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

FRIDAY, DECEMBER 13, 2019
3:30 P.M.

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

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

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

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

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

The Board of Directors' Quality Assurance Committee Meeting Agenda and supporting documentation is available for review at CalOptima, 505 City Parkway West, Orange, CA 92868, 8 a.m. – 5:00 p.m., Monday-Friday, and online at www.caloptima.org

CALL TO ORDER
Pledge of Allegiance
Establish Quorum

PUBLIC COMMENTS

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

CONSENT CALENDAR
1. Approve Minutes of the October 17, 2019 Special Meeting of the CalOptima Board of Directors' Quality Assurance Committee

REPORTS
2. Consider Recommending Board of Directors' Approval of the Calendar Year 2020 Health Network Medi-Cal Pay for Value Performance Program Incorporating the Quality Rating Methodology

3. Consider Recommending Board of Directors' Approval of Unbudgeted Expenditures to Support Community Education Efforts to Increase Medi-Cal Provider Awareness of Trauma-Informed Care and Adverse Childhood Experiences (ACE) Screening

INFORMATION ITEMS
4. Member Experience Initiative: Improving Access and Availability

5. Intergovernmental Transfer (IGT) 9 Update

6. Quality Measures and Health Condition Attestation Program for OneCare Connect and CalOptima Community Network Members

7. OneCare and OneCare Connect Behavioral Health Implementation Update

8. PACE Member Advisory Committee Update

9. Quarterly Reports to the Quality Assurance Committee
   a. Quality Improvement Report

COMMITTEE MEMBER COMMENTS

ADJOURNMENT

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MINUTES

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

CALOPTIMA
505 CITY PARKWAY WEST
ORANGE, CALIFORNIA

October 17, 2019

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CALL TO ORDER
Chair Paul Yost called the meeting to order at 3:00 p.m. Chair Yost led the pledge of Allegiance.

Members Present: Paul Yost, M.D., Chair; Dr. Nikan Khatibi

Members Absent: Alexander Nguyen M.D.

Others Present: Michael Schrader, Chief Executive Officer; Gary Crockett, Chief Counsel, Betsy Ha, Executive Director, Quality and Population Health Management; Ladan Khamseh, Chief Operating Officer; David Ramirez, M.D., Chief Medical Officer; Sharon Dwiers, Interim Clerk of the Board

PUBLIC COMMENTS
Dr. Michael Weiss, CHOC Children's – Oral re: Agenda Item 6, Proposed Health Network Quality Rating Methodology and Pay for Value 2020 Program Update

CONSENT CALENDAR

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

> *Action:*   ***On motion of Chair Yost, seconded and carried, the Committee approved the Consent Calendar as presented. (Motion carried 2-0-0; Director Nguyen absent)***

REPORTS

None

INFORMATION ITEMS

2. Updated Homeless Health Clinical Analysis
Marie Jeannis, Enterprise Analytics Manager, provided an update on the clinical analysis of health for members experiencing homelessness. Ms. Jeannis noted that the clinical analysis for these members is derived from demographic and claims data. She also noted that when comparing the homeless population to the not-homeless population there are large disparities including the

following: homeless members are two times as likely to have a behavioral health diagnosis without treatment, two to six times higher rate of top behavioral health diagnoses, four times as likely to have a serious mental illness condition, 11 times more likely to have an overdose and substance abuse diagnosis, five to six times more likely to visit the ER, seven times more likely to have an inpatient stay, and two times as expensive per member per month.

The Committee directed staff to see whether the same members are frequently using the ER. If so, those members may benefit from more outreach to help better manage their care.

3. Introduction to Trauma Informed Care and Building Resilience
Betsy Ha, Executive Director, Population Health Management, presented an overview of trauma informed care. Ms. Ha explained that trauma and violence are widespread, harmful and costly public health concerns. She noted that trauma has no boundaries with regard to age, gender, socioeconomic status, race, ethnicity or sexual orientation. Many people who have experienced trauma may have no negative effects in their lives, but many others experience substance use and mental health issues, and this affects not only the individual, but also their families. Trauma can also lead to homelessness.

Ms. Ha reported that Adverse Childhood Experiences (ACE) screening is recommended for the Health Homes pilot and the AB360 workgroup recommends universal ACE screening. Because of the significant impact that trauma can have on people throughout their lives, and the possible associated health risks, use of the ACE screening tool, is recommended.

Ms. Ha suggested developing a quality incentive around this issue and that CalOptima implement ACE screening (for adults) and the Pediatric ACEs and Related Life Screening (PEARLS) screening (for children) and train CalOptima providers on using this tool. Ms. Ha also suggested that CalOptima purchase a book called *The Deepest Well: Healing the Long-Term Effects of Childhood Adversity, by Dr. Nadine Burke Harris,* for primary care physicians serving CalOptima members.

4. HEDIS 2019 (MY 2018 results)
Ms. Ha presented a review of the HEDIS 2019 results for the Medi-Cal, OneCare and OneCare Connect lines of business using the Tableau tool, which enables comparisons of individual measures year to year and with other health plans. It was reported that the CalOptima Medi-Cal program met all DHCS minimum performance levels. For the OneCare program, 19% of the measures met the goal, 44% of measures were better than last year, and opportunities for improvement are in the areas of post discharge medical reconciliation and readmission measures. OneCare Connect measures were reported as follows: 37% of measures met the goal, 60% of measures were better than last year, and opportunities for improvement are in the areas of breast cancer screening, care for older adults, and readmissions measures. Next steps include raising the bar from the 25% percentile to the 50% percentile, focus on new Department of Health Care Services (DHCS) quality measures and implement strategies on low performing areas.

5. New Department of Health Care Services Managed Care Accountability Act Set (MCAS)
Ms. Ha highlighted the new requirements that were introduced by the Newsom administration, initial MCAS measures and the new minimum performance level (MPL) announced in April 2019, with the final MPL effective May 2019. Previously, for 19 of the measures, plans had to meet the 25th percentile to meet the MPL; plans will need to meet the 50th percentile for those 19 measures going forward. Financial sanctions will be applied to plans who do not achieve the MPL. Staff will be working with providers to meet these new requirements.

6. Proposed Health Network Quality Rating Methodology and Pay for Value 2020 Program Update
Ms. Ha provided an overview of the new proposed health network quality rating methodology. Staff
is proposing an administrative simplification by using a consistent measurement system across all
programs. The proposed new scoring is based on health network Medicaid HEDIS/Member
experience results, NCQA Quality Compass Medicaid national percentiles are used as benchmarks.
Scoring points would be as follows: 5>=90th percentile; 4>=66th but <90th percentile; 3>=33rd but
<66th percentile; 2>=10th but <33rd percentile; 1< 10th percentile.

Ms. Ha also provided an overview of the proposed pay for value (P4V) 2020 program noting that
CalOptima staff is proposing a tier-based payment. Health Networks will be required to receive a
score of 2.5 or higher to be eligible to receive P4V incentive payments, and Health Networks will
only receive performance-based incentive dollars. Ms. Ha noted that in the past CalOptima awarded
incentive dollars for improvement in measures. However, in MY 2020 proposal, Health Networks
will only receive incentive dollars for performance not for improvement. Ms. Ha also noted that in
prior years, Health Networks were awarded incentive dollars retrospectively but in the proposed P4V
MY 2020, Health Networks would start the year earning an additional $3.00 per member per month
(PMPM) prospectively to incentive providers to implement strategies to improve performance. If
Health Networks score poorly on the measures, CalOptima will take dollars back.

Expressing concern about potentially taking dollars back from providers, Chair Yost noted that staff
should further refine the recommendations and provide additional detail before taking the
recommendations to the Board.   The Committee also raised concerns about the prepayment and
possibly needing to recoup those dollars if the health network did not meet all of the performance
measures, noting that staff should reach out to the health networks and ensure they understand the
proposed methodology.

7. PACE Member Advisory Committee Update
This item was accepted as presented.

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

Agenda Items 8.a. and 8.b. were accepted as presented; however, with respect to Item 8.b. Chair Yost
noted the results for CCN reflected in the report. Ana Aranda, Director, Grievance and Appeals
Resolution Services, explained that following a recent state audit, certain member calls that were
more of an inquiry or an issue that resolved at the time of a call, are reflected in the trend report as
grievances. Previously, these types of calls were not categorized as grievances. Consequently, the
results are not directly comparable with prior trend reports.

COMMITTEE MEMBER COMMENTS

ADJOURNMENT

Hearing no further business, Chair Yost adjourned the meeting at 4:53 p.m.

/s/   Sharon Dwiers
Sharon Dwiers
Interim Clerk of the Board

Approved: _December 13, 2019_

CALOPTIMA BOARD ACTION AGENDA REFERRAL

Action to Be Taken December 13, 2019
Special Meeting of the CalOptima Board of Directors'
Quality Assurance Committee

Report Item
2.   Consider Recommending Board of Directors' Approval of the Calendar Year 2020 Health
        Network Medi-Cal Pay for Value Performance Program Incorporating the Quality Rating
        Methodology

Contact
David Ramirez, M.D., Chief Medical Officer, 714-246-8400
Betsy Ha, Executive Director, Quality and Population Health Management 714-246-8400

Recommended Action
1. Recommend Board of Directors' approval of the Calendar Year (MY) 2020 Health Network
    Medi-Cal Pay for Value Performance Program incorporating the Quality Rating Methodology,
    for the Measurement Period effective January 1, 2020 through December 31, 2020.

Background
CalOptima has implemented a comprehensive Health Network Pay for Value (P4V) Performance
Measurement Program consisting of recognizing outstanding performance and supporting ongoing
improvement that aimed to strengthen CalOptima's mission of providing quality health care. The
existing P4V Performance Measurement Program is based on a customized methodology developed by
CalOptima staff and approved by the CalOptima Board of Directors. Annually, CalOptima staff
conducts a review of the current measures and their performance over time. Based on a 2018
retrospective longitudinal quality improvement performance review, although CalOptima consistently
met the Minimum Performance Level, overall quality performance trends have been flat over the past
five years.

This trend is very consistent with California Health Care Foundation's recently published quality report
entitled: *A Close Look at Medi-Cal Managed Care: Statewide Quality Trends from the Last Decade.*
From 2009 to 2018, quality of care in Medi-Cal managed care was stagnant at best on most measures.
Among 41 quality measures collected in two or more years, more than half (59 percent) remained
unchanged or declined. Based on feedback from CalOptima Health Networks including, concerns with
difficulty of improving selected measure due to the size of the eligible population and/or difficulty in
gathering data, the proposed new methodology aims for greater transparency, consistency and
administrative simplification. Finally, the proposed methodology aligns with changes to the measures
that are important to CalOptima's National Committee for Quality Assurance (NCQA) Accreditation
status, Centers for Medicare and Medicaid Services (CMS) Star Rating Status, newly required DHCS
managed care accountability set (MCAS) and/or overall NCQA Health Plan Rating.

Discussion
For the Medi-Cal program, staff recommends adopting and incorporating a new "Quality Rating
Methodology" consistent with NCQA validated methodology in the Health Network Medi-Cal P4V
Program. Having a standard Quality Rating Methodology will provide CalOptima with one reliable
methodology to establish an overall quality rating score for each Health Network. The quality rating
score may be used for future P4V payment methodology, incorporated into the new Auto Assignment

policy, or other future programs to improve quality health care for CalOptima members. Considering that this is a significant change, CalOptima proposed that 2020 be the baseline year.

Measures
- All Managed Care Accountability Set (MCAS) measures that are required for Minimum Performance Level (MPL) by the Department of Health Care Services (DHCS) are used, including 12 prevention measures and seven treatment measures.
- Consumer Assessment of Healthcare Providers and Systems (CAHPS) measures are used for member experience.
- Measures with small denominators (HEDIS < 30; CAHPS < 100) are not used in the score calculation.

Data and Frequency
- Each Health Network quality rating score will be calculated annually.
- The Health Network quality rating score will be derived from the most recently available audited, plan level Healthcare Effectiveness Data and Information Set (HEDIS) results. The HEDIS results for Health Networks are based on the administrative methodology. For measures that have a hybrid method option, the additional percentage from medical records collection (difference of CalOptima's hybrid and admin result) will be added to each Health Network's results.
- Health Network level Adult/Child CAHPS (member survey) results will be used for member experience scoring. The highest overall score results from either the Health Network's Adult or Child CAHPS survey results will be used.

Benchmarks
- NCQA Quality Compass National Medicaid percentiles

Score Calculation
- The CY2020 Health Network Medi-Cal P4V Program has a Measurement Period of January 1, 2020 through, and including, December 31, 2020.

- Overall Rating
  - The overall rating is the weighted average of a health network's HEDIS and CAHPS measure ratings, plus Accreditation bonus points (if the plan is Accredited by NCQA), rounded to the nearest half point displayed as stars (see below for rounding rules).
  - The overall rating is based on performance on dozens of measures of care and is calculated on a 0–5 (5 is highest) scale in half points.
- Measure point calculation
  - A measure result in the top decile (>= 90th percentile) receives 5 points.
  - A measure result in the top 3rd but not in the top 10th (>= 66th but < 90th percentile) receives 4 points.
  - A measure result in the middle 3rd (>= 33rd but < 66th percentile) receives 3 points.
  - A measure result in the bottom 3rd but not in the bottom 10th (>= 10th but < 33rd percentile) receives 2 points.

- o A measure result in the bottom 10th (< 10th percentile) receives 1 point.
- Health Network's score = Σ (measure rating * measure weight) / Σ weights + Accreditation Bonus Points
- Health Network's Rating = round the score to the nearest half point
- Final scoring will result in an overall Health Network Quality Rating for each Health Network. Based on the final overall score, Health Networks will be assigned a score from 1–5, with 5.0 representing the best possible performance.
- NCQA Rounding Rules: The overall rating is calculated and truncated to three decimal places and round according to the rules below:

NCQA Rounding Rules	
Overall Rating	**Rating**
0.000–0.249	0.0
0.250–0.749	0.5
0.750–1.249	1.0
1.250–1.749	1.5
1.750–2.249	2.0
2.250–2.749	2.5
2.750–3.249	3.0
3.250–3.749	3.5
3.750–4.249	4.0
4.250–4.749	4.5
>= 4.750	5.0

Fiscal Impact
The recommended action to approve the 2020 Health Network Medi-Cal P4V Program to incorporate the new Health Network Quality Rating Methodology starting CY 2020 has no fiscal impact to CalOptima Fiscal Year 2019-20 Operating Budget approved by the Board on June 6, 2019. The current budget included Health Network Medi-Cal P4V program funding in an amount not to exceed $2.00 per member per month (PMPM) through June 30, 2020. Management will include expenses related to the Health Network Medi-Cal P4V program for the period beginning July 1, 2020, and after in future operating budgets.

Rationale for Recommendation
CalOptima needs to pivot from stagnant performance trend to demonstrate breakthrough improvement in all measures in order to maintain its standing as one of the high performing Medi-Cal Managed Care Plans. Having a consistent Health Network Quality Rating Methodology using NCQA methodology will provide CalOptima with one consistent quality measurement system to establish an overall quality rating score for each Health Network and it may be used in the future for other programs or policies.

<u>Concurrence</u>
Gary Crockett, Chief Counsel

<u>Attachment</u>
1. Medi-Cal Health Network Rating Methodology Presentation

 /s/   Michael Schrader   _12/10/2019_
Authorized Signature   **Date**

Proposed Health Network Quality Rating Methodology for CY2020 Update

Special Quality Advisory Committee Meeting
December 13, 2019

David Ramirez, M.D.
Chief Medical Officer

Proposed Health Network Quality Rating Methodology

Guiding Principles for Proposed Changes

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

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

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

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

- External expert consultant validation.

- Administrative simplification by using a consistent measurement system across programs.

- Leverage behavioral economics.

3

MCAS

- Due to the governor's recent focus on increased accountability for managed care plan performance on select measures, CalOptima is proposing a HN rating methodology and measurement set for Calendar Year (CY) 2020 (January 1, 2020 – December 31, 2020)

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

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

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

4

HN Rating Methodology

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

Proposed New Scoring

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

- NCQA Quality Compass Medicaid national percentiles are used as benchmarks

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

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Proposed Measures for MY 2020

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

- Behavioral Health
  - ➢ **Antidepressant Medication Management (AMM Acute phase)**
  - ➢ **Antidepressant Medication Management (AMM Continuation phase)**

  * Measure rate may include findings from medical record review.

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

Proposed Measures for MY 2020 (cont.)

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

* Measure rate may include findings from medical record review.

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

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Member Satisfaction Measures

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

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Health Network Quality Rating Tiers Overall Rating

Based on 2018 Performance and Proposed Measures

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

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Health Network Quality Rating

Based on 2018 Performance and Proposed Measures

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

Next Steps

- Present the final recommendations for Board approval in February 2020.

CalOptima's Mission

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

CALOPTIMA BOARD ACTION AGENDA REFERRAL

Action To Be Taken December 13. 2019
Special Meeting of the CalOptima Board of Directors'
Quality Assurance Committee

Report Item
3.   Consider Recommending Board of Directors' Approval of Unbudgeted Expenditures to Support Community Education Efforts to Increase Medi-Cal Provider Awareness of Trauma-Informed Care and Adverse Childhood Experiences (ACE) Screening

Contact
David Ramirez, MD, Chief Medical Officer, 714-246-8400
Betsy Chang Ha, R.N., Executive Director, Quality and Population Health Management, 714-246-8400

Recommended Action
Authorize unbudgeted expenditures of up to $80,000 from existing reserves for outreach and education efforts to increase Medi-Cal provider awareness of evidence-based ACE screening and Trauma-Informed Care.

Background
At the October 17, 2019, Special Quality Assurance Committee (QAC) meeting, the QAC members directed CalOptima staff to develop a Trauma-Informed Care plan of action. As a high-performing Medi-Cal managed care plan, CalOptima is positioned to increase provider awareness and position Orange County as an early adopter in support of the Office of the California Surgeon General's (CA-OSG) statewide effort to reduce ACE and toxic stress by half in one generation, starting with Medi-Cal members.

Identifying and addressing ACE in adults could improve treatment adherence through seamless medical and behavioral health integration and reduce further risk of developing comorbid conditions. Addressing ACE upstream as public health issues in children can reverse the damaging epic-genetic effect of ACE, improve population health outcomes and promote affordable health care for the next generation.

The proposed first step to building awareness and supporting the early adopters is consistent with the Governor's focus on increased accountability for managed care plan performance on select pediatric measures and the DHCS introduced additional requirements to screen and mitigate risk impacting children's health and well-being. The 25th Annual Report on the Condition of Children in Orange County also pointed out that many OC children are impacted by Social Determinants of Health (SDoH). For example, one in six children lives in poverty and nearly 30,000 students experience housing insecurity. Mental health hospitalization rates grew from 87 percent over the past 10 years and 6 percent in the past year alone. The report demonstrates strong correlation between ACE, youth suicidal behaviors and emergency department visits for self-harm. Disparities continue to persist in OC among races, ethnicities, geographies, communities and school districts. Considering that most of these children experiencing child poverty, housing insecurity, homelessness and/or foster care, they are likely members of CalOptima. As the single payer for Medi-Cal, CalOptima has the unique opportunity to support community training and increase provider awareness about Trauma-Informed Care and ACE screening.

CalOptima Board Action Agenda Referral
Consider Recommending Board of Directors' Approval of
Unbudgeted Expenditures to Support Community Education Efforts to
Increase Medi-Cal Provider Awareness of Trauma-Informed Care and
Adverse Childhood Experiences (ACE) Screening
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Separate from the provider outreach and education efforts addressed with this staff recommendation, and subject to obtaining the necessary federal approvals, the California Department hf Health Care Services (DHCS) is requiring managed care plans (MCPs) including CalOptima, through the Proposition 56 payment mechanism, either directly or through their delegated entities and subcontractors, to comply with a minimum fee schedule of $29.00 for each qualifying ACE screening service by a Network Provider with dates of services on or after January 1, 2020.

Discussion
Considering that DHCS is still finalizing the All Plan Letter, (APL) 19-XXX: Proposition 56 Directed Payments for ACE Screening Services for MCPs. Staff recommends that CalOptima focus on building awareness and buy-in and develop a more comprehensive plan of action once DHCS releases the final APL. To this end, staff proposes to:

- Promote and support dissemination of DHCS Trauma-Informed Care and ACE screening and education materials via mailings, texting, webinars, workshops, and conferences, etc. to primary care providers serving the CalOptima Medi-Cal population;

- Support early adopters, provider training dissemination events, workshops and tool kits to CalOptima contracted providers in collaboration with DHCS, Health Networks and other community partners; and

- Sponsor training events on Trauma Informed Care and ACE screening for providers serving CalOptima Medi-Cal members.

- Establish baseline process measures in year-one:
    1. Number of providers completed ACE training in year one
    2. Number of PEARL/ACE screening completed for members

While staff is not proposing to include any incentive payments associated with this initial proposed ACE outreach and education initiative, quality incentive payments may be included in future quality programs presented to the QAC and CalOptima Board. Staff's intent is to consider data collected related to ACE training provided as well as the number of screenings conducted under the DHCS Proposition 56 funded initiative as a broader ACE-based quality initiative(s) are formulated.

Fiscal Impact
The recommended action to authorize expenditures for provider education for the period of January 1, 2020, through June 30, 2020 is an unbudgeted item. A proposed allocation of up to $80,000 from existing reserves will fund this action. Management plans to include program funding to support ACEs Aware in future operating budgets.

CalOptima Board Action Agenda Referral
Consider Recommending Board of Directors' Approval of
Unbudgeted Expenditures to Support Community Education Efforts to
Increase Medi-Cal Provider Awareness of Trauma-Informed Care and
Adverse Childhood Experiences (ACE) Screening
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Concurrence
Gary Crockett, Chief Counsel

Attachments:
1. ACE Aware Presentation
2. Proposed Budget

   /s/   Michael Schrader   12/10/2019
Authorized Signature   Date

Trauma-Informed Care ACEs Aware

Special Quality Assurance Committee Meeting

December 13, 2019

Betsy Chang Ha, RN, MS, LSSMBB

Executive Director, Quality & Population Health Management

Agenda

- Call To Action
- California Office of Surgeon General (CA-OSG) and Department of Health Care Services (DHCS) Adverse Childhood Experiences (ACE) Update
- Population Health Impact
- Building Awareness
- Questions

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October Special QAC Call to Actions

Build Awareness and Buy-in

- QIC and QAC
- Mental Health Awareness Week
- Awareness and Education Seminar on   May 23, 2019
- Join California Surgeon General's universal ACEs screening movement

Invest in Trauma-Informed Workforce

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

Create a Safe Physical and Emotional Environment

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

Engage Patient in Meaningful Ways

- Shift from judgement to empathy and compassion

Identify and Treat Trauma

- Implement prevention and Population Health Management strategy

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Population Health Impact

• Children Who Experience 4 or More ACEs:

32X — Learning and Behavioral Problem

Asthma, Heart Disease and Cancer — **3 X**

3.5X — Pulmonary Disease

Depression — **4.5X**

12X — IV Drug Use and Suicide

Source: CDC–Kaiser Permanente ACEs Study, 1995-97
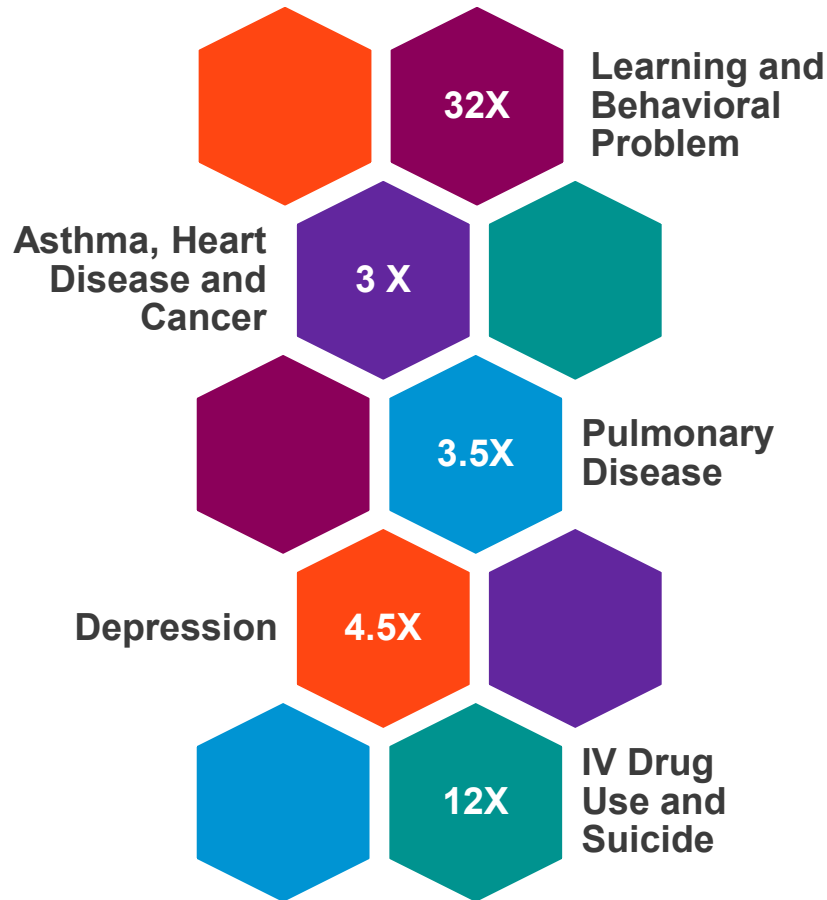
7 out of 10 Leading Causes of Death in the U.S. correlate with exposure to ≥ 4 ACEs

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Condition of Children in OC

1 in 6 Poverty

8.3% Chronic school absent

87% Mental health IP rate

846 ED visit for self-harm

30,000 Insecure housing
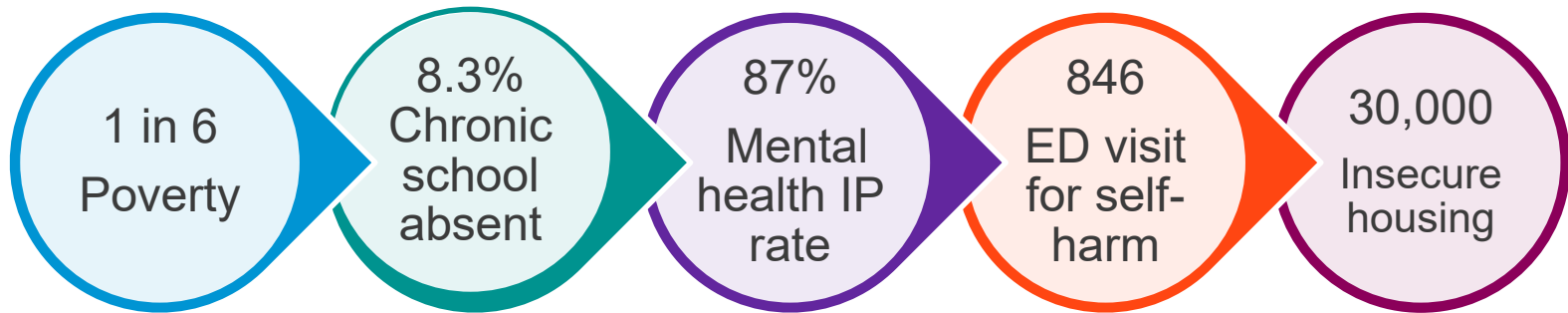
Source: 25th Annual Report on the Condition of Children in Orange County (OC)

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Condition of CalOptima Children

- CalOptima has approximately 279,000 children between the ages of 0–18 years.
  - One percent (1,800) of these children are homeless
  - Over 90 percent of the children were identified through the homeless source of "address"
  - Nine percent of the homeless high confidence population

- Emergency Department Rates
  - Overall trends are slightly higher, but rates for ED visits related to diagnosis of suicidal ideation, self-harm or attempted suicide were low

- Social Determinants (Based on ICD-10 Codes)

Housing and Economics	Psychosocial	Social Environment	Support and Family	Upbringing
363	449	106	996	1,114

6

Population Segments at Risk for ACE

Age	Membership	ACE Tool	Estimated membership with >4+ ACE
0–5	82,406	PEARLS	30,000
6–18	216,029	PEARLS	80,000
19–40	192,494	ACE	71,000
41–64	158,892	ACE	58,000
65+	90,801	ACE	34,000

Legend:
1. Based on 2019 Medi-Cal Membership
2. >4 ACES prevalence based on the findings from the Philadelphia Urban ACE Survey; 37 percent experienced 4 or more ACE, Robert Wood Johnson Foundation. September 2013.
3. PEARLS — Pediatric ACES and Related Life Events Screener, ACE tool for children

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CA-OSG and DHCS Update

- On October 17, 2019, the Department of Health Care Services (DHCS) released <u>Draft</u> All-P<u>l</u>an Letter (APL) 19-XXX: Proposition 56 Directed Payments for Adverse Childhood Experience (ACE) Screening Services for managed care plans (MCP)

- Beginning on January 1, 2020, MCP, either directly or through their delegated entities or subcontractors, to pay $29 per ACE screen completed by a Medi-Cal provider.

- Screening by provider is optional through July 2020 per CA-OSG.

CA-OSG and DHCS Update (cont.)

- CA-OSG to provide and/or authorize trauma-informed care training, in-person trainings, online learnings and regional convenings

- Positive ACE screens will need to be referred to a behavioral health specialist, manage by counseling, resiliency strategies, and/or referrals to mental health professionals.

- CA-OSG and DHCS jointly kicked off ACEs Aware Initiative on December 4, 2019.

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ACEs Aware: Opportunities to Collaborate on Provider Engagement

- Provider training (kicked off on December 4, 2019)
  - Phase 1: CA-OSG and DHCS worked with Clinical Advisory Subcommittee (CAS) and developed a 2-hour online CME training via ACEsAware.org
    - ACE screening tools
    - Billing codes
  - Phase 2: CA-OSG and DHCS are interested in partnering with organizations to provide additional certified training opportunities.
    - Targeted to specific provider specialties
    - Offer different modalities (such as in-person)

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ACES Aware (cont.)

- Provider Outreach and Communication
  - ➢ Look for partner and leverage existing communication channels on outreach and developing resources with guidance on incorporating ACE screening into clinical work.
  - ➢ Identify ACES Aware Champions.

- Phase 3: Learning and Quality Improvement (QI) Collaborative
  - ➢ Implement a data driven, iterative evaluation and QI process
  - ➢ Provide technical assistance to implement evidence-based best practices
  - ➢ Disseminate best practices to health systems across the state via ACEsAware.org

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Build Awareness and Buy-In

- Promote and support dissemination of DHCS Trauma-Informed Care and ACE screening member and provider education materials via mailing, texting, website, workshop, conferences, etc.

- Support early adopter provider training dissemination events, workshops and tool kits, in collaboration with DHCS, community partners and health networks

- Sponsor community training event in partnership with academic institutions, professional associations and other key stakeholders

- Establish baseline process measures:

  - Number of providers completed ACE training

  - Number of PEARL/ACE screenings completed

Requested Unbudgeted Fund

- Estimated Provider Awareness Promotion budget = $80,000 for 6 months for the following expenditures:
  - ➢ Support outreach, community training, and CME events related to Trauma- Informed Care and ACE screening in addition to CA-OSG and DHCS-offered webinar
  - ➢ Distribute provider education materials

Questions

?

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ACEs Aware 1 Year Budget Summary

	CY2020 - Year 1				
	Jan-Mar 2020 *	**Apr-Jun 2020 ***	**Jul-Sep 2020**	**Oct-Dec 2020**	
Medical Expenses					
Provider Education Material (Book/PCP)	15,000	15,000			$18 + mailing per book for 1,600 PCPs
Provider Education Events Sponsrship	20,000	30,000	30,000	15,000	$10,000 CME sponsorship, per event
Total Medical Expenses	35,000	45,000	30,000	15,000	
Administrative Expenses					
Total Admin Expenses	-	-	-	-	
Grand Total:	35,000	45,000	30,000	15,000 **$**	**125,000**

Board of Directors' Quality Assurance Committee Meeting
December 13, 2019

Member Experience Initiative: Improving Access and Availability
Executive Summary

CalOptima annually fields the Consumer Assessment of Healthcare Providers and Systems (CAHPS) survey to assess member's experiences from our adult and child members. The survey results are based upon a prescribed systematic sample of 1,350 members and is fielded in English and Spanish for 10 weeks using a mail and telephone mixed-mode protocol. The CAHPS survey is a standardize survey tool used by health plans across the nation.

While benchmarks nationwide are rising, CalOptima scored below the 25th percentile in 2019 for the following access-related measures: Getting Needed Care and Getting Care Quickly. More than 75 percent of health plans scored better than CalOptima despite having approximately 80 percent of members feeling satisfied with the above measures and that member satisfaction is related to a member's ability to access care. As a result, CalOptima's Member Experience Sub-committee, an agency-wide committee focused on improving member experience, is working closely with the Access and Availability Workgroup to focus on improving access to care for our members.

This presentation describes how CalOptima monitors member access in accordance with Department of Health Care Services (DHCS) standards* and describes our performance on key access and availability standards. Improving member access is key to improving member experience.

DHCS access and availability monitoring includes the following components:

1. Provider to Member Ratio: Do we have enough providers?
2. Mandatory Provider Types: Do we have the right providers?
3. Distance and Time: Are providers located where members can access them?
4. Timely Access (Appointment Availability and Wait Times): Can members get timely access to care?

*Standards can be found in Policy GG.1600: Medi-Cal Access and Availability and Policy MA.7007: OneCare and OneCare Connect Access and Availability.

CalOptima has met all the DHCS access standards except for Timely Access, and monitoring activities suggest members are not receiving timely access to care.

When using DHCS Access Standards to monitor access to care, there are limitations. This presentation describes these limitations and how CalOptima staff elected to do a deeper dive into access by reviewing approximately 3,000 quality of service, access and quality of care grievances between January–June 2019 and establishing grievance "themes" and potential root

causes related to accessing services. The presentation also describes actions CalOptima is taking or has already completed to improve our access and availability barriers and challenges for our members. These actions include:

- Improving Data and Access to Data
    - o Provider data initiative
    - o Member portal
    - o Provider Directory — urgent care services section
    - o Mapping providers (e.g. behavioral health providers)
- Improving Access to Specialists
    - o Increase payment rates for hard to access specialists (potential)
    - o Telehealth* (potential)
- Improving Access to PCPs and Specialists
    - o Minimum physician hours (potential)
    - o Health network corrective action plans
    - o Incentives for hard to access primary care providers (PCPs) and specialists to open their panels (potential)
- Improving Access to PCPs
    - o CalOptima Days for PCP visits
    - o CalOptima Community Network (CCN) PCP provider report card
    - o PCP overcapacity monitoring — close panels
- Improving Communication
    - o Provider coaching
    - o Customer Service workshops for providers (staff, manager and physicians)
- Other
    - o Member expectation education
    - o Quality rating methodology
    - o Review all auto authorization rules in our authorization system

Member Experience Initiative: Improving Access and Availability

Special Quality Assurance Committee Meeting

December 13, 2019

Marsha Choo, MPH, CHES

Manager, Quality Analytics

Agenda

- CalOptima Member Experience Performance
- How Does CalOptima Monitor Access?
  - ➢ Provider to Member Ratio
  - ➢ Time and Distance Standards
  - ➢ Timely Access
  - ➢ Mandatory Provider Types
- CalOptima Access Monitoring and Deeper Dive
  - ➢ Grievances
- What Are We Doing?

2

CalOptima Member Experience Performance

Consumer Assessment of Healthcare Providers and Systems (CAHPS) Survey

- A standardized survey tool used by health plans across the nation to measure member experience
- CalOptima annually fields the CAHPS survey to assess member's experiences from our adult and child members.
- Surveys are administered over a 10-week period using a mail and telephone mixed-mode protocol.
- A random sample of 1,350 cases was used for the survey.
- Response rates average: 20 percent
- Surveys are fielded in English and Spanish.

2019 Medi-Cal Member Experience Survey Results

CAHPS Survey Measures	2019 Medi-Cal Adult CAHPS Performance	2019 Medi-Cal Child CAHPS Performance
Rating of All Health Care	75th	25th
Rating of Personal Doctor	90th	25th
Rating of Specialist	75th	NA
Rating of Health Plan	25th	<25th
Getting Needed Care	<25th	<25th
Getting Care Quickly	<25th	<25th
Customer Service	NA	<25th

Note: For comparison, the National Medicaid Benchmarks were used.

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CalOptima Member Experience Survey Pain Points

- Member Experience Benchmarks have risen across the nation (bar continues to be raised).

- Member Experience survey's lowest performing areas are related to members accessing care:

  - ➢ Getting Needed Care: Approximately 78 percent of members felt that they "got the care they needed."

  - ➢ Getting Care Quickly: Approximately 81 percent of members felt that they "got care quickly" or "as soon as needed."

  - ➢ Both measures are <25th percentile: More than 75 percent of health plans scored better than CalOptima despite having approximately 80 percent of members feeling satisfied with the measures above.

- Members' satisfaction is related to a members' ability to access care.

Member Experience Subcommittee

Member Experience Subcommittee Focus: To improve access to care for our members

Improve Member Experience	**Member Experience Subcommittee**
Improve Access to Care	**Access and Availability Workgroup**
Focused Member Experience Measures	**Getting Needed Care** **Getting Care Quickly**

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How Does CalOptima Monitor Access?

Back to Agenda
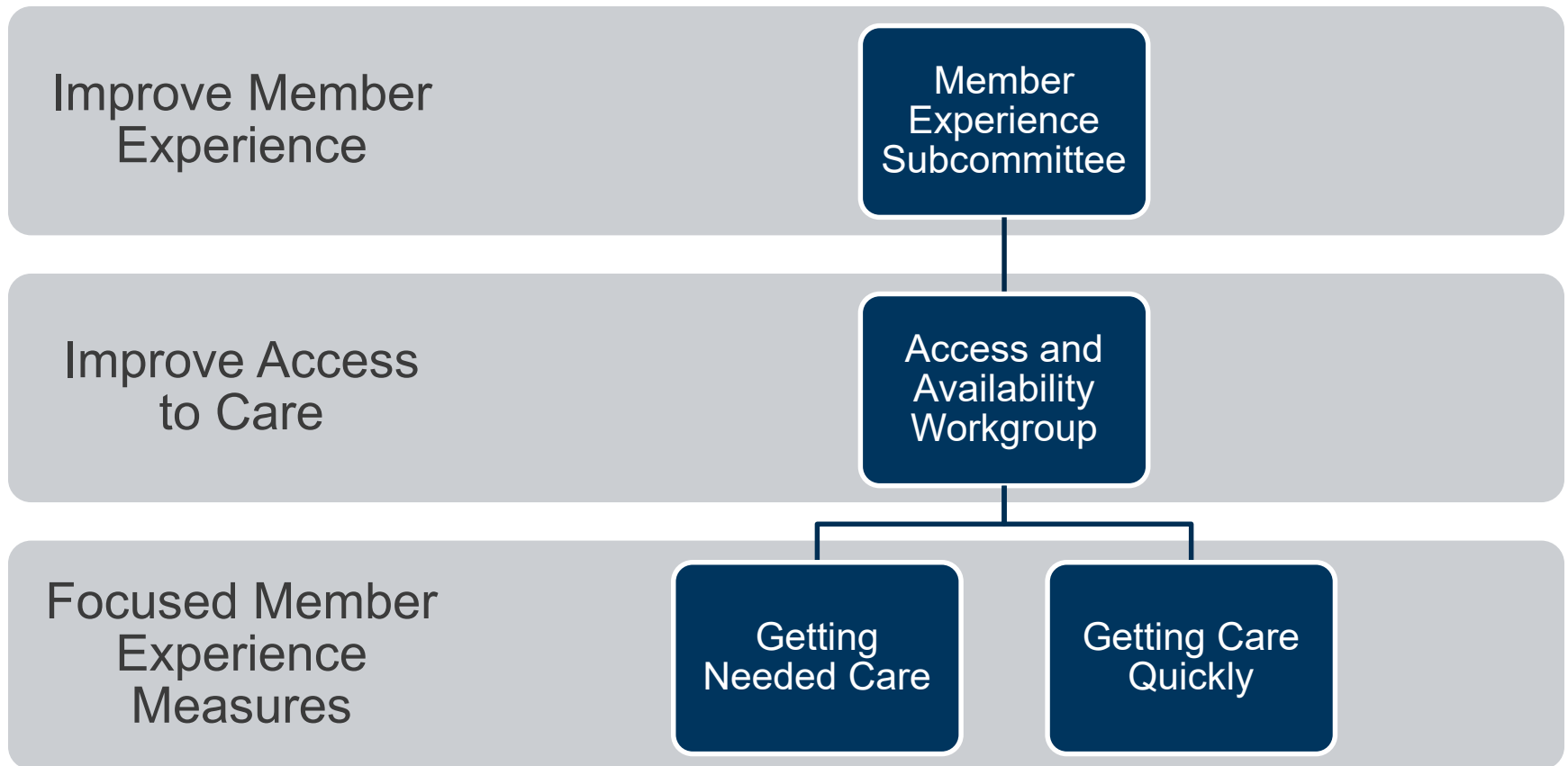
Access Monitoring Components
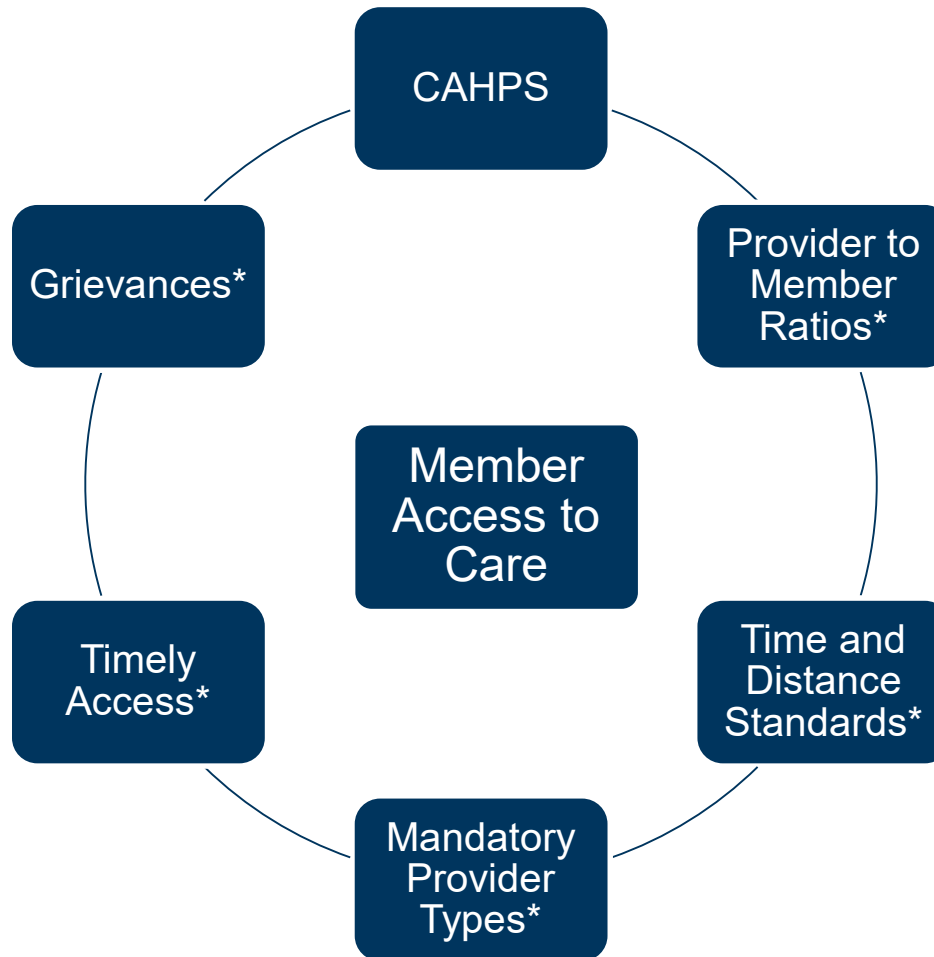
* Components are part of the annual Department of Health Care Services (DHCS) Network Certification
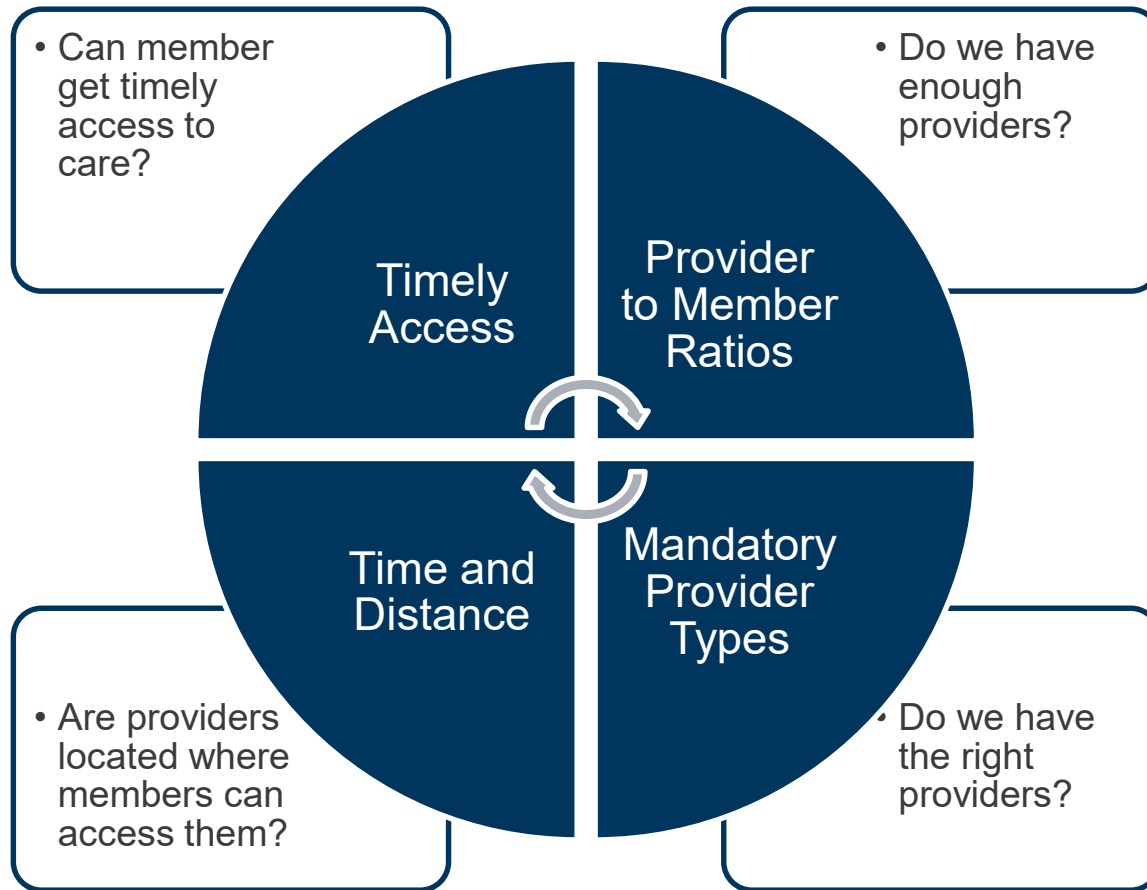
DHCS Access Monitoring Components

CalOptima and its health networks shall meet all the following requirements:

- Can member get timely access to care?

- Do we have enough providers?

Timely Access

Provider to Member Ratios

Time and Distance

Mandatory Provider Types

- Are providers located where members can access them?

- Do we have the right providers?

Provider to Member Ratios

Do we have enough providers?

Standards	Monitoring	Findings
• Medi-Cal (MC): One primary care provider (PCP) to every 2,000 members • Medi-Cal: One total network physician to every 1,200 members. • OneCare (OC) and OneCare Connect (OCC): Minimum number of providers as determined by Center for Medicare and Medicaid Services (CMS)	• DHCS: Annual Network Certification (plan level) • CMS: Three-Year Provider Network Adequacy Review • CalOptima: Quarterly reports (plan, health network and individual PCP level)	• Met all areas at the plan and health network level • Identified PCPs who have exceeded their member capacity

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DHCS Mandatory Provider Types

Do we have the right providers?

Standards	Monitoring	Findings
• Medi-Cal: At least one of each of the following are available: ➢ Federally qualified health centers (FQHC) ➢ Rural health clinics (RHC) ➢ Indian health facilities (IHF) ➢ Free-standing birth center (FBC) ➢ Certified nurse midwife (CNM) ➢ Licensed midwife (LM)	• DHCS: Annual Network Certification (plan level) • CalOptima: Quarterly reports (plan level)	• Met All Areas

Distance and Time Standards

Are providers located where members can access them?

Standards	Monitoring	Findings

• 10 miles or 30 minutes from the member's residence
  ➤ Primary care including obstetrics / gynecology (OB/GYN)
  ➤ Pharmacy
• 15 miles or 30 minutes from the member's residence
  ➤ Specialty care including (OB/GYN)
  ➤ Mental health outpatient services
  ➤ Hospitals
	• DHCS: Annual Network Certification (plan level)
	
	• CMS: Three-Year Provider Network Adequacy Review
	
	• CalOptima: Quarterly reports (plan and health network level)
		• Not met OB/GYN-PCP (MC) in South County
		• Not met at the health network level

Note: CMS distance/time standards vary by provider specialty type

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Timely Access — Appointment Availability

- Urgent and/or routine visits appointment availability for the following appointment types:
  - Primary care including OB/GYN
  - Specialty care including OB/GYN
  - Routine physical exams and health assessments
  - Initial health assessment (IHA)
  - First prenatal visit
  - Mental health (non-psychiatry) outpatient services
  - Follow-up care with a physician behavioral health care provider and/or mental health (non-psychiatry) outpatient services
  - Ancillary services (i.e. physical therapy, mammography providers and diagnostic imaging providers)

* Appointment availability wait time standards vary by appointment type.

Timely Access — Appointment Availability

Can members get timely access to care?

Standards	Monitoring	Findings
• Timely Access or Appointment Availability for urgent and/or routine visits appointment types	• DHCS: Quarterly Timely Access Survey aggregated to an annual report. ➢Telephone survey ➢DHCS Core Medi-Cal providers ➢Small quarterly sample (N=105) • CalOptima: Annual Timely Access Survey ➢Mystery shopper ➢All PCPs and CalOptima identified specialists (no sampling)	• Unable to reach providers during business hours ➢Incorrect provider information ➢Long hold / no answer / answering machine • Urgent appointments and appointments with specialists are not timely*

* DHCS has not officially set a minimum threshold for compliance.

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Timely Access — Wait Times

Can member get timely access to care?

Provider Types	Medi-Cal Standards	Monitoring	Findings
Access to and wait time for triage and screening	Available 24 hours a day, 7 days a week; wait time shall not exceed 30 minutes	• DHCS: Quarterly Timely Access Survey • CalOptima: ➢ Annual Timely Access Survey ➢ Annual PCP Experience Survey: Facility Site Review ➢ CAHPS ➢ Nurse advice line	• Unable to reach providers during business and after hours • Provider not returning calls timely
Customer service call center wait time	Shall not exceed 10 minutes		
In office wait time	Shall not exceed 45 minutes to see a provider		
Wait time for return call from provider	Within 30 minutes (urgent) or 24 hours (non-urgent) after time of message		

Provider Specialties Monitored
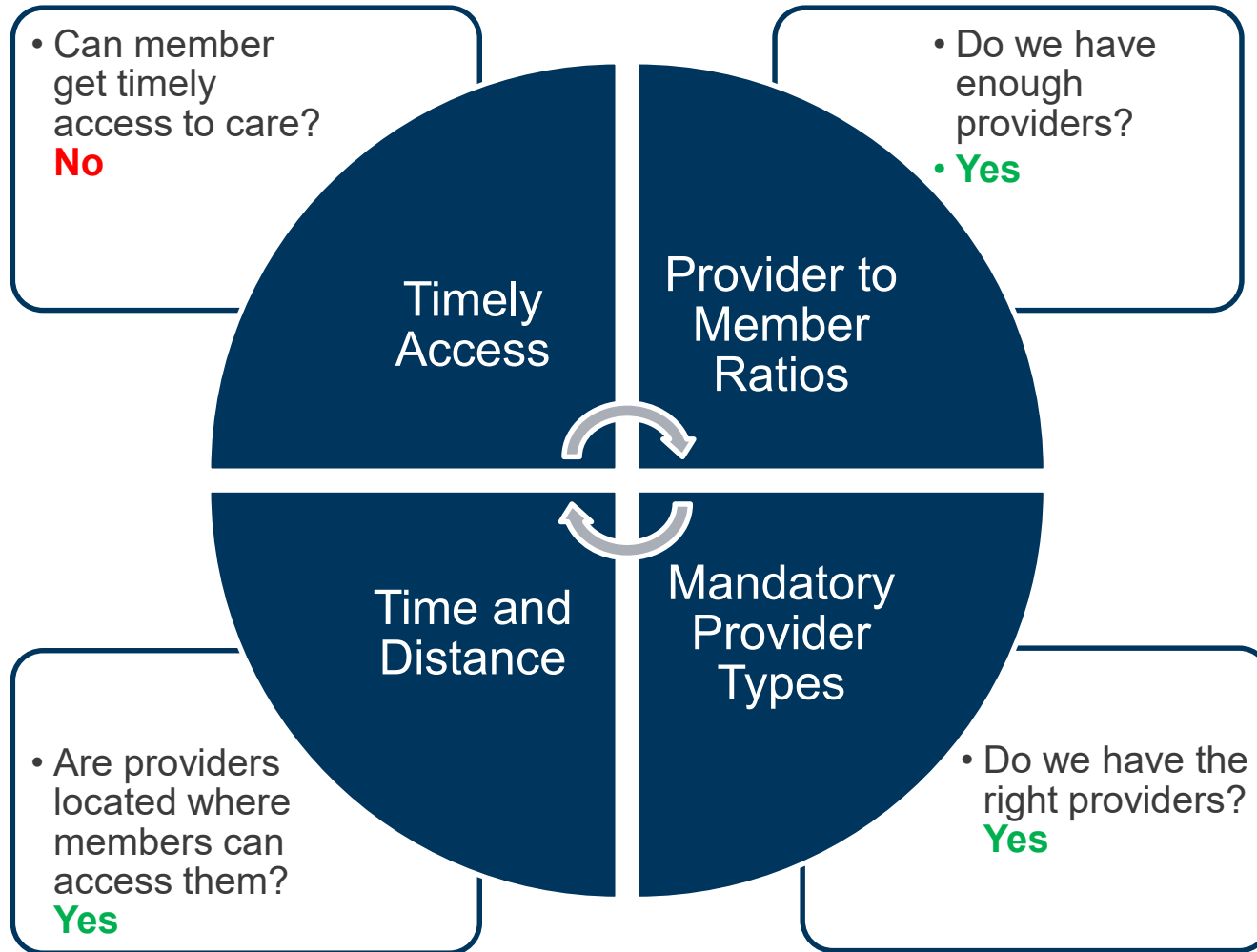
DHCS Adult and Pediatric Core Specialists*	
Cardiology/Interventional Cardiology	Nephrology
Dermatology	Neurology
Endocrinology	Oncology
ENT/Otolaryngology	Ophthalmology
Gastroenterology	Orthopedic Surgery
General Surgery	Physical Medicine and Rehabilitation
Hematology	Psychiatry
HIV/AIDS Specialists/Infectious Diseases	Pulmonology

Additional Specialists Monitored by CalOptima	
Podiatry	

Note: These provider specialties are included for timely access and time/distance monitoring.

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Summary of DHCS Access Performance

- Can member get timely access to care?
  No

- Do we have enough providers?
  • **Yes**

Timely Access

Provider to Member Ratios

Time and Distance

Mandatory Provider Types

- Are providers located where members can access them?
  Yes

- Do we have the right providers?
  Yes

Limitations of DHCS Access Standards

- Do not tell us whether there are enough specialists (no specialist-to-member ratio)
- Do not tell us whether specialists have capacity
- Do not monitor all provider specialties (only DHCS Core specialties)
- Do not tell us why members are not accessing care timely
- Do not tell why members are not satisfied

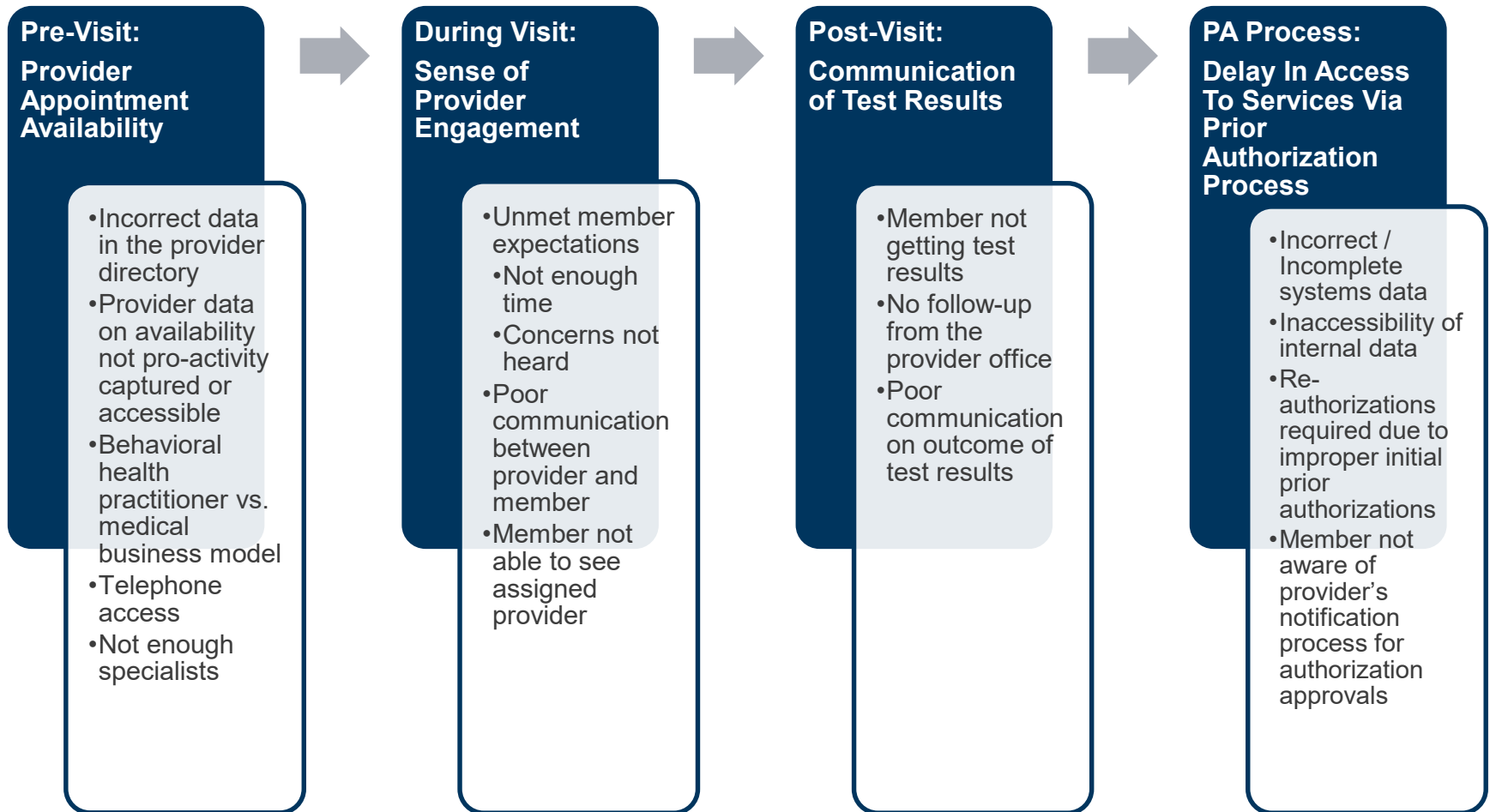# CalOptima Access Monitoring and Deeper Dive: Grievances

Grievances Review

- CalOptima monitors grievances for trends quarterly.
- Staff reviewed grievances between January–June, 2019.
- Approximately 3,000 grievances were reviewed.
- Reviewed the following categories for trends:
  - ➤ Quality of Service
  - ➤ Access
  - ➤ Quality of Care
- Established grievance "themes" and potential root causes.

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Members' Experience When Accessing Care

- Calling for appointment
- Appointment scheduling

Pre-Visit Stage

- From arrival to departure of appointment

During Visit Stage

Prior Authorization Process

- Authorization
- Request for referral
- Referral submission
- Notification of authorization/denial

Post Visit and Follow-Up Stage

- Appointment follow-up actions

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Themes and Potential Root Causes

Pre-Visit:
Provider Appointment Availability

- Incorrect data in the provider directory
- Provider data on availability not pro-activity captured or accessible
- Behavioral health practitioner vs. medical business model
- Telephone access
- Not enough specialists

During Visit:
Sense of Provider Engagement

- Unmet member expectations
- Not enough time
- Concerns not heard
- Poor communication between provider and member
- Member not able to see assigned provider

Post-Visit:
Communication of Test Results

- Member not getting test results
- No follow-up from the provider office
- Poor communication on outcome of test results

PA Process:
Delay In Access To Services Via Prior Authorization Process

- Incorrect / Incomplete systems data
- Inaccessibility of internal data
- Re-authorizations required due to improper initial prior authorizations
- Member not aware of provider's notification process for authorization approvals

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What Are We Doing?

Improving Data and Access to Data	• Provider data initiative • Member portal • Provider Directory — Urgent Care Services • Mapping providers (e.g. behavioral health providers)
Improving Access to Specialists	• Increase payment rates for hard to access specialists* • Telehealth*
Improving Access to PCPs and Specialists	• Minimum physician hours* • Health network corrective action plans • Incentives for hard to access PCPs and specialists to open their panels*

* Potential interventions to improve access

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What Are We Doing? (cont.)

Improving Access to PCPs	• CalOptima Days for PCP Visits • CalOptima Community Network (CCN) PCP Provider report card • PCP overcapacity monitoring — close panels
Improving Communication	• Provider coaching • Customer Service workshops for providers (staff, manager and physicians)
Other	• Member expectation education • Quality rating methodology • Review all auto authorization rules in our authorization system

* Potential interventions to improve access

References

- Policy GG.1600: Access and Availability Standards (Medi-Cal)
- Policy MA.7007: Access and Availability Standards (OneCare and OneCare Connect)

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

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Intergovernmental Transfer (IGT) 9 Update

Special Quality Assurance Committee Meeting
December 13, 2019

David Ramirez, M.D., Chief Medical Officer
Candice Gomez, Executive Director, Program Implementation

IGT Background

- IGT process enables CalOptima to secure additional federal revenue to increase California's low Medi-Cal managed care capitation rates
  - IGTs 1–7: Funds must be used to deliver enhanced services for the Medi-Cal population
    - Funds are outside of operating income and expenses
  - IGTs 8–9: Funds must be used for Medi-Cal covered services for the Medi-Cal population
    - Funds are part of operating income and expenses

- No guarantee of future availability of IGT funds
  - Best suited for one-time investments or as seed capital for new services or initiatives for the benefit of Medi-Cal beneficiaries

IGT Funding Process

High-Level Steps:

1. CalOptima receives DHCS notice announcing IGT opportunity

2. CalOptima secures funding partnership commitments (e.g., UCI, Children and Families Commission, et al)

3. CalOptima submits Letter of Interest (LOI) to DHCS listing funding partners and their respective contribution amounts

4. Funding partners wire their contribution amount and additional 20% fee to DHCS

5. CMS provides matching funds to DHCS

6. DHCS sends total amount to CalOptima

7. From the total amount, CalOptima returns each funding partner's original contribution

8. From the total amount, CalOptima also reimburses each funding partner's 20% fee and where applicable, retained amount for MCO tax (IGT 1–6 only)

9. Remaining balance of the total amount is split 50/50 between CalOptima and the funding partners or their designees

CalOptima Share Totals to Date

IGTs	CalOptima Share	Date Received
IGT 1	$12.43 million	September 2012
IGT 2	$8.70 million	June 2013
IGT 3	$4.88 million	September 2014
IGT 4	$6.97 million	October 2015 (Classic)/ March 2016 (MCE)
IGT 5	$14.42 million	December 2016
IGT 6	$15.24 million	September 2017
IGT 7	$15.91 million	May 2018
IGT 8	$42.76 million	April 2019
IGT 9*	TBD	TBD (Spring 2020)
Total Received	**$121.31 million**	

Pending DHCS guidance

IGT 9 Status

- CalOptima's estimated share is approximately $45 million
  - ➢ Expect receipt of funding in calendar year 2020
  - ➢ Funds used for Medi-Cal programs, services and operations
  - ➢ Funds are part of operating income and expenses
    - ▪ Medical Loss Ratio (MLR) and Administrative Loss Ratio (ALR) apply
    - ▪ Managed through the fiscal year budget

- Recommended focus areas for IGT9 funds
  - ➢ Quality performance
  - ➢ Access to care
  - ➢ Data exchange and support

Next Steps

- Discuss potential expenditures of IGT 9 funds with advisory committees and other stakeholders

- Present recommendations during the February 2020 Board of Directors' Quality Assurance Committee

- Present final recommendations during the March 2020 Board of Directors Meeting

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OneCare Connect Cal MediConnect Plan (Medicare-Medicaid Plan)

Quality Measures and Health Condition Attestation Program

OneCare Connect (OCC) CalOptima Community Network (CCN) Members

Special Quality Assurance Committee Meeting

December 13, 2019

David Ramirez, MD, Chief Medical Officer

Overview

- Background

- Medicare Attestation Programs

- CalOptima's Focus Areas
  - Quality: Potential Focus Area
  - Risk Adjustment Factors (RAF)

- Proposed Quality Measures and Health Condition Attestation Program
  - Program Goals
  - Payment Requirements
  - Anticipated Costs

- Next Steps

Background

- CalOptima monitors diagnosis codes and utilization data submitted by providers through claim submissions or encounter data

  - Allows monitoring of Member health status
  - Enables plan to assign a risk status to members in order to identify the right level of care and services that promote improvement of health outcomes
  - Ensures targeted quality improvement programs are designed towards Member needs

- CalOptima is required to regularly submit diagnosis data to CMS for OCC members

  - All health networks are obligated to submit timely and accurate data

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Background (Cont.)

- CMS uses diagnosis data to assess program quality and to calculate expected health care costs
  - ➢ Quality: HEDIS quality measures are used to determine annual Medicare Star Ratings
  - ➢ Revenue: Plans receive payments based on each enrollee's expected health care costs based on risk adjustment factors
    - ▪ Based on demographic and health status to reflect the acuity within the OCC membership population
    - ▪ CMS calculates CalOptima's revenue by multiplying the base rate by a risk score

- CMS conducts medical record audit periodically to validate the accuracy of data submitted by the plans

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Medicare Attestation Programs

- Recognized industry standard practice for Medicare
- Ensures proper coding to improve HEDIS quality measure reporting
- Improves care coordination by incentivizing providers to perform member outreach
- Produces an accurate reflection of population acuity and risk stratification
  - Enhances population health management efforts
- Improves data submission and chart review
  - Streamlines chart retrieval for members with chronic conditions
  - Increases accessibility to charts during the annual HEDIS Chart Review and CMS Risk Adjustment Data Validation Audit
- Results in a positive financial impact from CMS

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Quality: Potential Focus Area

HEDIS Measurement Year 2018
Measure: Comprehensive Diabetes Care (CDC)

CDC	CCN	HNs	CalOptima
Medicare Eye Exam	**62.32%**	73.31%	71.88%
Medicare A1c Test	**81.87%**	90.91%	89.27%
Medicare HbA1c Adequate Control (<8)	**45.61%**	57.01%	55.59%
Medicare Monitoring for Nephropathy	**91.78%**	96.29%	95.72%

Note: Rates are based on claims/encounters (admin rate)

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Quality: Potential Focus Area (Cont.)

HEDIS Measurement Year 2018
Measure: Adults' Access to Preventive/Ambulatory Health Services (AAP)

AAP -Total	Rate	Medicare National 10th percentile	Medicare National 25th percentile	Medicare National 50th percentile	Medicare National 75th percentile	Medicare National 90th percentile
CCN	**89.99%**					
Health Networks	90.22%	90.24%	93.70%	95.66%	96.91%	98.45%
CalOptima	90.12%					

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Risk Adjustment Factors

Risk Adjustment Factors (RAF) Score Comparison (Calendar Year 2019)

Delegation Assignment	Member Month	Average RAF
CCN	**10,607**	**1.180**
Health Networks	89,830	1.431

- CCN's average RAF is 18% (0.251) below the HN average

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Risk Adjustment Factors (Cont.)

Inpatient Day Utilization (1000 members/year) vs. RAF

Risk	Member Months	RAF	Inpatient Days PTMPY	RAF Based on I/P Risk	RAF Difference
CCN	10,607	**1.180**	141.81	**1.921**	**-0.741**
SRG	33,418	1.241	86.24	1.168	0.073
PHC	3,371	0.922	102.47	1.388	-0.466
HMO	53,041	1.582	107.09	1.451	0.132
TOTAL	100,437	1.404	103.66	1.404	0.000

- In using Inpatient Day utilization per thousand members per year (PTMPY) as a determinant of risk within a health network, the underlying risk within CCN far exceeds the reported RAF score

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9

Proposed Attestation Program

- Establish Medicare Attestation Program for CalOptima Community Network (CCN) Primary Care Providers (PCP)

- Program Goals
  - Increase number of members receiving annual comprehensive visits
  - Accurately identify conditions and diagnosis codes to CMS
  - Review charts in real time
  - Improve overall member health outcome

Next Steps

- Approval Timeline
  - ➢ Dec 2019 QAC: Information Item
  - ➢ Jan 2020 PRC: CalOptima Internal Policy Review
  - ➢ Feb 2020 Board of Directors meeting: Final Approval

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

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OneCare and OneCare Connect Behavioral Health Implementation Update

Special Quality Assurance Committee Meeting

December 13, 2019

Edwin Poon, Ph.D.

Director, Behavioral Health Services (Integration)

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OneCare (OC)/OneCare Connect (OCC) Behavioral Health (BH) Transition

- Magellan is the current Managed Behavioral Health Organization for OC and OCC behavioral health services.

- On May 2, 2019, the CalOptima Board approved the integration of OC and OCC covered BH services within CalOptima internal operations effective January 1, 2020.

- The overall goal is to minimize member impact.

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OC/OCC BH Transition (cont.)

- Transition project began May 3, 2019.
- Formal notification sent to Magellan June 3, 2019.
- Transition meeting with Magellan began June 24, 2019.
- Bi-Monthly CalOptima BH Transition Workgroup meetings
- Weekly contracting sub-workgroup meetings
- Bi-Monthly meetings with Magellan planning team

OC/OCC BH Transition (cont.)

- Focus on network contracting:
  - ➤ Credentialing and contracting with all Magellan OC/OCC BH providers (heavy emphasis on the providers with encounters within the past year)
  - ➤ Ensure network adequacy levels continue to be met.
  - ➤ Expanding Medi-Cal network by offering MC/OC/OCC contracts to providers who are Medi-Cal enrolled

- Operational transition areas:
  - ➤ Call Center
  - ➤ Prior authorizations/concurrent review
  - ➤ Care management

OC/OCC BH Network Progress

Group*	1	2	3
Total Count	157	54	150
Active	120	16	16
Pending	0	6	8
Have not returned	30	23	111
Canceled	6	7	6
Declined	1	2	9

* Group 1 — Magellan providers already contracted with CalOptima Medi-Cal BH
  Group 2 — Magellan providers eligible for all programs
  Group 3 — Magellan providers eligible for OC/OCC only

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Next Steps

- Continue with BH contracts
- Hospital and health network orientations
- Hire additional staff to support new/expanded functions
- Staff training
- Finalize inpatient concurrent review process
- System configuration

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Board of Director's Quality Assurance Committee Meeting
December 13, 2019

PACE Member Advisory Committee Update

PMAC Meeting September 11, 2019

- Updates from the Director
  - Director Elizabeth Lee notified members that PACE has transitioned from using UCI physicians and nurse practitioners in the PACE clinic. Dr. Le and Dr. Arghami transitioned their patients to Dr. Omid Moussavi, Dr. Henry Nguyen and Dr. Thuy Nguyen as of September 2019. If there was a change, clinic staff were scheduling visits for participants to meet their new doctor. PACE participants still have access to UCI specialists in the community. The change is only related to on-site UCI doctors at the PACE center.

- Items Discussed
  - Program Enhancements: PACE Center Manager Monica Macias, LCSW, provided an update on program enhancements at the PACE center:
    - Activities: special entertainment and BINGO for morning and afternoon shifts
    - Nursing: diabetes education class for participants
    - Social Work: reminiscence group
    - Rehabilitation Therapy: 'Boxing Champs' group, life skills education, therapeutic dance

    A member commented that meals are "really good" and that he likes the new vendor who offers meal enhancements, more ethnic foods, and more sides, like guacamole and sour cream, to enhance food flavors. Ms. Macias shared that monthly meal satisfaction rate is 96%. Another member shared that she likes that the Dieticians walk around and ask how participants are enjoying meals at mealtimes.

  - Potential Schedule Change: Director Lee requested feedback about potentially extending PACE center hours and adding Saturday hours. Most participants agreed that they did not want pickups before 6:30 or 7 AM and no later than 5 or 6 PM. Saturday hours elicited mixed opinion. Participants like the idea of Saturday hours, but many would not like it for themselves.

  - PMAC Member Forum:
    - One participant wanted to compliment everyone at PACE but expressed issues with transportation and requested follow up regarding late or missed pickups. The committee agreed that transportation would be the topic of the next meeting.

Board of Directors' Quality Assurance Committee Meeting
December 13, 2019

Quality Improvement Committee (QIC) Quarter 3 Update

QIC Meeting Dates: July 09, 2019; August 13, 2019; and September 10, 2019

- Summary
  - The following report to the QIC quarterly through various committees and subcommittees:
    - Behavioral Health Integration (BHI)
    - Grievance and Appeals (GARS)
    - Utilization Management (UM)
    - Credentialing and Peer Review Committee (CPRC)
    - Member Experience (MEMX)
    - Whole-Child Model Clinical Advisory Committee (WCM CAC)
  - Accepted minutes from the following committees and subcommittees:
    - Utilization Management Committee (UMC): May 23, 2019
    - Behavioral Health QI Committee (BHQIC): June 18, 2019
    - Grievance and Appeals Committee (GARS): May 28, 2019
    - Member Experience Subcommittee (MEMX): June 27, 2019; July 25, 2019
    - PACE Quality Improvement Committee (PACE QIC): May 21, 2019; June 04, 2019
    - Whole-Child Model Clinical Advisory Committee (WCM CAC): April 16, 2019; May 21, 2019; June 18, 2019

- QIC Highlights
  - Policies reviewed and approved:
    - Quality Improvement Committee Policy GG.1620 presented by Esther Okajima was reviewed and approved
    - Post-Hospital Discharge Medication Supply Policy GG.1639 presented by Laura Guest, RN, ANP, was reviewed and approved
    - Full Scope Site Review – Policy GG.1608 presented by Esther Okajima was reviewed and approved
  - Healthcare Effectiveness Data and Information Set (HEDIS) and Member Experience Results for Measurement Year (MY) 2018 Performance presented by Miles Masatsugu, MD was reviewed and approved
  - David Ramirez, MD announced that CalOptima's Member Portal went live and is working on the provider portal
  - David Ramirez, MD announced that CalOptima is working on policies and procedures to make services more accessible and convenient to members thru telehealth

- o 2019 Healthcare Effectiveness Data and Information Set (HEDIS) /(CAHPS) results for measurement year 2018 presented by Miles Masatsugu, MD and Kelly Rex-Kimmet, and was approved
- o Updated Population Health Management Strategy (PHM) presented by Pshyra Jones was reviewed and approved
- o CalOptima Homeless Clinic Access Program presented by Pshyra Jones
- o Post-Acute Infection Prevention Quality Initiative (PIPQI) SHIELD Protocol update presented by Emily Fonda, MD was reviewed and approved
- o Credentialing, Facility Site Review and Potential Quality of Care (PQI) activity presented by Esther Okajima was reviewed and approved
- o Facility Site Review Tool update presented by Esther Okajima at the August QIC
- o Minimum outpatient provider hours presented by Miles Masatsugu, MD, additional review was required by network operations for further action
- o Member and Provider Complaints 2Q, 2019 presented by Ana Aranda was reviewed and approved
- o Member Experience (CAHPS) Adult Survey Results for Medi-Cal LOB presented by Marsha Choo was reviewed and approved. Focus on access measures (Getting Needed Care and Getting Care Quickly) are being addressed with the Access Workgroup. Updates on actions such as overcapacity letters, and report cards will follow with next Member Experience update.
- o 2019 Quality Improvement Work Plan 2Q presented by Esther Okajima was reviewed and approved

Attachments
1. 2019 Quality Improvement Work Plan 2Q

Evaluation Category	2019 QI Work Plan Element Description	Objectives/Lag Measures	Planned Activities	Target Date(s) for Completion	Results/Metrics: Assessments, Findings, and Monitoring of Previous Issues	Next Steps	Red - At Risk Yellow - Concern Green - On Target
Program Oversight	2019 QI Annual Oversight of Program and Work Plan	Obtain Board Approval of 2019 QI Program and Workplan by February 2019	QI Program and QI Work Plan will be adopted on an annual basis; QI Program Description-QIC-BOD; QI Work Plan-QIC-QAC	Annual Adoption	Approved at **QIC** 2/14/19; **QAC** 2/20/19; **BOD** on 3/7/19	None	
Program Oversight	2018 QI Program Evaluation	Complete Evaluation 2018 QI Program by January 2019	QI Program and QI Work Plan will be evaluated for effectiveness on an annual basis	Annual Evaluation	Approved at **QIC** 2/14/19;**BOD** 2/20/19	None	
Program Oversight	2019 UM Program	Obtain Board Approval of 2019 UM Program by Q1 2019	UM Program will be adopted on an annual basis; Delegate UM annual oversight reports-from DOC	Annual Adoption	Approved at **UMC** 2/14/19; **QAC** 2/20/19; **BOD** 3/7/2019	None	
Program Oversight	2018 UM Program Evaluation	Complete Evaluation of 2018 UM Program by Q1 2019	UM Program and UM Work Plan will be evaluated for effectiveness on an annual basis; Delegate oversight from DOC	Annual Evaluation	Approved at QIC 2/14/19; **QAC** 2/20/19	None	
Program Oversight	Population Health Management Strategy	Obtain Board Approval of 2019 Population Health Management Strategy and start implementation by July 1, 2019	Implement PHM Strategy. Review and adopt on an annual basis	Annual Adoption	Approved as attachment C to the 2019 QI Program **QIC** 2/14/19; **QAC** 2/20/19; **BOD** 3/7/19.	None	
Program Oversight	**Credentialing Peer Review Committee (CPRC) Oversight** - Conduct Peer Review of Provider Network per regulatory and contract requirement	Peer Review of Credentialing and Re-credentialing files, and Quality of Care and Quality of Service cases related to CalOptima's provider network.	Review of initial and recredentialing applications, related quality of care issues, approvals, denials, and reported to QIC; Delegation oversight reported by A&O quarterly to CPRC.	Quarterly Adoption of Report	CPRC reported 1Q to QIC May 13, 2019, Update on Credentialing Activity, FSR/MRR/PARS, DHCS Random Facility Site Review Update, DHCS CAP's, PQI Symmary by Action report.	CPRC due to report Q2 to QIC 8/13/2019.	
Program Oversight	**Behavioral Health Quality Improvement Committee (BHQIC) Oversight** - Conduct Internal and External oversight of BHI QI Activities per regulatory and contract requirement	Ensure member's have access to quality behavioral health services, while enhancing continuity and coordination between physical health and behavioral health providers.	BHQI meets quarterly to monitor and identify improvement areas of member and provider services, ensure access to quality BH care, and enhance continuity and coordination between behavioral health and physical health care providers.	Quarterly Adoption of Report	BHQIC reported 1Q to QIC April 9, 2019; 2019 BHQI Charter, Access & Member Experience Quality of Care BHQI Work Group, CalOptima BH Health Treatment. PHQ9- Adolescent Depression Screening	BHQI due to report Q2 to QIC 7/9/2019.	
Program Oversight	**Utilization Management Committee (UMC) Oversight** - Conduct Internal and External oversight of UM Activities per regulatory and contract requirement	Monitors the utilization of health care services of CalOptima Direct and delegated HMO's, PHCS, SRGs to area identifies over and under utilization that may adversely impact the member's care.	UMC meets quarterly; monitors medical necessity, cost-effectiveness of care and services, reviewed utilization patterns, monitored over/under-utilization, and reviewed inter-rater reliability results	Quarterly Adoption of Report	UMC reported 1Q to QIC 4/9/2019. Annual UM Criteria was approved. Review of 4Q 2018 UM Metrics and over/underutilization results.	UMC due to report Q2 to QIC 7/9/2019.	
Program Oversight	**Member Experience (MEMX) Subcommittee Oversight** - Oversight of Member Experience activities to improve member experience to achieve the 2019 QI Goal	Improve member experience to meet 2019 strategic objectives. Increase CAHP performance from 25th percentile to exceed 50th percentile.	The MEMX Subcommittee assesses the annual results of CalOptima's CAHPS surveys, monitor the provider network including access & availability (CCN & the HNs), review customer service metrics and evaluate complaints, grievances, appeals, authorizations and referrals for the "pain points" in health care that impact our members.	Quarterly Adoption of Report	MEMX reported Q1 to QIC June 11, 2019. Network Adequecy, 2019 Timely Access Survey, PCP overcapacity outreach, 2018 PCP experience Survey. Provider Coaching update was shared (of the 25 provider coaching trainings that CalOptima offered 18 were completed, and 2 were scheduled to be performed), MEMX will wait one year to measure the success of provider coaching workshop.	Quality Analytics (QA) will share health network specific qualitative data to help inform HN initiatives. Member Experience Team to develop initiatives to improve both member and provider satisfaction. Strategies include to increasing support for our providers, improving access to care and streamling current referral and authorization process. Update CalOptima's policy and procedure to reflect actions as a result of exceeding capacity that may include closing the provider panel. Topic discussed at the 6/18/19 Access and Availability Workgroup MEMX due to report Q2 to QIC 9/10/2019.	
Program Oversight	**Long Term Services and Supports Quality Improvement Sub-Committee (LTSS-QISC) Oversight** - Conduct Internal and External oversight of LTSS QI Activities per regulatory and contract requirement	Monitor and review the quality and outcomes of services provided to members in both Nursing Facility Services for Long-Term Care and Home and Community Based Services.	The LTSS Quality Improvement Sub Committee meets on a quarterly basis and addresses key components of regulatory, safety, quality and clinical initiatives.	Quarterly Adoption of Report	LTSS QISC reported their Q4 updated to QIC 1/8/19. Going forward in 2019, LTSS metrics will be reported as part of UMC	None	
Program Oversight	**Whole Child Model - Clinical Advisory Committee (WCM CAC)**- Conduct Clinical Oversight for WCM per regulatory and contract requirement	Provide clinical advice for issues related to Whole Child Model.	Meet quarterly, provide clinical advice regarding Whole Child Model operations to Medical Affairs.	Quarterly Adoption of Report	WCM CAC Charter was approved at the 5/14/2019 QIC. Adhoc meetings were added in preparation of implementation for July 1, 2019. CalOptima has a dedicated telephone line in place staffed with staff educated and staffed on WCM in anticipation of July 1 go live 7/1/19 date. Met with CHOC to ensure ways to keep interruptions and are proactively using claims from CCS to develop and enter prior authorizations for prior to July 1 to ensure no interruptions service.	WCM due to report their Q2 upate to QIC in August 2019. Continue to meet at least monthly until 7/1/19	

Evaluation Category	2019 QI Work Plan Element Description	Objectives/Lag Measures	Planned Activities	Target Date(s) for Completion	Results/Metrics: Assessments, Findings, and Monitoring of Previous Issues	Next Steps	Red - At Risk Yellow - Concern Green - On Target
Program Oversight	**Grievance and Appeals Resolution Services (GARS) Committee** - Conduct oversight of Grievances and Appeals per regulatory and contract requirement	Resolve provider complaints and appeals expeditiously for all CalOptima providers in a timely manner.	The GARS Committee oversees the Grievance Appeals and Resolution of complaints by members for CalOptima's network. Results are presented to committee quarterly	Quarterly Adoption of Report	GARS reported their Q1 update to QIC 6/11/2019. Medi-cal Complaints Member grievances decreased by 14% due to a new billing process implemented in January 2019 allowing the members to contact the billers and provide insurance information. Often times, educating billers resolves the billing issue. Grievances Overall, the grievances issues are Member Billing, Delay in Service, Question Treatment, Provider/Staff Services. Members' perception and expectations are the key factors for these grievances. OCC Complaints Grievances had a 55% increase due to NMT services. The implementation of a new vendor, compounded with dispatch errors, and delays in the onboarding of independent drivers, caused delays in picking up members and at times resulted in no-shows. OCC Grievances The top grievance issues are NMT services, Provider Services and Delays in Service. OC Complaints 5 of the 12 grievances were regarding NMT services related to the challenges Veyo experienced during the implementation period.	CalOptima continues to review all grievances and appeals for Trends, Improvements Correction. GARS to report 2Q on 9/10/2019.	🟩
Program Oversight	**PACE QIC** - Quarterly submission PACE QIC minutes	Provide all the acute and long-term care services covered by Medicare and Medi-Cal through an Interdisciplinary Team (IDT). Plan, coordinate and deliver the most fitting and personalized health care to participants.	The PACE QIC oversees the activities and processes of the PACE center. Results are presented to PACE-QIC, and submitted quarterly at QIC	Quarterly Adoption of Report	PACE QIC presented their 1Q minutes to QIC June 11,2019.	Q2 PACE minutes will be submitted at September QIC.	🟩
Program Oversight	Quality Program Oversight - Quality Withhold	Earn 100% of Quality Withhold Dollars back for OneCare Connect in OCC QW program end of MY 2019	Quarterly monitoring and reporting to OCC Steering Committee and QIC	Annual Assessment	We earned 75% of the OCC QW withhold based on our performance. However, we actually received 100% of the funds back due to a CMS exemption for being in a designated wildfire area. Payments have been sent to the HNs.	**The measures that we did not meet the benchmarks:** 1. Follow-Up After Hospitalization for Mental Illness Percent of discharges for plan members 6yrs of age and older who were hospitalized for treatment for selected mental health disorders and who had an outpatient visit, an intensive outpatient encounter or partial hospitalization with a mental health practitioner within 30 days of discharge. **(Benchmark: 56% CalOptima performance: 46.81%)** 2. Behavioral Health Shared Accountability Outcome measure Reduction in emergency department use for seriously mentally ill and substance use disorder members (**Benchmark: <104.29 CalOptima performance: 107.30)** 3. Interaction with Care Team Percent of members who have a care coordinator and have at least one care team contact during the reporting period. **(Benchmark: 78% CalOptima performance: 67.67%)**	🟨
Program Oversight	Quality Program Oversight - QIPE/PPME Monitoring	Meet and exceed goals set forth on the QIPE/PPE dashboard for OC/OCC measures.	Conduct quarterly oversight of specific goals on QIPE/PPME dashboard for OC/OCC measures. Reference dashboard for SMART goals	Annual Assessment	Completed Table 2 entries for 2018, CMS Auditt will not be taking place this year, didn't receive engagement letter by 7/1/2019.	Finish Table 2 for 2019, in preparation for CMS audit next year.	🟩
Quality of Clinical Care	Follow-up After Hospitalization for Mental illness within 7 and 30 days of discharge (FUH).	OC OCC 30 day 56% 33rd percentile OC N/A OCC 7 day 28.97% 50th percentile	CalOptima to manage mental health services for OC/OCC Develop transition of care process for post-discharge Outreach to members post discharge to coordinate follow-up appointments Add ADT and/or EDIE Reporting Incentives for urgent appointments for providers	12/31/2019	PR HEDIS Rates Q2 12.35% / Gap 50 is 13 27.16% / Gap 50 is 19 OCC 22.22% /Gap 50 is 1 55.56% / Gap 75 is 1	All planned activities in development stage. Some outreach /coordination by MBHO is occurring. Rates speak to the progress. Small group mbrship trend cycle through ED/InPt/OutPt/and ED again.	🟨
Quality of Clinical Care	Persistence of Beta Blocker Treatment after a Heart Attack (PBH)	MC 79.67% 50th percentile OC N/A OCC 90.23% 50th percentile	Targeted outreach of CCN	12/31/2019	1) Medi-Cal Newsletter Spring 2019 highlighted beta blockers and statins for heart health after a heart attack. July Prospective (PR) MC PBH 67.02% MC CCN PBH 76.12% OC PBH 100% OCC PBH 81.48% 2) Provider faxes completed by Pharmacy Dept. for 2Q19 448 MCAL members 221 Unique MCAL providers 2 OC members 2 Unique OC providers 80 OCC members 71 Unique OCC providers	1) Continue Provider fax campaign quarterly. 2) CalOptima Website will have educational message banner rotating with American Heart Month awareness messaging in February 2020.	🟩

Evaluation Category	2019 QI Work Plan Element Description	Objectives/Lag Measures	Planned Activities	Target Date(s) for Completion	Results/Metrics: Assessments, Findings, and Monitoring of Previous Issues	Next Steps	Red - At Risk Yellow - Concern Green - On Target
Quality of Clinical Care	Use of Imaging Studies for Lower Back Pain (LBP)	MC 71.71% 50th percentile	Targeted outreach of CCN	12/31/2019			
Quality of Clinical Care	Follow-up Care for Children with Prescribed ADHD Medication (ADD) Continuation Phase. Increase chances to meet or exceed HEDIS goals through effective interventions that are aligned with current practice and technological options.	MC; Continuation Phase 45% 50th percentile	Targeted outreach of CCN Develop a process for member outreach and/or coordination	12/31/2019	Ea yr analyze data trends. Most individual encounters but a few larger HN groups being seen, propose address related mbrs to secure f/u maintenance Rx. PR HEDIS Rates Q2 41.71% / Gap 50 is 43 44.88% / Gap 50 is 25 Gap 75 is 118 Gap 75 is 39	Developed plan to address members and providers through outreach and assistance with appointment setting and reminders. Rx core report in process of build. Once completed, access to more real time data available to attempt impact member intervention.	GREEN
Quality of Clinical Care	Improve HEDIS measures related to Asthma Medication Ratio (AMR)	MC 65.30% 66th percentile	CCIP/QIP for AMR Targeted outreach of CCN	12/31/2019	1) After HEDIS rates were released, AMR was not seen as an area where intervention was currently needed since the national threshold was met/exceeded. 2) Medi-Cal member newsletter Spring 2019 highlighted Child and Adult Asthma Health program services available to members.	1) No special AMR outreach or interventions currently planned. 2) CalOptima Website will have educational message banner rotating with Asthma awareness messaging in May 2020. 3) Medi-Cal member newsletter Fall 2019 promotes Health Management Programs, including Child and Adult Asthma Health Program.	GREEN
Quality of Clinical Care	Plan All-Cause Readmissions (PCR)	MC N/A OC 8% 50th percentile OCC 10%	Update Transition of Care post-discharge program, all diagnosis for all LOB (Focus on Anaheim and Fountain Valley hospitals) New means of identification for ER visits in Data Warehouse. CMS CCN OCC Members with CHF and hospital admission. Health Coaches contact member to prevent unplanned readmission within 30 days (all hospitals excluding Anaheim and Fountain Valley)	12/31/2019	CHF OCC Reducing Unplanned Readmissions: We received 10 referrals from January 2019 to June 2019. From those members, only 2 qualified for the program 1 member completed 2 sessions then was UTC 1 member completed 1 session then was UTC 1 member was discharged to hospice at home 1 member went to palliative care 1 member was discharged to a Psychiatric unit 5 members were discharged to a SNF There were no re-admission for the members who received outreach during the Period of January 2019-June 2019.	Continue program to reduce unplanned readmissions for OCC members with CHF.	YELLOW
Quality of Clinical Care	Improving the quality performance of all HNs, including CalOptima Community Network (CCN).	Implement practice transformation technical assistance in 5 high volume CCN practices by December 2019 Expand provider coaching and customer service training to include all health networks, and PQI Providers and CCN office staff by December 2019	Pay for Value Provider Report Card Provider Incentive targeting measures not in P4V Practice Transformation Initiative in partnership with California Quality Coalition Expand provider coaching and customer service training	12/31/2019	Created Provider Report card for CCN physicians, to be sent out by end of August. Discovering opportunities with Practice Transformation Initiative in partnership with California Quality Coalition (CQC). Proposing modified HN methodology, currently in the vetting process, and will be presented at QIC and eventually QAC.	Send out Provider Report cards for CCN physicians. Continue exploration of PTI through CQC membership. Propose new HN methodology at QAC.	GREEN
Quality of Clinical Care	Adult's Access to Preventive/Ambulatory Health Services (AAP) (Total)	MC 75.84% 25th percentile	CalOptima Days targeting adults and children Continue implementing MC PIP activities through 6/30/2019	12/31/2019	1) Completed at total of 23 CalOptima Day events in Q2. Five (5) events were Adult CalOptima day events [2 Full and 3 Half Days] 2) Completed the AAP PIP submission (Module 4 and 5). 3) Medi-Cal member newsletter Spring 2019 highlighted scheduling first health exam for new members. 4) Medi-Cal member newsletter Spring 2019 highlighted articles promoting scheduling first health exam for new members, well child visits and immunizations. July Prospective Rate (PR) - (20-44) 47.1% - (45-64 66.14% - 65+ 76.51% - All 56.33% All submeasures are better compared to same time last year.	1) Evaluation of CalOptima Days (April - June) shows no significant impact to plan or health network level HEDIS rates due to low relatively volume of members seen versus the overall denominator. Benefits of CalOptima Days include 1) improved data relay and collaboration with provider offices, 2) positive member experience and 3) increased interest from provider offices due to provider incentive. Cons of CalOptima Days include 1) resource intensive, 2) little impact on plan and health network HEDIS measures and 3) due to data lag, reconciliation of target population did not yield encounters impacting measures. Preliminary results suggests that we conclude CalOptima Day events moving forward with the exception of some targeted events. Complete full evaluation of CalOptima Day events available mid- September. 2) AAP PIP final results to be completed by September 2019. 3) Homeless clinic access health equity PIP 4) Medi-Cal member newsletter Fall 2019 higlights scheduling first health exam for new members.	YELLOW
Quality of Clinical Care	Cervical Cancer Screening (CCS)	MC 63.26% 66th percentile	CalOptima Days targeting adults and children Continue existing incentives	12/31/2019	1) $20 CCS Member incentive was launched in March to Health Networks and Community Clinic partners. Targeted mailing for each incentive dropped in Q2. Program was promoted at the adult CalOptima Day events. 2) CCS Member incentive will be increased to $25 starting September 1, 2019 July Prospective Rate (PR): MC 53.37% Measure is performing better than same time last year.	1) Continue monitoring and tracking incentive. 2) Collaborate with willing Health Networks with their call campaign outreach efforts. 3) Strategize promotion of member incentives through website and other avenues. 4) CalOptima Website will have educational message banner rotating with cervical cancer awareness messaging in January 2020.	GREEN

Evaluation Category	2019 QI Work Plan Element Description	Objectives/Lag Measures	Planned Activities	Target Date(s) for Completion	Results/Metrics: Assessments, Findings, and Monitoring of Previous Issues	Next Steps	Red - At Risk / Yellow - Concern / Green - On Target
Quality of Clinical Care	Colorectal Cancer Screening (COL)	OC 4 STAR OCC 3 STAR	$50 per screening incentive for OC/OCC	12/31/2019	**July Prospective Rate (PR)** OC 49.72% OCC 47.40% Measure is performing better than same time last year.	1) $50 OC/OCC Member Incentive for colorectal cancer screening to launch October 2019. Health rewards card were purchased to promote initiative. Program is expected to start Q3 2) Collaborate with willing Health Networks with their call campaign outreach efforts. 3) Strategize promotion of member incentives through website and other avenues. 4) CalOptima Website will have educational message banner rotating with colorectal cancer awareness messaging in March 2020.	
Quality of Clinical Care	Breast Cancer Screening (BCS)	MC 65.30% 75th percentile	CalOptima Days targeting adults and children Continue existing incentives	12/31/2019	1) $15 BCS Member incentive was launched in March to Health Networks and Community Clinic partners. Targeted mailing for each incentive dropped in Q2. Program was promoted at the adult CalOptima Day events. 2) BCS Member incentive will be increased to $25 starting September 1, 2019. **July Prospective Rate (PR):** MC 53.88% OC 61.33% OCC 57.95%	1) BCS OC/OCC member incentive will be mailed to all eligible OC/OCC members still needing a BCS in October 2019. 2) Facets reminder message campaign will be prompted for Customer Service representatives to convey to members if they are eligible Sept 30 – December 31, 2019. 3) BCS IVR campaign is scheduled for targeted Medi-Cal population in October 2019. 4) CalOptima Website will have educational message banner rotating with breast cancer awareness messaging in October. 5) Collaborate with willing Health Networks with their call campaign outreach efforts. 6) Strategize promotion of member incentives through website and other avenues.	
Quality of Clinical Care	Avoidance of Antibiotic Treatment in Adults with Acute Bronchitis (AAB)	MC 27.63% 25th percentile	Urgent Care Center Provider Incentives, $10 per hit	12/31/2019	1) On hold until further notice. AAB is no longer a MPL measure for DHCS. AAB is still a NCQA measure. 2) Medi-Cal member newsletter Spring 2019 highlighted articles warning against the overuse of antibiotics. **July Prospective Rate (PR); MC 28.43%** Measure is performing better when compared to same time last year. **Goal: 31.97%** **HEDIS 2019 Final Rate:** 27.69%	1) Need to discuss next steps with leadership team. This is a NCQA measure. We could continue with the urgent care educational outreach.	
Quality of Clinical Care	Statin Therapy for People with Cardiovascular Disease (SPC) and Statin Therapy for People with Diabetes (SPD)	Therapy OC 74% 66th percentile OCC 74% 66th percentile Adherence OC 80.75% 75th percentile OCC 74.56% 50th percentile	Chronic Disease Bundle, $100 for getting tests done and screenings	12/31/2019	1) Chronic disease member incentive bundles – are not created due to the lack of feasibility in execution. 2) Instead separate SPD/SPC Provider Fax communication intervention were continued on a quarterly basis. 3) Medi-Cal Newsletter Spring 2019 highlighted beta blockers and statins for heart health. **July Prospective Rate (PR):** MC SPC 3.72% MC SPD Therapy 66.10% MC SPD Adherence 2.19% OC SPC 9.38% OC SPD Therapy 69.96% OC SPD Adherence 5.52% OCC SPC 11.54% OCC SPD Therapy 70.57% OCC SPD Adherence 12.06% 4) Provider fax interventions completed by Pharmacy Dept for SPD: 8 333 MCAL members 571 Unique MCAL providers 94 OC members 75 Unique OC providers 865 OCC members 358 Unique OCC providers	1) Continue Provider fax campaign on a quarterly basis. 2) Targeted member mailings to the same identified members from provider SPD provider faxes are scheduled to begin in September 2019. 3) IVR campaign with statin medicine messaging for diabetics will be run in November 2019. 4) CalOptima website and social media platforms will have educational message banner rotating with diabetes awareness messaging highlighting statin use in November in conjunction with Diabetes Awareness month and American Heart Month awareness messaging in February 2020.	

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Evaluation Category	2019 QI Work Plan Element Description	Objectives/Lag Measures	Planned Activities	Target Date(s) for Completion	Results/Metrics: Assessments, Findings, and Monitoring of Previous Issues	Next Steps	Red - At Risk Yellow - Concern Green - On Target
Quality of Clinical Care	Improve HEDIS measures related to Comprehensive Diabetes Care (CDC) HbA1c Testing; HbA1c Good Control (<8.0%); Eye Exam; Medical Attention for Nephrology	A1c Testing MC 91.58% 75th percentile OC 92.15% 25th percentile OCC 92.15% 25th percentile	Chronic Disease Bundle, $100 for getting tests done and screenings PIP - CDC	12/31/2019	1) Chronic disease member incentive bundles were not created due to the lack of feasibility in execution. 2) Member incentives for CDC- A1C testing were mailed to those members missing the exam or test in June 2019 with a diabetic schedule highlighting all needed labs and exams. 3) Medi-Cal member newsletter Spring 2019 highlighted Diabetes Health program services available to members. **July Prospective Rates (PR):** MC CDC A1C Testing - 72.51% Measure is performing better when compared to same time last year. OC CDC A1C Testing - 77.39% OCC CDC A1C Testing - 77.61%	1) IVR campaign with A1C testing messaging for diabetics will be run in November 2019 in conjunction with Diabetes Awareness month. 2) CalOptima Website will have educational message banner rotating with Diabetes messaging in November. 3) Continue monitoring and tracking incentive. 4) Collaborate with willing Health Networks with their call campaign outreach efforts. 5) Strategize promotion of member incentives through website and other avenues. 6) CalOptima website and social media platforms will have educational message banner rotating with diabetes awareness messaging in November. 7) Medi-Cal member newsletter Fall 2019 promotes Health Management Programs, including Diabetes Health Program.	🟩
Quality of Clinical Care	Improve HEDIS measures related to Comprehensive Diabetes Care (CDC) HbA1c Testing; HbA1c Good Control (<8.0%); Eye Exam; Medical Attention for Nephrology	A1c (<8%) MC 59.49% 90th percentile OC 77.26% 66th percentile OCC 71.29% 66th percentile	Chronic Disease Bundle, $100 for getting tests done and screenings Expand annual access to VSP to MC Diabetic members PIP - CDC	12/31/2019	1) Chronic disease member incentive bundles were not created due to the lack of feasibility in execution. 2) PIP Project - final Module 4 and 5 submission is due to DHCS on 9/20/19 3) Medi-Cal member newsletter Spring 2019 highlighted Diabetes Health program services available to members. **July Prospective Rates (PR):** MC CDC - HbA1c Poor Control (>9%) 57.50% Measure is performing better when compared to the same time last year. MC CDC - HbA1c Adequate Control (<8%) 35.60% OC CDC - HbA1c Poor Control (>9%) 47.77% OC CDC - HbA1c Adequate Control (<8%) 44.90% OCC CDC - HbA1c Poor Control (>9%) 44.10% OCC CDC - HbA1c Adequate Control (<8%) 47.78%	1) Ongoing identification lists will be provided to participating provider offices until December 2019, when the project will be discontinued due to resource reallocation. 2) Targeted call campaign intervention will launch in Oct/Nov to identified emerging risk population of diabetics who were well controlled, but now have an A1C >8% and <9%. 3) CalOptima website and social media platforms will have educational message banner rotating with diabetes awareness messaging in November. 4) Medi-Cal member newsletter Fall 2019 promotes Health Management Programs, including Diabetes Health Program.	🟩
Quality of Clinical Care	Improve HEDIS measures related to Comprehensive Diabetes Care (CDC) HbA1c Testing; HbA1c Good Control (<8.0%); Eye Exam; Medical Attention for Nephrology	Eye Exams MC 66.42% 75th percentile OC 80% 66th percentile OCC 80% 66th percentile	Chronic Disease Bundle, $100 for getting tests done and screenings PIP - CDC	12/31/2019	1) Chronic disease member incentive bundles were not created due to the lack of feasibility in execution. 2) Member incentives for CDC-Eye Exam and were mailed to those members missing the exam in June 2019 with a diabetic schedule highlighting all needed labs and exams. 3) Medi-Cal member newsletter Spring 2019 highlighted Diabetes Health program services available to members. **July Prospective Rates (PR):** MC CDC Eye Exams - 44.75% Measure is performing better when compared to same time last year. OC CDC Eye Exams - 54.14% OCC CDC Eye Exams - 58.67%	1) Medi-Cal members were informed of VSP expanded benefits through the Medi-Cal Fall 2019 newsletter allowing access to an annual diabetic exam. 2) Continue monitoring and tracking incentive. 3) Collaborate with willing Health Networks with their call campaign outreach efforts. 4) Strategize promotion of member incentives through website and other avenues. 5) CalOptima website and social media platforms will have educational message banner rotating with diabetes awareness messaging in November. 6) Medi-Cal member newsletter Fall 2019 promotes Health Management Programs, including Diabetes Health Program.	🟩
Quality of Clinical Care	Improve HEDIS measures related to Comprehensive Diabetes Care (CDC) HbA1c Testing; HbA1c Good Control (<8.0%); Eye Exam; Medical Attention for Nephrology	Nephropathy MC 92.05% 75th percentile OC 95% 25th percentile OCC 97% 66th percentile	Chronic Disease Bundle, $100 for getting tests done and screenings PIP - CDC	12/31/2019	1) Chronic disease member incentive bundles were not created due to the lack of feasibility in execution. 2) Nephropathy was not addressed as a separate member incentive. 3) Medi-Cal member newsletter Spring 2019 highlighted Diabetes Health program services available to members. **July Prospective Rates (PR):** MC CDC Nephropathy 83.82% OC CDC Nephropathy 88.85% OCC CDC Nephropathy 91.20%	1) Monitor HEDIS prospective rates as it is estimated the CDC Nephropathy measure will exceed MPL similar to HEDIS 2019 final rate. 2) CalOptima website and social media platforms will have educational message banner rotating with diabetes awareness messaging in November. 3) Medi-Cal member newsletter Fall 2019 promotes Health Management Programs, including Diabetes Health Program.	🟩

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Quality of Clinical Care	Prenatal and Postpartum Care Services (PPC) Timeliness of Prenatal Care and Postpartum Care	Prenatal 87.06% 75th percentile Postpartum 73.97% 90th percentile	Increase PPC from existing $25 to $50 Conduct Bright Step post partum assessment	12/31/2019	1) **Bright Steps** maternity health program was promoted in the Spring 2019 Medi-Cal member newsletter. 2) **Postpartum Care (PPC) Member incentive:** **# of PPC member incentives paid out in Q1-Q2 2019:** 3 incentives were approved in June 2019. 18 incentives were approved in July and August. The incentive is gaining awareness and being more actively promoted to Health Networks directly. **Postpartum Care (PPC) July Prospective Rate:** 47.44%	1) The PPC member incentive dollar amount increases from Sept 1 2019 from $25 to $50. Bundling PPC member incentive with W15 member and provider incentive. Continue monitoring and tracking incentive. 2) Collaborate with willing Health Networks with their call campaign outreach efforts. 3) Strategize promotion of member incentives through website and other avenues. 4) CalOptima website and social media platforms will have educational message banner rotating with Women's health and maternal mental health awareness messaging in May 2020. 5) Medi-Cal member newsletter Fall 2019 promotes Health Management Programs including Bright Steps Maternity Health Program.	GREEN
Quality of Clinical Care	Antidepressant Medication Management (AMM) Continuation Phase Treatment. Increase chances to meet or exceed HEDIS goals through effective interventions that are aligned with current practice and technological options.	Continuation Phase MC 42.31% 75th Percentile OC 67.87% 90th percentile OCC 49% 25th percentile	Proposed Incentive for 2 follow-up incentives within 6 months AMM $75	12/31/2019	Continuation Phase MC Gap to 50 is 25 @ 37.75% OC Gap to 50 is 1 @ 50% OCC Gap to 50 is 13 @ 50.58% All Rx measure have component of real time data missing w/ exception of having Rx Core reports available to actively manage and assist mbrs with reminders to follow up w/ appts.	Look at ways to include this population as a transition from the DSF mearsure for those that will engage in Rx tx for Depresssion management. Pended for coding issues with DSF measure. Continue to educatie in lieu of active interventions.	GREEN
Quality of Clinical Care	Depression Screening and Follow-Up for Adolescents (12+) and Adults (DSF)	New in 2019, DHCS required, for MC, no external benchmarks	Proposed Incentive f/u visit within 30 days for those who screen positive DSF $25	5/31/2019	HEDIS changed accepted billing codes; no data available for this measure as result. Developing work around in hope to capture data/provide outreach to members & provider population encourage scrng & follow up.	Determine target population to address/wait on code options from HEDIS/look at external app to open EHR_type system to outside HN / PCP for submission of services data for this measure.	RED
Quality of Clinical Care	Childhood Immunization Status (CIS) Combo 10	MC Combo 10 48.42% 90th percentile Last year final rate 45.01 75%, our goal is to move from 75% to 90%	CalOptima Days targeting adults and children W15 Incentive, $100 completed 6 visits in 12 month or $50 for first month, and $100 for completing	12/31/2019	1) Completed at total of 23 CalOptima Day events in Q2. Eighteen (18) events were Pediatric focused; 2 of the 18 events targeted teens for the AWC measure. There were 12 Full Day and 6 Half Day events completed for the Pediatric CalOptima Day events. 2) W15 incentive will impact CIS measure as IZ are administered during well-care visits. 3) Health Guides with immunization and well child schedules were mailed to all members Ages 0 - 6 in Q2 of 2019. 4) Medi-Cal member newsletter Spring 2019 highlighted articles promoting scheduling first health exam for new members, well child visits and immunizations. **July Prospective Rate (PR): MC** 30.36% Measure is performing better than same time last year.	1) Evaluation of CalOptima Days (April - June) shows no significant impact to plan or health network level HEDIS rates due to low relatively volume of members seen versus the overall denominator. Benefits of CalOptima Days include 1) improved data relay and collaboration with provider offices, 2) positive member experience and 3) increased interest from provider offices due to provider incentive. Cons of CalOptima Days include 1) resource intensive, 2) little impact on plan and health network HEDIS measures and 3) due to data lag, reconciliation of target population did not yield encounters impacting measures. Preliminary results suggests that we conclude CalOptima Day events moving forward with the exception of some targeted events. Complete full evaluation of CalOptima Day events available mid- September. 2) CalOptima website and social media platforms will have educational message banner rotating with Back to School Well Care visit and immunization awareness messaging in July 2020. 3) Medi-Cal member newsletter Fall 2019 has articles highlighting immunization schedules for children returning to school, well care visits and scheduling first health exam for new members.	GREEN
Quality of Clinical Care	Well-Child Visits in the 3rd, 4th, 5th and 6th Years of Life (W34)	MC 83.70% 90th percentile	CalOptima Days targeting adults and children	12/31/2019	1) Completed at total of 23 CalOptima Day events in Q2. Eighteen (18) events were Pediatric focused; 2 of the 18 events targeted teens for the AWC measure. There were 12 Full Day and 6 Half Day events completed for the Pediatric CalOptima Day events. 2) Health Guides with immunization and well child schedules were mailed to all members Ages 0 - 6 in Q2 of 2019. 3) Medi-Cal member newsletter Spring 2019 highlighted scheduling first health exam for new members. 4) Medi-Cal member newsletter Spring 2019 highlighted articles promoting scheduling first health exam for new members, well child visits and immunizations. **July Prospective Rate (PR):** 38.65% Measure is performing lower when compared to same time last year.	1) Evaluation of CalOptima Days (April - June) shows no significant impact to plan or health network level HEDIS rates due to low relatively volume of members seen versus the overall denominator. Benefits of CalOptima Days include 1) improved data relay and collaboration with provider offices, 2) positive member experience and 3) increased interest from provider offices due to provider incentive. Cons of CalOptima Days include 1) resource intensive, 2) little impact on plan and health network HEDIS measures and 3) due to data lag, reconciliation of target population did not yield encounters impacting measures. Preliminary results suggests that we conclude CalOptima Day events moving forward with the exception of some targeted events including Back-to-School targeted well child visits. Complete full evaluation of CalOptima Day events available mid- September. 2) CalOptima website and social media platforms will have educational message banner rotating with Back to School Well Care visit and immunization awareness messaging in July 2020. 3) Medi-Cal member newsletter Fall 2019 has articles highlighting immunization schedules for children returning to school, well care visits and scheduling first health exam for new members.	YELLOW

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Quality of Clinical Care	Well-Care Visits in first 15 months of life (W15)	MC 58.54% 25th percentile	CalOptima Days targeting adults and children W15 Incentive, $100 completed 6 visits in 12 month or $50 for first month, and $100 for completing	12/31/2019	1) Completed at total of 23 CalOptima Day events in Q2. Eighteen (18) events were Pediatric focused; 2 of the 18 events targeted teens for the AWC measure. There were 12 Full Day and 6 Half Day events completed for the Pediatric CalOptima Day events. 2) W15 incentive drop 9/1/19 to targeted members who are due and can impact HEDIS 2020. 3) Health Guides with immunization and well child schedules were mailed to all members Ages 0 - 6 in Q2 of 2019. 4) Medi-Cal newsletter Spring 2019 highlighted articles promoting scheduling first health exam for new members, well child visits and immunizations. **July Prospective Rate (PR):** 28.37% Measure is performing better than same time last year. **GOAL:** 66.23% (50th percentile) This is a DHCS MPL and NCQA measure	1) Evaluation of CalOptima Days (April - June) shows no significant impact to plan or health network level HEDIS rates due to low relatively volume of members seen versus the overall denominator. **Benefits** of CalOptima Days include 1) improved data relay and collaboration with provider offices, 2) positive member experience and 3) increased interest from provider offices due to provider incentive. **Cons** of CalOptima Days include 1) resource intensive, 2) little impact on plan and health network HEDIS measures and 3) due to data lag, reconciliation of target population did not yield encounters impacting measures. Preliminary results suggests that we conclude CalOptima Day events moving forward with the exception of some targeted events. Complete full evaluation of CalOptima Day events available mid- September. 2) There are opportunities for addressing the data gaps for the first two well-care visits for this measure. Gaps in data analysis being addressed. Currently below the 10th percentile for 2019 HEDIS final rate. 3) Medi-Cal member newsletter Fall 2019 has articles highlighting immunization schedules for children returning to school, well care visits and scheduling first health exam for new members.	Red
Quality of Clinical Care	Adolescent Well-Care Visits (AWC)	MC 54.57% 50th percentile	CalOptima Days targeting adults and children AWC incentive, $25/visit targeting 12-15 year olds	12/31/2019	1) Completed at total of 23 CalOptima Day events in Q2. Eighteen (18) events were Pediatric focused; 2 of the 18 events targeted teens for the AWC measure. There were 12 Full Day and 6 Half Day events completed for the Pediatric CalOptima Day events. 2)AWC member incentive planning in process 3) Medi-Cal member newsletter Spring 2019 highlighted articles promoting scheduling first health exam for new members, well child visits and immunizations. **July Prospective Rate (PR):** 23.36% Measure is performing slightly lower when compared to the same time last year.	1) Evaluation of CalOptima Days (April - June) shows no significant impact to plan or health network level HEDIS rates due to low relatively volume of members seen versus the overall denominator. Benefits of CalOptima Days include 1) improved data relay and collaboration with provider offices, 2) positive member experience and 3) increased interest from provider offices due to provider incentive. Cons of CalOptima Days include 1) resource intensive, 2) little impact on plan and health network HEDIS measures and 3) due to data lag, reconciliation of target population did not yield encounters impacting measures. Preliminary results suggests that we conclude CalOptima Day events moving forward with the exception of some targeted events including Back-to-School targeted well child visits. Complete full evaluation of CalOptima Day events available mid- September. 2) CalOptima website and social media platforms will have educational message banner rotating with Back to School Well Care visit and immunization awareness messaging in July 2020. 3) Medi-Cal member newsletter Fall 2019 has articles highlighting immunization schedules for children returning to school, well care visits and scheduling first health exam for new members. 4) Continue with strategizing AWC incentive initiatives.	Yellow
Quality of Clinical Care	Appropriate Testing for Children with Pharyngitis (CWP)	MC 72.52% 25th percentile	Urgent Care Center Provider Incentives, $10 per hit	12/31/2019	1) On hold until further notice. CWP is a NCQA measure 2) Medi-Cal member newsletter Spring 2019 highlighted articles warning against the overuse of antibiotics. **July Prospective Rate (PR):** 60.98% Measure is performing better when compared to same time last year and close to achieving the 2019 HEDIS final rate. The 25th percentile goal of 72.52% **HEDIS 2019 Final Rate:** 61.05%.	Need to discuss next steps with leadership team. This is a NCQA measure. We could continue with the urgent care educational outreach.	Yellow

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Quality of Clinical Care	Children and Adolescents' Access to Primary Care Practitioners (CAP)	MC 12-24 Months 93.64% 25-6 years 89.26% 7-11 years 90.69% 12-19 years 89.56% 50th percentile	CalOptima Days targeting adults and children AWC incentive, $25/visit targeting 12-15 year olds W15 Incentive, $100 completed 6 visits in 12 month or $50 for first month, and $100 for completing	12/31/2019	1) Completed at total of 23 CalOptima Day events in Q2. Five (5) events were Adults events and 18 were children and teens. 2) AWC member incentive in process 3) W15 incentive is launching 9/1/19 to targeted members who are due for well-care visits and likely to be compliant based on HEDIS specifications. 4)Health Guides with immunization and well child schedules were mailed to all members Ages 0 - 6 in Q2 of 2019. 5) Medi-Cal member newsletter Spring 2019 highlighted scheduling first health exam for new members. **July Prospective Rate (PR):** - 12-24 months 89.11%* - 25-6 years 68.99% * - 7-11 years 87.20% - **12-19 years (P4V):** 83.66%	1) Evaluation shows no significant impact to plan or health network level HEDIS rates due to low relatively volume of members seen versus the overall denominator. Benefits of CalOptima Day events include 1) improved data relay and collaboration with provider offices, 2) positive member experience and 3) increased interest from provider offices due to provider incentive. Cons of CalOptima Days include 1) resource intensive, 2) little impact on plan and health network HEDIS measures and 3) due to data lag, reconciliation of target population did not yield encounters impacting measures. Preliminary results suggests that we conclude CalOptima Day events moving forward with the exception of some targeted events including Back-to-School targeted well child visits. Complete full evaluation of CalOptima Day events available mid- September. 2) Continue with planning AWC incentive 3) CalOptima website and social media platforms will have educational message banner rotating with Back to School Well Care visit and immunization awareness messaging in July 2020. 4) Medi-Cal member newsletter Fall 2019 has articles highlighting immunization schedules for children returning to school, well care visits and scheduling first health exam for new members.	
Quality of Service	Review and Report GARS for all Lines of Business, Include review of quality issues (QOC, QOS, Access) related to member "pain points" and provide recommendation to assure appropriate actions are taken to improve member experience.	Address quality issues related to (Quality of Service, Access, and Quality of Care).	Provider Data Initiative to address accuracy issues with on-line provider directory which may impact member experience Provider Coaching Initiative	12/31/2019	Reviewed Q1 data of Access, QOS, QOC themes and trends. Top three highest GARS in each of the three areas have been reviewed, and will be summarized and presented at MEMX. The qualitative analysis will identify high-level trends and will identify potential actionable items.	Incorporate Q2 data into analysis, and present both Q1 and Q2 qualitative analysis with proposed actionable items to MEMX sub-committee.	
Safety of Clinical Care	Use of Opioids at High Dosage (UOD) & Use of Opioids from Multiple Providers (UOP)	Promote optimal utilization of opioid analgesics.	Formulary Management quarterly meetings a. Quantity limits b. Duration limits c. Prior Authorization criteria d. Prescriber Report Cards	12/31/2019	QTR 1 15.6 QTR 2 15.1	Goal met. Continue interventions and monitoring.	
Safety of Clinical Care	Follow-up on Potential Quality Of Care Complaints	To assure patient safety and enhance patient experience by timeliness of clinical care reviews	Provider Report Card Expand Provider Coaching	12/31/2019	In April 2019, 56 practitioners who had > 25 grievances in 2 years, or > 10 PQIs in 3 years were reviewed. Of those, 32 were recurring from Q3 2018; 24 were new. 22 of the new practitioners were found to have appropriate care, had rates at or below that of their specialty, were an impacted specialty, or were medical directors of a clinic. The list was reviewed at CPRC, who determined that the list of recurring practitioners will be reviewed at 1 year mark; 1 was referred to Access and Availability Workgroup, and 1 was sent a letter suggesting Provider Coaching.	In 6 months, review the list of recurring practitioners (September 2018 compared to September 2019) with high grievances and/or PQIs at CPRC, and determine the next action for these practitioners.	
Member Experience	Review of Member Experience (CAHPS) -Increase CAHPS score on Getting Needed Care	Improve Member Experience for **Getting Needed Care** from 25th to 50th percentile AND Improve Member Experience for **Getting Care Quickly** from 25th to 50th percentile	Update and redesign P4V CalOptima Days for Specialists as well as PCPs Create Access incentives for hard to access specialties to accept new referrals Member Portal Implementation Streamline CCN Prior Auth Process i.e. change feed from COLA to GC, update auto auth, Provider Directory Initiative, notification to members of approved auths, unused auth reporting, UCI specialist referrals etc.	12/31/2019	Held special Member Experience Sub-Committee meeting with chief executives to discuss ways to improve member experience and identified improving provider data quality to be an area of focus. Reviewed Q1, 2019 access related grievances. Provider article to educate providers of the DHCS timely access survey and the importance of answering the phone during business hours. Mailed out MC PCP Overcapacity notification letters to PCPs who are over the 1 2,000 provider to member ratio and notified their affiliated networks.	Conduct outreach to providers identified as not answering their telephone during business hours. Close panels to PCPs who are over capacity.	
Member Experience	Review of Member Experience (CAHPS)-Increase CAHPS score on How Well Dr Communication	Improve Member Experience for **How Well Drs Communicate** from 25th to 50th percentile	Expand Targeted provider education (focus on high volume) CQC Practice Transformation Initiative Expand Provider Workshops (By S&L)	12/31/2019			
Member Experience	Review of Member Experience (CAHPS)-Increase CAHPS score on Care Coordination	Improve Member Experience for **Care Coordination** from 25th to 50th percentile	How well dr's are informed about their care (sepcialist to PCP, hospital to PCP, Pharmacy)	12/31/2019			

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Compliance	Delegation Oversight of HN Compliance (UM, CR, Claims)	Delegation Oversight of Health Networks to assess compliance of **UM, CR, Claims**	Delegated entity oversight supports how delegated activities are performed to expectations and compliance with standards, such as Prior Authorizations; Credentialing, Claims etc. **Report from AOC	12/31/2019	Reported to AOC	Please refer to AOC for corrective actions issued	
Compliance	HN Compliance with CCM NCQA Standards	Delegation Oversight of Health Networks to assess compliance of **CCM**	Delegated entity oversight supports how delegated activities are performed to expectations and compliance with standards, such as CCM; **Report from AOC	12/31/2019	Reported to AOC	Please refer to AOC for corrective actions issued	