



**Board of Directors’
Quality Assurance Committee Meeting
March 12, 2025**

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

QIHEC Summary		
QIHEC Chair(s)	Quality Medical Director and Chief Health Equity Officer	
Reporting Period	Quarter 4, 2024	
QIHEC Meeting Dates	October 10, 2024, November 5, 2024, December 10, 2024	
Topics Presented and Discussed in QIHEC or subcommittees during the reporting period	<ul style="list-style-type: none"> • Access and Availability • Adolescent Care • Adult Wellness and Prevention • Behavioral Health Integration (BHI) • Blood Lead Screening • Comprehensive Community Cancer Screening Program • Consumer Assessment of Healthcare Providers and Systems (CAHPS) • Care Management and Care Coordination • Chronic Conditions Management • Continuity & Coordination of Care • Credentialing and Recredentialing • Cultural and Linguistic • Customer Service • Delegation Oversight • Demographic Data Collection • Department of Health Care Services (DHCS) Non-Clinical Performance Improvement Project (PIP) • Depression Screening • Diabetes Care • Diversity, Equity, and Inclusion (DEI) training • Diversity, Equity, and Inclusion (DEI) Committee Survey • Enhanced Care Management (ECM) • Encounter Data • Grievance & Appeals Resolution Services (GARS) • Health Education • Healthcare Effectiveness Data and Information Set (HEDIS) • Initial Health Appointment • Medicare Advantage Star Program Rating • Member Experience (MemX) • National Committee for Quality Assurance (NCQA) Accreditation • OneCare Model of Care • Pay for Value (P4V) • Pediatric Wellness and Prevention • Performance Improvement Projects • Policy • Population Health Management (PHM) • Potential Quality Issues (PQIs) • Prenatal and Postpartum Care • Preventive and Screening Services • Maternal Care • Quality Compliance Report • Quality Improvement Health Equity Transformation Program (QIHETP) and Work Plan (WP) • Quality Metrics • Student Behavioral Health Incentive Program • Value Based Payment Program 	

	<ul style="list-style-type: none"> Facility Site Review (FSR)/Medical Record Review (MRR)/Physical Accessibility Review Survey (PARS) 	<ul style="list-style-type: none"> Utilization Management (UM) Program Whole Child Model (WCM)
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QIHEC Actions in Quarter 4, 2024	
QIHEC Approved the Following Items:	
<ul style="list-style-type: none"> September 10, 2024, meeting minutes; October 10, 2024, meeting minutes; November 5, 2024, meeting minutes 54 Policies: 9 Quality Improvement policies and 45 Utilization Management policies Quality Improvement Health Equity Committee (QIHEC) Charter 	
Accepted and filed the following items:	
<ul style="list-style-type: none"> Grievance and Resolutions Services (GARS) Committee Meeting Minutes: August 14, 2024 Member Experience Committee (MEMx) Meeting Minutes: July 16, 2024 Population Health Management Committee (PHMC) Meeting Minutes: August 15, 2024 Utilization Management Committee Meeting (UMC) Minutes: August 22, 2024 Whole Child Model Clinical Advisory Committee (WCM CAC) Meeting Minutes: August 20, 2024 Appendix: CalOptima Health Comprehensive Community Cancer Screening Program Appendix: CPRC Update FSR Summary Appendix: Fax Receipt Acknowledgement Jiva Appendix: MemX Committee Oversight 2024 Quality Improvement Work Plan Q3 	
Committee Updates:	
<ul style="list-style-type: none"> In Q4 2024, there were no changes made to committee membership. QIHEC updated the committee charter to require external participants to report changes in committee membership status (i.e. retired, leave place of work, quit) to the Committee Chair. 	

QIHEC Quarter 4 2024 Highlights
<ul style="list-style-type: none"> Chief Medical Officer updated the committee on the following: <ul style="list-style-type: none"> The pharmacy team, with the support of the CalOptima Health fellows, improved medication adherence by outreaching to nearly 400 members to refill and collect their medications. CalOptima Health collaborated with an ophthalmologist's office that can handle a large number of members for eye exams to conduct HbA1c testing. Quality Improvement Compliance Report – There were no new reports of noncompliance this quarter. QIHEC received an update from staff on a previously reported issue around providers not receiving fax recipient acknowledgement. To address this issue, staff developed reports to track notification compliance and whether faxes were sent to correct fax numbers. Staff also sent provider notification emails and performed system enhancements. There have been no outage issues since October 2024. Policies: QIHEC requested an assessment of current immunization policies on primary care providers (PCPs) requirements to administer immunizations NCQA Accreditation: DHCS requires all health plans to be Health Equity accredited by January 1, 2026. CalOptima Health plans to complete the NCQA Health Equity Accreditation survey by October 2025. Staff collaborated with an NCQA Consultant for submission readiness. Five work streams are focusing on the six Health Equity Elements under the direction of a Health Equity Steering

QIHEC Quarter 4 2024 Highlights

Committee. Training was held to educate people about the new standards. CalOptima Health is also preparing for Health Plan re-survey in April of 2027.

- CalOptima Health Comprehensive Community Cancer Screening Program: Fifteen grant agreements were executed in September 2024 to 13 organizations for capacity building, infrastructure and capital, and care coordination. Grantees will be monitored quarterly for progress reports.
- Customer Service: Call volume decreased from Q2 to Q3 in 2024. Over 600,000 interactions occurred in the first three quarters. English, Spanish and Vietnamese remain the top 3 languages for volume of calls. Abandonment Rate and Average Speed of Answer (ASA) compliance was met for both lines of business. To manage high call volumes, CalOptima Health hired additional staff and worked with other departments for engagement campaigns, offered callback options to members to avoid long waits, and implemented a new customer service phone system.
- Cultural and Linguistic (C&L) and Language Accessibility: Staff worked on developing a survey to collect race, ethnicity and language and SOGI data for members ages 18 and over. For translation services, Spanish and Vietnamese are most requested languages with an increase volume seen in Arabic. For telephone services, there was a high utilization of services for Spanish and Vietnamese with an increase in Vietnamese telephone interpretation in Q2, 2024. For face-to-face interpreter service, there was a high utilization of Spanish services followed by Korean. Members needing interpreter and translation services are available for free and staff focused on improving member awareness of services through member-facing material and website communication.
- Behavioral Health Integration (BHI) Updates:
 - Student Behavioral Health Incentive Program (SBHIP): The SBHIP Program offers behavioral health benefits and services to all students. Services vary by district and school. CalOptima Health co-sponsored and attended the Orange County Department of Education (OCDE) Mental Health Summit on August 22, over 400 mental health school personnel and community partners attended. CHOC fully installed five SBHIP-funded WellSpaces bringing the total to 7 out of 10 installed. The number of students with visits has increased since the start of school. Hazel Health surpassed 1,000 care inquiry referrals. Western Youth Services conducted 10 live and virtual training courses and introduced a training library of Orange County school districts.
 - BH Quality Measures: CalOptima Health's 2024 Q2 prospective rates continue to suggest the following measures may not reach the minimum performance level (MPL): Follow-Up After Emergency Department Visit for Mental Illness (FUM) and Follow-Up After Emergency Department Visit for Alcohol and Other Drug Abuse or Dependence (FUA). To improve performance, staff focused on promoting telehealth visits, appointment reminders, and real time ED data sharing with Health Networks. Diabetes Screening for People with Schizophrenia or Bipolar Disorder (SSD), Diabetes Monitoring for People With Diabetes And Schizophrenia (SMD), Metabolic Monitoring for Children and Adolescents on Antipsychotics (APM), and Antidepressant Medication Management (AMM) had concerns of not reaching goal. Interventions to improve these measures include health rewards, in person collaboration with providers, best practice letters, and tip sheets to improve outcomes. Follow-Up Care for Children Prescribed ADHD medication (ADD) is on track to reach set goal.
 - Department of Health Care Services (DHCS) Non-Clinical Performance Improvement Project's (PIP) goal is to improve the percentage of CalOptima Health Community Network (CHCN) and CalOptima Health Direct (COD) Medi-Cal-only members diagnosed with specialty mental health disorder SMH/SUD enrolled in case management (CM), complex case management (CCM) or enhanced care management (ECM) within 14 days of a provider (ED) visit. The submitted PIP

QIHEC Quarter 4 2024 Highlights

design was reviewed and validated. Internal processes and reports were developed to ensure linkage and referral for members in this population.

- Enhanced Care Management (ECM) Provider Clinical and Programmatic Oversight offers high-level care management for the most clinically fragile members who are greatly affected by social determinants of health. It uses an interdisciplinary approach to meet both clinical and non-clinical needs, focusing on coordinating care across different health delivery systems, including clinical care, social services, and behavioral health. Currently, there are 50 contracted community-based ECM providers. A standardized ECM self-audit tool and training was developed for all ECM Providers to assess the quality of care and compliance with required documentation related to service provision. A three-stage audit strategy aims to help providers enhance the quality of ECM services with support and training opportunities. Ten ECM providers have completed the audit process and staff began gathering information to identify areas for improvement.
- Special Needs Plan (SNP) Model of Care (MOC) Health Risk Assessment (HRA): HRA completion within 90 days of enrollment improved from the previous quarter and the measure is on track to meet the 65% target goal. OneCare members with face-to-face visits (a new requirement) increased month by month and as of September 2024 reached 75%. CalOptima Health tracked and conducted outreach to members missing visits and shared this information with Health Networks.
- OneCare Star Measures Improvement: Rates decreased due to low member experience and pharmacy measure scores. Focus remains on improving 2 Star measures to 3 Star measures. Identified initiatives include a new tool to analyze Stars information, enhanced collaboration with Health Networks for member focus groups, member, provider and pharmacy outreach for 90-day fills for members in medication adherence measures at risk of non-compliance and several member outreach campaigns.
- Value Based Payment Program: The program aims to use unearned funds from the 2023 Pay-4-Value (P4V) program to provide grants for quality improvement.
 - Hospital Quality Incentive Program - CalOptima Health's Hospital Quality Program rewards hospitals based on their Star performance for Quality (40%), Patient Experience (40%) and Hospital Safety (20%). Facilities earned incentives from a \$29 million pool, with over \$15 million distributed based on ratings.
 - Medi-Cal Pay for Value Program - MY 2023 – CAHPS scores for the health networks show that from an \$80 million pool, only about \$45 million were paid out. Increasing the gap closure could lead to more incentive dollars being paid out. HEDIS and Member experience scores were distributed to Health Networks.
 - Medi-Cal Quality Grants Program – 17 Health Network applications were approved. Over \$1.8M in grant dollars were approved and will be awarded. Programs addressing 16 different MCAS measures were approved. Working with Finance to finalize contracts and award dollars. The first payments estimated to be made in December 2024 or January 2025.
 - OneCare Quality Grants Program - Notice of Funding Opportunity (NOFO) was released to Health Networks on 10/15/2024. All grants will focus on Star Rating improvement efforts. Submissions were due November 15, 2024, and approved applications announced early December.
- Maternal and Child Health: Prenatal and Postpartum Care Services: Prenatal Care rates were higher at the same time compared to the previous year, but still below the 50th percentile. Postpartum rates are slightly lower compared to the same time last year, but still below the 50th percentile. Clinic Days community event was held in October. Focus remains on obtaining and reporting real-time data on postpartum care.

QIHEC Quarter 4 2024 Highlights

- The Bright Steps program offers telephonic support to pregnant and postpartum members up to 12 months postpartum, aimed at improving postpartum visit completion rates. Referrals are sent by providers increased from Q2 2024 compared to Q2 2023. Per QIHEC request, staff reported on the number of members outreached as part of the Bright Steps program. An average of 825 members were outreached and 53% were unable to be reached despite three attempts by call and a follow-up letter. The Committee recommended that staff identify and capture members early for their prenatal care.
- Maternity Care for Black and Native American Persons: As of November 2024, the timeliness of prenatal and postpartum care appointments declined from the last report and are not meeting the set goals. Two key programs are aimed at improving maternity care for Black and Native American individuals. The Birth Equity Enhanced Care Management (ECM) program offers comprehensive care management for CalOptima Health members, and the Medi-Cal Doula benefits provide coverage for Doula services starting January 1, 2023. CalOptima Health has contracted with 12 doulas available for care through the Medical Doula benefit and plans to expand the Doula network in 2025 by introducing incentives to join.
- Maternal and Adolescent Depression Screening: Rates have improved from the prior year but measures have not met the goal. MCAS measures related to depression screenings measures will be subject to MPL in 2025. Initiatives to improve performance include provider and community partner education, tip sheets for providers on screening and early detection and collaboration with The Coalition of Orange County Community Health Center and our contracted health networks.
- Quality Improvement MCAS Minimum Performance Level: Follow-Up After ER Visit for Mental Illness (FUM) and Follow-Up After ER Visit for Substance Use (FUA) measures missed the MPL in MY2023. Health Network Quality meetings continue to address outbound FUM data and key events. Staff promoted virtual BH care to address time sensitive follow-up care and sending biweekly member text messages to encourage follow-up care.
- Preventive and Screening Services: Cervical Cancer Screening (CCS) rate is lower compared to last year, while Breast Cancer Screening (BCS-E) and Colorectal Cancer Screening (COL-E) increased. CalOptima Health partnered with Exact Sciences for a Cologuard program and found that 100 members previously shown as noncompliant for colorectal cancer screening were compliant.
- Blood Lead Screening: Blood lead screening rates increased from the previous year and projected to meet the MPL. Initiatives to improve performance of blood lead screening measures include member outreach via text and live call campaign and member health rewards for blood tests at 12 months and 24 months of age.
- EPSDT/Children's Preventive Services: Pediatric Well-Care Visits and Immunizations were lower than they were last year but increased for Well-Child Visits for 15-30 Months and Well-Child Visits (Total). Interventions include birth card mailer, text and live call campaigns, and monthly reports with age specific information shared with the Health Networks.
- Chronic Care Improvement Projects (CCIPs) OneCare: CCIP focused on improving outcomes for members with diabetes with emerging risk health coaching telephonic outreach. Staff outreached to 113 OneCare members had 89% success rate of contacting members with A1C levels between 8.0% to 9.0%. Over 50% of identified members were already active with Case Management.
- Performance Improvement Projects (PIPs) Medi-Cal: PIP focused on improving well-child visits in the first 15 months among African American population. Staff outreached to 85 members and reached 40% of those members. Calls included well-child visit education, reminders and appointment coordination.

QIHEC Quarter 4 2024 Highlights

- Facility Site Review (FSR) Medical Record Review (MRR) and Physical Accessibility Review: Initial Health Appointment (IHA) compliance rate increased for adult and pediatric members. Blood Lead screening compliance rate also increased. Staff conducted additional facility site reviews if below 80% and provided education on audit requirements. Staff focused on education to providers on regulatory requirements for enrolling in the California Immunization Registry.
- Demographic Data Collection: CalOptima Health developed a process to collect provider information on race, ethnicity and language via a survey that was sent out to all providers. CalOptima Health plans to integrate this data collection into their annual provider data attestation process and work with health networks to collect the same data from health network providers. CalOptima Health will conduct assessments of the network's race, ethnicity, and language needs every three years to address gaps.
- Encounter Data Review: Staff conducted encounter data review of CalOptima Health contracted health networks for both Medi-Cal and OneCare. Telehealth Services are included as part of the assessment. The Encounters Team is working with one Health Network to review the root causes of low submissions and plans for remediation, subject to Corrective Action Plan
- Diversity Equity and Inclusion: A Diversity Equity Inclusion and Belonging (DEIB) training program was developed, and an e-learning material was distributed to QIHEC for input and feedback. Staff developed a Diversity Equity and Inclusion (DEI) survey for employees and committee feedback on improving experiences related to Diversity Equity Inclusion (DEI). The survey is anonymous and voluntary and was released in December with to be data collected until January.
- Delegation Oversight: Delegation Oversight monitors CalOptima Health networks' delegated areas annually. Between July and September, four Health Networks were audited. Findings include delegates not using the correct decision templates, decision dates or use the correct attachments in the necessary languages. The oversight committee provides support with education and training on the proper use of templates and attachments.

QIHEC Subcommittee Report Summary in Quarter 4, 2024

Credentialing Peer Review Committee (CPRC)

CPRC met July 25, 2024, August 22, 2024 – canceled, September 26, 2024

Findings, Recommendation and Actions

- There are currently three Fair Hearings in process. Two Fair Hearings were modified to provider probation with contingencies.
- The volume of PQI cases reviewed decreased in the first two quarters of 2024 and the volume of Quality-of-Care grievances dropped in Q1 but increased again in Q2.
- Eight quality-of-care and one service PQIs were presented and leveled.
- CPRC de-identified all practitioners who are presented to CPRC.
- Four practitioners were presented to CPRC with issues identified during recredentialing. Three practitioners were approved, and one practitioner was administratively terminated.
- Approved Credentialing/Recredentialing Clean Lists and Credentialing Closure Lists
- Monthly monitoring of the Medical Board of California for five (5) practitioners was identified as part of the on-going monitoring process.
- The Committee requested more details on the PQI cases that were sub-categorized as mismanaged care or treatment delay, failure, inappropriate or complications, which were provided at the October meeting. The Committee had no further action.
- Actions against PQI cases included:

QIHEC Subcommittee Report Summary in Quarter 4, 2024	
	<ul style="list-style-type: none"> ○ Best Practice Letter ○ Required Medical Records Keeping Course ○ Referral to Fraud, Waste & Abuse ○ Corrective Action Plan ● Development of Practice Protocol for members with ureteral or biliary stents. <ul style="list-style-type: none"> ○ Several Potential Quality Issues have been presented in the last year whereby members had biliary or ureteral stent inserted and had a significant delay in the removal of the stent. ○ CalOptima Health Medical Directors to develop a Practice Protocol for follow-up on members with ureteral and biliary stents and IVC filters to ensure members are referred back to the original surgeon for removal and create a registry to follow these members. ● Approved Foreign Board Certification: CPRC approved the recognition of the Canadian Boards and recommended an update to CalOptima Health Policies to recognize physicians who have foreign training but have met certain requirements in the U.S.
Grievance & Appeals Resolution Services Committee (GARS)	
GARS met November 13, 2024	
Findings, Recommendation and Actions	
	<ul style="list-style-type: none"> ● Discussion around grievance and appeals trends for Q3. Appeals decreased from the previous quarter overall. Grievances increased for OneCare and decreased for Medi-Cal from the previous quarter. Slight increase in discrimination grievances from the previous quarter. ● Continued collaboration with FoodSmart and Modivcare to monitor their subcontracted providers. ● Recommendation by UM Executive Director, Kelly Giardina, for a separate meeting related to the UM letter issue for OC members.
Member Experience Committee (MemX)	
MemX met: 10/15/2024 – Full committee; 10/9/24 Ad hoc CAHPS meeting with smaller team	
Findings, Recommendation and Actions	
	<ul style="list-style-type: none"> ● The committee reviewed CAHPS scores, timely access survey results, and updates on network adequacy. Access to care was a main driver in lower performance on CAHPS surveys and non-compliant timely access standards. ● The committee recommended continued smaller work group for member experience, including CAHPS performance. MemX also recommended continuing with new peer-to-peer meetings with CalOptima Health medical directors and providers with continued non-compliance with timely access surveys.
Population Health Management (PHM) Committee	
PHMC met November 21, 2024	
Committee Findings, Recommendation and Actions	
	<ul style="list-style-type: none"> ● Equity in OC Initiative: Results of CalOptima Health's Organizational Health Literacy (OHL) assessment were presented, highlighting strengths and opportunities for improvement. ● Care Management Program Update: Updates included focus populations for member assessments, outreach efforts for HRA/HNA, PSDT workgroup updates, and progress on ECM and CCM SMART goals. ● CalAIM Update: Provided updates on ECM benefits, self-audit tools, Community Supports Services SMART goals, and upcoming 2025 initiatives. ● Discussed Street Medicine Program locations, 2024 SMART goals, and expansion plans for 2025.

QIHEC Subcommittee Report Summary in Quarter 4, 2024
<ul style="list-style-type: none"> Initial Health Appointment (IHA) Update: Updates included strategies to improve IHA completion rates, barriers to implementation, and next steps. Organizational Health Literacy (OHL): Dr. Dabbah, Deputy Chief Medical Officer recommended sharing OHL assessment results with agency leads to explore improvement opportunities. Care Management Program: Kelita Gardner, HEAAL Collective Executive Director recommended including key performance indicator updates in future presentations. Street Medicine Program: Kelita Gardner, HEAAL Collective Executive Director requested guidance for churches to engage and connect OC residents experiencing homelessness with resources. Approved 2024 Population Needs Assessment (PNA) Report Approved November 21, 2024, Consent Calendar items: <ul style="list-style-type: none"> DHCS PHM Program Update DHCS PHM KPI Update 2024 PHM Work Plan Update 2024 PNA Update & Report NCQA Update Chronic Condition Update Diabetes Quality Measures Update Health Education Update Shape Your Life Program Update Health Equity Update
Utilization Management Committee (UMC)
<ul style="list-style-type: none"> Benefits Management Subcommittee (BMSC) Pharmacy and Therapeutics Committee (P&T)
UMC met 11/21/2024
<p>Committee Findings, Recommendation and Actions</p> <ul style="list-style-type: none"> UM leadership continues to work with ITS to develop and enhance reports to identify and manage missing member and provider notifications. In addition, a PDMS Workgroup has been established to develop a process to update fax numbers in Jiva for UM use. The Interrater Reliability (IRR) results presented included - PA 99.7%, Medical Directors 98.4%, UM staff 99.7%, IP Services 99%, Pharmacy 97% Reviewed Q3 2024 membership and identified a slight uptick for OC and a slight downward trend for Medi-Cal Acute Inpatient Utilization <ul style="list-style-type: none"> Medi-Cal Expansion bed days, admits and readmits above goal TANF 18+ bed days above goal. Average length of stay and readmits slightly below goal TANF under 18 bed days and readmits above goal. Average length of stay below goal SPD and LTC all bed days and readmits above goal OneCare all bed days and readmits below goal All Emergency Dept utilization remained flat with no fluctuations up or down since Q2 2023 Whole Child Model: CHOC Health Alliance continues to have the largest WCM membership followed by CCN Reviewed April 2024 bed day utilization identified an uptick in all bed days and readmits

QIHEC Subcommittee Report Summary in Quarter 4, 2024

- Out of 29 July – Aug 2024 total CCS eligible cases, 15 members identified have an open existing case and the remaining 7 members have been referred
- Prior authorization and inpatient TAT goals met in October 2024
- Sub Workgroup Highlights
 - High Risk Management – The workgroup conducted policy updates & reviewed sub specialist provider network to identify gap, enhanced IP facility rounds to include TCS staff and enhanced the UM post discharge calls with integrating the Case Management TCS calls
 - Over/Under Utilization – The workgroup reviewed high volume CPT codes to remove PA or auto approval enhancements
 - Gender Affirming Care (GAC) Workgroup – The workgroup reviewed APL updates, provided input for GAC webpage enhancements and completed WPATH training of staff and Medical Directors
 - EPSDT Workgroup – The workgroup reviewed pediatric NEMT and dental data
- There was a slight increase in Medi-Cal and OC NEMT and NMT services in Q3 2024 compared to Q2 2024. Transportation timeliness remained above 95%
- Continued to track and trend bed utilization, ED utilization and over/underutilization
- Modified the on-time dialysis performance metric from 90% to 95%
- UMC approved 45 UM related policies

BMSC Met 7/31/2024 and 8/28/2024

Findings, Recommendation and Actions

- The committee reviewed 44 codes. The committee removed 3 codes from PA required list.
- July Meeting - Discussion regarding immunizations for adults and children - Preventative services do not require prior authorization, meeting with claims, pharmacy and provider management regarding immunizations given by a pharmacy.
- August Meeting- Discussion regarding a new State requirement that all D-SNPs are responsible for providing and coordinating inpatient and outpatient community based palliative care referrals and services. New Palliative care program will be for OneCare members. CalOptima is contracting with 3 providers to perform the service. Code 99490 will be added to the OneCare Prior authorization list.

P&T Committee met August 15, 2024

Findings, Recommendation and Actions

- 13 medications were reviewed
- 7 medications were recommended for PA required
- 6 medications were recommended for PA required for NSO
- Retrospective DUR information was presented:
- Underutilization Report -informational
- Targeted DUR Project: Post-MI Hospital Discharge Medication Review
- Committee request that staff explore how the program has impacted readmission rate for patients who have been discharged post MI and offered to connect the team with the healthcare analytics team for assistance

Whole-Child Model Clinical Advisory Committee (WCM CAC)

WCM met November 21, 2024

QIHEC Subcommittee Report Summary in Quarter 4, 2024

Committee Findings, Recommendation and Actions

- 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
- Discussed how to improve pediatric immunization rates.
- Discussed how to improve dental rates.
- CalOptima Health's pediatric CalAIM Enhanced Care Management audit in 2025.
- Pharmacy 90-day notification of prior authorization requirement for certain medication.
- In 2025, continue to review Whole Child Model data for clinical and behavioral service and solicit advice from committee members regarding Whole Child Model operations.
- In 2025, conduct oversight of the Annual Pediatric Risk Stratification Process.
- Strategy to improve pediatric immunization rates is having specialty clinics offer vaccines. Pharmacy who are Vaccine for Children providers can also administer vaccines.

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

Attachment

Approved at QIHEC throughout Q4 2024: Fourth Quarter 2024 QIHETP Work Plan 4Q

2024 QI Work Plan – Q4 Update

Evaluation Category	2024 QIHETP Work Plan Element Description	Goal(s)	Planned Activities	Specific date of completion for each activity (i.e. MM/DD/YYYY)	Responsible Business owner	Support Staff	Department	Results/Metrics: Assessments, Findings, and Monitoring of Previous Issues <i>List any problems in reaching the goal or relevant data (i.e. state if goals were met or not met, include what caused the problem/issue)</i>	Next Steps Interventions / Follow-up Actions <i>State what will be done to meet the goal (i.e. continue with plan as listed or modify the plan: add a specific new process, etc.)</i>	Red - At Risk Yellow - Concern Green - On Target
Program Oversight	2024 Quality Improvement Annual Oversight of Program and Work Plan	Obtain Board Approval of 2024 Program and Workplan	Quality Improvement Health Equity Transformation Program (QIHETP) Description and Annual Work Plan will be adopted on an annual basis; QIHETP-QIHEC-BOD; Annual Work Plan-QIHEC-QAC	QIHEC: 02/13/2024 QAC: 03/13/2024 Annual BOD Adoption by April 2024	Director of Quality Improvement	Manager of Quality Improvement	Quality Improvement	2024 QIHETP Description and Annual Work Plan was adopted earlier this year. In Q4 QI staff started evaluation of the 2024 QIHETP and Work Plan.	Write a report on the evaluation of the 2024 QIHETP Description and Work Plan and create the 2025 QIHETP Description and Work Plan.	
Program Oversight	2023 Quality Improvement Program Evaluation	Complete Evaluation 2023 QI Program	Quality Improvement Program and Annual Work Plan will be evaluated for effectiveness on an annual basis	QIHEC: 02/13/2024 QAC: 03/13/2024 Annual BOD Adoption by April 2024	Director of Quality Improvement	Manager of Quality Improvement	Quality Improvement	Goal was completed 5/5/2024.	No next step.	
Program Oversight	2024 Integrated Utilization Management (UM) and Case Management (CM) Program Description	Obtain Board Approval of 2024 UM and CM Program Description	UM and CM Program will be adopted on an annual basis.	QIHEC: 02/13/2024 QAC: 03/13/2024 Annual BOD Adoption by April 2024	ED of Clinical Operations	Director of UM	Utilization Management	2024 UM / CM Integrated Program Description completed on time and received approved the BOD	Draft the 2025 UM / CM Program Description and present to UMC 1/23/25 for approval	
Program Oversight	2023 Integrated Utilization Management and Case Management Program Evaluation	Complete Evaluation of 2023 UM CM Integrated Program Description	UM Program will be evaluated for effectiveness on an annual basis.	QIHEC: 02/13/2024 QAC: 03/13/2024 Annual BOD Adoption by April 2024	ED of Clinical Operations	Director of UM	Utilization Management	2024 Program Evaluation completed on time and received approval from BOD.	Draft the 2024 Program Evaluation and present to UMC 1/23/25 for approval	

2024 QI Work Plan – Q4 Update

Program Oversight	Population Health Management (PHM) Strategy	Implement PHM strategy	Conduct the following: (1) Population Needs Assessment (PNA) (2) Risk stratification (3) Screening and Assessment (4) Wellness and prevention	PHMC report to QIHEC: Q1 03/12/2024 Q2 06/11/2024 Q3 09/10/2024 Q4 12/10/2024	Director of Equity and Community Health	Manager of PHM/Director of Care Management	Equity and Community Health	Developed the 2025 PHM Strategy and Work Plan (1) 2024 PNA was discussed at MAC/PAC, provided to PHMC and posted to CalOptima Health's website. (2) Continued to work to update risk stratification based on HIF-MET (3) Continued to work to update risk stratification based on HIF-MET (4) Initiated updates to care continuum in partnership with Clinical Operations, including enhancements to wellness and prevention programs for all members. Continued contracting process with WebMD for integration of health education materials into Jiva.	Present to 2025 PHM Strategy and Work Plan to QIHEC, PHMC, QAC and Board (1) 2025 PNA planning, outline and data pull. (2) Starting in 2025, Medical Management leading risk stratification efforts. (3) Care continuum will consider vendors that can support screening and assessment through multimodal channels (4) Contract with WebMD to be executed in Q1 2025. Will request approval for expansion of health ed. materials into website via WebMD's Health Hub product.	On Target
Program Oversight	2024 Population Health Management (PHM) Strategy Evaluation	Complete the Evaluation of the 2024 Population Health Management (PHM) Strategy	The Population Health Management (PHM) Strategy will be evaluated for effectiveness on an annual basis.	QIHEC: 11/05/24 QAC: 12/11/2024 Annual BOD Adoption by January 2025	Director of Equity and Community Health	Manager of PHM/Director of Care Management	Equity and Community Health	<ul style="list-style-type: none"> Quarterly 2024 PHM Workplan monitoring. Drafted 2024 PHM Impact (Evaluation) Report. 	<ul style="list-style-type: none"> Continue quarterly 2025 PHM Workplan monitoring Present 2024 PHM Impact report QIHEC, PHMC, QAC and Board 	On Target
Program Oversight	2024 Cultural and Linguistic Services Program and Work Plan	Obtain Board Approval of 2024 Program and Workplan	Cultural and Linguistic Services Program Work Plan will be evaluated for effectiveness on an annual basis	QIHEC: 02/13/2024 QAC: 03/13/2024 Annual BOD Adoption by April 2024	Manager of Customer Service	Manager of Cultural and Linguistics	Cultural and Linguistic Services	<ul style="list-style-type: none"> Board approval was obtained in Q2. Workplan status updates and results were presented at the MAC/PAC December meeting. Worked on 2025 Workplan, added new goals and carried over existing goals that were not completed. 	The Cultural and Linguistic Services Program Work Plan will be submitted to the QAC for review and approval and to the Board of Directors in March 2025.	
Program Oversight	2024 Cultural and Linguistic Services Program Evaluation	Complete the Evaluation of the 2024 Cultural and Linguistic Services Program	The Cultural and Linguistic Services Program will be evaluated for effectiveness on an annual basis.	QIHEC: 11/05/2024 01/14/2025 QAC: 12/11/2024 03/12/2025 Annual BOD Adoption by January 2025 April 3 2025	Manager of Customer Service	Manager of Cultural and Linguistics	Cultural and Linguistic Services	<ul style="list-style-type: none"> Evaluation was conducted and completed on 1/19/2025 Evaluation was submitted for executive review and submitted for consultant review and feedback on 1/20/2025 	<ul style="list-style-type: none"> Pending executive and consultant feedback. Submit to the QAC for review in March 2025 and approval and to the Board of Directors in April 2025. 	

2024 QI Work Plan – Q4 Update

Program Oversight	Population Health Management (PHM) Committee - Oversight of population health management activities to improve population health outcomes and advance health equity.	Report committee activities, findings from data analysis, and recommendations to QIHEC	(1) PHMC reviews, assesses, and approves the Population Needs Assessment (PNA), (2) PHM Strategy activities, and PHM Workplan progress and outcomes. (3) Committee meets at least quarterly, maintains and approve minutes, and reports to the QIHEC quarterly.	PHMC report to QIHEC: Q2 06/11/2024 Q3 09/10/2024 Q4 12/10/2024 Q1 03/11/2025	Director of Equity and Community Health	Manager of Equity and Community Health/ Director Case Management	Equity and Community Health	<ul style="list-style-type: none"> Held fourth quarter PHM Committee Meeting in November 2024 which included both internal CalOptima Health updates on PHM Program and community presentation from the Institute for Healthcare Advancement. PHMC reviewed and approved 2024 PNA. Provided PHM Committee update for QIHEC in December 2024. 	<ul style="list-style-type: none"> Continue to assist this committee by reviewing relevant guidance, agenda setting, presentation development, and deliverables shared with QIHEC. Next PHM Committee meeting is scheduled for February 2025. Report committee update to QIHEC in March 2025. 	
Program Oversight	Credentialing Peer Review Committee (CPRC) Oversight - Conduct Peer Review of Provider Network by reviewing Credentialing Files, Quality of Care cases, and Facility Site Review to ensure quality of care delivered to members	Report committee activities, findings from data analysis, and recommendations to QIHEC	Review of Initial and Recredentialing applications approved and denied; Facility Site Review (including Medical Record Review (MRR) and Physical Accessibility Reviews (PARS)); Quality of Care cases leveled by committee, critical incidence reports and provider preventable conditions. Committee meets at least 8 times a year, maintains and approve minutes, and reports to the QIHEC quarterly.	CPRC report to QIHEC: Q2 06/11/2024 Q3 09/10/2024 Q4 12/10/2024 Q1 03/11/2025	Manager of Quality Improvement	Manager of Quality Improvement	Quality Improvement	The Committee met on 11/21/24, 12/19/24. Three physicians continue undergoing the Fair Hearing process. Seven PQIs leveled as 1, 2 or 3 were presented to CPRC for leveling and actions. Policies GG.1651, GG.1657, GG.1633, GG.1659, GG.1643, GG.1604 and GG.1607 were approved. Two providers were presented for on-going monitoring. Six providers with issues were presented was presented and approved for recredentialing. Approved the Credentialing Clean List for 09/30/2024, 10/31/2024, 11/14/2024, 11/27/2024. Approved the Practitioner Closure List for 09/30/2024, 10/31/2024, 11/27/2024. The Committee approved the addition of Behavioral Health (BH) qualified physicians who have additional CME in BH to contract in this function. Credentialing, FSR and Incident statistics were presented with no action identified.	The Committee will continue to monitor the provider network through on-going monitoring, credentialing/recredentialing, PQIs and FSR audits. Policies relevant to these processes will continue to be reviewed by the Committee.	

2024 QI Work Plan – Q4 Update

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 activities, findings from data analysis, and recommendations to QIHEC	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. Trends and results are presented to the committee quarterly. Committee meets at least quarterly, maintains and approve minutes, and reports to the QIHEC quarterly.	GARS Committee Report to QIHEC: Q2 06/11/2024 Q3 09/10/2024 Q4 12/10/2024 Q1 03/11/2025	Director of Grievance and Appeals	Manager of GARS	GARS	Q3 GARS Committee was held on 11/13/2024. Q2 committee meeting minutes were approved. Discussions were had around HN delays in authorizations and appointment availability. Grievance trends related to transportation were also presented and discussed.	Continue with plan	
Program Oversight	Member Experience (MEMX) Committee Oversight - Oversight of Member Experience activities to improve quality of service, member experience and access to care.	Report committee activities, findings from data analysis, and recommendations to QIHEC	The MEMX Subcommittee reviews the annual results of CalOptima Health's CAHPS surveys, monitor the provider network including access & availability (CCN & the HNs), review customer service metrics and evaluate complaints, grievances, appeals, authorizations and referrals for the "pain points" in health care that impact our members. Committee meets at least quarterly, maintains and approve minutes, and reports to the QIHEC quarterly.	MemX Committee report to QIHEC: Q2 06/11/2024 Q3 09/10/2024 Q4 12/10/2024 Q1 03/11/2025	Director of Medicare Stars and Quality Initiatives	Project Manager Quality Analytics	Quality Analytics	In Q4 Member Experience Committee held an ad hoc committee meeting on October 9, 2024 to discuss the 2024 CAHPS results and the regular Member Experience Committee meeting was held on October 15, 2024. The following were reviewed and discussed at the ad hoc meeting for CAHPS: plan and HN level results for both Medi-Cal and OneCare. At the regular meeting the following were reviewed and discussed: Timely Access: Q2 2024 DHCS wait time results, timely access survey 2023 plan level results fielded by CalOptima for Medi-Cal and OneCare that indicates appointment availability compliance rates for individual provider and compliance rate for another office provider and telephone results for pre-recorded messages, callbacks, telephone triage and flexibility for scheduling members with disabilities. An update to the 2023 provider corrective action letters that were mailed as of 10/1 had a 59% response rates, health networks conducted outreach calls to encourage providers to complete the CAP submission by the due date, validation calls were made to confirm compliance with phone measures and in September 2024 the new Corrective Action Review Checklist tool was	Timely Access: 2024 timely Access survey to start fielding October 15, issue health network CAPs by end of November 2024, and continue to outreach to providers to collect CAP responses. Work with AMVI and UCMG to close SNC time and distance CAP.	

2024 QI Work Plan – Q4 Update

								<p>being utilized. Network Adequacy: SNC and ANC: 2023 SNC CAP time and distance: CalOptima authorized Alternative Access Standards (AAS) to close the remaining 6 Health Network CAPs, 4 Health Networks closed CAPs via AAS, AMVI and UCMG remain CAPs remain open. CalOptima submitted 3rd quarter required updates to DHCS on October 1st. 2024 pre-SNC activities began with SNC kickoff in November. Network Adequacy Validation Audit: HSAG had a full day audit on July 25 and CalOptima was notified that the audit was formally closed on September 30. Plan specific validation rating determinations will be shared late November 2024. Medi-Cal Quarterly: Reporting PCP Over Capacity: CalOptima re-opened 3 PCP panels Whole Child Model: Q3 results plan and HN level all specialties and HN met requirement of one for every core specialists at the plan and HN level OneCare Data Analysis and Reporting: Except Speech Therapy all specialties met time and distance requirements CAHPS: An overview of CAHPS was presented at the October 9, 2024 meeting with the recommendation to establish a workgroup to improve CAHPS scores. KPI updates: Customer Service Health Education Grievance and Appeals UM Behavioral Health</p>		
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2024 QI Work Plan – Q4 Update

Program Oversight	Utilization Management Committee (UMC) Oversight - Conduct internal and external oversight of UM activities to ensure over and underutilization patterns do not adversely impact member's care.	Report committee activities, findings from data analysis, and recommendations to QIHEC	UMC reviews medical necessity, cost-effectiveness of care and services, reviewed utilization patterns, monitored over/under-utilization, and reviewed inter-rater reliability results. The 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: Q2: 06/11/2024 Q3: 09/10/2024 Q4: 12/10/2024 Q1 03/11/2025	Director of Utilization Management	Manager of UM	Utilization Management	UMC reviewed status update on Goals at Committee meeting November 21, 2024. A summary of this presentation was provided at the December 10th QIHEC Committee meeting including an update on the mitigation strategies implemented for the Notification Compliance initiative. IRR results for UM and Pharmacy were also presented. The High-Risk Management Workgroup, Over-Under Utilization workgroup, Gender Affirming Care Workgroup, EPSDT, and ECM Clinical Oversight groups continue to meet and pursue opportunities to improve member care.	UMC will convene February 20, 2025, to review data from Q3 2024, P&Ps, and receive updates on current active initiatives. High Risk Workgroup to continue collaboration for ED Diversion program and strategies for utilization of data.	
Program Oversight	Whole Child Model - Clinical Advisory Committee (WCM CAC) - Ensures clinical and behavior health services for children with California Children Services (CCS) eligible conditions are integrated into the design, implementation, operation, and evaluation of the CalOptima Health WCM program in collaboration with County CCS, Family Advisory Committee, and Health Network CCS Providers.	Report committee activities, findings from data analysis, and recommendations to QIHEC	WCM CAC reviews WCM data and provides clinical and behavioral service advice regarding Whole Child Model operations. The committee meets at least quarterly, maintains and approve minutes, and reports to the QIHEC quarterly. Annual Pediatric Risk Stratification Process (PRSP) monitoring (Q3)	WCM CAC report to QIHEC: Q2: 06/11/2024 Q3: 09/10/2024 Q4: 12/10/2024 Q1 03/11/2025	Whole Child Model Medical Director / Director of Case Management	Program Assistant QI	Medical Management	WCM CAC met 11/12/2024. Approved their 08/20/24 meeting minutes. Discussed how to improve pediatric immunization rates. One strategy is having specialty clinics offering vaccines. Pharmacy who are Vaccine for Children providers can give vaccines. Quality Network Adequacy, Utilization (criteria for 30-day readmission data), Appeals and Grievances, Case Management, Behavioral Health, and Customer Service data were reviewed. Pediatric CalAIM ECM audit starts in 2025. Pharmacy 90-day notification.	WCM CAC will continue meeting quarterly in 2025. Review Whole Child Model data for clinical and behavioral service advice from committee members regarding Whole Child Model operations. Oversight of Annual Pediatric Risk Stratification Process.	

2024 QI Work Plan – Q4 Update

Program Oversight	Care Management Program	Report on key activities of CM program, analysis compared to goal, and improvement efforts	Report on the following activities: Enhanced Care Management (ECM) Complex Case Management (CCM) Basic PHM/CM Early and Periodic Screening, Diagnostic and Treatment (EPSDT) CM Transitional care services	Update from PHMC to QIHEC: Q2 06/11/2024 Q3 09/10/2024 Q4 12/10/2024 Q1 03/11/2025	Director of Care Management	TBD	Medical Management	Report on the following activities: Enhanced Care Management (ECM) a) LCM contact information has increased from 41% to 61% in October 2024 Complex Case Management (CCM) a) continue monthly NCQA file audits for CCN and Health network members. b) 11/20/2024 moc-NCQA audit with 100% of points achieved. Basic PHM/CM a) ongoing quarterly audits of delegated health networks for MOC oversight. Early and Periodic Screening, Diagnostic and Treatment (EPSDT) 12/12/2024 Education and review on EPSDT services for Health Networks. Transitional care services: See Items #61	Report on the following activities with revisions for 2025: Enhanced Care Management (ECM) moved to stand-alone category on 2025 with CalAIM as BO. Complex Case Management (CCM) moved to stand alone category on 2025 work plan. a) Continue training and educational opportunities to staff on the 2025 PHM5 Element D and E and complex conditions/situations. b) Ongoing training and support for new and existing staff. c) Continue to gather member feedback to improve outcomes. d) Training and Education on member centric care plans. Basic PHM/CM a) Ongoing quarterly audits of delegated health networks for MOC oversight. Early and Periodic Screening, Diagnostic and Treatment (EPSDT) CM a) ongoing work group discussions for oversight of EPSDT. b) explore potential texting campaigns for overdue services for Vision, Dental, and Hearing. Transitional care services: See Items #61.	
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2024 QI Work Plan – Q4 Update

Program Oversight	Delegation Oversight	Implement annual oversight and performance monitoring for delegated activities.	Report on the following activities: Implementation of annual delegation oversight activities; monitoring of delegates for regulatory and accreditation standard compliance that, at minimum, include comprehensive annual audits.	Report to QIHEC: Q2: 06/11/2024 Q3: 09/10/2024 Q4: 12/10/2024 Q1 03/11/2025	Director of Audit and Oversight	Manager of Audit and Oversight (Delegation)/ Manager Delegation Oversight	Delegation Oversight	<p>Delegate:</p> <ul style="list-style-type: none"> • Prospect Medical Group (17) • United Care Medical Group (82) • HPN-Regal Medical Group (15) • Noble Mid-Orange County (64) • Optum (16) • AltaMed Health Services, Corp. (69) <p>Area(s) Assessed:</p> <ul style="list-style-type: none"> • Case Management • Claims • Compliance • Credentialing • Customer Service • Provider Network Contracting • Provider Relations • Sub-Contractual • Utilization Management <p>Corrective Action Plan(s) Issued – Prospect Medical Group:</p> <ul style="list-style-type: none"> • Case Management (Medi-Cal) – Accepted & Closed • Claims (Medi-Cal) – Accepted & Closed • Claims, Provider Dispute Resolutions (Medi-Cal) – Accepted & Closed • Utilization Management, Policy (Medi-Cal) – Accepted • Utilization Management, Expedited & Standard Denial (Medi-Cal) – Accepted • Utilization Management, Non-Emergency Medical Transportations (Medi-Cal) – Accepted • Utilization Management, Physician Administered Drug (PAD) (Medi-Cal) – Accepted & Closed • Utilization Management, Policy (OneCare) – Accepted • Utilization Management, Carve Out (OneCare) – Accepted • Utilization Management, Organizational Determinations (, Appeals, & Grievances) (OneCare) – Accepted • Utilization Management, Physician Administered Drug 	Continue to monitor CAPs in "Monitoring" status through acceptance & closure.	
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2024 QI Work Plan – Q4 Update

								<div>(PAD) (OneCare) – Accepted & Closed</div> <div><div><div>• Credentialing, Organizational Provider (All Lines of Business) – Accepted</div><div>• Provider Relations (All Lines of Business) – Accepted & Closed</div></div></div> <div>Corrective Action Plan(s) Issued – United Care Medical Group:</div> <div><div><div>• Claims, Provider Dispute Resolutions (Medi-Cal) – Accepted & Closed</div><div>• Utilization Management, Expedited & Standard Denial (Medi-Cal) – Accepted</div><div>• Utilization Management, Non-Emergency Medical Transportations (Medi-Cal) – Accepted</div><div>• Utilization Management, Physician Administered Drugs (Medi-Cal) – Accepted & Closed</div><div>• Utilization Management, Notice of Medicare Noncoverage (OneCare) – Accepted & Closed</div><div>• Utilization Management, Organizational Determinations (, Appeals, & Grievances) (OneCare) – Accepted</div><div>• Utilization Management, Physician Administered Drugs (OneCare) – Accepted & Closed</div><div>• Credentialing, Organizational Provider (All Lines of Business) – Accepted & Closed</div><div>• Provider Relations, Provider Training (All Lines of Business) – Accepted & Closed</div></div></div> <div>Corrective Action Plan(s) Issued – HPN-Regal Medical Group:</div> <div><div><div>• Case Management (Medi-Cal) – Accepted</div><div>• Claims (Medi-Cal) – Accepted</div><div>• Claims, Provider Dispute Resolutions (Medi-Cal) – Accepted</div><div>• Customer Service (Medi-Cal) – Accepted & Closed</div><div>• Utilization Management,</div></div></div>		
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2024 QI Work Plan – Q4 Update

								<div>Policy (Medi-Cal) – Accepted</div> <div>• Utilization Management, Carve Out (Medi-Cal) – Accepted</div> <div>• Utilization Management, Non-Emergency Medical Transportations (Medi-Cal) – Accepted</div> <div>• Utilization Management, Physician Administered Drugs (Medi-Cal) – Accepted</div> <div>• Utilization Management, Post-Stabilization Authorization (Medi-Cal) – Accepted</div> <div>• Customer Service (OneCare) – Accepted & Closed</div> <div>• Utilization Management, Policy (OneCare) – Accepted</div> <div>• Utilization Management, Carve Out (OneCare) – Accepted</div> <div>• Utilization Management, Post-Stabilization Authorization (OneCare) – Accepted</div> <div>Corrective Action Plan(s) Issued – Noble Mid-Orange County:</div> <div>• Claims (Medi-Cal) – Accepted & Closed</div> <div>• Claims, Provider Dispute Resolutions (Medi-Cal) – Accepted & Closed</div> <div>• Utilization Management, Expedited & Standard Denial (Medi-Cal) – Not Accepted</div> <div>• Utilization Management, Physician Administered Drugs (Medi-Cal) – Not Accepted</div> <div>• Utilization Management, Notice of Medicare Noncoverage (OneCare) – Accepted & Closed</div> <div>• Utilization Management, Physician Administered Drugs (OneCare) – Not Accepted</div> <div>Corrective Action Plan(s) Issued – Optum:</div> <div>• Case Management (Medi-Cal) – Not Accepted</div> <div>• Claims, Provider Dispute Resolutions (Medi-Cal) – Accepted</div> <div>• Utilization Management, Policy (Medi-Cal) – Not Accepted</div>		
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2024 QI Work Plan – Q4 Update

								<div><div><div>• Utilization Management, Expedited & Standard Denial (Medi-Cal) – Accepted</div><div>• Utilization Management, Physician Administered Drugs (Medi-Cal) – Not Accepted</div><div>• Utilization Management, Organizational Determinations (, Appeals, & Grievances) (OneCare) – Accepted</div><div>• Utilization Management, Physician Administered Drugs (Medi-Cal) – Not Accepted</div><div>• Customer Service (OneCare) – Accepted</div><div>• Credentialing, Organizational Provider (All Lines of Business) – Accepted & Closed</div></div><div><div>Corrective Action Plan(s) Issued – AltaMed Health Services, Corp.:</div><div>• Claims, Provider Dispute Resolutions (Medi-Cal) – Not Accepted</div><div>• Utilization Management, Expedited & Standard Denial (Medi-Cal) – Accepted</div><div>• Utilization Management, Physician Administered Drugs (Medi-Cal) – Not Accepted</div><div>• Utilization Management, Post-Stabilization Authorization (OneCare) – Accepted</div><div>• Claims, Provider Dispute Resolutions (OneCare) – Not Accepted</div><div>• Utilization Management, Policy (OneCare) – Accepted</div><div>• Utilization Management, Notice of Medicare Noncoverage (OneCare) – Accepted & Closed</div><div>• Utilization Management, Organizational Determinations (, Appeals, & Grievances) (OneCare) – Not Accepted</div><div>• Utilization Management, Physician Administered Drugs (OneCare) – Not Accepted</div><div>• Compliance, Staff Training (All Lines of Business) – Not Accepted</div><div>• Credentialing, Organizational Provider (All Lines of Business) – Accepted & Closed</div></div></div>		
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2024 QI Work Plan – Q4 Update

Program Oversight	Disease Management Program	Implement Disease Management	Report on the following activities: Evaluation of current utilization of disease management services Maintain business for current programs and support for community. Improve process of handling member and provider requests.	Update from PHMC to QIHEC: Q2 06/11/2024 Q3 09/10/2024 Q4 12/10/2024 Q1 03/11/2025	Director of Equity and Community Health	Manager of Equity and Community Health	Equity and Community Health	<p>1) A DM satisfaction survey was sent in October 2024 to eligible members via two-way text message through USHUR. The goal of achieving 85% satisfaction was met across all 7 categories, with satisfaction rates ranging from 91% to 100%. The data indicates that positive interactions with health coaches significantly contributed to members' overall satisfaction. This is further supported by numerous positive member comments. While the data shows high satisfaction with the DM program, a higher response rate would provide more comprehensive data. In light of this, a decision was made to mail an additional 500 surveys.</p> <p>2) Exploring and testing strategies for incorporating gaps in care into disease management stratification, including a new report supported by Enterprise Analytics and Decision Point</p> <p>3) Zoom accounts have been created for all member-facing staff. Training on Zoom and proper Zoom etiquette for staff will be conducted in Q1, prior to implementation.</p> <p>4)The Yumlish web-based provider for the CDC Diabetes Prevention Program is still under review by credentialing. An application to provide an incentive to members who complete the program will be submitted to DHCS for approval when the program is launched.</p> <p>5)Ongoing collaboration with CalAIM community services continues to refer eligible members to the asthma remediation program.</p> <p>6)Enhancements have been made to Jiva to improve the</p>	<p>1) Collaborating with USHUR to develop a weblink that will allow staff to deploy the DM survey via two-way text message after the intervention is completed. Estimated launch date: February 2025.</p> <p>2) Developing a monthly text campaign for members who meet the medium-risk criteria in the asthma and diabetes stratification. The text will ask if they would like to receive a call from a health coach. This initiative aims to reduce the number of cold calls and instances where members cannot be contacted, while also allowing staff to focus on members who opt into the program. Estimated launch date: March 2025.</p> <p>3) Working toward the implementation of Yumlish and the creation of an incentive program for members who participate in the program.</p> <p>4) Collaborating with other teams to create a standing order for blood pressure monitors. This will allow health coaches to request a blood pressure monitor for members with diabetes and hypertension who do not have one at home. This initiative supports the HEDIS measure for blood pressure control in patients with diabetes.</p>	
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2024 QI Work Plan – Q4 Update

								identification of engagement rates for members identified as diabetes emerging risk.		
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2024 QI Work Plan – Q4 Update

Program Oversight	Health Education	Implement Health Education Program	Report on the following activities: (1) Evaluation of current utilization of health education services (2) Maintain business for current programs and support for community. (3) Improve process of handling member and provider requests.	Update from PHMC to QIHEC: Q2 06/11/2024 Q3 09/10/2024 Q4 12/10/2024 Q1 03/11/2025	Director of Equity and Community Health/Manager of Health Education	Manager of Equity and Community Health	Equity and Community Health	(1) In prior years, referrals for health education services were highest in Q1 and decreased by Q4, but in 2024, referrals were higher than average. In Q4, there were 1,418 referrals received and assigned, higher than the quarterly average of 1,362 referrals received in Quarters 1-3 of 2024. This may be in response to more members resuming preventive health visits with providers post-COVID and due to increased outreach efforts via text messages or mail campaigns. (2) During Q4 2024, 14 participants attended 2 virtual SYL classes. (3) The team has expanded text message campaigns to inform members about health education services and classes, as well as to encourage new members to see their providers in the first 90 days of enrollment. Health and Wellness services continue to be mentioned in new member packages and at all continuing education training sessions, along with reminders on how and where to send member referrals.	Member self-referrals as well as a list of future ECH community classes are still slated to be available on the new website being implemented March 2025. These new activities are on hold as the Communications team continues the build out.	
Program Oversight	Health Equity	Identify health disparities Increase member screening and access to resources that support the social determinants of health Report on quality improvement efforts to reduce disparities	Assess and report the following activities: 1) Increase members screened for social needs 2) Implement a closed-loop referral system with resources to meet members' social needs. 3) Implement an organizational health literacy (HL4E) project	By December 2024 Update from PHMC to QIHEC: Q2 06/11/2024 Q3 09/10/2024 Q4 12/10/2024 Q1 03/11/2025	Director of Equity and Community Health	Manager of Equity and Community Health	Equity and Community Health	(1) Continued working on updates to SDOH Member Assessment in the Member Portal and continue to integrate assessment into JIVA. (2) Continued process to integrate Find Help into JIVA and developed training plan for staff. (3) Completed the HL4E project.	(1) Continue supporting process to update SDOH Member Assessment in Member Portal and collaborate with other departments on integration of member assessment into JIVA. (2) Continue to participate in FindHelp integration workgroup and completion of training plan for staff. (3) No further action as the HL4E project concluded.	

2024 QI Work Plan – Q4 Update

Program Oversight	Long-Term Support Services (LTSS)	95% compliance with TAT	CalAIM Turnaround Time (TAT): Determination completed within 5 business days CBAS Inquiry to Determination (TAT): Determination completed within 30 calendar days CBAS Turnaround Time (TAT): Determination completed within 5 business days LTC Turnaround Time (TAT): Determination completed within 5 business days	Update from UMC to QIHEC Q2: 06/11/2024 Q3: 09/10/2024 Q4: 12/10/2024 Q1 03/11/2025	Director of LTSS	Manager of LTSS	Long Term Care	CalAIM Turnaround Time (TAT): Routine 65.29%; Expedited 86.49% CBAS Inquiry to Determination (TAT): 100% CBAS Turnaround Time (TAT): 95.76% LTC Turnaround Time (TAT): 97.67%	LTSS approved OT to work on CalAIM authorizations/referrals; Daily authorization assignments to nurses to ensure timely completion; Daily monitoring by LTSS and Executive leadership; Report out to UMC; Collaboration with CalAIM Operations team and executive to improve vendor processes.	
Program Oversight	National Committee for Quality Assurance (NCQA) Accreditation	CalOptima Health must have full NCQA Health Plan Accreditation (HPA) and NCQA Health Equity Accreditation by January 1, 2026	1) Implement activities for NCQA Standards compliance for HPA and Health Plan Renewal Submission by April 30, 2024. 2) Develop strategy and workplan for Health Equity Accreditation with 50% document collect for submission.	1) By April 30, 2024 2) By December 2024 Report program update to QIHEC Q2: 04/09/2024 Q3: 07/09/2024 Q4: 10/08/2024 Q1: 01/14/2025	Program Manger of QI	Director of Quality Improvement	Quality Improvement	HP Accreditation: 1. NCQA released the 2025 HP Standards to internal stakeholders in September 2024. 2. A kickoff webinar was held to review these standards. 3. A file review audit assessed readiness for Complex Case Management, Utilization Management denials (BH and non-BH), Pharmacy, Appeals, and Credentialing with CCN and delegate files. 4. NCQA Consultants provided training on writing Analytical Reports. HE Accreditation: 1. Consultants have made recommendations and created a work plan. 2. CalOptima Health established a Health Equity Committee that receives status updates from five ongoing work groups.	HP Accreditation: 1. Executive leadership will receive the file review results at the January 2025 QIHEC meeting, where delegates have also been notified of the audit results. 2. The following items will be reviewed and approved at the January meeting: the 2025 Annual QIHETP, 2025 PHM Strategy, and 2025 CLAS Program. 3. In February 2025, QIHEC will review the 2024 QIHETP Evaluation, 2025 QI Work Plan, 2025 UM/CM Program, and 2024 UM Evaluation. 4. The Quality Improvement (QI) team will create a comprehensive work plan and schedule a kick-off meeting with stakeholders. Health Equity Accreditation: Document collection for submission starts in April 7, 2025, with the submission survey date set for October 7, 2025. Overall Status on Both Accreditations: Health Equity accreditation is on track, with no identified issues we have a look-back period starting April 7, 2025. The Health Plan Accreditation is also ready for its look-back period beginning April 6, 2025.	

2024 QI Work Plan – Q4 Update

Program Oversight	OneCare STARS Measures Improvement	Achieve 4 or above	Review and identify STARS measures for focused improvement efforts.	By December 2024 Report program update to QIHEC Q2: 04/09/2024 Q3: 07/11/2024 Q4: 10/08/2024 11/5/2024 Q1: 01/14/2025	Director of Medicare Stars and Quality Initiatives	Manager of QA	Quality Improvement	<p>1) Bimonthly working sessions focused on Stars measures improvement with Operations, Equity and Community Health, Case Management, Pharmacy, Utilization Management, Customer Service, Health Network Relations, and GARS.</p> <p>2) Continued utilization of the Star Rating tracker to communicate performance with each Stars workgroup / measure owner.</p> <p>3) Continued weekly huddle with the Case Management team to address the OMW measure. Outbound calls to members due for bone density testing.</p> <p>4) Ongoing telephonic outreach to members across multiple measures via vendor Carenet.</p> <p>5) Case Management and Equity and Community Health team utilization of the Decision Point Insights platform to discuss open care gaps with members.</p> <p>6) Launch of a detailed Stars project plan in conjunction with EPMO and Rex Wallace Consulting, coupled with a weekly project update meeting.</p> <p>7) Launch of Listening Posts member experience surveying via Ushur; collected feedback from members who missed a medication refill, or began a new medication related to the medication adherence measures.</p> <p>8) Launch of the OneCare Quality Improvement Grant program. Awarded \$568,846.92 to 4 Health Networks for quality initiatives that will improve OneCare measure performance.</p>	Continue with plan as listed and implement additional initiatives outlined in QA's 2025 strategic project list	
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2024 QI Work Plan – Q4 Update

Program Oversight	Value Based Payment Program	Report on progress made towards achievement of goals; distribution of earned P4V incentives and quality improvement grants - HN P4V - Hospital Quality	Assess and report the following activities: 1) Will share HN performance on all P4V HEDIS Measures via prospective rates report each month. 2) Will share hospital quality program performance	Report program update to QIHEC Q2: 04/09/2024 Q3: 07/09/2024 Q4: 10/08/2024 11/5/2024 Q1: 01/14/2025	Manager of Quality Analytics	Manager Quality Analytics	Quality Analytics	Hospital Quality program performance: No additional updates for the Hospital since November. No update to provide at the 1/11/25 QIHEC. Quality update calls with each Health Network continue to be held every other month. The Medi-Cal Quality Improvement Grant awards for Health Networks were announced in September. Seventeen (17) proposals across five (5) Health Network partners were approved (over \$1.8 M in funding and support for 16 quality measures). All contracts were executed in Q4 and funds were distributed to Health Networks on 1/13/25.	Continue with plan as listed and implement additional initiatives outlined in QA's 2025 strategic project list	
Program Oversight	Quality Performance Measures: Managed Care Accountability Set (MCAS) STAR measures	Track and report quality performance measures required by regulators	Track rates monthly Share final results with QIHEC annually	Report program update to QIHEC Q2: 05/14/2024 Q3: 08/13/2024 Q4: 11/05/2024 Q1 02/11/2025	Director of Quality Analytics	Manager Quality Analytics	Quality Analytics	Final HEDIS Rates were presented last quarter. Continue analysis to identify opportunities and focus areas for 2025.	Plan and prepare for <Y2024 HEDIS data collection.	

2024 QI Work Plan – Q4 Update

Program Oversight	School-Based Services Mental Health Services	Report on activities to improve access to preventive, early intervention, and BH services by school-affiliated BH providers.	Assess and report on the following Student Behavioral Health Incentive Program (SBHIP) activities: 1. Implement SBHIP DHCS targeted interventions 2. Bi-quarterly reporting to DHCS	Report program update to QIHEC Q2: 04/09/2024 Q3: 07/09/2024 Q4: 10/08/2024 Q1 01/14/2025	Director of Behavioral Health Integration	Project Manager BHI	Behavioral Health Integration	<p>1) 4 Project Outcome Reports due 12/31/24: BH Screening and Referrals; Building Stronger Partnerships; IT Support Systems; Technical Assistance for Contracts.</p> <p>2) OCDE SBHIP MOU amendment executed, CalOptima Health and OCDE will monitor school districts SBHIP budget requests and spend.</p> <p>3) The DHCS MOU template was sent to OCDE for legal review; the template will be used for the coordination of care and data sharing with the school districts.</p> <p>4) Internal departments SMEs identified for the Carelon interim payment process; waiting for DHCS to finalize Carelon MOU.</p> <p>5) 8 of 10 SBHIP-funded Well Spaces were installed in 2024; the remaining two are scheduled for completion in late January/early February 2025.</p> <p>6) Hazel Health has launched its telehealth platform in 19 out of the 29 school districts.</p>	The incentive earning of the SBHIP initiative ended 12/31/24; all required DHCS reporting is completed; CalOptima Health awaits approval from DHCS for the project outcome reports; the announcement is expected in Q1 2025. SBHIP partners will continue to meet throughout the upcoming months.	
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2024 QI Work Plan – Q4 Update

Program Oversight	CalOptima Health Comprehensive Community Cancer Screening Program	Increase capacity and access to cancer screening for breast, colorectal, cervical, and lung cancer.	Assess and report the following: 1) Establish the Comprehensive Community Cancer Screening and Support Grants program 2) Work with vendors to develop a comprehensive awareness and education campaign for members.	Report Program update to QIHEC Q2: 04/09/2024 Q3: 07/09/2024 Q4: 10/08/2024 Q1: 01/14/2025	Chief Medical Officer	Sr. Manager of Medical Management	Medical Management	1) Held the grantees' kickoff meeting on October 2, 2024. 2) Hosted a virtual webinar to provide reporting instructions on November 8, 2024 3) Met with individual grantees (ACS, TFG) to provide support. 4) Submitted SMS content(s) to DHCS for approval. 5) Worked on an RFP for a research and evaluation initiative. Barriers/challenges: Due to a change in project management leadership, several critical operational requirements were overlooked (e.g., BAA, data exchange approval process, grant amendment, etc.). Also, senior leadership recommended canceling the bid exception for the Research & Evaluation contract. Focus has shifted to releasing an RFP, which may delay the Research & Eval initiative.	1) Host the 2nd quarterly grantee meeting 2) Establish a robust grant management process 3) Launch the Research & Evaluation RFP 4) Develop more concrete plans for the OC3 Collaborative and Member Journey Interventions initiatives.	
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2024 QI Work Plan – Q4 Update

Quality of Clinical Care	Preventive and Screening Services	Cervical Cancer Screening (CCS), Colorectal Cancer Screening (COL), Breast Cancer Screening (BCS) MY 2024 Goals: CCS: MC 59.85% BCS-E: MC 62.67% OC 71% COL: OC 71%	Assess and report the following activities: 1) Targeted member engagement and outreach campaigns in coordination with health network partners. 2) Strategic Quality Initiatives Intervention Plan - Multi-modal, omni-channel targeted member, provider and health network engagement and collaborative efforts.	Report progress to QIHEC Q1 2024 Update (05/14/2024) Q2 2024 Update (08/13/2024) Q3 2024 Update (11/5/2024) Q4 2024 Update (02/11/2025)	Director of Medicare Stars and Quality Initiatives	Quality Analyst	Quality Analytics	1. Member Health Reward: CCS (MC) - xxx; BCS (MC) - xxx; BCS (OC) - xxx; COL (OC) - xx 2. Mailings: COL (MC)- 21239; COL (OC)- 3908 3. Text Message: CCS (MC)- 73309; BCS (MC)- 21499 4. CareNet Live Call from October to December: CCS (MC)- 13711 ; BCS (MC)- 3839; BCS (OC)- 200; COL (OC)- 463 5. Continuation of CCN OC and MC COL GI outreach pilot program plus elimination of prior authorization for GI screening consult for the OC population 6. CCN Cologuard launched November: Mailing- MC Kits 25746 OC Kits 865; Kits returned by December: MC 2482 OC 119 7. September 2024 Prospective Rate Data: CCS (MC) - 43.16%; BCS (MC) - 49.07%; BCS (OC) - 62%; COL (OC) - 58%	Continue with plan as listed and implement additional initiatives outlined in QA's 2025 strategic project list	
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2024 QI Work Plan – Q4 Update

Quality of Clinical Care	EPSTD Diagnostic and Treatment Services: ADHD Mental Health Services: Continuity and Coordination Between Medical Care and Behavioral Healthcare Appropriate Use Of Psychotropic Medications	Follow-Up Care for Children Prescribed ADHD medication (ADD) HEDIS MY2024 Goal: MC - Init Phase - 44.22% MC -Cont Phase - 50.98%	Assess and report the following activities: 1) Work collaboratively with the Communications department to Fax blast non-compliant providers letter activity (approx. 200 providers) by second quarter. 2) Participate in provider educational events, related to follow-up visits and best practices. 3) Continue member outreach to improve appointment follow up adherence. a. Monthly Telephonic member outreach (approx. 60-100 mbrs) b. Member Newsletter (Fall) c. Monthly Member two-way Text Messaging (approx. 60-100 mbrs) 4) Member Health Reward Program 5) Information sharing via provider portal to PCP on best practices, with list of members that need a diabetes screening.	Report progress to QIHEC Q1 2024 Update (05/14/2024) Q2 2024 Update (08/13/2024) Q3 2024 Update (11/05/2024) Q4 2024 Update (02/14/2025) 01/14/2025)	Director of Behavioral Health Integration	BHI Program Specialist	Behavioral Health Integration	PR HEDIS RATES Q4 (September): Initiation Phase- 47.03% Continuation and Maintenance Phase- 52.08% 1) Monthly text messaging outreach to 125 members.(October, November, December). 2) Member Health Reward flyers mailed to 209 eligible members on 11/14/2024. 3) A new text message script for member Health reward will be launched in Q1 2025. 4) Monthly Health Network Communication BH Updates. 5) Collaborated with Communications to disseminate Best Practice Letter and Tip Sheet via automated process with ITs to 127 non-compliant providers on 12/12/2024.	1) Continue to send letters to providers via automated process with ITs who are not meeting the ADD requirements. 2) Continue to work with text messaging vendor to send text messages to members for follow-up visits. 3) Coordinate text message campaign of the Member Health Rewards flyer to eligible members.	
Quality of Clinical Care	Health Equity/Mental Health Services: Continuity and Coordination Between Medical Care and Behavioral Healthcare - Prevention Programs For Behavioral Healthcare	Improve Adverse Childhood Experiences (ACES) Screening	Assess and report the following activities: 1) Collaborative meetings between teams to identify best practices to implement 2) Provider and member education	Report progress to QIHEC Q1 2024 Update (05/13/2024) Q2 2024 Update (08/13/2024) Q3 2024 Update (11/05/2024) Q4 2024 Update (02/14/2025) 01/14/2025)	Director of Behavioral Health Integration	Program Specialist of Behavioral Health Integration	Behavioral Health Integration	1) Attended collaborative meetings between teams to identify best practices to implement. 2) Attended provider and member education. 3) Continued to review the quarterly ACES report.	Goal Met	

2024 QI Work Plan – Q4 Update

Quality of Clinical Care	Mental Health Service: Continuity and Coordination Between Medical Care and Behavioral Healthcare	Metabolic Monitoring for Children and Adolescents on Antipsychotics (APM) HEDIS MY2024 Goals: Blood Glucose-All Ages:58.43% Cholesterol-All Ages: 40.50% Glucose and Cholesterol Combined-All Ages: 39.01%	Assess and report the following activities: 1) Monthly review of metabolic monitoring data to identify prescribing providers and Primary Care Providers (PCP) for members in need of metabolic monitoring. 2) Work collaboratively with provider relations to conduct monthly face to face provider outreach to the top 10 prescribing providers to remind of best practices for members in need of screening. 3) Monthly mailing to the next top 50 prescribing providers to remind of best practices for members in need of screening. 4) Send monthly reminder text message to members (approx 600 mbrs) 5) Information sharing via provider portal to PCP on best practices, with list of members that need a diabetes screening.	Report progress to QIHEC Q1 2024 Update (05/13/2024) Q2 2024 Update (08/13/2024) Q3 2024 Update (11/05/2024) Q4 2024 Update (02/14/2025) 01/14/2025)	Director of Behavioral Health Integration	BHI Program Specialist	Behavioral Health Integration	PR HEDIS RATES Q4 (September) : Blood Glucose all ages: 44.81%, Cholesterol all ages: 27.04%, Glucose & Cholesterol Combined all ages: 26.05% 1) Barrier: Data report unavailable for the end of the quarter due to new HEDIS software implementation for the Quality Analytics team. 2) The following materials have been disseminated to Providers (October 52 letters, November 110 letters): a) Provider Best Practices Letter. b) APM Provider Tip Sheet. 3) Collaboration with Provider Relations to conduct in-person provider outreach with top 10 providers on a monthly basis (October, November). 4) Mailings of Provider materials (Best Practices letter and Provider tip tool sheet) to the next top 50 providers on a monthly basis (October, November). 5) Text Messaging Campaign (October 440 texts, November 428 texts, December texts). 6) Monthly Health Network Communication BH Updates.	1) Use provider portal to communicate follow-up best practice and guidelines for follow-up visits. 2) Continue data pull from Tableau for text messaging campaign. 3) Continue mailings of Provider materials (Best Practices letter and Provider tip tool sheet) to providers on a monthly basis. 4) Continue collaboration with Provider Relations to conduct in-person provider outreach with top 10 providers on a monthly basis. 5) Schedule listening sessions with Providers to educate/train on how to obtain BH data using the CalOptima Health Provider Portal.	
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2024 QI Work Plan – Q4 Update

Quality of Clinical Care	Mental Health Services: Continuity and Coordination Between Medical Care and Behavioral Healthcare - Appropriate Diagnosis, Treatment And Referral Of Behavioral Disorders Commonly Seen In Primary Care	Antidepressant Medication Management (AMM) HEDIS MY2024 Goal: Acute Phase - 74.16% Continuation Phase - 58.06%	Assess and report the following activities: 1) Educate providers on the importance of follow up appointments through outreach to increase follow up appointments for Rx management associated with AMM treatment plan. 2) Educate members on the importance of follow up appointments through newsletters/outreach to increase follow up appointments for Rx management associated with AMM treatment plan. 3) Track number of educational events on depression screening and treatment.	Report progress to QIHEC Q1 2024 Update (05/13/2024) Q2 2024 Update (08/13/2024) Q3 2024 Update (11/05/2024) Q4 2024 Update (02/14/2025) (01/14/2025)	Director of Behavioral Health Integration	Program Specialist of Behavioral Health Integration	Behavioral Health Integration	PR HEDIS RATES Q4 (September) :Effective Acute Phase Treatment: 64.74%, Effective Continuation Phase Treatment: 45.45% 1) Barrier: Data report unavailable for the end of the quarter due to new HEDIS software implementation for the Quality Analytics team. 2) Data report received monthly. 3) AMM Provider Tip Sheet letter completed. 4) The following materials have been disseminated to Providers (October 540 letters, November 962 letters): a) Provider Best Practices Letter. 5) Text Messaging Campaign (October 6,887 texts, November 6,885 texts, December 6, 885 texts). 6) AMM data available through Provider Portal 7) Monthly Health Network Communication BH Updates	1) Use provider portal to communicate follow-up best practice and guidelines for follow-up visits. 2) Continue Text Messaging campaign. 3) Continue mailings to providers (letter). 4) Schedule listening sessions with Providers to educate/train on how to obtain BH data using the CalOptima Health Provider Portal.	
Quality of Clinical Care	Mental Health Services: Continuity and Coordination Between Medical Care and Behavioral Healthcare - Severe And Persistent Mental Illness	Diabetes Monitoring For People With Diabetes And Schizophrenia (SMD) HEDIS MY2024 Goal: 76.66%	Assess and report the following activities: 1) Collaborative meetings between teams to identify best practices to implement 2) Provider and member education	Report progress to QIHEC Q1 2024 Update (05/13/2024) Q2 2024 Update (08/13/2024) Q3 2024 Update (11/05/2024) Q4 2024 Update (02/14/2025) (01/14/2025)	Director of Behavioral Health Integration	Program Specialist of Behavioral Health Integration	Behavioral Health Integration	PR HEDIS Rates Q4 (September): M/C:68.28% OC: N/A 1) We are currently monitoring this measure. 2) SMD data now available through Provider Portal. 3) Monthly Health Network Communication BH Updates.	1) Continue to monitor prospective rates on a monthly basis. 2) Continue collaborative meetings between teams to identify best practices to implement. 3) Schedule listening sessions with Providers to educate/train on how to obtain BH data using the CalOptima Health Provider Portal.	

2024 QI Work Plan – Q4 Update

Quality of Clinical Care	Mental Health Services: Continuity and Coordination Between Medical Care and Behavioral Healthcare-Exchange of Information	Follow-Up After Emergency Department Visit for Mental Illness (FUM) HEDIS MY2024 Goal: MC 30-Day: 60.08%; 7-day: 40.59% OC (Medicaid only)	Assess and report the following activities: 1) Share real-time ED data with our health networks on a secured FTP site. 2) Participate in provider educational events related to follow-up visits. 3) Utilize CalOptima Health NAMI Field Based Mentor Grant to assist members connection to a follow-up after ED visit. 4) Implement new behavioral health virtual provider visit for increase access to follow-up appointments. 5) Bi-Weekly Member Text Messaging (approx. 500 mbrs) 6) Member Newsletter (Spring)	Report progress to QIHEC Q1 2024 Update (05/13/2024) Q2 2024 Update (08/13/2024) Q3 2024 Update (11/05/2024) Q4 2024 Update (02/14/2025) (10/08/2024)	Director of Behavioral Health Integration	BHI Program Specialist	Behavioral Health Integration	PR HEDIS Rates Q4 (September): 30 day- 26.98%, 7 day- 14.76% 1) The main barrier has been not having the bandwidth for outreach to members from daily vendor ED report. 2) sFTP folders have been established and BH ED data is being sent to Health networks on a daily basis as well as weekly reminder in HN communication. 3) Bi-weekly Member text messaging. 4) Finalize IVR calls for ED follow-up. 5) Monthly Health Network Communication BH Updates. 6) BH Telehealth vendor began test calls to follow up with FUM members starting in Mid-November. Phase one of outreach began 12/3/2024.	1) Starting January 2025- will begin weekly FUM text messages based on real time ED data. 2) Continue sharing ED data with HN's via sFTP and weekly HN Communication. 3) Collaborate with NAMI to share real-time ED data for member outreach/NAMI by Your Side. 4) BH Telehealth vendor will outreach to members based on daily ED data feed to assist with scheduling Follow up appointments.. 5) IVR calls for members who meet FUM criteria to remind them of the importance of scheduling a follow up appointment after an ED visit.	
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2024 QI Work Plan – Q4 Update

Quality of Clinical Care	Mental Health Services: Continuity and Coordination Between Medical Care and Behavioral Healthcare- Management Of Coexisting Medical And Behavioral Conditions	Diabetes Screening for People with Schizophrenia or Bipolar Disorder (SSD) (Medicaid only) HEDIS 2024 Goal: MC 77.40% OC (Medicaid only)	Assess and report the following activities: 1) Identify members in need of diabetes screening. 2) Conduct provider outreach, work collaboratively with the communications department to fax blast best practice and provide list of members still in need of screening to prescribing providers and/or Primary Care Physician (PCP). 3) Information sharing via provider portal to PCP on best practices, with list of members that need a diabetes screening. 4) Send monthly reminder text message to members (approx 1100 mbrs) 5) Member Health Reward Program.	Report progress to QIHEC Q1 2024 Update (05/13/2024) Q2 2024 Update (08/13/2024) Q3 2024 Update (11/05/2024) Q4 2024 Update (02/14/2025) 10/08/2024)	Director of Behavioral Health Integration	BHI Program Specialist	Behavioral Health Integration	PR HEDIS Rates Q4 (September): M/C:68.67% OC: N/A 1) Barrier: Data report unavailable for the end of the quarter due to new HEDIS software implementation for the Quality Analytics team. 2) Conducted a text message campaign to reach out to 1,528 members regarding getting their glucose lab screening (October, November, December). 3) Mailed out Member Health reward flyer to 971 eligible members on 11/14/2024, and mailed to 186 providers on 11/14/2024. 4) Continue to collaborate with Quality Analytics Team to retrieve data sourcing automation for Tableau on a monthly basis, confirmed that 729 Member Health rewards were mailed to members on 10/29/2024 and on 12/3/24, 337 members were mailed the Member Health rewards. 5) Monthly Health Network Communication BH Update completed.	1) Continue tracking members in need of glucose screening test as soon as we are able to receive HEDIS data. 2) Use provider portal to communicate follow-up best practice and guidelines for follow-up visits. 3) Continue to follow up on data pull for text messaging campaign. 4) Mail out member health rewards flyer to eligible members. 5) Mail out to all prescribing provider offices with the following: a.) Medical Director Letter b.) List of members/patients in need of screening c.) Provider Tool Tip Sheet 6) Schedule listening sessions with Providers to educate/train on how to obtain BH data using the CalOptima Health Provider Portal.	
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2024 QI Work Plan – Q4 Update

Quality of Clinical Care	Performance Improvement Projects (PIPs) Medi-Cal BH	Meet and exceed goals set forth on all improvement projects	Non Clinical PIP: Improve the percentage of members enrolled into care management, CalOptima Health community network (CCN) members, complex care management (CCM), or enhanced care management (ECM), within 14-days of a ED visit where the member was diagnosed with SMH/SUD.	Report progress to QIHEC Q1 2024 Update (05/13/2024) Q2 2024 Update (08/13/2024) Q3 2024 Update (11/05/2024) Q4 2024 Update (02/14/2025) 01/14/2025)	Director of Behavioral Health Integration	BHI Program Specialist	Behavioral Health Integration/ Quality Analytics	Conduct Annual oversight of MC Non Clinical PIPs (Jan 2023 - Dec 2025) Improve the percentage of members enrolled: Baseline Measurement Period: Submitted to DHCS 09/09/2024. Remeasurement 1 Period : 01/01/24 -12/31/24 Remeasurement 2 Period : 01/01/25-12/31/25	1) Receiving daily report from vendor which contains Real-Time ED data for CCN and COD members. 2) Internal report developed that identifies members enrolled in CCM and ECM for CCN who meet FUM/FUA criteria for the duration of each measurement period. 3) Collaborate with telehealth provider, Telemed2U, and internal ITS team to develop implementation plan for Member Outreach. Vendor to provide information about case management including ECM and referrals	
Quality of Clinical Care	Substance Use Disorder Services	Follow-Up After Emergency Department Visit for Alcohol and Other Drug Abuse or Dependence (FUA) MY2024 Goals: MC: 30-days: 36.34%; 7-days: 20.0%	Assess and report the following activities: 1) Share real-time ED data with our health networks on a secured FTP site. 2) Participate in provider educational events related to follow-up visits. 3) Utilize CalOptima Health NAMI Field Based Mentor Grant to assist members connection to a follow-up after ED visit. 4) Implement new behavioral health virtual provider visit for increase access to follow-up appointments. 5) Bi-Weekly Member Text Messaging (approx. 500 mbrs) 6) Member Newsletter (Spring)	Report progress to QIHEC Q1 2024 Update (05/13/2024) Q2 2024 Update (08/13/2024) Q3 2024 Update (11/05/2024) Q4 2024 Update (02/14/2025) 01/14/2025)	Director of Behavioral Health Integration	BHI Program Specialist	Behavioral Health Integration	PR HEDIS Rates Q4 (September): 30-Day- 21.12%, 7-Day-11.33% 1) Secured FTP folders have been established and BH ED data is being sent to Health Networks daily as well as weekly reminder in HN communication. 2) Bi-weekly member text messaging. 3) Finalize IVR calls for ED follow-up. 4) Monthly Health Network Communication BH Update completed.	1) IVR calls to members who fall under the FUA measure. 2) BH Telehealth vendor will outreach members from the daily ED data feed. 3) Continue weekly member text messaging in 2025. 4) Member outreach with NAMI By Your Side (NBYS).	

2024 QI Work Plan – Q4 Update

Quality of Clinical Care	Members with Chronic Conditions	Improve HEDIS measures related to Eye Exam for Patients with Diabetes (EED) MY2024 HEDIS Goals: MC 66.33% OC: 81%;	Assess and report the following activity: 1) Strategic Quality Initiatives Intervention Plan - Multi-modal, omni-channel targeted member, provider and health network engagement and collaborative efforts.	By December 2024 Update from PHMC to QIHEC: Q2: 06/11/2024 Q3: 09/10/2024 Q4: 12/10/2024 Q1 03/11/2025)	Director of Medicare Stars and Quality Initiatives	Manager of Quality Analytics	Quality Analytics	1. Member Health Reward: EED (MC) - xxx; EED (OC) - xx 2. EED VSP mailing from October to December: MC - 4521; OC - 1030 3. CareNet Live Call from October to December: OC- 160 4. VSP data sharing to Health Network partners; multiple Health Networks are now receiving Production data and the remaining ones are completing testing 5. September 2024 Prospective Rate Data: EED (MC) - 40.70%; EED (OC) - 59%	Continue with plan as listed and implement additional initiatives outlined in QA's 2025 strategic project list	
Quality of Clinical Care	Members with Chronic Conditions	Improve HEDIS measures related to HbA1c Control for Patients with Diabetes (HBD): HbA1c Poor Control (this measure evaluates % of members with poor A1C control- lower rate is better) MY2024 Goals: MC: 29.44%; OC: 20%	Assess and report the following activities: 1) Targeted member engagement and outreach campaigns in coordination with health network partners. 2) Strategic Quality Initiatives Intervention Plan - Multi-modal, omni-channel targeted member, provider and health network engagement and collaborative efforts	Update from PHMC to QIHEC: Q2: 06/11/2024 Q3: 09/10/2024 Q4: 12/10/2024 Q1 03/11/2025	Director of Medicare Stars and Quality Initiatives	Manager of Quality Analytics	Quality Analytics	1. Member Health Reward: HBD (MC) - xxx; HBD (OC) - xxx 2. CareNet Live Call from October to December: OC- 233 3. August 2024 Prospective Rate Data: HBD (MC) - 58.8%; HBD (OC) - 53%	Continue with plan as listed and implement additional initiatives outlined in QA's 2025 strategic project list	

2024 QI Work Plan – Q4 Update

Quality of Clinical Care	Maternal and Child Health: Prenatal and Postpartum Care Services	Timeliness of Prenatal Care and Postpartum Care (PHM Strategy). HEDIS MY2024 Goal: Postpartum: 82.0% Prenatal: 91.07%	Assess and report the following activities: 1) Targeted member engagement and outreach campaigns in coordination with health network partners 2) Strategic Quality Initiatives Intervention Plan - Multi-modal, omni-channel targeted member, provider and health network engagement and collaborative efforts. 3) Continue expansion of Bright steps comprehensive maternal health program through community partnerships, provider/ health network partnerships, and member engagement. Examples: WIC Coordination, Diaper Bank Events 4) Implement Collaborative Member Engagement Event with OC CAP Diaper Bank and other community-based partners 5) Expand member engagement through direct services such as the Doula benefit and educational classes	By December 2024 Report progress to QIHEC Q1 2024 Update (05/14/2024) Q2 2024 Update (08/13/2024) Q3 2024 Update (11/05/2024) Q4 2024 Update (02/11/2025)	Director of Medicare Stars and Quality Initiatives	Manager of Quality Analytics	Equity and Community Health/ Quality Analytics	Member initiatives: 1) Bright Steps Program: prenatal and postpartum education to participating members. 2) Ongoing: Postpartum Health Reward for members that complete postpartum care between 1-12 weeks after delivery. 1) August 2024: Maternal Health workgroup meeting to discuss member journey. QA will develop a prenatal and postpartum care journey to support member messaging. 2) Community Clinic Forum presentation to support compliance for providers and clinics that utilized bundled coding practices. Per August 2024 prospective rates, Timeliness of Prenatal Care is performing slightly lower than this time last year with a rate of 67.26% and Postpartum Cre is performing slightly higher than this time time last year with a rate of 65.83%.	Continue with plan as listed and implement additional initiatives outlined in QA's 2025 strategic project list	
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2024 QI Work Plan – Q4 Update

Quality of Clinical Care	Maternal and Adolescent Depression Screening	<p>Medi-Cal Only - Meet the following goals For MY2024 HEDIS:</p> <p>DSF-E Depression Screening and Follow-up for Adolescent and Adults - Screening: 2.97%</p> <p>PND-E Prenatal Depression Screening and Follow-up - Screening: 8.81%</p> <p>PDS-E Postpartum Depression Screening and Follow-up: 27.77%</p>	<p>1) Identification and distribution of best practices to health network and provider partners.</p> <p>2) Provide health network and provider partners with timely hospital discharge data specific to live deliveries to improve postpartum visit completion.</p> <p>3) Targeted member engagement and outreach campaigns in coordination with health network partners.</p> <p>4) Provider education (CE/CME) in Q3.</p>	<p>Report progress to QIHEC quarterly:</p> <p>Q2 2024 Update (08/13/2024)</p> <p>Q3 2024 Update (11/05/2024)</p> <p>Q4 2024 Update (02/11/2025)</p>	<p>Director of Operations Management / Director of Behavioral Health Integration</p>	<p>Manager of Quality Analytics / Manager of Behavioral Health Integration</p>	<p>Operations Management/ Behavioral Health Integration</p>	<p>DSF-E PR HEDIS Rates Q4 (September): Screening Total 0.02%; Follow Up Total 40.00%</p> <p>1) Data collection is still the main barrier. Currently capturing information by supplemental data. The Behavioral Health Quality Improvement Workgroup exploring ways to obtain additional supplemental data to better capture completed screenings and follow up visits.</p> <p>2) Monthly Health Network Communication BH Update completed.</p> <p>3) The following materials have been disseminated to Providers (October 540 letters, November 962 letters):</p> <p>a) Provider Best Practices Letter.</p>	<p>1) Distribute best practice guidelines for follow-up visits to providers and health network.</p> <p>2) Schedule listening sessions with Providers to educate/train on how to obtain BH data using the CalOptima Health Provider Portal.</p>	
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2024 QI Work Plan – Q4 Update

Quality of Clinical Care	Blood Lead Screening	<p>HEDIS MY2024 Goal: 67.12%;</p> <p>Improve Lead Screening in Children (LSC) HEDIS measure.</p>	<p>Assess and report the following: Strategic Quality Initiatives Plan to increase lead testing will consist of:</p> <ol style="list-style-type: none"> 1) A multi-modal, targeted member approach as well as provider and health network collaborative efforts 2) Partnership with key local stakeholders <p>2024 Member Quality Initiatives will consist of the following but not limited to:</p> <ul style="list-style-type: none"> - Member health reward and monitoring of impact on LSC HEDIS rate - IVR campaign to - Texting campaign - Mailing campaign - Lead texting campaign for members - Medi-Cal member newsletter article(s) <p>In partnership with the Orange County Health Care Agency, CalOptima Health will co-develop educational toolkit on blood lead testing.</p>	<p>By December 2024 Report progress to QIHEC</p> <p>Q1 2024 Update (05/14/2024) Q2 2024 Update (08/13/2024) Q3 2024 Update (11/05/2024) Q4 2024 Update (02/11/2025)</p>	Director of Medicare Stars and Quality Initiatives	Manager of Quality Analytics	Quality Analytics	<p>Member Initiatives:</p> <ol style="list-style-type: none"> 1) Ongoing: Blood Lead Health Rewards for testing at 12 and 24 months of age. 2) 2-way SMS campaign via Ushur and in alignment with AAP periodicity schedule for well-child visits. Campaign included reminders for lead testing. 3) Live call campaign via vendor CareNet to educate and encourage lead testing. <p>Monitoring Initiatives:</p> <ol style="list-style-type: none"> 1) In progress: Development of medical record review process to monitor CalOptima Health providers and the adherence to lead requirements (e.g., testing, follow-up, anticipatory guidance) <p>Provider Initiatives:</p> <ol style="list-style-type: none"> 1) July 2024: Provider fax campaign to providers assigned to children ages 0-6. Fax campaign provided focus on providing resources related to lead requirements such as anticipatory guidance, patient educational materials, etc. 2) July 2024: Posting of Stay Compliant with State-Issued Lead Requirements on CalOptima Health website. <p>Per August 2024 prospective rates, Lead Screening in Children measure is 65.03% and is on track to meet the 50th percentile.</p>	Continue with plan as listed	
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2024 QI Work Plan – Q4 Update

Quality of Clinical Care	EPSDT/Children's Preventive Services: Pediatric Well-Care Visits and Immunizations	HEDIS MY2024 Goal CIS-Combo 10: 45.26% IMA-Combo 2: 48.80% W30-First 15 Months: 58.38% W30-15 to 30 Months: 71.35% WCV (Total): 51.78%	Assess and report the following activities: 1) Targeted member engagement and outreach campaigns in coordination with health network partners. 2) Strategic Quality Initiatives Intervention Plan - Multi-modal, omni-channel targeted member, provider and health network engagement and collaborative efforts. 3) Early Identification and Data Gap Bridging Remediation for early intervention.	Report progress to QIHEC Q1 2024 Update (05/14/2024) Q2 2024 Update (08/13/2024) Q3 2024 Update (11/05/2024) Q4 2024 Update (02/11/2025)	Director of Medicare Stars and Quality Initiatives	Manager of Quality Analytics	Quality Analytics	Member Initiatives: 1) 2-way SMS via Ushur for multiple pediatric age groups in place. 2) Ongoing telephonic outreach to pediatric members for multiple measures via Carenet. Provider/HN Initiatives: 1) Detailed W30 reports continue to be distributed regularly. CIS performance continues to trend lower than same point-in-time last year; as such, Carenet was provided with a Q4 focus report of members due for CIS that are still actionable (haven't reached their 2nd birthday yet).	Continue with plan as listed.	
Quality of Clinical Care	Quality Improvement activities to meet MCAS Minimum Performance Level	Meet and exceed MPL for DHCS MCAS	Conduct quarterly/Annual oversight of MCAS Performance Improvement Plan PDSA: Well-Child Visits in the First 30 Months (W30-2+) - To increase the number of Medi-Cal members 15-30 months of age who complete their recommended well-child visits. Perform root cause analysis, strategize and execute planned interventions targeting members, providers and systems.	Report progress to QIHEC Q1 2024 Update (05/14/2024) Q2 2024 Update (08/13/2024) Q3 2024 Update (11/05/2024) Q4 2024 Update (02/11/2025)	Director of Medicare Stars and Quality Initiatives	Manager of Quality Analytics	Quality Analytics	Member Initiatives: 1) 2-way SMS via Ushur for multiple pediatric age groups in place. 2) Ongoing telephonic outreach to pediatric members for multiple measures via Carenet. Provider/HN Initiatives: 1) Detailed W30 reports continue to be distributed regularly. CIS performance continues to trend lower than same point-in-time last year; as such, Carenet was provided with a Q4 focus report of members due for CIS that are still actionable (haven't reached their 2nd birthday yet).	Continue with plan as listed.	
Quality of Clinical Care	Encounter Data Review	Conduct regular review of encounter data submitted by health networks	Monitors health network's compliance with performance standards regarding timely submission of complete and accurate encounter data.	Semi-Annual Report to QIHEC Q2: 04/09/2024 Q4: 10/08/2024 postponed to 11/5/2024	Director of Finance	Manager of Finance	Finance	No efforts in Q4 2024.	Continue to monitor health networks	

2024 QI Work Plan – Q4 Update

Quality of Clinical Care	Facility Site Review (including Medical Record Review and Physical Accessibility Review) Compliance	PCP and High Volume Specialist sites are monitored utilizing the DHCS audit tool and methodology.	Review and report conducted initial reviews for all sites with a PCP or high volume specialists and a review every three years. Tracking and trending of reports are reported quarterly.	Update volume from CPRC to QIHEC Q2: 06/12/2024 Q3: 09/10/2024 Q4: 12/10/2024 Q1 03/11/2025 Compliance details to QIHEC Q1 2024 Update (05/14/2024) Q2 2024 Update (08/13/2024) Q3 2024 Update (11/05/2024) Q4 2024 Update (02/11/2025)	Director Quality Improvement	Manager Quality Improvement	Quality Improvement	FSR/MRR/PARS, Community-based Adult Services (CBAS), and Nursing Facilities (NF) Oversight: A. FSR: Initial FSRs=13; Initial MRRs=14; Periodic FSRs=54; Periodic MRRs=56; On-Site Interims=9; Failed FSRs=3; Failed MRRs=19; CAPs: CE=44; FSR=60; MRR=55 B. PARS: Completed PARS=82 Basic Access=26 Limited Access=56 C. CBAS Oversight: Critical Incidents=2 (2 COVID cases); Non-Critical=17; Falls=14; Audits Completed=12; CAPs Issued:9; Unannounced Visits=0 D. NF Oversight: Critical Incidents=23; On-Site Visits=14; Unannounced Visits=0	FSR/MRR: In order to avoid third subsequent failed audits and removal from the CalOptima Health Provider Network, FSR nurses are completing annual audits, extensive education, and additional resources for sites with 2 failed audit scores. PARS: Continue with plan, as listed. CBAS: Continue with plan, as listed. NF: Continue with plan, as listed.	
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2024 QI Work Plan – Q4 Update

Quality of Clinical Care	Potential Quality Issues Review	Referred quality of care grievances and PQIs are reviewed timely	Review and report conducted referred cases are properly reviewed by appropriate clinical staff, cases are leveled according to severity of findings, and recommendations for actions are made, which may include a presentation to the CPRC for peer reviewed.	Update from CPRC to QIHEC Q2: 06/12/2024 Q3: 09/10/2024 Q4: 12/10/2024 Q1 03/11/2025	Director Quality Improvement	Manager Quality Improvement	Quality Improvement	Assess and report the following activities: 1) Utilize newly developed monthly reporting to validate and oversee outreach and completion of both HRA and ICP per regulatory guidance. a) HRA collections at volume to satisfy a 3-star HEDIS rating b) Q3 HRA1 Members reached, willing and completed HRA within 90 days of enrollment 100% c) Q3 ICP1 Member reached, willing and completed ICP within 90 days of enrollment 98% d) Off-cycle MOC submitted in Q4 2024 with minor updates for 2025 approved by CMS pending DHCS approval 2) Develop communication process with Networks for tracking outreach and completion to meet benchmarks. a) Ongoing monthly communication with Health Networks for ICP1 development b) Monthly communication with Health Networks for annual ICP development and missing face-to-face interactions. 3) Creation and implementation of the Oversight audit tool. Updated Oversight process implementation and monitoring a) Audit tool revision.	Continue to reduce the overall number of open PQIs. Further develop the Provider Action Workgroup.	
Quality of Clinical Care	Initial Provider Credentialing	All providers are credentialed according to regulatory requirements	Review and report providers are credentialed according to regulatory requirements and are current within 180 days of review and approval (60 days for BH providers)	Update from CPRC to QIHEC Q2: 06/12/2024 Q3: 09/10/2024 Q4: 12/10/2024 Q1 03/11/2025	Director Quality Improvement	Manager Quality Improvement	Quality Improvement	Initial BH Credentialing Q4 = 108; Initial CCN Credentialing Q4 = 43	Initial credentialing: We have contracted with a Credentialing Verification Organization (CVO) to assist with the credentialing of providers. This will ensure compliance and timeliness of the initial credentialing.	

2024 QI Work Plan – Q4 Update

Quality of Clinical Care	Provider Re-Credentialing	All providers are re-credentialed according to regulatory requirements	Review and report providers are re-credentialed within 36 months according to regulatory requirements	Update from CPRC to QIHEC Q2: 06/11/2024 Q3: 09/10/2024 Q4: 12/10/2024 Q1 03/11/2025	Director of Quality Improvement	Manager Quality Improvement	Quality Improvement	BH Recredentialing - Q4 = 31; CCN Recredentialing Q4 = 138. For Q4 we did not have any recredentialing files out of compliance	Recredentialing: We have contracted with a Credentialing Verification Organization (CVO) to assist with the recredentialing of providers. This will ensure that we continue with compliance and timeliness of the recredentialing files.	
Quality of Clinical Care	Chronic Care Improvement Projects (CCIPs) OneCare	Meet and exceed goals set forth on all improvement projects (See individual projects for individual goals)	Conduct quarterly/Annual oversight of specific goals for OneCare CCIP (Jan 2023 - Dec 2025): CCIP Study - Comprehensive Diabetes Monitoring and Management 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 Q1 2024 Update (05/14/2024) Q2 2024 Update (08/13/2024) Q3 2024 Update (11/05/2024) Q4 2024 Update (02/11/2025)	Director of Medicare Stars and Quality Initiatives	Manager of Quality Analytics	Quality Analytics	1. Member Health Reward: EED (OC) - xx; HBD (OC) - xxx 2. EED VSP mailing from October to December: OC - 1030 3. CareNet Live Call from October to December: EED (OC)- 160 HBD (OC)- 233 4. Emerging Risk (telephonic outreach via Equity and Community Health department staff) 5. September 2024 Prospective Rate Data: EED (OC) - 59%; KED (OC)- 51%; HBD PC (OC)- 53%; MAD (OC)- 92%; SUPD (OC)- 85%	Continue with plan as listed.	

2024 QI Work Plan – Q4 Update

Quality of Clinical Care	Special Needs Plan (SNP) Model of Care (MOC)	% of Members with Completed HRA: Goal 100% % of Members with ICP: Goal 100% % of Members with ICT: Goal 100%	Assess and report the following activities: 1) Utilize newly developed monthly reporting to validate and oversee outreach and completion of both HRA and ICP per regulatory guidance. 2) Develop communication process with Networks for tracking outreach and completion to meet benchmarks. 3) Creation and implementation of the Oversight audit tool. Updated Oversight process implementation and monitoring.	Report progress to QIHEC Q1 2024 Update (05/13/2024) Q2 2024 Update (08/13/2024) Q3 2024 Update (11/05/2024) Q4 2024 Update (02/14/2025) 01/14/2025	Director Medical Management/Case Management	QI Nurse Specialist	Case Management	Assess and report the following activities: 1) Utilize newly developed monthly reporting to validate and oversee outreach and completion of both HRA and ICP per regulatory guidance. a) HRA collections at volume to satisfy a 3-star HEDIS rating b) Q3 HRA1 Members reached, willing and completed HRA within 90 days of enrollment 100% c) Q3 ICP1 Member reached, willing and completed ICP within 90 days of enrollment 98% d) Off-cycle MOC submitted in Q4 2024 with minor updates for 2025 approved by CMS pending DHCS approval 2) Develop communication process with Networks for tracking outreach and completion to meet benchmarks. a) Ongoing monthly communication with Health Networks for ICP1 development b) Monthly communication with Health Networks for annual ICP development and missing face-to-face interactions. 3) Creation and implementation of the Oversight audit tool. Updated Oversight process implementation and monitoring a) Audit tool revision.	Assess and report the following activities which are revised for 2025. 1) Monthly communication process with Networks on ICP development 2) DHCS HRA1 and ICP1 quarterly reporting Q4 2024 available after 2/2025; 3) HRA Star status updates 4) MOC Updates 5) Face to Face interactions	
Quality of Service	Improve Network Adequacy: Reducing gaps in provider network	Increase provider network to meet regulatory access goals	Assess and report the following activities: 1) Conduct gap analysis of our network to identify opportunities with providers and expand provider network 2) Conduct outreach and implement recruiting efforts to address network gaps to increase access for Members	Update from MemX to QIHEC Q2: 06/11/2024 Q3: 09/10/2024 Q4: 12/10/2024 Q1 03/11/2025	1) Director of Provider Network 2) Director of Contracting	Analyst of Quality Analytics	Contracting/Provider Data Operations	The Network Adequacy Workgroup met to discuss gaps and ideate solutions for implementation. Provider Data Ops curated and provided provider target leads lists to PR and Contracting to close plan level NCQA Provider to Member ratio gaps in LMFT, Orthopedic Surgery and Gastroenterology, which were identified in Q3. CalOptima Health closed out the 2023 SNC via approval of AAS for AMV1 and UCMG.	1. PDO to review provider data and curate target lists as needed for rheumatology, neurology, urology to address access issues 2. PR and contracting to provide update on contracting efforts continue expand provider network for the above and LMFT, gastroenterology and orthopedic surgery, as well as to close CCN time and distance gaps.	

2024 QI Work Plan – Q4 Update

Quality of Service	Improve Timely Access: Appointment Availability/Telephone Access	Improve Timely Access compliance with Appointment Wait Times to meet 80% MPL	Assess and report the following activities: 1) Issue corrective action for areas of noncompliance 2) Collaborative discussion between CalOptima Health Medical Directors and providers to develop actions to improve timely access. 3) Continue to educate providers on timely access standards 4) Develop and/or share tools to assist with improving access to services.	Update from MemX to QIHEC Q2: 06/11/2024 Q3: 09/10/2024 Q4: 12/10/2024 Q1 03/11/2025	Director of Medicare Stars and Quality Initiatives	Manager of Quality Analytics / Project Manager of Quality Analytics	Quality Analytics	<ul style="list-style-type: none"> • 2024 Timely Access Survey fielding started October 15th and concluded December 6, 2024. • Held a Timely Access Q&A Call for providers to discuss access standards, and changes for 2024 and 2025. Call provided an opportunity for providers to ask questions and collaborate on challenges they may be experiencing and discuss best practices. • Scheduled two peer to peer collaborative calls with network providers and CalOptima Health Medical Director to discuss corrective action plan submission and ways to improve access. • Issued Corrective Action Plan to nine HNs in December based on 2023 Timely Access Survey results for not meeting the minimum performance level of 80%. • Access workgroup continues to review provider CAP responses to close out. <ul style="list-style-type: none"> o Mailed follow-up letters to several providers who did not submit a response to the original CAP issued in late June. 	<p>QC survey reports and data as they come from vendor in Q1</p> <p>Continue to schedule peer review meetings with select providers and CalOptima Medical Director for CAP review</p> <p>Continue to review CAP submissions</p> <p>Post Timely Access Survey RFP</p>	
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2024 QI Work Plan – Q4 Update

Quality of Service	Improving Access: Subcontracted Network Certification	Comply with Subdelegate Network Certification requirements	1) Annual submission of SNC to DHCS with AAS or CAP 2) Monitor for Improvement 3) Communicate results and remediation process to HN	Submission: 1) By end of January 15, 2024 2) By end of Q2 2024 3) By end of Q3 2024 Update from MemX to QIHEC: Q2: 06/11/2024 Q3: 09/10/2024 Q4: 12/10/2024 Q1 03/11/2025	Director of Provider Network / Director of Medicare Stars and Quality Initiatives	Quality Analyst	Network Operations Provider Data Operations/Quality Analytics	Submitted Q4 2023 Quarterly CAP status update to DHCS - closed remaining 2023 time and distance CAP open (AMVI, UCMG) - Completed 2024 SNC submission to DHCS using Q4 network adequacy data analysis as follows: N54 - Time/Distance: all HN did not meet. Top 5 gaps were Phys Med/Rehab, Endocrinology, Dermatology, Neurology and HIV/AIDS Specialist/Infectious Diseases. South County remains as the general area where the gaps are occurring. Health Networks in general showed minor improvement in closing gaps from Q3 to Q4. - Network Capacity/Ratio (FTE): HNs met standards - PMR: 8 HNs now meet PMR, up 1 (AMVI) from Q3; ongoing gaps are in Orthopedic Surgery, Ophthalmology, and Gastroenterology. - PCP: 1 new closures - WCM: Plan level met all specialties. All HNs confirmed met Timely Access: All eleven HN CAPs issued in December 2023 (2022)	1. Issue 2024 SNC time and distance CAPs 2. Q1 network adequacy quarterly analysis 3. QC HNs update on closing issued CAPs 4. PR/Contracting to expand provider network to address access issues	
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2024 QI Work Plan – Q4 Update

Quality of Service	Increase primary care utilization	Increase rate of Initial Health Appointments for new members, increase primary care utilization for unengaged members.	Assess and report the following activities: 1) Increase health network and provider communications, training, and resources 2). Expand oversight of provider IHA completion 3) Increase member outreach efforts	Report progress to QIHEC Q1 2024 Update (05/14/2024) Q2 2024 Update (08/13/2024) Q3 2024 Update (11/12/2024) Q4 2024 Update (02/11/2025)	Director of Equity and Community Health	Manager of Equity and Community Health	Equity and Community Health	1) Increase health network and provider communications, training, and resources a. Communication: Most HN updates have been moved over to HN Quality Update Meeting (bimonthly); IHA updates provided to all HNs in November b. Presentations and Trainings HNs/Providers: 1 HN Forum, 7 HN Quality Update Meetings, 1 QIHEC, 1 CHCN Virtual, 1 PHMC Meetings, 1 QIHEC Meetings, 1 DOC Meeting c. Provider Toolkit Resource: The document was placed on hold due to the website redesign; Components of the Provider Toolkit document are linked on the website. d. Provider Portal: Promoting IHA Report and Member Roster at HN/Provider trainings and presentations. 2) Expand oversight of provider IHA completion a. IHA Chart Review Audits: Encountered barriers with communication and responsiveness from PCP offices; escalated communication to Medical Director for Clinic Leadership outreach, office direct calls, and provider office visits b. Provider Office Visits: 11 Provider office site visits in addition to Teams meetings with all providers selected for chart review audits c. KPI Metric Expectation for HNs: Worked with DO to send new Delegation Oversight Dashboard Response Forms to fill out to report back on what actions they are taking to increase rates and track their performance d. KPI Metric Tracking: Tracking HN performance in alignment with the DOC Dashboard and sharing at HN Quality Update Meetings and during individual HN meetings 3) Increase member outreach efforts	Continue the plan listed with the addition of starting the process of implementing Corrective Action Plans for HNs/Providers in 2025. New member text campaign scheduled to launch Q1 2025 as an outreach attempt for IHA completion.	
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2024 QI Work Plan – Q4 Update

								<p>a. Text Message campaign for new members + IHA: DHCS approval, translation, and COMMS text message request process completed. Current step: Working with the vendor to finalize the campaign. Expected to launch in quarter 1, 2025.</p> <p>b. Ongoing IVR Campaign: Sent out twice monthly to new members</p>		
Quality of Service	Improving Access: Annual Network Certification	Comply with Annual Network Certification requirements	1) Annual submission of ANC to DHCS with AAS 2) Implement improvement efforts 3) Monitor for Improvement	Submission: 1) By June 2024 2) By December 2024 Update from MemX to QIHEC: Q2: 06/11/2024 Q3: 09/10/2024 Q4: 12/10/2024 Q1 03/11/2025	Director of Provider Network / Director of Medicare Stars and Quality Initiatives	Quality Analyst for Quality Analytics/ Manager of Provider Data Management Services	Provider Data Operations Management Services	1. Per Q4 Network Adequacy Report, the plan meets DHCS requirements for MPT, capacity/ratio (FTE) and time/distance 2. DHCS approved AAS	1. Work on materials and get approvals to post AAS on COH's website. 2. Review last year's ANC filing to prepare for 2024 filing 3. Quarterly monitoring of ANC requirements and gap analysis	

2024 QI Work Plan – Q4 Update

Quality of Service	Improve Member Experience/CAHPS	Increase CAHPS performance to meet goal	Assess and report the following activities: 1) Conduct outreach to members in advance of 2024 CAHPS survey. 2) Just in Time campaign combines mailers with live call campaigns to members deemed likely to respond negatively. 3) These items also continue to be included in all P4V discussions with HNs.	Update from MemX to QIHEC Q2: 06/11/2024 Q3: 09/10/2024 Q4: 12/10/2024 Q1 03/11/2025	Director of Medicare Stars and Quality Initiatives	QA Project Manager	Quality Analytics	1. Closed 2. Closed 3. HNQR were sent to all health networks and results discussed at health network Quality meetings.	Convened a smaller workgroup dedicated to member experience improvement. This group meets multiple times per month and works with various impacted business owners in trying to improve member experience. Launched member listening post campaigns that target members based on specific criteria and solicits feedback about the event/process/benefit to improve outcomes	
Quality of Service	Grievance and Appeals Resolution Services	Implement grievance and appeals and resolution process	Track and trend member and provider grievances and appeals for opportunities for improvement. Maintain business for current programs. Improve process of handling member and provider grievance and appeals	GARS Committee Report to QIHEC: Q2 06/11/2024 Q3 09/10/2024 Q4 12/10/2024 Q1 03/11/2025	Director of GARS	Manager of GARS	GARS	Q3 GARS Committee was held on 11/13/2024. Q2 committee meeting minutes were approved. Discussions were had around HN delays in authorizations and appointment availability. Grievance trends related to transportation were also presented and discussed.	Continue with plan.	
Quality of Service	Customer Service	Implement customer service process and monitor against standards	Track and trend customer service utilization data Comply with regulatory standards Maintain business for current programs Improve process for handling customer service calls	Report progress to QIHEC Q2 2024 Update (04/09/2024) Q3 2024 Update (07/09/2024) Q4 2024 Update (10/08/2024) Q1 2025 Update (01/14/2025)	Director of Customer Services	Manager of Customer Service	Customer Service	Customer Service ran KPI data and reported results to QIHEC. DHCS' average speed of answer of not exceeding 10 minutes: Goal was met (1 min and 35 sec). Internal business goal of abandonment rate not exceeding 5% met: Goal was met (4.3%). Accomplishments: Hired additional staff, various departments staggered member engagement campaigns, leveraging call back capabilities for inbound calling members opting in.	Continue with plan	

2024 QI Work Plan – Q4 Update

Quality of Service	Medi-Cal Customer Service Performance Improvement Project	To meet Medi-Cal Customer Service KPIs by December 31, 2024: Internal call abandonment rate of 5% or lower, DHCS' 10 minutes average speed of answer	1) Partnering with HR to onboard more permanent and temporary staff to service inbound calls. 2) Interacting with various departments involved with member engagement campaigns and determine if they're able to update instructions for targeted members (i.e., instead of calling customer service, have them utilize the member portal).	Report progress to QIHEC quarterly: Q2 2024 Update (08/13/2024) Q3 2024 Update (11/06/2024) Q3 2024 Update (07/09/2024) Q4 2024 Update (02/11/2025) Q4 2024 Update (10/08/2024) Q1 2025 Update (01/14/2025)	Director of Customer Services	Manager of Customer Service	Customer Service	Customer Service ran KPI data and reported results to QIHEC. DHCS' average speed of answer of not exceeding 10 minutes: Goal was met (1 min and 35 sec). Internal business goal of abandonment rate not exceeding 5% met: Goal was met (4.3%). Accomplishments: Hired additional staff, various departments staggered member engagement campaigns, leveraging call back capabilities for inbound calling members opting in.	Medi-Cal KPI's were achieved by December 31, 2024. Please retire/close out.	
Safety of Clinical Care	Coordination of Care: Member movement across practitioners	Improve coordination of care, prevention of complications, and facilitation of best practice diabetes care management between vision care specialists (SPCs) and primary care providers (PCPs)	Assess and report the following activities: 1) Collaborative meetings between teams to identify best practices to implement 2) Provider and member education	Report progress to QIHEC Q1 2024 Update (05/14/2024) Q2 2024 Update (08/13/2024) Q3 2024 Update (11/05/2024) Q4 2024 Update (02/11/2025) 01/14/2025)	Director of Case Management	TBD	Medical Management	Assess and report the following activities: 1) Collaborative meetings between teams to identify best practices to implement: No meetings Q4, metric is in implementation. 2) Provider and member education a) All health networks are receiving monthly files from VSP except for Heritage-Regal. Heritage-Regal has internal barrier to receipt of file that they are working on. b) Ongoing monthly communication to members from VSP for those in need of eye exam.	Internal call abandonment rate of 5% or lower,	
Safety of Clinical Care	Emergency Department Member Support	Emergency Department Diversion Pilot has been implemented. In 2024 plan to expand a virtual program to additional hospital partners starting with UCI.	Assess and report the following activities: 1) Promoting communication and member access across all CalOptima Networks 2) Increase CalAIM Community Supports Referrals 3) Increase PCP follow-up visit within 30 days of an ED visit 4) Decrease inappropriate ED Utilization	Update from UMC to QIHEC Q2: 06/11/2024 Q3: 09/10/2024 Q4: 12/10/2024 Q1 03/11/2025	Director of LTSS	Manager of LTSS	LTSS	No metrics to report in Q4 2024. The program is still in development and implementation. The two staff, RN & MSW, have completed training and will start being embedded in the UCI ED the beginning of January 2024.	DHCS' 10 minutes average speed of answer	

2024 QI Work Plan – Q4 Update

Safety of Clinical Care	Coordination of Care: Member movement across settings - Transitional Care Services (TCS)	UM/CM/LTC to improve care coordination by increasing successful interactions for TCS high-risk members within 7 days of their discharge by 10% from Q4 2023 by end of December 31, 2024.	1) Use of Ushur platform to outreach to members post discharge. 2) Implementation of TCS support line. 3) Ongoing audits for completion of outreach for High-Risk Members in need of TCS. 4) Ongoing monthly validation process for Health Network TCS files used for oversight and DHCS reporting.	UMC Committee report to QIHEC: Q2: 06/11/2024 Q3: 09/10/2024 Q4: 12/10/2024 Q1 03/11/2025	Sr. Director of UM	Project Manager III, Medical Management	Utilization Management Case Management Long Term Care	Usher texting campaign continues to Medi-Cal CCN members admitted to the hospital based on our ADT data. TCS support line new report for call volume: 31 inbound calls handled. Ongoing audits for completion of outreach for high-risk members in need of TCS- 100% compliance for completed audits.	Further develop Usher texting opportunities through TCS and highrisk workgroups. Further refine NICE phone line reporting to drill down TCS support line specificity for further opportunities. Revision of goal for 2025 based on 2024 data.	
Cultural and Linguistic Appropriate Services	Performance Improvement Projects (PIPs) Medi-Cal	Increase well-child visit appointments for Black/African American members (0-15 months) from 41.90% to 55.78% by 12/31/2024.	Conduct quarterly/Annual oversight of MC PIPs (Jan 2023 - Dec 2025): 1) Clinical PIP – Increasing W30 6+ measure rate among Black/African American Population	Report progress to QIHEC Q1 2024 Update (05/14/2024) Q2 2024 Update (08/13/2024) Q3 2024 Update (11/05/2024) Q4 2024 Update (02/11/2025)	Director of Medicare Stars and Quality Initiatives	Quality Analyst	Quality Analytics	Findings: As part of the parental/guardian reminders, call also assessed for barriers and facilitators to well child visits. Challenges included limitations with successfully being able to outreach to parents/guardians of child members. Out of 85 members, was only able to successfully reach 24 members. Key highlights: • Parental knowledge- CalOptima Health assessed for knowledge as it relates to the importance of well-child visits and what should be expected at these visits. 21.18% expressed having knowledge of the importance of the visits and 18.82% did not express having any understanding. Some parents drew on the knowledge from their previous experiences with other children. • Scheduling- When inquired about the scheduling of the next well-child visit, 67.65% (n=23) responded not having a visit scheduled, or being unsure, followed by 32.35% reporting that they had the next well-visit scheduled with the PCP. When attempting to assess for barriers and facilitators, 6 of the 34 parents declined to proceed with the call. The following	Working with ECH department to identify CBOs which could assist with increasing performance Continue with calls to gain understanding and educate members Work more closely with HNs to target these members for HN based initiatives	

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Cultural and Linguistic Appropriate Services	Cultural and Linguistics and Language Accessibility	Enhance interpreter and translation services	Track and trend interpreter and translation services utilization data and analysis for language needs. Comply with regulatory standards, including Member Material requirements Initiate Request for Proposal (RFP) to add and/or replace the translation and interpreter services vendors to improve the member experience.	Report progress to QIHEC Q2 2024 Update (04/09/2024) Q3 2024 Update (07/09/2024) Q4 2024 Update (10/08/2024) Q1 2025 Update (01/14/2025)	Director of Customer Service	Manager of Cultural and Linguistics	Cultural and Linguistic Services	<p>During quarter 4, interpreter and translation services utilization data was analyzed, tracked and trends were identified and adjusted when necessary to ensure members received timely and adequate interpreter and translation services.</p> <p>Throughout Q4, all Member Material were translated accurately and on time to comply with regulatory standards.</p> <p>In lieu of a Request for Proposal (RFP), the vendor contracts for all five (5) vendors were extended. During Q4 two out of five contract extensions were completed.</p>	<p>During quarter 4, interpreter and translation services utilization data was analyzed, tracked and trends were identified and adjusted when necessary to ensure members received timely and adequate interpreter and translation services.</p> <p>In Quarters 4 from 2023 and 2024 we processed the following translation requests:</p> <ul style="list-style-type: none"> • 2023 – 11,889 Translations • 2024 – 19,280 Translations <p>In Quarters 4 from 2023 and 2024 we processed the following Telephonic and Face-to-Face interpreter requests:</p> <ul style="list-style-type: none"> • 2023 – 255,442 Telephonic interpreter requests • 2024 – 517,623 Telephonic interpreter requests • 2023 – 6,944 Face-to-Face interpreter requests • 2024 – 9,691 Face-to-Face interpreter requests <p>Barriers identified for interpreter services were the shortage/lack of interpreters in various languages such as Khmer/Cambodian.</p> <p>Throughout Q4, all Member Material were translated accurately and on time to comply with regulatory standards.</p> <p>In lieu of a Request for Proposal (RFP), the vendor contracts for all five (5) vendors were extended. During Q4 two out of five contract extensions were completed.</p>	
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Cultural and Linguistic Appropriate Services	Maternity Care for Black and Native American Persons	<p>1) PPC Postpartum: Increase timely PPC postpartum appointments for CalOptima's Black members from 67.48% to 74.74% and Native Americans from 44.44 to 63.22% by 12/31/24.</p> <p>2) PPC Prenatal: Increase timely PPC prenatal appointments for CalOptima's Black members from 53.77 to 72.37% and Native Americans from 27.78% to 59.43% by 12/31/24.</p>	<p>Assess and report the following activities:</p> <p>1) Determine the primary drivers to noncompliance via member outreach and literature review</p> <p>2) Targeted member engagement and outreach campaigns in coordination with health network partners</p> <p>3) Strategic Quality Initiatives Intervention Plan - Multi-modal, omni-channel targeted member, provider and health network engagement and collaborative efforts.</p> <p>4) Continue expansion of Bright steps comprehensive maternal health program through community partnerships, provider/ health network partnerships, and member engagement. Examples: WIC Coordination, Diaper Bank Events</p> <p>5) Implement Collaborative Member Engagement Event with OC CAP Diaper Bank and other community-based partners</p> <p>6) Expand member engagement through direct services such as the Doula benefit and educational classes</p>	By December 2024 Report progress to QIHEC Q1 2024 Update (05/14/2024) Q2 2024 Update (08/13/2024) Q3 2024 Update (11/05/2024) Q4 2024 Update (02/11/2025)	Manager Equity and Community Health/ Director of Operations Management	Program Manager of Quality Analytics/ Manager of Quality Analytics	Equity and Community Health	<p>ECH piloted outreach efforts focused on Black and Native members using the Birth Equity population of focus list. Phone calls and mailings to promote BIH, ECM, and Doula services were provided to 183 members. 13% of members accepted referrals when contacted by phone, 92% of members were mailed materials about the services.</p> <p>Development of member messaging for prenatal and postpartum care is still taking place to support the goal of multimodal outreach and targeted engagement.</p>	<p>Working with ITS to develop reporting that identifies pregnant members earlier to allow for timely prenatal care</p> <p>Identify CBOs which could assist with increased performance and develop enhanced referral systems for ensuring care coordination.</p>	
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Cultural and Linguistic Appropriate Services	Data Collection on Member Demographic Information	Implement a process to collect member SOGI data by December 1st, 2024.	<p>1) Develop and implement a survey to collect the Member's Sexual Orientation and Gender Identity (SOGI) information from members (18+ years of age).</p> <p>2) Update CalOptima Health's Core eligibility system to store SOGI data.</p> <p>3) Collaborate with other participating CalOptima Health departments, to share SOGI data with the Health Networks.</p> <p>4) Develop and implement a survey via the Member Portal, mail to new members and other methods.</p> <p>5) Share member demographic information with practitioners.</p>	<p>Report progress to QIHEC quarterly:</p> <p>Q2 2024 Update (08/13/2024)</p> <p>Q2 2024 Update (07/09/2024)</p> <p>Q3 2024 Update (11/06/2024)</p> <p>Q3 2024 Update (10/08/2024)</p> <p>Q4 2024 Update (02/11/2025)</p> <p>Q4 2024 Update (01/14/2025)</p>	Director of Customer Service	Manager of Cultural and Linguistics	Cultural and Linguistic Services	<p>1) The Member's Sexual Orientation and Gender Identity (SOGI) survey to collect the Member's Sexual Orientation and Gender Identity (SOGI) information from members (18+ years of age) was sent to members in September 2024.</p> <p>2) The CalOptima Health's Core eligibility system to store SOGI data is continually being updated.</p> <p>3) Member demographic information is being shared with practitioners.</p>	<p>1) Member's (SOGI) surveys will continue to be sent to members (18+ years of age) throughout Q1 and Q2 of 2025, to collect the Member's Sexual Orientation and Gender Identity (SOGI) information.</p> <p>2) The CalOptima Health's Core eligibility system to store SOGI data will continue to be updated, as necessary.</p> <p>3) Member demographic information will continue to be shared with practitioners.</p>	
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Cultural and Linguistic Appropriate Services	Data Collection on Practitioner Demographic Information	Implement a process to collect practitioner race/ethnicity/languages (REL) data by December 31, 2024.	1) Develop and implement a survey to collect practitioner REL data 2) Enter REL data into provider data system and ensure ability to retrieve and utilize for CLAS improvement. 3) Complete an analysis of the provider network capacity to meet language needs of the CalOptima Health membership. 4) Assess the provider network's capacity to meeting CalOptima Health's culturally diverse member needs. 5) Collaborate with other participating CalOptima Health departments, to share SOGI data with the Health Networks.	Report progress to QIHEC quarterly: Q2 2024 Update (08/13/2024) Q3 2024 Update (11/05/2024) Q4 2024 Update (02/11/2025)	Director of Provider Data Management Services	Manger Provider Data Management System	Provider Data Management Services	Collecting REL data from healthcare providers was met, as the primary objective was to establish a process for REL data collection, rather than to achieve a specific response rate. The Provider Satisfaction Survey was successfully conducted in mid September 2024 to mid November 2024, and the data was processed and entered inot the database as planned. The Provider Satisfaction Survey was distributed to 2,272 healthcare providers, with 30 responses received, resulting in a response rate of 1.32%. Challenges: The low response rate might be influenced by factors such survey fatigue at the end of the year, the lack of incentives, and the high volume of email communications likely contributed to low engagement and overlooked reminders, impacting the overall response rate.	In 2025, REL questions will be integrated into routine forms such as credentialing and provider demographic forms, instead of being included in the Provider Satisfaction Survey. This adjustment will shift visibility to the beginning of the year, rather than at the end, ensuring higher engagement and more timely responses.	
Cultural and Linguistic Appropriate Services	Experience with Language Services	Evaluate language services experience from member and staff	1) Develop and implement a survey to evaluate the effectiveness related to cultural and linguistic services. 2) Analyze data and identify opportunities for improvement.	Report progress to QIHEC quarterly: Q2 2024 Update (08/13/2024) Q2 2024 Update (07/09/2024) Q3 2024 Update (11/05/2024) Q3 2024 Update (10/08/2024) Q4 2024 Update (02/11/2025) Q4 2024 Update (01/14/2025)	Director of Customer Service	Manager of Cultural and Linguistics	Cultural and Linguistic Services	Cultural and Linguistic Services have developed a Staff and Member survey to evaluate the effectiveness of language services provided by cultural and linguistic services and vendors. The surveys will be launched in early February 2025. Survey updates will be provided to QIHEC at the Quarterly Update on 02/11/2025.	Staff and Member surveys to evaluate the effectiveness of language services provided by cultural and linguistic services and vendors will continue to be sent to members in 2025. Survey result updates will be provided to QIHEC at the Quarterly Update on 02/11/2025.	