related to additional support are investigated thoroughly
  - Participants are reminded of rights to Service Determination Request (SDR) for home care hours

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# 2024 PACE Annual Survey

- Overall Satisfaction in 2024

| 2024 Goal | 2024 Score | Goal Met? | 2025 Goal |
|---|---|---|---|
| ≥ 88.6% | 90% | Yes | ≥ 87.3% |

- Strategies to achieve satisfaction goal by 12/31/25
  - All areas of the 2024 survey were reviewed by the PQIC in Q1 2025
  - PACE Leadership meets on weekly basis to review all ongoing quality and operational issues that may lead to dissatisfaction and makes all attempts to resolve problems and focus on customer service to increase satisfaction with the CalOptima Health PACE program

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# 2024 PACE Annual Survey

- Comparison CalOptima Health PACE to other California PACE Programs (21 other PACE organizations)


- In 2024, the National Average Overall Satisfaction Score was 87.3%- we beat that by 2.7%
- In 2024, the CalPACE Overall Satisfaction Score was 88%- we beat that by 2%
- In 2024, Out of 21 other California PACE centers, 12 had lower overall scores, 4 had tie scores and 5 had higher scores

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# Q1 2025 PQIC Meeting Summary

- Discussion of Q4 **Non-Clinical** Workplan Data
  - Enrollment/Disenrollment Data
    - Enrollment Conversion- Q4 goal of 70% conversion from inquiries to enrollments. Rate was 56%
    - 90-day disenrollment- Q4 goal of <6% of 90-day disenrollments Rate was 6.67%
    - Total Attrition- Q4 goal of <8%. Rate was 4.81%
  - Alternative Care Settings
    - Goal ≥15% of participants will use PACE Alternative Care Settings by end of 2024. Rate was 4%
  - Transportation Performance
    - 60-minute violations- Q4 goal of zero (0) 60-minute violations. 100 violations in October, 50 in November, none in December.
    - On Time Performance- Q4 goal ≥92% of all rides will be on-time. Rate was 78%

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# Q1 2025 PQIC Meeting Summary of Q4 Clinical Data

**Dr. Donna Frisch, PACE Medical Director**

# Q1 2025 PQIC Meeting Summary

- Discussion of Q4 **Clinical** Workplan Data
  - Immunizations
    - Influenza- Goal 94%. Q4 rate 91%
    - Pneumococcal- Goal 94%. Q4 rate 93.4%
    - COVID-19- Goal 50%. Q4 rate 56.6%
  - Cancer Screening
    - Colorectal Cancer Screening- Goal >65%. Q4 rate 72.5%
    - Breast Cancer Screening- Goal >82.56%. Q4 rate 86.7%
  - POLST
    - Physician Orders for Life-Sustaining Treatment.- Goal >95% will have POLST in chart. Q4 rate 98.5%
  - Blood Pressure Control
    - Goal- 82.98% of qualifying participants will have a blood pressure reading <140/90mm. Q4 rate 81%

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# Q1 2025 PQIC Meeting Summary

- Discussion of Q4 Clinical Workplan Data Cont.
  - Diabetic Monitoring
    - Annual Eye Exams- Goal 87.29%. Q4 rate 91.26%
    - Blood Sugar Control- Goal <11.78% with HbA1c above 9%. Q4 rate 11%
  - Osteoporosis Monitoring
    - Goal 75% of qualifying participants will receive bone density scan. Q4 rate 90%
  - Reducing Falls
    - Goal <72 falls per quarter. Q4 rate 99 falls.
  - Drug Monitoring
    - Dementia/Harmful Drug Interaction monitoring. Goal <25%. Q4 rate 23%
    - High Dose Opioid Monitoring- Goal 100% of participants on high dose opioid will have monthly check in with provider. Goal met

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# Q1 2025 PQIC Meeting Summary

- Discussion of Q4 Clinical Workplan Data Cont.
  - Medication Reconciliation
    - Goal ≥93% of participants will have meds reconciled within 7 calendar days after discharge from Hospital or SNF. Q4 rate 100%
  - Access to Specialty Care
    - Goal >90% of specialty appointments to be scheduled within 14 calendar days of ordering. Q4 rate 94%.
  - Utilization
    - Hospital Days- Goal <3,300 per 1000 per year. Q4 rate 2262
    - ER Visits- Goal <825 per 100 per year. Q4 rate 797
    - All Cause Readmissions- Goal <14% readmission within 30 days. Q4 rate 14.6%
    - Custodial Care Placement- Goal <4% participants in custodial care per quarter. Q4 rate 0%.

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**Board of Directors'**
**Special Quality Assurance Committee Meeting**
**June 18, 2025**

**Program of All-Inclusive Care for the Elderly (PACE)**
**Quality Improvement Committee**
**First Quarter 2025 Meeting Summaries**

**February 4, 2025: PACE Quality Improvement Committee (PQIC) and PACE Infection Control Subcommittee Summary of the Health Plan Monitoring Data and PACE Quality Initiatives**

- Infection Control Subcommittee: PACE's Response to COVID-19:
  - PACE will continue to report on any updates in recommendations regarding COVID and any outbreaks or reporting trends for quality purposes.
  - There were 4 reported participant cases of COVID-19 in Q4 2024.
  - PACE Staff have been reminded to report exposure/illness to their supervisor and HR, and not to come in if feeling sick.
  - COVID-19 vaccination is being monitored as part of QAPI (Quality Assurance Performance Improvement) measures.
  - CDC now recommends the updated 2024-2025 COVID-19 and flu vaccines.
- Presentation of the Q4 2024 HPMS Elements:
  - Membership data figures presented. Q4 ended with 504 total enrolled.
  - Immunizations
    - Pneumococcal Immunization rate in Q4 was 93.4% (no exclusions).
    - Influenza Immunization rate in Q4 was 91% (no exclusions).
  - Falls without Injury. Q4 ended with 98 falls without injury. Most happened in the bedroom and bathroom, from not using DME. Loss of balance was the main contributing factors.
  - Grievances. 11 grievances received in Q4.
  - Emergency Room Visits. 81 ER visits, a decrease of 40 from Q3 2024. 42 were discharged to home and 39 were admitted to hospital. Trends in admission diagnoses: Kidney/Urinary Issues, Respiratory Illness, Falls.
  - Medication Errors Without Injury. No Medications Errors in Q4.

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  - Quality Incidents with Root Cause Analysis Reported in HPMS.
    - 8 Falls with Injury
    - 2 Pressure Ulcers
    - 3 Burn Injuries
- Presentation of the Q4 2024 PACE Quality Initiative Data
  - Advanced Health Care Directive
    - Goal: ≥ 70% of participants will have completed AHCD in 2024.
    - Q4 ended at 36%. Goal not met.
  - Dental Satisfaction Quality Initiative.
    - Goal: ≤ 1 dental related grievance per quarter in 2024.
    - 1 dental grievances reported in Q4 2024. Goal was met.
  - Transportation Satisfaction Quality Initiative
    - Goal is ≤ 3 **valid** transportation related grievances per quarter in 2024.
    - QI received 3 total valid transportation grievances in Q4. Goal was met.

**February 4, 2025: PACE Quality Improvement Committee (PQIC) Summary Quality Assurance and Performance Improvement Work Plan**

- Presentation of the Q4 2024 Quality Work Plan Elements
  - *Elements 3 – 5: Immunizations*
    - Influenza Immunization rate in Q4 was 91% (exclusions defined in quality work plan). Goal of 94% was not met.
    - Pneumococcal Immunization rate in Q4 was 93.4% (exclusions defined in quality work plan). Goal of 94% was not met.
    - Covid-19. Goal for 2024 is >55% will receive the latest CDC recommended COVID vaccine (exclusions defined in quality work plan). Rate for Q4 2024 was 56.6%, goal was met for the year.
  - *Element 6: Colorectal Cancer Screening.* Goal >65% will have colorectal cancer screening as defined in quality workplan. Q4 ended with 72.5% completed. Goal met.
  - *Elements 7: Breast Cancer Screening.* Goal is >82.56% will have breast cancer screening as defined in quality workplan. Q4 ended with 86.7%. Goal met.
  - *Element 8: POLST.* Goal is ≥95% %. In Q4, 98.6% of participants had a POLST in their chart. Goal met.

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- *Elements 9: Blood Pressure Control.* Goal is >82.98% of qualifying participants will have a blood pressure reading <140/90mm. Q4 rate was 81%. Goal not met.
- *Elements 10: Diabetic Eye Exams.* The goal is that 87.29% of qualifying diabetic enrollees will receive annual eyes exams. Q4 rate was 91.26%. Goal was met.
- *Elements 11: Diabetic Care – Blood Sugar Control.* Goal is <11.78% of qualifying diabetics will have blood sugar levels with HbA1c measurement of >9%. Q4 ended at 11%. Goal met.
- *Element 12: Osteoporosis Monitoring.* Goal of 75% of qualifying participants receiving osteoporosis monitoring via bone density scan. Q4 rate was 90%. Goal met.
- *Element 13: Reduce Percentage of Falls reported by PACE Enrollees.* Q4 2024 ended with 99 falls, higher than the Goal of <72 falls per quarter in 2024. Goal not met.
- *Elements 14: Potentially Harmful Drug/Disease Interactions in the Elderly.* Dementia and Drug Interactions- Goal is <25% of qualifying enrollees will be prescribed potentially harmful medications. Q4 2024 rate was 23%. Goal met.
- *Element 15: Decrease the Use of Opioids at High Dosage.* Goal is that 100% of members receiving opioids for 15 or more days at an average milligram morphine dose of (MME) 90mg will be reevaluated monthly by their treating provider. Only 1 participant received a dose greater than 90 MME and had PCP follow up each month in Q4 2024. Goal met.
- *Element 16: Medication Reconciliation Post Discharge (MRP)*. Goal is ≥93% of participants will have meds reconciled within 7 calendar days after discharge from Hospital or SNF. Q4 rate was 100%. Goal met.
- *Element 17: Access to Specialty Care.* Goal is >90% of appointments to be scheduled within 14 calendar days. 94% in Q4. Goal met.
- *Element 18: ACS Utilization.* Goal is ≥15% of all eligible PACE Enrollees will utilize day center services at one of the PACE Alternative Care Settings *by the end of 2024*. At the end of Q4, the rate was 4%.
- *Element 19: Acute Hospital Days.* Goal of <3,300 was met with 2,262 hospital days for Q4 2024.
- *Element 20: ER Visits.* Goal for 2024 is 825 ER visits per 1000 per year. Q4 2024 rate was 797. Goal met.
- *Element 21: All Cause Readmissions.* Goal is <14% of hospital readmission stays will occur within 30 days of discharge of previous stay. The rate for Q4 was 14.6%. Goal not met.

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- *Element 22*: *Long Term Care Placement.* Goal is <4%. The rate is 0% in Q4. Goal met.
- *Element 23: Enrollment Conversion.* In 2024, the goal is 70% conversion from inquiries to active enrolled participants. Rate in Q4 was 56%. Goal not met.
- *Element 24: 90-Day Disenrollment.* The goal is <6% of disenrollments are from new enrollees in 2024. Rate in Q4 was 6.67%. Goal was not met.
- *Element 25: Total Attrition Rate.* The goal is a <8% overall attrition rate in 2024. Q4 rate was 4.81%. Goal met.
- *Element 26: Transportation <60 minutes.* There was a total of one hundred 60 minute violations in October, fifty in November, and seven in December. Goal of zero (0) violations was not met. Transportation vendor remains under a PACE Corrective Action Plan for violations, including monetary sanctions on each violation.
- *Element 27: Transportation on Time Performance.* On time performance data gathered directly from Secure transportation report to reflect on time trips with a +/- 15-minute window. The goal is ≥92% of all transportation rides will be on-time. Q4 rate was 78%. Goal not met.

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# CalOptima Health Program of All-Inclusive Care for the Elderly

# 2024

# Quality Improvement Work Plan

# Annual Evaluation-

# Supplemental Document



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# SIGNATURE PAGE

***PACE Quality Improvement Committee Chairperson:***

_____ _____

**Donna Frisch, M.D.** **Date**
**Medical Director, PACE**

***Board of Directors' Quality Assurance Committee Chairperson:***

_____ _____

**Jose Mayorga, M.D.** **Date**

***Board of Directors Acting Chairperson:***

_____ _____

**Isabel Becerra** **Date**



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# 2024 CalOptima Health PACE

# Quality Improvement (QI) Work Plan Annual Evaluation- Supplemental Document

## Summary of Supplemental documentation

In 2024, CalOptima Health PACE once again contracted with the Vital Research company to conduct the annual Integrated Satisfaction Measurement for PACE (I-SAT) survey. This is a standardized survey completed by PACE organizations throughout California and the United States. Vital Research interviewed our participants via telephone, to gauge the participants' satisfaction with CalOptima Health PACE services. Due to wildfires that occurred in Southern California in January 2025, the Department of Health Care Services (DHCS) granted Vital Research an extension in providing California PACE programs with their survey results. Although typically provided by the end of January each year, the 2024 survey data was not provided to CalOptima Health PACE until February 21, 2025. The inability to receive the survey results at the usual time has led PACE to need to share this data with the CalOptima Health Board of Directors Quality Assurance Committee (QAC) as a *supplemental document* to the 2024 PACE QI Work Plan Review (which was already reviewed and approved by the QAC on March 12, 2025).

In October and November of 2024, Vital Research interviewers surveyed a total of 79 out of 484 active enrollees (approximately 16%) by telephone. Interviewers asked these participants a series of pre-approved questions including two general screening questions, eleven service-specific screening questions, 51 quality indicator questions, nine service-specific rating questions, two overall satisfaction questions, one standard Net Promotor Score question, and two open-ended questions for participant comments. All data was reviewed thoroughly and discussed by the PACE Quality Improvement Committee (PQIC) to determine areas needing improvement. This supplemental document serves to share some of the survey data relevant to our 2024 PACE Quality Work Plan Review elements and discusses plans for improvement in selected domains.



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# Satisfaction with PACE Services Based on 2024 I-SAT Survey

## QI24.28: Improve Transportation Satisfaction

**Goal:** ≥93.6% on the Satisfaction with Transportation Services summary score on the 2024 PACE Satisfaction Survey (Comparable to the 2023 National Average for Transportation Satisfaction)

**Goal: Goal Not Met.**

**Data/Analysis**: In 2024 our Satisfaction with Transportation Services summary score was 90%.

**2024 Satisfaction with Transportation Domains**

| Domain | 2023 | 2024 | 2024 National Average |
|---|---|---|---|
| Is the amount of time you spend riding on the van ok? | 91% | 83% | 89.1% |
| Do you get the amount of help you want from the van drivers? | 96% | 95% | 96.1% |
| Do you feel safe when you ride on the CalOptima Health PACE van? | 97% | 93% | 95.3% |
| **Overall Satisfaction** | **95%** | **90%** | **93.2%** |

**Summary and Key Findings/Opportunities for Improvement**:

In 2024, 75 participants (approximately 15%) were surveyed regarding their satisfaction with transportation services.

We were unable to meet our 2024 transportation satisfaction goal of ≥93.6%, achieving a weighted summary score of 90%. Despite not meeting our goal, the majority of those surveyed noted the overall van service to be Good (25%), Very Good (31%) or Excellent (25%). The major area of dissatisfaction was related to length of time spent riding in van. The CalOptima Health PACE program services the entirety of Orange County, sometimes requiring lengthy trips through the county to ensure that all care needs are met. We take satisfaction with transportation services very seriously and always strive to maintain the highest level of satisfaction, addressing any reported concerns immediately. PACE has regular meetings with the contracted transportation service vendor, including weekly meetings to discuss ongoing issues and monthly meetings to review all performance indicators.

In 2025 we will change our goal to ≥93.2%, comparable with 2024 National Averages. The 2025 Quality Work Plan Supplemental Document discusses strategies for improving our satisfaction score in 2025.

## QI24.29: Improve Meal Satisfaction

**Goal**: ≥ 71.5% on Satisfaction with Meals summary score on the 2024 PACE Satisfaction Survey (Comparable to the 2023 National Average for Meal Satisfaction)

**Goal: Goal Met.**

**Data/Analysis**: In 2024 our Satisfaction with Meals summary score was 79%.

**2024 Satisfaction with Meals Domains**

| Domain | 2023 | 2024 | 2024 National Average |
|---|---|---|---|
| Do the meals look good? | 85% | 79% | 71.1% |
| Do the meals taste good? | 84% | 72% | 63.4% |
| Do you get a variety of foods? | 96% | 86% | 82.2% |
| **Overall Satisfaction** | **88%** | **79%** | **72%** |

**Summary and Key Findings/Opportunities for Improvement**:

In 2024, 58 participants (approximately 12%) were surveyed regarding their satisfaction with meals.

We were able to meet our goal of ≥ 71.5% in 2024, far exceeding the 2024 National Average with a weighted summary score of 79%. Despite meeting our benchmark, we did note a decline in satisfaction among our participants when compared with our 2023 scores. In 2024 we made an active effort to present a variety of meals which were not only nutritious, but also consistent with the cultural background of our participants. In 2025, we plan to include participants more heavily in menu choices through the efforts of the dietary team including random surveying during mealtimes at PACE, implementation of focus groups, and encouragement to share feedback via the Menu Suggestion Box.

In 2025 we will change our goal to reflect the 2024 National Average score of ≥ 72% on Satisfaction with Meals summary score. The 2025 Quality Work Plan Supplemental Document discusses strategies for improving our satisfaction score in 2025.

## QI24.30 Improve Overall Satisfaction with the CalOptima Health PACE program

**Goal**: ≥ 88.6% Overall Satisfaction Weighted Average on the 2024 PACE Satisfaction Survey. (Comparable to the 2023 National Weight Average for Overall Satisfaction)

**Goal: Goal Met.**

**Data/Analysis**: In 2024 our Overall Satisfaction weighted score was 90%.

2024 Participant Survey Domains

| Domain | CalOptima Health PACE 2023 | CalOptima Health PACE 2024 | 2024 National Averages |
|---|---|---|---|
| Transportation | 95% | 90% | 93.2% |
| Center Aids | 98% | 98% | 92% |
| Home Care | 89% | 83% | 85.5% |
| Medical Care | 93% | 92% | 88.9 % |
| Health Care Specialist | 92% | 91% | 88.6% |
| Behavioral Wellness | N/A | 95% | 92.8% |

| | | | |
|---|---|---|---|
| Telehealth | N/A | 91% | 87.2% |
| Social Worker | 99% | 96% | 94.4% |
| Meals | 88% | 79% | 72% |
| Rehabilitation Therapy and Exercise | 98% | 92% | 93% |
| Recreational Therapy | 96% | 86% | 79% |
| General Service Delivery | 94% | 93% | 86.6% |
| **Weighted Summary Score** | **94%** | **90%** | **87.3%** |

**Summary and Key Findings/Opportunities for Improvement**:

In 2024, 79 participants (approximately 16%) were surveyed regarding their Overall satisfaction with PACE services.

We were able to meet our goal of ≥ 88.6% Overall Satisfaction, with a weighted average score of 90%. As highlighted, we were able to meet or exceed the 2024 National Averages in most domains. Despite this, we recognize that our CalOptima Health PACE participant scores did decline in many areas from 2023 to 2024. In 2025 we will be focused specifically on improving our satisfaction with Transportation, Meals and Home Care Services. Information regarding the improvement strategies is noted within the 2025 Quality Work Plan Supplemental Document.

In 2025 we will change our goal to reflect the 2024 national average score of ≥ 87.3% on Overall Satisfaction.

## APPENDIX A (SEE ATTACHMENT)



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## 2024 CalOptima PACE Quality Improvement (QI) Work Plan Review Supplemental Document- Appendix A

| QAPI Item# | Goal | Description | Objective | Activity | Reporting Frequency | Target completion | Responsible Person | EOY Total | Met/Not Met |
|---|---|---|---|---|---|---|---|---|---|
| **QI24.28** | **Improve Participant Experience** | **Transportation Satisfaction** | ≥93.6% Satisfaction with Transportation Services (2023 PACE National Average) on the 2024 PACE Satisfaction Survey | Review and analyze the annual satisfaction survey results, define areas for improvement and implement interventions to improve participant satisfaction with the PACE Transportation program | Annually | 12/31/2024 | PACE Center Manager | 90% | Not Met |
| **QI24.29** | **Improve Participant Experience** | **Participant Satisfaction with Meals** | ≥71.5% Satisfaction with Meals (2023 PACE National Average) on the 2024 PACE Satisfaction Survey | Review and analyze the annual satisfaction survey results, define areas for improvement and implement interventions to improve the participant satisfaction with the meals within the PACE program. | Annually | 12/31/2024 | PACE Center Manager | 79% | Met |
| **QI24.30** | **Improve Participant Experience** | **Overall Participant Satisfaction** | ≥88.6% on the Overall Satisfaction-Weighted Average (2023 PACE National Average) on the 2024 PACE Satisfaction Survey | Review and analyze the annual satisfaction survey results, define areas for improvement and implement interventions to improve overall participant satisfaction with the PACE program | Annually | 12/31/2024 | PACE Director | 90% | Met |

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# CalOptima Health Program All-Inclusive Care for the Elderly (PACE)

# 2025
# Quality Improvement Work Plan Description-
# Supplemental Document



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# SIGNATURE PAGE

***PACE Quality Improvement Subcommittee Chairperson:***

| | |
|---|---|
| **Donna Frisch, M.D.**<br>**Medical Director, PACE** | **Date** |

***Board of Directors' Quality Assurance Committee Chairperson:***

| | |
|---|---|
| **Jose Mayorga, M.D.** | **Date** |

***Board of Directors Chairperson:***



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# 2025 CalOptima Health PACE

# Quality Improvement (QI) Work Plan - Supplemental Document

## Summary of Supplemental documentation

In 2024, CalOptima Health PACE once again contracted with the Vital Research company to conduct the annual Integrated Satisfaction Measurement for PACE (I-SAT) survey. This is a standardized survey completed by PACE organizations throughout California and the United States. Vital Research interviewed our participants via telephone, to gauge the participants' satisfaction with CalOptima Health PACE services. Due to wildfires that occurred in Southern California in January 2025, the Department of Health Care Services (DHCS) granted Vital Research an extension in providing California PACE programs with their survey results. Although typically provided by the end of January each year, the 2024 survey data was not provided to CalOptima Health PACE until February 21, 2025. The inability to receive the survey results at the usual time has led PACE to share this data with the CalOptima Health Board of Directors Quality Assurance Committee (QAC) as a *supplemental document* to the 2025 PACE QI Work Plan (which was already reviewed and approved by the QAC on March 12, 2025).

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## Participant Satisfaction

- It is a Department of Health Care Services (DHCS) regulation that PACE programs will survey program participants for satisfaction with services on an annual basis and share this data with DHCS.
- In 2025, CalOptima Health PACE will focus on improving satisfaction with several areas of service identified as targets for improvement in the 2024 PACE I-SAT.

## Satisfaction-Related 2025 PACE Quality Work Plan Elements

- Transportation Satisfaction
    - Goal for 2025 is ≥93.2% Satisfaction with Transportation Services on the 2025 I-SAT Survey.
    - Strategies to achieve satisfaction goal by 12/31/25
        - Additional transportation vans were added in 2024 and January 2025.
        - Transportation vendor onsite management has changed, with new management team closely reviewing and reporting all issues for resolution.
        - All grievances reviewed and resolved in timely manner by PACE Quality Improvement team in conjunction with transportation vendor quality assurance department.
        - Adding an additional supplemental transportation company to support services delivery with dialysis appointments, add on trips, and reaching participants in certain areas of the South OC.

- Meal Satisfaction
    - Goal for 2025 is ≥72% Satisfaction with Meals on the 2025 I-SAT Survey.
    - Strategies to achieve satisfaction goal by 12/31/25
        - March 2025 event at PACE "March Menu Madness" created by the PACE dietary department as a way to assess participants favorite meals through fun daily activities.
        - PACE center staff to remind and encourage participants to write down suggestions for the Menu Suggestion Box located in the PACE Day Center.
        - Creation of menu focus groups
            - One group will be to get feedback and buy in on the PACE Menu. The group will be mixed so that all participants can hear what others would like to see on the menu.
            - Additional group will be for participants who receive home delivered meals.
            - Review and pull new data trends on our current demographics.
        - Working directly with food vendor to ensure food quality is of the highest standard.

- Home Care Service Satisfaction
    - Goal for 2025 is ≥85.5% Satisfaction with Home Care Service on the 2025 I-SAT Survey.
    - Strategies to achieve satisfaction goal by 12/31/25
        - In 2024 PACE implemented the use of an internal Home Care Assessment Tool, modeled after a similar tool used by the In-Home Supportive Services (IHSS) Program to determine support needs. Use of this standardized tool led to some PACE participants seeing a reduction in their home care hours. These reductions may be responsible for the decline in satisfaction with amount of home care noted in the 2024 survey. PACE Home Care Coordinators will continue to educate participants on the purpose of the tool and to include them in the decision making process when deciding what type and how much support each participant requires.
        - Confirmation of participant involvement and understanding will continue to be documented.
        - All inquiries related to additional support are investigated thoroughly. Participants and caregivers are alerted if more time is needed to coordinate with other departments at PACE.
        - Participants are reminded that they have the right to submit a Service Determination Request (SDR) for any services that they feel are necessary, including additional home care hours.

- Overall Participant Satisfaction
    - Goal for 2025 is ≥87.3% Satisfaction with Home Care Service on the 2025 I-SAT Survey.
    - Strategies to achieve satisfaction goal by 12/31/25.
        - All areas of the 2024 survey were reviewed by the PACE Leadership Team, including the PACE Director, PACE Medical Director, PACE Quality Improvement Manager, PACE Clinic Manager, PACE Center Manager, PACE Program Manager- Community Based Services.
        - PACE Leadership meets on weekly basis to review all ongoing quality and operational issues that may lead to dissatisfaction and makes all attempts to resolve problems and focus on customer service to increase satisfaction with the PACE program at all times.

## APPENDIX A (SEE ATTACHMENT)



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| 2025 CalOptima PACE Quality Improvement (QI) Work Plan- Supplemental Document- Appendix A | | | | | | | |
|---|---|---|---|---|---|---|---|
| **QAPI Item#** | **Goal** | **Description** | **Objective** | **Activity** | **Reporting Frequency** | **Target completion** | **Responsible Person** |
| **QI25.25** | **Improve Participant Experience** | **Transportation Satisfaction** | ≥93.2% Satisfaction with Transportation Services (2024 PACE National Average) on the 2025 PACE Satisfaction Survey | Review and analyze the annual satisfaction survey results, define areas for improvement and implement interventions to improve participant satisfaction with the PACE | Annually | 12/31/2025 | PACE Center Manager |
| **QI25.26** | **Improve Participant Experience** | **Participant Satisfaction with Meals** | ≥72% Satisfaction with Meals (2024 PACE National Average) on the 2025 PACE Satisfaction Survey | Review and analyze the annual satisfaction survey results, define areas for improvement and implement interventions to improve the participant satisfaction with the meals within the PACE program. | Annually | 12/31/2025 | PACE Center Manager |
| **QI25.27** | **Improve Participant Experience** | **Participant Satisfaction Home Care** | ≥85.5% Satisfaction with Home Care Service (2024 PACE National Average) on the 2025 PACE Satisfaction Survey | Review and analyze the annual satisfaction survey results, define areas for improvement and implement interventions to improve participant satisfaction with the Home Care services at PACE | Annually | 12/31/2025 | PACE Center Manager |
| **QI25.28** | **Improve Participant Experience** | **Overall Participant Satisfaction** | ≥87.3% on the Overall Satisfaction-Weighted Average (2024 PACE National Average) on the 2025 PACE Satisfaction Survey | Review and analyze the annual satisfaction survey results, define areas for improvement and implement interventions to improve overall participant satisfaction with the PACE program | Annually | 12/31/2025 | PACE Director |

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