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

WEDNESDAY, DECEMBER 14, 2022
3:00 P.M.

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

BOARD OF DIRECTORS' QUALITY ASSURANCE COMMITTEE
Trieu Tran, M.D., Chair
José Mayorga, M.D.
Nancy Shivers, RN

CHIEF EXECUTIVE OFFICER	OUTSIDE GENERAL COUNSEL KENNADAY LEAVITT	CLERK OF THE BOARD
Michael Hunn	Troy R. Szabo	Sharon Dwiers

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

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

The Board of Directors' Quality Assurance Committee meeting agenda and supporting materials are available for review at CalOptima Health, 505 City Parkway West, Orange, CA 92868, 8 a.m. – 5:00 p.m., Monday-Friday, and online at www.caloptima.org. Committee meeting audio is streamed live on the CalOptima Health website at www.caloptima.org.

To ensure public safety and compliance with emergency declarations and orders related to the COVID-19 pandemic, individuals are encouraged <u>not</u> to attend the meeting in person. As an alternative, members of the public may:
Participate via Zoom Webinar at:
https://us06web.zoom.us/webinar/register/WN_9wowIftZRyeTodWA41RJtw and Join the Meeting.
Webinar ID: **817 9732 5962**
Passcode: **409899** -- Webinar instructions are provided below.

CALL TO ORDER
Pledge of Allegiance
Establish Quorum

MANAGEMENT REPORTS
1.   Chief Medical Officer Report

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

CONSENT CALENDAR
2.   Approve Minutes of the September 14, 2022 Regular Meeting of the CalOptima Health Board of Directors' Quality Assurance Committee

INFORMATION ITEMS
3.   Blood Lead Screening Update

4.   Population Health Management Strategy Update

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

6.   Quarterly Reports to the Quality Assurance Committee
        a.   Quality Improvement Committee Report
        b.   Program of All-Inclusive Care for the Elderly Report
        c.   Member Trend Report

COMMITTEE MEMBER COMMENTS

ADJOURNMENT

TO REGISTER AND JOIN THE MEETING

Please register for the Regular Meeting of the CalOptima Health Board of Directors' Quality Assurance Committee on December 14, 2022 at 3:00 p.m. (PST)

To **Register** in advance for this webinar:
https://us06web.zoom.us/webinar/register/WN_9wowIftZRyeTodWA41RJtw

To **Join** from a PC, Mac, iPad, iPhone or Android device:
Please click this URL to join.
https://us06web.zoom.us/s/81797325962?pwd=Vzg1U1pqWHpuNVhreVhqdnBi QWFWQT09

Passcode: **409899**

Or One tap mobile:
   +16694449171,,81797325962#,,,,*409899# US
   +17193594580,,81797325962#,,,,*409899# US

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

Webinar ID: **817 9732 5962**
Passcode: **409899**
International numbers available**: https://us06web.zoom.us/u/kcteRIznwC**

MANAGEMENT REPORTS

1.   Chief Medical Officer Report – Verbal Update

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

September 14, 2022

</div>

A Regular Meeting of the CalOptima Health Board of Directors' Quality Assurance Committee was held on September 14, 2022, at CalOptima, 505 City Parkway West, Orange, California. The meeting was held via teleconference (Zoom Webinar) in light of the COVID-19 public health emergency and of Assembly Bill (AB) 361 (Chaptered September 16, 2021), which allows for temporary relaxation of certain Brown Act requirements related to teleconferenced meetings.

Chair Trieu Tran called the meeting to order at 3:05 p.m., and Director Mayorga led the Pledge of Allegiance.

CALL TO ORDER

Members Present: Trieu Tran, M.D., Chair; José Mayorga, M.D.; Nancy Shivers, R.N. (all members participated via teleconference except Director Mayorga who participated in person)

Members Absent: None

Others Present: Michael Hunn, Chief Executive Officer; Yunkyung Kim, Chief Operating Officer; Richard Pitts, D.O., Ph.D., Chief Medical Officer; Ryan Dunlevy, Outside General Counsel, Kennaday Leavitt; Sharon Dwiers, Clerk of the Board

MANAGEMENT REPORTS

1. Chief Medical Officer Report

Richard Pitts, D.O., Ph.D., Chief Medical Officer, started the Chief Medical Officer Report off addressing the health network and hospital quality dashboards, which were included in the meeting materials. Dr. Pitts also reported that for the last couple of years the incentive dollars received by health networks and hospitals has gone down. In 2020, the payout of incentive dollars to health networks and hospitals dropped by 43% with only $16 million dollars paid out, which was also the height of the COVID-19 pandemic. Dr. Pitts reported that the payout of incentive dollars for 2021 is anticipated to be closer to $30 million dollars. He added that moving forward, CalOptima Health is planning on providing added incentives for certain key measures to improve patient quality and highlight areas of deficiency. Dr. Pitts used cervical cancer screening as an example, noting that only 62% of CalOptima Health members received the screening, which puts CalOptima Health in the 66th percentile for this HEDIS measure. Cervical cancer screening is one of several indicators where Dr. Pitts would like to see a marked improvement on the number of screenings. He added that breast cancer and blood pressure screenings are low and noted that, with all disease, early prevention is key to ensuring successful outcomes for the CalOptima Health population. Dr. Pitts also noted that this will take time and results will be seen incrementally.

Chair Tran asked if CalOptima Health had results from pre-pandemic years to compare the results against current indicators. Dr. Pitts responded that he would get those numbers and provide the Committee with an update.

Director Mayorga noted that in the past there were incentives for members to go and get screenings done, such as cancer screenings, and asked if those incentives were successful. He also mentioned that it may be helpful to educate members and let them know that they can go directly to an imaging center to get screenings.

Dr. Pitts responded that incentives in terms of COVID-19 have been very successful and that he will follow up on the data regarding cancer screening incentive results.

PUBLIC COMMENTS
There were no requests for public comment.

CONSENT CALENDAR

2. Approve the Minutes of the June 8, 2022 Regular Meeting of the CalOptima Health Board of Directors' Quality Assurance Committee

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

REPORT ITEMS

3. Approve Modifications to CalOptima Health Policies AA.1207a and AA.1207b
Kelly Rex-Kimmet, Director, Quality Initiatives, introduced the item. Ms. Rex-Kimmet noted that these policies have not been updated for many years. The first policy, AA.1207a, is CalOptima Health's auto assignment policy outlining the process for how CalOptima Health assigns members. The second policy, AA.1207b, provides the methodology for health network assignment allocation and updates measures that have been heavily weighted towards pediatrics measures only. The recommendation is to update the measures and the scoring for those quality metrics, including establishing a minimum performance level.

Director Mayorga inquired if the action today included community health centers.

Yunkyung Kim, Chief Operating Officer, responded that this action is only for health networks, not community health centers.

> *Action:*   ***On motion of Chair Tran, seconded and carried, the Committee recommended that the Board of Directors: Approve recommended modifications to the following existing policies and procedures, in accordance with CalOptima Health's regular review process and regulatory requirements: 1.) Policy AA.1207a: CalOptima Auto-Assignment; and 2.) Policy AA.1207b: Performance based Heath Network and CalOptima Community Network Auto-Assignment Allocation Methodology. (Motion carried 3-0-0)***

INFORMATION ITEMS

4. Department of Health Care Services Comprehensive Quality Strategy
Marsha Choo, Director of Quality Improvement, provided an overview of the Department of Health Care Services (DHCS) 2022 Comprehensive Quality Strategy. Ms. Choo noted that the DHCS Comprehensive Quality Strategy outlines the ten-year quality vision that the state has shared with managed care plans (MCP) to improve quality of life and to eliminate health disparities. The quality vision integrates a whole system of person-centered care and a population health approach to care, as well as building partnerships with Medi-Cal members and organizations in the community to implement this vision. Ms. Choo added that the state is focusing on three target clinical areas: children's preventive care, behavioral health integration, and maternal health. The quality vision establishes a California Advancing and Innovating Medi-Cal (CalAIM) Population Health Management (PHM) strategy to address member needs across the continuum of care. Ms. Choo noted that the state is looking to close disparities by 50 percent by 2025. She also noted that California has many different health care models, and those MCPs have different contracts with the state. The state is exploring a standardized contract, with one boilerplate for all MCPs. This will include implementing value-based payments for provider incentives, focusing on a variety of measures. Ms. Choo reported that DHCS is looking to require that all MCPs be accredited by the National Committee for Quality Assurance (NCQA) – CalOptima Health is already accredited. But DHCS is also requiring that MCPs be Health Equity Accredited by NCQA. Ms. Choo noted that CalOptima Health is incorporating a lot of the elements from DHCS's 2022 Comprehensive Quality Strategy into its current and future work plans.

5. HEDIS Measurement Year 2021 Results
Kelly Rex-Kimmet, Director, Quality Analytics, presented the 2021 measurement year HEDIS results. Ms. Rex-Kimmet focused the presentation on CalOptima Health's performance for 2021 and the areas that the agency will need to focus on to meet goals outlined in the DHCS 2022 Comprehensive Quality Strategy.

For the HEDIS results, Ms. Rex-Kimmet noted that DHCS has a very specific set of measures called the managed care accountability set that all health plans are required to meet the minimum performance level of the 50th percentile. Failure to meet that percentile can result in financial sanctions or corrective actions. The HEDIS results are also used for NCQA accreditation and are used by the Centers for Medicaid and Medicare Services (CMS) for CalOptima Health's star rating. Ms. Rex-Kimmet noted that several health plans across the state did not make the 50th percentile for certain measures, including CalOptima Health. She reported that CalOptima Health saw improvements in childhood immunization, cervical cancer screening, asthma treatment, cardiovascular disease treatment, HbA1c contract, and antidepressant medications management measures. Conversely, CalOptima Health saw reduced performance in weight assessment, breast cancer screening, appropriate testing for Pharyngitis, and follow-up after ED visits for mental illness measures. She noted that only one measure did not achieve the minimum performance level set by DHCS, which is a new measure this year, well-child visits. Ms. Rex-Kimmet added that financial sanction or an improvement plan may be required by DHCS. For NCQA health plan rating, CalOptima Health is projected to maintain a 4.0 out of 5.0 rating. Ms. Rex-Kimmet reviewed in greater detail the HEDIS results as well as opportunities for improvement.

Ms. Rex-Kimmet noted that looking to the future, performance measurement is evolving with the DHCS Comprehensive Quality Strategy and NCQA's focus on health disparities and Health Equity

Accreditation, in addition to NCQA's goal to have all HEDIS measures digital in 5 years and the Department of Managed Health Care's health equity measures. She added that the new measures require access to expanded types of data sources, including social determinants of health, race/ethnicity, and hospital and admit and discharge data. CalOptima Health will need to invest in its ability to exchange data with electronic medical records (EMR) systems, and infrastructure to support EMR data exchange will be needed to meet the evolving needs of quality performance measurement requirements.

Director Mayorga commented that the sharing of information is critical.

Dr. Pitts thanked Ms. Rex-Kimmet for her service, noting that today's meeting will be Ms. Rex-Kimmet's last Quality Assurance Committee meeting.

Director Mayorga echoed Dr. Pitts comments, noting that he has worked with Ms. Rex-Kimmet for several years and appreciates all the great work she has done at CalOptima Health.

Chair Tran noted that not all providers are using EMR currently and there will be need for education.

Director Shivers asked if CalOptima Health follows up with patients that have been to the emergency room for mental illness.

Carmen Katsarov, Executive Director, Behavioral Health, responded yes, that care management staff follows up with the member once staff is aware there has been visit.

6. Quality Initiatives Update
Helen Lee Syn, Manager, Population Health Management, presented an update on CalOptima Health's quality initiatives. The update included an overview of CalOptima Health's general approach, the current quality initiatives and interventions, and the 2023 quality initiatives planning process. Ms. Syn noted that CalOptima Health uses a variety of strategies to raise awareness and engage members such as media outreach, texting, live calls, and targeted mailings. She also reviewed some of the adult preventive interventions, including breast cancer, cervical cancer, colorectal cancer, and high blood pressure with increased member engagement strategies like member health rewards. Ms. Syn reviewed several of the child and adolescent interventions, including immunizations, well-child and well-care visits, lead screening in children, and prenatal and postpartum care. In addition, CalOptima Health has been working closely with community providers to continue to provide culturally sensitive services for community-based education and patient advocacy.

Chair Tran asked if CalOptima Health is notifying members that members should get an updated vaccination.

Dr. Pitts responded that everyone should be keeping up to date with their vaccinations. He also shared that 98% of CalOptima Health PACE members have the two initial doses and 92% also have their booster shots.

7. Program of All-Inclusive Care for the Elderly Member Advisory Committee Update
Monica Macias, Director, PACE Program, provided an update on the recent activities of the PACE Member Advisory Committee (PMAC). Ms. Macias shared that the PMAC were able to meet in person again. She noted that when she reported at the last Quality Assurance Committee meeting, 32 participants were coming into the PACE center per day and added that PACE is now increasing that number to 60 participants per day. Ms. Macias noted that the participants are enjoying being back at the PACE Center.

Agenda Items 8.a. through 8.c. were accepted as presented.

8. Quarterly Reports to the Quality Assurance Committee
   a. Quality Improvement Committee Report
   b. Program of All-Inclusive Care for the Elderly Report
   c. Member Trend Report

COMMITTEE MEMBER COMMENTS
Director Shivers commented that she is impressed will all the ideas and initiatives and thanked staff for thinking out of the box and working towards getting the services that members need.

Chair Tran congratulated staff for their proactive approach to preventive care.

Director Mayorga commented that is it apparent that the investment the Board made in technology is going to be critical. He also noted that is important to support and invest in CalOptima Health's providers.

ADJOURNMENT
Hearing no further business, Chair Tran adjourned the meeting at 4:31 p.m. The next Quality Assurance Committee meeting is scheduled for December 14, 2022.

   /s/ Sharon Dwiers
Sharon Dwiers
Clerk of the Board

Approved: December 14, 2022

Blood Lead Screening Update

Quality Assurance Committee Meeting
December 14, 2022

Leslie Martinez, QA Analyst, Population Health Management

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

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

CalOptima Health, A Public Agency

Content

○ Blood Lead Screening Overview

○ Lead Screening Rates

○ Improving Blood Lead Screening Rates

○ Questions

Blood Lead Screening Overview

Health Effects of Lead

○ No level of lead in the body is recognized as safe.

 ▪ Studies indicate that lead can:

  • Lower IQ

  • Affect the ability to pay attention and academic achievement

  • Damage the brain and nervous system

  • Slow growth and development

  • Cause learning and behavior problems

  • Cause hearing and speech problems

 ▪ Most lead exposure symptoms are not obvious, so blood lead testing is critical.

Who Is at Risk for Lead?

- Children younger than 6 years old are at higher risk.
  - They tend to put their hands or objects in their mouth.
  - Their bodies are rapidly developing and more susceptible to lead absorption.[1]
  - Most absorption is gastrointestinal.[1]
  - Once in the body, most of the lead (73%) is stored in the bones for subsequent years.[2]
  - The blood-brain barrier is still developing in early childhood.[1]

- Low-income children and children of color are disproportionately at risk for lead exposure and subsequent health effects.[3]

1 Woo, Dr. Jean. "The Prevention of Childhood Lead Poisoning: Why Physicians Should Counsel on Lead and Screen for Lead Exposure." June 28, 2022.
2 ToxGuide for Lead, U.S. Department of Health and Human Services, Agency for Toxic Substances and Disease Registry (ATSDR) accessed at http://www.atsdr.cdc.gov/toxguides/toxguide-13.pdf
3 Masri S, LeBrón A, Logue M, Valencia E, Ruiz A, Reyes A, Lawrence JM, Wu J. California: Implications for health inequities. Sci Total Environ. 2020 Nov 15;743:140764. doi: 10.1016/j.scitotenv.2020.140764. Epub 2020 Jul 6. PMID: 32663692; PMCID: PMC7492407.

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CalOptima Health

Major Traffic Corridors

○ Case Study 1: Lead in Santa Ana Soil

- Census tracts with a median household income below $50,000 had more than 5x higher soil lead concentrations than high-income census tracts.[1]

- 11 Santa Ana census tracts were characterized as high risk for lead exposure.

  - 632 CalOptima members reside in these 11 census tracts.[2]

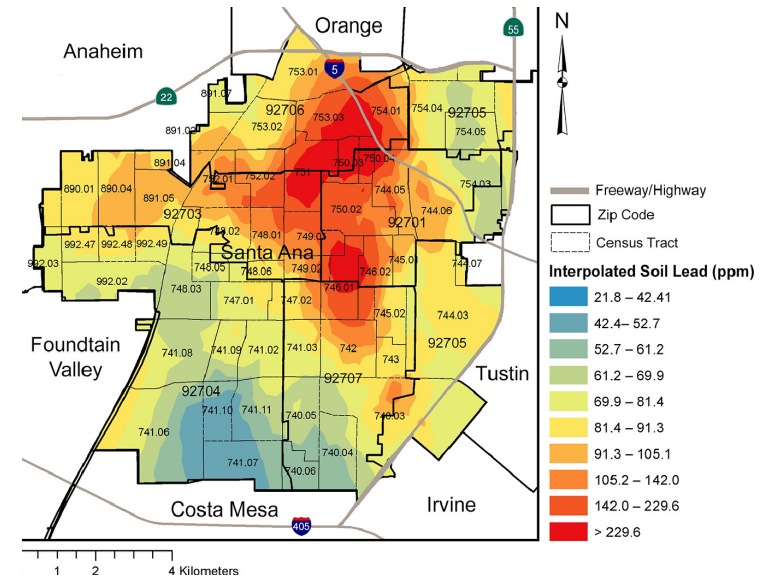 - Currently, 247 members (39.1%) in these census tracts remain non-compliant with lead testing.[2]


Figure 1: Soil lead concentrations based on 1,528 samples collected in Santa Ana. The concentration of lead in soil varied by land type and socioeconomic factors.[1]

1 Masri S, LeBrón A, Logue M, Valencia E, Ruiz A, Reyes A, Lawrence JM, Wu J. Social and spatial distribution of soil lead concentrations in the City of Santa Ana, California: Implications for health inequities. Sci Total Environ. 2020 Nov 15;743:140764. doi: 10.1016/j.scitotenv.2020.140764. Epub 2020 Jul 6. PMID: 32663692; PMCID: PMC7492407.
2 HEDIS Member Data for Quality Initiatives Tableau Dashboard with May 2022 prospective rates. Data refresh date: 6/5/2022, pulled 7/20/2022.

Major Traffic Corridors (Cont.)

○ Case Study 2: UCI researchers mapped historical roads, traffic patterns and housing in Santa Ana dating back to the early 1900s.

  ▪ Map was analyzed against a map outlining the highest concentrations of lead contaminants and the two maps were consistent.[1,2]

Figure 2
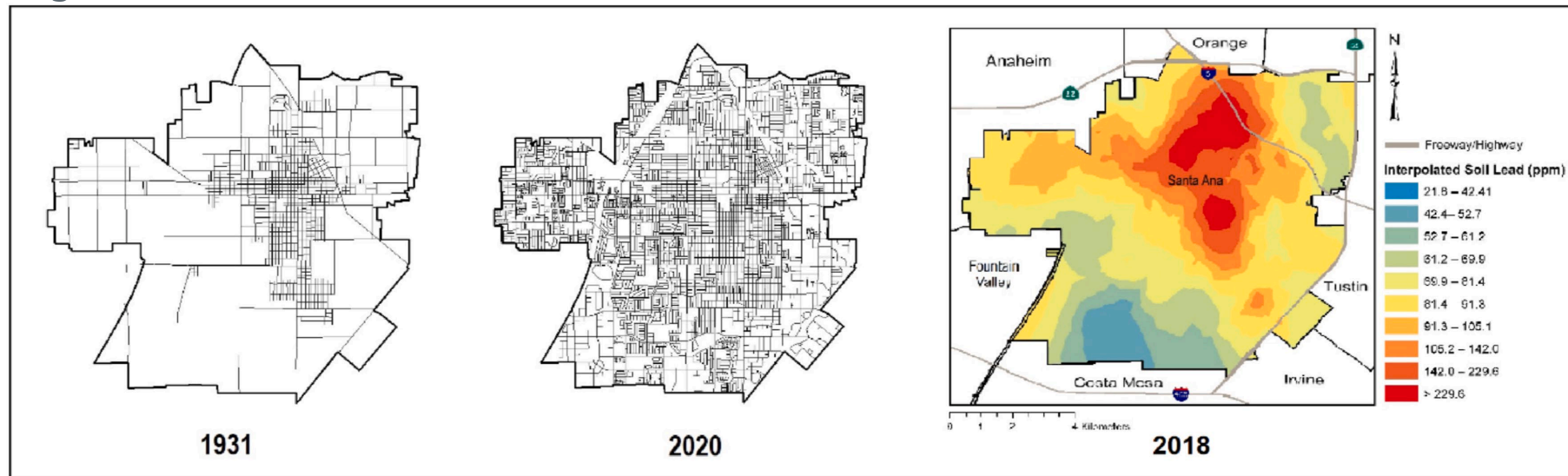
1 Schallhorn, Kaitlyn. (2022, July 10). Maps tie Santa Ana's contaminated soil to car pollution 100 years ago. https://www.ocregister.com/2022/07/10/santa-ana-lead-contamination-linked-to-20th-century-vehicle-emissions/
2 Rubio, J M, Masri, S., LeBrón, A., Torres, I .R., Sun, Y., Villegas, K., Flores, P., Logue, M.D., Reyes A., Lebron. A., Wu, J. Use of historical mapping to understand sources of soil-lead contamination. Case study of Santa Ana, CA. *Environmental Research*. 22 Sept. *212*. doi: https://doi.org/10.1016/j.envres.2022.113478

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CalOptima Health

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Lead Risk From Housing in OC

○ Map indicates the likelihood of lead exposure through housing by census tract.

- Exposure is the result of older homes with higher likelihood of lead-based paints.

  • Darker gradients indicate a higher risk for lead exposure.

- Map is also consistent with research that indicates leaded gasoline as a strong contributor to exposure in Santa Ana.

  • These are the same areas in which old roadways connected Los Angeles to Orange County and San Diego.
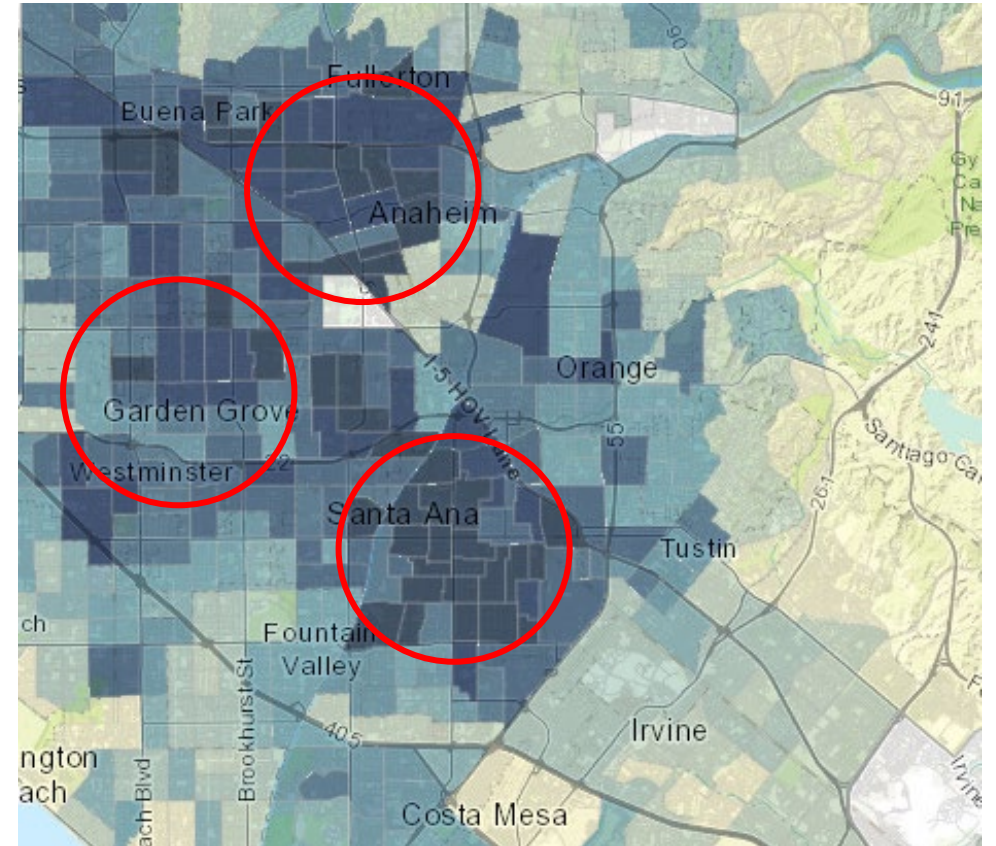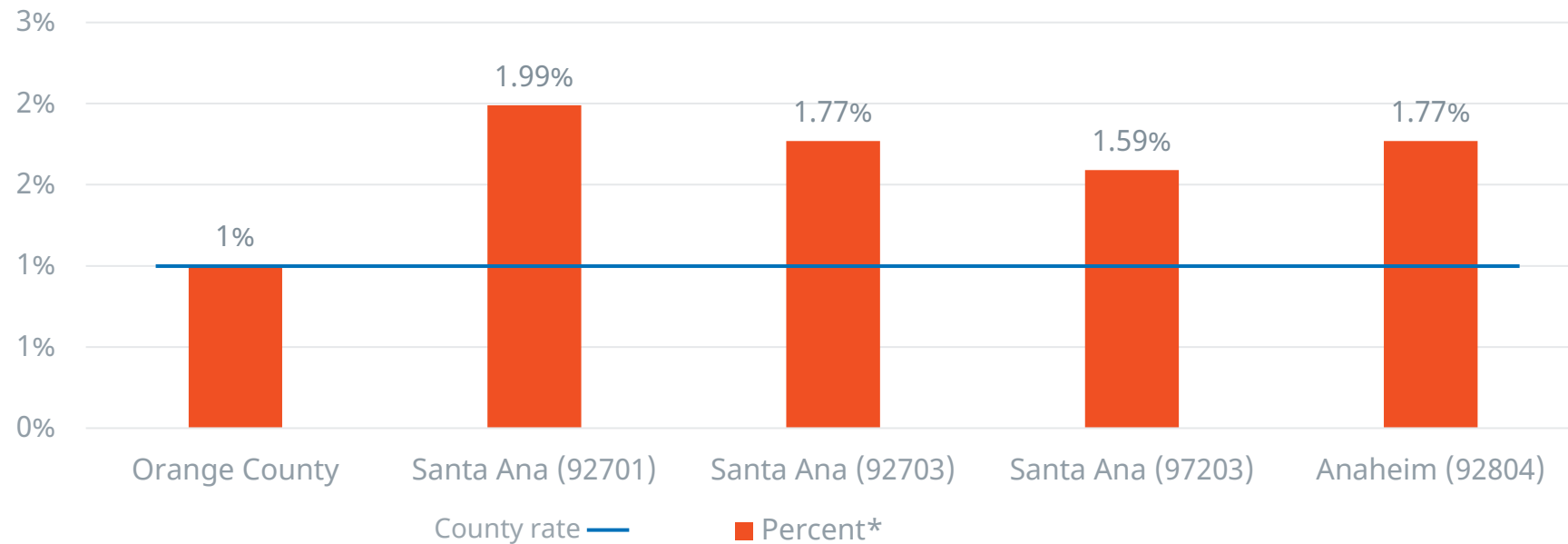

Figure 3: Potential exposure risk for lead is high in areas of Santa Ana, Anaheim and Garden Grove.*

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Lead Screening Rates

Orange County Children Blood Lead Levels

○ Blood lead reference value (BLRV) identifies children with higher levels of lead compared with most children.

- 1% of OC children age 6 and under tested for lead have a high BLVR (4.5 µg/dL)*

Top OC Census Tracts by BLRV Rates

	Orange County	Santa Ana (92701)	Santa Ana (92703)	Santa Ana (97203)	Anaheim (92804)
Percent*	1%	1.99%	1.77%	1.59%	1.77%

County rate — ■ Percent*

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CalOptima Health

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Exposure to Lead

- 103 CalOptima Health members have been identified as having high levels of lead in the blood.*
  - Santa Ana, Anaheim and Garden Grove represent the top three cities with members confirmed as having high levels of lead.

City Ranking for Members Identified with High Levels of Lead

Bar chart — Membership Volume (y-axis) vs City- Members Reside (x-axis):

City	Membership Volume
Santa Ana	26
Anaheim	21
Garden Grove	13
Orange	7
Westminster	7
Fullerton	5
Costa Mesa	4
Irvine	4
Huntington Beach	3
Placentia	3
Tustin	3
Buena Park	2
Fountain Valley	2
Laguna Niguel	1
Stanton	1

*Claims Data from 1/1/2021–5/23/2022

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Untested Members per LSC HEDIS: Ethnicity

○ Top three ethnic groups not tested for lead in accordance with LSC HEDIS specifications are Hispanic, White and Vietnamese.

▪ Hispanic members represent the highest volume of untested members.

• Predominantly reside in areas known to have greater environmental risk factors for lead.

Ethnicity	Untested Members	Member Count	Total Untested Rate
Hispanic	2,588	6,082	42.6%
White	617	1,149	53.7%
Vietnamese	189	589	32.1%

City	Untested Members	Total Untested Rate
Santa Ana	937	18.8%
Anaheim	881	17.7%
Garden Grove	365	7.3%
Irvine	262	5.2%
Fullerton	215	4.3%

CalOptima Health

Improving Blood Lead Screening Rates

CalOptima Health

Ongoing Interventions

○ **Member focused:**

- Interactive Voice Recognition (IVR) call campaign
- Member newsletter articles
- Digital and social media ad campaigns
- Member telephonic and in-person barrier survey
- Member text campaign to parents/guardians of untested members

○ **Provider focused:**

- Anticipatory Guidance and Evidence of Blood Lead Refusal Tool
- Quarterly Blood Lead Screening Performance Reports–Health Network Attestation
- Provider CE/CME
- Provider Press articles
- Information at Health Network Forum, in weekly communications and via virtual CalOptima Health Community Network (CHCM) meetings

Interventions in Planning Stage

○ **Member focused:**
- PBS TV commercial

○ **Provider focused:**
- CHCN attestation of Blood Lead Performance Reports
- Enhancements to the Quarterly Blood Lead Performance Reports
  - Provider dashboard with provider testing rates
- Provider Barrier Analysis
- Pay 4 Value Program
  - LSC HEDIS measure added

○ **CalOptima Health focused:**
- Internal policies and guidelines

Proposed 2023 Interventions

○ **Community focused:**
- Community collaboration with providers
  - Provider offices with a high volume of Medi-Cal members and high opportunity for improvement
  - Understand provider barriers
- Lead in Soil Roundtable
- Community Health Worker Medi-Cal benefit
  - Culturally sensitive services, community-based education and patient advocacy
- Collaborate with early intervention and education systems
  - First 5 California — identify synergies with their home visit program
  - Orange County school districts

○ **Member focused:**
- New Member Health Reward
  - Support lead testing and close gaps in LSC HEDIS measure

Questions

CalOptima Health

Contact

○ Leslie Martinez, QA Analyst
○ Phone: 657-900-1759
○ Email: leslie.martinez2@caloptima.org

Appendix

CalOptima Health

HEDIS and Lead Testing Requirements

- Health Care Effectiveness Data and Information Set (HEDIS) measures
  - Require at least **one** capillary or venous blood lead test by child's 2nd birthday.
- California testing mandates are different from HEDIS.
  - **Two** tests are required. Test at **both** 12 months and 24 months of age.
  - 12-month test provides for early identification and intervention for children with lead exposure.
  - 24-month test is important because blood lead levels can be high at 24 months even if not elevated at 12 months of age.
- Meeting California mandates will support compliance with HEDIS requirement.

Blood Lead Screening Performance Reports

○ **Report Description:** List of child members up to 72 months of age who have **not met** blood lead testing requirements.

○ **Requirement:** Access Blood Lead Screening Performance Reports, reconcile with internal data, test members who have not tested for lead and provide anticipatory guidance.

○ **Report Enhancements:** *Slated for January 2023*

  ▪ Provider summary of member compliance rates

Report Quarter	Data Description of the Report	Report Post Date to Health Network Provider Portal
1	Contains data through March 31	By April 21
2	Contains data through June 30	By July 21
3	Contains data through September 30	By October 21
4	Contains data through December 31	By January 21

CalOptima Health

DHCS Supplemental Lead Reports

- **Report Description:** List of child members up to 72 months who have and have not completed a blood lead screening.
  - Medi-Cal Fee-for-Service (FFS) data, Medi-Cal managed care encounter data, and matched laboratory data provided by the California Department of Public Health.
  - Sharing cadence is dependent on DHCS.
- **Requirement:** Access reports and references to identify members who have completed a blood lead screening.

Provider Portal

Blood Lead Screening Attestation

- **Requirement:** Attest to regulatory and operational requirements related to blood lead.
- **Who must attest?**
  - **Health Networks:** Attestation process is live.
  - **CHCN Providers:** *Attestation slated for January 2023*
- **Key elements**: (sample form in Appendix)
  - Received and retrieved the Blood Lead Screening Performance data
  - Provision of oral or written anticipatory guidance by providers
  - Comply with APL 20-016 requirements for claims and CPT coding
  - Document refusal of blood lead screenings
  - Follow CLPPB guidance for testing, interpretation of blood lead levels and follow-up care

CalOptima Health

HN_BloodLeadScreeningAttestation_QTYYY Form

Anticipatory Guidance and Blood Lead Refusal Form

○ **Requirement:** Providers must document the provision of oral or written anticipatory guidance and parent/guardian refusal of blood lead testing.

○ **Tool:** Anticipatory Guidance and Blood Lead Refusal Form (*Enhancements slated for January 2023*)

○ **Key elements:**

- Provides evidence that parent/guardian was made aware of serious health consequences of lead poisoning.

- Supports compliance with the provision of oral/written anticipatory guidance.

- Supports provider compliance with documenting parent/guardian voluntary refusal of lead testing.

- Supports provider compliance for parent/guardians who are unable to sign.

CalOptima Health

Evidence of Blood Lead Testing Voluntary Refusal

Please retain this form and include it in the patient's medical record.

Parent or Guardian refusal of blood lead testing.

I verify that I have been made aware of the serious and long-term health effects of lead poisoning on children between the ages of 6 months and 6 years. I refuse blood lead testing for my child.

Reason(s) for refusal: _____

Print child's name: _____ Child's date of birth: _____

Parent or Guardian Signature: _____ Date: _____

_____
Provider use only:

☐ The anticipatory guidance below was provided to the parent/guardian (check box)
  California Department of Public Health Anticipatory Guidance

☐ Check box if the parent/guardian declined to sign this Evidence of Blood Lead Testing Voluntary Refusal form.

☐ Check box if the parent/guardian is unable to sign this Evidence of Blood Lead Testing Voluntary Refusal form.
  Reason(s) why parent/guardian is unable to sign: _____

Provider Signature/Stamp: _____ Date: _____

Member Barrier Analysis Survey

○ Intervention: Telephonic and in-person survey

○ Purpose: Understand barriers members face in completing well-child visits, immunizations and lead screenings

○ Key findings:

- Providers play an important role in the lead testing of child members.
- Parents/guardians who test for lead do so because they are encouraged by the child's doctor.
- Parents/guardians who do not test their child for lead do not know about lead testing.
- There are opportunities to increase parental/guardian education on the importance of lead testing and screening requirements.
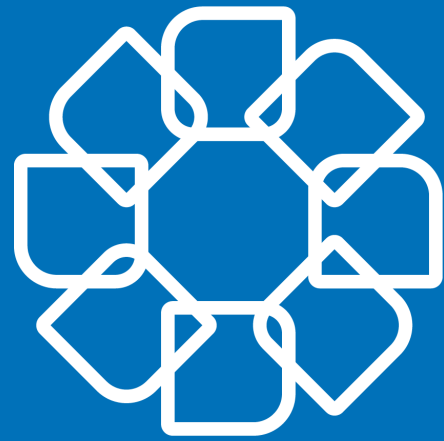
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CalAIM Population Health Management Strategy

Quality Assurance Committee Meeting

December 14, 2022

Katie Balderas, MPH

Director, Population Health Management

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

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

Population Health Management (PHM) Program Overview

○ Builds on the momentum of California Advancing and Innovating Medi-Cal (CalAIM)

○ Department of Health Care Services (DHCS) guidance on changes to PHM changes for 1/1/2023

○ Designed to ensure all members have access to services based on their needs and preferences, with the goal of leading longer, healthier lives, improving health outcomes, and achieving health equity

○ Additionally, DHCS is working on rolling out a PHM Service platform, a data and analytic backbone for information sharing across care continuum

CalAIM PHM Program + PHM Service

PHM Program
A core part of the CalAIM initiative that requires Medi-Cal delivery systems to develop and maintain a whole system, person-centered PHM program.

PHM Service
A technological service that supports DHCS's PHM vision by integrating data from disparate sources, performing population health functions, and allowing for multiparty data access and sharing.

The initial PHM Program Design targets Managed Care Plans (MCPs)

The PHM Service includes programs and infrastructure that extend beyond MCPs

Will launch January 2023

Deployed statewide July 2023

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3

PHM Program Overview (Cont.)

- PHM Program Goals to establish:
  - Trust and meaningful engagement with members
  - Data-driven risk stratification and predictive analytics to address gaps in care
  - Revisions to standardize assessment processes
  - Care management services for all high-risk members
  - Robust transitional care services (TCS)
  - Effective strategies to address health disparities, Social Determinants of Health (SDOH) and upstream drivers of health
  - Interventions to support health and wellness for all members

PHM Framework

Gathering Member Information

- Initial Screening
  - HIF/MET
- Claims/Encounters /Other Data

Understanding Risk

- Risk Stratification and Segmentation
- Risk Tiering
- Assessment & Reassessment for Care Management

Providing Services and Supports

- Basic Population Health Management
  - All Medi-Cal Members
- Care Management
  - ECM
  - Complex Care Management
- Transitional Care Services (as needed)

PHM Strategy and Population Needs Assessment (PNA)

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Domain 1: PHM Strategy & PNA

○ Drive stronger connections between MCPs and local community through data-driven community investments

○ Require less frequent data collection & more meaningful community engagement with wider range of stakeholders

○ Comprehensive PHM Strategy due October 2023

○ After 2022, PNA will transition from annual requirement to every 3 years. Next PNA due to DHCS in 2025

Domain 2: Gathering Member Information

○ Leverage existing health and social data
- MCPs must use a wide range of data sources until PHM service is live
- After PHM service is available, MCPs will be required to access and use this data to drive risk stratification and segmentation (RSS)

○ Streamline the initial screening process
- Health Information Form (HIF)/Member Evaluation Tool (MET) will continue as required by federal requirements within 90 days of enrollment
- Initial Health Assessment will now be called Initial Health Appointment (IHA)
  - Results completed and shared back with CalOptima Health within 90 days of enrollment would fulfill the HIF/MET requirement. Note: *primary care visits are a proxy for the IHA.*
  - Individual Health Education and Behavior Assessment (IHEBA) requirement will be retired

Domain 3: Understanding Risk

- Risk Stratification and Segmentation (RSS) will be used to categorize members according to their care needs.

- RSS results will assign members to risk tiers (high, medium, low) with the goal of determining level of care or services in each tier.

- High-Risk members must be identified by January 1, 2023, due to PHM requirements under TCS.

- DHCS will be rolling out a "PHM Service" in July 2023 to include a single, statewide, open-source RSS methodology.

Domain 4: Providing Services and Supports

○ Basic Population Health Management

  ▪ Primary care access, utilization, and engagement

  ▪ Care coordination, navigation, and referrals across health and social services

  ▪ Wellness and prevention programs

  ▪ Program addressing chronic disease

○ Care Management Services

  ▪ Enhanced Care Management

  ▪ Complex Care Management

○ Transitional Care Services

  ▪ Care management across facilities and care settings

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PHM Program Implementation Timeline

o **Quarter 4 2022:** CalOptima Health Submit PHM Readiness Deliverables; HNs/Facilities/Providers Review PHM Policy Guide and other key documents

o **January 2023:** PHM Program go-live; Expanded requirements for: screening, assessment, member risk identification, Transitional Care Services

o **July 2023:** CalOptima Health & Delegates: Use the state's PHM Service for risk data and tiers, Leverage PHM Service for data sharing across systems, Assess the need to update data sharing agreements

o **January 2026:** all MCPs must also obtain NCQA Health Equity Accreditation

References and Key Documents

- CalAIM Population Health Management Policy Guide
  - Released September 2022
- PHM Program Readiness Deliverables
  - Released September 2022
- PHM Roadmap
  - Released July 2022

Questions
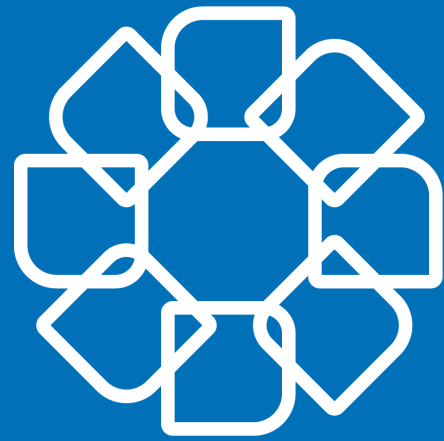
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Board of Directors' Quality Assurance Committee Meeting
December 14, 2022

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

Committee Overview

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

September 21, 2022: PMAC Meeting Summary

Updates from the Director

Director Monica Macias thanked PMAC members for joining the meeting in person for the third time since the pandemic. Members were updated on the status of the program, particularly around staffing and open positions. PACE is slowly allowing participants to return to the day center. Currently, we have two shifts (am/pm), allowing up to 30 participants per shift totaling 60 per day. All participants are assigned to pods, with social distancing in mind, and must wear mask. The clinic and skilled rehabilitation appointments continue to operate as usual. In addition, we are now allowing up to 6 participants per vehicle per trip. We are excited to start seeing many of our participants back at the center and getting back to "normal". The participants made positive comments to all the new improvements being made to the PACE center and wanted to thank everyone for all their hard work. Director ended with information on what is next: assess COVID numbers and determine when we can increase day center attendance, other improvements that will be made to the center, and BIVALENT initiatives.

COVID-19 Updates

Jennifer Robinson, Quality Improvement Manager, provided updates related to COVID-19 numbers and status. Jennifer provided an update on COVID-19, she reported case numbers and hospitalizations going down. At the center we have seen a decrease in positive cases. Jennifer shared that we can test for COVID at the center and we are able to provide test kits for home use. We continue to require masking at the center with KN95 for everyone's safety. PACE is continuing our vaccination efforts and providing education to participants. Current vaccination rates, 98% have received their initial (2 doses) and 93% have received their 3rd dose (first booster). Jennifer also provided education around the 4th dose (2nd booster) and shared with the group that PACE is working on a BIVALENT vaccination event at the PACE site, more information will be shared with everyone. Jennifer also reminded participants of the importance to get their flu vaccine.

PMAC Member Forum

- A suggestion to have transportation manager and RD present on healthy eating tips and transportation updates.
- Participants asked if PACE would increase day center attendance even more. It was noted that the plans are to continue to increase with caution and safety in mind.
- Participants were reminded of the suggestion box in the center if they have any concerns or compliments, they would like to share with the staff.

CalOptima Health Board of Directors'
Quality Assurance Committee Meeting
December 14, 2022

Quality Improvement Committee Third Quarter 2022 Report

<u>**Summary**</u>

- ➢ Quality Improvement Committee (QIC) met July 12, 2022, August 09, 2022, and September 13, 2022
- ➢ The following departments and subcommittees reported to QIC in Quarter 3 (Q3):
  - o Quality Improvement (QI) Department
  - o Quality Analytics (QA) Department
  - o Behavioral Health Integration (BHI) Department
  - o Long Term Services and Supports (LTSS)
  - o Utilization Management (UM) Department
  - o Utilization Management Committee (UMC)
  - o Whole-Child Model Clinical Advisory Committee (WCM CAC)
  - o Credentialing and Peer Review Committee (CPRC)
  - o Member Experience Committee (MEMX)
  - o Grievance & Appeals Resolution Services Committee (GARS)
- ➢ Retired the following:
  - o Policy GG.1612: Outcome Score for Potential Quality Issues (PQI) because the four policy sections already exist in CalOptima Policy GG.1611
- ➢ Approved the following:
  - o Policy GG.1605: Delegation and Oversight of Credentialing: This policy outlines the processes by which CalOptima shall ensure Credentialing and Recredentialing activities are performed by Delegated Entities in accordance with quality, state, and federal standards
  - o Policy GG.1607: Monitoring Adverse Actions: This policy establishes a process for ongoing monitoring of the actions taken by external entities including, without limitation, licensing boards or agencies, regulatory agencies and/or other entities against CalOptima Practitioners or Organizational Providers (OPs).
  - o Policy GG.1650: Credentialing and Recredentialing of Practitioners: This policy defines the process by which CalOptima evaluates and determines whether practitioners (as described in Section II. of this Policy ("Practitioners") meet the qualifications for participation in CalOptima programs

- o Policy GG.1651: Assessment and Re-Assessment of Organization Providers: This policy describes the process by which CalOptima evaluates and determines an Organizational Provider's (OPs), or a provider rendering consolidated, facility-based services and/or billing for health care services not directly rendered and billed by a professional provider, eligibility to participate in CalOptima programs
- ➢ Accepted and filed minutes and QI Work Plan from the following committees and subcommittees:
  - o MEMX meeting minutes of April 5, 2022
  - o UMC Meeting Minutes of May 26, 2022
  - o BMSC Meeting Minutes of February 23, 2022
  - o BMSC Meeting Minutes of March 23, 2022
  - o P&T Meeting Minutes of November 18, 2021
  - o WCM CAC Meeting Minutes of February 15, 2022
  - o 2022 Quality Improvement (QI) Work Plan Q2
- ➢ Change in Quality Improvement Committee Members
  - o Dr. Andrew Inglis is substituting for Dr. Patricia DeMarco, County Behavioral Health County Representative while she is on medical leave

QIC Quarter 3 2022 Highlights

- ➢ **QIC purpose and desired outcome**
  - o The purpose of the QIC is to provide overall direction for continuous quality improvement processes, oversee activities that are consistent with CalOptima Health's strategic goals and priorities, and monitor compliance with regulatory and licensing requirements related to QI projects and activities.
  - o The desired outcome is to achieve improved care and services for members and ensure that our members are provided optimal quality of care.
- ➢ **Chief Medical Officer (CMO) Updates**
  - o Deputy CMO provided updates, guidance and feedback related to committee activities, which included:
    - ▪ Coronavirus (COVID-19) safety, boosters, and treatment
- ➢ **National Committee of Quality Assurance (NCQA)**
  - o DHCS will require MCP to be National Committee of Quality Assurance (NCQA) Health Equity accredited on or before January 1, 2026. CalOptima is currently pursing Health Equity Accreditation and possibly adding Health Equity Plus Accreditation
- ➢ **Quality Program Highlights**
  - o Quality Analytics staff presented Measurement Year (MY) 2021 Healthcare Effectiveness Data and Information Set (HEDIS) Results
    - ▪ Overall, rates in MY2021 are recovering from MY2020 COVID-19 PHE but not at the pre-COVID level.

- Childhood immunization, Cervical cancer screening, Asthma treatment, cardiovascular disease treatment, HbA1c control, Antidepressant Medications Management rates are improved
- Weight Assessment, Breast cancer screening, Appropriate Testing for Pharyngitis, and Follow-up After ED visit for Mental Illness rates are reduced
- All MCAS selected measures having MPL requirement achieved MPL except the newly added Well-Child Visits measure (W30-15months; W30-30months)
- Health Plan Rating (HPR) — projected to maintain 4.0 out of 5.0 rating. 8 measures are moved to a higher measure rating compared to previous year

- OneCare rates in MY2021 are recovering from MY2020 impacted by the COVID-19 PHE
  - Colorectal Cancer Screening, Comprehensive Diabetes Care, Care for Older Adults rates are improved
  - Breast Cancer Screening, Controlling High-Blood Pressure rates are reduced
- OneCare Connect rates in MY2021 still have negative impact from the COVID-19 PHE
  - Care for Older Adults, readmission rates are improved
  - Follow-up After Hospitalization for Mental Illness, Controlling High-Blood Pressure rates are reduced
  - Two measures do not meet the Quality withhold benchmarks
    - Controlling High-Blood Pressure
    - Follow-up After Hospitalization for Mental Illness (30-day)
- NCQA Goal: All HEDIS measures to be digital in five years. Obtaining proof of service in a paper medical record will no longer be permitted and EMR data exchange becomes critical

o Pay-for-Value (P4V) programs
  - HNQR HEDIS Comparison MY 2020 Versus MY 2021 - All HN HEDIS HNQR improved compared to prior year
  - OneCare Connect (OCC) P4V program will be sunset at the end of 2022
  - Proposed changes to P4V programs for both Medi-Cal and OneCare (OC) for MY2023
    - In January 1, 2023 for all lines of business, add collection of SDOH (ICD10 codes) to align with CalOptima Health's vision statement and support DHCS requirement for plans to collect 25 Priority SDOH Codes.
    - Approach is to incentivize DHCS SDOH priority codes submitted on claims and encounters. Incentives depend on HNs demonstrating improvement of SDOH codes from the plan-level baseline

- Analyze performance annually and identify specific SDOH codes for focus
- Next steps are to vet thru Quality and Health Network Forums and present at Quality Improvement Committee (QIC). Then develop a request for CalOptima Health Board of Directors to seek Board approval in November 2022 and implement P4V program changes effective January 1, 2023. More to come on SDOH incentives

➢ **Quality Initiative update by Helen Syn, Manager, Population Health Management (PHM)**
  o Three quality initiative strategy pillars
    ▪ Increasing Member Awareness by text engagement, interactive voice recognition (IVR), live calls, targeted mailings, newsletters, health coach/educator telephonic counseling, mass media with PBS ads, digital, print and social media video ad campaigns and by offering health education
    ▪ Increasing Access by removing structural barriers and utilize data to identify underutilizing members and create opportunities to bring services to the communities thru alternative setting and other mean for meeting outreach goals
    ▪ Improving Delivery of Services with engaging members and collaborating with HNs on bridging gaps and offering HN office staff quality incentives who meet outreach goals.

➢ **California Advancing & Innovating Medi-Cal (CalAIM) update by Mia Arias, Director, CalAIM Operations**
  o CalOptima Health is partnering with 12 health networks who provide Enhanced Care Management (ECM) services to CalOptima members.
  o CalAIM program is evolving especially for ECM to allow Community Based Organizations to become providers in the futurefor populations of focus
  o Community supports that went live January 1, 2022
    ▪ Recuperative care
    ▪ Three different housing supports that include housing navigation, housing deposits, and housing sustaining services.
    ▪ At least ten different providers offered services to members
  o Community supports went live July 1, 2022:
    ▪ Short-Term Post-Hospitalization Housing
    ▪ Day Habilitation Programs
    ▪ Personal Care and Homemaker Services
    ▪ Meals/Medically Tailored Meals
    ▪ Sobering Centers
  o Community Supports that will go live January 1, 2023
    ▪ Respite Services
    ▪ Environmental Accessibility Adaptations (Home Modification)
    ▪ Nursing Facility Transition/Diversion to Assisted Living Facilities

- - - Community Transitions to Home/Nursing Facility Transition
    - Asthma Remediation
  - Community Supports Key Performance Indicators (KPI's) are currently in development of process metrics to monitor program implementation, such as the number of those successfully housed and the number of members enrolled into each service. Outcome measures to monitor quality of care shall be developed after program implementation. Claims and encounter data may be used to calculate metrics and results. Currently the total number of unique members receiving ECM and/or CS Services is 3,269.
- **Homeless Health Initiatives (HHI)** update by Katie Balderas, Director, PHM
  - Programs include Clinical Field Teams, Homeless Clinic Access Program, Homeless Response Team, Enhanced Medi-Cal Services, Recuperative Care, and COVID-19 Vaccine Incentives. Coming soon are Street Medicine as well as Housing & Homeless Incentive Program.
    - Homeless Response Team (HRT)
      - Provides in-person outreach at shelters, hot spots, encampments, and for Clinical Field Team (CFT) dispatches
    - Housing & Homelessness Incentive Program (HHIP) is a voluntary incentive program that will enable Medi-Cal managed care plans (MCPs) to earn incentive funds by addressing homelessness and housing insecurity as social determinants of health. There are three priorities areas:
      - Building partnerships and capacity to support referrals for services
      - Infrastructure to coordinate and meet member housing needs
      - Delivery of services and member engagement
- **Post-Acute Infection Prevention Quality Incentive (PIPQI)** update provided by Michelle Findlater, Manager, Long Term Support Services (LTSS)
  - Provided incentives to healthcare sites to implement bathing and Iodophor protocols.
  - Program funding was extended in April 2022.
  - Additional 90 days of extension through the end of FY 21-22 with an additional $275,000 helped provide time for Financial Analytics and Clinical Operations to evaluate the viability and clinical outcomes of the PIPQI program.
  - There was not enough evidence to support the continuation of the program past June 30th because the clinical outcomes were not as expected
  - University of California, Irvine partners from the SHEILD Decolonization program were notified of the program ending on June 6th, 2022
  - There was no significant change in vaccination rates, COVID cases or COVID deaths among staff/residents in facilities who participated in the University of California, Irvine (UCI) training versus those facilities that did not participate in the training
  - There was no significant change in vaccination rates, COVID cases or COVID deaths among staff/residents in facilities who participated in the UCI training versus those facilities that did not participate in the training

➢ **Plan Performance Monitoring and Evaluation (PPME)/Quality Improvement Program Effectiveness (QIPE): Health Risk Assessment (HRA)** update was provided by Denise Hood, Manager, Case Management
  o HRA outreach
  o PPME and QIPE performance areas projected to meet goal for Q1 2022
  o Oversight of Model of Care included January and February performance (March data pending)
  o Continue to monitor LTSS HRA for timeliness on outreach for completion and regulatory reporting quarterly
  o OC/OCC Care Plan bundle reviewed within 10 business days from bundle return, staff was challenged with influx of recent expansions of members to Senior and Persons with Disability (SPD). The influx was of about 2000 members in May and about 200 in June. The same staff reviews HRA and Care Plan bundles and had to prioritize getting the HRA to health plans so they can assess the members in a timely manner.

➢ **Utilization Management Committee (UMC)** update provided by Mike Shook, Director, Utilization Management
  o May 2022 UMC report presented
    ▪ Q1 2022 annual trends
      • Operational Performance -
        A. Medical Auth (Medi-Cal/OC/OCC):
            i. Continue to have some HN and CCN authorizations not meeting ≥ 98% goal
            ii. Only trend noted was CCN is below goal due to low compliance in January 2022
        B. Unused Authorization (Medi-Cal):
            i. Slight increase from Q2 to Q3 in 2021
        C. Utilization Outcomes
            i. Medi-Cal and OCC Measures: Beddays (PTMPY) and Readmissions are trending down
      • Operational Performance WCM
        A. NICU/PICU/Durable Medical Equipment (DME)Inpatient/SCC Denials:
            i. Volume low
            ii. Generally found to be appropriate and related to medical necessity
        B. Beddays: Year-over-year decrease
        • Readmissions: Significant decrease for Q4 2021
        • ED visits: Slight decrease in Q3 2021
      • Over/Under Utilization Monitoring
        A. No significant over/underutilization has been identified
      • Under/Over utilization – Outpatient Mental Health Medi-Cal
  o **BHI UM Q4 2021** update was presented by Dr. Donald Sharps, Behavioral Health Medical Director

- Service Type
  - Trends related to Medi-Cal members for outpatient psychiatric and psychotherapy services have remained steady. Encounters are mostly adults.
  - Large portion of Medi-Cal members utilize ABA services
    A. Under/Over utilization by all age group trend has been consistent from 2018 to present.
    B. Members remain above the 35% threshold of utilization for services as set by QIC
    C. Members 0-5 years of age receive the most ABA service hours per week in hopes that interventions are more effective for early identification of people with autism spectrum disorder
  - Trends related to OC/OCC, the number of encounters, and the trend of utilizing members have remained stable for the last two years
    A. Many of these members have a disability related to mental illness
    B. The average length of stay for our inpatient psychiatric services, which is a very small number of people, maybe 10-15 per month because the One Care line of business does not have as many members as Medi-Cal and for Medi-Cal inpatient psychiatric services are still covered by the county Mental health plan
    C. Average Length of Stay (ALOS) and % Re-admission: does not have as many members as Medi-Cal.
    D. Medi-Cal inpatient psychiatric services are still covered by the county Mental health plan

➢ **Whole Child Model Clinical Advisory Committee** updates presented by Dr. Thanh-Tam Nguyen, Medical Director, Medical Management
  o WCM CAC meeting held May 17, 2022
  o Michelle Laba, MD, Orange County (OC) California Children's Services (CCS) Medical Director, will present WCM OC CCS referral data pre and post WCM (transition date was 07/01/2019) per WCM CAC's request. The date for transition from Orange County CCS to WCM was July 1st, 2019
  o Pharmacy Director, Dr. Gericke provided Medi-Cal Rx update - Prior authorizations are scheduled to restart on July 22, 2022.
  o UM, presented a walkthrough on how a transplant transition from another Health Network into CCN network. When member has a transplantable condition or hemophilia, they are transferred into CCN Health Network.
  o Grievance and Resolution Services present data. Staff is conducting a drill down in the delay in service of grievance data
  o Customer gave a report on WCM measures. Staff is gathering information on how to guide parents on how to request appropriate service from providers.

- ➢ **Behavioral Health Integration (BHI)** update provided by Natalie Zavala, Director, Behavioral Health Integration
  - o BH Clinical Quality Measures
    - ▪ Diabetes Screening for People with Schizophrenia or Bipolar Disorder Who Are Using Antipsychotic Medications (SSD) focuses on members 18–64 years of age with schizophrenia, schizoaffective disorder or bipolar disorder, dispensed an antipsychotic medication and had a diabetes screening test during the measurement year:
      - Provide a list of members in need of diabetes screening to the providers
      - Best practice for consideration:
        - A. Prescribing provider of antipsychotic medication are asked to communicate members' positive diabetes screening results to their Primary Care Physician
        - B. Diabetes screening at Primary Care Provider (PCP) visits when it relates to wight control
        - C. Incorporate psychiatric treatment with Controlled Behavioral Treatment to improve their weight control
    - ▪ Follow-Up After Emergency Department (ED) Visit for Mental Illness (FUM) visits for members 6 years of age and older with a diagnosis of mental illness and who received a follow-up visit for mental illness
      - Staff developing a report on member ED visits and identify trends
      - Health Network Quality (HNQ) meeting to report, discuss and address barriers
    - ▪ Follow-up care for Children Prescribed ADHD Medication (ADD): The number of follow-up care visits within a 10-month period for members aged 6-12 years who are newly prescribed ADHD medication. Initiation Phase Treatment is 1 visit within first 30 days. Continuation and Maintenance Phase Treatment: 2 visits in the next 9 months for those remaining on the medication
        - A. Educate members on the importance of communication with prescribing provider for concerns of stigma to children taking ADD medication
        - B. Outreach to make it more personal in supporting and improving member's experience.
- ➢ **Post-Acute Infection Prevention Quality Incentive (PIPQI)**
  Michelle Findlater presented
    - o Activities for the program ended on June 30, 2022
    - o All PIPQI created and translated documents remain available to educate NF staff and residents about decolonization protocols
    - o All participating PIPQI facilities received final training in-service prior to June 30th, 2022

➢ **Orange County (OC) COVID Nursing Home Infection Prevention Program**
Cathy Osborne presented
- o Activities under the grant ended May 31, 2022.
- o Training material will continue to be provided on the UCI Health.org/stop covid website
- o UCI's work will result in several manuscripts and be submitted for peer-review
- o UCI will continue to share findings with nursing home participants

➢ **Member Experience** presented by Marsha Choo, Director, Quality
- o Updates on subcommittee that met on April 5, 2022
  - ▪ Charter was updated. A copy was accepted and archived by QIC
- o Access and Availability
  - ▪ MY 2020 Corrective Actions Plans - Access and Availability Workgroup is reviewing the plan section submitted by 12 HN that did not meet Timely Access. Plan-Do-Study-Act (PDSA) is being reviewed for CAHPS by Member Experience Committee.
  - ▪ 2022 Timely Access (Phone) Survey Changes - Methodology was modified to field the entire survey in one time frame, from September thru December 2022, rather than in 4 quarters
- o Provider Satisfaction Survey will be released in Q3 via the Provider Portal.
- o Waiting on Subcontracted Network Certification (SNC) All Plan Letter for guidance from DHCS regarding certification and correction action plans. For Q3-2022, SNC quarterly report will incorporate HN specific data on Whole Child Model Program.
- o Network adequacy results and data for Q2, 2022:
  - ▪ CalOptima Health continues to meet network adequacy standards at the plan level in all lines of business for Mandatory Provider Types (MC only), Provider to Member Ratios, and Time/Distance Standards. The exception is OneCare ratios for Occupational Therapy (OT) Facility

➢ **Credentialing** Peer Review Committee (CPRC) updates presented by Laura Guest, Manager, Quality Improvement
- o Credentialing
  - ▪ In March 2022, identified 195 contracted provider groups who are not credentialed, of which 57 were provider groups having seen members in the last 12 months.
    - Most individual practitioners were credentialed.
    - Providers were either credentialed or terminated for not meeting credentialing requirements
    - Staff working with Contracting and Network Operation Departments to review and improve current process flow for provider onboarding
    - Request for Proposal for a new Credentialing, Contracting and PDMS platform to integrate data and development of an oversight report that identifies provider credentialing status gaps.

- Enhancing communication between Credentialing, Network Operations and Contracting through regular meetings.
  - o Facility Site Review Activity
    - QI staff distributed educational materials and tools to provider offices the launch of the new DHCS requirements or standards.
  - o Community-Based Adult Services (CBAS)
    - CBAS commenced full congregate in-person services effective October 1, 2022
    - QI Nurse Specialist LVN will begin on-site CBAS Center visits in September 2022 with a goal of reviewing 37 contracted CBAS centers by December 31, 2022
    - Increase in issued CAPs were due to provider office staff shortages
  - o Potential Quality Issues (PQI)
    - Cases leveled as Quality of Care (QOC) has increased to 20-21% from 4-7% prior to 2020
    - PQI cases have increased in Q2 due to improved medical director identification during the grievance review process.
    - There were 42 in process at the end of Q4 2021; there were 146 in queue at the end of Q2
    - The process will continue with the review of QOC Grievances by registered nurse and medical director as required by DHCS
  - o Two potential 805 reporting in Q3 2022:
    - Two providers Fair Hearings have completed
    - Determination of the Judicial Hearing Committees are expected in September 2022
    - Health Networks will be notified if 805 is reported and termination is required
- ➢ **Grievance and Appeals Resolution Services (GARS)** updates presented by Tyronda Moses, Director, Grievance & Appeals
  - o Q2 2022 grievance and appeals trends
    - The total appeals received are trending down in comparison to Q1, 2022
    - Medi-Cal Grievances by Category: QOS continues to be the highest Grievance category. QOS decreased by 1.4% from Q1 to Q2. CCN and Veyo continue to have the highest number of QOS grievances
    - Quality of Care increased by 54% (from 245 in Q1 to 377 in Q2). AltaMed, Monarch, CCN, Arta had the most noticeable increase in QOC grievances. Access increased by 16% (from 503 in Q1 to 585 in Q2) Billing decreased by 11.3% from Q1
    - Medi-Cal BH Grievances: 16% increase in BH grievances; Access increased by 20%; QOS decreased by 7%; Billing decreased by 33% (18 in Q1 and 12 in Q2)

- OCC Complaints: 56% decrease in appeals; 5% increase in grievances; 8% decrease in provider appeals from Q1
- OCC BH Grievances: BH grievances decreased from 6 in Q1 to 3 in Q2 all in the QOS category
- OC Complaints: Member appeals increased from 5 in Q1 to 11 in Q2; 16% increase in member grievances (19 in Q1 to 22 in Q2); 46% increase in provider appeals (13 in Q1 to 19 in Q2)

Attachments

2022 QI Workplan – Second Quarter

2022 QI Work Plan Element Description	Goals	Planned Activities	Staff Responsible	Report to Committee	LOB	Results/Metrics: Assessments, Findings, and Monitoring of Previous Issues *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)*	Next Steps Interventions / Follow-up Actions *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.)*	**Red - At Risk** **Yellow - Concern** **Green - On Target**
I. PROGRAM OVERSIGHT								
2022 QI Annual Oversight of Program and Work Plan	Obtain Board Approval of 2022 QI Program and Workplan	QI Program and QI Work Plan will be adopted on an annual basis; QI Program Description-QIC-BOD; QI Work Plan-QIC-QAC	Marsha Choo	QIC	MC,OC, OCC	Approved: QIC 2/15/2022, QAC 3/9/2022, BOD 4/7/2022		Green
2021 QI Program Evaluation	Complete Evaluation 2021 QI Program	QI Program and QI Work Plan will be evaluated for effectiveness on an annual basis	Marsha Choo	QIC	MC,OC, OCC	Approved: QIC 2/15/2022, QAC 3/9/2022, BOD 4/7/2022		Green
2022 UM Program	Obtain Board Approval of 2022 UM Program	UM Program will be adopted on an annual basis.	Mike Shook	QIC	MC,OC, OCC	Completed and will be sent to UMC for eVote by 4/15/2022. Scheduled to give status update to QIC on 4/16/2022.		Green
2021 UM Program Evaluation	Complete Evaluation of 2021 UM Program	UM Program and UM Work Plan will be evaluated for effectiveness on an annual basis.	Mike Shook	QIC	MC,OC, OCC	Completed and will be sent to UMC for eVote by 4/15/2022. Scheduled to give status update to QIC on 4/16/2022.		Green
Population Health Management Strategy	Implement PHM strategy	Review and adopt on an annual basis.	Marie Jeannis/Kelly Giardina	QIC	MC,OC, OCC	Strategy is current. We will need to update to align with 2022 HP NCQA requirements and DHCS.	Meeting will be scheduled in 2Q2022 to update.	Yellow
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.		Review of Initial and Recredentialing applications approved and denied; Facility Site Review (including Physical Accessibility Reviews); Quality of Care cases leveled by committee.	Marsha Choo/Laura Guest	QIC	MC,OC, OCC	**I. FSR/PARS/NF/CBAS** A. FSR • Updated DHCS FSR and MRR Tools and Standards implemented on 7.1.1022 • Moderate updates to FSR Tool • Substantial updates to MRR Tool • Decrease in number of failed FSR and/or MRR from Q1 to Q2 • Increase in number of CAPs from Q1 to Q2 B. PARS • Significant increase in number of PARS completed from Q1 to Q2 • % of sites with BASIC access increased slightly from Q1 to Q2 C. Quality Oversight - CBAS • Full congregate in-person services scheduled for 10/1/2022 • Virtual audits completed for look back period 2021 **II. Credentialing/Recredentialing** Subject: Identified in March 2022: Organizational Providers - OneCare Project. For CCN and BH, there were 117 group practices that were identified as not credentialed, although the individual practitioners were credentialed. Actions: As of the end of Q2, 57 completed credentialing. Three providers are in process, 5 were terminated for not meeting credentialing requirements; 41 the application was not received; 2 the requirements were not met and 9 credentialing was not required. **III. PQI** Subject: Cases leveled at QOC were 20% in Q2; 21% in Q1. Subject: Fair Hearing for Notice of Termination - Potential 805 Reporting 1. PQI and FWA investigations - PM physician was billing for PT and psychotherapy services under his NPI 1, billing for 99215 for services rendered by a LVN, and was unable to produce medical records for several members due to destroying the medical records while converting to an EHR. 2. PQI Investigation - PCP attending at hospital for member who was admitted for hand cellulitis, had precipitous drop in Hgb, never referred to GI or hematology for etiology, and unexpectedly expired.	**I. FSR/PARS/NF/CBAS** A. FSR • Educational materials and communications sent in June 2022. (On-site education, CalOptima.org, CalOptima Weekly Communication, Provider Alert-Fax Blast • 2 auditors-1 day or 1 auditor-2 days • Hiring of additional staff to assist with audits and CAPs • Updates to FSR web application completed B. PARS • Educational materials and communications sent in June 2022. (On-site education, CalOptima.org, CalOptima Weekly Communication, Provider Alert-Fax Blast • 2 auditors-1 day or 1 auditor-2 days • Hiring of additional staff to assist with audits and CAPs • Updates to FSR web application completed C. Quality Oversight - CBAS • QI Nurse Specialist-LVN completing virtual audits to review Temporary Alternative Services (TAS) for look back period 2021 • QI Nurse Specialist-LVN to begin on-site CBAS Center visits in September 2022. Goal of 37 contracted CBAS centers by 12.31.2022. **II. Credentialing/Recredentialing** Actions: Continue to credential the OPs is process. **III. PQI** Action: Continue with QOC grievance review by RN and MD Concern: Volume of PQIs continue to climb as the number of PQIs have increased and we've had an open nurse position since May. The position will be filled in Q4. The main category of PQIs continued to be Medical Care related to treatment delay, failure, inappropriate or complications. Action: Fair Hearing of PM physician was held in Q2. Second half of the Hearing was held in Q3. Determination will be reported in Q3. The Fair Hearing of the PCP was delayed until Q3 due to the availability of the participants. The second half of the Hearing will be completed in Q3, so we anticipate the determination to be reported in Q3.	Yellow
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.		The GARS Committee oversees the Grievances, Appeals and Resolution of complaints by members and providers for CalOptima's network and the delegated health netwoks. Trends and results are presented to the committee quarterly.	Tyronda Moses/Heather Sedillo	QIC	MC,OC, OCC	**Medi-Cal Complaints**: 3% decrease in member appeals; 4% decrease in member grievances; 9% increase in provider appeals from Q1 **Medi-Cal Grievances by Category:** QOS continues to be the highest Grievance category. QOS decreased by 1.4% from Q1 to Q2. CCN and Veyo continue to have the highest number of QOS grievances. **Other Increases:** Quality of Care increased by 54% (from 245 in Q1 to 377 in Q2). AltaMed, Monarch, CCN, Arta had the most noticeable increase in QOC grievances. Access increased by 16% (from 503 in Q1 to 585 in Q2) **Decreases:** Billing decreased by 11.3% from Q1 **Medi-Cal BH Grievances:** 16% increase in BH grievances; Access increased by 20%; QOS decreased by 7%; Billing decreased by 33% (18 in Q1 and 12 in Q2) **OCC Complaints:** 56% decrease in appeals; 5% increase in grievances; 8% decrease in provider appeals from Q1 **OCC BH Grievances:** BH grievances decreased from 6 in Q1 to 3 in Q2 all in the QOS category. **OC Complaints:** Member appeals increased from 5 in Q1 to 11 in Q2; 16% increase in member grievances (19 in Q1 to 22 in Q2); 46% increase in provider appeals (13 in Q1 to 19 in Q2)	All trends are reviewed for repeated issues. High grievance count by providers are tracked and trended. Results are reported to Provider Relations for additional outreach and shared with a Provider Action workgroup. Recommendations for actions may include an onsite visit, additional education/training and/or escalation to the Member Experience Committee. Highest Trends identified during the quarter were related to transportation (late pick ups, no shows and complaints against drivers) GARS continues to work with Veyo to identify barriers and obstacles on a bi-weekly basis	Green
Member Experience (MEMX) Committee Oversight - Oversight of Member Experience activities to improve quality of service and member experience to achieve the 2021 QI Goal of improving CAHPS and Access to Care.		The MEMX Subcommittee assesses the annual results of CalOptima's CAHPS surveys, monitor the provider network including access & availability (CCN & the HNs), review customer service metrics and evaluate complaints, grievances, appeals, authorizations and referrals for the "pain points" in health care that impact our members.	Kelly Rex-Kimmet/Marsha Choo	QIC	MC,OC, OCC	In Q2, MemX Committee has reviewed/discussed the following: 4/5/22: •Updates: ○CAPs issued to HNs ○2022 TAS Changes •Charter Approved •Provider Sat Survey •SNC •2022 Workplan Review-deferred	In Q2 MEMX Committee has one meeting scheduled, August 10th.	Green

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Utilization Management Committee (UMC) Oversight - Conduct Internal and External oversight of UM Activities to ensure over and under utilization patters do not adversely impact member's care.		UMC meets quarterly; monitors medical necessity, cost-effectiveness of care and services, reviewed utilization patterns, monitored over/under-utilization, and reviewed inter-rater reliability results. P&T and BMSC reports to the UMC, and minutes are submitted to UMC quarterly.	Mike Shook	Utilization Management/ QIC	MC,OC, OCC	UMC reported to QIC on 4/12/2022. Presented 2021 4th Quarter andAnnual Trends (12/24/2022), - 4Q 2021 Operational Performance (MC,OC,OCC) -Continue to have some HN/CCN not meeting goal; Only trend noted CCN due to backlog – resolved 1/27/22. - 4Q 2021 Operational Performance WCM goals are to TBD. - 4Q 2021 Utilization Outcomes (MC, OCC)Medical Measures met Goals - Medi-Cal Over/Underutilization Monitoring Dashboard, Benefit Management Subcommittee (BMSC), Pharmacy Over/Under Utilization Monitoring, BH UM Update, BHI. - DRAFTs of 2022 UM Program, 2021 UM Evaluation and List of Board Certified Consultants (AMR/MRIpA/Internal, with summary of Changes was presented to QIC Committee. - Committee reviewed and approved the 2021 UM Program Evaluation and 2022 UM Program Description as presented.	UMC is scheduled to present 1st Quarter 2022update to QIC on 7/12/2022.	
Whole Child Model - Clinical Advisory Committee (WCM CAC)- Conduct Clinical Oversight for WCM and provide clinical advice for issues related to implementation.		Meet quarterly, provide clinical advice regarding Whole Child Model operations to Medical Affairs.	T.T. Nguyen, MD	QIC	MC	WCM gave a Committee update on the meeting they had on February 15, 2022 and approved the November 16, 2021 WCM CAC meeting minutes. A copy was submitted for QIC to receive and file. Annual Committee Conflict of Interest and Attestation forms were completed. Committee recommended to add Susan Gage, CHOC Pulmonary specialist to the Committee. Case Management Director, Sloane Petrillo presented an update on CalAIM. Approximately 2,000 members were transitioned from Whole Person Care (WPC) Pilot and the Health Homes Program to the new Enhanced Care Management (ECM) program and Community Supports Services Pharmacy Director, Dr. Gericke provided Medi-Cal Rx update with relief of backlog with DHCS decision to remove prior authorization requirement UM, GARS, and CS gave a report on measures.	WCM is scheduled to give Committee update on July 12, 2022.	
Quality Withhold for OCC	Earn **75**% of Quality Withhold Dollars back for OneCare Connect in OCC QW program end of MY 2021	Monitor and report to QIC	Sandeep Mital	QIC	OCC	Scheduled to give update when we receive final scores from CMS in 2Q of 2023	Continue to monitor performance on the various measures	
Quality Analytics Program Updates (Health Network Quality Rating, MCAS, P4V, Data Mining/Bridge efforts)	Achieve 50th percentile on all MCAS measures in 2021	Report of new quality program updates including but not limited to Health Network Quality Rating, MCAS reports and P4V. Data Mining/Bridge efforts include Office Ally EMR, CAIR Registry Data, efforts to immunization registry (CAIR) and lab data gaps Activities requiring intervention are listed below in the Quality of Clinical Care measures.	Kelly Rex-Kimmet/ Paul Jiang/Sandeep Mital	QIC	MC,OC, OCC	All MCAS selected measures having MPL requirement achieved MPL except the newly added Well-Child Visits in the First 30 Months of Life measure (W30-15months; W30-30months)	Start health disparity analysis to further refine focus areas	
Development of the OneCare program for MY2023	Develop and finalize the CMS measures for the, scoring and payment methodology for the OneCare P4V program	P4V team has compiled a set of Part C, Part D, and Member Experience measures as proposed metrics for the MY2023 OneCare P4V program. Awaiting approval from the various committees and the Board of Directors.	Kelly Rex-Kimmet/Sandeep Mital	QIC		Need approval from the Board Of Directors so that we can share the measures and payment methodology with health networks.	Need approval from the Board Of Directors so that we can share the measures and payment methodology with health networks.	
Improvement Projects (All LOB) PIPs	Meet and exceed goals set forth on all improvement projects	Conduct quarterly/Annual oversight of specific goals All LOB PIPs MC PIPs: 1) Improving Breast Cancer Screening (BCS) rates for Korean and Chinese CalOptima Medi-Cal Members.(March 1, 2020-December 31, 2022) 2) Improving Well-Care Visits for Children in Their First 30 Months of Life (W30) for CalOptima Medi-Cal Members (March 1, 2020-December 31, 2022)	Helen Syn	QIC	MC,OC, OCC	1) Submitted BCS Health Equity PIP Progress Check-In. Continued testing intervention. Mobile Mammography Event Q2: Completed 25 BCS for KCS CCN members. 2) Submitted W30 PIP Progress Check-In. Continued testing intervention. Provider office has reached SMART aim goal (44.96%).	1) BCS Health Equity PIP Progress Checkin feedback expected in Q3. Continue testing intevention through the end of the PIP December 31, 2022. Scheduled KCS Mobile Mammogrophy Events for for 8/15, and 10/24. 2) W30 PIP Progress Check-In feedback expected in Q3. Continue testing intervention and monitoring HEDIS rate through the end of PIP December 31, 2022.	
Improvement Projects (All LOB) QIPs	Meet and exceed goals set forth on all improvement projects (See individual projects for individual goals)	Conduct quarterly/Annual oversight of specific goals All LOB QIPs MC QIP: 1) COVID QI Phase 2 a. Diabetes Screening for People With Schizophrenia or Bipolar Disorder Who are Using Antipsychotic Medications (SSD)- N. Zavala b. CCS - Increase the number of Medi-Cal members ages 21-64 who complete cervical cancer screening. c. CIS Combo 10 - Increase immunization rates of Medi-Cal members turning 2 years old. 2) Improving Statin Use for People with Diabetes (SPD)	Natalie Zavala/Helen Syn	QIC	MC,OC, OCC	MC QIP 1) COVID QI Phase 2-a. SSD update provided under Quality of Clinical Care Behavioral Health section below.b. CCS - Cycle 2 completed on 6/30/22. Pending tracker results from participating providers. c. CIS Combo 10 completed April-June intervention. Provider Office successfully reconciled 677 records and outreached to 663 members (metric 1). 64 members were scheduled an appointment for this period and 107 members are awaiting the availability of the flu vaccine to complete measure (metric 2). May 2022 CIS-10 PR for proivder office: 41.28%. 2) 2022 June Prospective Rates (PR):Statin Therapy for Patients With Diabetes (SPD)Statin AdherenceMC: 4.65%, OC: 1.85%, OCC: 1.62% Measure is performing higher for all LOBs than same time last year and below the 50th percentile (MPL). Statin TherapyMC: 67.22%, OC: 76.67%, OCC: 76.90% Measure is performing higher for all LOBs than same time last year and below the 50th percentile (MPL).	1) COVID QI Phase 2- a. SSD b. CCS For cycle 3 Provider Offices staff will still focus on outreaching to members to schedule cervical cancer screening but CalOptima plans to add a provider office staff staff incentive that focuses on provider office cervical cancer screening rate by September 2022. c. CIS Combo 10- Target list for Cycle 4 (07/01/2022 - 09/30/2022) is shared with Provider Office for July - September implementation. Intervention includes outreaching to noncompliant members to schedule appointments, and tracking the number of newly compliant members. a-1) Continue tracking members in need of diabetes screening test. a-2) Continue prescribing provider outreach.	

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Improvement Projects (All LOB) CCIP's	Meet and exceed goals set forth on all improvement projects (See individual projects for individual goals)	Conduct quarterly/Annual oversight of specific goals on All LOB CCIPs 1) OC and OCC CCIP: Improving CDC measure, HbA1C good control <8% - Targeted outreach calls to those with emerging risk >8% (2019 - 2022) 2) OCC QIP: Improving Statin Use for People with Diabetes (SPD) Oversight (review of MOC ICP/ICT Bundles) 2019-2022	Helen Syn	QIC	MC,OC, OCC	1) Emerging Risk Health Coach Outreach OC CCIP 8 members, 5 Assigned, 0 No Longer Eligible. Emerging Risk Health Coach Outreach OCC CCIP 44 members, 32 Assigned, 6 Unable to Contact, 0 No Longer Emerging Risk, 0 No Longer Eligible. 2) Results pending, final data slated at end of Q4 2022.	1) Continue Emerging Risk Telephonic Health Coach Outreach 2) Continue SPD Statin quarterly mailers	
PPME/QIPE: HRA's	Goal 95% timely completion on all HRA HN MOC oversight 90% CA MMP 1.5 ICP High/Low risk Goal is 75% CA MMP 1.6 Care Goal Discussion 95% MMP 3.2 ICP completion 90 days 85%	Conduct quarterly/Annual oversight of specific goals OC and OCC PPME and QIPEs 1) PME (OC): HRA's, HN MOC Oversight(Review of MOC ICP/ICT bundles) 2) QIPE (OCC): HRA's ICP High/Low Risk, ICP Completed within 90 days, HN MOC 3) LTSS HRA OCC: Monitor for timeliness on outreach for completion.	Sloane Petrillo/S. Hickman/D. Hood	QIC	OC, OCC	Conduct quarterly/Annual oversight of specific goals OC and OCC PPME and QIPEs 1) PPME (OC): a. HRA's: Q1 completed with 100% outreach for both initial and annual members. Q2 April initials complete with 100%; May and June are pending. Q2 Annual outreach completed at 99%. b. HN MOC Oversight(Review of MOC ICP/ICT bundles) 100% for HRAs reviewed; Care Plans reviewed within 10 business days did not reach benchmark of 90% for quarter. 2) QIPE (OCC): a. HRA's: Q1 Initial outreach completed at 100% and annual at 99%. Q2 initial outreach for Aprl and May is 100% and June is pending. Q2 annual outreach is 99%. b. HN MOC Oversight (Review of MOC ICP/ICT bundles) 100% for HRAs reviewed; Care Plans reviewed within 10 business days did not meet benchmark of 90% for quarter. c. 1.5 ICP initial care plan for high risk members 87% d. 1.5 ICP initial care plan for low risk members 81% e. 1.6 Care goal discussion 99% f. 3.2 ICP within 90 days of eligibility 81% 3) LTSS HRA OCC: Active monitoring and reporting to the manager on outreach completion and timeliness. Q2 27 files reviewed.	Conduct quarterly/Annual oversight of specific goals OC and OCC PPME and QIPEs 1) PPME (OC): a. HRA's: Continue monitoring HRA outreach completion rates on monthly basis for both initial and annual. b. HN MOC Oversight(Review of MOC ICP/ICT bundles) Continue with process of HRA review; Care Plans are being reviewed and this data is being tracked monthly and reported to A&O. Oversight process to be restructured as early as Q3 and workplan will need to be modified. 2) QIPE (OCC): a. HRA's: Continue monitoring HRA outreach completion rates on monthly basis for both initial and annual. b. HN MOC Oversight (Review of MOC ICP/ICT bundles) Contine with process of HRA review; Care Plans are being reviewed and this data is being tracked monthly and reported to A&O. Oversight process to be restructured as early as Q3 and workplan will need to be modified. c&d. Continue to track MMP 1.5 results on quarterly basis. e. Continue to track 1.6 Care goal discussion on quarterly basis. f. Continue to track MMP 3.2 ICP and identify any logic concerns that can explain the drop from 85% benchmark that was met in 2021. 3) LTSS HRA OCC: Continue review of HRA for LTSS on monthly basis.	
BHI Incentive Program (DHCS - under prop 56 funding) and ABA P4V	Achieve program milestones quarterly and annual performance goals	1) Monitor the 12 projects approved by DHCS for the BHI Incentive Program. Program launched in January 2021. CalOptima is responsible for program oversight (i.e., milestones tracking, reporting and incentive reimbursement). Quarterly program update at QIC. 2) Monitor the ABA P4V program's performance metrics -% of supervision hours completed by BCBA /BMC and % of 1:1 hours utilized vs. authorized. Submit results quarterly to the program's eligible contracted providers. Program launched January 2021 and approved to continue through January 2022.	Natalie Zavala/Sheri Hopson	QIC	MC	BHIIP: 1) Prepared and completed Program Year 2 Q1 milestone report 5/3, due to DHCS 5/27/22 2) Reviewed provider group's revisions to the issued CAP; resolution was for the group to revise their milestones to be more obtainable and able to report. 3) MOU amendments were issued to DHCS for 2 provider groups (1 group opted-out of the program, 1 group revised their milestones). 4) Milestone incentive payment funding was received from DHCS for Q2 and Q3 2021; check requests processed and incentive payments distributed to the provider groups. Q4 recieved in June and check request being processed. ABA P4V: 1) Prepared check requests for the 73 provider groups who met their targeted goals, checks were mailed week of 4/4/22	BHIIP: 1) Q2 2022 Milestone Reporting Template due 8/27/22 2) 2021 Performance Measures/Baseline Report due 8/29/22 3) Q4 2021 Milestone Incentive Payments to be distributed ABA P4V: 1) Planning to revise/update Tableau report in order to distribute a P4V report card to the ABA provider groups to show their status of the performance metrics from Jan thru June 2022. Targeting distributing report card by end of August.	
Homeless Health Initiatives (HHI): Homeless Response Team (HRT)	Increase access to Care for individuals experiencing homelessness.	1) Regular planned visits to shelters, hot spots and recuparative care facilities- to resume post-COVID-19. (CM) addition of virtual outreach visits to shelters. 2) Serve as a resource in pre-enforcement engagements, as needed. -to resume post-COVID-19 3) Develop and implement Street Medicine Program 4) Implement DHCS Housing & Homelessness Incentive Program (HHIP) to meet specific measures around increased data integration, member housing supports, and homeless services for members	Katie Balderas/Gail McMillen	QIC	MC,OC, OCC	OCC BH Grievances: BH grievances decreased from 6 in Q1 to 3 in Q2 all in the QOS category.	1) The HRT is preparing to return into the field in Q3, and will be establishing new partnerships with American Family Housing Casa Paloma, the Hope Center in North OC, and other homeless service provider to provide expanded services and care coordination for unhoused CalOptima members. 3) RFP will launch in July 2022 to identify street medicine providers that will implement street-based outreach and healthcare services by end of Q4. 4) CalOptima will develop HHIP Investment plan and submit to DHCS by September 30, 2022. CalOptima will also seek to increase integration with HMIS to increase members access to housing-related services.	
CalAIM	Improve Health & Access to care for enrolled members	1) Complete transition of all enrolled HHP members to CalAIM ECM Q1 2022 2) Complete transition of all enrolled WPC members to CalAIM ECM Q1 2022 3) Establish DHCS reporting process 4) Establish oversight strategy for the CalAIM program	Mia Arias/Andrew Kilgust	QIC	MC	1) Complete transition of all enrolled HHP members to CalAIM ECM Q1 2022 2) Complete transition of all enrolled WPC members to CalAIM ECM Q1 2022 3) Establish DHCS reporting process: Ongoing Q2 reporting due internally to RAC on 8/8/2022. 4) Establish oversight strategy for the CalAIM program	CalAim updates will be provided by Business Integration starting 3Q.	
Health Equity	Adapt Institute for Healthcare Improvement Health Equity Framework	1) Make health equity a strategic priority 2) Develop structure and process to support health equity work 3) Deploy specific strategies to address the multiple determinants of health on which health care organizations can have direct impact 4) Develop partnerships with community organizations to improve health and equity 5) Ensure COVID-19 vaccination and communication strategy incorporate health equity.	Katie Balderas	QIC	MC, OC, OCC	In January 2022, the Health Equity & SDOH Workgroup formed, comprised of CalOptima staff from a variety of roles and departments. The workgroup co-created a working definition of health equity, reviewed a number of existing health equity frameworks, and drafted a framework for CalOptima's health equity efforts that involves five core areas: 1) Organizational Commitment, 2) Assess & Build Organizational Capacity, 3) Use Data & Narrative to Describe Inequities & Root Causes, 4) Design & Implement Strategies to Transform Practices, Policies, and Systems, and 5) Track Progress, Share Learnings & Strengthen Capacity. In the FY 2023 Budget, CalOptima's Board of Directors approved a Chief Health Equity Officer position. Additionally, CalOptima staff are currently reviewing the NCQA Health Equity Plus Accreditation Standards.	The Health Equity & SDOH Workgroup will gather data on the utilization of SDOH Z-Codes, with a focus on increasing screening, documentation, and resource referrals for individuals who need additional supports for their SDOH. The Workgroup is also planning a staff survey to gather information on health equity learning needs. CalOptima will work with the consultant and impacted departments towards the development of an plan for Health Equity Plus Accreditation in Q3.	
DHCS Comprehensive Quality Strategy	Develop CalOptima quality strategy in alignment with the final DHCS comprehensive quality strategy.	[NEW} to 2022 QI Work Plan 1) Work with DHCS to define the final 2022 Comprehensive Quality Strategy. 2) Collaborate with Internal and external stakeholders in the development quality strategy	Marsha Choo/Katie Balderas/Kelly Rex-Kimmett	QIC	MC, OC, OCC	Presented the DHCS Comprehensive Quality Strategy to the Quality Improvement Committee to share DHCS' vision.	Will present the DHCS Comprehensive Quality Strategy (CQS) to the September Quality Assurance Committee. QI Staff will begin to draft the QI Program and align it with the CQS.	
Student Behavioral Health Incentive Program (SBHIP)	Achieve program implementation period deliverables	[NEW} to 2022 QI Work Plan SBHIP is part of the Administration and State Legislature effort to prioritize behavioral health services for youth ages 0-25. The new program is intended to establish and strengthen partnerships and collaboration with school districts, county BH and CalOptima by developing infrastructure to improve access and increase the number of TK-12 grade students receiving preventative, early interventions and BH services.	Natalie Zavala	QIC	MC	1) Continued collaboration with with Orange County Department of Education (OCDE) and OC Health Care Agency (HCA). Attending weekly Mental Health Superintendent Work Group. 2) Continued collaboration with School Districts (SDs). Held 2nd meeting SD Workgroup April 19th to review expectations and begin assessment phase of program. Holding bi-weekly office hours to support SD in completing Needs Assessment Template. 2) Provided update at the following meetings: WCM Clinical Advisory Committee (CAC) 5/17; WCM Family Advisory Committee (FAC) 4/26. 3) Continued weekly internal meetings with Core Team.	1) SDs to submit Needs Assessment Template responses by 7/15. 2) Continue routine meetings with OCDE and OC HCA. 3) Hold external stakeholder workgroup next quarter.	

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II. QUALITY OF CLINICAL CARE- Adult Wellness								
Cancer Screenings: Cervical Cancer Screening (CCS), Colorectal Cancer Screening (COL), Breast Cancer Screening (BCS)	HEDIS MY2021 Goal: CCS: MC 59.12% BCS: MC 61.24% OCC 69% OC 69% COL: OCC 71% OC 62% Based on HEDIS MY2020 NCQA Quality Compass Benchmarks, 50th percentile (released September 2021): CCS: MC 59.12% BCS: MC 53.93%	1) Transition to the Member Health Reward vendor to continue rewards established for CCS, BCS and COL programs. Track member health reward impact on HEDIS rates for cancer screening measures. 2) Targeted member engagement and outreach campaigns to promote cancer screenings in coordination with health network partners. 3) Expand member engagement strategy to include multi-modal approach as deemed most strategic via: texting, robocalls, social media, website, direct mailing, member newsletter, and other modes. 4) Community and Mobile Cancer Screening Events with community partners and agencies. eg. Mobile Mammography Events.	Helen Syn	QIC	MC	1a. 2022 Member Health Rewards processed as of 6/30/22: BCS: 239 for MC 2 for OCC and 4 for OCC; CCS: 400 for MC; COL: 4 for OC an 3 for OCC 1b. Transition to Member Health Reward Vendor Contract with vendor fully executed on 2/14/22. In the development stages of transitioning membership data, member health reward process, and identification of member health reward types. 2. Pending complete transition to member health reward vendor to define and set deadlines to implement. **3. Member Engagement Strategy:** *Texting:* BCS texting campaign total= 4,788 *Social Media (Passive):* BCS, CCS, COL Static Social Media Post for National Cancer Control Month; BCS, CCS National Women's Health Week *Social Media (Paid):* COL, CCS *Digital Ad:* CCS digital ad; COL digital ad *Print Ad:* COL print ad *Direct Mailing:* 618 COL OC and 2,906 COL OCC member mailing *Community Connections:* BCS, CCS, COL April is National Cancer Control Month article *MC Member Newsletter:* CCS How to Protect Yourself from Cervical Cancer **4. Community Events: Mobile Mammography:** KCS event 25 CCN members completed **5. 2022 June Prospective Rates (PR):** Breast Cancer Screening MC: 51.03%, OC: 58.57%, OCC: 57.68% Measure is performing higher for all LOBs than same time last year and below the 50th percentile (MPL). Cervical Cancer Screening MC: 48.67% Measure is performing lower than same time last year and is below the 50th percentile (MPL). Colorectal Cancer Screening OC: 43.07%, OCC: 47.95% Measure is performing higher than same time last year for both OC/OCC and is currently below the	1a. Continue to track BCS, CCS and COL member health reward. 1b. Complete transition to member health reward vendor is set to be executed by August 2022. 2. Targeted member engagement and outreach campaigns to identified zip codes. 3. Member Engagement Texting: BCS texting campaign scheduled Q3/Q4 IVR: BCS scheduled for Q3/Q4 Social Media: BCS scheduled for Q3/Q4 Digital Ad: BCS scheduled Print Ad: BCS scheduled Direct Mailing: BCS, CCS, COL scheduled for Q4 Community Connections: Article scheduled for Q3/Q4 Member Newsletter: CCS, BCS, COL article scheduled for Spring and Summer issue Live Call Campaign: Pending new contract 4. Community Connections: Ongoing mobile mamography events	Green
COVID-19 Vaccination and Communication Strategy	Vaccine rate of 80% or more of CalOptima members (12 and over).	1) Efforts to support APL for COVID Vaccination from DHS. 2) Continue COVID Vaccination member health reward fulfillment process for all eligible age groups including Kaiser population and homeless population. 3) Implement the COVID QIP Interventions: Listed in Improvement Projects Section. 4) Continue Communication Strategy for COVID vaccine that address members based on zip codes, ethnicity, and pre-existing risk conditions.	Helen Syn	QIC	MC	1. COVID texting campaigns continued in Q1 2. Vendor has processed a total of 604,521 incentives (cumulative) Processing Totals As of 7/27/2022, processing totals (not unique member count) are as follows: •Vendor has processed a total of 854,755 incentives (cumulative). oVendor is still working on processing the recent batch print (once done, will update processed #s). •PHM has processed a total of 149,643 incentives (cumulative). oPHM will be working on processing OC in-house (once done, will update processed #s). •Total: 1,004,398 3. VIP reimbursement data requested for Phase 2 submission	1) Texting campaigns continue. New texting messages will be updated to include expanded age ranges and booster shot eligibility. 2) COVID community vaccine events are planned in partnership with CHOC Future Vaccine Events: August 18, September 17 Ongoing COVID messaging to go out in Member Newsletter and Provider Newsletters about the importance of boosters and new eligibility with expanding age sets. Social Media, Targeted ad campaigns scheduled. COVID vaccine incentive processing continues, CAIR registry data and logic improvements to assist with identification and more timely processing.	Yellow
III. QUALITY OF CLINICAL CARE- Behavioral Health								
Follow-up After Hospitalization for Mental illness within 7 and 30 days of discharge (FUH).	HEDIS MY2021 Goal: FUH 30-Days: MC: NA; OC: NA; OCC: 56% (Quality Withhold measure) 7-Days: MC: NA; OC:NA;OCC:34.67%	1) Conduct additional hospital visits to educate discharge planning staff on FUH requirements and address any questions or concerns. 2) Continue to conduct post discharge member outreach to ensure members are able to attend follow up appointment, and identify and address potential barriers. 3) Incorporate successful interventions identified by the BHI Incentive Program project to improve follow-up after hospitalization.	Natalie Zavala	QIC	OCC	PR HEDIS Rates Q2 (May): 30 day- 30.30%, 7 day- 18.18%; BHI real-time report April - June: 30 day- 50%, 7 day- 46% . 1) Continued outreach to members post-discharge to coordinate follow-up appointments. Difficulties included: Higher rate of readmissions among members, members not attending follow-up appointments due to readmission; members declining assistance from PCC or IP facility in assisting member with creating OP BH appointment, and inability reaching members due to invalid phone numbers or answering and then hanging up. 2) Continued weekly BHI clinical round meetings to discuss concurrent reviews and internal coordination interventions.	1) Continue conducting post discharge outreach. 2) Continue tracking members and outreach to those who are not attending follow-up appointments within 7 days of discharge.	Green
Follow-up Care for Children with Prescribed ADHD Medication (ADD): Continuation Phase. Increase chances to meet or exceed HEDIS goals through effective interventions that are aligned with current practice and technological options.	HEDIS MY2021 Goal: MC - Init Phase - 44.51% MC -Cont Phase - 55.96%	1) Continue the non-compliant providers letter activity. 2) Participate in educational events on importance of attending follow-up visits. 3) Continue member outreach to improve appointment scheduling by identifying and addressing potential barriers for not attending visits.	Natalie Zavala	QIC	MC	PR HEDIS Rates Q2 (May): Initiation Phase- 42.36%, Continuation and Maintenance Phase- 46.81% 1) Continued monitoring of CORE report to track members who filled an initial ADHD Rx. This is a manual process, but addresses barrier of limited resources for developing a real-time report to track member f/u visits for provider outreach to schedule visits. 2) Continued member outreach for those who filled initial ADHD Rx (script and workflow to track phone calls made to members). 3) Treatment for Children with ADHD (submitted October 2021) article intended to educate members on ADHD did not make it into the 2022 CalOptima Member Spring Newsletter per Communications. Article not able to be included until 2023 Spring edition. BHI to look at alternative ways to share information with members. 4) Received updated compliant and non-compliant provider list.	1) Continue member outreach for those who filled an initial ADHD prescription. 2) Identify trends in compliant and non-compliant provider letters. 3) Distribute non-compliant provider letters.	Yellow
Diabetes Screening for People with Schizophrenia or Bipolar Disorder (SSD) (Medicaid only)	HEDIS 2021 Goal: MC 73.69% OC (Medicaid only) OCC (Medicaid only)	**[NEW} to 2022 QI Work Plan** 1) Identify members in need of diabetes screening test. 2) Conduct outreach to prescribing provider to remind of best practice and provide list of members still in need of screening. 3) Remind prescribing providers to contact members' primary care physician (PCP) with lab results by providing name and contact information to promote coordination of care.	Natalie Zavala	QIC	MC, OC, OCC	PR HEDIS Rates Q2 (May): M/C: 47.84%, OC: N/A, OCC: N/A 1) Identified members prescribed antipsychotic medication still in need of diabetes screening test. 2) Conduct outreach to prescribing provider via phone, then fax to include (a) list of members in need of diabetes screening (b) best practice guidelines reminder (c) members' PCP name and contact information (to promote coordination of care by requesting prescribers to contact the PCP with lab results). Difficulties: attaining the correct contact information for the prescribing providers such as phone numbers, fax numbers, and providers no longer practicing. 3) Working with ITS to develop ongoing report to identify and monitor members and their prescribing providers. Currently, reports are done by request and require manual maintenance.	1) Continue tracking members in need of diabetes screening test. 2) Continue prescribing provider outreach.	Yellow
Follow-Up After Emergency Department Visit for Mental Illness (FUM)	HEDIS Goal: MC 30-Day: 53.54%; 7 day: 38.55% OC (Medicaid only) OCC (Medicaid only)	**[NEW} to 2022 QI Work Plan** 1) Create and distribute provider and member educational materials on the importance of follow-up visits. 2) Collaborate with health networks to identify and address potential barriers.	Natalie Zavala	QIC	MC	PR HEDIS Rates Q2 (May): 30 day- 26.86%, 7 day-16.81% Measure has been identified as a Health Network (HN) P4V. The main barrier is obtaining real-time data for ED visits in order to conduct interventions to assist in follow-up visit attendance. 1) Working with ITS to develop report to analyze trends on ED visit data.	1) Finalizing Completion of Tableau report on member ED visits to identify trends. 2) Attend at least 1 HN Quality meeting to discuss/ address barriers.	Yellow

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IV. QUALITY OF CLINICAL CARE- Chronic Conditions								
Improve HEDIS measures related to Comprehensive Diabetes Care (CDC): HbA1c Poor Control (this measure evaluates % of members with poor A1C control-lower rate is better)	**MY2021** HEDIS Goals: MC: 34.06%; OC: 19% OCC: 19%	1) Transition to the Member Health Reward vendor to continue rewards established for A1c Testing. Implement new member health rewards targeting CCN members with diabetes with poor control. Track member health reward impact on HEDIS rates for CDC measures. 2) Targeted member engagement and outreach campaigns to promote CDC compliance in coordination with health network partners. 3) Expand member engagement strategy to include multi-modal approach as deemed most strategic via: texting, robocalls, social media, website, direct mailing, member newsletter, and other modes. 4) Prop 56 provider value based payments for diabetes care measures	Helen Syn	QIC	MC,OC, OCC	1a) **HbA1c Test Health Rewards**: 212 Processed, 193 approved, 19 denied 1b) **Transition to Member Health Reward vendor (Icario)**. Contract with vendor fully executed on 2/14/22. Tentative Go Live date slated for 8/1/2022. Communication Stretegy being finalized, reward process design in progress. 2) **Emerging Risk Health Coach Outreach:** MC 513 members, 328 Assigned, 1 No Longer Eligible, 28 No Longer Emerging Risk, 2 Opt Out, 28 Unable to Contact OC 8 members, 5 Assigned, 0 No Longer Eligible. Emerging Risk Health Coach Outreach OCC 44 members, 32 Assigned, 6 Unable to Contact, 0 No Longer Emerging Risk, 0 No Longer Eligible. 3) **Member Engagegment Strategy:** Texting: CDC texting campaign launch date slated for Q4 2022. IVR: Campaign: 3,108 successful, 686 left message, & 11,351 unreachble/no answer Social Media: Content under development. 4) **Prop 56 provider value based payments for diabetes care measures.** 5) **2022 June Prospective Rates (PR):** Note: A1C Testing submeasure was removed from 2022 HEDIS specs. **A1C Adequate Control <8.0** MC: 27.75%, OC: 32.67%, OCC: 41.27% Measure is performing higher for all LOBs than same time last year except for OC LOB and below the 50th percentile (MPL). **A1C Poor Control >9** MC: 67.12%, OC: 61.63%, OCC: 52.20% Measure is performing better for all LOBs than same time last year (lower rate is positive trend) except for OC LOB and below the 50th percentile (MPL).	1) Track and monitor until the end of member incentive year.Complete transition to member health reward vendor is set to be executed by August 2022. Tentative Go Live date slated for 8/1/2022. 2) Continue the Emerging Health Coach outreach to the end of 2022. 3) Texting: launch date slated for Q4 2022. IVR: next campaign slated for 2023. Social Media: Campaign slated to launch Q3-Q4 2022.	(yellow)
Improve HEDIS measures related to Comprehensive Diabetes Care (CDC): Eye Exam	MY2020 HEDIS Goals:: MC 63.2% OC: 71%; OCC: 79%	1) Transition to the Member Health Reward vendor to continue rewards established for Eye Exams. 2) Targeted member engagement and outreach campaigns to promote CDC compliance in coordination with health network partners. 3) Expand member engagement strategy to include multi-modal approach as deemed most strategic via: texting, robocalls, social media, website, direct mailing, member newsletter, and other modes. 4) Prop 56 provider value based payments for diabetes care measures	Helen Syn	QIC	MC,OC, OCC	1a) Eye Exam 101 Processed, 85 approved, 16 denied 1b) Transition to Member Health Reward vendor (Icario). Contract with vendor fully executed on 2/14/22. Communication Strategy being finalized, reward process design in progress. 2) VSP Eye Exam Reminder Letters slated for Q3/Q4 2022 distribution 3) Member Engagegment Strategy: Texting: CDC texting campaign launch date slated for Q4 2022. IVR: Campaign: 3,108 successful, 686 left message, & 11,351 unreachble/no answer Social Media: Content under development. 4) Prop 56 provider value based payments for diabetes care measures 5) 2022 June Prospective Rates (PR): Diabetes Eye Exams MC: 39.19%, OC: 50.23%, OCC: 53.55% Measure is performing higher for all LOBs than same time last year and below the 50th percentile (MPL). 6) Identified VSP data fields needed from HNs for data sharing criteria.	1) Track and monitor until the end of member incentive year.Complete transition to member health reward vendor is set to be executed by August 2022. Tentative Go Live date slated for 8/1/2022. 2) Analyze if a need for additional member mailers are necessary. 3) Texting: launch date slated for Q4 2022. IVR: next campaign slated for 2023. Social Media: Campaign slated to launch Q3-Q4 2022. 6) Pending feedback from 1 HN to finalize VSP data fields.	(green)
Implement multi-disciplinary approach to improving diabetes care for CCN Members Pilot	1) lower HbA1c level to avoid complications 2) reduce emergency department (ED) visits 3) reduce hospitalization rates 4) reduce costs for diabetic medications 5) improve member and provider satisfaction; and 6) optimize diabetes medication management during the transition to Medi-Cal Rx.	There are four parts to this multidispclinary approach: 1) Pharmacist Involvement and Intervention- Nicki G. • CalOptima Pharmacist's role will include individual member outreach and provider consultations for members enrolled in the pilot program. CalOptima pharmacists will promote proper medication utilization, provide medication adherence counseling, and support behavior changes needed for diabetic members with a multidisciplinary team approach, including collaboration with PCPs and health coaches/registered dieticians/case managers. 2) Health Coach/Registered Dietician Intervention - Jocelyn J. • CalOptima Health Coaches will provide CCN-focused interventions such as assessment/care planning, motivational interviewing, member education materials, referral to other community resources based on needs. Health Coaches/Registered Dieticians would also participate in Interdisciplinary Care Team (ICT) meetings, as applicable, and connect members to case management if other acute needs are identified during an intervention. 3) Member Health Rewards - Helen Syn • CalOptima would like to support member engagement and compliance by providing members with health rewards (non- monetary incentives). 4) Provider Incentives - TBD • In order to have successful provider buy-ins, CalOptima proposes providing incentives for their dedicated participation in this multidisciplinary DM program. Providers are eligible for incentives when they participate in the program to manage a member with known or potentially poorly controlled diabetes and meet the eligibility criteria for participation year.	Nicki Ghazanfarpour /Helen Syn/ Jocelyn Johnson/ Joanne Ku	QIC		CMO is supportive of developing a new, innovative diabetes program, but he recommended that we conduct user research first to clarify what really would benefit our members with poorly controlled diabetes. Therefore, the multidispclinary diabetes workgroup decided to revisit the program design and narrow down the target population. Prototyping with a small sample (n=20) would help the workgroup answer the critical questions around the pilot program's desirability, feasibility, and viability. The workgroup has been meeting bi-weekly and plans to conduct a few key informant interviews with community leaders so we can learn more about our target population and build a pilot program that has our community partners' input and insights. Due to the change in direction, updates for the Member Health Rewards CCN Pilot will be discontinued moving forward. For provider side, the workgroup also decided to look for other ways to support provider offices and collaborate. Therefore, we will not be providing incentives, but we will identify provider champions who would like to work with us to provide more coordinated care for our members with poorly controlled diabetes.	The workgroup will move forward with having key informant interviews to learn more about our target population and see what tailored interventions would be helpful to them. The workgroup is also planning to integrate Community Health Workers (CHWs) into the intervention. We are hoping to have CHWs as part of the interdisciplinary team so they can help us thinking about what we are doing to best serve our members (shifting the focus from just checking the boxes). We are also considering having an introductory meeting with high volume PCPs and Endocrinologists so we can identify a couple of provider champions to launch this pilot together. The goal is to launch the pilot by Q4 of 2022.	(green)
V. QUALITY OF CLINICAL CARE- Maternal Child Health								
Prenatal and Postpartum Care Services (PPC): Timeliness of Prenatal Care and Postpartum Care (PHM Strategy).	HEDIS MY2021 Goal: Postpartum: 79.56% Prenatal: 90.75% Based on HEDIS MY2020 NCQA Quality Compass Benchmarks (released September 2021)	1)Transition to the Member Health Reward vendor to continue rewards established for Postpartum care. 2) Expand member engagement strategy to include multi-modal approach as deemed most strategic via: texting, robocalls, social media, website, direct mailing, member newsletter, events, and other modes. 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) Prop 56 provider value based performance incentives for prenatal and postpartum care visits	Ann Mino/Helen Syn	QIC	MC	1) Member Health Reward of $50 for Postpartum Care visit within 1-12 weeks after delivery is continuing. 2) Process for the first quality Initiative mailing is being finalized. First mailing projected date moved to go out in Q3 2022, not Q2 2022 as anticipated. Mailing will target members that recently delivered (identified via and encourage timely postpartum care. 3) Bright Steps Program conducted initial outreach to 781 unique members for a total of 1,278 outreach attempts. 1,179 outreach attempts made to 760 for postpartum members, 263 postpartum assessments completed. 4) Targeted digital social media campaign for Prenatal Care ran through May - June 2022. Digital ads received a total of 430,279 impressions for English, Spanish, and Vietnamese altogether. Social Media ads for Prenatal care ran May - June 2022 and reached 85,953 persons, and made 126,878 impressions (English, Spanish, and Vietnamese). 5) Bright Steps Program received a total of 996 new Pregnancy Notification Reports and conducted outreach to engage members with the program. 6) Total # of PPC health rewards approved through Q2: 146. 7) Implemented a series of four Diaper Day events in collaboration with CalFresh and community partners. A total of 66,846 diapers distributed. 8) Prop 56 provider value based performance incentives for prenatal and postpartum care visits. June 2022 Prospective Rates: Timeliness of Prenatal Care: 79.97% Measure is performing higher than same time last year and has not met the 50th percentile. Postpartum Care: 62.21%. Measure is performing higher than same time last year and has not met the 50th percentile.	1) Postpartum quality initiative mailing is projected to begin Q3 2022. 2) Prenatal and postpartum social media campaign is projected to extend through Q3 2022. 3) Prenatal and postpartum text campaign is projected for Q3 2022. 4) Exploring how the approved Medi-Cal Community Health Worker benefit can be implemented to support prenatal and postpartum care.	(green)

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VI. QUALITY OF CLINICAL CARE- Pediatric/Adolescent Wellness								
Pediatric Well-Care Visits and Immunizations - Includes measures such as W30 and IMA, Child and Adolescent Well-Care Visits and Immunizations - Includes measures such as WCV and IMA	HEDIS **MY2021** Goal CIS-Combo 10: 49.58% IMA-Combo 2: 50.61% W30-First 15 Months: 54.92% W30-15 to 30 Months: 74.42% WCV (Total): 53.83% Based on HEDIS MY2020 NCQA Quality Compass Benchmarks (released September 2021)	1) Targeted member engagement and outreach campaigns in coordination with health network partners. 2) Expand member engagement strategy to include multi-modal approach as deemed most strategic via: texting, robocalls, social media, direct mailing, member newsletter, and other modes. 3) EPSDT DHCS promotional campaign emphasizing immunizations and well care EPSDT visits 4) Implement Community events to promote well-care visits and immunizations for children and adolescents; and track the number of participants and impact on rates. Examples: Back-to-School Immunization Clinics 5) Prop 56 provider value based payments for relevant child and adolescent measures	Helen Syn	QIC	MC	1) Continue expanding member engagement strategy to include multi-modal approach as deemed most strategic via: texting, robocalls, social media, website, direct mailing, member newsletter, and other modes. - Health Guide 0-2 Newsletter, Well-Child Visits Flyer and Lead Poisoning Fact Sheet mailing went out 4/26/22 to 27,346 members. - Targeted ad campaign for Well-Care Pediatrics April - June 2022. Digital = 814, 522 impressions; Social Media = 468,182 impressions. - April World Immunization Week (WIW) observance on social media. Including a Health Care Chat video 4/28/22. - Community Connections April Newsletter 4/20/22 for World Immunization Week observance. - Medi-Cal member newsletter article on adolescent immunizations dropped 4/27/22. - Live call campaign for mid-year push for well-child and immunization measures. Well-Care (0-30 Months) Robocall Campaign dropped 6/13 - 6/16/22 to 3,070 members. Well-Care (12-17 Years) Robocall Campaign dropped 6/20-7/1/22 to 24,603 members. 2) Plan and attend community events to promote well-care visits and immunizations for children and adolescents; and track the number of participants and impact on rates. Attended Pretend City School Readiness Fair 3/26/22 and YMCA Health and Wellness Event on 5/1/22 to promote health education. Continuing outreach to CBOs and Clinics to confirm back-to-school vaccination events. 6 events are confirms for July-August 2022. 3) Collaborate with health network partners to coordinate campaigns to improve HEDIS measures. Regular meetings with health network partners to share activities, help address concerns, and share best practices. 4) June 2022 Prospective Rates: CIS Combo 10: 29.57%; has not met MPL. Rate is lower than last year. IMA Combo 2: 41.90%; met MPL. Rate is higher than last year and has met 66th percentile (41.81%) W30 First 15 Months: 25.41%; have not met MPL (54.92%). First year with benchmarks to monitor PR. W30 15-30 Months: 63.81%; have not met MPL (70.67%). First year with benchmarks to monitor PR. WCV: 21.40%; have not met MPL (45.31%). First year with benchmarks to monitor PR.	1) Continue expanding member engagement strategy to include multi-modal approach as deemed most strategic via: texting, robocalls, social media, website, direct mailing, member newsletter, and other modes. - Health Guide 7-12 mailing - Targeted ad campaign for pediatric immunizations - Plan for PBS Kids ads 2) Plan and attend community events to promote well-care visits and immunizations for children and adolescents; and track the number of participants and impact on rates. Examples: Back-to-School Immunization Clinics - Execute planned back-to-school events - Event promotion: website, targeted member mailing, text message campaign, boost social media post 3) Collaborate with health network partners to coordinate campaigns to improve HEDIS measures	
Blood Lead Screening (BLS) (LSC)	1) Comply with APL requirements as stated 2) Send quarterly reports to CalOptima contracted PCPs timely 3) **HEDIS MY2021 Goal (3 Year Goal):** Lead Screening 50th percentile 71.53%	1) Continue providing quarterly report to CalOptima contracted PCPs identifying children with gaps in blood lead screening recommended schedule. 2)Targeted member engagement and outreach campaigns to promote blood lead screenings in coordination with health network partners 3) Prop 56 provider value based payments for Blood Lead Screening	Helen Syn	QIC	MC	1) Shared report in April 2022 to health networks with Q1 2022 data on members that have not been screen as recommended for blood lead screening. Q1 2022 report for CCN Providers shared via Provider Portal. 2) Targeted digital campaign efforts: blood lead screening campaign on social media run May - June 2022. Digital campaigns had a total of 430,279 digital impressions. Social media targeted ad campaigns had a total reach of 106,960 (Eng, Spa, and Viet) and had a total of 150,849 impressions. 3) Prop 56 provider value based payments for Blood Lead Screening. 4) CalOptima Policy Blood Lead Screening of Young Children GG.1717 revised to include preliminary DHCS audit results intended to improvide Provider adherence to anticipatory guidance for blood lead screenings. June 2022 Prospective Rates Lead Screening in Children (in 2022, LSC became an MCAS measure that will have to meet the minimum performanc level- MPL). MC: 56.82% Measure is performing higher than the same time last year and has not met the 50th percentile. (MPL)	1) Continue to share blood lead gap reports and DHCS blood lead supplemental data reports to HNs and CCN Providers. Reports are in process of being revised to highlight provider requirements such as the need for anticipatory guidance to parent/guardian of members. 2) Preparing to offer two Provider CME events focused on blood lead screening requirements. 3) Blood Lead IVR call campaign is being prepared to launch July 2022. 4) Blood lead member text campaign is planned to launch during Q3.	
VII. QUALITY OF SERVICE- Access								
Improve Access: Reducing gaps in provider network	Reduce the rate of OON requests for these top 3 specialties by 10%	1) Actively recruit specialties with the most out-of-network (OON) requests for CCN (General Surgery, Ophthalmology and Orthopedic Surgery)	Marsha Choo/Jennifer Bamberg/Maggie Hart	MEMX	MC,OC, OCC	CalOptima reviewed the OON results by HN and determined that a large volume of OON requests were requests made by HNs and not CCN. CalOptima has already reached out to 2 HNs to address this issue.	Staff is working to develop regular reporting to share HN specific OON performance with the HN as part of the Subcontracted Network Certification Summary Quarterly Report and request that all HNs identify the 3 areas/provider types with the most OON requests and how they plan to address this concern.	
Improve Access: Expanding Network of Providers Accepting New Patients	Increase the number of providers accepting new patients: PCPs from 60.3% to 65.3% Specialists from 56.7% to 61.7%	[NEW] to 2022 QI Work Plan 1) Targeted outreach campaign to open their panels 2) Business consideration to require providers to participate in all programs.	Marsha Choo/Jennifer Bamberg	MEMX	MC,OC, OCC	Reaching Goal. PR is currently at a 33% using the new updated template for the provider directory. Submissions of the open/close panels continue to be received by PR until end of Q4.	PR Reps are meeting with provider offices to ensure provider directory validations are being returned; PR Rep and PR Director meeting with FQHC's, Lunch and Learn scheduled for first week of October to alert providers of open/closed panel topic.	
Improve Access: Timely Access (Appointment Availability)	Improve Timely Access compliance with Appointment Wait Times: Routine PCP from 76.2% to 80% MPL Urgent PCP from 68.4% to 73.4% Routine SPEC from 67.7% to 72.7% Urgent SPEC from 56.1% to 61.1%	1) Communication and corrective action to providers not meeting timely access standards 2) Communication and PDSAs to HNs not meeting timely access standards	Marsha Choo/Jennifer Bamberg	MEMX	MC,OC, OCC	1) No action was taken in Q2 as the 2021 Timely Access Survey was in the field. Upon receive of the results and the provider level detail file, non-compliant letters will issued to providers in Q3. 2) Received PDSA submissions from all 12 HN on the three Timely Access PDSAs. PDSAs are current under review.	1) Review and conduct quality checks to the 2021-22 Timely Access Results. Upon completion of the review, letters will send to providers and corrective actions letters to individual providers with 3 consecutive instances of non-compliance. 2) Access workgroup to review HNs submission and close out and/or determine next steps for HN.	
Improve Access: Telephone Access	Reduce the rate of **No Live Contacts After 3 Attempts** from 29.9% to 26.9% (or 10% of the performance gap)	1) Improve provider data in FACETS (i.e. Provider Directory Attestations, DHCS Quarterly and Monthly Provider Data Audits) 2) Individual Provider Outreach and Education (Timely Access Survey)	Marsha Choo/Jennifer Bamberg	MEMX	MC,OC, OCC	1) Reaching goal. PR is currently at a 33% using the new updated template for the provider directory. Submissions of the open/close panels continue to be received by PR until end of Q4. 2) 2021/22 Timely Access Survey fielding occurred during Q2 and results will be made available in Q3. Analysts will be conducting quality checks of the data for accuracy.	1) PR Reps are meeting with provider offices to ensure provider directory validations are being returned; PR Rep and PR Director meeting with FQHC's, Lunch and Learn scheduled for first week of October to alert providers of open/closed panel topic. 2) Once data has been thoroughly reviewed, staff will issue non-compliant letters to providers. Target fall-2022	

2022 QI Work Plan Element Description	Goals	Planned Activities	Staff Responsible	Report to Committee	LOB	Results/Metrics: Assessments, Findings, and Monitoring of Previous Issues *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)*	Next Steps Interventions / Follow-up Actions *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.)*	Red - At Risk Yellow - Concern Green - On Target
Improving Access: Subcontracted Network Certification	Certifiy all HNs for network adequacy	[NEW] 2022 QI Work Plan 1) Mandatory Provider Types 2) Provider to Member Ratios 3) Time/Distance 4) Timely Access If 1-3 are not met, HN to identify a provider to fill the gap. If 4 not met, HN to be issued a PDSA.	Marsha Choo/Jennifer Bamberg	MEMX	MC	Network Adequacy Standards: **Medi-Cal Plan Level:** •Mandatory Provider Types: Met •Provider to Member Ratios: Met •Time/Distance Standards: Met **Medi-Cal HN Level:** •Mandatory Provider Types: Not Met. (Certified Nurse Midwives and Licensed Midwives) •Provider to Member Ratios: -PCPs: Met -Specialists: Not Met (Arta, KP, Monarch) •Time/Distance: Not Met **Medi-Cal Timely Access** •Received responses to all three individual Timely Access PDSAs from all 12 HNs •HNs were provided a quarterly Subcontract Network Certification Summary report with their HN network adeuqacy performance. •Continued to work with all HNs to identify providers in and out of their HN to ensure coverage for their members. •Closed out fielding 2021/22 Timely Access Survey in July1	Continue to monitor quarterly and notify HNs of areas of non-compliance. If Net Adequacy standard(s) not met, HNs will identify out of network providers to ensure coverage of services. Review HNs final submission for PDSAs by end of third quarter. Access Workgroup to review responses and close-out and/or determine next steps. Workgroup to discuss how to certifiy HNs and how to issue corrective action to HNs with non-compliance.	🟩
VIII. SAFETY OF CLINICAL CARE								
Plan All-Cause Readmissions (PCR)	HEDIS MY2021 Goal: MC - NA OC 8%; OCC 1.0 (O/E Ratio)	1) Update the existing CORE report(RR0012) to include Medical LOB, Members with First Follow-up Visit within 30 days Discharge (CA 1.11) 2) Improve PCP Visit Access 3) Continue to engage work group to address barriers, thereby achieving increased post hospitalization visits with PCP Continue to discuss barriers with internal team to improve members having a follow up PCP visit at time of discharge. Currently developing a communication strategy to hospitals and members regarding the importance of having a post discharge visit with the members PCP.	Mike Shook	QIC	MC, OC,OCC	Working with team to develop communication strategy to providers and members related to scheduled post discharge visits with PCP.	Meeting scheduled with Team on 7/19/2022	🟨
Post-Acute Infection Prevention Quality Incentive (PIPQI)	1) To reduce the number of nosocomial infections for LTC members. 2) To reduce the number of acute care hospitalizations related to infections for LTC members.	1) Nurses will be visiting each facilitiy/ out reach minimally once a week. 2) Facility Staff bathe residents in Chlorhexidine (CHG) antiseptic soap for routine bathing and showering. And administer Iodofor (nasal swabs) per PIPQI Protocols. 3) CalOptima will pay participating facilities via reimbursement for product purchasing and quarterly quality incentive payments. 4) CalOptima will market and expand the PIPQI Program into additional CalOptima Contracted Nursing facilities providing onboarding training, new branding and educational materials.	Michelle Findlater/Scott Robinson	QIC	MC,OC, OCC	Objectives not met: Due to constraints related to the COVID-19 pandemic Nusing Facility compliance with utilization of CHG and Iodophor remained low throughtout the program. Invoice submission showing proof of product purchase also remained low and despite multiple outreaches and educational opportunities with the facilities, the decision was made by the CalOptima Finance department that there was not enough evidence to support the continuation of the program past the June 30, 2022 date because the clinical outcomes were not as expected.	1) Activites for the program ended on June 30, 2022. 2) All PIPQI created and translated documents remain available to educate NF staff and residents about decolonization protocols 3) All participating PIPQI facilities receivied final training inservice prior to June 30th, 2022.	🟨
Orange County COVID Nursing Home Prevention Program.	Conduct in-person training of 12 CalOptima contracted nursing facilities in collaboration with UCI to reduce the spread of COVID/Infections in nursing facilities; toolkit, consultative services and webinars provided to all Orange County nursing homes free of charge	Program includes intense in-person training of contracted nursing facilities provided by UCI, along with consultative sessions, comprehensive toolkit, weekly educational emails, and training webinars provided free to all CalOptima Orange County contracted nursing facilities. Program funding through May 2022. Planned activities include: 1) Provide expertise on infection prevention for COVID-19/SARS-CoV-2 2) Provide guidance, protocols for preventing spread of COVID 3) Support training on how to stock and use protective gear 4) Develop high compliance processes for protection of staff and residents. 5) Make toolkit available for free at www.ucihealth.org/stopcovid 6) Provide COVID prevention helpline to offer guidance and information to nursing home staff 7) Conduct point prevalence sweeps of residents for multi-drug organisms	Cathy Osborn/**Scott Robinson**	QIC	MC,OC, OCC	**All Objectives met**: 1. Developed a toolkit and implemented training to improve the infection readiness for COVID-19. 2. Enrolled 12 nursing facilities to undergo intensive COVID-19 infection prevention training. 3. Supported serologic and point prevalence Polymerase Chain Reaction (PCR) testing. 4. Increased knowledge and dispelled myths about COVID-19 vaccine. 5. Enabled tracking of COVID-19 vaccination among nursing home staff and residents. 6. Addressed critical gaps in COVID-19 infection prevention. 7. Monitored for COVID-19 re-emergence during 2021 winter cold/flu season. 8. Assessed COVID-19 impact on expansion of multidrug-resistant organisms (MDROs)/emerging pathogen threats. **Impact to Community**: 1. Significantly increased knowledge and application of safe behaviors among nursing facility staff. 2. Collectively decreased COVID-19 in participating nursing facilities compared to non-participating nursing facilities: Staff cases by 42%; Resident cases by 54%.	1)The activites under the grant ended May 31, 2022. 2) All traning material will continue to be provided on the UCIHealth.org/stopcovid website. 3) UCI's work will result in several manuscripts and be submitted for peer-review. 4) UCI will continue to share findings with nursing home participants.	🟩

Board of Directors' Quality Assurance Committee Meeting
December 14, 2022

Program of All-Inclusive Care for the Elderly
Quality Improvement Committee
Third Quarter 2022 Meeting Summaries

August 16, 2022: Program of All-Inclusive Care for the Elderly (PACE) Quality Improvement Committee (PQIC) and PACE Infection Control Subcommittee Summary Health Plan Monitoring Data and PACE Quality Initiatives

- All PQIC members present
- Infection Control Subcommittee: PACE's Response to COVID-19:
  - Staff and participants continue to wear mask inside the PACE center and screen their temperature at front door.
  - Updated masking policy to make KN95 masks mandatory for extra protection for anyone entering the PACE building.
  - PACE Staff to report exposure/illness to their supervisor and HR. And reminded not to come in if feeling sick.
  - PACE staff must be fully vaccinated with initial doses as well as booster dose or be tested weekly in outside facility.
  - Participants must also have their COVID vaccine and booster to attend day center. Currently capacity is 60 participants per day but averaging 30 prt per day. Participants continue to be separated into cohorts and distanced from each other.
  - Participants who have not received booster dose yet must be tested for COVID using rapid antigen before receiving services in the center.
  - Continue to schedule participants for COVID vaccinations mainly at ExcelCare pharmacy.
  - Vaccination status tracked and monitored by QI. 98% of participants have received initial doses, 91% of eligible participants have received a booster dose; 9% of eligible participants have received the 2nd booster dose (4th dose).
  - Continue to use telehealth modalities for participant encounters, when appropriate.
  - All new cases of COVID reported to CalPACE, NPA, and CMS and telehealth follow up by providers (PCP f/u on symptom improvement and O2 levels).
  - Treatment- Paxlovid oral antiviral when appropriate. Quarantine recommended at discretion of provider.

- o Weekly COVID 19 updates in Leadership meetings and monthly updates during All-Staff meetings.
- o Continue to follow State and local guidance regarding COVID safety updates.

- Presentation of Q1 2022 HPMS Elements:
  - o Enrollment. Figures presented. Increased in terms of total membership. As in previous trends, months with high enrollments were subsequently followed by high disenrollment. Averaging 10 enrollments and 6 disenrollment in Q2. A dropped in disenrollment from 11in Q1 to 6 in Q2. Q2 ended with 427 total enrolled.
  - o Immunizations
    - ▪ Pneumococcal Immunization rate is at 82%. 349 received, 18 refused and 25 missed opportunities.
    - ▪ Covid-19 Immunizations is at 98%. Goal of 95% has been met.
  - o Falls without Injury. Q2 ended with 79. Slight increase from 74 from Q1. Center manager noted that most cases are due to participant not using DME. Action plan is to continue to provide education. Rehab started to do home visit especially for repeat fallers and suggested changes. Repeat faller numbers were cut in half.
  - o Grievances. Increased to 4 from Q1 to 8 in Q2. 5 were transportation related, 2 related to Medical Care, and 1 Miscommunication. All transportation grievances are sent to Secure transportation quality assurance team for them to review and resolve.
  - o Emergency Room Visits. 105 ER visits, an increase from 84 in QI. 45 were d/c to home without hospital admission. 60 admitted to hospital. Most common admission diagnoses were chest pain, heart failure and pain.
  - o Medication Error Without Injury. 0 Medication Error w/out Injury in Q2 2022.
  - o 2022 Q1 HPMS Quality Indicators
    - ▪ Enrollment Data – 427 total enrolled
    - ▪ Immunizations –
      - • Pneumococcal- 349
      - • COVID-19 Initial Doses- 417
    - ▪ Falls Without Injury-79
    - ▪ Denials of Prospective Enrollees - 1
    - ▪ Appeals - 0
    - ▪ Grievances- 8
    - ▪ Emergency Room Visits- 105

- - - Medication Administration Errors - 0
  - o Quality Incidents with RCA
    - Falls with Injury – 4
    - Elopements – 1
    - Pressure Ulcer - 3
- Presentation of Q2 2022 PACE Quality Initiatives
  - o COVID-19 Vaccine Booster Quality Initiative. Goal for 2022 is 80% booster dose. 91% of eligible participants received a booster dose (3rd dose of vaccine). Goal Met. Though not a part of the original quality initiative, 4th doses of COVID vaccine are now recommended for ALL PACE participants 4 months after 3rd dose of vaccine. PACE has been providing assistance and continues to track vaccine status for each participant.
  - o Telehealth Engagement Quality Initiative. Goal for 2022 is that ≥ 66% of members will be able to engage in telehealth visits by having telehealth access such as VSEE, Google Duo or Facetime capabilities. Currently at 53%. Telehealth engagement is decreasing as more participants attend in person and can be seen at PACE.
  - o Advanced Health Care Directive. Q2 ended 42%, goal is 50% by end of 2022. This initiative will focus on increasing the number of PACE participants who have a completed Advance Health Directive in their medical chart. The PACE leadership team has created a plan to be implemented by the PACE Center Manager and the Social Work team.

August 23rd, 2022: PACE Quality Improvement Committee (PQIC) Summary Quality Assurance and Performance Improvement Work Plan

- All PQIC members present
- Membership. Figures presented. Q2 ended with 427 total enrolled.
- Presentation of the Quality Work Plan Elements
  - o Elements 4 – 5: Immunizations. (Note, influenza is not tracked in Q2)
    - Pneumococcal Immunization rate is at 88%. Goal of 94% was not met. Plan in place with providers and clinic to increase the numbers by the end of the year and reach the goal.
    - Covid-19 Immunizations is at 98%. Goal of 95% has been met. 417 received vaccinations.
  - o Element 6: POLST. Goal has not been met at this time. Goal is 95%. In Q2, 92% of participants have POLST added to their chart. Clinic received the names of participants needing POLST from QI and will have Clinic

staff do the follow-up. Providers will also monitor for POLST completion.

- o Elements 7 – 9: Diabetes Care.
    - Blood Pressure Control. Goal is 81.50% having a blood pressure of <140/90mm. Rate is 72%. QI has a list of participants whose blood pressure is above 140/90 and will send quarterly report to providers.
    - Diabetic Eye Exams. Goal of 82.77%. Rate is 99%. Goal met.
    - Nephropathy Monitoring. Goal is 98.30%, Rate is 100% in monitoring Diabetes patients.
- o Element 10: Osteoporosis Treatment. Goal of 90%. Rate is 98% of participants with Osteoporosis receiving treatment.
- o Element 11: Falls at Home classified as CMS Reportable Quality Incidents. Falls that result in fracture, hospitalization, and death. Q2 ended with 4, with a Rate of 53, well below the Goal of <207 per 1000 participants per year.
- o Elements 12 - 13: Potentially Harmful Drug/Disease Interactions in the Elderly.
    - Reduce Potentially Harmful Drug/Disease Interactions in the Elderly (DDE): Dementia + tricyclic antidepressant or anticholinergic agents. Goal is <27.24%. Rate is 18%. Pharmacy is keeping tight control of what is being prescribed to the elderly Dementia participants.
    - Reduce Potentially Harmful Drug/Disease Interactions in the Elderly (DDE): Chronic Renal Failure + Nonaspirin NSAIDS or Cox2 Selective NSAIDs. Goal is <3.47%. Rate is 3%. 1 participant brought the rate from 0% to 3%. Per Dr. Tony Nguyen, topical NSAIDs can be excluded from monitoring for this element.
- o Element 14: Decrease the Use of Opioids at High Dosage. Goal: 100% of members receiving opioids for 15 or more days at an average milligram morphine dose of (MME) 90mg will be reevaluated monthly by their treating provider. Met goal. One participant is receiving a dose greater than 90 MME and had PCP follow up each month in Q2 2022.
- o Element 15: Medication Reconciliation Post Discharge (MRP). Goal is 90% within 15 days. Rate is 100%.
- o Element 16: Access to Specialty Care. Goal is 85% to be scheduled within 14 business days. Rate went up from 87% in 2022 Q1 to 91% in Q2 2022.
- o Element 17: Telehealth Access. Goal is >=66%. Rate is 53%. We are seeing a decline in VSEE/Telehealth Engagement because participants are being seen in person for clinic services.

- o Element 18: Acute Hospital Days. Goal was raised to <3,330 in 2022. In Q2, bed days increased from 3389 to 3437. Quarterly Rate of Bed Days increased from 763 (Q1 2022) to 879 (Q2 2022).
- o Element 19: Emergency Room Visits. Rate for Q2 2022 is 901. Above the goal of 850 emergency room visits per 1000 per year.
- o Element 20: 30-Day All Cause Readmissions. Goal is <14%. Rate when down from 16% to 14% Goal met.
- o Element 21: Long Term Care Placement. Goal is <4%. Rate increased in Q2 to 4.22% from 1.44% in Q1. Long Term Care Placement are participants placed in custodial care in SNF in any period. 4% is the average in PACE in CA.
- o Element 22: Enrollment Conversion. Goal is 60%. Rate is 74%. Goal met.
- o Element 23: Transportation <60 minutes. Goal that 100% of trips will be less than 60 minutes, goal of 100% met.
- o Element 24: Transportation on Time Performance. Based on the data from Transportation, 100% in June, 99% in May and 100% in June 2022. Transportation manager was hired by Secure Transportation to be at PACE center full-time.

Member Trend Report 3rd Quarter 2022

Quality Assurance Committee Meeting

December 14, 2022

Tyronda Moses, Director, Grievance and Appeals

Our Mission

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

Our Vision

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

Overview of Presentation

- Definitions
- Grievances by Line of Business
  - Per 1,000 Member Month (M/M)
  - Trends
- Appeals Summary
- Summary of Trends and Interventions

CalOptima Health

Definitions

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

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

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

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

Medi-Cal Total Grievances – Per 1,000/Member Months

Grievance Comparison
Q1 2021- Q3 2022
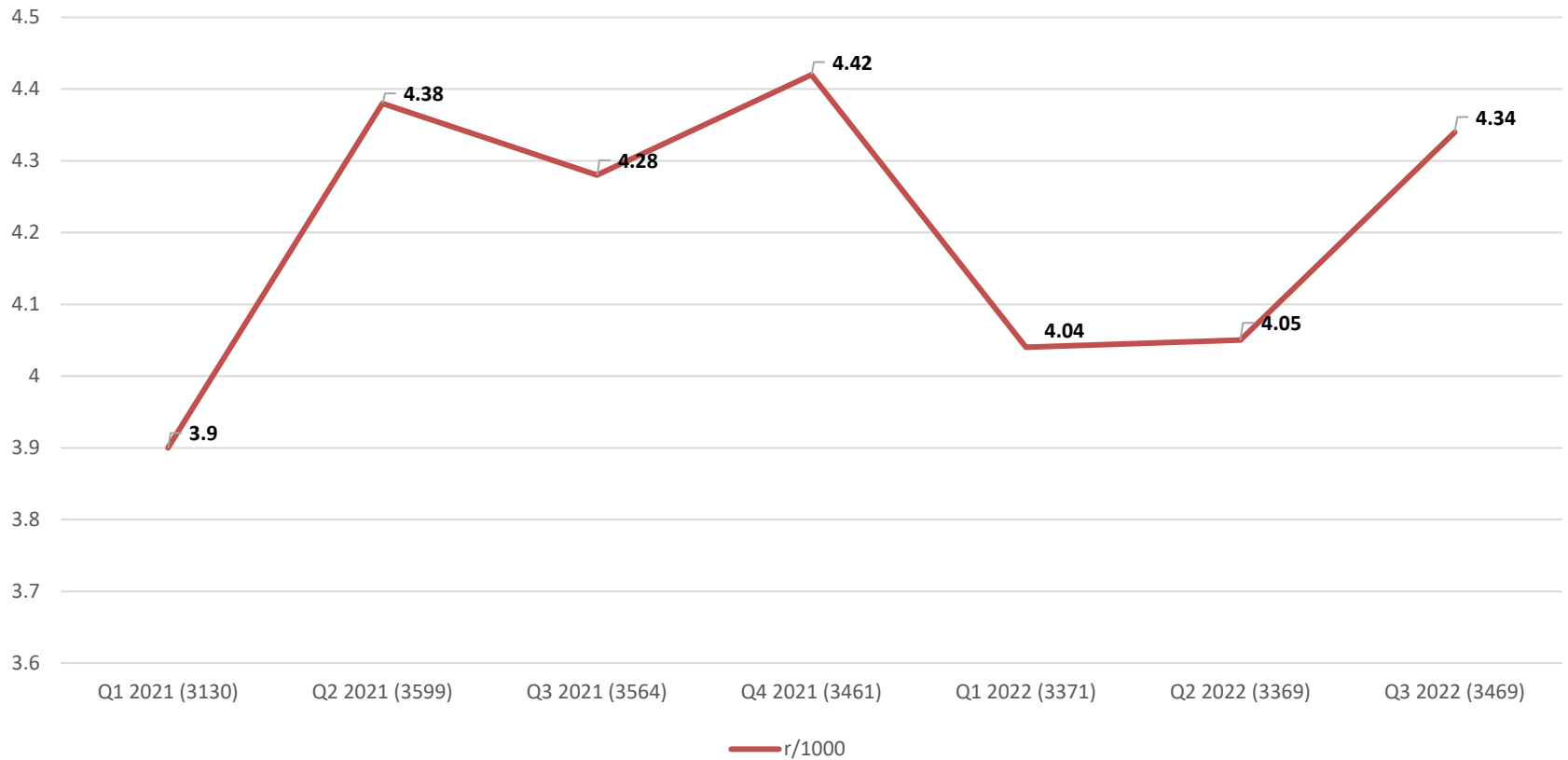
Medi-Cal Member Grievances by Category

CalOptima Health
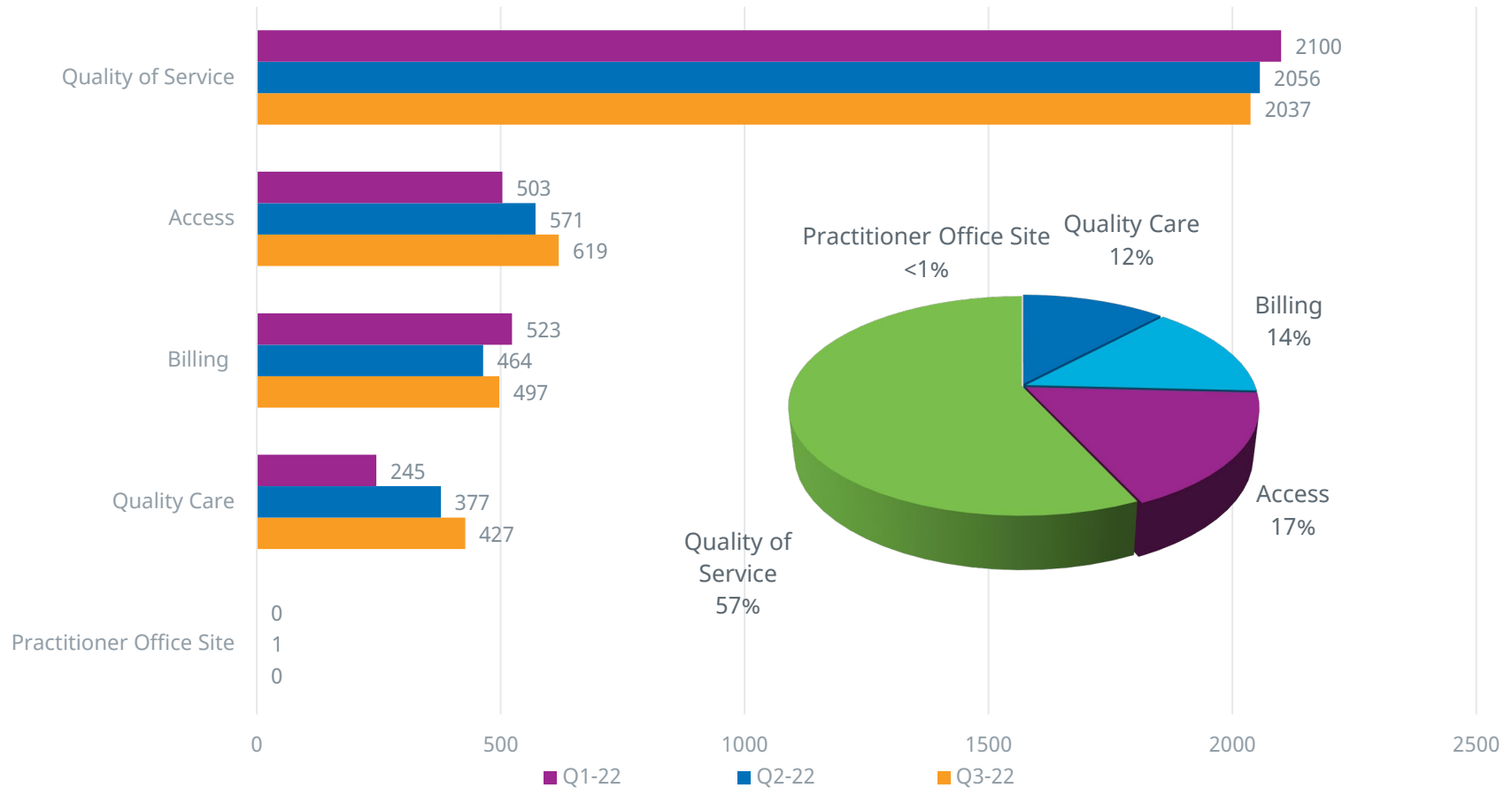
Grievance Trending
Medi-Cal Member Grievances Q3

○ Delays in referrals by Plan or Provider

○ Transportation – delays in pickup, driver service issues and no shows

○ Unable to schedule timely appointments

○ Quality of Services (concerns with treatment and/or diagnosis) – Provider Services

○ Member billing concerns – ER service bills and member reimbursement request

Medi-Cal
CalOptima Health

OneCare Connect Total Grievances – Rate Per 1,000/Member Months

Grievance Comparison
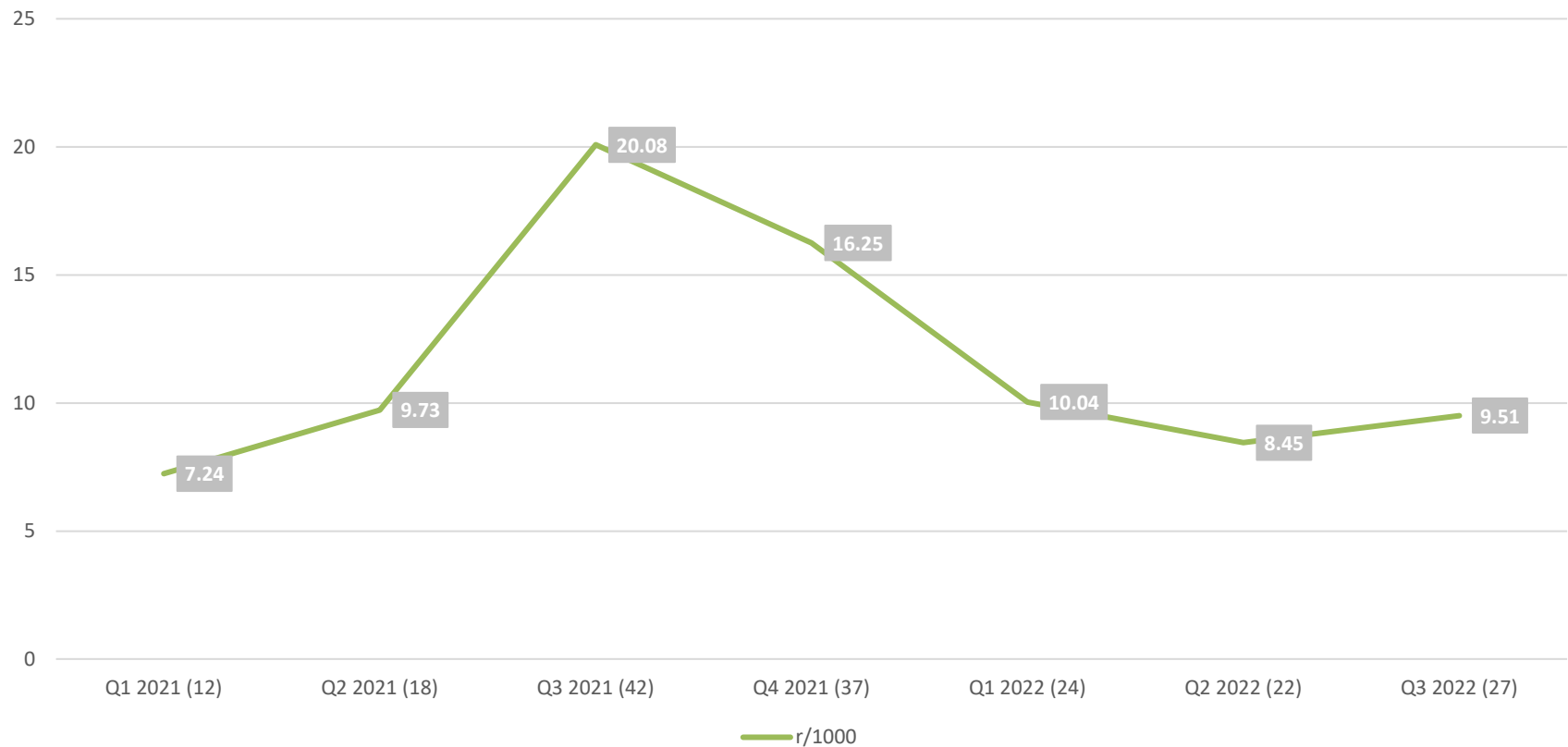Q1 2021-Q3 2022

Back to Agenda
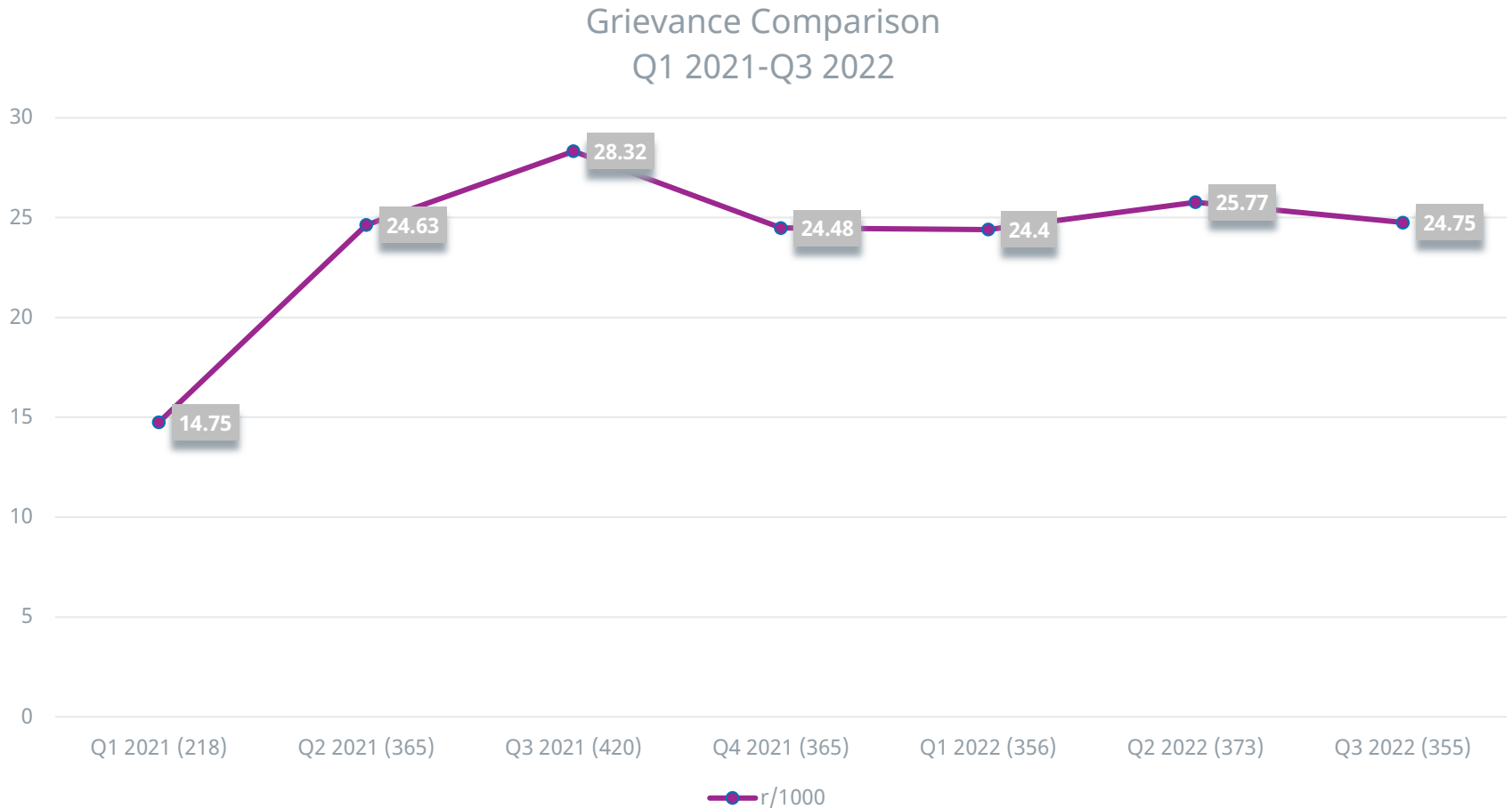
Trends: OCC Grievances

○ Grievances decreased 4.8%, from 373 in Q2 to 355 in Q3 2022.

○ Grievances were due to the following:

- Transportation – no shows/late pickup
- HN/PMG – delays in authorization or incorrect authorizations
- Provider/staff – demeanor and inconvenience
- CalOptima staff – GARS, CS, Weekend CS, Case Management
- Delays and availability of appointments and/or treatment or care
- Questions/Concerns with treatment

OneCare Total Grievances – Per 1,000/Member Month

OneCare Grievances Comparison
Q1 2021-Q3 2022

- Q1 2021 (12): 7.24
- Q2 2021 (18): 9.73
- Q3 2021 (42): 20.08
- Q4 2021 (37): 16.25
- Q1 2022 (24): 10.04
- Q2 2022 (22): 8.45
- Q3 2022 (27): 9.51

—— r/1000

OneCare
CalOptima Health

Trends: OC Member Grievances

○ Grievances increased 22.7% from 22 in Q2 to 27 in Q3 2022.

○ Grievances were due to the following:

- Transportation – no shows/late pickup
- HN/PMG – auth cancelled without notification
- Provider/staff – demeanor and inconvenience
- CalOptima staff – demeanor
- Long wait times – services and care

Appeals - All Lines of Business Q1 2021 – Q2 2022

APPEALS COMPARISON Q1 2021- Q3 2022
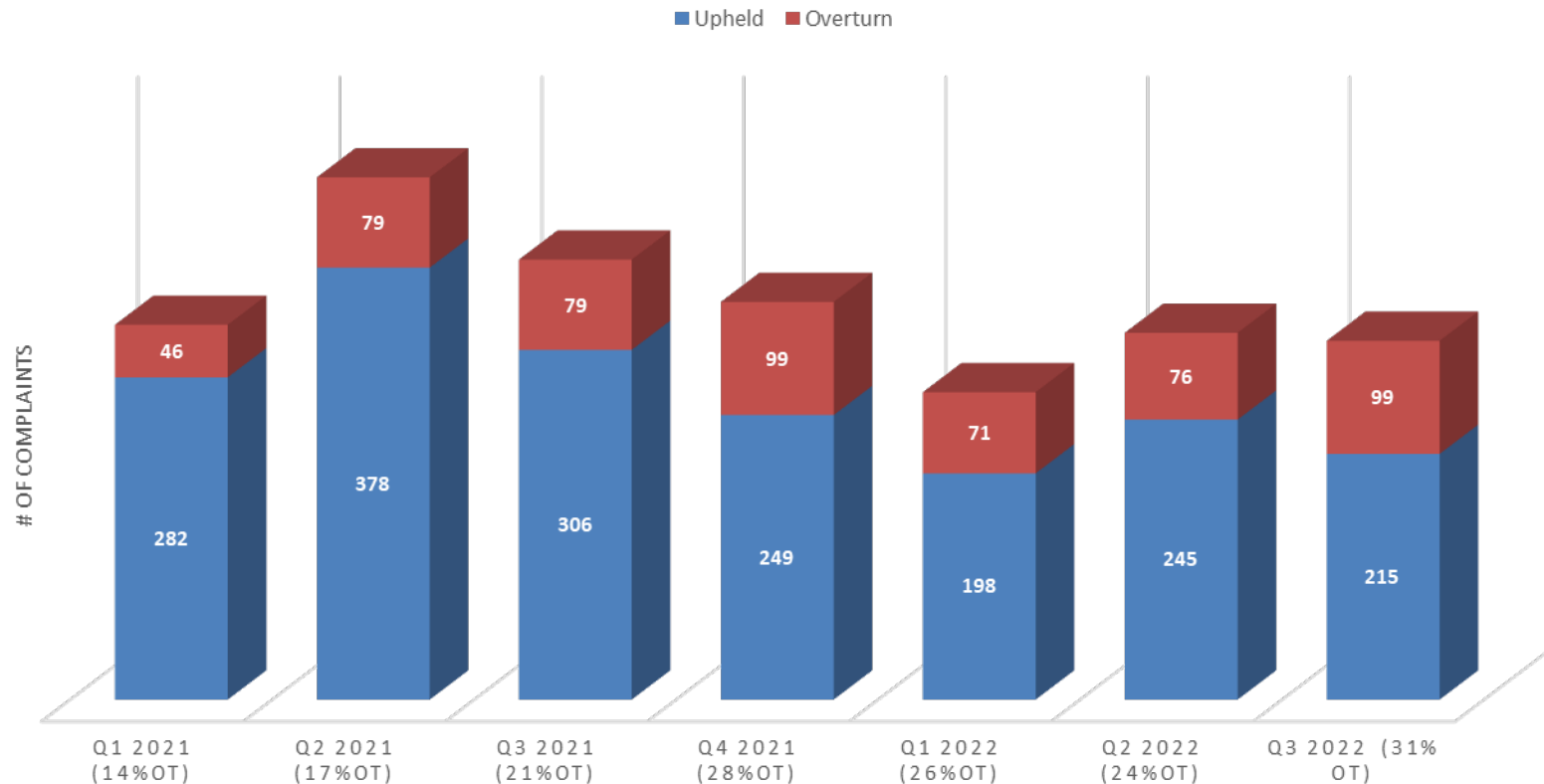
No trends or concerns identified. GARS continues to track and trend.

Summary of Trends and Interventions

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Trending Factors

Category	Issue	Remediation
Access to Care	• Appointment availability • Limited resources • Phone/technical issues - impacting member access	• Redirected members as appropriate • Assisted members with scheduling • Provider Relations aware of issue • Confirmed phone issues have been resolved
Member Billing	• Billing member for non contracted HNs • Non contracted groups providing services at the hospitals • Hospitalist group contract termination	• Educated providers on insurance/billing information • Provider Relations aware of issue

Trending Factors Contd.

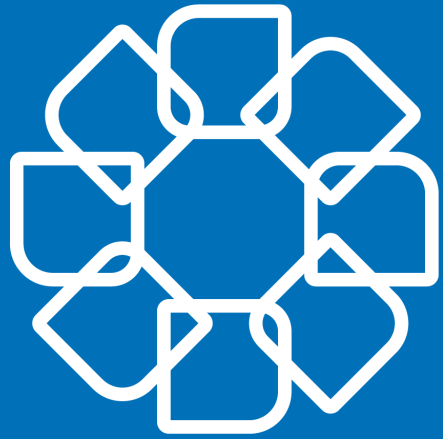| Category	Issue	Remediation
Quality of Care	• Delay in treatment • Questions in treatment • Lack of follow-up	• Referrals to QI • Individual Provider/Member engagement as appropriate • Reviewing for trends for PR or HNR education • Reporting to Member Experience any identified trends
Quality of Service	Transportation • No Shows • Early/Late Pickup	• Bi-weekly meetings with Veyo • Monitoring of repeat members

CalOptima Health

Non-Medical Transportation (NMT)

	Q1 2021	Q2 2021	Q3 2021	Q4 2021	Q1 2022	Q2 2022	Q3 2022
Total Trips	99,118	107,452	107,554	112,086	120,748	139,870	155,621
Grievances -MC	171	414	471	347	305	334	368
Grievances -OC	5	5	12	6	4	0	0
Grievances -OCC	75	193	229	170	100	150	140
Total Grievances (rate/1,000)	251(0.31)	612(0.73)	712(0.84)	523(0.60)	409(0.46)	484(0.53)	508(0.55)

Total complaints to trips continues to trend lower than CY2021 and remains less than .75% grievances per member months.

Interventions

o Outreach Efforts

- Case management contacting members with multiple grievances

- GARS referrals to CM/PCC for members with multiple appointments

- GARS and Veyo tracking members with multiple transportation issues for additional assistance

o Scheduled Meeting/Communication

- Engage with Provider and Health Network Relations to address Member and Provider issues

- Bi-weekly meetings with Veyo/MTM to discuss and address trending issues

- Quarterly HN JOM presentation and/or submission of GARS data

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