



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

**WEDNESDAY, DECEMBER 13, 2023  
3:00 P.M.**

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

BOARD OF DIRECTORS' QUALITY ASSURANCE COMMITTEE

Trieu Tran, M.D., Chair  
José Mayorga, M.D.  
Vacant

CHIEF EXECUTIVE OFFICER

Michael Hunn

OUTSIDE GENERAL COUNSEL

KENNADAY LEAVITT

Troy R. Szabo

CLERK OF THE BOARD

Sharon Dwiars

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

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

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

**Members of the public may attend the meeting in person. Members of the public also have the option of participating in the meeting via Zoom Webinar (see below).**

**Participate via Zoom Webinar at:**

**[https://us06web.zoom.us/webinar/register/WN\\_IqaMzGKeTPOho2E-iiyDzg](https://us06web.zoom.us/webinar/register/WN_IqaMzGKeTPOho2E-iiyDzg) and Join the Meeting.**

**Webinar ID: 893 9976 0678**

**Passcode: 631970 -- Webinar instructions are provided below.**

## **CALL TO ORDER**

Pledge of Allegiance  
Establish Quorum

## **MANAGEMENT REPORTS**

1. [Chief Medical Officer Report](#)

## **PUBLIC COMMENTS**

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

## **CONSENT CALENDAR**

2. [Approve Minutes of the October 17, 2023 Special Meeting of the CalOptima Health Board of Directors' Quality Assurance Committee](#)

## **INFORMATION ITEMS**

3. [Department of Health Care Services Equity and Practice Transformation Payments Program](#)
4. [2024 Medicare Stars Update](#)
5. [Hospital Quality Program Update](#)
6. [Measurement Year Healthcare Effectiveness Data and Information Set \(HEDIS\) Health Network Trends](#)
7. [Update on the National Committee for Quality Assurance \(NCQA\) Accreditation, Health Equity, and Credentialing](#)
8. [Program of All-Inclusive Care for the Elderly Member Advisory Committee Update](#)
9. Quarterly Reports to the Quality Assurance Committee
  - a. [Quality Improvement Health Equity Committee Report](#)
  - b. [Program of All-Inclusive Care for the Elderly Report](#)
  - c. [Member Trend Report](#)

## **COMMITTEE MEMBER COMMENTS**

## **ADJOURNMENT**

## TO REGISTER AND JOIN THE MEETING

Please register for the Regular Meeting of the CalOptima Health Board of Directors' Quality Assurance Committee on December 13, 2023 at 3:00 p.m. (PST)

To **Register** in advance for this webinar:

[https://us06web.zoom.us/webinar/register/WN\\_IqaMzGKeTPOho2E-iiyDzg](https://us06web.zoom.us/webinar/register/WN_IqaMzGKeTPOho2E-iiyDzg)

To **Join** from a PC, Mac, iPad, iPhone or Android device:

Please click this URL to join.

<https://us06web.zoom.us/j/89399760678?pwd=F5adRSpKzhldUZvwnRoebvJhTv0rfr.1>

Passcode: **631970**

Or One tap mobile:

+16694449171,,89399760678#,,,,\*631970# US

+13462487799,,89399760678#,,,,\*631970# US (Houston)

Or join by phone:

Dial(for higher quality, dial a number based on your current location):

US: +1 669 444 9171 or +1 346 248 7799 or +1 719 359 4580 or +1 720 707 2699 or +1 253 205 0468 or +1 253 215 8782 or +1 312 626 6799 or +1 360 209 5623 or +1 386 347 5053 or +1 507 473 4847 or +1 564 217 2000 or +1 646 558 8656 or +1 646 931 3860 or +1 689 278 1000 or +1 301 715 8592 or +1 305 224 1968 or +1 309 205 3325

**Webinar ID: 893 9976 0678**

**Passcode: 631970**

International numbers available: <https://us06web.zoom.us/j/keACVCT84L>



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## MEMORANDUM

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DATE: December 13, 2023

TO: CalOptima Health Quality Assurance Committee

FROM: Richard Pitts, D.O., Ph.D., Chief Medical Officer

SUBJECT: CMO Report — December 13, 2023, Special Quality Assurance Committee

COPY: Sharon Dwiers, Clerk of the Board

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### **A. New Medical Management Platform (Jiva) Update**

Progress on implementing the new clinical documentation platform is on schedule. The workgroup is targeting completion by January 15, 2024, with the go-live date scheduled for February 1, 2024. CalOptima Health is confident in its ability to meet these timelines. Jiva is expected to significantly enhance CalOptima Health's service to its members, and better service can increase customer satisfaction.

As of November 2023, the Jiva team and all business units are collaborating closely with ZeOmega on configuration, functional testing, quality assurance validation testing, user acceptance testing (UAT), and developing training lines to prepare for the rollout of Jiva on February 1, 2024.

### **B. Skilled Nursing Facilities (SNF) Access Program Update**

The purpose of the SNF Access Program is to enhance quality through better access and further strengthen the safety net system across Orange County for individuals who require SNF post-hospitalization care. The workgroup has identified the gaps in the process and continues to work on mitigating the service gaps.

As of November 2023, CalOptima Health has updated a list of barriers to discharge. Fourteen Board and Care (B&C) facilities have been identified to participate in a future pilot program. We currently are seeking contracts with B&C facilities that can accept members that were not accepted by SNF and Recuperative Care (e.g., homeless, young age, behavioral health, legal issues).

The contracting division is in the process of updating SNF contracts for the facilities that can have dialysis on-site. The ability to uplevel for members requiring isolation was completed. A meeting was held with Inland Empire Health Plan (IEHP) to learn about the interventions they have used to assist with discharges to SNF for complex members.

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

**CALOPTIMA**  
**505 CITY PARKWAY WEST**  
**ORANGE, CALIFORNIA**

**October 17, 2023**

A Special Meeting of the CalOptima Health Board of Directors' Quality Assurance Committee (Committee) was held on October 17, 2023, at CalOptima Health, 505 City Parkway West, Orange, California. The meeting was held in person and via Zoom webinar as allowed for under Assembly Bill (AB) 2449, which took effect after Governor Newsom ended the COVID-19 state of emergency on February 28, 2023. The meeting recording is available on CalOptima Health's website under Past Meeting Materials.

Chair Trieu Tran called the meeting to order at 3:01 p.m. and led the Pledge of Allegiance.

**CALL TO ORDER**

**Members Present:** Trieu Tran, M.D., Chair; José Mayorga, M.D.  
(All Committee members participated in person)

**Members Absent:** None

**Others Present:** Yunkyung Kim, Chief Operating Officer; Richard Pitts, D.O., Ph.D., Chief Medical Officer; Linda Lee, Executive Director, Quality Improvement; Monica Macias, Director, PACE; Sharon Dwiers, Clerk of the Board

**MANAGEMENT REPORTS**

**1. Chief Medical Officer Report**

Richard Pitts, D.O., Ph.D., Chief Medical Officer, reviewed the Chief Medical Officer Report with the Committee and started off by providing an update on the Jiva project. Dr. Pitts noted that Jiva will replace CalOptima Health's care management program, Guiding Care, which tracks everything to do with a member's health care. Dr. Pitts also noted that the transition is a heavy lift for the organization and touches most departments. The target date for Jiva to go live is February 1, 2024. The new Jiva system will streamline the interface for accessing current data on members' health care, from authorizations and case management to everything in between.

Dr. Pitts also provided an update on the Department of Health Care Services (DHCS) Population Health Managed Transitional Care Services. Dr. Pitts noted that this is an effort by the DHCS to improve the level of management of members anytime there is a transition of care. He explained that many managed care plans pushed back on the huge lift and staff intensity that would be required to undertake the DHCS' original request and have asked the state for a more realistic goal.

Dr. Pitts also provided updates on the Street Medicine Program and the work that CalOptima Health and its community partners are collaborating on to ensure all members receive access to quality health care.

Dr. Pitts and Yunkyung Kim, Chief Operating Officer, responded to Committee member questions and comments.

### **PUBLIC COMMENTS**

There were no requests for public comment.

### **CONSENT CALENDAR**

2. Approve the Minutes of the June 14, 2023, Regular Meeting of the CalOptima Health Board of Directors' Quality Assurance Committee

***Action: On motion of Director Mayorga, seconded and carried, the Committee approved the Consent Calendar as presented. (Motion carried 2-0-0)***

### **REPORTS/DISCUSSION ITEMS**

3. Recommend that the Board of Directors Approve CalOptima Health's Calendar Year 2024 Member Health Rewards

Linda Lee, Executive Director, Quality Improvement introduced this item.

***Action: On motion of Director Mayorga, seconded and carried, the Committee recommended that the Board of Directors: 1.) Approve CalOptima Health's Calendar Year 2024 Member Health Rewards for Medi-Cal and OneCare. (Motion carried 2-0-0)***

4. Recommend that the Board of Directors Approve CalOptima Health Measurement Year 2024 and Modification to Measurement Year 2023 Medi-Cal and OneCare Pay-for-Value Programs

Chair Tran noted for the record that he would not be participating in this item due to his role as a physician specialist serving CalOptima Health members and Director Mayorga would not be participating in this item due to his role as Executive Director, UC Irvine Health.

Linda Lee, Executive Director, Quality Improvement, introduced the item, noting that this would be for informational purposes for the Committee and members of the public because the item did not achieve a quorum due to recusals. Ms. Lee also noted that this would be presented to the full Board of Directors for discussion and consideration.

Ms. Lee noted that CalOptima Health re-analyzed its historical pay-for-value program to determine if the program was achieving its goals and was aligned with its mission and values. In the process of evaluating the pay-for-value program, CalOptima Health adopted the following principles to ensure that its pay-for-value program aligns with the program goals: CalOptima Health opted to use industry standard measures for each of its lines of business – for Medi-Cal it is using the DHCS Medi-Cal Accountability Set and for OneCare it is using the Centers for Medicare & Medicaid Services (CMS) Star measures. Ms. Lee added that CalOptima Health also sought to align its benchmarks with the federal and state government programs, so with the Medi-Cal program, the minimum performance level (MPL) is established at the 50<sup>th</sup> percentile, which is the same MPL the that the state holds

CalOptima Health to today. If CalOptima Health's scores fall below the MPL, it is subject to sanction and corrective action. In that case no health network should earn incentives for a measure that did not meet the MPL, and CalOptima Health would consider passing down any sanctions received to the health networks. Ms. Lee noted that CalOptima Health will also align with the DHCS's quality withhold program. DHCS is developing a withhold program that is slated to start January 1, 2024, where DHCS will withhold 5% of capitation payment from Medicaid managed care plans subject to the plans achieving quality performance benchmarks, however, the details of this program are not yet finalized. CalOptima Health's OneCare program benchmarks will align with the CMS Star thresholds, which is what Medicare Advantage plans across the country are held to. Ms. Lee noted that these principles would mean that networks that fall below the MPL would be subject to corrective action and no contracted health networks would earn an incentive for a measure that CalOptima Health is below the MPL. CalOptima Health is proposing that leftover dollars, either through forfeiture or unearned dollars due to networks not achieving higher benchmarks, be made available to the health networks in the form of grants. These grants could be used for quality improvement initiatives; health networks would apply; CalOptima Health would review and disseminate grants to health networks that choose to implement those quality initiatives; and CalOptima Health could also use those funds for delivery of system wide interventions.

Ms. Lee reviewed additional details regarding the updated pay-for-performance program.

***No Action Taken: Item will be considered at the November 2, 2023, Board of Directors meeting.***

## **INFORMATION ITEMS**

### **5. Update on Assessment of Quality**

Ms. Lee reported that at the beginning of the year, CalOptima Health conducted a quality assessment of the quality operations within CalOptima Health at that time. She noted that staff committed to coming back to the Board of Directors with periodic updates on progress made on risk areas or high priority items. Ms. Lee provided an update on the status of CalOptima Health's National Committee for Quality Assurance (NCQA) health plan accreditation and its credentialing assessment. For the NCQA accreditation, Ms. Lee noted that CalOptima Health maintained its four-star rating and is among the highest rated Medi-Cal plans in California. She also reviewed the key milestones and areas where CalOptima Health is strong and doing well and the areas where more work is being done to bring up CalOptima Health's ratings. Ms. Lee reviewed additional details, including the CalOptima Health credentialing assessment, and noted that staff is working internally and with its health networks and providers to ensure CalOptima Health is compliant and continues to improve the quality outcomes for its members.

Ms. Lee responded to Committee member questions and comments.

### **6. Initial Health Appointment Update**

This item was accepted as presented.

### **7. Student Behavioral Health Incentive Program Update**

This item was accepted as presented.

### **8. Skilled Nursing Facility Incentive Program Update**

This item was presented during the Chief Medical Officer's Report at the top of the meeting.

9. Whole-Child Model Family Advisory Committee Update

This item was accepted as presented.

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

Monica Macias, Director, CalOptima Health PACE Program, provided an update on the recent activities of the PACE Member Advisory Committee.

The following items were accepted as presented.

11. Quarterly Reports to the Quality Assurance Committee

- a. Quality Improvement Health Equity Committee Report
- b. Program of All-Inclusive Care for the Elderly Report
- c. Member Trend Report

**COMMITTEE MEMBER COMMENTS**

The Committee members thanked staff for the work that went into preparing for the meeting. Chair Tran thanked Marsha Choo and Monica Macias for their reports.

**ADJOURNMENT**

Hearing no further business, Chair Tran adjourned the meeting at 3:55 p.m.

/s/ Sharon Dwiars

Sharon Dwiars  
Clerk of the Board

*Approved: December 13, 2023*



# CalOptima Health

## Department of Health Care Services Equity and Practice Transformation Program

Quality Assurance Committee Meeting  
December 13, 2023

Yunkyung Kim  
Chief Operating Officer

### Our Mission

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

### Our Vision

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

# Background of Equity Practice Transformation Program

- Five-year state-wide program to improve Equity and Practice Transformation (EPT) (2023-2028)
- One-time incentive payment of \$25M to managed care plans (MCPs) by April 2024, based on the allocation model designed by the Department of Health Care Services (DHCS)
- \$650M payment twice a year (starting 2024) through the Directed Provider Payment Program, based on meeting milestones/activities defined by DHCS
- \$25M to develop the Statewide Learning Collaborative

# Application and Program Requirements

- The program is designed to bring in additional dollars to our provider community to help them meet their goals over the next five years.
- Required application areas:
  - Empanelment and Access
  - Technology and Data
  - Patient Centered - Population Health models (one focus population and one sub-population)
- Optional application areas:
  - Evidence Based Models of Care
  - Value-Based Care and Alternative Payment Methodologies
  - Leadership & Culture
  - Behavioral Health
  - Social Health

# Application Questions and Points

- **Question 1:** “Describe why your practice is interested in EPT and how you will leverage this opportunity to transform care, improve quality, and health equity outcomes. Specifically, what do you hope your practice will look like in 4- 5 years (clinically and operationally)?”, how well does the practice articulate:
  - A commitment to health equity (5 points)
  - A clear focus on improving the care provided to patients (5 points)
  - A commitment to substantive practice change (5 points)
- **Question 2:** “Please give a 3-4 sentence overview of your project(s)”, how well does the practice articulate:
  - A clear vision of what EPT funding will enable (5 points)
  - Substantive changes to the practice’s current approach to quality, population health, and health equity (5 points)

# Application Questions and Points

- **Question 3:** “Describe how you will evaluate the success of the payments (beyond completion of activities). Please include information on metrics like HEDIS quality measures”, how well does the practice articulate:
  - Specific goals (5 points)
  - A clear connection back to health equity, population health, and quality (5 points)
- **Question 4:** “Does the practice show an intention to collaborate with key partners in the community (e.g. MCPs, hospitals, other practices, IPAs/CINs, community-based organizations, etc.)? (0 means no intentions to collaborative is listed, and 10 means strong and clear commitment to collaboration)

# Summary of Selected Focus Populations

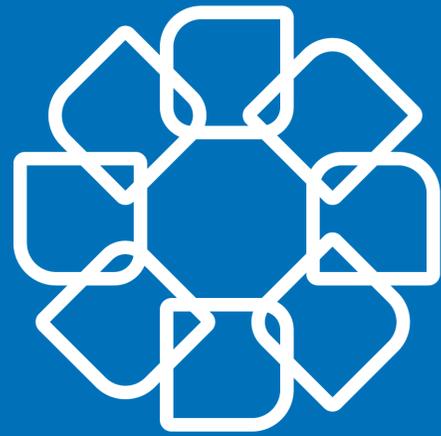
Population of Focus	Percentage of Total Applications
Pregnant (prenatal and up to 12 months postpartum)	1.4%
Children and youth	25.4%
Adults with preventive care needs	16.9%
Adults with chronic conditions	36.6%
People living with behavioral health conditions	7.0%

# Process and Timeline for Application Scoring

- All MPCs including CalOptima Health were required to evaluate application questions.
- CalOptima Health received the application data on 10/27/2023
  - DHCS provided a scoring rubric as guidance for the MCPs to follow when scoring the questions
- CalOptima staff completed internal review on 11/13/23
- Scoring file was sent to DHCS on 11/17/23
- CalOptima Health will receive final list of approved providers by 12/11/23
- CalOptima Health will send out a notice to the approved providers, networks, and community clinics by 12/12/23

# CalOptima Health's Recommendation

- CalOptima Health's goal is to support Orange County providers through the Directed Payment Program
- Based on staff review we recommended that DHCS approve all 62 eligible applicants for inclusion in the program
- The five-year program will require
  - Development of close partnerships between CalOptima Health and health networks, community clinics, and providers
  - Ongoing collaboration with providers and DHCS
    - Internal and external work groups to assist the provider community to ensure they are on track for meeting their activities and milestones
    - Full work plan developed to track provider progress including activities and milestones to meet the reporting requirements to DHCS
    - Directed Payment payout methodology is in development by DHCS



# CalOptima Health

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# CalOptima Health

## Measurement Year 2022/Calendar Year 2024 OneCare Stars

Quality Assurance Committee Meeting  
December 13, 2023

Linda Lee  
Executive Director, Quality Improvement

### Our Mission

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### Our Vision

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# CMS Star Rating System

- The Centers for Medicare & Medicaid Services (CMS) uses a star-based rating system to measure quality in Medicare Advantage and prescription drug plans.
- CMS calculates star ratings annually using HEDIS, CAHPS, HOS, prescription drug data, and operational metrics.
- Ratings on a scale of one to five stars are calculated for each measure, Part C, Part D, and the overall health plan.
- High performing plans receive quality bonus payments, recognition, and year-round enrollment periods.

# Trended OneCare Star Ratings

OneCare performance improved to 3.0 in Part C!

	CY2022	CY2023	CY2024
Part C	3.5	2.5 ↓	3.0 ↑
Part D	4.5	3.5 ↓	3.5
Overall	4	3 ↓	3.0

# Part C Measures Driving Improvement

	CY2021	CY2022	CY2023*
Monitoring Physical Activity	2	3	4
Rating of Health Care Quality	3	1	3
Members Choosing to Leave the Plan	3	3	4
Plan Makes Timely Decisions About Appeals	3	4	5
Reviewing Appeals Decisions	5	3	5
Call Center- Foreign Language Interpreter and TTY Availability	5	1	3

\* Based on estimated cut points

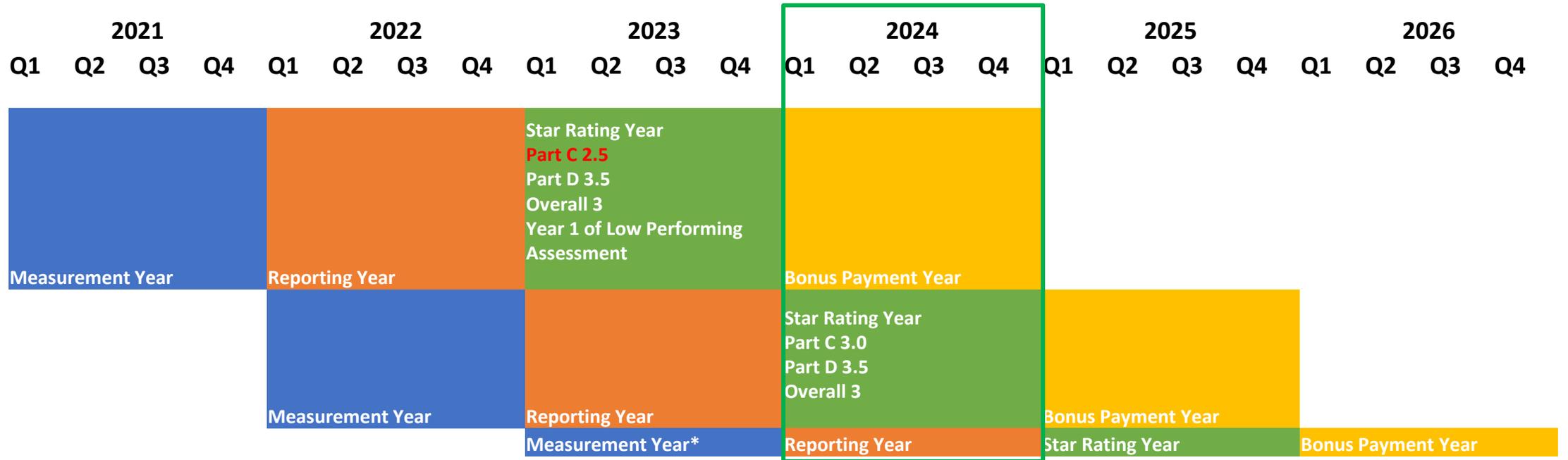
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# Stars Improvement Strategies

- Educate internal and external stakeholders on quality vision and goals
- Equip providers with actionable data and information
- Continue to deploy a continuous, data-driven approach for stars and quality improvement by:
  - Using machine learning and artificial intelligence to identify members at various levels of satisfaction and engagement
  - Utilize member engagement tools to educate, outreach, and improve member health outcomes
  - Share clinical care gap data with all member-facing departments and provider partners

# Star Rating Timeline



\* We are in the 2023 measurement year which is the time period for implementing improvement initiatives to impact 2025 star ratings.



# Hospital Quality Program 2023-2027

Quality Assurance Committee Meeting  
December 13, 2023

Linda Lee  
Executive Director Quality Improvement

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# Background

- Within the framework of CalOptima's provider model, hospitals and their affiliated physicians are integral components of the delivery of health services to members.
- CalOptima Health recognizes the critical role that hospital partners play on the delivery of care to our members
- For many years, CalOptima Health has been providing quality incentive payments to Health Networks to drive improvement in quality outcomes and member satisfaction
- In December 2022, the CalOptima Health Board of Directors approved a five-year Hospital Quality Program to drive hospital performance.

# Pay for Value Framework

- CalOptima Health utilizes three metrics for the Pay for Value framework: quality, patient experience, and hospital safety.
- To minimize hospital burden, CalOptima Health uses publicly available data listed on CMS Hospital Compare and the Leapfrog Group websites.

Measurement Areas	Data Source	Measurement Values
Quality	Hospital Compare*	1 to 5 stars
Patient Experience	Hospital Compare*	1 to 5 stars
Hospital Safety	Leapfrog Group^	Grade A, B, C, D, or F

\*Hospitals not listed on Hospital Compare for quality and patient experience will be assessed using the Leapfrog Rating.

^Hospitals not listed on either Hospital Compare or Leapfrog will not qualify for incentive payments

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# Pay for Value Rewards

- CalOptima Health's Hospital Quality Program rewards hospitals based on the following:

Metrics	Percent of Incentive Pool	Performance	Incentive
Quality	40%	5 stars 4 stars 3 stars 1 – 2 stars	100% of incentive 75% of incentive 50% of incentive 0% of incentive
Patient Experience	40%	5 stars 4 stars 3 stars 1 – 2 stars	100% of incentive 75% of incentive 50% of incentive 0% of incentive
Hospital Safety	20%	Grade A Grade B Grade C Grade D or F	100% of incentive 75% of incentive 50% of incentive 0% of incentive

# Incentive Timeframe

- \$30 million per year for five years 2023-2027
- Incentive awards will be based on performance compared to quality thresholds and allocated based on the sum of claims and encounter inpatient days gathered six months after the end of the measurement period, to allow for data lag.
- CalOptima Health will provide a ramp-up period to allow hospitals to participate in CMS/Leapfrog reporting.
- During this time, CalOptima Health will provide hospital reporting incentive payments in an amount of \$150,000 per eligible hospital per calendar year

# Tracking Performance

- CalOptima Health has calculated baseline hospital performance using measurement year 2021 and 2022 data to illustrate performance to contracted hospitals
- CalOptima Health also modeled incentive payments to illustrate performance trends and potential incentives
- **The first year of actual incentive payments is based on measurement year 2023, reported by mid-2024, and paid by end of 2024.**

# Hospital Performance 2021-2022

Hospitals	2021			2022		
	Hospital Quality Stars Rating	Hospital Patient Survey Rating	Leapfrog Hospital Safety Grade	Hospital Quality Stars Rating	Hospital Patient Survey Rating	Leapfrog Hospital Safety Grade
Anaheim Global Medical Center	1	2	C	1	2	C
Anaheim Regional Medical Center	3	2	C	4	2	B
Chapman Global Medical Center	2	1	D	2	2	D
Fountain Valley Regional Hospital & Medical Center	2	1	C	2	2	D
Garden Grove Hospital & Medical Center	4	2	A	3	1	B
Hoag Memorial Hospital Presbyterian	5	4	A	5	4	A
Huntington Beach Hospital	1	2	C	2	2	C
La Palma Intercommunity Hospital	4	2	A	3	2	A
Los Alamitos Medical Center	1	2	C	1	2	D
MemorialCare Long Beach Medical Center	3	3	C	3	3	B
MemorialCare Orange Coast Medical Center	3	3	B	3	3	C
MemorialCare Saddleback Medical Center	3	3	A	4	3	A
Orange County Global Medical Center	2	2	D	3	2	C
Placentia Linda Hospital	2	2	C	2	3	C
Pomona Valley Hospital Medical Center	3	2	C	3	3	B
Providence Mission Hospital	4	3	B	4	3	C
Providence St Joseph Hospital	4	3	A	3	3	B
Providence St Jude Medical Center	4	3	A	4	3	B
South Coast Global Medical Center	1	2	C	2	2	C
UCI Medical Center	3	3	A	3	3	B
West Anaheim Medical Center	3	2	C	4	2	A
Whittier Hospital Medical Center	5	2	B	5	2	B

# Hospital Performance 2021-2022

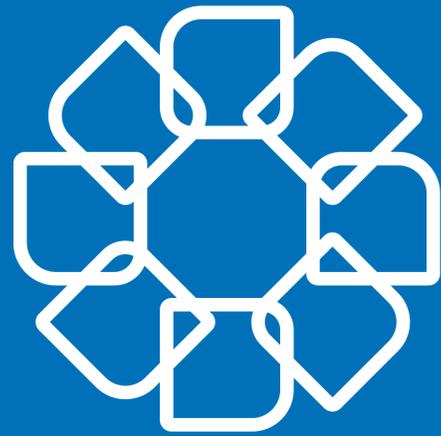
Hospitals	2021					2022				
	Hospital Quality Stars Rating	Hospital Patient Survey Rating	Leapfrog Hospital Safety Grade	Leapfrog Quality	Leapfrog CAHPS	Hospital Quality Stars Rating	Hospital Patient Survey Rating	Leapfrog Hospital Safety Grade	Leapfrog Quality	Leapfrog CAHPS
Children's Hospital at Mission	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Children's Hospital of Orange County	N/A	N/A	N/A	4	4	N/A	N/A	N/A	4	4
Children's Hospital of Los Angeles	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
City of Hope Medical Center	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
College Hospital Costa Mesa	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Foothill Regional Medical Center	N/A	2	N/A	N/A	N/A	N/A	2	N/A	N/A	N/A
Healthbridge Children's Hospital-Orange	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Kindred Hospital- Brea	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Kindred Hospital- La Mirada	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Kindred Hospital- Santa Ana	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Kindred Hospital- Westminster	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Memorial Care Miller Children's and Women's Hospital	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A

**These facilities qualify for grants of \$150,000 if they agree to report data to CMS and Leapfrog.**

Hospitals not listed on Hospital Compare for quality and patient experience will be assessed using the Leapfrog Rating.

Hospitals not listed on either Hospital Compare or Leapfrog will not qualify for incentive payments

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# HEDIS<sup>®</sup> Measurement Year 2022 Medi-Cal Results Four-Year Trends and Health Network Comparisons

Quality Assurance Committee Meeting  
December 13, 2023

Linda Lee  
Executive Director, Quality Improvement

## Our Mission

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

## Our Vision

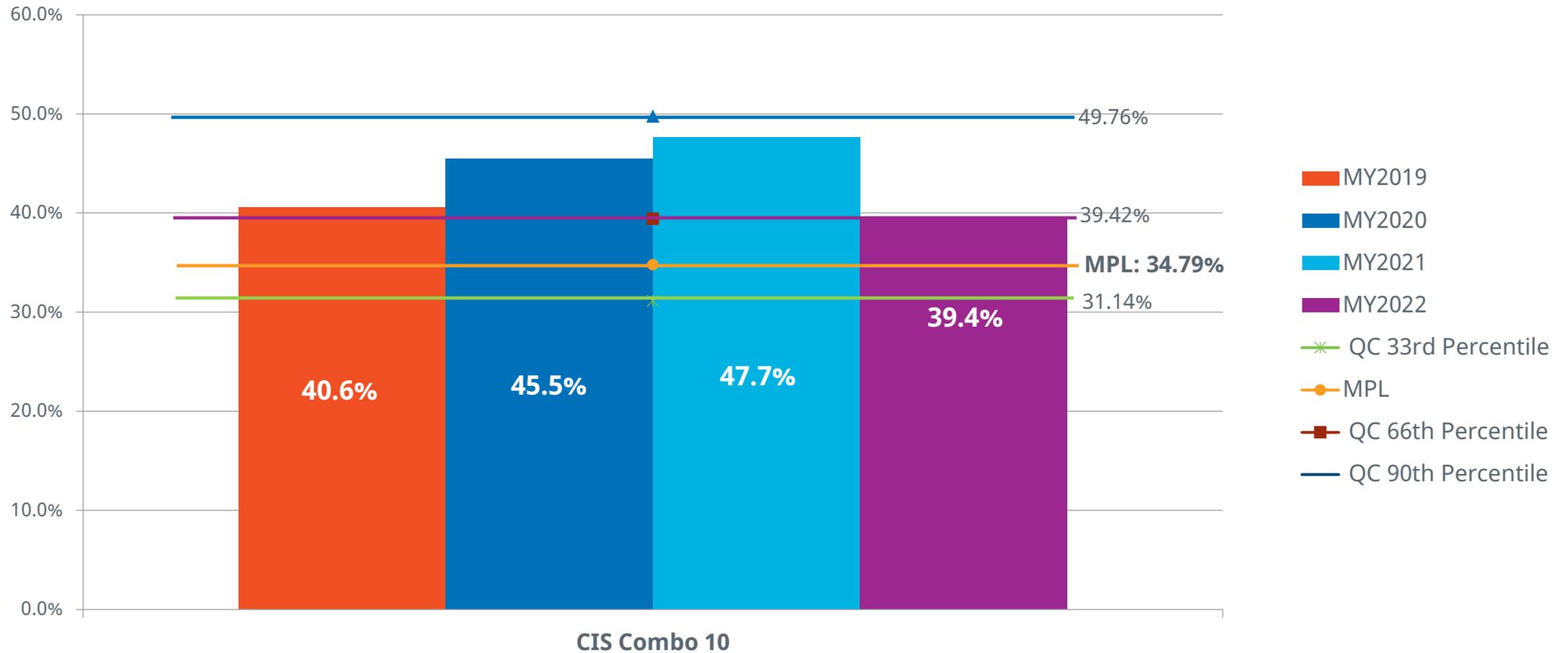
By 2027, remove barriers to health care access for our members, implement same-day treatment authorizations and real-time claims payments for our providers, and annually assess members' social determinants of health.

# Healthcare Effectiveness Data and Information Set (HEDIS®)

- HEDIS is a set of standardized measures designed to provide purchasers and consumers with reliable comparison of health plan performance.
- Department of Health Care Services (DHCS)
  - Managed Care Accountability Set (MCAS) — select measures must achieve minimum performance level (MPL), which is set at the national Medicaid 50th percentile
  - Financial sanctions or corrective action plans may be imposed for measures that do not meet the MPL
- Centers for Medicare & Medicaid Services (CMS)
  - HEDIS rates are one of several data sources used in Star Ratings

# Pediatric Prevention Measures

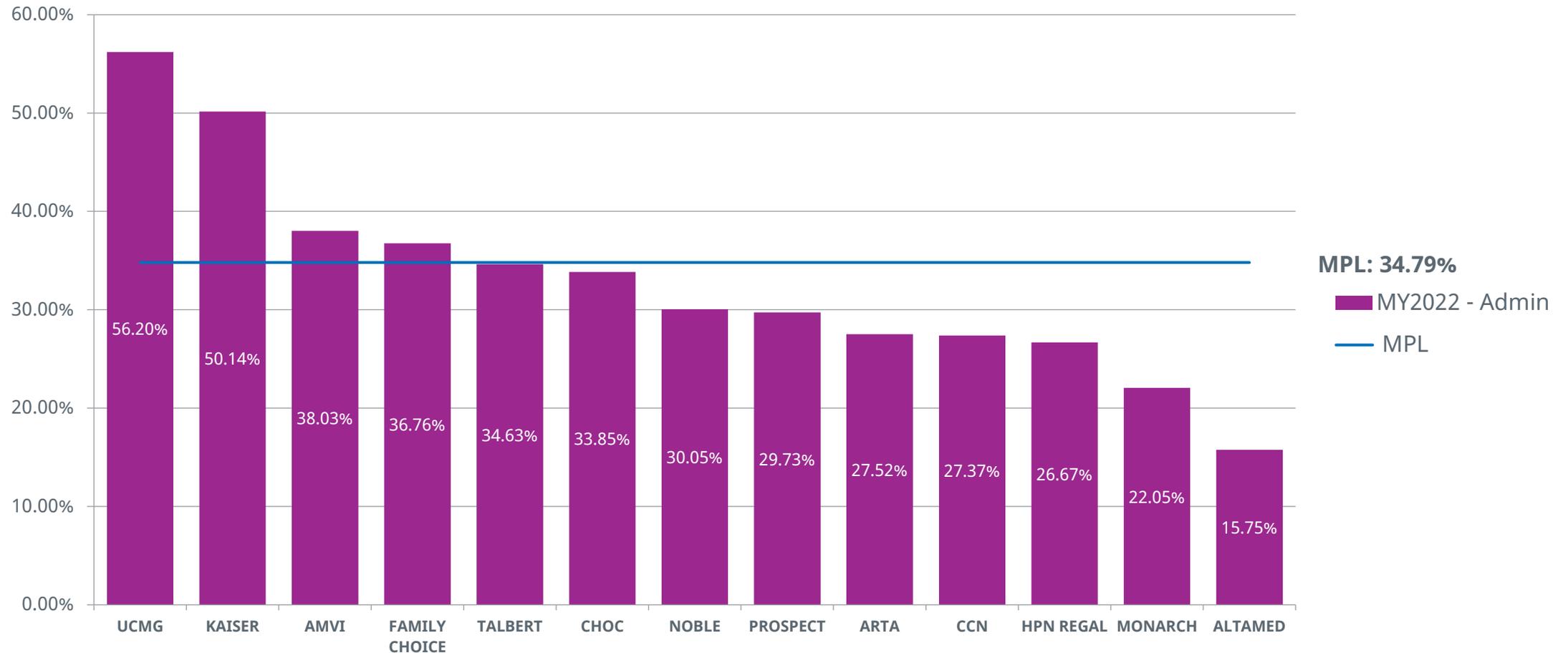
# HEDIS MY2022 Results: Medi-Cal Childhood Immunization Status – Combo 10 (CIS)



\* Per HEDIS 2021 Quality Compass Percentile

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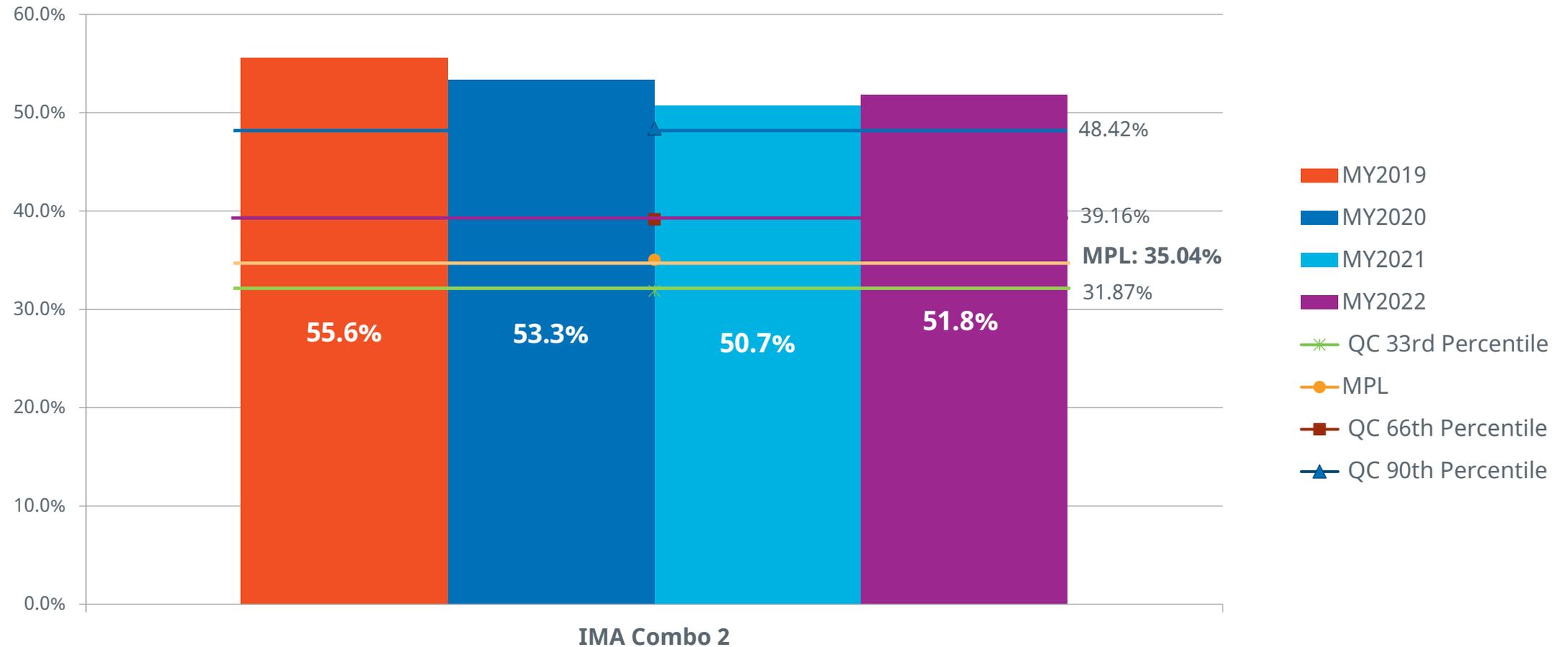
# HEDIS MY2022 Results: Medi-Cal Childhood Immunization Status- Combo 10 (CIS)



\* Per HEDIS 2021 Quality Compass Percentile

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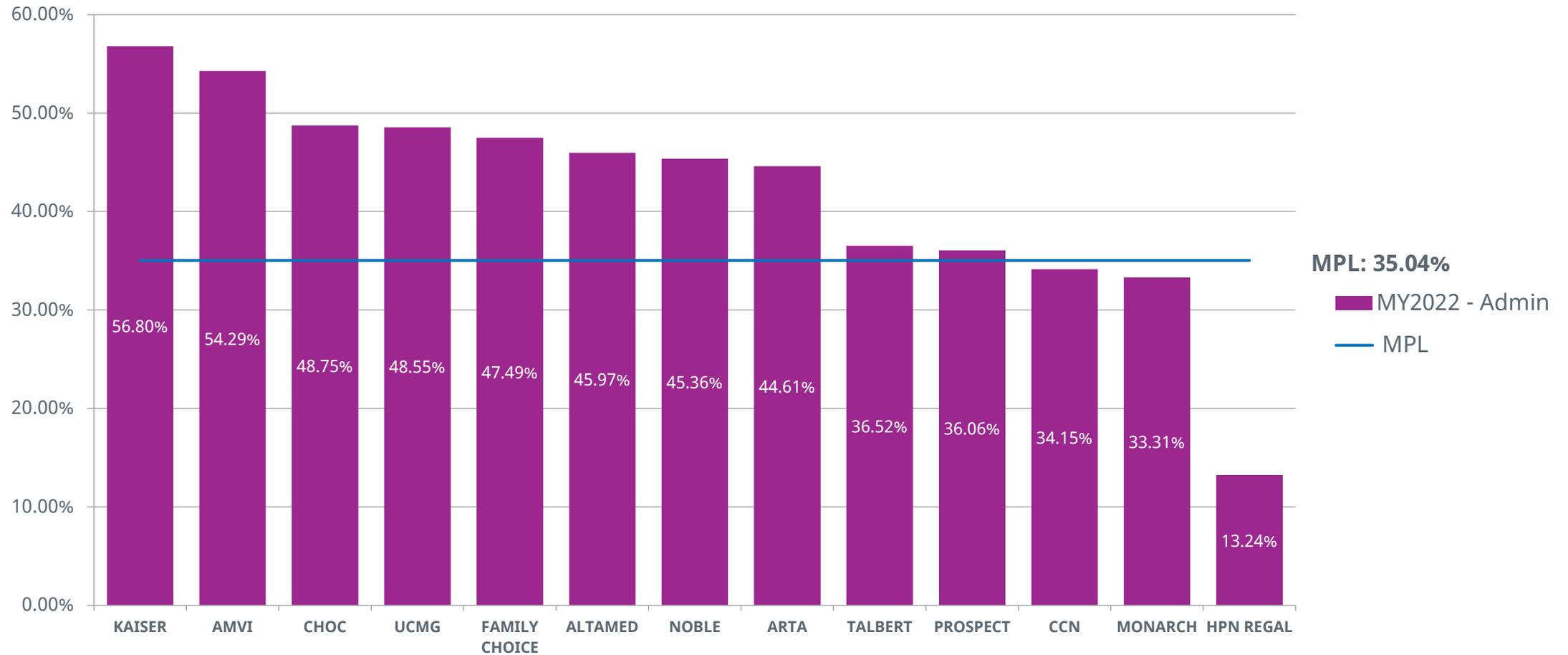
# HEDIS MY2022 Results: Medi-Cal Immunizations for Adolescents – Combo 2 (IMA)



\* Per HEDIS 2021 Quality Compass Percentile

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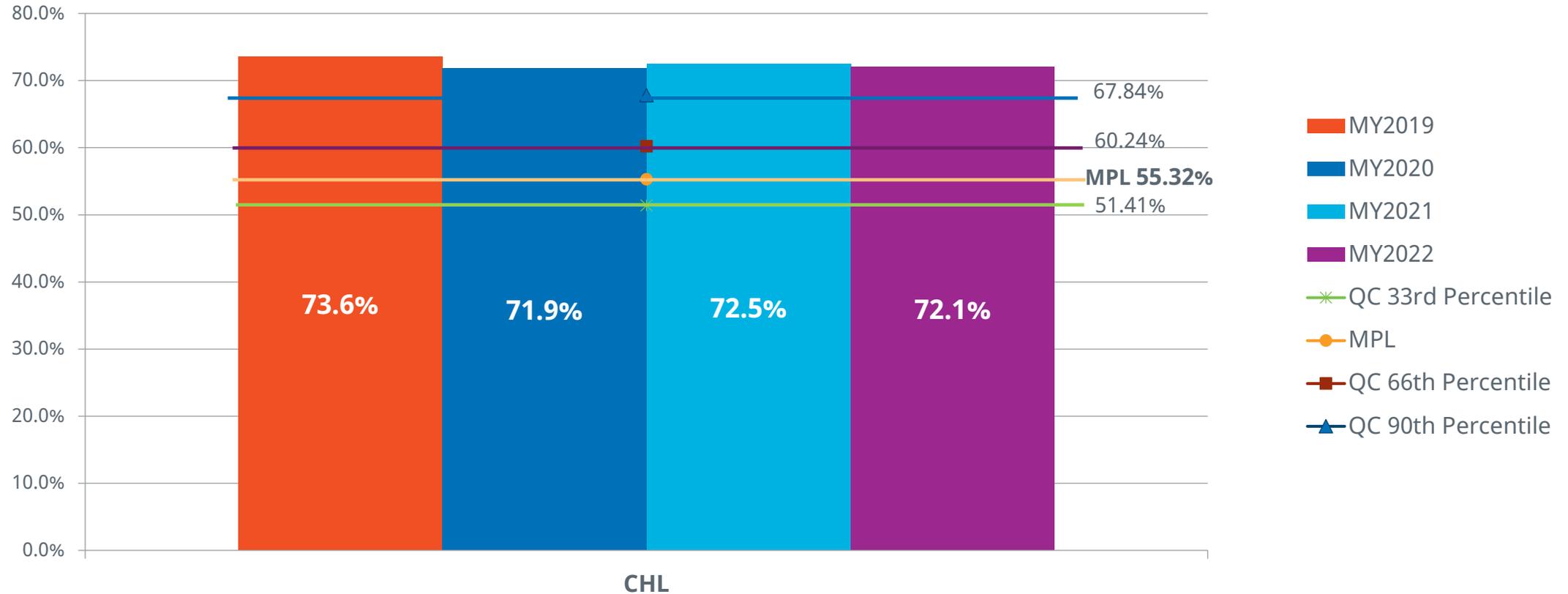
# HEDIS MY2022 Results: Medi-Cal Immunizations for Adolescents – Combo 2 (IMA)



\* Per HEDIS 2021 Quality Compass Percentile

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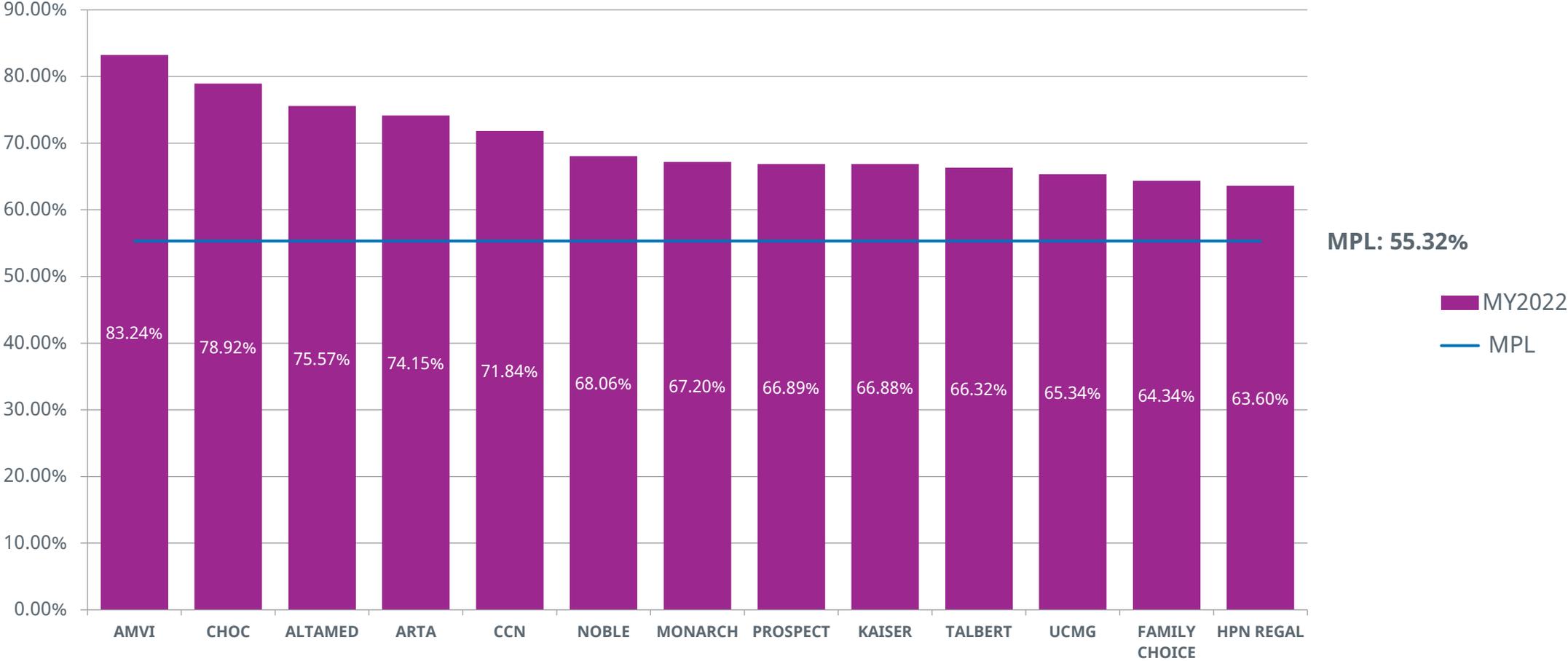
# HEDIS MY2022 Results: Medi-Cal Chlamydia Screening in Women (CHL) - Total



\* Per HEDIS 2021 Quality Compass Percentile

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# HEDIS MY2022 Results: Medi-Cal Chlamydia Screening in Women (CHL) - Total

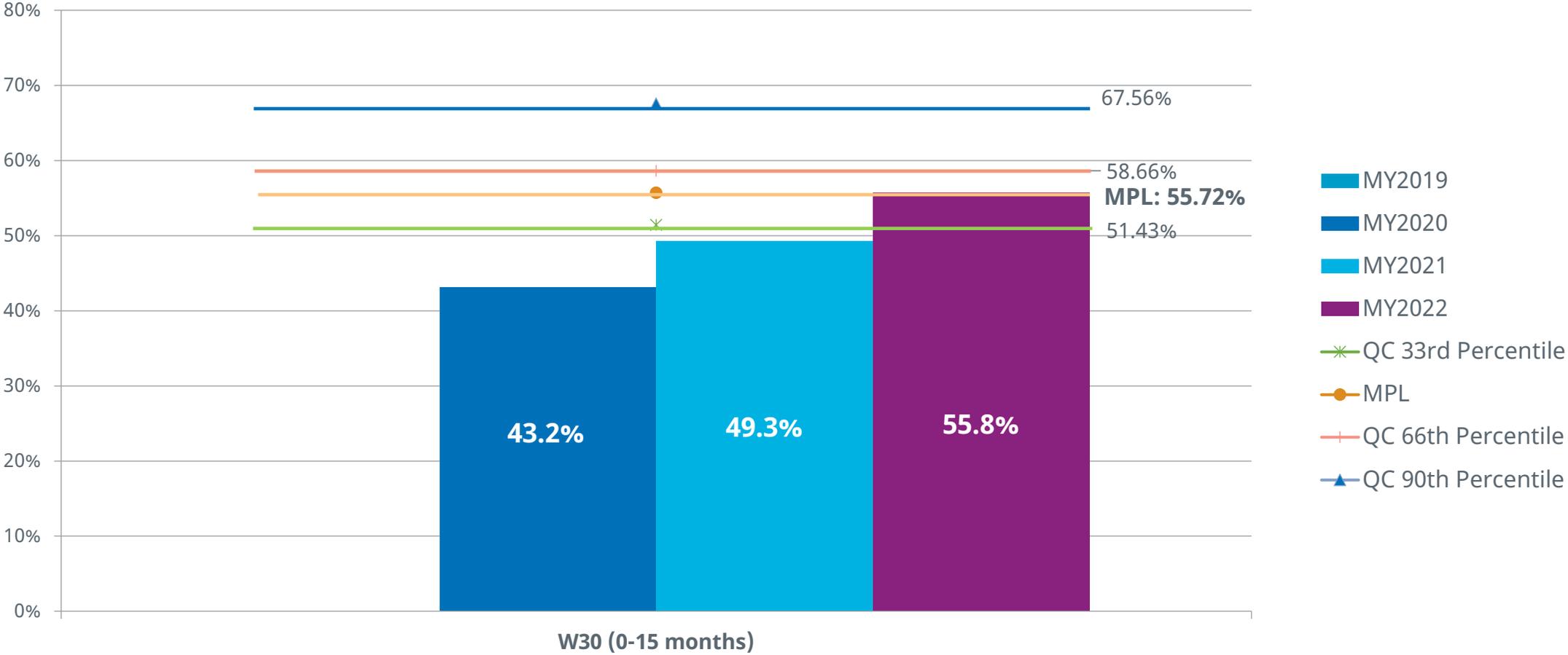


\* Per HEDIS 2021 Quality Compass Percentile

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# HEDIS MY2022 Results: Medi-Cal

## Well-Child Visits in the First 30 Months of Life (0-15)(W30)

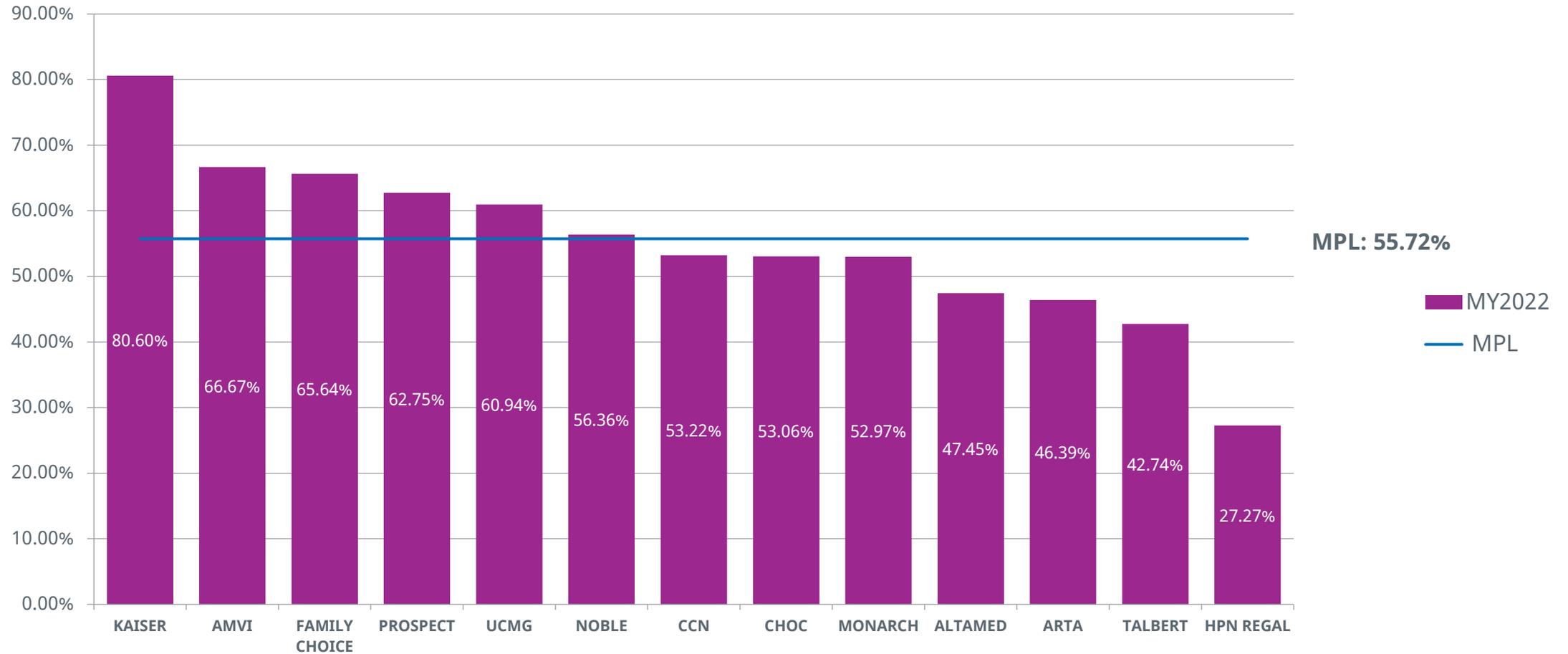


- Per HEDIS 2021 Quality Compass Percentile
- New Measure for MY2020 - No Data for MY2019

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# HEDIS MY2022 Results: Medi-Cal Well-Child Visits in the First 30 Months of Life (0-15)(W30)

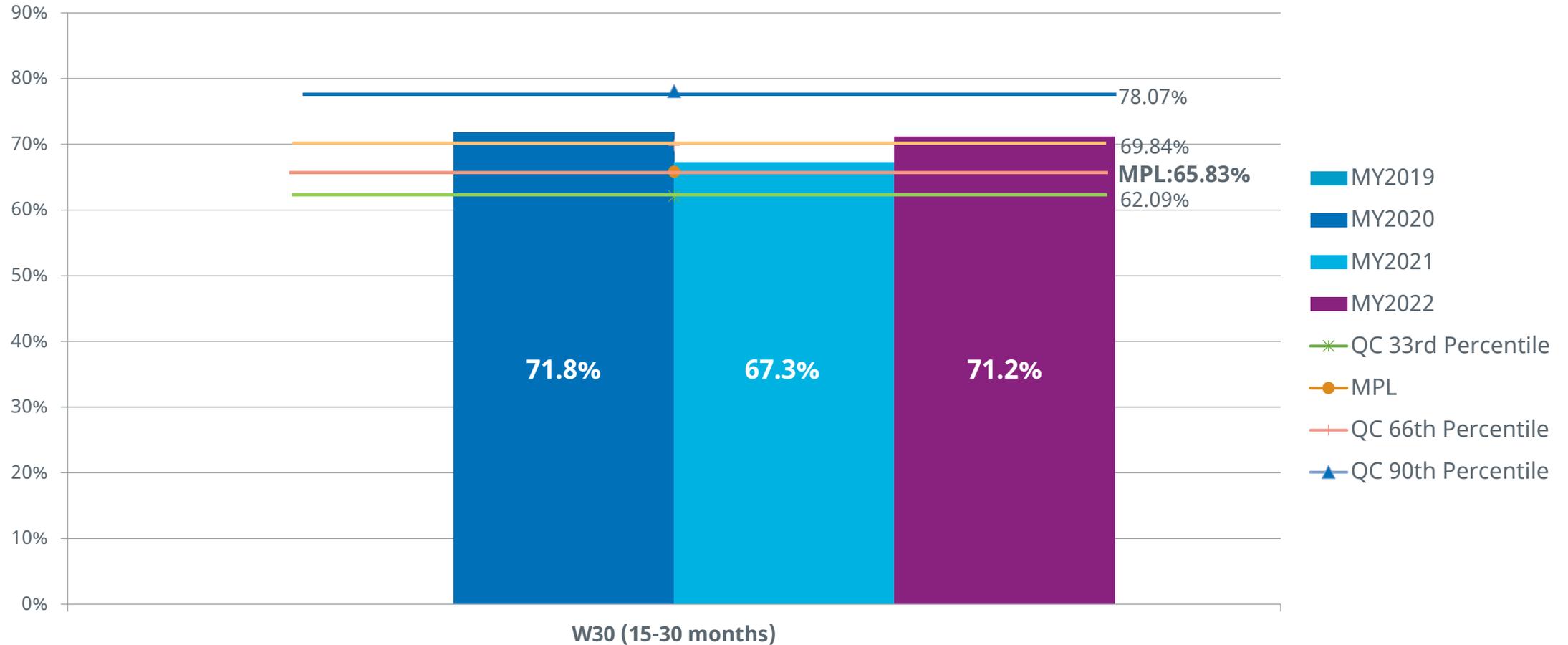


\* Per HEDIS 2021 Quality Compass Percentile

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# HEDIS MY2022 Results: Medi-Cal

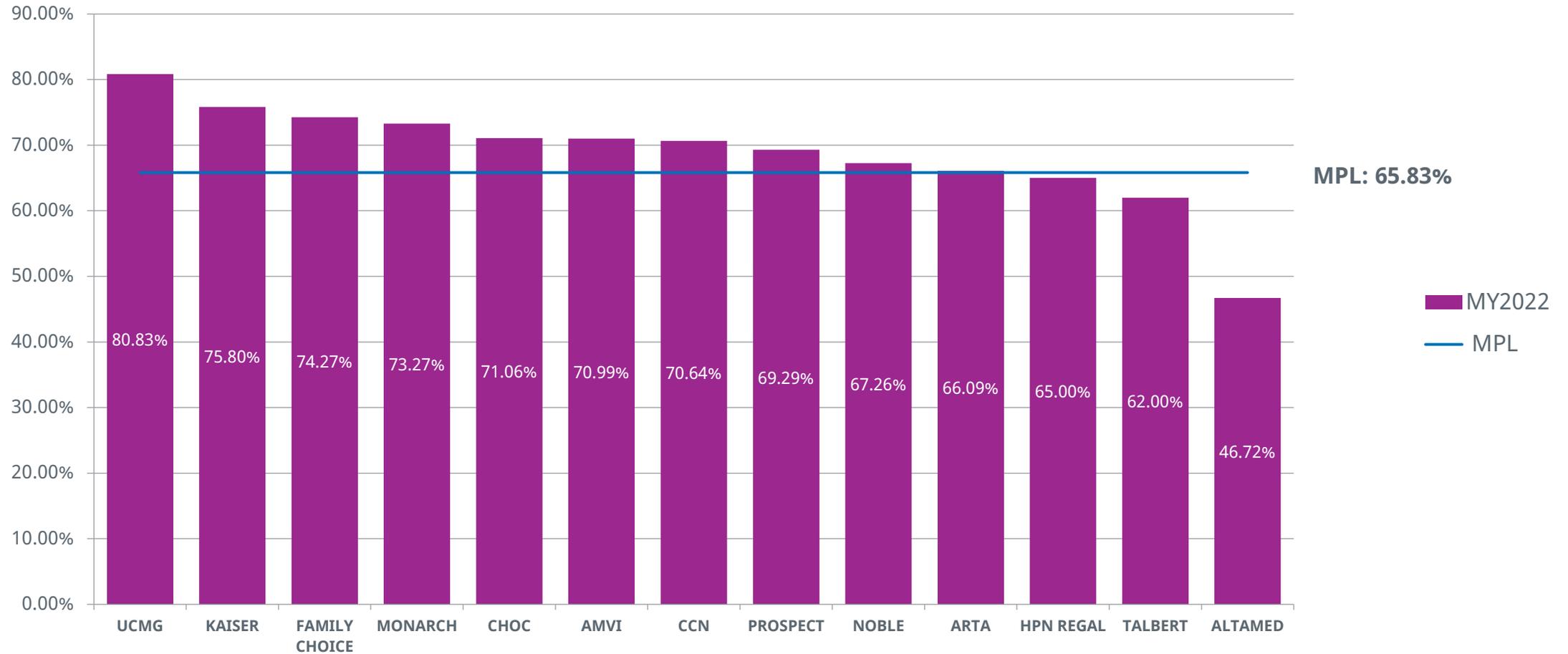
## Well-Child Visits in the First 30 Months of Life (15-30)(W30)



- Per HEDIS 2021 Quality Compass Percentile
- New Measure for MY2020 - No Data for MY2019

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# HEDIS MY2022 Results: Medi-Cal Well-Child Visits in the First 30 Months of Life (15-30)(W30)

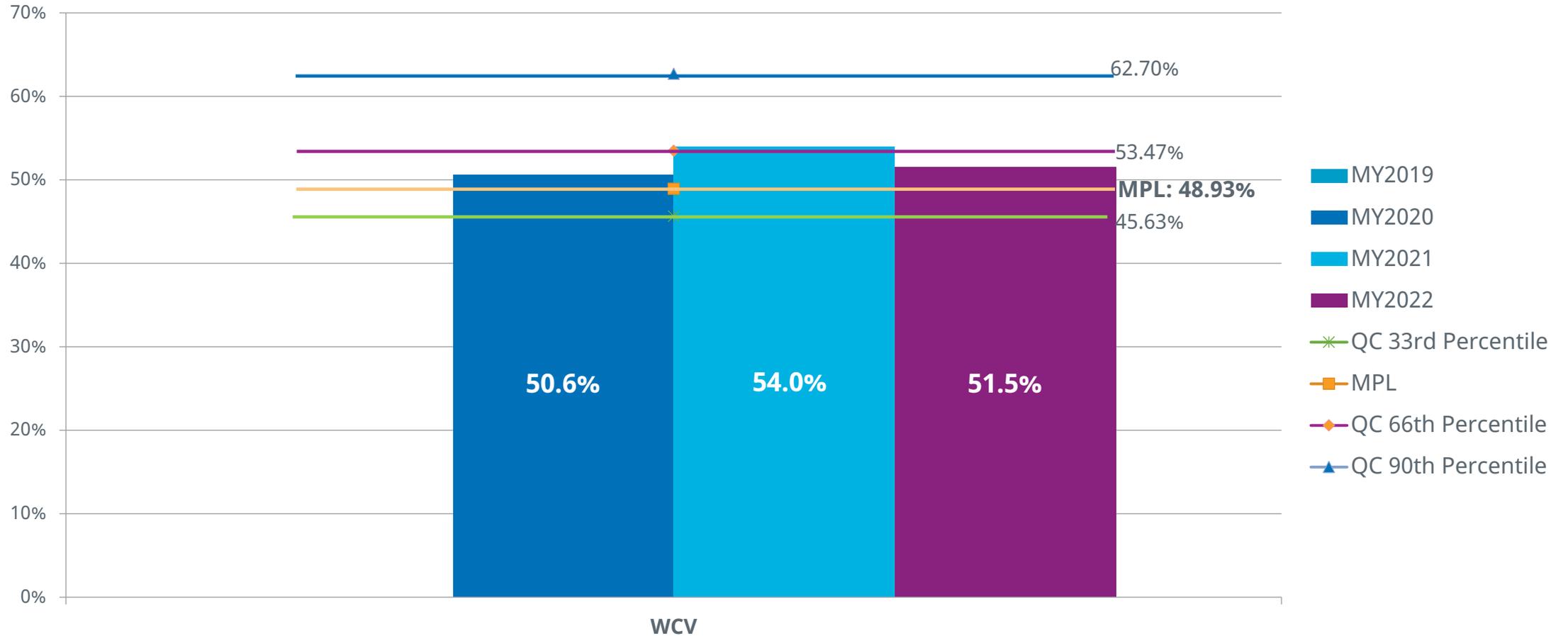


\* Per HEDIS 2021 Quality Compass Percentile

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# HEDIS MY2022 Results: Medi-Cal

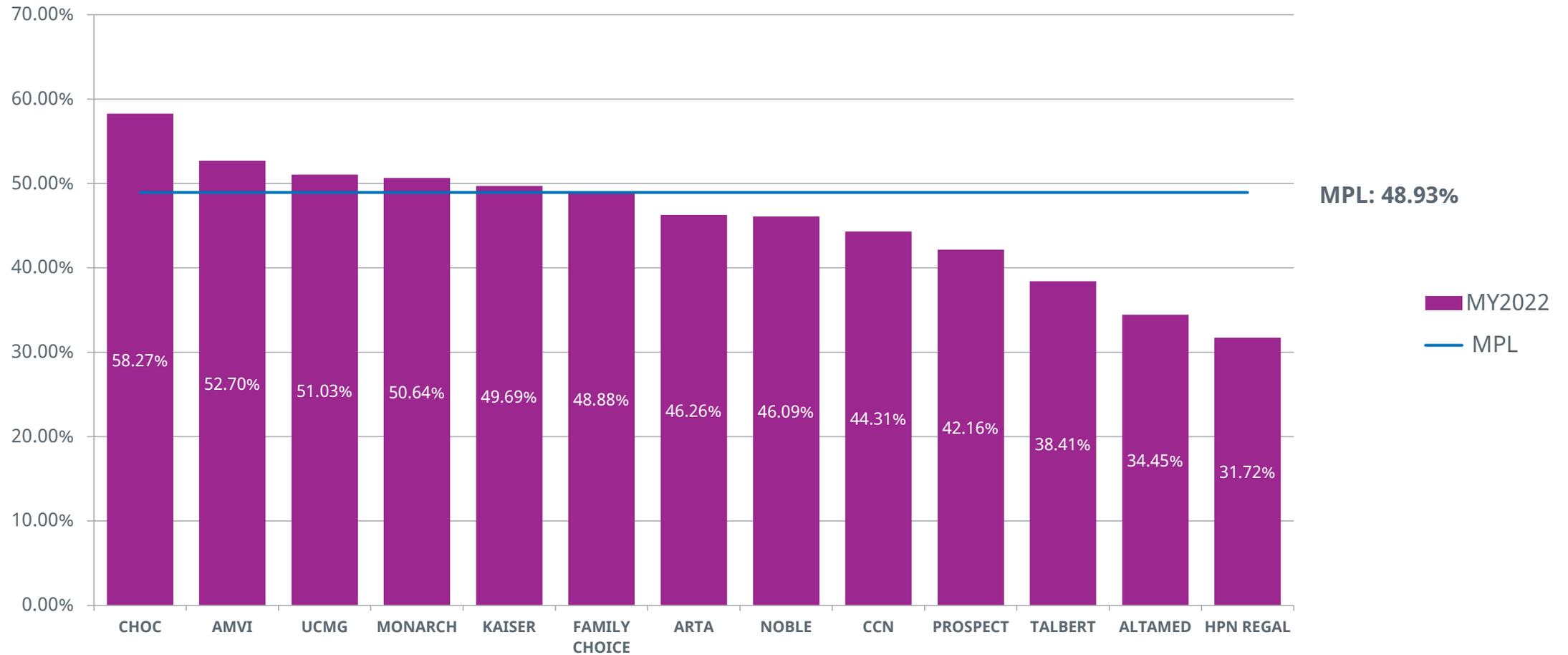
## Child and Adolescent Well Care Visits – Total (WCV)



- Per HEDIS 2021 Quality Compass Percentile
- New Measure for MY2020 – No Data for MY2019

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# HEDIS MY2022 Results: Medi-Cal Child and Adolescent Well Care Visits – Total (WCV)

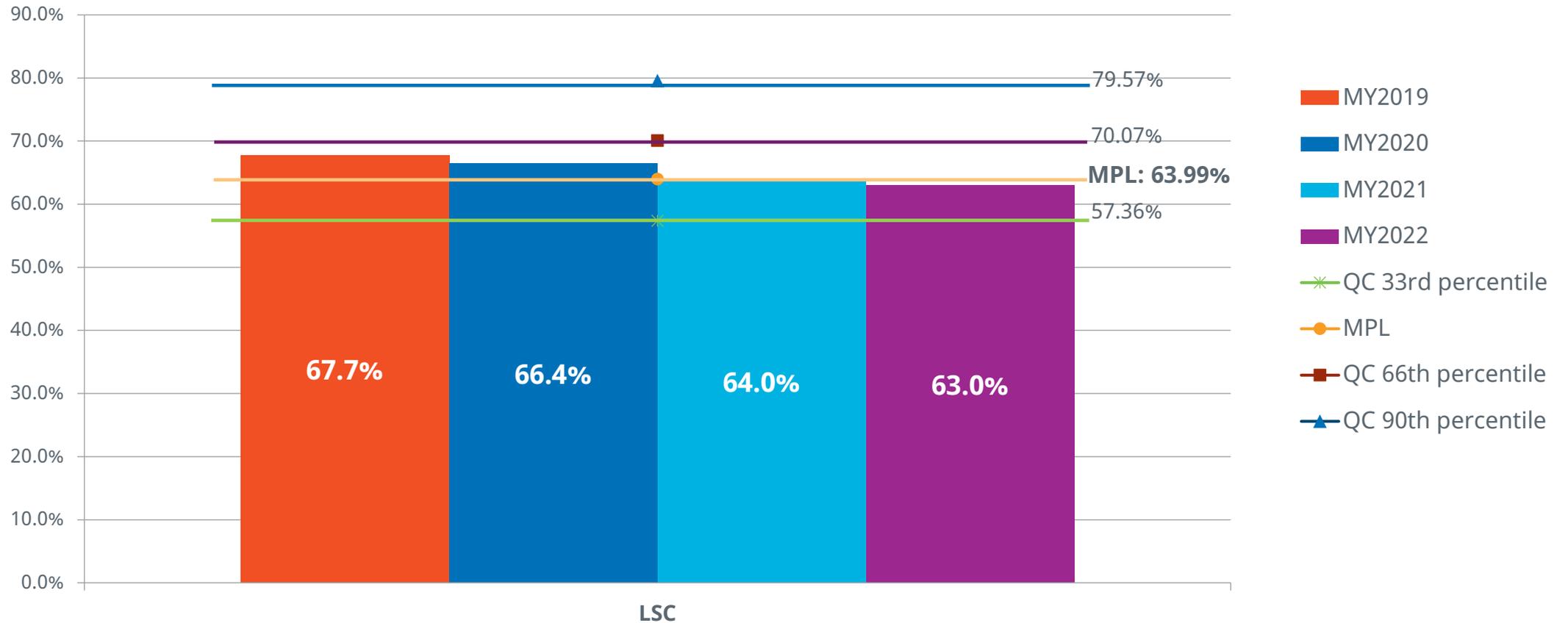


\* Per HEDIS 2021 Quality Compass Percentile

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# HEDIS MY2022 Results: Medi-Cal Lead Screening in Children (LSC)

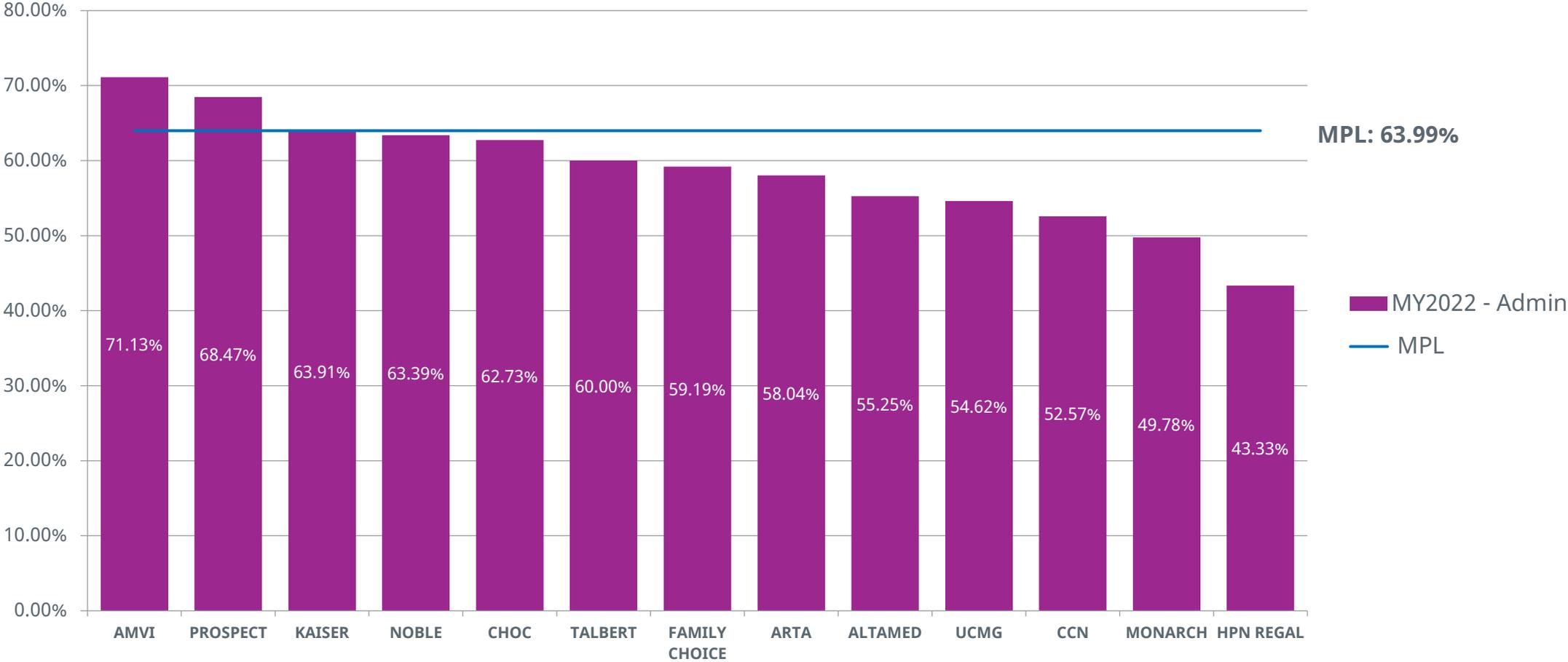
CalOptima Health rate below DHCS MPL



\* Per HEDIS 2021 Quality Compass Percentile

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# HEDIS MY2022 Results: Medi-Cal Lead Screening in Children (LSC)



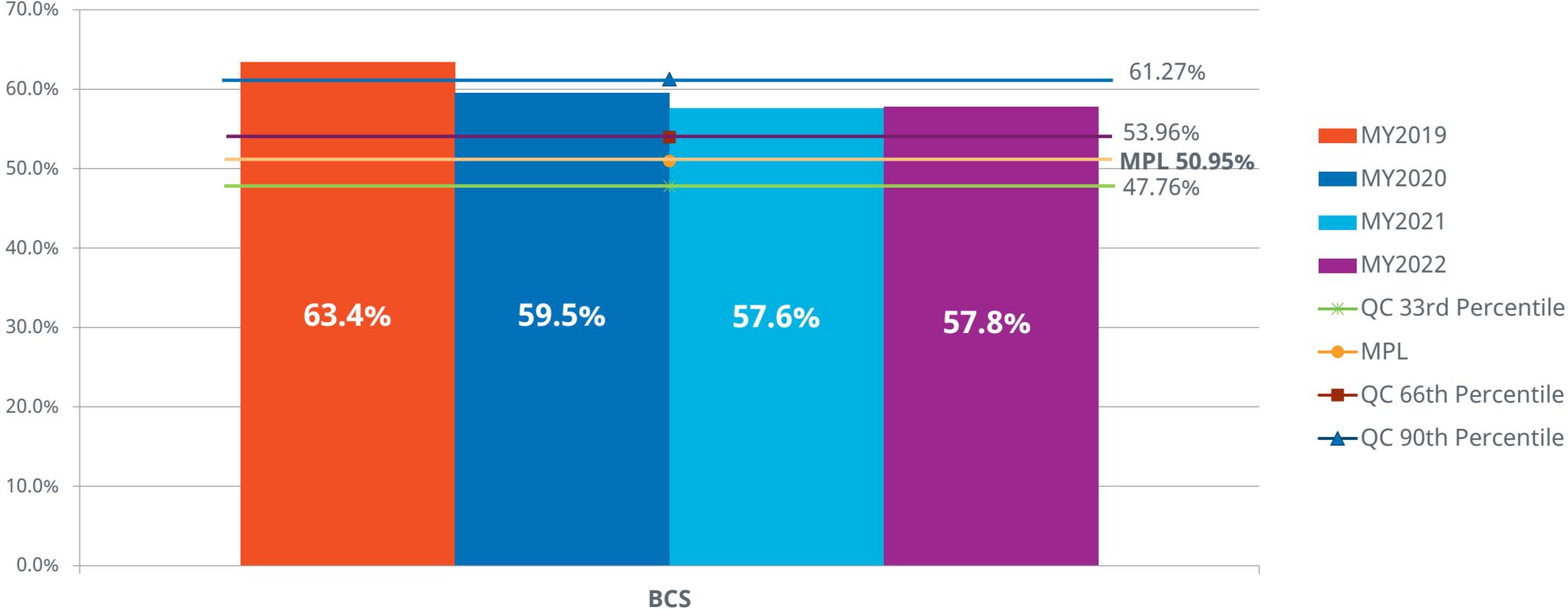
\* Per HEDIS 2021 Quality Compass Percentile

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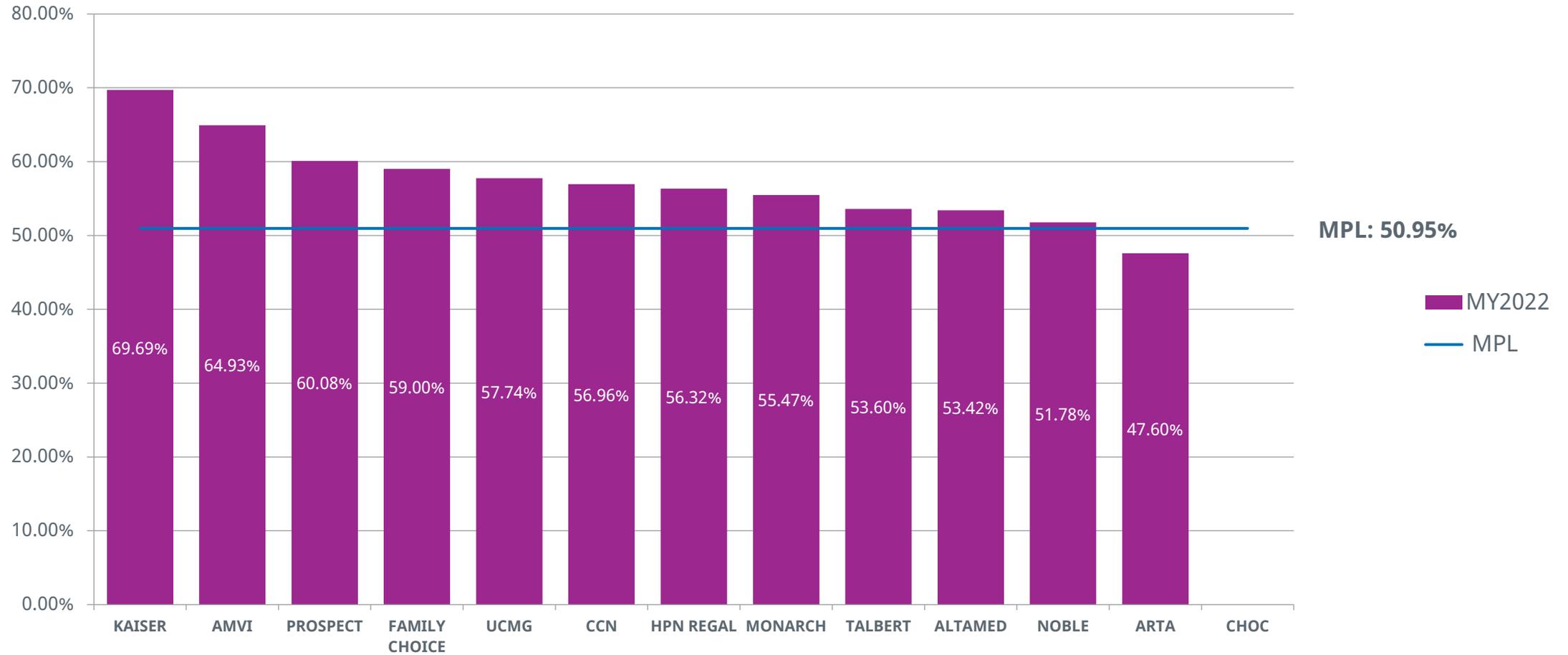
# Prevention: Women's Reproductive Health

# HEDIS MY2022 Results: Medi-Cal Breast Cancer Screening (BCS)



\* Per HEDIS 2021 Quality Compass Percentile  
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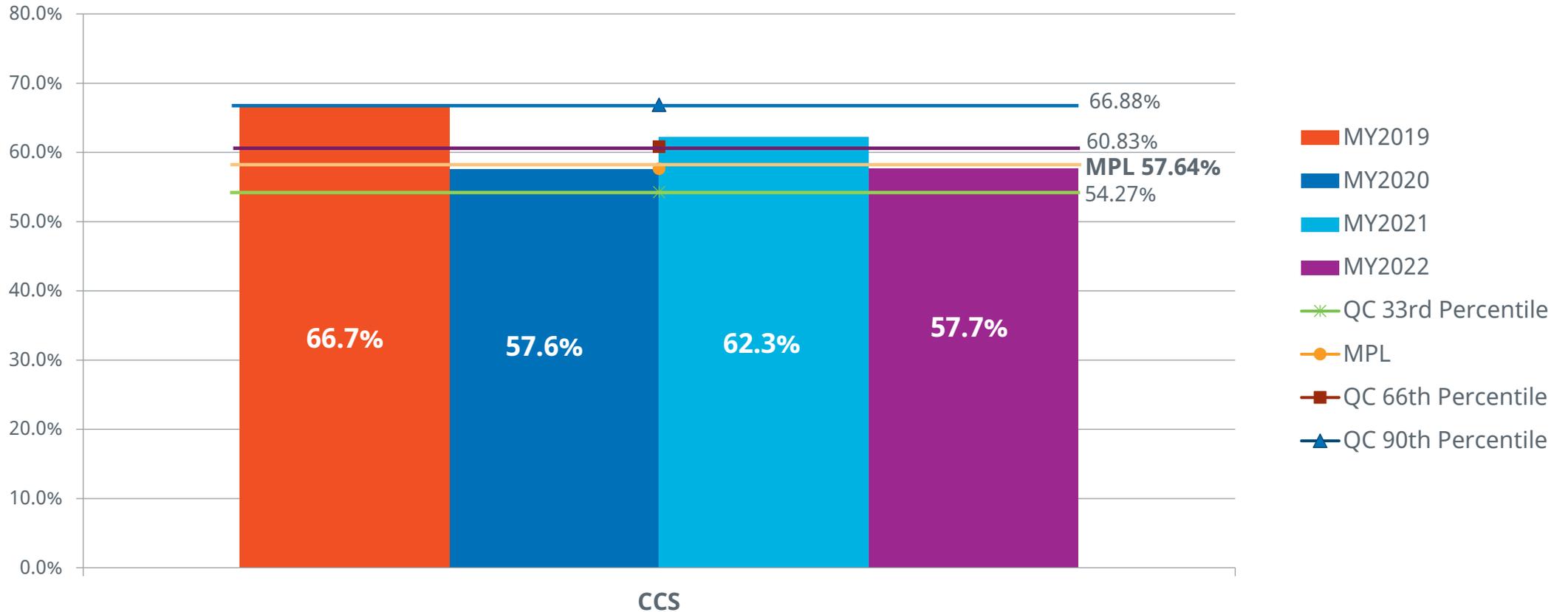
# HEDIS MY2022 Results: Medi-Cal Breast Cancer Screening (BCS)



\* Per HEDIS 2021 Quality Compass Percentile

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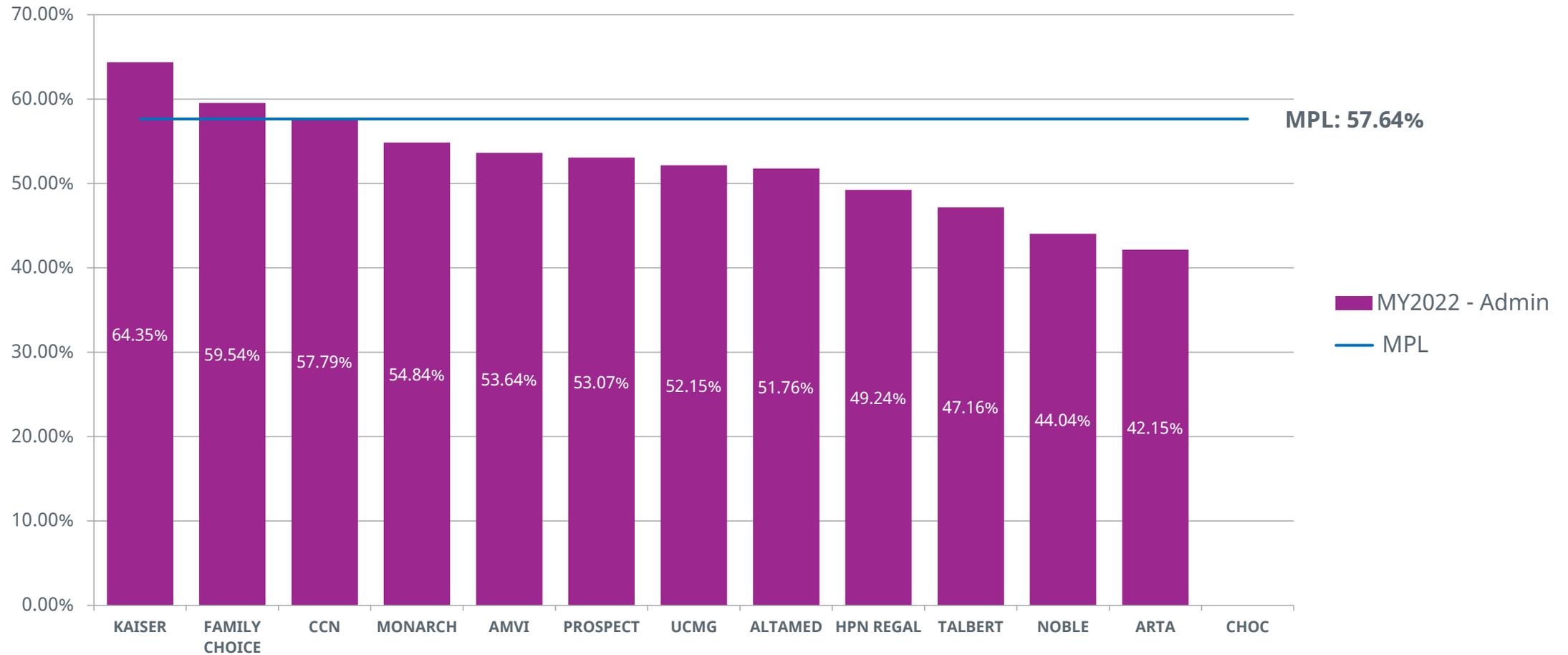
# HEDIS MY2022 Results: Medi-Cal Cervical Cancer Screening (CCS)



\* Per HEDIS 2021 Quality Compass Percentile

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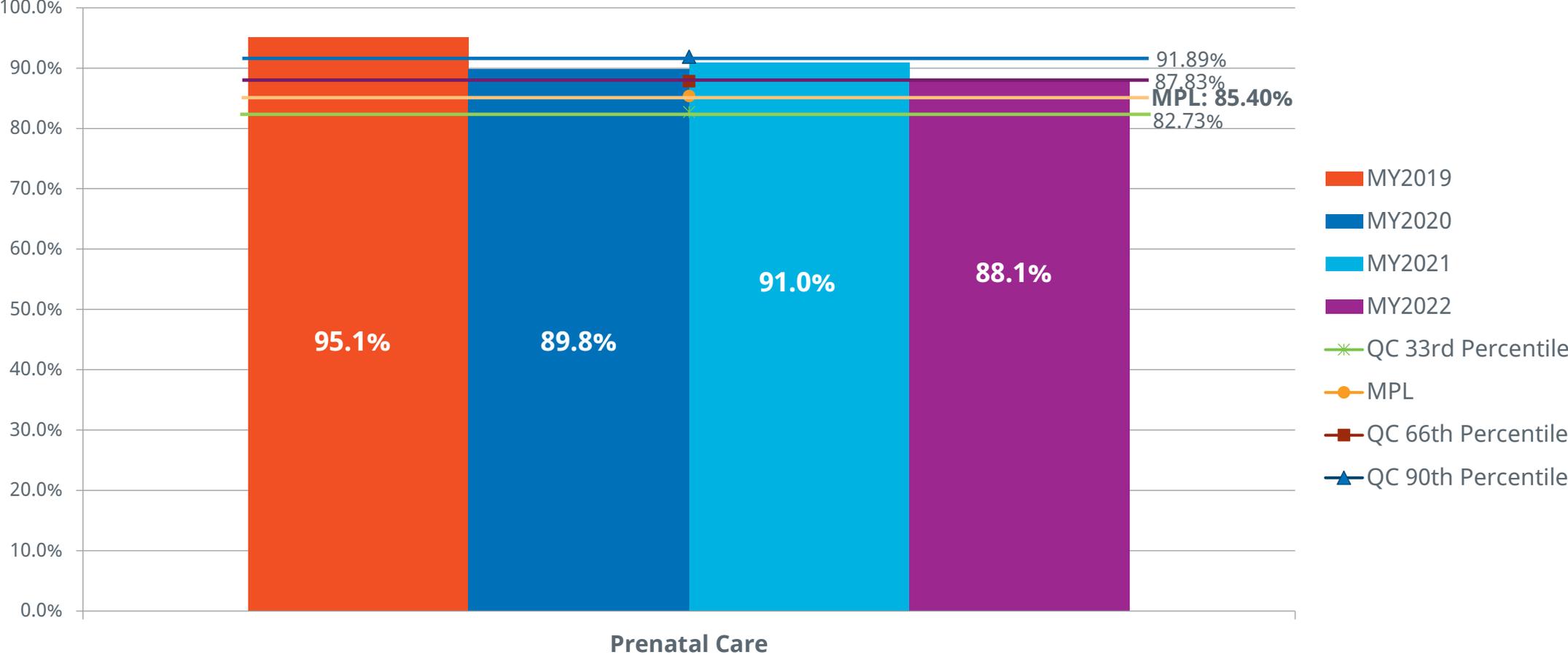
# HEDIS MY2022 Results: Medi-Cal Cervical Cancer Screening (CCS)



\* Per HEDIS 2021 Quality Compass Percentile

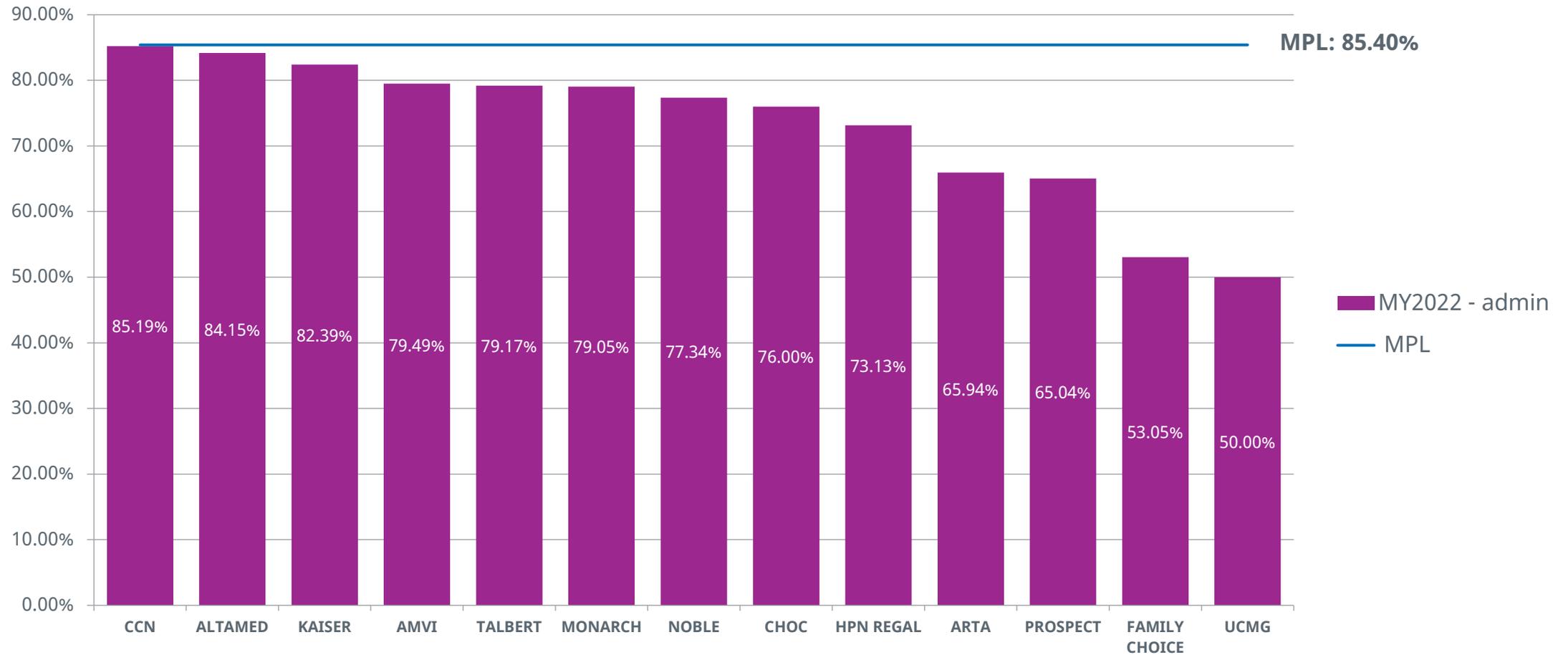
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# HEDIS MY2022 Results: Medi-Cal Prenatal and Postpartum Care – Prenatal Care (PPC)



\* Per HEDIS 2021 Quality Compass Percentile

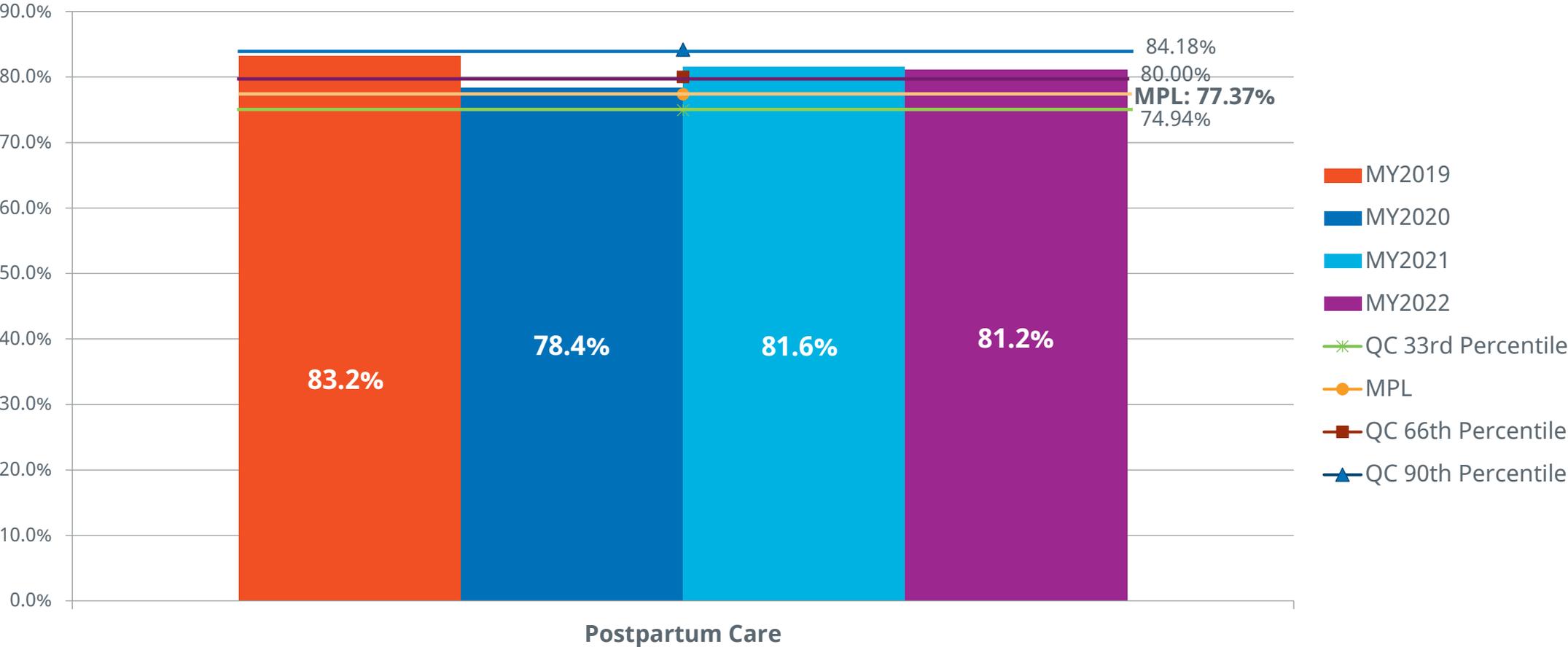
# HEDIS MY2022 Results: Medi-Cal Prenatal and Postpartum Care – Prenatal Care (PPC)



\* Per HEDIS 2021 Quality Compass Percentile

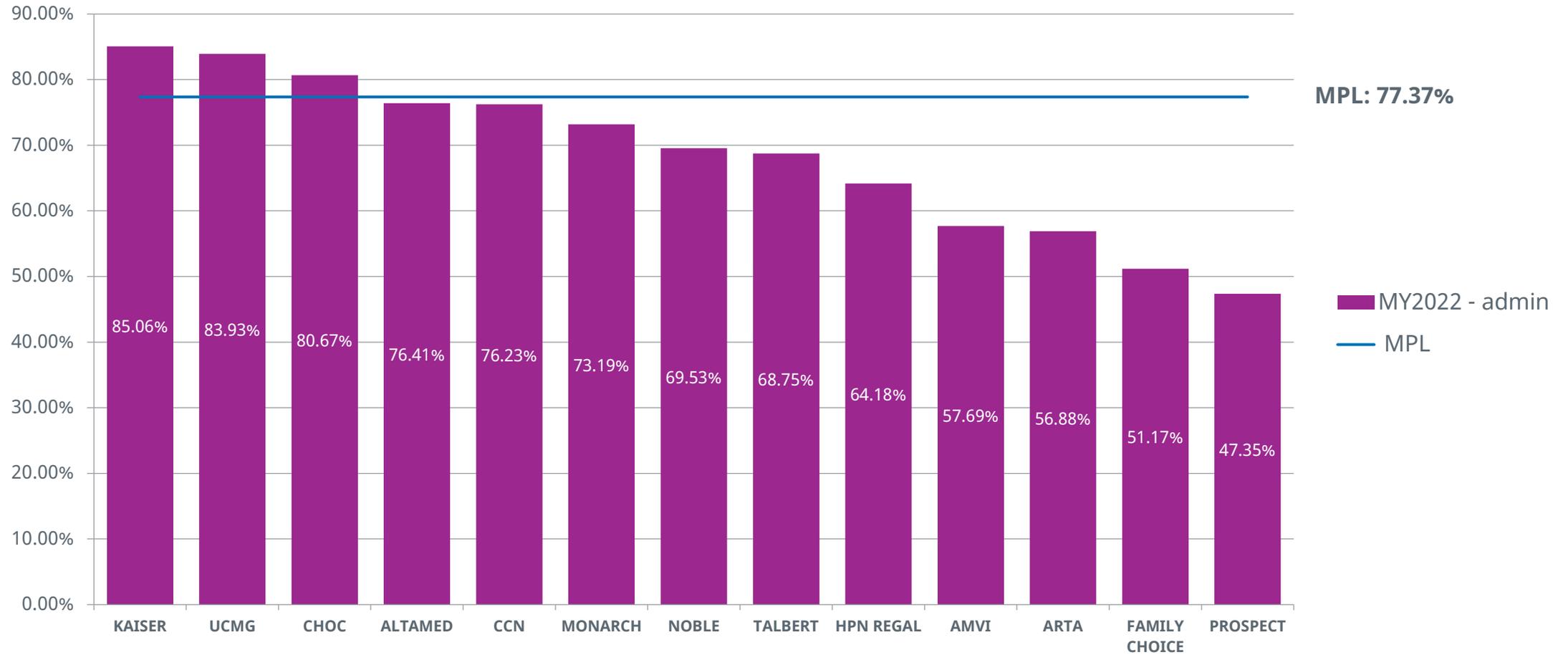
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# HEDIS MY2022 Results: Medi-Cal Prenatal and Postpartum Care – Postpartum Care (PPC)



\* Per HEDIS 2021 Quality Compass Percentile  
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# HEDIS MY2022 Results: Medi-Cal Prenatal and Postpartum Care – Postpartum Care (PPC)

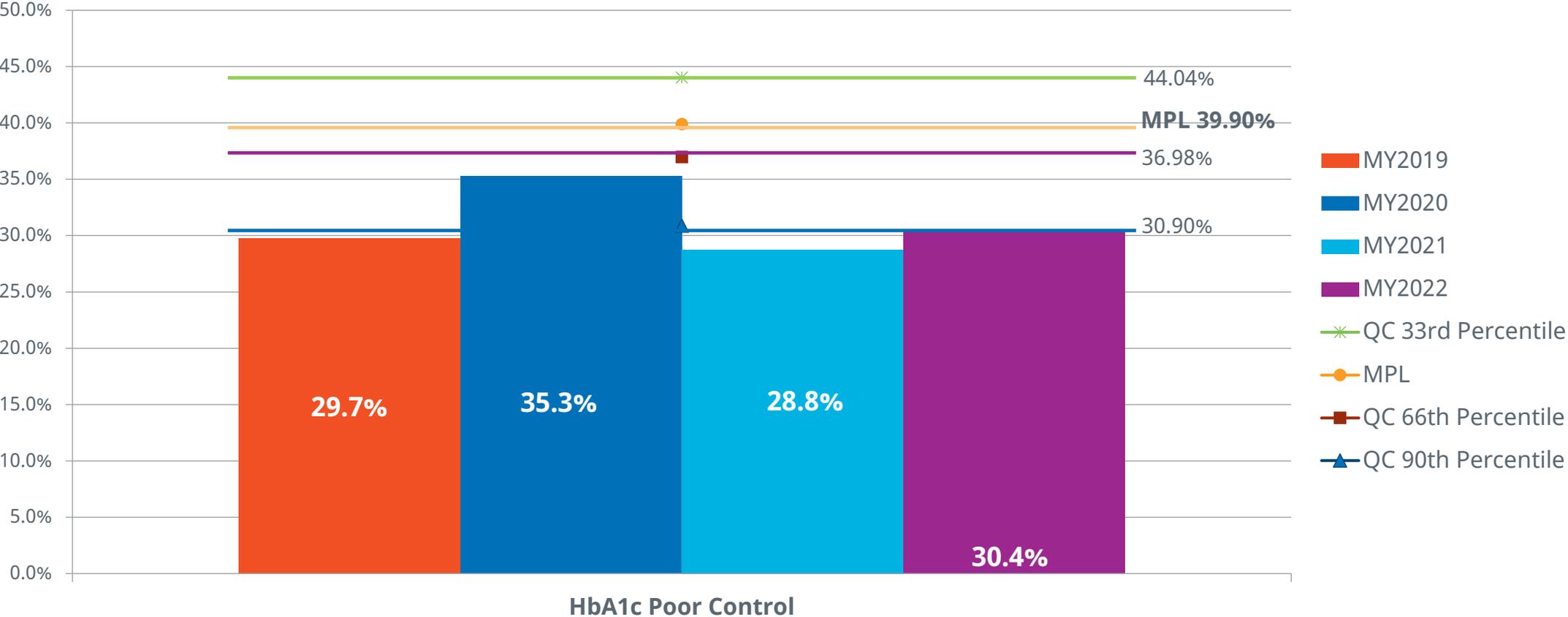


\* Per HEDIS 2021 Quality Compass Percentile

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# Treatment: Diabetes

# HEDIS MY2022 Results: Medi-Cal HbA1c Control for Patients with Diabetes (HBD) – Poor Control >9.0% (Lower is better)

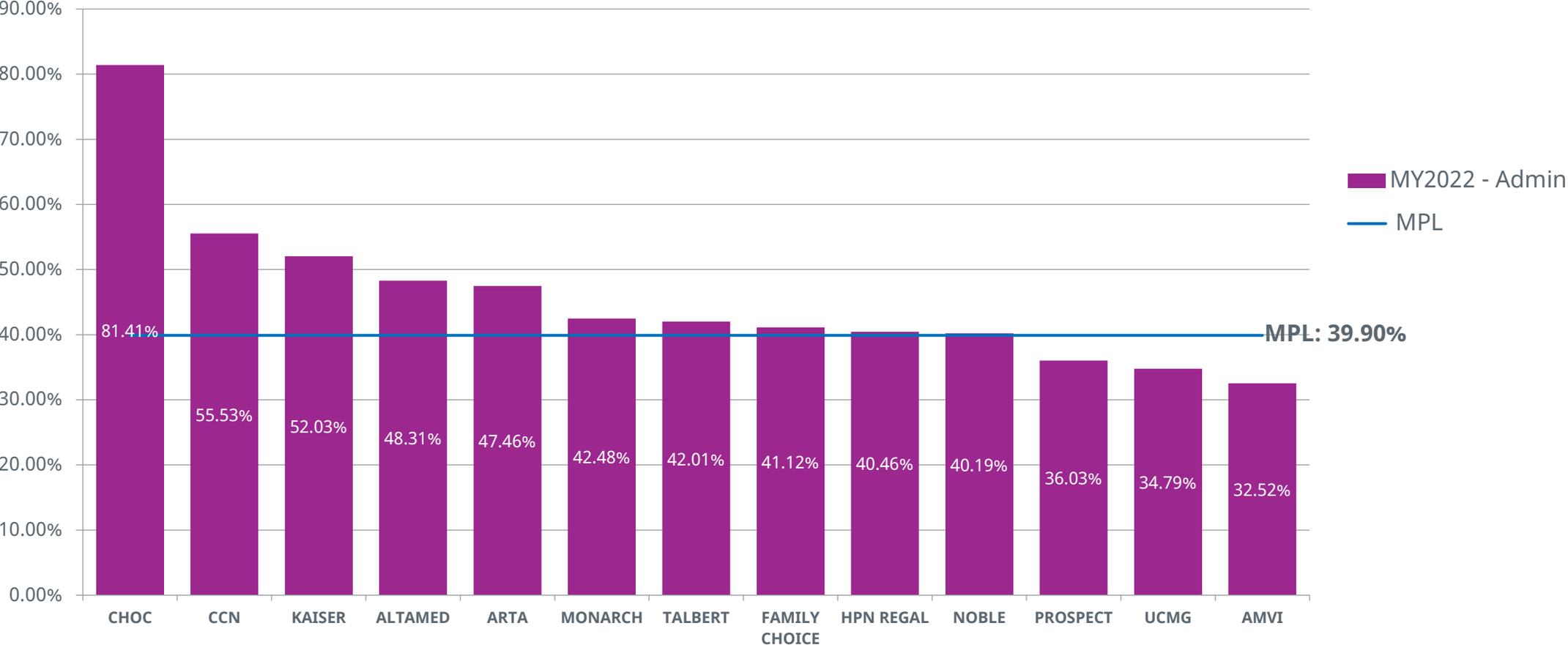


\* Per HEDIS 2021 Quality Compass Percentile  
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# HEDIS MY2022 Results: Medi-Cal

## HbA1c Control for Patients with Diabetes (HBD)

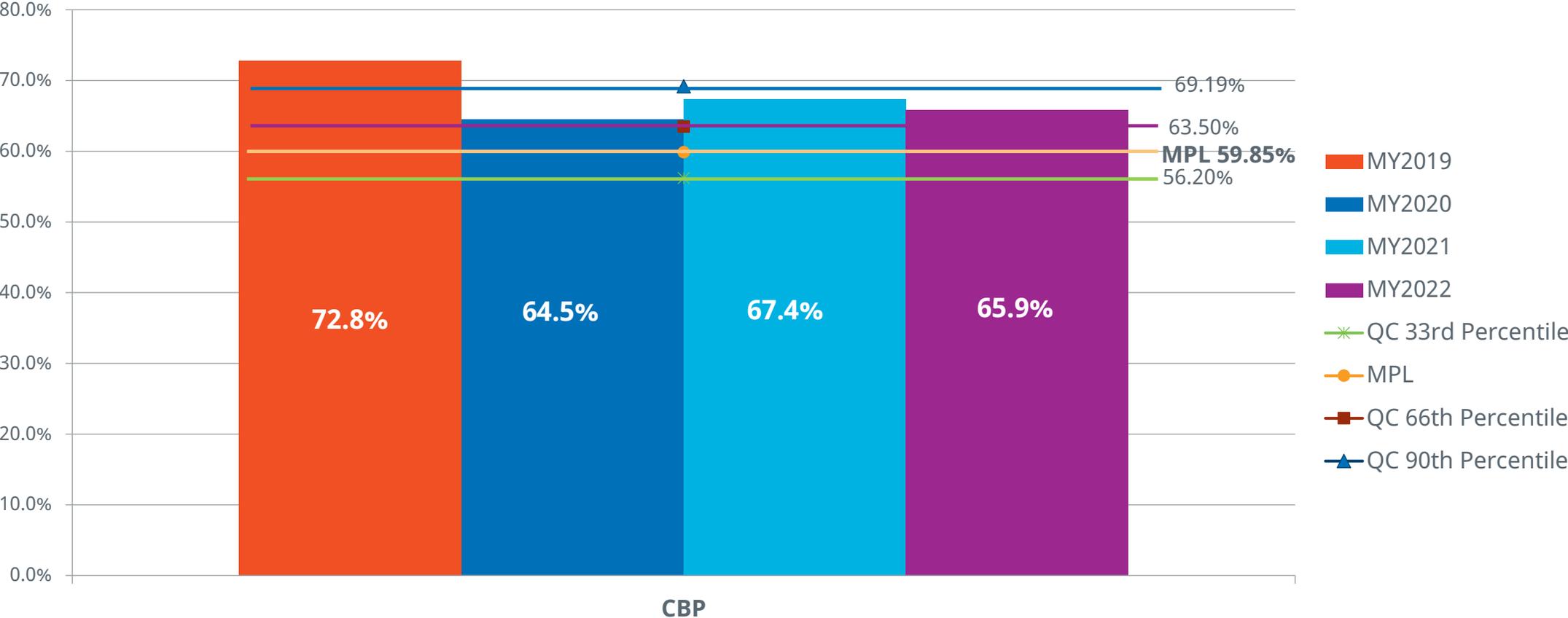
– Poor Control >9.0% (Lower is better)



\* Per HEDIS 2021 Quality Compass Percentile

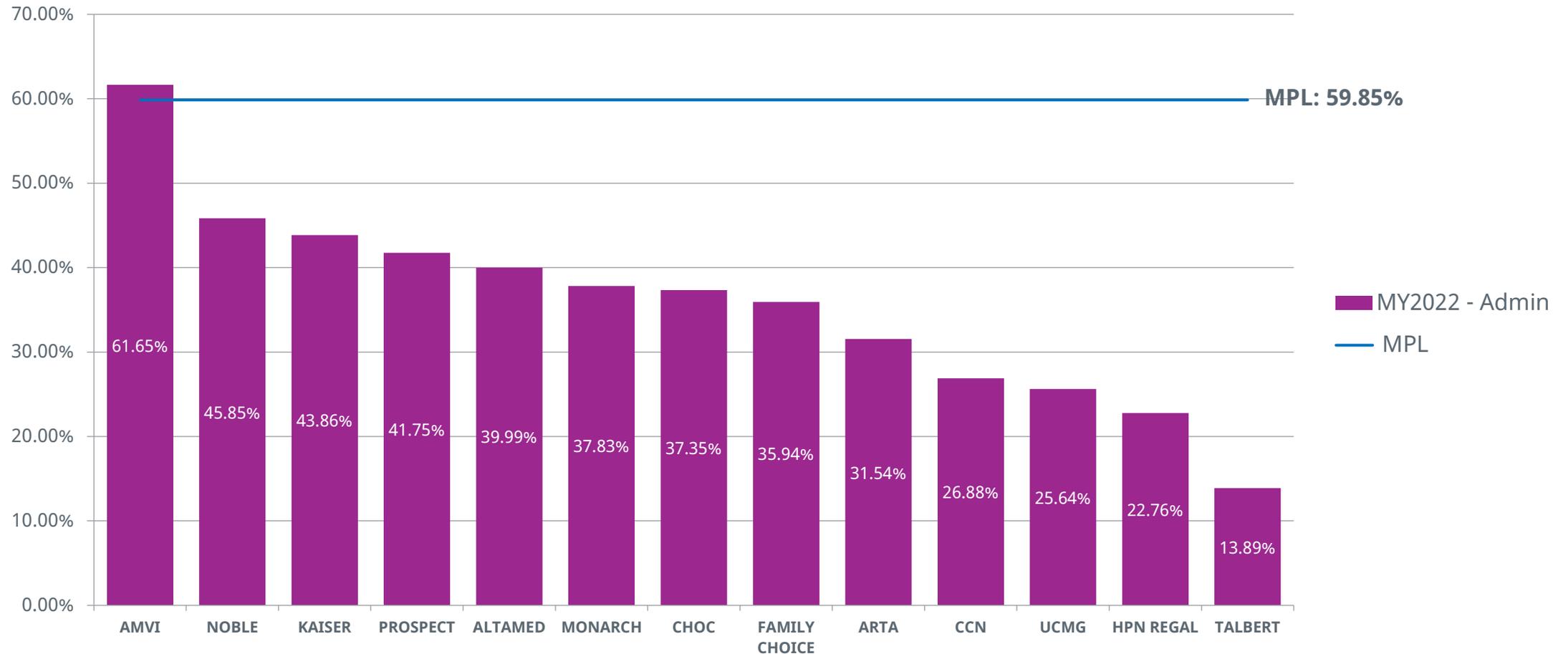
# Treatment: Cardiovascular Conditions

# HEDIS MY2022 Results: Medi-Cal Controlling High-Blood Pressure (CBP)



\* Per HEDIS 2021 Quality Compass Percentile  
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# HEDIS MY2022 Results: Medi-Cal Controlling High-Blood Pressure (CBP)



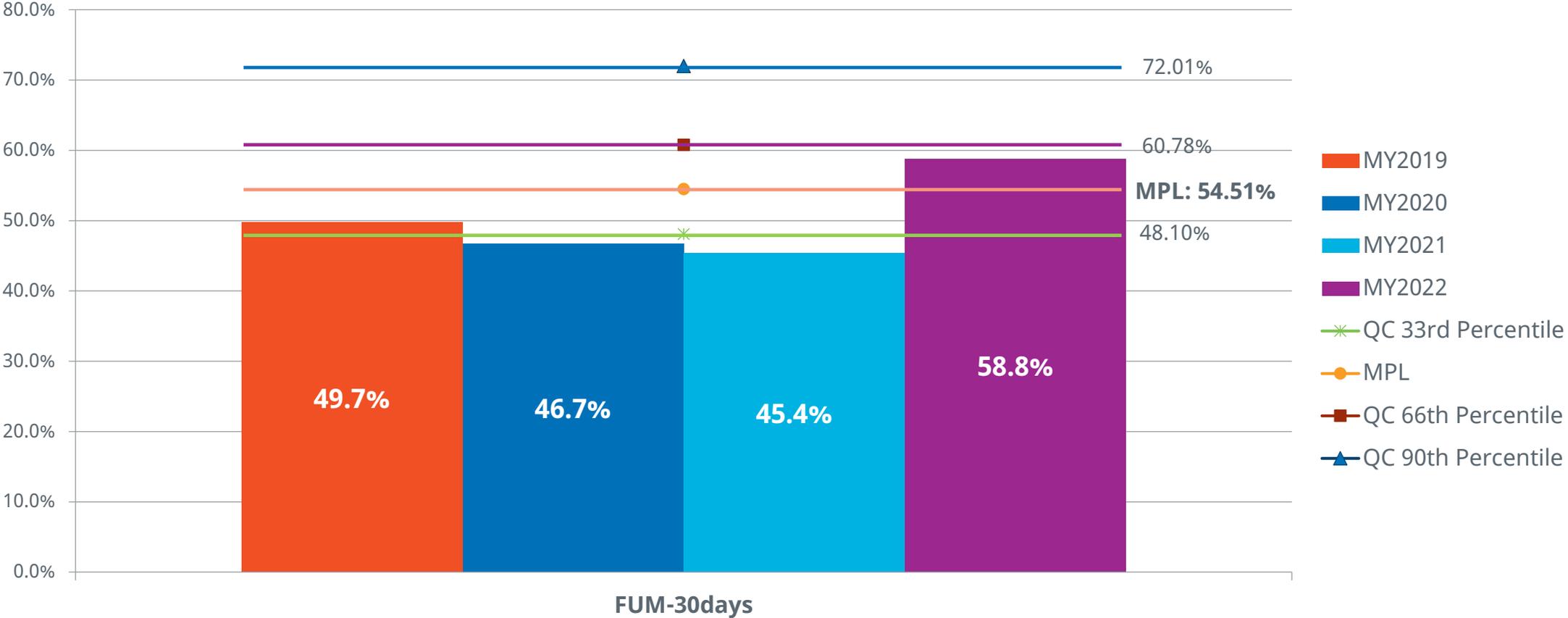
\* Per HEDIS 2021 Quality Compass Percentile

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# Treatment: Behavioral Health

# HEDIS MY2022 Results: Medi-Cal

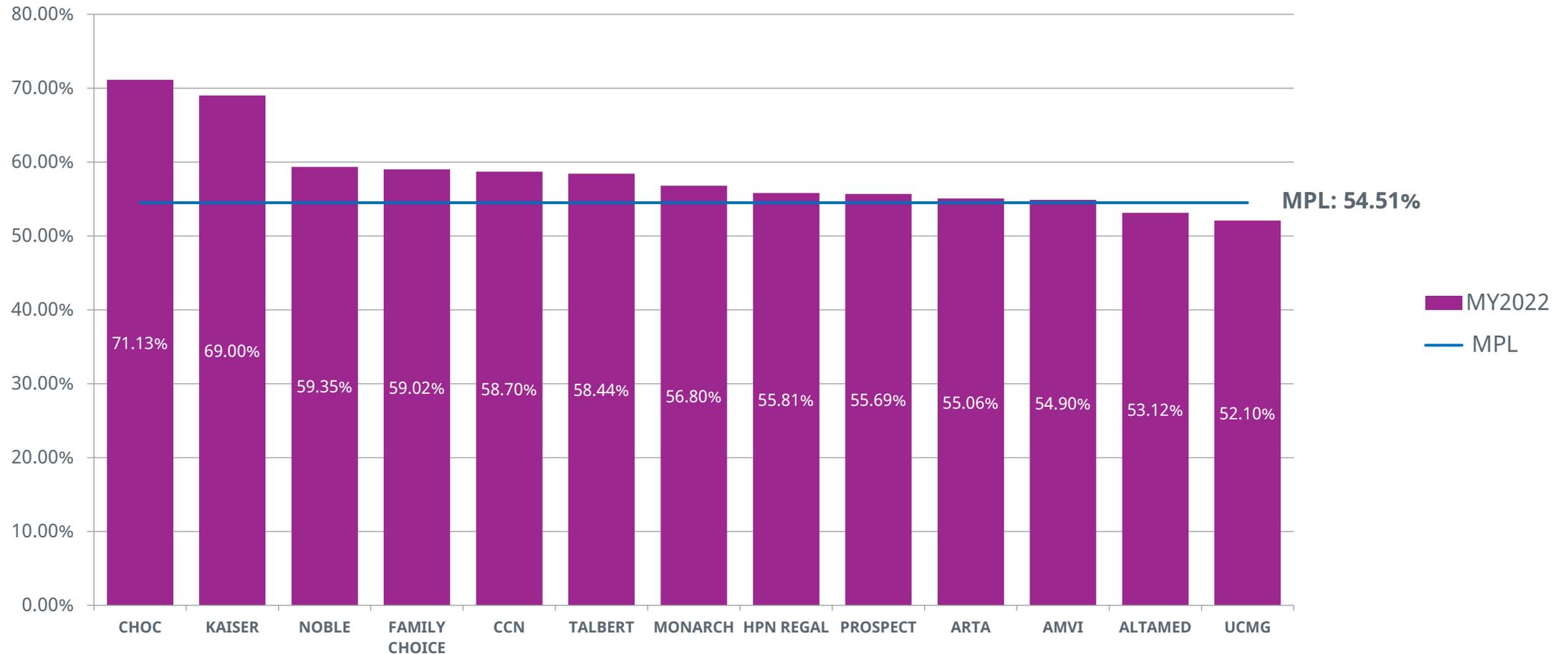
## Follow-Up After ED Visit for Mental Illness – 30 days (FUM)



\* Per HEDIS 2021 Quality Compass Percentile  
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# HEDIS MY2022 Results: Medi-Cal

## Follow-Up After ED Visit for Mental Illness – 30 days (FUM)

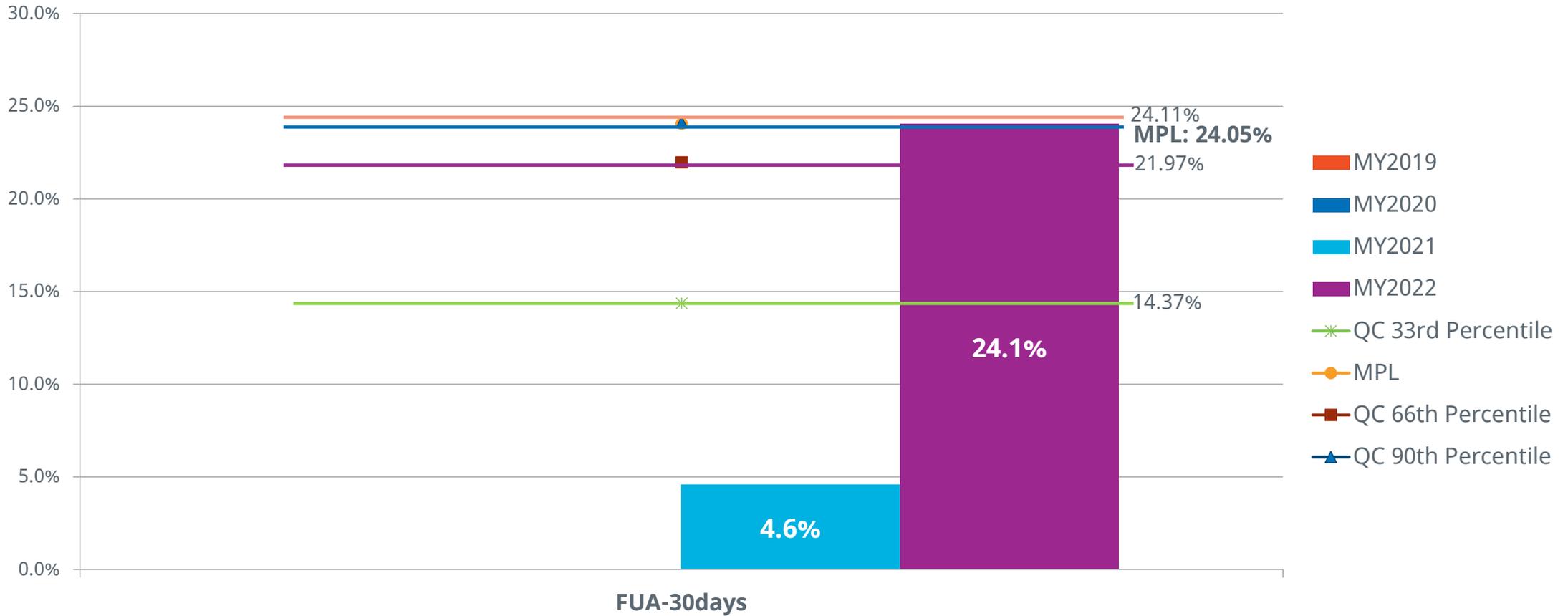


\* Per HEDIS 2021 Quality Compass Percentile

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# HEDIS MY2022 Results: Medi-Cal

## Follow-Up After ED Visit for Alcohol and Other Drug Abuse or Dependence – 30 Days (FUA)

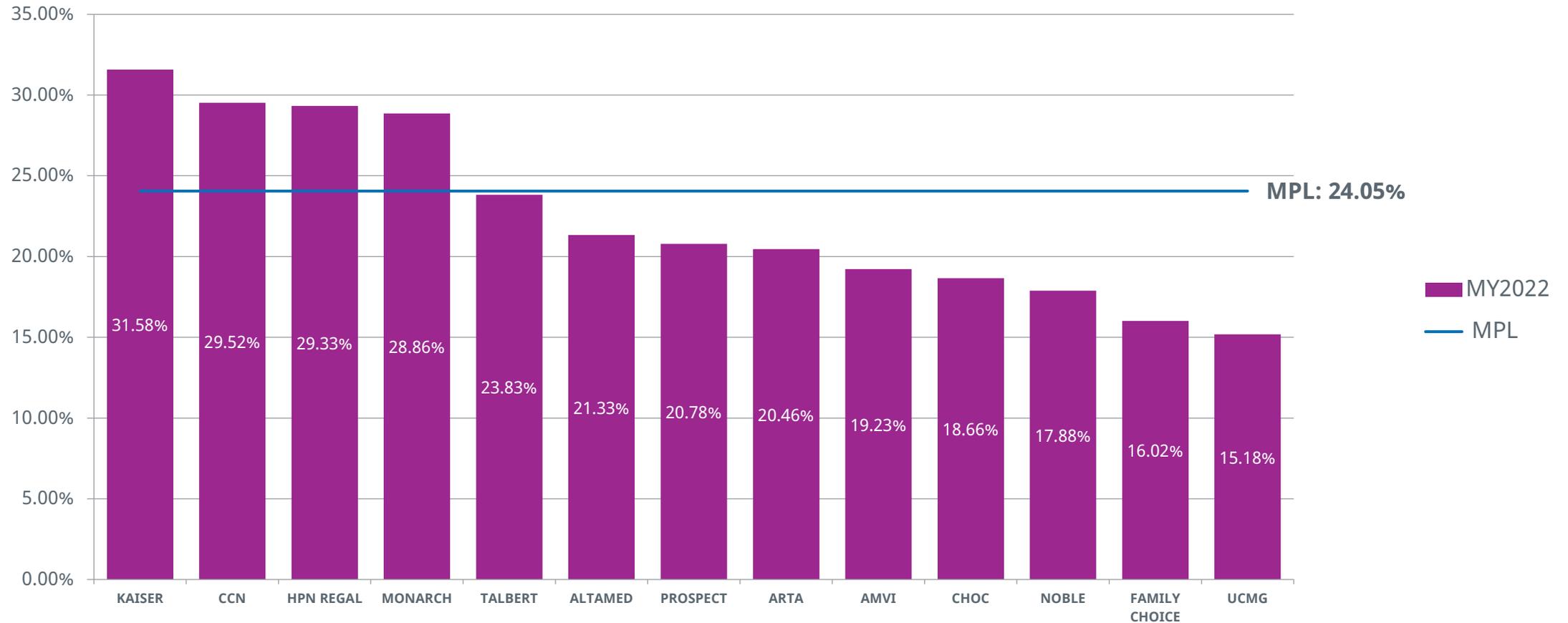


\* Per HEDIS 2021 Quality Compass Percentile

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# HEDIS MY2022 Results: Medi-Cal

## Follow-Up After ED Visit for Alcohol and Other Drug Abuse or Dependence – 7 Days (FUA)



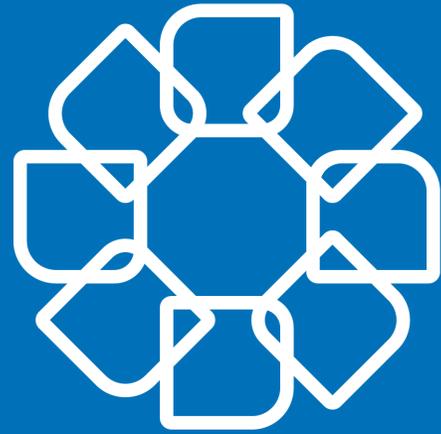
\* Per HEDIS 2021 Quality Compass Percentile

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# Action Plan

# Action Plan

- Analyzed all Medi-Cal and OneCare HEDIS measures compared to benchmarks and year over year trends
- Prioritized measures into high and low for quality initiative implementation
- Conducting root cause barrier analysis that includes detailed data review, quality meetings with health networks, and evidence-based literature review
- Developing targeted interventions for remainder of calendar year



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# CalOptima Health

## National Committee for Quality Assurance Health Plan Accreditation Update

Quality Assurance Committee Meeting  
December 13, 2023

Linda Lee, Executive Director, Quality Improvement

### Our Mission

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

### Our Vision

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

# Agenda

- National Committee for Quality Assurance (NCQA) Health Plan Accreditation Status Update
  - 2024 NCQA Re-survey Timeline Overview
  - Status Dashboard
  - File Review Mock Audits
  - Risk Areas and Next Steps
- Health Equity Accreditation Update

# NCQA Health Plan Accreditation Status Update

# 2024 NCQA Health Plan Re-Survey Timeline

	Key Dates
Document Look-back period(s)	Documents: April 30, 2022- April 30, 2024 (24-months) <ul style="list-style-type: none"> <li>• Year-one (4/30/22-4/30/23)</li> <li>• Year-two (4/30/23-4/30/24)</li> </ul>
QI Submits Delegation worksheet, draft virtual file review Agenda, PHM Program with Interactive Contract (PHM1B Workbook) to NCQA contact.	<b>March 25, 2024</b>
UM Denial/CM/UM Appeal File review Look-back period	April 30, 2023- April 30, 2024 (12-months)
CR File Review Look-back period	April 30, 2021-April 30, 2024 (36-months)
HP Submission Date (Documents & File review Universes)	<b>April 30, 2024</b>
CalOptima Health receives Initial Issues List	May 25, 2024
CalOptima Health receives File Review Selection Lists	<b>June 3, 2024</b>
Consultant will review NCQA selected files with staff prior to virtual	June 3, 2024- June 16, 2024
Two-day virtual file review session w/surveyor(s)	<b>June 17-18, 2024</b> (No PTO during these days, for those attending the file review sessions)
CalOptima Health receives final report with scoring from NCQA	<b>August 6, 2024</b>

# Status Dashboard as of 11/20/23

QI (Quality Management and Improvement)	PHM (Population Health Management)	UM (Utilization Management)	NET (Network Management)	CR (Credentialing and Recred)	ME (Member Experience)
QI1	PHM1	UM1	NET1	CR1	ME1
QI2	PHM2	UM2	NET2	CR2	ME2
QI3	PHM3	UM3	NET3	CR3	ME3
QI4	PHM4	UM4	NET4	CR4	ME4
QI5	PHM5	UM5	NET5	CR5	ME5
	PHM6	UM6	NET6	CR6	ME6
	PHM7	UM7		CR7	ME7
		UM8		CR8	ME8
		UM9			
		UM10			
		UM11			
		UM12			
		UM13			

QI: Quality Improvement; PHM: Population Health Management; UM: Utilization Management; NET: Network Management; CR: Credentialing; ME: Member Experience

# File Review Mock Audits

<b>UM Medical Denials (CCN)</b>	November 13, 2023 (Completed)- Pending consultant assessment report
<b>UM Medical Denial(Delegates)</b>	November 27, 2023
<b>UM Appeals (CCN)</b>	November 29, 2023
<b>Credentialing (CCN)</b>	November 30, 2023
<b>Credentialing (Delegates)</b>	December 05, 2023

# Risk Areas and Next Steps

- All items in red listed below and in previous slides have a potential risk if not submitted and approved by NCQA consultant as soon as possible.
  - **CR1D: CR System Controls**
  - **UM12A-D: UM System Controls (DTP/Reports)**
  - **PHM5D/E: Initial Assessment/Ongoing Management-File Review**
  - **QI3A-C: Continuity and Coordination Annual reports (UM and QA)**
  - **QI4A-C: Continuity and Coordination Annual reports**
  - **NET1D: Revised Policy GG.1600 needed before submission**
  - **NET6CF3/ ME8CF1/ CR8CF4/ UM13CF4: Semi-Annual Report evidence of review needed for all delegates**
  - **NET6A-D: 2023 Annual Audits missing (see 2023 Delegation Agreement)**
- Continue to perform file review mock audit
- During December NCQA Committee will review universe submission instructions. QI will be reaching out to specific departments and HNPR to collect universes.
- There will be two requests, a preliminary which includes the following look-back **April 30, 2023 - December 31, 2023, for UM, PHM, Appeals** including delegates. Credentialing is a 3-year look-back period **April 30, 2021- December 31, 2023.**
- Then a final universe request which will be added to the preliminary request with dates from January 1, 2024, through **April 12, 2024**). This is a tight turnaround our submission is on **April 30, 2024.**

# Health Equity Accreditation Status Update

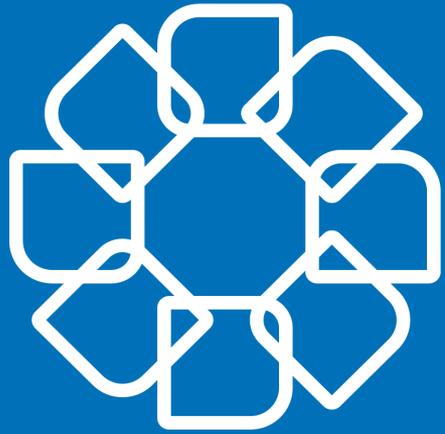
# Background

- NCQA's Health Equity Accreditation is "a program focused on helping organizations identify disparities, address social risk factors and work toward dismantling the systemic and structural barriers that generate bias or discrimination in health care."
- The standards consist of:
  - *HE 1: Organizational Readiness*
  - *HE 2: Race/Ethnicity, Language, Gender Identity and Sexual Orientation Data*
  - *HE 3: Access and Availability of Language Services*
  - *HE 4: Practitioner Network Cultural Responsiveness*
  - *HE 5: Culturally and Linguistically Appropriate Services Programs*
  - *HE 6: Reducing Health Care Disparities*
  - *HE 7: Delegation of Health Equity Activities*

# Health Equity Accreditation

- DHCS will require all Health Plans to be Health Equity accredited by January 1, 2026. CalOptima Health's goal to be accredited **by June 2025**.
- CalOptima Health engaged our NCQA consultant to conduct a readiness assessment, gap analysis, and recommendations.
- Executive leadership will conduct a strategy and planning meeting in December 2023, followed by implementation meetings beginning in January 2024.





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## **Board of Directors' Quality Assurance Committee Meeting December 13, 2023**

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

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#### **Committee Overview**

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

#### **September 13, 2023: PMAC Meeting Summary**

##### Updates from the Director

Director Monica Macias-Garica thanked PMAC members for joining the meeting in person. Members were updated on the status of the program, open positions, COVID-19, and transportation. PMAC members were thrilled to hear that most of the social worker vacancies were filled, as they recognize the importance of having a social worker. In addition, the Director shared that there will be an analysis done with transportation as we continue to hear concerns and inconsistencies. Our goal is to identify any opportunities and make improvements to our participants' experience.

##### COVID-19 Updates

Jennifer Robinson, Quality Improvement Manager, provided updates related to COVID-19. Jennifer noted that as we are moving towards fall season the flu and COVID cases are increasing as well as hospitalizations. Masks are no longer required but are encouraged. Reminders around symptoms and reporting guidelines were provided. Reminders were also provided around vaccinations for flu and COVID. At this time, we only have the flu vaccines, but have ordered the up to date COVID vaccine for administration at the PACE center. PACE will be providing a flu/COVID vaccine clinic soon for all our Participants.

##### PMAC Member Forum

- Participants would like an update on our transportation analysis and findings.
- Participants also expressed some concerns around dental care and would like the Director to investigate this area as well.
- Participants were asked to describe PACE in one word:
  - Family
  - Care
  - Happiness
  - Health
  - Connections

**Board of Directors' Quality Assurance Committee Meeting  
December 13, 2023**

**Quality Improvement Health Equity Committee Third Quarter 2023 Report**

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**Summary**

- Quality Improvement Health Equity Committee (QIHEC) met on July 11, 2023; August 08, 2023; and September 12, 2023
- The following departments and sub committees reported to QIHEC in Quarter 3 (Q3):
  - Behavioral Health Integration (BHI) Department
  - Case Management Department
  - Communications Department
  - Credentialing and Peer Review Committee (CPRC)
  - Cultural and Linguistic Services Department
  - Customer Service Department
  - Grievance & Appeals Resolution Services Committee (GARS)
  - Medical Management Department
  - Member Experience Committee (MEMX)
  - Population Health Management Department
  - Quality Improvement (QI) Department
  - Quality Analytics (QA) Department
  - Utilization Management Committee (UMC)
    - Benefits Management Subcommittee (BMSC)
  - Utilization Management (UM) Department
  - Whole-Child Model Clinical Advisory Committee (WCM CAC)
- Approved the following:
  - QIHEC Meeting Minutes 06/16/23
  - QIHEC Meeting Minutes 07/11/23
  - QIHEC Meeting Minutes 08/08/23
  - 2022-2023 Cultural Linguistics Work Plan
  - Whole Child Model (WCM) Risk Stratification Technical Specifications
- Accepted and filed minutes and QI Work Plan from the following committees and subcommittees:
  - 2023 Quality Improvement (QI) Work Plan Q2
  - UMC Meeting Minutes 5/25/23
  - GARS Meeting Minutes 05/08/23
  - Member Experience Meeting Minutes 05/17/23
  - Delegation Oversight Committee Meeting Minutes April/May 2023
  - Audit Oversight Committee Meeting Minutes February 2023

- Audit Oversight Committee Meeting Minutes March 2023
- WCM CAC Meeting Minutes 05/16/23

**QIHEC Quarter 3 2023 Highlights**

<b>QI Program Element</b>	<b>Key Activity</b>
QI Program Resources	QIHEC member and staff updates: <ul style="list-style-type: none"> <li>• America Bracho, Chief Executive Officer for Latino Health Access will represent members of the community who access CalOptima Health services through Latino Health Access.</li> <li>• CalOptima Health staff:                             <ul style="list-style-type: none"> <li>○ New CalOptima Chief Health Equity Officer Michael Silva Rose, D.Ph.</li> </ul> </li> </ul>
Chief Medical Officer Update	<ul style="list-style-type: none"> <li>• Dr. Pitts announced that three people were selected out of 50 candidates for CalOptima Health’s fellowship program. Tristynne Tran, Madeline Do, and Keya Gupta have been orientated with organization and are attending QIHEC meetings for involvement with CalOptima Health projects.</li> </ul>
Delegation Oversight	Monica Herrera, Director of Audit and Oversight submitted a copy of Delegation Oversight Committee ad hoc minutes from August 2023 to the September QIHEC.
QI Policies	QIHEC Committee approved changes to the following CalOptima Health Policies: <ul style="list-style-type: none"> <li>• GA.7111: Health Network Certification Process</li> <li>• Policy GG1629: Quality Improvement and Health Equity Transformation Program (QIHETP)</li> <li>• Policy GG.1611: Potential Quality Issue Review Process</li> <li>• Policy GG.1603, Medical Record Maintenance</li> <li>• Policy GG.1651, Assessment and Re-Assessment of Organizational Providers</li> </ul>
	Veronica Gomez, Quality Improvement program manager presented an update on NCQA Health Plan Accreditation. <ul style="list-style-type: none"> <li>• Submission is on track for submission date of April 30, 2024</li> <li>• 98% of year one reports by element have been collected.</li> <li>• Steering committees are held periodically to convey status and outstanding issues with business leaders and management.</li> <li>• NCQA consultants performed a health equity accreditation readiness assessment and are preparing a gap analysis.</li> </ul>
Program Oversight	Megan Dankmyer, Director of Case Management presented Plan Performance Monitoring and Evaluation (PPME) and reporting of 2.1 Initial Health Risk Assessment (HRA) collection within 90 days of eligibility and 3.2 Individualized Care Plan (ICP) completion within 90 days of eligibility.

QI Program Element	Key Activity
	<ul style="list-style-type: none"> <li>• Q1 2023 2.1 Initial HRA completion rate was 99%.</li> <li>• Q1 2023 DHCS Dual Eligible Special Needs Plan (D-SNP) Measure 3.2 ICP within 90 days of eligibility was 26%</li> <li>• Starting in July 2023, members will receive \$25 incentive for completing the HRA.</li> <li>• HRA measure is forecasted at two stars with a potential to reach three stars for measurement year 2023.</li> </ul>
Program Oversight	<p>Danielle Cameron, Director, Operations Management gave a California Advancing and Innovating Medi-Cal (CalAIM) update on Street Medicine Program, Homeless Clinic Access Program (HCAP 2.0), Street Medicine Program and Homeless Housing Incentive (HHI) program</p> <ul style="list-style-type: none"> <li>• Launched in April 2023 in Garden Grove with selected provider, Healthcare in Action</li> <li>• 95 individuals have enrolled into the program. 28 have selected Healthcare in Action as their active Primary Care Provider</li> <li>• Expect to expand into new communities and continue to see the growth of this program over the coming year.</li> </ul> <p>Homeless Clinic Access Program (HCAP 2.0)</p> <ul style="list-style-type: none"> <li>• Program operated in the past was paused at the beginning of 2023 for a redesign.</li> <li>• A new design element to fund shelter partnership because they play a bigger role in helping to engage members that are staying at the shelter sites will be announced to the community and will be soliciting partnerships for funding in Q4 2023</li> </ul> <p>Homeless Housing Incentive (HHI) program</p> <ul style="list-style-type: none"> <li>• Established and launched a notice of funding opportunity process.</li> <li>• Staff will select and fund HHIP projects to support the advancement of additional affordable housing and permanent supportive housing projects throughout the county.</li> <li>• Funding opportunity is open through August 15<sup>th</sup>, 2023, and will go live in November 2023.</li> <li>• Additional funding opportunities will be available online later this year, including additional equity and capacity building grants for other community-based organizations.</li> <li>• In Q4 2023, continue funding to Community partners</li> </ul>
Program Oversight	<p>Diane Ramos, Manager, Behavioral Health Integration provided an update on Student Behavioral Health Incentive Program (SBHIP) – CalOptima is in the</p>

QI Program Element	Key Activity
	<p>second year of the three-year program focused on establishing partnerships with all 29 Orange County school districts.</p> <ul style="list-style-type: none"> <li>• Staff are on target with key milestones and are collaborating with external partners including CHOC.</li> <li>• California Department of Health Care Services (DHCS) Project Plan was approved in March of 2023</li> <li>• In June staff submitted the first Bi-Quarterly Report Due to DHCS.</li> </ul>
Program Oversight	<p>Carlos Soto, Manager, Cultural &amp; Linguistic Services presented. The Cultural and Linguistics Department continues to ensure that members have access to translation services by ensuring all member-facing materials are translated in CalOptima's threshold languages, at no cost to the member. And continue to ensure that all members have free access to interpretation services, in-person (Face-to-Face) telephonically, video and Telehealth, related to receiving health care, in any language.</p>
Program Oversight	<p>Katie Balderas, Director, Population Health Management presented an update.</p> <ul style="list-style-type: none"> <li>• CalOptima Health Comprehensive Community Cancer Screening Program           <ul style="list-style-type: none"> <li>○ Evaluated the first pilot with City of Hope for lessons learned</li> <li>○ Looking at Federally Qualified Health Care (FQHC)'s with onsite mammography equipment for the potential to extend mammography screenings to Saturdays.</li> <li>○ Developing a cancer screening landing page within the CalOptima health website.</li> <li>○ Expand access to screenings and calls to nights and weekends because 50% of calls made resulted in being unable to contact members.</li> </ul> </li> </ul>
Program Oversight	<p>Improvement Projects:</p> <ul style="list-style-type: none"> <li>• Clinical Performance Improvement Process (PIP) – focuses on DHCS' statewide goals is to reduce the disparity among the Black/African American population for the Well-Child Visits in the First 30 Months of Life—Well-Child Visits in the First 15 Months—Six or More Well-Child Visits (W30–6) measure.           <ul style="list-style-type: none"> <li>○ Staff have come across challenges with attendance and are further exploring root causes.</li> <li>○ Survey of open-ended questions focused on addressing the parent or guardians' knowledge of child visits via text and phone.</li> <li>○ Survey outcomes will help drive the development of an intervention.</li> </ul> </li> </ul>

QI Program Element	Key Activity
	<ul style="list-style-type: none"> <li>○ Participants will be issued a \$25 gift card for their participation in the survey.</li> <li>● Chronic Care Improvement Program (CCIP) focused on diabetes management to target OneCare members with diabetes and on racial and ethnic disparities to enhance Health Equity                         <ul style="list-style-type: none"> <li>○ Decreasing HbA1c poor control (HbA1c &gt;9%)</li> <li>○ Increasing Eye Exam follow up.</li> <li>○ Current initiatives touch upon all diabetic measures including controlling blood pressure, kidney health evaluation, and statin therapy adherence.</li> <li>○ OneCare Hemoglobin A1c Control for Patients with Diabetes (HBD) remained at 4 stars for measurement year 2021 to 2022 and OneCare Connect members HBD improved from 3 to 4 star from measurement year 2021 to measurement year 2022. As of June 2023, prospective rates for testing are at 52.63% and CalOptima Health 5-star goal is 17%.</li> <li>○ OneCare and OneCare Connect EED remained over 4 Stars from MY2021 to MY2022. As of June 2023, prospective rates for testing: 49.77%. CalOptima Health 5 Star goal is 79.00%</li> <li>○ All health networks have performed over three star and for EED, five of Health Networks have performed over the 3 Star goal.</li> </ul> </li> <li>● COVID-19 Vaccine Incentive Program (VIP)                         <ul style="list-style-type: none"> <li>○ 1,284,853 health rewards were assigned.</li> <li>○ 531,774 members were assigned a health reward.</li> <li>○ CalOptima Health OneCare members have a higher vaccination rate than California and Orange County vaccinations.</li> <li>○ CalOptima Health Medi-Cal members have a higher vaccination rate than California and Orange County Medi-Cal beneficiary vaccinations.</li> <li>○ COVID-19 vaccine incentive program will end on December 31st and recognize that they were able to accomplish high participation in the program.</li> </ul> </li> </ul>
Program Oversight	<p>Albert Cardenas, Director, Customer Service presented Customer Service call center data.</p> <ul style="list-style-type: none"> <li>● Q2 total call volume for both Medi-Cal and OneCare was approximately 3,000 less in Q2 compared to Q1.</li> <li>● The average speed of answer also decreased in member and provider calls.</li> </ul>

QI Program Element	Key Activity
	<p>Challenge with meeting Abandonment rate call metrics for Medi-Cal is due to provider call increase with eligibility calls. An effect from the redetermination efforts and providers are calling more often to verify eligibility for members.</p>
<p>QI Workplan</p>	<p>Quality of Clinical Care: Behavioral Health                      Diane Ramos, Manager, Behavioral Health Integration provided an update on behavioral health measures.</p> <ul style="list-style-type: none"> <li>● Follow-up Care for Children Prescribed Attention-Deficit Hyperactivity Disorder Medication (ADD) rates.                             <ul style="list-style-type: none"> <li>○ Staff continues to conduct member outreach for those who fill initial Attention-Deficit Hyperactivity Disorder (ADHD) medication.</li> <li>○ Initiated fax for Provider best practices letter and tip sheet to non-compliant providers.</li> </ul> </li> <li>● Diabetes Screening for People with Schizophrenia or Bipolar Disorder Who Are Using Antipsychotic Medications (SSD) (Medicaid only)                             <ul style="list-style-type: none"> <li>○ Conducted telephonic outreach to prescribing providers, then sent fax with list of members in need of diabetes screening and best practice guideline reminder.</li> <li>○ Challenge with contacting providers via Fax. Staff contacting provider offices to verify fax number and contact information.</li> </ul> </li> <li>● Follow-Up After Emergency Department (ED) Visit for Mental Illness (FUM) &amp; Follow-Up After Emergency Department Visit for Alcohol and Other Drug Abuse or Dependence (FUA)                             <ul style="list-style-type: none"> <li>○ Staff are working with CalOptima Health Vendor to receive Real-Time Emergency Department data daily.</li> <li>○ Requested ITS for assistance with establishing protocols to send and receive data with the Health Networks through CalOptima Health SFTP site.</li> <li>○ In the process of developing a Pilot project for CCN members identified who meet FUM criteria</li> </ul> </li> <li>● Metabolic Monitoring for Children and Adolescents on Antipsychotics (APM)                             <ul style="list-style-type: none"> <li>○ This measure focuses on Members 1 to 17 years of age who had two or more antipsychotic prescriptions filled and looking to ensure that these members receive metabolic testing.</li> <li>○ Interventions are in process of internal review for Text Messaging</li> </ul> </li> </ul> <p>Outpatient Mental Health (MH) Utilization</p> <ul style="list-style-type: none"> <li>● Medi-Cal</li> </ul>

QI Program Element	Key Activity
	<ul style="list-style-type: none"> <li>○ In Q2 2022 there was a slight increase in utilization and then it dropped back in line within the 1.80-2.20% goal. Staff are monitoring the utilization of adults receiving non- Applied Behavioral Health Analysis (ABA) Mental Health (MH) services.</li> <li>○ Psychotherapy – Unique Visits Per Member who utilizing counseling services in a quarter.                         <ul style="list-style-type: none"> <li>▪ 1-6 are most of the visits utilized.</li> <li>▪ The total number of members for each quarter remains steady around 11,000 for the entire year 2022.</li> </ul> </li> <li>● OneCare/OneCare Connect                         <ul style="list-style-type: none"> <li>○ Utilization goal was between 6 and 7% and services remained with those goals in 2021 and 2022.</li> </ul> </li> </ul> <p>Inpatient MH Utilization</p> <ul style="list-style-type: none"> <li>● OneCare/OneCare Connect                         <ul style="list-style-type: none"> <li>○ This is a small population that fluctuates at about 17,000 members.</li> <li>○ There were 14 unique members in December. There was an uptick of some length of stay and admits towards the end of the year but that is not uncommon with different holidays that trigger events for members.</li> </ul> </li> </ul>
	<p>2023 Member Experience Report</p> <p>Diane Ramos, Manager, Behavioral Health Integration presented.</p> <ul style="list-style-type: none"> <li>● Members rated satisfaction on BH services received in measurement year (MY) 2022.</li> <li>● Mental Health (MH) Services captured medication and therapy services. The Response Rate for MH 5%, n= 194</li> <li>● Applied Behavioral Health Analysis (ABA) Services. The response rate for ABA was 12%, n=58.</li> <li>● Response rate for mental health services was low 5%. Staff is looking into different ways to improve including to engage a new vendor and send the survey out closer to the time of service.</li> </ul>
QI Work Plan Updates	<p>Quality of Clinical Care: Adult Wellness</p> <ul style="list-style-type: none"> <li>● Cancer Screenings (Cervical Cancer Screening (CCS), Colorecta; Cancer Screening (COL), Breast Cancer Screening (BSC))                         <ul style="list-style-type: none"> <li>○ June 2023, perspective rate for CCS screening is 41.18%. The minimum performance is 57.64% and CalOptima Health goal is 62.35%.</li> </ul> </li> </ul>

QI Program Element	Key Activity
	<ul style="list-style-type: none"> <li>▪ Staff are conducting a root cause analysis and follow up on the items that were found through the medical record review.</li> <li>▪ Begin a two-way text campaign to elicit member barriers.</li> <li>▪ Initiate a Plan-Do-Study-Act (PDSA) for cervical cancer screening measure.</li> <li>▪ Staff are monitoring breast screening measures, identifying opportunities for lower performing Health Networks with larger denominators.</li> <li>○ Breast Cancer Screening (BCS) -Medi-Cal                         <ul style="list-style-type: none"> <li>▪ Remained above 66<sup>th</sup> percentile from Measurement Year (MY) 2021 to MY2022</li> <li>▪ As of June 2023, prospective rates for testing: 42.30%. The minimum performance level goal: 50.95% (50<sup>th</sup> percentile). CalOptima Health goal: 61.27% 90<sup>th</sup> percentile</li> </ul> </li> <li>○ Breast Cancer Screening (BCS) - OneCare                         <ul style="list-style-type: none"> <li>▪ All HNs in MY2022 were at 3 stars except Arta and Family Choice</li> <li>▪ As of June 2023, prospective rates for testing: 53.23%. CalOptima Health short term goal: 70% 4 Stars.</li> </ul> </li> <li>○ Colorectal Cancer Screening (COL) – Medi-Cal                         <ul style="list-style-type: none"> <li>▪ New MCAS MPL Measure MY2023</li> <li>▪ As of June 2023, prospective rates for testing: 31.24%. No current benchmark. CalOptima Health goal: 61.27% 75<sup>th</sup> percentile</li> </ul> </li> <li>○ Colorectal Cancer Screening (COL) – OneCare                         <ul style="list-style-type: none"> <li>▪ Plan performance MY2022 remained low at 3 Stars.</li> <li>▪ Only UCMG and Arta surpassed 60% (3 Stars) and all other HNs did not.</li> <li>▪ As of June 2023, prospective rates for testing: 51.35%. CalOptima Health Short Term goal: 71% 4 Stars</li> </ul> </li> </ul>
QI Workplan	<p>Quality of Clinical Care: Maternal Care</p> <p>Leslie Martinez, QA Analyst, Quality Initiatives presented an update on Prenatal and Postpartum Care Services (PPC): Timeliness of Prenatal Care and Postpartum Care (PHM Strategy).</p> <ul style="list-style-type: none"> <li>• PPC met the minimum performance level (MPL) for HEDIS MY2022, however did not meet MY 2022 CalOptima Health Goal.</li> </ul>

QI Program Element	Key Activity
	<ul style="list-style-type: none"> <li>• Postpartum Care 2023 Prospective Rates trending upward than same time last year while Prenatal Care are trending downward.</li> <li>• PPC Medical Record Review - Members not compliant with post-partum visits and may not be compliant overall with any prenatal or postpartum care.</li> <li>• CalOptima Health's pregnancy, postpartum and infant program focuses on member engagement through telephonic assessments, self-management tools, and community engagement.</li> </ul> <p>Ann Mino, Manager, Population Health provided an update on Bright Steps Program (BSP), CalOptima Health's pregnancy, postpartum and infant program.</p> <ul style="list-style-type: none"> <li>• In measurement year 2021, 77.62% of members who engaged in BSP received timely postpartum care than members who were not outreached at all (69.77%). Staff are working to change the risk stratification to identify all pregnant members moving forward.</li> <li>• Doula Support Services is a Medi-Cal benefit to help prevent perinatal complications and improve health outcomes for birthing parents and infants. The Board approved Doula contracts and Letter of Agreement (LOA)s have been executed in the interim. Ten (4 individual &amp; 6 group) doulas are in the process of credentialing. Staff is building capacity for Doula's to incorporate them into the health system as seamlessly as possible.</li> </ul>
QI Workplan	<p>Quality of Clinical Care: Pediatric/Adolescent Wellness</p> <ul style="list-style-type: none"> <li>• HEDIS - met the Minimum Performance Level (MPL) for all measures for MY2022.</li> <li>• MCAS Performance Measures - Improvement Plan: PDSAs                         <ul style="list-style-type: none"> <li>○ Well-Child Visits in the First 30 Months of Life (W30-0 to 14 Months) improvement of .38%.                                 <ul style="list-style-type: none"> <li>▪ Administrative results and July 2023 Prospective Rate by Health Network are trending lower this year compared to last year.</li> <li>▪ As MY 2023 is ending, staff are looking for ways to improve the well care rate for members 3-21 years old?</li> </ul> </li> <li>○ Blood Lead Screening - Providers must provide screenings at 12 and 24 months and thereafter up to 72 months if there's no evidence of testing or justification being documented.</li> </ul> </li> </ul>



QI Program Element	Key Activity
	<ul style="list-style-type: none"> <li>○ Improving Blood Lead Screening Rates                             <ul style="list-style-type: none"> <li>▪ Missed opportunities for lead testing Member(s)</li> <li>▪ Members were assessed for risk only – no lab work ordered, incomplete, or completed out of time frame.</li> <li>▪ Providers/HNs may benefit from education on resumed distribution of POC testing following recall.</li> <li>▪ Staff providing education to providers to bring members in sooner and follow-up with parent/guardian</li> </ul> </li> </ul>
	<p>Pediatric Risk Stratification (PRSP)                      Hannah Kim, Director, Case Management presented.</p> <ul style="list-style-type: none"> <li>• The PRSP is for newly enrolled CCN eligible members to identify members who have more complex health needs who might need prioritization for outreach.</li> <li>• Staff updated the PRSP tool utilized for pediatrics.</li> <li>• Updated the risk stratification algorithm to include specific diagnosis that were focused on complex needs.</li> <li>• concluded with 47 ICD-10 diagnosis codes that automatically stratify the Member as high risk and then 8 ICD-10 diagnosis codes that stratify the Member for high risk if there have been any claims or encounters within the last one year.</li> </ul>
	<p>Quality of Clinical Care: Initial Health Appointment                      Stephanie Johnson Health Educator Sr., Population Health Management presented an update on Initial Health Appointment (IHA)</p> <ul style="list-style-type: none"> <li>• IHA must still be completed for Medi-Cal members by a PCP within 120 days of enrollment.</li> <li>• There was an increase in the percentage rates across all health networks</li> </ul>
Safety of Clinical Care	<p>Scott Robinson, Director, Long Term Care presented an update on Community-Based Adult Services (CBAS) Turn Around Time (TAT) Compliance Issue</p> <ul style="list-style-type: none"> <li>• All CBAS authorizations have been completed within TAT since resolution on 8/21/23.</li> <li>• The committee requested ongoing monitoring of this issue and follow up to ensure compliance continues.</li> <li>• New process improvements include daily processing of faxes, supervisor monitoring, implementing 12-month reauthorizations from the current 6 months.</li> </ul> <p>Transitions of Care Services (TCS)</p>

QI Program Element	Key Activity
	<p>Megan Dankmyer, Sr. Director, Case Management presented. CalOptima Health has an integrated approach to support Members during transition needs and avoid any preventable readmissions-</p> <ul style="list-style-type: none"> <li>• Staff have weekly facility rounds with some hospitals to discuss complex cases.</li> <li>• Monthly collaborative meetings held to discuss TCS with Health Network Case Management/Utilization Management leadership.</li> <li>• Plan All Cause Readmission (PCR) rates for Q1 2023 Readmit for Medi-Cal are at 19.52% and OneCare is at 16.28%. Staff is in the process of looking at data for types of stay that need to be excluded and will vet through UMC to determine the goal.</li> </ul>
<p>QIHEC Subcommittees</p>	<p>Credentialing and Peer Review Committee (CPRC) - Laura Guest, Quality Improvement Manager provided an update.</p> <ul style="list-style-type: none"> <li>• CPRC meets monthly.</li> <li>• A new Credentialing Manager was hired to support CPRC.</li> <li>• Committee approved the recognition of the following Board Certifications: American Board of Venous and Lymphatic Medicine Certification and National Board of Physicians &amp; Surgeons</li> <li>• Credentialing is averaging 216 for Initial and 706 Recredentialing in the last three quarters specific for CCN network; for CCN BH Credentialing there were averaging about 59 for Initial and Recredentialing about 126.</li> <li>• An average of 157 CCN delegated Initial Credentialing in the last 3 quarters and an average of 580 CCN delegated Recredentials.</li> <li>• Assembly Bill 890 Nurse Practitioners Scope of Practice. The Committee approved contract and credential 103/104 BRN-certified NPs as independent primary care practitioners.</li> <li>• National Provider Identifier (NPI) 2 – Medi-Cal Enrollment by Site. Specialists do not need to Medi-Cal enroll and credential all location's NPI 2 as long as one location is Medi-Cal enrolled and credentialed. PCPs must have all sites Medi-Cal enrolled and credentialed under their NPI 2.</li> <li>• One provider required new ongoing monitoring in Q3 2023.</li> </ul>

QI Program Element	Key Activity
QIHEC Subcommittees	Stacie Oakley, RN, Director of UM presented an update: <ul style="list-style-type: none"> <li>• Utilization Management Committee (UMC) met May 25, 2023.</li> <li>• Acute inpatient utilization Medi-Cal CCN/COD/HNs – Q3 2021 bed days trended down except for readmits.</li> <li>• Acute inpatient utilization Medi-Cal CCN/COD – Q3 2021 bed days trended down except for readmits.</li> <li>• Acute inpatient utilization OneCare Q3 2021 bed days had an uptick except for ALOS which decreased slightly.</li> <li>• ED Utilization Medi-Cal remained flat in Q1 2023</li> <li>• ED Utilization OneCare remained flat in Q1 2023</li> <li>• WCM inpatient utilization in Q1 2023 had an uptick except for ALOS which decreased.</li> <li>• WCM ED utilization decreased in Q1 2023</li> <li>• On average there is 37% referral automation through the Provider Portal</li> <li>• Inpatient Medi-Cal and OneCare turnaround time is trending above the 95% goal for Jan. 2023-July 2023</li> <li>• Urgent Medi-Cal and OneCare prior authorizations are trending above the 95% goal for Jan. 2023-July 2023</li> <li>• Retrospective Medi-Cal and OneCare prior authorizations are trending above the 95% for Jan. 2023-July 2023</li> <li>• Routine Medi-Cal and OneCare prior authorizations are trending above the 95% for Jan. 2023-July 2023</li> <li>• Clinical operations improvements include, continued developed of the TCS program, identification of process improvements to the discharge call program, development of a sub workgroup to focus on utilization patterns oversight and monitoring, develop ED and inpatient utilization goals, establish out-of-network utilization process improvements, enhancement to the COC process, and work related to the implementation of the new referral processing system (Jiva).</li> </ul>
QIHEC Subcommittees	Benefit Management Subcommittee (BMSC) <ul style="list-style-type: none"> <li>• BMSC meeting held on June 21, 2023.</li> <li>• At the June 21, 2023, meeting, 4 codes were reviewed. It was determined 2 require prior authorization and 2 do not</li> </ul>
QIHEC Subcommittees	Tyronda Moses presented the Grievance and Appeals Resolution Services (GARS) Committee updated. <ul style="list-style-type: none"> <li>• GARS met on August 15, 2023.</li> <li>• Current trends were reported for 2<sup>nd</sup> Quarter 2023 by Line of Business                             <ul style="list-style-type: none"> <li>○ Medi-Cal</li> </ul> </li> </ul>

QI Program Element	Key Activity
	<ul style="list-style-type: none"> <li>▪ An update on reporting was provided for MediCal Grievances – previously, the calculation was incorrect but has since been updated to reflect a per 1000-member month count. This is significant as the corrected rates are all below the NCQA threshold of 5.0.                             <ul style="list-style-type: none"> <li>• Q1 – corrected rate 1.32</li> <li>• Q2 – rate 1.57</li> </ul> </li> <li>▪ Q2 Grievance increase was most significant in:                             <ul style="list-style-type: none"> <li>• QOS – transportation and delays in referrals</li> <li>• Access – appointment availability</li> </ul> </li> <li>▪ Q2 Appeals increase can be attributed to an increase in modifications to an in-network provider and away from tertiary care when medical records do not support tertiary level of care                             <ul style="list-style-type: none"> <li>○ OneCare                                     <ul style="list-style-type: none"> <li>▪ Q2 Grievances increased slightly with billing complaints being the most significant – members being billed for emergency care when providers did not have member insurance information.</li> <li>▪ Q2 Appeals increase was a carryover from the OCC to OC transition and having some authorization issues after members were seen – this lingered into early Q2 but was resolved by the end of April.</li> </ul> </li> </ul> </li> </ul>
<p>QIHEC Subcommittees</p>	<p>Whole Child Model Clinical Advisory Committee (WCM CAC) Committee chair, Dr. Thanh-Tam Nguyen, provided an update on their August 15, 2023, meetings along with a copy of their detailed meeting minutes.</p> <ul style="list-style-type: none"> <li>• CMO introduced the new Street Medicine Program and the recent CalOptima Health purchase of 250K doses of naloxone.</li> <li>• Behavioral Health Student Behavioral Health Incentive Program updates.</li> <li>• WCM Member Inquiries data shared the top 3 most common inquiries received.</li> <li>• Network Adequacy. Mike Wilson reported that Regal was noncompliant for Ortho.</li> <li>• Case Management provided update on DHCS Audit &amp; WCM Health Needs Assessment</li> </ul>
<p>QIHEC Subcommittees</p>	<p>Member Experience Committee. Mike Wilson, Director of Quality Analytics, provided an update.</p> <ul style="list-style-type: none"> <li>• Committee met August 22, 2023, November 28, 2023</li> <li>• Network Adequacy updates                             <ul style="list-style-type: none"> <li>○ Subcontractor Network Certification was submitted for the first time to DHCS in Q3 2023 based on July 2023 data.</li> </ul> </li> </ul>

<b>QI Program Element</b>	<b>Key Activity</b>
	<ul style="list-style-type: none"> <li>○ Limited availability of certain specialties like Certified Nurse Midwives and Endocrinologist resulted in all subnetworks not meeting Mandatory Provider Type standards and Time or Distance Standards</li> <li>○ As part of the submission process, Corrective Action Plans were sent to non-compliant Health Networks in Q3 2023</li> <li>○ 2022 Timely Access Survey data was presented to committee and approved for moving forward with sending CAPs to non-compliant providers.</li> <li>○ 2023 Timely Access Survey fielding began in Q4 2023 with results expected late Q1 or early Q2 2024</li> <li>○ Timely Access policies were updated with new standards from CMS and DHCS and submitted for approval to PRC.</li> <li>● OneCare Star Ratings and the Member Experience Improvement Plan                         <ul style="list-style-type: none"> <li>○ 2024 Star Ratings were presented to the committee. Part C rating improved to 3 stars, Part D maintained 3.5 Stars, and overall rating maintained 3 stars</li> </ul> </li> <li>● Committee was updated on engagement with Decision Point predictive analytics and Ushur 2-way texting vendor. Outlined “Just in Time” campaign designed to improve CAHPS performance in 2024 and beyond.</li> </ul>
Performance Measure Goals	Paul Jiang, Director Quality Analytics provided an update on HEDIS. <ul style="list-style-type: none"> <li>● HEDIS MY2022 rates are submitted to NCQA, CMS, and DHCS for regulatory requirements.</li> <li>● All measures required for accreditation are passed audit and reportable.</li> <li>● NCQA Medicaid Health Plan Rating (HPR) is projected to maintain 4.0 out of 5.0 rating based on the MY2021 percentiles.</li> <li>● Medi-Cal - Lead Screening in Children (LSC) is below the minimal performance level (MPL)</li> <li>● Medicare                             <ul style="list-style-type: none"> <li>○ OneCare measures – HEDIS Star Ratings measures are projected to reach 3 and above rating except one measure based on available Star Rating cut off value.</li> <li>○ No Star Rating for OneCare Connect population. OneCare Connect members will be combined with OneCare members for next year HEDIS reporting for Star Ratings measures. Overall, HEDIS rates for OneCare Connect members are a little better than OneCare members in MY2022.</li> </ul> </li> </ul>

QI Program Element	Key Activity
	<ul style="list-style-type: none"> <li>○ For Quality withhold measures, Follow-up After Hospitalization for Mental Illness (30-day) improved and meet the benchmark. Controlling High-Blood Pressure does not meet the benchmark. Plan All-Cause readmissions does not meet benchmark.</li> <li>○ The top opportunity for improvement is Star measure with x3 weight.                             <ul style="list-style-type: none"> <li>▪ Controlling of blood pressure (CBP) – (rate 68% vs 4-Star cutoff 73%)</li> <li>▪ Diabetes Care - Blood Sugar Controlled (rate 78% vs 5-Star cutoff 83%)</li> </ul> </li> <li>○ New Star Rating Measures did not perform well:                             <ul style="list-style-type: none"> <li>▪ Transitions of Care measures are all less than national 50<sup>th</sup> percentile benchmarks. Notification of Inpatient Admission and Receipt of Discharge Information need be documented in the charts.</li> <li>▪ Follow-Up After Emergency Department Visit for People with Multiple High-Risk Chronic</li> </ul> </li> <li>○ Conditions (FMC) – rate less than national 25th percentile benchmark.</li> </ul> <p>Sandeep Mital, Manager, Pay for Value (P4V) presented an update on MY 2022 Health Network Quality Rating (HNQR).</p> <ul style="list-style-type: none"> <li>● Overall HNQR MY 2020 through MY 2022 – Of the 14 HN’s including CalOptima Health, 7 had lower rating, 2 increased and 4 remained the same.</li> <li>● HNQR increase in HEDIS and decrease in Member Experience.</li> </ul> <p>Linda Lee, Executive Director of Quality presented MY 2024 Pay 4 Value proposal to CalOptima Health P4V program.</p>
Strategic Initiatives	<p>Deane Thompson presented an update on Redetermination Efforts of Medi-Cal</p> <ul style="list-style-type: none"> <li>● The June group included 78,361 members, or 44,439 households.</li> <li>● 51.4% renewed in a timely manner.</li> <li>● Outreach continues in collaboration with County of Orange Social Services Agency (SSA)</li> </ul>
Facility Site Review (FSR)/ Medical Records Review (MRR)	<ul style="list-style-type: none"> <li>● Implementation of the new tool and different changes in criteria have increased the FSR and MRR failures.</li> <li>● The most Common Reasons for Failed FSR were, training of personnel, lack of standardized procedures (NPs) and practice agreements (PAs), and Emergency Kit. There was only one CAP issued in Q2 2023.</li> </ul>

QI Program Element	Key Activity
	<ul style="list-style-type: none"> <li>• The most common reasons for failed MRR were the Adult Preventive Services Pediatric Preventive Services, Coordination/Continuity of Care, and documentation.</li> <li>• Staff is performing education with the sites to help reduce the fails.</li> </ul>
Physical Accessibility Review Survey (PARS)	<p>PARS are performed every 36 months.</p> <ul style="list-style-type: none"> <li>• The result in decreased productivity of Q1-Q2 of 2023 from surveys performed in Q1 – Q2 of 2022 are expected to continue declining until the conclusion of the Public Health Emergency when offices resumed to normal office operation.</li> <li>• After the March 2020 suspension of onsite visits due to COVID the number of surveys is expected to climb back up with results reflecting three years after.</li> </ul>
Potential Quality Issues (PQI)	<p>Potential Quality Issues activity had a slight increase in the volume of closing cases.</p> <ul style="list-style-type: none"> <li>• There was a backlog of PQI cases with 354 at the end of Q2 2023</li> <li>• There were no PQIs referred to CalOptima Health by the Health Networks.</li> <li>• Number of PQIs TAT increased in Q2 from 49% (Q1) to 59% (Q2). 53% of Quality-of-Care PQIs are regarding Medical Care. 43% are categorized as Mismanaged Care. 32% are categorized as Treatment: delay, failure, inappropriate or complications.</li> <li>• PQIs presented to the CPRC                         <ul style="list-style-type: none"> <li>○ Level 3 – seven; Included deaths of 1 adult, 1 adolescent and 1 infant; Level 2 – Five; Level 1 – One.</li> </ul> </li> <li>• CalOptima Health Policy GG.1611 defines a trend as 2 or more Quality of Care (QOC) PQIs in a 6-month period.                         <ul style="list-style-type: none"> <li>○ Q2 2023: 1 ABA Group; 1 Clinic; 1 PCP; 1 Ophthalmologist; 2 Hospitals, Hospital A – 3 QOC PQIs in 2022 and 2023 combined and Hospital B – 3 QOC PQIs in 2022 and 2023 combined.</li> </ul> </li> <li>• Based upon an uptick in infant mortality and stillbirths, QI will be performing an analysis by hospital and ethnicity.</li> </ul>
Incident Reports on Nursing Facilities (NF) and Community-Based Adult Services (CBAS) Centers.	<p>There were no Critical Incidents (CI) reported by Skilled Nursing Facilities in 2022 and 2023. Falls and COVID-19 Cases are included in the non-critical totals. CDPH website shows that some of the facilities are reporting CI to the state.</p> <ul style="list-style-type: none"> <li>• Staff are reminding facilities of the report requirement.</li> <li>• Reminder letter to each facility of their contractual obligation to report CI to CalOptima Health</li> </ul>

<b>QI Program Element</b>	<b>Key Activity</b>
	<p>Multi-Purpose Senior Services Program incident report decreased in Q2 2023 - from 20 to 7. Reports are against a member's caregiver or their family member, it's not against a CalOptima provider.</p> <p>There were 12 CBAS audits performed in Q2 2023, and 10 CAPS were issued. No unannounced visits for the same period. There were 3 Nursing Facility audits performed in Q2 2023 and no CAPs were issued, and no unannounced site visits were performed in the last six quarters.</p>
<p>Provider Preventable Conditions (PPC)</p>	<p>No new PPCs or Other Provider Preventable Conditions (OPPC) were identified via claims or reported by Health Networks or Hospitals in Q2.</p>

**Attachments**

Approved at QIHEC throughout Q3 2023: 2023 QI Workplan – Third Quarter

2023 Q1 Work Plan 3Q

Evaluation Category	2023 Q1 Work Plan Element Description	Goals	Planned Activities	Target Date(s) for Completion (i.e. 2Q 2023) for each activity	Responsible Business owner	Results/Metrics: Assessments, Findings, and Monitoring of Previous Issues <i>List any problems in reaching the goal or relevant data (i.e. state if goals were met or not met, include what caused the problem/issue)</i>	Next Steps Interventions / Follow-up Actions <i>State what will be done to meet the goal (i.e. continue with plan as listed or modify the plan: add a specific new process, etc.)</i>	Red - At Risk Yellow - Concern Green - On Target
Program Oversight	2023 Quality Improvement Annual Oversight of Program and Work Plan	Obtain Board Approval of 2023 Program and Workplan	Quality Program and QI Work Plan will be adopted on an annual basis; QI Program Description-QIHEC-BOD; QI Work Plan-QIHEC-QAC	Annual Adoption by April 2023	Marsha Choo	Approved: QIHEC 2/14/2023, QAC 3/8/2023, BOD 4/6/2023		
Program Oversight	2022 Quality Improvement Program Evaluation	Complete Evaluation 2022 QI Program	QI Program and QI Work Plan will be evaluated for effectiveness on an annual basis	Annual Adoption by January 2023	Marsha Choo	Approved: QIHEC 2/15/2022, QAC 3/8/2023, BOD 4/6/2023		
Program Oversight	2023 Utilization Management and Case Management Program	Obtain Board Approval of 2023 UM Program	UM Program will be adopted on an annual basis.	Annual Adoption by April 2023	Kelly Giardina	Approved: UMC Committee via eVote on 4/7/2023, QIHEC 4/11/2023, BOD 8/3/2023		
Program Oversight	2022 Utilization Management Program Evaluation	Complete Evaluation of 2022 UM Program	UM Program will be evaluated for effectiveness on an annual basis.	Annual Adoption by April 2023	Kelly Giardina	Approved: UMC Committee via eVote on 4/7/2023, QIHEC 4/11/2023, BOD 8/3/2023		
Program Oversight	Cultural and Linguistic Services Program and Work Plan	Obtain Board Approval of 2023 Program and Workplan	Cultural and Linguistic Services Program and Cultural and Linguistic Work Plan will be evaluated for effectiveness on an annual basis	Annual Adoption by April 2023	Carlos Soto	Approved: QIHEC 4/11/2023		
Program Oversight	Population Health Management Strategy	Implement PHM strategy	Review and adopt on an annual basis.	Annual Review and Adoption Feb 2023	Katie Balderas	Revised PHM Strategy to prepare for submission to DHCS, due 10/31. Held initial meeting with OC Health Care Agency (HCA) on 9/11 to discuss new PHM Requirements to include shared SMART objective. HCA and CalOptima teams agreed on blood lead screening objective. Have not been able to schedule further discussions with HCA despite multiple follow ups.	Continuing to outreach to HCA, discussing alternative objectives that we may be able to work on in addition to or instead of blood lead screening. Presenting revised PHM strategy to QIHEC for approval on 10/10/2023.	
Program Oversight	Credentiaing Peer Review Committee (CPRC) Oversight - Conduct Peer Review of Provider Network by reviewing Credentialing Files, Quality of Care cases, and Facility Site Review, to ensure quality of care delivered to members		Review of Initial and Recredentialing applications approved and denied; Facility Site Review (including Physical Accessibility Reviews);Quality of Care cases leveled by committee.	1Q23 update (6/13 QIHEC) 2Q23 update (9/12 QIHEC) 3Q23 update (12/12 QIHEC) 4Q23 update (TBD 2024 QIHEC)	Laura Guest	<b>I. FSR/MRR/PARS, NF and CBAS</b> A. FSR: Initial FSRs=9 Initial MRRs=13 Periodic FSRs=41 Periodic MRRs=35 On-Site Interims=22; CAPs: CE=30 FSR=41 MRR=45 Failed FSRs=3 Failed MRRs=10 B. PARS: Completed PARS=61 BASIC Access=24 LIMITED Access=37 C. CBAS: No Critical Incidents were reported in Q3. Completed Audits=11 CAPs=9 Unannounced Visits=0 D. SNF: No Critical Incidents were reported in Q3. Completed Audits=0 CAPs=0 Unannounced Visits=0 <b>II. Credentialing:</b> CCN initial credentialing=73; recredentialing=101; BH initial credentialing=78; BH recredentialing=41 <b>III. A. PQI - 165 PQIs were opened and 125 cases closed were in Q3. TAT - 41% of PQIs were initially reviewed by a Medical Director in 90 days; 40% of declined grievances were reviewed by a medical director in 30 days. The number of cases open at the end of Q3 is 389. Seven (7%) of the cases were presented at CPRC. Seventy-one of the case were regarding Medical Care; 45 of those regarding Mismanaged Care. Nineteen cases (15%) were leveled QOC 1, 2 or 3. There were 587 QOC grievances reviewed in Q3. Two new positions have been submitted; 1 RN and 1 PS. The RN position has been posted for recruitment. We are in the process of testing a new system, Jiva, for the QOC grievances which is expected to be implemented in Q1 2024. B. PPOCs - There were 2 PPOCs identified through claims review.</b>	<b>I. FSR/MRR/PARS, NF and CBAS</b> A. FSR: Continue to audit. Close issued CAPs by due dates. B. PARS: Completed PARS=61 BASIC Access=24 LIMITED Access=37 C. CBAS: Continue to complete annual audits and remind centers to report Critical Incidents. D. SNF: Currently recruiting for two QI Nurse Specialist-LVN positions. Re-evaluate current processes and procedures when new staff are hired. Consider cross-training existing staff to fill positions in interim. <b>II. Credentialing:</b> Continue to credentialing and recredentialing of CCN and BH providers. Started to engage a Credentialing Verification Organization (CVO) to assist with the credentialing of providers. This will ensure compliance and timeliness of the initial credentialing and recredentialing of files. Also in the process of reviewing credentialing processes with Ankura (Consulting Group) to identify gaps and improve overall workflow. Credentialing mgr started on 8/14. Engaged Symplr (Cactus Provider mgmt Platform) for additional Cactus training for the credentialing staff. <b>III. PQI - Continue to monitor the volume and TAT of PQIs, DC and QOC Grievances. Hire and train new staff. Continue to test and train team on Jiva.</b>	
Program Oversight	Grievance and Appeals Resolution Services (GARS) Committee - Conduct oversight of Grievances and Appeals to resolve complaints and appeals for members and providers in a timely manner.		The GARS Committee oversees the Grievances, Appeals and Resolution of complaints by members and providers for CalOptima's network and the delegated health networks. Trends and results are presented to the committee quarterly.	1Q23 update (6/13 QIHEC) 2Q23 update (9/12 QIHEC) 3Q23 update (12/12 QIHEC) 4Q23 update (TBD 2024 QIHEC)	Tyronda Moses	GARS Committee met on August 15 where management of GARS presented trends and remediation activities for Q2 2023. Trends discussed were as follows: <b>Medi-Cal Grievances:</b> Increase across all categories with significant increases in QOS and Access. QOS Increase * Transportation - driver behavior/attitude and timeliness * Delay of referral provider/plan * Access Increase * Appointment availability (extended wait times) * Telephone Accessibility (answering the phone / not returning calls) * No significant provider trends identified. <b>Medicare Grievances:</b> Increase of 13% from Q1 - related to transportation; Decrease of 35% from Q1 - contributing to the decrease was the OCC to OC eligibility issues being resolved by Q2; Increase of 77% from Q1 - billing issues related to Hospitals, ER and urgent care facilities (members not presenting cards or facilities unable to verify benefits during transition) <b>Grievance Remediation Activities: Transportation:</b> Dedicated transportation team within GARS was formed in May 2023. Continued collaboration with vendor. <b>Access:</b> Appointment Availability: Reporting extended wait times for scheduling appointments for PR contact for education. Trending Specialists reported for contracting opportunities - neurologist, cardiologist, pulmonologist <b>Medi-Cal Appeals:</b> Increase of 58% from Q1 2023 - Contributing to the increase are authorization denials issued for medical necessity not met for services or redirections from tertiary level provider; Top Health Networks contributing Monarch and CCN. Overturn rate decreased; No significant trends in the Overturned appeals <b>Medicare Appeals:</b> Increase of 47% from Q1 2023 - Many of the Q2 appeals were carryovers from the OCC to OC transition with those members being seen and having authorization issues; Top Health Networks contributing were Monarch, CCN and Prospect; Overturn rate at 40% with 25 of 62 (Monarch - Total 30 with 10 Overturned = 9 medical necessity with records received during appeal + 1 denied in error as provider OON. Monarch was educated; Prospect - driven by 1 member who appealed 5 separate denials of payment for genetic testing ordered by a contracted Oncologist. Overturned due to Plan directed Care; Family Choice - Total 4 with 3 Overturned = 2 for specialty care at UCI not available in network + 1 denied for records received during appeal showing medical necessity <b>Clinical Appeals Remediation Activities:</b> CCN Authorizations denied as non-benefit in error - issue was communicated to UM Leadership in May 2023. PA team was re-educated on the TAR benefit lists and the issue has since been resolved.	GARS to continue to monitor and report as appropriate. Next GARS Committee meeting scheduled for November 14.	
Program Oversight	Member Experience (MEMX) Committee Oversight - Oversight of Member Experience activities to improve quality of service and member experience to achieve the 2023 Q1 Goal of improving CAHPS and Access to Care.		The MEMX Subcommittee assesses the annual results of CalOptima's CAHPS surveys, monitor the provider network including access & availability (CCN & the HHS), review customer service metrics and evaluate complaints, grievances, appeals, authorizations and referrals for the "pain points" in health care that impact our members.	1Q23 update (6/13 QIHEC) 2Q23 update (9/12 QIHEC) 3Q23 update (12/12 QIHEC) 4Q23 update (TBD 2024 QIHEC)	Marsha Choo	In Q3, MemX Committee has reviewed/discussed the following: 8/22/23 <b>Committee overview &amp; purpose:</b> -NCOA Reports -High level findings and action plan -Timely Access Survey - CAPS Close Out - 2022 Survey Results - 2023 Survey Fielding -Provider CAP Plan-Access -SNC Certification Update -CAHPS Update -2023 Medi-Cal CAHPS Results Plan and HN - CAP CAHPS Closure - 2023 Survey Fielding	Committee requested an additional meeting is scheduled in October. Meeting dates for Q4 will include: October 30 and November 28th.	

2023 Q1 Work Plan 3Q

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Program Oversight	Utilization Management Committee (UMC) Oversight - Conduct Internal and External oversight of UM Activities to ensure over and under utilization patters do not adversely impact member's care.		UMC meets quarterly; monitors medical necessity, cost-effectiveness of care and services, reviewed utilization patterns, monitored over/under-utilization, and reviewed inter-rater reliability results. P&T and BMSOC reports to the UMC, and minutes are submitted to UMC quarterly.	1Q23 update (4/11 QIHEC) 2Q23 update (7/11 QIHEC) 3Q23 update (10/10 QIHEC) 4Q23 update (Jan 2024 QIHEC)	Stacie Oakley	UMC met 8/24/23 and is on track to meet quarterly. Meeting minutes are available for review. Quarterly Utilization Metrics Quarterly updates for (Pharmacy, BH and LTSS update). The BMSOC 3/22/2023 minutes were presented & approved at the 8/21/23 meeting. UM data was presented at the 9/12/23 & UM is on track to report quarterly. Meeting minutes are available for review.	The next UMC meeting is scheduled for 11/16/23. The next BMSOC will report to UMC meeting on 10/25/23.	Green - On Target
Program Oversight	Whole Child Model - Clinical Advisory Committee (WCM CAC)- Ensures clinical and behavior health services for children with California Children Services (CCS) eligible conditions are integrated into the design, implementation, operation, and evaluation of the CalOptima Health WCM program in collaboration with County CCS, Family Advisory Committee, and Health Network CCS Providers.		1) Meet quarterly to provide clinical and behavioral service advice regarding Whole Child Model operations  2023 Meeting Schedules WCM CAC Q1: February 21, 2023 WCM CAC Q2: May 16, 2023 WCM CAC Q3: August 15, 2023 WCM CAC Q4: November 14, 2023	1Q23 update (4/11 6/13QIHEC) 2Q23 update (7/11 6/13 QIHEC) 3Q23 update (9/12 QIHEC) 4Q23 update (Jan 2024 12/12 QIHEC)	T.T. Nguyen, MD/PH.Kim	WCM CAC met 8/16/23 they presented and discussed the following: -Behavioral Health SBHIP program updates. -Pediatric CalAIM. No available data since 7/1/23 launch. -UM Transition Workgroup was placed on hold until 2024. -WCM Member Inquiries data -Network Adequacy. Mike Wilson reported that Regal was non compliant for Ortho. -Case Management provided update on DHCS Audit & WCM Health Needs Assessment -Pediatric Quality Measure, Pharmacy, and GARS were deferred to the November meeting due to data unavailability. -In open discussion, Kaiser as a new Managed Care Plan transition effective 1/1/2024 and DHCS provider rate increase were discussed.	As a follow up, an email with information were sent on 8/16/23 to Committee members on: 1) Budget summary with information on the rate increase in the Medi-Cal Program 2) Information and flyers on CalOptima Health hosting a Back-to-School Event on Saturday, August 26th 2023. WCM CAC update will be provided to QIHEC on 9/12/23.  The next WCM CAC meeting is scheduled for 11/7/2023.	Green - On Target
Program Oversight	Pediatric Risk Stratification Process (PRSP) monitoring		Discuss annually the Pediatric Risk Stratification algorithm with the CCS program	Aug-23	Hannah Kim	Presented at UM and QIHEC committee and will presented next in August 2024	Quarterly review to confirm that members risk stratified appropriately and then taper to annually.	Green - On Target
Program Oversight	Managed Care Accountability Set (MCAS)	Achieve 50th percentile on all MCAS measures in 2021	Share results to Quality Improvement Committee annually	end of 3Q 2023	Paul Jiang	HEDIS MY2022 results were presented to QIHEC on 7/11. LSC didn't meet MPL.	Quality improvement team is working on the improvement plan.	Green - On Target
Program Oversight	Health Network Quality Rating	Achieve 4 or above	Will share HN performance on all P4V HEDIS Measures via prospective rates report each month	end of 4Q 2023	Sandeep Mittal	The Pay for Value (P4V) team generates a Prospective Rate (PR) report each month for all participating health networks and CalOptima Health to allow health networks monitor their progress on clinical HEDIS measures in the P4V program. Performance on each measure is compared to the overall CalOptima Health performance, as well as to the National Medicaid HEDIS benchmarks established by NCOA.	The overall health network quality rating (HNQR) is the weighted average of the network's HEDIS and CAHPS measure ratings, as well as accreditation bonus points and is calculated on a scale of 1-5 (5 being the highest). The final HNQR for MY2022 for the Medi-Cal line of business for all participating health networks was presented at the QIHEC Committee meeting on September 12, 2023.	Green - On Target
Program Oversight	CalAIM	Improve Health & Access to care for enrolled members	1) Launch ECM Academy, a pilot program to bring on new ECM providers. 2) Increase CalOptima Health's capacity to provide community supports through continued expansion of provider network. 3) Continue to increase utilization of benefits. 4) Establish oversight strategy for the CalAIM program. 5) Implement Street Medicine Program 6) Select and fund HHIP projects through Notice of Funding Opportunity. 7) Design and launch the Shelter Clinic Partnership Program (HCAP 2.0)	1) 1Q 2023 2) 4Q 2023 3) 4Q 2023 4) 3Q 2023 5) 1Q, 2Q 2023 6) 1Q 2023 7) 3Q 2023	Mia Arias	1) A second academy cohort has launched with 15 ECM providers. 2) As of 10/1 there are 70 CS providers onboarded. 3) As of 10/1/23 there are 37,226 members receiving ECM, CS or both. 4) We are waiting to onboard a CalAIM Medical Director before defining this process. 5) As of 9/30 Healthcare In Action has reached out to 271 individuals and there are 102 active members in the program. 6) HHIP NOFO Round 2 awarded \$52.3M in grants to 15 capital projects to bring online affordable and permanent supportive housing. A Round 3 will be made available before the end of the year to provide additional support for systemic change in the continuum of homeless services. 7) A Notice of Funding Opportunity was released and providers will be selected and contracted to provide services as of 1/1/2024.	Continue with the plan as listed.	Green - On Target
Program Oversight	Health Equity	Increase member screening and access to resources that support the social determinants of health	1) Increase members screened for social needs 2) Implement a closed-loop referral system with resources to meet members' social needs. 3) Implement an organizational health literacy (HL4E) project	1) 4Q 2023 2) 4Q 2023 3) 3Q 2023	Katie Balderas	1) Proposed screening questions to be integrated into JIVA 2) Drafted the Closed-Loop Referral Platform SOW and initiated vendor management RFP process. 3) As of the end of this quarter, 157 CalOptima Health staff from 22 departments enrolled in the Health Literacy for Equity program with 22 successfully completing the certification program	1) Jiva questions finalized and being programmed into system. Will launch with Jiva implementation in January 2024. Added SDOH screening question to Health Information Form/Member Evaluation Tool (HIF-MET) and pending DHCS approval. ITS is developing SDOH screening in member portal using CMS Accountable Communities for Health questions. 2) Release Closed Loop Referral System RFP 3) Continue to encourage staff to complete the Health Literacy for Equity certificate program, get leadership support for completion of certificate	Green - On Target
Program Oversight	Improvement Projects Medi-Cal PIP(BH)	Meet and exceed goals set forth on all improvement projects	Non-Clinical PIP - FUM/FLUA 1) Track real-time ED data for participating facilities on contracted vendor. 2) Establish reports for data sharing with Health Networks and/or established behavioral health provider to facilitate faster visibility of the ED visit. 3) Participate in educational events on provider responsibilities on related to follow-up visits. 4) Utilize CalOptima Health NAMI Field Based Mentor Grant to assist members connection to a follow-up after ED visit. 5) Implement new behavioral health virtual provider visit for increase access to follow-up appointments.	1. 2Q2023 2. 4Q2023 3. 3Q2023 4. 4Q2023 5. 4Q2023	Diane Ramos/ Natalie Zavala	Improve the percentage of members enrolled into care management, complex care management (CCM), or enhanced care management (ECM), within 14-days of a Emergency Dept visit where the member was diagnosed with SM/HSUD. 1) Submitted BH Non-Clinical PIP to DHCS 9/29/23, awaiting feedback.	1) Working with Caloptima Health Vendor to receive Real-Time ED data on a daily basis for CCN and COD members. 2) BH is in the process of developing a Pilot project for CCN members identified who meet FUM/FLUA criteria. BH will conduct the outreach and provide information about case management including ECM and referrals. 3) Develop outreach and outcome data related to the percentage of members enrolled in CCM and ECM for CCN members identified who meet FUM/FLUA criteria. 4) Working with internal dep'ts to identify baseline data for CM, CCM, and ECM enrollment.	Green - On Target

2023 Q1 Work Plan 3Q

Evaluation Category	2023 Q1 Work Plan Element Description	Goals	Planned Activities	Target Date(s) for Completion (i.e. 2Q 2023) for each activity	Responsible Business owner	Results/Metrics: Assessments, Findings, and Monitoring of Previous Issues <i>List any problems in reaching the goal or relevant data (i.e. state if goals were met or not met, include what caused the problem/issue)</i>	Next Steps Interventions / Follow-up Actions <i>State what will be done to meet the goal (i.e. continue with plan as listed or modify the plan: add a specific new process, etc.)</i>	Red - At Risk Yellow - Concern Green - On Target
Program Oversight	Improvement Projects OneCare CCIPs	Meet and exceed goals set forth on all improvement projects (See individual projects for individual goals)	Conduct quarterly/Annual oversight of specific goals for OneCare CCIP (Jan 2023 - Dec 2025); CCIP Study - Comprehensive Diabetes Monitoring and Management Measures: Diabetes Care Eye Exam Diabetes Care Kidney Disease Monitoring Diabetes Care Blood Sugar Controlled Medication Adherence for Diabetes Medications Statin Use in Persons with Diabetes	end of 2Q2023	Helen Syn	Baseline Data: PR Report May 2023 HbA1C <8 Total (HBD): MC: 35.04% OC: 48.03% HbA1c>9 Total (Poor Control) (HBD): MC: 59.00% OC: 44.77% Eye Exam for Patients with Diabetes (EED): MC: 41.15% OC: 55.72% Kidney Health Evaluation for Patients with Diabetes (KED): MC: 35.60% OC: 46.02% Statin Use in Persons with Diabetes (SUPD) OC only: 86.09% 3)VSP Eye Exam Reminder Letters: MC Total sent in Q3 2023: 1000, OC Total sent in Q3 2023: 142 5) Member Incentive: A1C Test: Processed 785 approved 741 for MC; Processed 165 approved 160 for OC EED: Processed 631 approved 558 for MC; Processed 139 and approved 126 for OC	1) Track submitted diabetes member incentive forms 2) Continue Statin Mailer in Q4 3) Text message campaign for medication adherence (SPD) 4) IWR campaign for HBD/SPD Q4 5) Planned OC Live Call Outreach campaign for Q4 6) Obtain results from VSP Eye Exam Reminder Letters	Green
Program Oversight	Improvement Projects Medi-Cal PIP	Meet and exceed goals set forth on all improvement projects	Conduct quarterly/Annual oversight of MC PIPs (Jan 2023 - Dec 2025); 1) Clinical PIP - Health Disparity remediation for W30+ measure (Jan)  Pending January Module Training January 2023 projected. Please note that the focus for the Clinical and Non-Clinical PIP topics is related to DHCS' '50 by 2025: Bold Goals Initiatives' - See links for more information on the Bold Goals Initiatives: <a href="https://www.dhcs.ca.gov/Documents/Budget-Highlights-Add-Docs/Equity-and-Practice-Transformation-Grants-May-Revise.pdf">https://www.dhcs.ca.gov/Documents/Budget-Highlights-Add-Docs/Equity-and-Practice-Transformation-Grants-May-Revise.pdf</a> or <a href="https://www.dhcs.ca.gov/services/Documents/Formatted-Combined-CQS-2-4-22.pdf">https://www.dhcs.ca.gov/services/Documents/Formatted-Combined-CQS-2-4-22.pdf</a>	Quarterly Status update on modules as they are completed.	Helen Syn	1) Identified CalOptima Health's Black/African American W30+ population. 2) Identified proposed intervention: Survey to identify barriers among Black/African American members in completing well-child visits. Survey developed. 3) September 2023 - Submitted the proposed clinical PIP design for review and approval.	1) Approval for clinical PIP design is expected October 2023. Proceed with implementation strategy once approved.	Green
Program Oversight	OneCare Performance measures	Achieve 4 or above	1) Implement Star Improvement Program 2) Track measures monthly 3) Implement OC Pay4Value	1. 1Q2023 2. 2Q2023 3. 3Q2023	Linda Lee	Monthly prospective rate reports for OneCare Star and Pay4Value measures are in production. Second plan review of 2024 Star measures received and reviewed in Sept 2023.	Identified Star measures for focused interventions for remainder of CY. Initiatives underway.	Green
Program Oversight	Plan Performance Monitoring and Evaluation (PPME): HRA and ICP	Retired: 3.2 ICP completion 90 days Benchmark 90% adjusted. 2.1 Initial HRA collected in 90 days from eligibility Benchmark: 95% adjusted. NEW: Successful transition to revised Oversight process.	1) Utilize newly developed monthly reporting to validate and oversee outreach and completion of both HRA and ICP per regulatory guidance. 2) Develop communication process with Networks for tracking outreach and completion to meet benchmarks. 3) Creation and implementation of the Oversight audit tool. Updated Oversight process implementation and monitoring.	1Q23 (5/9 QIHEC) 2Q23 (8/8 QIHEC) 3Q23 (11/14 QIHEC) 4Q23 (February 2024 QIHEC)	S. Hickman/M. Dankmyer/H. Kim	1) Utilize newly developed monthly reporting to validate and oversee outreach and completion of both HRA and ICP per regulatory guidance: Reporting MOC tracking file data. Ongoing communication with Networks for ICP bundles continues. 2) Develop communication process with Networks for tracking outreach and completion to meet benchmarks: ITS continues to build validation process for MOC tracking file data. Ongoing communication with Networks for ICP bundles continues. 3) Creation and implementation of the Oversight audit tool. Updated Oversight process implementation and monitoring: Audit tool was created and distributed to Networks. Training was provided to Networks. 2.1 Initial HRA collected in 90 days from eligibility Benchmark: 95% adjusted. Q3 Pending. Results for Q2 are 100% adjusted.	Develop communication process with Networks for tracking outreach and completion to meet benchmarks. ITS continues to build validation process for MOC tracking file data. Ongoing communication with Networks for ICP bundles continues. 2.1 Initial HRA collected in 90 days from eligibility Benchmark: 95% adjusted. Q3 Pending Q3 submission to DHCS due on 11/31/2023 anticipate benchmark to be met.	Green
Program Oversight	NCOA Accreditation	CalOptima Health must have full NCOA Health Plan Accreditation (HPA) and NCOA Health Equity Accreditation by no later than January 1, 2026.	1) Continue to Work with Business owners to collect all required documents for upcoming HP re-accreditation. (Must collect all Year one required documents by 2Q2023. 2) Complete Gap Analysis for Health Equity Accreditation.	1) end of 1Q2023 2) end of 2Q2023	Veronica Gomez	1) Finishing up Year-one of look-back period (4/30/2022-4/30/2023). Currently working with Business owner on the collection of Year-two documents needed (4/30/2023-Current). W 2) Developed Health Equity Timeline and currently waiting on GAP Analysis from NCOA Consultant on documents reviewed.	1) Continue to work with Business owners to collect all required documents for upcoming HP re-accreditation. (Must collect all Year-one required documents by 2Q2023) 2) NCOA Consultant to complete GAP Analysis report for Health Equity Accreditation.	Green
Program Oversight	Student Behavioral Health Incentive Program (SBHIP)	Achieve program implementation period deliverables	1) Implement SBHIP DHCS targeted interventions 2. bi-quarterly reporting to DHCS	1) 4Q2023 2) 4Q2023	Diane Ramos/ Natalie Zavala/Carmen Katsarov	1) Met with OCDE regarding billing readiness: OCDE decided not to use SBHIP funds for a 3rd party billing vendor; each school district will be directed to submit BH claims directly to CalOptima Health's clearinghouse. 2) 7/18/23 SBHIP Implementation Update meeting held; SMEs from CalOptima Health internal departments attended and provided how SBHIP impacts their departments. 3) Contracting process in progress for Western Youth Services and Hazel Health. 4) OCDE SBHIP MOU finalized and executed 7/13/23. 5) 8/9/23 BHI Manager attended a meeting with City of Anaheim representatives (Sandra Lozaea – Deputy Director, Grace Ruiz-Stepler – Director of Housing and Community Development, Dave Barry – EMS Director, Captain/Paramedic Manager providing a general update on the collaboration with all 29 LEAs, and OCDE and our OC partners OHCA, CHOC, WYS. 6) 8/8/23 BHI Director did a radio interview with KNX regarding SBHIP. 7) 9/15/23 received quarterly progress reports from SBHIP partners (CHOC, Hazel Health, WYS, and OCDE).	1) Prepare 4 Biquarterly reports to submit to DHCS by 12/31/2023. 2) Bi-weekly meetings with OCDE focusing on targeted intervention tasks and timelines; participate in the upcoming meetings OCDE will coordinate for school district representative to attend and focus on completing targeted intervention tasks. 3) Quarterly progress reports from the SBHIP partners expected 01/24. 4) Expect DHCS to publish BH billing fee schedule, once received meet with claims and other departments impacted by the new BH billing fee schedule. 5) Monitor credentialing process for western youth services, Hazel Health and the school districts. 6) Expecting bi-quarterly funding from DHCS for June 2023 deliverables.	Green
Quality of Clinical Care	CalOptima Health Comprehensive Community Cancer Screening Program	Increase capacity and access to cancer screening for breast, colorectal, cervical, and lung cancer.	1) Assess community infrastructure capacity for cancer screening and treatment 2) Establish the Comprehensive Cancer Screening and Support Program Stakeholder Collaborative (in our Case I want to leverage OC3) 3) Develop comprehensive outreach campaign to outreach to members due for cancer screenings (mobile mammography, outbound calls, community health workers) 4) Integrate new community health worker benefit into cancer outreach and treatment services.	1) 1Q2023 2) 2Q2023 2) 3Q2023 3) 4Q2023	Katie Baldaras	1) Assessment completed via meetings, survey and listening session with community stakeholders such as the University of California, Irvine Chao Family Comprehensive Cancer Center, Orange County Cancer Coalition (comprised of 19 organizations) and the Coalition of Orange County Community Health Centers; drafted COBAR for a Notice of Funding Opportunities (NOFO) in respond to the assessments and identified needs and opportunities. 2) CalOptima Health Staff continues to attend the OC3 meetings 3) COBAR going to the Board in November for a Comprehensive Cancer Screening Awareness and Education Campaign 4) No progress on integration of CHW into Cancer Screening Program as of this quarter.	1) Finalize development of the NOFO for released by January 2024 2) Continue to attend OC3 meetings and report on Cancer Screening program opportunities 3) Work with vendor to develop the Comprehensive Cancer Screening Awareness and Education Campaign 4) Work with the CalAIM team to strategized on integration of CHWs for cancer screening outreach and education	Green

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Evaluation Category	2023 Q1 Work Plan Element Description	Goals	Planned Activities	Target Date(s) for Completion (i.e. 2Q 2023) for each activity	Responsible Business owner	Results/Metrics: Assessments, Findings, and Monitoring of Previous Issues <i>List any problems in reaching the goal or relevant data (i.e. state if goals were met or not met, include what caused the problem/issue)</i>	Next Steps Interventions / Follow-up Actions <i>State what will be done to meet the goal (i.e. continue with plan as listed or modify the plan; add a specific new process, etc.)</i>	Red - At Risk Yellow - Concern Green - On Target
Quality of Clinical Care	STARs Measures Improvement	Achieve 4 or above	Review and identify STARs measures for focused improvement efforts. Measures include Special Needs Plan (SNP) Care Management, Comprehensive Diabetes Care (CDC) and Care for Older Adults (COA)	1) end of 4Q2023	Linda Lee	Live call campaign to remind and assist members with PCP visits, provide education, and member incentives underway. Developing IVR/text outreach for remainder of year for high priority members.	Continue member outreach for HRA completions, transitions of care, and care for older adults.	
Quality of Clinical Care	Follow-Up After Emergency Department Visit for Mental Illness (FUM)	HEDIS MY2023 Goal: MC 30-Day: 54.51%; 7-day: 31.97% OC (Medicaid only)	1) Track real-time ED data for participating facilities on contracted vendor. 2) Establish reports for data sharing with Health Networks and/or established behavioral health provider to facilitate faster visibility of the ED visit. 3) Participate in educational events on provider responsibilities on related to follow-up visits. 4) Utilize CalOptima Health NAMI Field Based Mentor Grant to assist members connection to a follow-up after ED visit. 5) Implement new behavioral health virtual provider visit for increase access to follow-up appointments.	1. 2Q2023 2. 4Q2023 3. 3Q2023 4. 4Q2023 5. 4Q2023	Diane Ramos/ Natalie Zavala	PR HEDIS Rates Q3 (August): 30 day- 38.75%, 7 day- 23.88% 1) The main barrier has been not having the bandwidth to outreach to members that we have been receiving on a daily basis. 2) Leadership is working on identifying a solution in collaboration with ITS and the Health Network relations to establish a secure method to share real time ED data with Health Networks. a) Several meetings have occurred between Health Network relations, ITS and BHI Leadership. b) sFTP folders have been established, ITS is in the process of testing and validating data.	1) Working with CalOptima Health Vendor to receive applicable Real-Time ED data on a daily basis. 2) Currently in the process of creating methods of disseminating data via sFTP with Health Networks on a daily basis. 3) Ticket has been submitted to ITS for assistance with establishing protocols to send and receive data through CalOptima Health sFTP site. 4) BHI is in the process of developing a Pilot project for CCN members identified who meet FUM criteria. 5) Explore with ITS options for notification of ED admits to assign PCP. 6) Data Analyst pull data for text messaging 7) PHM to schedule a meeting with vendor for Text Messaging Campaign	
Quality of Clinical Care	Blood Lead Screening DHCS APL	1) Comply with APL requirements including quarterly reports of members missing blood lead screening 2) Increase Rates of successfully screened members to #% 3) Put process in place of identify refusal of blood lead consent forms	- PBS television ad campaign that advises parents/guardians that a lead test is the only way to identify if a child has been exposed to lead. - Update Policy GG.1717 to include Health Network Attestation and conduct Health Network/Provider education - Add blood lead screening resources to CalOptima Health website. Comprehensive Health Assessment Forms, CDPH anticipatory guidance handout. - Launch IVR campaign to members with untested children - Member mailing campaign to members - Lead texting campaign for members - Medi-Cal member newsletter article(s)	All activities will be complete by 3Q, 2023	Helen Syn	1) <b>Quality Interventions:</b> - Blood Lead Outreach Report - Report was first introduced in June 2023 to identify members that will be due for least testing at 12 and 24 months of age in the next 1 - 3 months. September 2023, this report was merged with the Blood Lead Performance Report to streamline information sharing with providers. - Ad campaigns- 1) Digital targeted ads ran from August to October 2023; 2) Radio Ad for blood lead ran in September 2023; 3) Targeted social media ads ran in September 2023 and 4) PBS TV campaign ran in September 2023. - Social Media Post- August 2023- Educating public on lead exposure and steps to prevent lead poisoning. - Text Campaign- August 2023 - Campaign to inform members that they may be due for a blood lead test. Targeting members 9 - 12 months and 21-24 months of age. - Pediatric Telephonic Call Campaign - phase 2 (7/28-8/10), phase 3 (8/11-9/20), phase 4 is in progress as of 9/25/23 - W30 focused campaigns with education of lead testing. Note phase 1 conducted in Q2 2023. 2) <b>August Prospective Rates - 59.91%</b> The measure is faring higher than this same time last year in August 2022. This rate is expected to be higher as it the final rate will show continuous enrollment criteria per HEDIS. 3) <b>Provider Focused Interventions:</b> - Blood Lead Testing Guide for providers developed. Guide incorporated information on testing requirements, testing timeframes for children, coding. This effort was a result of the root cause analysis conducted in Q2 2023. - CCN Lunch and Learn - September 2023 - Introduced blood lead best practices (e.g., testing requirements, coding, optimizing office practices) & shared lead resources that include the documentation of lead refusals in member medical record and sharing of OCHCA's Lead Hazard Removal Program. - CE/CME in August 2023 - Conducted The Prevention of Childhood Lead Poisoning; Why Health Care Providers Should Counsel on Lead and Screen for Lead Exposure in collaboration with the Childhood Lead Poisoning Prevention Branch's Medical Officer.	1) Continue with ad campaigns to support increased awareness and education around blood lead. 2) Continue to monitor prospective rates for trends including high opportunity providers. 3) Continue with targeted messaging to parent/guardians of members that have not tested for lead. Complete an IVR in November 2023. 4) Consider implementation of a blood lead member incentive to drive testing rates.	
Quality of Clinical Care	Prenatal and Postpartum Care Services (PPC); Timeliness of Prenatal Care and Postpartum Care (PHM Strategy).	HEDIS MY2023 Goal: Postpartum: 94.18% Prenatal: 91.89%	1) Track member health reward impact on HEDIS rates for postpartum care measure. 2) Strategic Quality Initiatives Intervention Plan - Multi-modal, omni-channel targeted member, provider and health network engagement and collaborative efforts. 3) Continue expansion of Bright steps comprehensive maternal health program through community partnerships, provider/health network partnerships, and member engagement. Examples: WIG Coordination, Diaper Bank Events 4) Implement Collaborative Member Engagement Event with OC CAP Diaper Bank and other community-based partners 5) Expand member engagement through direct services such as the Doula benefit and educational classes	1) Annual Evaluation 2) Per quality initiatives calendar - ongoing updates 3) Ongoing updates 4) 4Q2023 5) 3Q2023	Ann Mino/ Helen Syn	1) Quality Interventions/Programs: - Bright Steps Program: 888 PHRs received, 541 assessment completed., 508 unique members served during Q3 2023. - Postpartum Care Incentive: XX incentives processed through Q3 (cumulative). - Doula - September 2023- Contract approved by board and expected to be effective as of October 2023. - Media Campaigns - Digital Ads August - September 2023, Targeted Social Media Ads - August - September 2023. 2) August Prospective Rates: Timeliness of Prenatal Care: 43.39%. Lower than this same time last year in August 2022. Postpartum Care: 68.37%. Lower than this same time last year in August 2022.	1) Continue targeted member engagement and outreach campaigns in coordination with health network partners. 2) Operationalize the available delivery data to support targeted member outreach for postpartum and well-child. 3) By the end of Q4 2023, will develop new PBS TV campaign content in support of maternal health to launch in 2024. 4) By the end of Q4 2023 will deploy text campaign to members to encourage the completion of postpartum visits. 5) Continue to work with HNS and HEDIS team to identify root causes of low prenatal rates compared to previous year.	
Quality of Clinical Care	COVID-19 Vaccination and Communication Strategy	Vaccine rate of 70% or more of CalOptima members (18 and over).	1) Communication Strategy of COVID vaccination incentive program through December 31, 2023, end date, focusing on unvaccinated, and updated dosage opportunities. 2) Continue COVID Vaccination member health reward fulfillment process for all eligible age groups for updated doses.	1) end of 2Q2023 2) end of 3Q2023	Helen Syn	1. Internal communication to member-facing staff of program end date. 2. Texting campaign to address eligibility guidelines and end date of the program. 3. Updated COVID-19 Vaccine Incentive Program (VIP) website to reflect new guidelines. 4. Reached 70.3% vaccination rate for CalOptima members (18 and older).	COVID-19 VIP processing continues - official end date of the program is 12/31/2023.	
Quality of Clinical Care	Metabolic Monitoring for Children and Adolescents on Antipsychotics (APM)	HEDIS MY2023 Goals: Blood Glucose-All Ages: 54.36% Cholesterol-All Ages: 36.17% Glucose and Cholesterol Combined-All Ages: 34.30%	1) Communication Strategy of COVID vaccination incentive program through December 31, 2023, end date, focusing on unvaccinated, and updated dosage opportunities. 2) Continue COVID Vaccination member health reward fulfillment process for all eligible age groups for updated doses.	2Q2023 update(7/11)	Diane Ramos/ Natalie Zavala	PR HEDIS RATES Q3 (August): Blood Glucose all ages: 45.72%, Cholesterol all ages: 30.04%, Glucose & Cholesterol Combined all ages: 28.72% 1) Working with ITS/BHI Data Analyst to identify report specs. a) Meetings have been scheduled. i) Data Pull has begun. 2) The following materials have been submitted and approved: a) Text Messaging script, (DHCS) b) APM Provider Tip Sheet. c) Provider Best Practices Letter. d) Provider Fax Blast Letter. 3) Collaboration meeting with BH Medical Director to explore and develop standing lab order for children and adolescents for prescribing providers/PCPs.	1) Begin process to send Provider Tip sheet. 2) Begin process to send Provider Best Practices Letter. 3) Begin process to send Provider Fax Blast Letter. 4) Data Analyst pull data for text messaging. 5) PHM to schedule a meeting with vendor for Text Messaging Campaign	

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Evaluation Category	2023 Q1 Work Plan Element Description	Goals	Planned Activities	Target Date(s) for Completion (i.e. 2Q 2023) for each activity	Responsible Business owner	Results/Metrics: Assessments, Findings, and Monitoring of Previous Issues <i>List any problems in reaching the goal or relevant data (i.e. state if goals were met or not met, include what caused the problem/issue)</i>	Next Steps Interventions / Follow-up Actions <i>State what will be done to meet the goal (i.e. continue with plan as listed or modify the plan: add a specific new process, etc.)</i>	Red - At Risk Yellow - Concern Green - On Target
Quality of Clinical Care	Cancer Screenings: Cervical Cancer Screening (CCS), Colorectal Cancer Screening (COL), Breast Cancer Screening (BCS)	MY 2023 Goals: CCS: MC 62.53% BCS: MC 61.27% OC 70% COL: OC 71%	1) Track member health reward impact on HEDIS rates for cancer screening measures. 2) Strategic Quality Initiatives Intervention Plan - Multi-modal, omni-channel targeted member, provider and health network engagement and collaborative efforts.	1) Quarterly Updates 2) Per Quality Initiatives Calendar - ongoing updates	Helen Syn	1) 2023 Member Health Rewards processed as of 9/30/2023: CCS: Processed 924 approved 816 for MC; BCS: Processed 763 approved 674 for MC Processed 139 approved 124 for OC; COL: Processed 109 approved 86 for OC 2) Member, Community and Provider Engagement Live Call Campaign: OC members due for BCS and COL Digital Ad: BCS, CCS Print Ad: COL Radio: CCS, COL Social Media (Paid): BCS, CCS, COL TV Ad: BCS, CCS (Women's Cancer Screenings) 3) 2023 August Prospective Rates (PR): Cervical Cancer Screening MC: 46.54% Breast Cancer Screening MC: 44.51% OC: 56.35% Colorectal Cancer Screening OC: 54.28%	1) Continue to track BCS, CCS and COL member health reward. 2) Member, Community and Provider Engagement Mailing: CCS Mailing Schedule Q4 Texting: BCS, CCS Schedule Q4 (Women Screening) Live Call Campaign for OC Medication Adherence cohort due for BCS and COL measure Digital Ad: BCS Q4 Print Ad: BCS Q4 Radio Ad: CCS Q4 Social Media (Paid): BCS, CCS Q4 Social Media (Passive): BCS Q4 Community Connectors: BCS Q4	
Quality of Clinical Care	Improve HEDIS measures related to Eye Exam for Patients with Diabetes (EED)	MY2023 HEDIS Goals: MC: 63.75% OC: 79%;	1) Strategic Quality Initiatives Intervention Plan - Multi-modal, omni-channel targeted member, provider and health network engagement and collaborative efforts. 2) Quality Incentives impact on quality measures 3) VSP Collaborative gaps in care bridging efforts.	1) Per Quality Initiatives Calendar - ongoing updates 2) Annual Evaluation 3) End of Q2 2023	Helen Syn	1) 2023 Member Health Rewards processed as of 9/30/23: EED: Processed 631 approved 558 for MC; Processed 139 and approved 126 for OC 2) Member, Community and Provider Engagement Live Call Campaign: OC members due for EED 3) VSP Eye Exam Reminder Letters: MC Total sent in Q3 2023: 1000, OC Total sent in Q3 2023: 142 4) PR Report May 2023 Eye Exam for Patients with Diabetes (EED): MC: 41.13% OC: 55.72%	1) Continue to track Eye Exam member health reward. 2) Member, Community and Provider Engagement Live Call Campaign for OC Medication Adherence population for EED measure Digital Ad: Q4 Print Ad: Q4 Radio Ad: Q4 Social Media (Paid): Q4 Television Ad: Development of Script Social Media (Passive): Q4 3) Continue tracking VSP mailing	
Quality of Clinical Care	Improve HEDIS measures related to HbA1c Control for Patients with Diabetes (HBD); HbA1c Poor Control (this measure evaluates % of members with poor A1c control-lower rate is better)	MY2023 Goals: MC: 30.9%; OC: 17%	1) Strategic Quality Initiatives Intervention Plan - Multi-modal, omni-channel targeted member, provider and health network engagement and collaborative efforts. 2) Quality Incentives impact on quality measures	1) Per Quality Initiatives Calendar - ongoing updates 2) Annual Evaluation	Helen Syn	1) 2023 Member Health Rewards processed as of 9/30/2023: A1C Test: Processed 785 approved 741 for MC; Processed 165 approved 160 for OC 2) Member, Community and Provider Engagement Live Call Campaign: OC members due for HBD 3) PR Report May 2023 HbA1c <8 Total (HBD): MC: 35.04% OC: 48.03% HbA1c >9 Total (Poor Control) (HBD): MC: 59.00% OC: 44.77%	1) Continue to track A1c member health reward. 2) Member, Community and Provider Engagement (VR: Q4 2023) Live Call Campaign for OC Medication Adherence population for HBD poor control measure Digital Ad: Q4 Print Ad: Q4 Radio Ad: Q4 Social Media (Paid): Q4 Television Ad: Development of Script Social Media (Passive): Q4	
Quality of Clinical Care	MCAS Performance Measures - Improvement Plan, Plan, Do, Study, Acts - PDSAs	Meet and exceed MPL for DHCS MCAS Corrective Action	Conduct quarterly/Annual oversight of MCAS Performance Improvement Plan PDSA: Well-Child Visits in the First 30 Months (W30-2+) - To increase the number of Medi-Cal members 15-30 months of age who complete their recommended well-child visits.	Quarterly Status update on modules as they are completed.	Helen Syn	Well-Child Visits in the First 30 Months (W30-2+) PDSA 1) Cycle 3 intervention period: 7/31/23 - 11/30/23. Cycle 3 intervention will include in-house telephonic call campaign and a birthday card mailer. The in-house telephonic call campaign started on September 25, 2023.	Well-Child Visits in the First 30 Months (W30-2+) PDSA 1) Evaluation of Cycle 3 Intervention for period: 7/31/23 - 11/30/23.	
Quality of Clinical Care	Pediatric Well-Care Visits and Immunizations - Includes measures such as W30 and IMA, Child and Adolescent Well-Care Visits and Immunizations - Includes measures such as WCV and IMA	HEDIS MY2023 Goal CIS-Combo 10: 49.76% IMA-Combo 2: 48.42% W30-First 15 Months: 55.72% W30-15 to 30 Months: 69.84% WCV (Total): 57.44%	1) Targeted member engagement and outreach campaigns in coordination with health network partners. 2) Strategic Quality Initiatives Intervention Plan - Multi-modal, omni-channel targeted member, provider and health network engagement and collaborative efforts. Examples: EPSTD DHCS promotional campaign; Back-to-School Immunization Clinics with Community Relations; expansion of Bright steps comprehensive maternal health program through 1 year postpartum to include infant health, well-child visits, and immunization education and support 3) Early Identification and Data Gap Bridging Remediation for early intervention.	1) 3Q2023 2) Per quality initiatives calendar - ongoing updates 3) End of Q2/2023	Helen Syn	1) Pediatric Telephonic Call Campaign, phase 1 (6/27-7/27), phase 2 (7/28-8/10), phase 3 (8/11-9/20), phase 4 is in progress as of 9/25/23. 2) Hosted CCN Lunch and Learn Pediatric Quality Measures Meeting to educate offices on new MCAS measures, 9/28/23. 3) W30 text message campaign 9/5/23 to 13,949 unique phone numbers. 4) W30 Member Detail Report is now available to health networks via sFTP. Started with June 2023 PR (July posting). 5) In alignment with the detail report, sent W30 opportunities report with potential to impact rate to Health Networks, 9/13/23 6) Mom and Baby W30 Chase Logic successfully implemented and reflected in August 2023 PR. Impacts W30-First 15 Months Measure* 7) August 2023 Prospective Rates (noCE): CIS-Combo 10: 28.58%, performing lower than last year (30.37%), have not met MPL (34.79%); IMA-Combo 2: 41.31%, performing lower than last year (43.88%), met MPL (35.04%); W30-First 15 Months: 38.51%, performing higher than last year (30.85%), have not met MPL (55.72%); W30-15 to 30 Months: 64.72%, performing lower than last year (66.75%), have not met MPL (65.83%); WCV (Total): 28.87%, performing lower than last year (30.43%), have not met MPL (48.93%).	1) Continue targeted member engagement and outreach campaigns. A) Evaluate pediatric telephonic call campaign (June-October 2023). 2) Continue with Strategic Quality Initiatives Intervention Plan. A) Launch WCV text message campaign for year-end push. 2) Build out Pediatric/Adolescent text campaign with new vendor. 3) W30 Member Detail Report. A) Update report to include ICD10/ICPT codes for each respective DOS. B) CCN Provider Portal solution to share gap report.	
Quality of Clinical Care	Diabetes Screening for People with Schizophrenia or Bipolar Disorder (SSD) (Medicaid only)	HEDIS 2023 Goal: MC 77.48% OC (Medicaid only)	1) Identify members through internal data reports in need of diabetes screening test. 2) Conduct outreach to prescribing provider and/or primary care physician (PCP) to remind of best practice and provide list of members still in need of screening. 3) Remind prescribing providers to contact members' primary care physician (PCP) with lab results by providing name and contact information to promote coordination of care.	1. 2Q2023 2. 3Q2023 3. 2Q2023	Diane Ramos/ Natalie Zavala	PR HEDIS Rates Q3 (Aug): MC:63.28% OC: N/A 1) Identified members prescribed antipsychotic medication still in need of diabetes screening test through Tableau Report. 2) Conducted telephonic outreach to prescribing providers, then sent fax to include: a) List of members in need of diabetes screening. b) Best practice guidelines reminder. c) Members' primary care physician (PCP) name and contact information (to promote coordination of care by requesting prescribers to contact the PCP with lab results). 3) Barriers included: Receiving timely data, obtaining the correct contact information for the prescribing providers such as phone numbers, fax numbers, and providers no longer practicing. Other difficulties we have come to know is that some members with this diagnosis do not see their PCP regularly. 4) In process of developing new outreach strategies working with internal desks (Case Management) to help out to members. 5) Text Messaging approved by DHCS.	1) 4rd Quarter Report will be pulled in October. 2) Continue tracking members in need of diabetes screening test. 3) Continue outreach to prescribing providers. 4) Data Analyst pull data for text messaging. 5) PHM to schedule a meeting with vendor for Text Messaging Campaign.	
Quality of Clinical Care	Implement multi-disciplinary approach to improving diabetes care for CHCN Latino Members Pilot	1) Lower HbA1c to avoid complications (baseline: A1c ≥ 8%; varies by individual) 2) Improve member and provider satisfaction	Final Pilot Program Design: 1) CalOptima Health Pharmacist Involvement and Intervention 2) CalOptima Health CHW Involvement and Intervention (for the purpose of the prototype study, the workgroup will leverage Population Health Management department's Health Educators as CHW proxies) 3) PCP Engagement  Planned Activities: Finalize member stratification Outreach to high volume PCPs Launch the pilot program	Finalize member stratification - end of Jan 2023 Outreach to high volume PCPs - end of Q1 Launch the pilot program - end of Q1	Joanne Ku	On August 7, 2023, Medical Management leadership decided to sunset this project as we have not had the needed commitment from our provider partners to continue this effort.		

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Evaluation Category	2023 Q1 Work Plan Element Description	Goals	Planned Activities	Target Date(s) for Completion (i.e. 2Q 2023) for each activity	Responsible Business owner	Results/Metrics: Assessments, Findings, and Monitoring of Previous Issues <i>List any problems in reaching the goal or relevant data (i.e. state if goals were met or not met, include what caused the problem/issue)</i>	Next Steps Interventions / Follow-up Actions <i>State what will be done to meet the goal (i.e. continue with plan as listed or modify the plan: add a specific new process, etc.)</i>	Red - At Risk Yellow - Concern Green - On Target
Quality of Clinical Care	Follow-Up After Emergency Department Visit for Alcohol and Other Drug Abuse or Dependence (FUA)	MY2023 Goals: MC: 30-days: 21.24%; 7-days: 8.93%	1) Track real-time ED data for participating facilities on contracted vendor. 2) Establish reports for data sharing with Health Networks and/or established behavioral health provider to facilitate faster visibility of the ED visit. 3) Participate in educational events on provider responsibilities on related to follow-up visits. 4) Utilize CalOptima Health NAMI Field Based Mentor Grant to assist members connection to a follow-up after ED visit. 5) Implement new behavioral health virtual provider visit for increase access to follow-up appointments.	1. 2Q2023 2. 4Q2023 3. 3Q2023 4. 4Q2023 5. 4Q2023	Diane Ramos/ Natalie Zavala	PR HEDIS Rates Q3 (August): 30 day- 20.79%, 7 Day Total- 10.83% 1) The main barrier has been not having the bandwidth to outreach to members that we have been receiving on a daily basis. 2) Leadership is working on identifying a solution in collaboration with ITS and the Health Network relations to establish a secure method to share ED data with Health Networks. a) Several meetings have occurred between Health Network relations, IT Sand BHI leadership. b) sFTP folders have been established, ITS is in the process of testing and validating data.	1) Working with CalOptima Health Vendor to receive applicable Real-Time ED data on a daily basis. 2) Currently in the process of creating methods of disseminating data via sFTP with Health Networks on a daily basis. 3) Ticket has been submitted to ITS for assistance with establishing protocols to send and receive data through CalOptima Health sFTP site. 4) BHI is in the process of developing a Pilot project for CCN members identified who meet FUA criteria. 5) Explore with ITS options for notification of ED admits to assign PCP. 6) Data Analyst pull data for text messaging. 7) PHM to schedule a meeting with vendor for Text Messaging Campaign.	Green - On Target
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.	HEDIS MY2023 Goal: MC - Init Phase - 42.77% MC -Cont Phase - 51.78%	1) Continue the non-compliant providers letter activity. 2) Participate in educational events on provider responsibilities on related to follow-up visits. 3) Continue member outreach (through multiple modalities telephonic, newsletter, mobile device) to improve appointment follow up adherence.	1. 2Q2023 2. 4Q2023 3. 3Q2023	Diane Ramos/ Natalie Zavala	PR HEDIS Rates Q3 (August): Initiation Phase- 48.15%, Continuation and Maintenance Phase- 52.04% 1) Continued member telephonic outreach for members that filled initial ADHD Rx. 2) In process of developing new outreach strategies for members regarding medication compliance. 3) Text messaging approved by DHCS	1) Continue member outreach for those who filled an initial ADHD prescription. 2) Meeting scheduled with Case Management to develop strategy to outreach members. 3) Data Analyst pull data for text messaging. 4) PHM to schedule a meeting with vendor for Text Messaging Campaign	Green - On Target
Quality of Clinical Care	Reporting of Communicable Diseases	Improve provider reporting of communicable disease	1) Educate provider on the requirements and process to report communicable disease	1. 2Q2023 2. 4Q2023 3. 3Q2023	Marsha Choo	Policy GG. 1630 was updated as of 9/7/23 and the updated policy was shared with the HNs as part of the regular polyc communication process. QI staff is currently working to develop a provider communication to educate the providers on this requirement.	The developed provider communication to educate provider of this requirement will be sent out in the next quarter.	Green - On Target
Quality of Service	Increase primary care utilization	Increase rates of Initial Health Appointments for new members, annual wellness visits for all members.	1) Increased Health Network/Provider education and oversight 2) Enhanced member outreach (IVR, digital engagement)	1) 1Q2023 2) 2Q2023	Katie Balderas	1) Presented at QIHEC, CCN Virtual Learning Session and at 7 JOMs. Piloted the chart review process for IHA completion with one clinic. Provided updated IHA content for Provider Annual/Onboarding Training for implementation. Updated logic on IHA Reports CC0163 and CC0163B to ensure only qualified PCP types are given IHA credit, or specialists assigned to SPD members as PCP. 2) Developed and submitted PHM Key Performance Indicators to DHCS. Prototyped a dashboard to analyze by race/ethnicity, language, age, and other factors. Developed interactive text message campaign for unengaged members (members that haven't engaged with PCP in prior 9 months), currently with DHCS for approval.	1) Finalize chart review process and transition from pilot to regular implementation. Update IHA Reference Guide on website. Send quarterly communication to providers/health networks on relevant IHA updates. Validating new data logic and communicating logic changes to Health Networks and stakeholders. 2) Launch interactive campaign for unengaged members and develop regular process for monitoring outcomes. ITS to develop dashboard for PHM KPIs in 2024 (pending capacity from Jiva implementation.).	Green - On Target
Quality of Service	Improve Member Experience/CAHPS	Increase CAHPS to meet goal	1) Issue an RFI to obtain information on CAHPS improvement vendors and strategies, contract and launch program 2) Member outreach to all OneCare members 3) Track measures for monitoring individual provider performance (ie. number of grievances, number of CAPs issued) and take action based on committee action	by end of 3Q, 2023	Mike Wilson	Started working with Rex Wallace Consulting and Decision Point in an effort to improve the CAHPS results. Currently creating content and planning interventions/campaigns to happen potentially in Q4 and definitely in Q1 2024.	Continue building strategies and campaigns for deployment throughout 2024	Green - On Target

2023 Q1 Work Plan 3Q

Evaluation Category	2023 Q1 Work Plan Element Description	Goals	Planned Activities	Target Date(s) for Completion (i.e. 2Q 2023) for each activity	Responsible Business owner	Results/Metrics: Assessments, Findings, and Monitoring of Previous Issues <i>List any problems in reaching the goal or relevant data (i.e. state if goals were met or not met, include what caused the problem/issue)</i>	Next Steps Interventions / Follow-up Actions <i>State what will be done to meet the goal (i.e. continue with plan as listed or modify the plan: add a specific new process, etc.)</i>	Red - At Risk Yellow - Concern Green - On Target
Quality of Service	STARs Measures Improvement	Achieve 4 or above	Review and identify STARs measures for focused improvement efforts. CAHPS Composites, and overall ratings; TTY Foreign language interpreter and Members Choosing to Leave Plan	1) by end of 4Q2023	Linda Lee	Member experience improvement teams have developed mid and long term interventions based on best practices. Conducted development meetings with USHUR for member engagement strategies for Q4 and just in time CAHPS outreach campaigns	Prioritize and implement USHUR campaigns for high priority campaigns.	Green - On Target
Quality of Service	Provider Data Improvement	Improve Provider Data in Facets	1) Develop and implement a process to utilize Lexis Nexis data correct provider data errors 3) Establish process for ongoing review and maintenance of data	by end of 4Q, 2023	Debra Gonzalez	1) The PDMS is reviewing and working the Lexis Nexis report monthly. We receive the report around the 5th monthly. The report is worked by contracted and non-contracted, and errors identified. 2) Non-contracted providers with no claim's history for the past 24 months are sent to ITS to deactivate in Facets. Contracted providers, PDMS works directly with Provider Relations/HN to obtain updated information.	Continue review of monthly report which include the following categories: 1- Inactive Practitioners 2- Opt out Practitioners 3- Bad Phone 4- Inactive Address 5- Inactive Other 6- Fed Board Action Practitioner	Green - On Target
Quality of Service	Improve Network Adequacy: Reducing gaps in provider network	Reduce OON requests by 25%	1) LOA project to outreach and recruit providers that are currently receiving letters of agreements.	by end of 4Q, 2023	Adriana Ramos	CalOptima Health has aggressively outreached and attempted to recruit providers with identified LOA and/or claim submissions as noncontracted. During outreach attempts and visits, providers do not want to pursue contract for multiple reasons, citing unable to open panel, already at capacity, and take on LOA's to assist members and/or unique cases.	Continue building strategies and campaigns for deployment throughout 2024	Yellow - Concern
Quality of Service	Improve Timely Access: Appointment Availability	Improve Timely Access compliance with Appointment Wait Times to meet 80% MPL	1) Provider incentive to meet timely access standards 2) Provider incentive for extending office hours	by end of 2Q, 2023	Mike Wilson	There have been no talks of incentives for providers around access.	We are continuing to address appointment availability and timely access, but nothing in regard to incentives.	Yellow - Concern
Quality of Service	Provider Data Improvement	Improve HN Provider data	1) Develop and implement process for auditing HN Directory data to meet SB 137 requirements 2) Create score cards for HN directory data accuracy 3) Establish process for auditing provider directory attestations	by end of 4Q, 2023	Silvia Peralta	1. Currently working with Health Networks and collecting Provider Directory Universe files. Once all universe files have been received; Audit team will be working with Analytics manager and merging all data and mapping discrepancies to meet SB137 requirements. 2. Score card will be applied to each Health Network based on findings by middle of Dec. 3. Audit team communicated to designated CCNHN of the selected provider list that will be distributed by e-mail for Attestation to be submitted back to CalOptima Health by end of 4th Quarter.	1. Q3 Provider Directory Validation in progress (Findings shall be available end of 4th Quarter) 2. The results will include score card 3. Attestation will be collected at end of 4th Quarter Dec/Jan	Green - On Target
Quality of Service	Improving Access: Subcontracted Network Certification	Comply with Subdelegate Network Certification requirements	1) Submit SNC to DHCS 2) Develop a process for remediating and Capping efforts 3) Communicate results and remediation process to HN 4) Monitor for improvement	by end of 4Q, 2023	Quynh Nguyen/Mike Wilson	-Director of Provider Ops presented CAPs process to leadership on 8/30/2023. -On September 13th and 14th, Health Network Certification Results were sent via email to networks, except KP. Email included HN's network adequacy results: Timely Access, Network Adequacy Scorecard, and SNC Results Letter. -Early October, it was confirmed CalOptima Health will not be sending KP individual Health Network results since they are terminating eff 12/31/2023, and therefore a CAP is not required if they are found non-compliant.	Review HN's Plan of Actions upon submission and determine next steps.	Green - On Target
Safety of Clinical Care	Transitional Care Services (TCS)	UMI/CM/LTC to collaborate and set goals on improving care coordination after discharge. For example, including but not limited to improving successful interactions for TCS high-risk members within 7 days of their discharge.	<u>Planned Activities:</u> 1) Set up a Transition of Care workgroup among UMI, CM and LTC to discuss ways to increase post hospitalization visits with PCP and address barriers. 2) Update the UTC letter for members that U/MCM are unable to reach post discharge.	Setting up the workgroup - end of 1Q 2023 Updating the UTC letter - end of 2Q 2023	Stacie Oakley Hannah Kim Scott Robinson	Worked w/ ITS to modify the Post D/C Assessment report. It is done and live. Finalized the PCP D/C Notice.	Submit the PCP D/C notice through CAR (communications approval request) and work with Medical Management System Program Manager to configure the letter in GuidingCare. CM to continue outreaching to TCS high-risk members (started July 1, 2023).	Yellow - Concern
Safety of Clinical Care	Emergency Department Diversion Pilot	Pilot has been implemented. In 2023 plan to expand the program to additional hospital partners.	1. Promoting communication and member access across all CalOptima Networks 2. Increase CalAIM Community Supports Referrals 3. Increase PCP follow-up visit within 30 days of an ED visit 4. Decrease inappropriate ED Utilization	by end of 4Q, 2023	Scott Robinson	None to report	In process of establishing a virtual TEAM channel with St. Joseph's Hospital and UCI MC emergency departments. CalOptima Health ITS has reviewed and confirmed security clearance. Currently working with both hospital ITS departments to clear security.	Yellow - Concern



**Board of Directors' Quality Assurance Committee Meeting  
December 13, 2023**

**Program of All-Inclusive Care for the Elderly (PACE)  
Quality Improvement Committee  
Third Quarter 2023 Meeting Summaries**

**August 15th, 2023: PACE Quality Improvement Committee (PQIC) and PACE Infection Control Subcommittee Summary of the Health Plan Monitoring Data and PACE Quality Initiatives**

- Infection Control Subcommittee: PACE's Response to COVID-19:
  - PACE will sunset some updates based on the closure of the Public Health Emergency on 05/11/23.
  - PACE will continue to report on any updates in recommendations regarding COVID and any outbreaks or reporting trends for quality purposes.
  - PACE Staff to report exposure/illness to their supervisor and HR. Staff reminded not to come in if feeling sick.
  - CMS is no longer requesting weekly reports on COVID cases at PACE.
  - 2023 Quality Element was introduced to workplan with a goal of 80% PACE participants to receive Bivalent booster dose. At the end of Q2 2023, the rate was 63.1% vaccinated with Bivalent Booster dose, a decrease from 65% in Q1 2023. PACE will continue to monitor and track the vaccine status of all participants, including who have received, who needs and who refused and who needs scheduling and transportation assistance.
  - Currently, we are still unable to purchase the vaccines for administration by PACE clinic staff.
  - Potential 3rd Quarter Bivalent vaccine event to be held at PACE. Details forthcoming.
  - Continue to follow State and local guidance regarding COVID safety updates.
- Presentation of Q2 2023 HPMS Elements:
  - Membership data presented. In terms of total membership, Q2 ended with 436 total enrolled. The goal of 513 by end of Q2 was not met.
  - Immunizations
    - Pneumococcal Immunization rate is at 83%. 364 received, 52 prior immunizations, 17 refused and 3 missed opportunities.

- Falls without Injury. Q2 ended with 62. A decrease from 76 from Q1. The center manager noted the department put in a lot of interventions and PACE Fall Committee is up and running. Expansion of DCA attendance in Q2 contributed to the lowering of fall numbers too. Most happened in the bedroom to go to the bathroom, not using DME. More environmental mechanical falls. Loss of balance and Dizziness are the main contributing factors.
- Grievances. Increased from 5 in Q1 to 11 in Q2. 6 were transportation related with the main reason as dissatisfaction with 1 specific driver, that driver is no longer with Secure.
- Emergency Room Visits. 87 ER visits, an increase of 5 from Q1. 42 were d/c to home without hospital admission. 45 admitted to hospital (3 for observation only). Trends in admission diagnoses: Chest Pain, Respiratory Failure and UTI/Kidney/Urinary Issues. Other common admission diagnoses include- Sepsis/Infection, Vomiting, Heart Disease.
- Medication Errors Without Injury.
  - One incident was related to discontinuation of medication error. Resolution: CalOptima Health IT staff continues to work with PACE EMR to investigate and resolve pharmacy issues. Pharmacist reported issues with Surescripts last year and IT recommended that Pharmacy continues to work with Surescripts directly to resolve this issue since Surescripts is not one of our contracted vendors. As Mediture requested, we are continuing to monitor closely and provide examples of errors so they can investigate and resolve it asap. Mediture re-faxes all Rx's to Excelcare pharmacy whenever we report this type of issue.
  - 2nd incident - Clinic LVN made an error in transcription and did not make sure the participant's weekly injection was transcribed. Resolution: Re-education to Clinic staff regarding confirmation of medications to be given at PACE.
- 2023 Q2 HPMS Quality Indicators Summary
  - Enrollment Data – 436 current enrollees
  - Immunizations – Pneumococcal 83% (Flu vaccine rates are not measured in HPMS in Q2)
  - Falls Without Injury- 62
  - Denials of Prospective Enrollees - 1
  - Appeals - 0
  - Grievances- 11
  - Emergency Room Visits- 87
  - Medication Administration Errors - 2

- Quality Incidents with Root Cause Analysis- 7
  - Falls with Injury – 4
  - Abuse – 1
  - Burn – 1
  - Pressure Ulcers - 1
- Presentation of the Q2 2023 PACE Quality Initiative Data
  - Advanced Health Care Directive.
    - This initiative focuses on increasing the number of PACE participants who have a completed Advance Health Care Directive (AHCD) in their medical chart. The PACE leadership team has created a plan to be implemented by the PACE Center Manager and the Social Work team, with a goal of  $\geq 50\%$  of participants having completed AHCD in 2023.
      - Exclude those not enrolled for at least 6 months.
      - Exclude MME  $<16$
      - Focus are participants attending DCA
    - The goal is that  $\geq 50\%$  of participants will have completed AHCD in 2023. Q2 showed a result of 52%, however, the QI team noted that this data is inaccurate due to incorrect scanning of these documents into the EMR. A corrective action plan is in place to re-scan these documents. We will continue this initiative throughout 2023.
  - Dental Satisfaction Quality Initiative. This initiative focuses on increasing participant satisfaction with contracted dental services, to provide participants with comprehensive education regarding the process for dental procedures with a focus on reduced pain and increased function. Clinic administrative staff follow up each month with 5 randomly chosen participants who received dental services from a specialist outside of PACE, to find any areas of dissatisfaction that can be addressed in a timely manner.
    - Survey Questions:
      - My dental treatment was clearly explained.
      - Any questions I had were answered.
      - I was pleased with the quality of my dental treatment.
    - 8 participants answered yes to all 3 questions. Comments from these participants included: “Looking forward to attend next appointment”, “All questions thoroughly explained”, “I am happy I can communicate w/ Dr. Parker, because she speaks Spanish”, and “Dr. Bakaen and staff are great”.

- 3 participant comments included “follow up”. These comments included; “Please follow-up after 6/09/23 appointment”, “Follow up with upper teeth”, and “Please follow up with Dr. Bakaen. PACE staff followed up with dental and made follow up appointments for these participants.
- Transportation Satisfaction Quality Initiative. This initiative focuses on increasing the participant satisfaction with contracted transportation services, to provide participants with timely resolutions to transportation related issues that are in transportation log. PACE Center manager in conjunction with Secure transportation manager, PACE Clinic Manager, and PACE Clinical Support Services Supervisor review and resolve all complaints received by PACE participants regarding PACE transportation in a timely manner.

- Goal is  $\leq 3$  **valid** transportation related grievance per quarter in 2023.

Valid transportation grievances received in Q2 2023: 3

6 received in total. Secure classified 3 as “valid”, 2 were marked as “invalid” and 1 was marked as “concern or request”.

- Valid Grievance/Concern or Requests included:
  - Driver not assisting participant with transfer and careless when pushing wheelchair.
  - Driver rough with participant’s wheelchair and careless when driving.
  - Late pick up by transportation and driver did not knock on door.
  - Driver was late and rude to participant and family member.
- Resolutions from Secure included:
  - Secure has removed the driver in question from participant’s route.
  - The driver who the participant felt “unsafe” being transported with has been removed from her future transportation.
  - The driver has been counseled on our service expectations, protocols and procedures.
  - The driver has been placed on a performance improvement plan and removed from participant’s future transportation.

- Secure asked that PRT be assured that Secure will continue to do everything possible to provide safe, courteous, and timely transportation.
- Satisfaction: 4 of 6 participants/family reported satisfaction with grievance resolutions.

### **August 15th, 2023: PACE Quality Improvement Committee (PQIC) Summary Quality Assurance and Performance Improvement Work Plan**

- Presentation of the 2023 Quality Work Plan Elements
  - *Elements 3 – 5: Immunizations*
    - Pneumococcal Immunization rate is at 90%. (Note, this % is different from HPMS vaccine reporting due to exclusion in our quality work plan). Goal of 94% was not met. In 2023 we began excluding participants with palliative care approach, and those with vaccine allergy from the data report.
    - Covid-19 Bivalent Booster is at 63.1%. Goal of 80% by end of 2023. \*Note: This goal will be discontinued as of Q3 2023, since the bivalent booster no longer available as of September 2023.
  - *Element 6: POLST*. Goal is 95%. In Q2, 97% of participants have POLST in their chart. Goal was met.
  - *Elements 7 – 9: Diabetes Monitoring*.
    - Blood Pressure Control. Goal is 84.21% participants will have a blood pressure of <140/90mm. Rate is 88%. Goal was met.
    - Diabetic Eye Exams. Goal of 85.24%. Rate is 98%. Goal met.
    - Nephropathy Monitoring. Goal is 98.78%, Rate is 100%.
  - *Element 10: Osteoporosis Treatment*. Goal of 100%. The rate is 77% of participants with Osteoporosis receiving treatment. 14 were excluded and 33 fallers with DEXA Scan or order.
  - *Element 11: Reduce Percentage of Falls reported by PACE Enrollees*. Q2 2023 ended with 66 total falls, meeting the Goal of <72 falls per quarter in 2023. Excluded were falls in a hospital or SNF is 7.
  - *Elements 12 - 13: Potentially Harmful Drug/Disease Interactions in the Elderly*.
    - **Dementia and drug interactions-** Goal of <26.64% % of participants with Dementia will be prescribed a tricyclic antidepressant or anticholinergic agent. Excluded are participants with Palliative Care Approach dx and those with schizophrenia or bipolar disorder.
    - Goal is <26.64%. Rate is 19%. Goal met.

- **CKD and drug interactions**—Goal of <2.62% % of participants with CKD 3,4, or 5 (end stage) will be prescribed a Nonaspirin NSAIDS or Cox2 Selective NSAIDS. Excluded are participants with Palliative Care Approach dx and those who are prescribed topical NSAIDS such as Voltaren (Diclofenac) gel since they have minimal systemic absorption. Rate is 1.33%. Goal met.
- *Element 14: Decrease the Use of Opioids at High Dosage.* Goal: 100% of members receiving opioids for 15 or more days at an average milligram morphine dose of (MME) 90mg will be reevaluated monthly by their treating provider. Actual: Met goal. Only 1 participant received a dose greater than 90 MME and had PCP follow up each month in Quarter 2 2023.
- *Element 15: Medication Reconciliation Post Discharge (MRP).* Goal is 90% within 15 days. Rate is 100%. Goal Met.
- *Element 16: Access to Specialty Care.* Goal is  $\geq 88\%$  to be scheduled within 14 business days. 91% in Q2 2023. Goal Met.
- *Element 17: Acute Hospital Days.* Goal is <3,330 in 2022. Goal was not met. In Q2, bed days were 3,541.
- *Element 18: Emergency Room Visits.* Rate is 753. Goal of <850 emergency room visits per 1000 per year was met. Providers after on-call is key and attributed to a lower rate.
- *Element 19: 30-Day All Cause Readmissions.* Goal is <14%. Rate went up from 16% to 21%. Goal was not met.
- *Element 20: Long Term Care Placement.* Goal is <4%. Rate is 0.46% in Q2. Goal met. Long Term Care Placement are prts placed in custodial care in SNF in any period.
- *Element 21: Enrollment Conversion.* Goal is >65%. Rate is 79%. Goal met.
- *Element 22: 90 Day Disenrollment* Goal is > 6.5%. Rate is 0%. Goal met. Total disenrollments were 31, 0 was controllable and 1 was uncontrollable.
- *Element 23: Attrition Rate.* Goal is <10%. Rate is 7.14% Goal met.
- *Element 24: Transportation <60 minutes.* Based on the data from Secure, there is 0 Violation in Q2.
  - \* Per Secure- Time stamps are recorded on IQ platform. Drivers are to inform dispatch if they are going to pass the 60-minute time frame.
- *Element 25: Transportation on Time Performance.* On time performance data gathered directly from Secure transportation report to reflect on time trips with a +/- 15-minute window. The goal is  $\geq 92\%$  of all transportation rides will be on-time. Rate is 77%. Goal not met.



# CalOptima Health

## Member Trend Report 3rd Quarter 2023

Quality Assurance Committee Meeting  
December 13, 2023

Tyronda Moses, Director, Grievance and Appeals

### Our Mission

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

### Our Vision

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

# Overview of Presentation

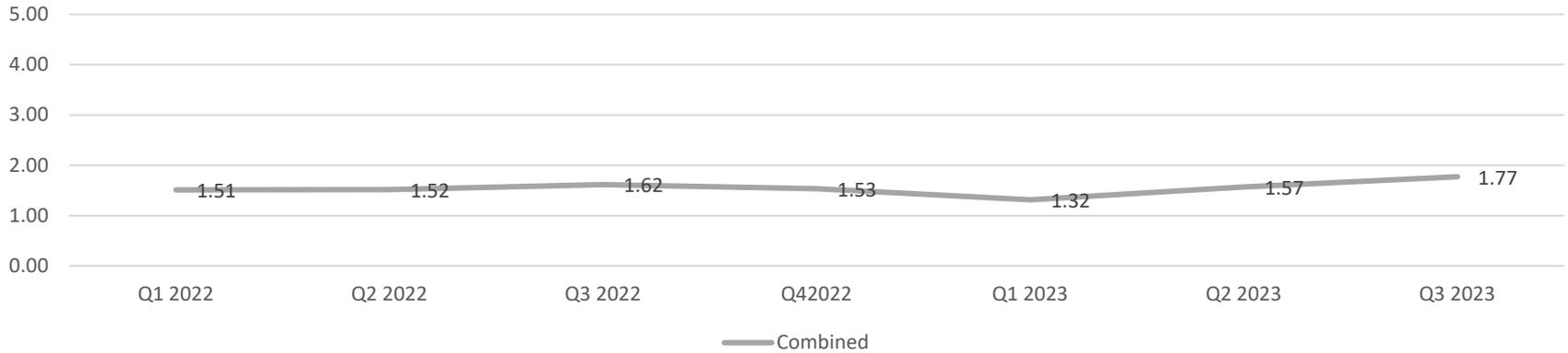
- Definitions
- Grievances by Line of Business
  - Per 1,000 Member Month (M/M)
  - Trends
- Identified Issues – Education and Remediation
- Remediation Activities and Quarterly Comparison

# Definitions

- Grievance: An oral or written expression indicating dissatisfaction with any aspect of a CalOptima program
  - Quality of Service (QOS): Issues that result in member inconvenience or dissatisfaction
  - Quality of Care (QOC): Concerns regarding care the member received or feels should have been received

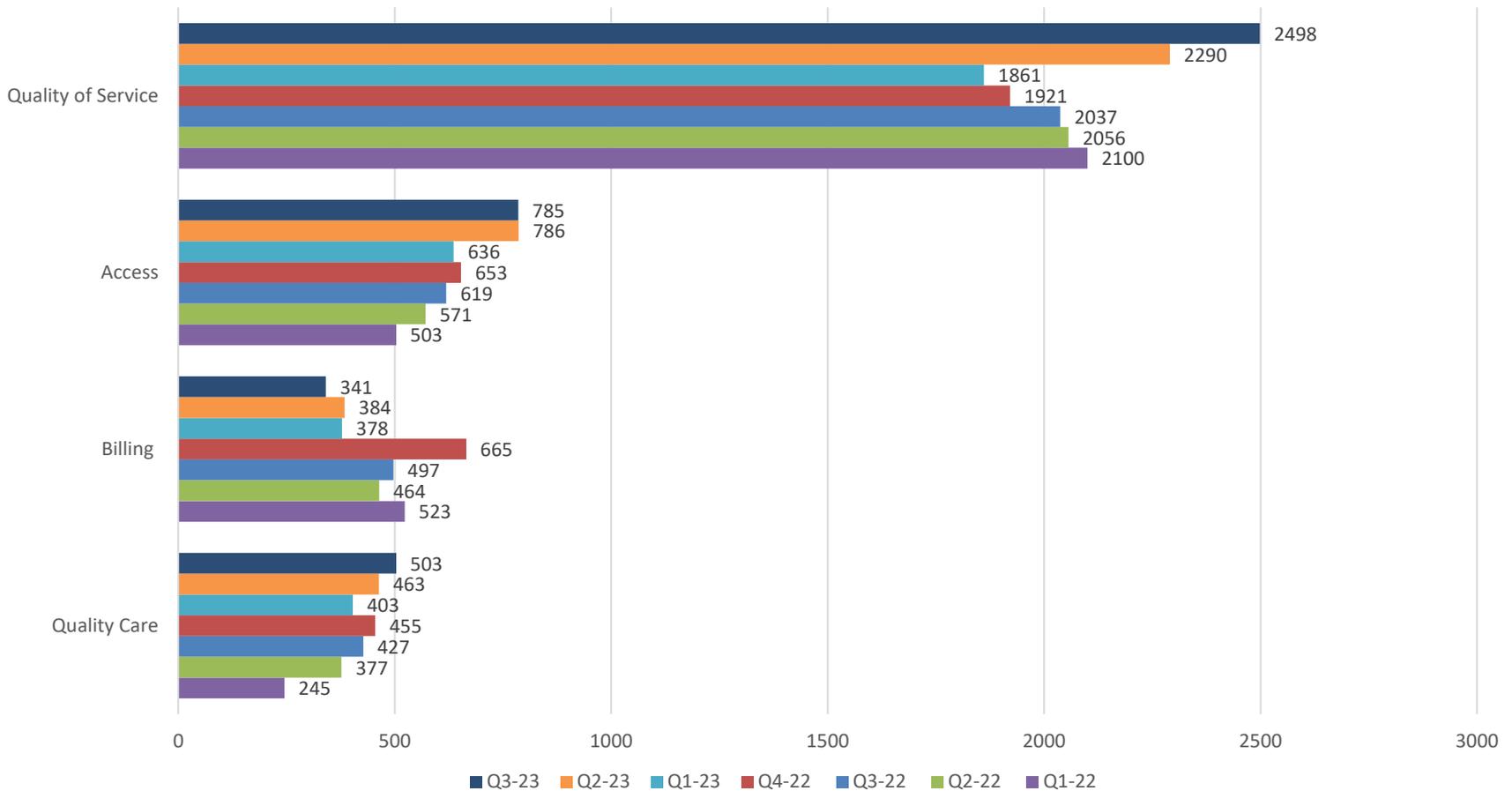
# Medi-Cal Grievances Rate per 1000

Medi-Cal  
Average Rate per 1000/per Member Months



Quarter	Q1 2022	Q2 2022	Q3 2022	Q4 2022	Q1 2023	Q2 2023	Q3 2023
Customer Serv. r/1000	.17	.16	.17	.20	.18	.24	.34
Customer Serv. Ct	428	438	461	553	507	719	995
GARS r/1000	1.35	1.35	1.45	1.33	1.14	1.33	1.42
GARS Ct.	3491	3599	3940	3694	3278	3923	4127
Combined r/1000	1.51	1.52	1.62	1.53	1.32	1.57	1.76
Combined Ct.	3919	4037	4401	4247	3785	4642	5122

# Medi-Cal Member Grievances by Category



Quality of Service – Transportation (615), Delay in Referral Provider (212)  
 Access – Appointment Availability (236) and Referral Related (121)  
 Billing – Member Billing-HN (131), Member Billing –COD (111)  
 Quality of Care – Question in Treatment (188), Delay in Treatment (154)

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# Analysis of Q3 Increase

There was an increase in Medi-Cal grievances which was mainly attributed to an increase in Non-Medical Transportation services.

## Root Cause and Complaints Trending

- Veyo was purchased by MTM in August 2022
- MTM moved Veyo to their system platform on August 1, 2023
- The transition to the new platform caused unanticipated disruption for members.
  - Calls answered by their national call center vs. a dedicated call center for CalOptima Health
  - Training issues for the call center staff to educate on CalOptima Health's member benefits for transportation
  - Complaints related to hold times, missed pick ups, benefit interpretation, previous assigned drivers not being used for same routes.

# Medi-Cal Member Grievances

	Billing & Financial* 10%			Quality of Care 12%			Attitude/ Quality Service 58%			Access 20%			Q3 Total	Q3 Rate per 1000/ per MM
	Q1	Q2	Q3	Q1	Q2	Q3	Q1	Q2	Q3	Q1	Q2	Q3		
<b>Health Network</b>														
AltaMed	11	11	6	26	30	38	64	77	98	27	30	33	175	0.84
AMVI	3	4	4	4	10	11	6	15	16	7	3	5	36	0.40
Arta	9	12	8	20	16	16	68	86	64	25	39	41	129	0.66
CHA	18	20	17	29	31	28	58	72	58	28	30	40	143	0.29
Family Choice	5	5	4	10	13	16	30	30	32	7	12	13	65	0.45
Heritage	2	1	7	5	6	4	24	20	21	6	9	8	40	1.52
Kaiser*	114	114	77	21	30	16	341	390	355	67	98	56	504	2.77
Monarch	71	64	59	70	71	103	283	292	282	134	152	122	566	1.75
Noble	1	1	3	4	5	9	20	21	24	8	8	8	44	0.66
Prospect	10	7	7	17	17	20	44	52	90	27	23	33	150	1.12
Talbert	15	8	4	15	18	17	47	45	77	18	26	33	131	1.32
UCMG	8	11	2	6	8	6	34	33	44	17	17	35	87	0.63
CCN	69	56	82	141	150	152	470	562	613	196	271	302	1149	2.78
COD	33	47	49	15	25	17	109	135	144	30	25	19	229	0.58
CalOptima Pharmacy	0	0	0	0	0	0	0	0	1	0	0	0	1	0.00
<b>Plan Provided Services</b>														
Vision Services	0	4	2	0	3	1	0	17	13	0	4	5	21	0.01
Behavioral Health	9	16	9	17	24	21	46	45	43	38	33	30	103	0.04
NMT Transportation	0	0	1	3	6	28	217	316	522	1	0	2	553	0.19
<b>Grand Total</b>	<b>378</b>	<b>384</b>	<b>341</b>	<b>403</b>	<b>463</b>	<b>503</b>	<b>1861</b>	<b>2290</b>	<b>2497</b>	<b>636</b>	<b>786</b>	<b>785</b>	<b>4127</b>	<b>1.42</b>

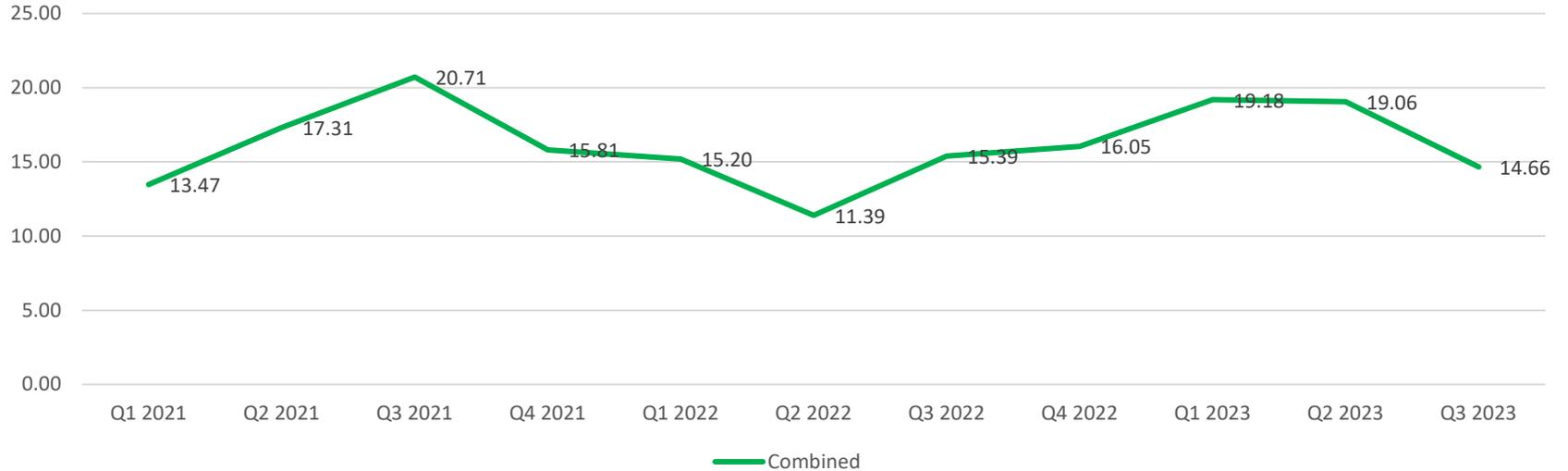
\* As reported by Kaiser

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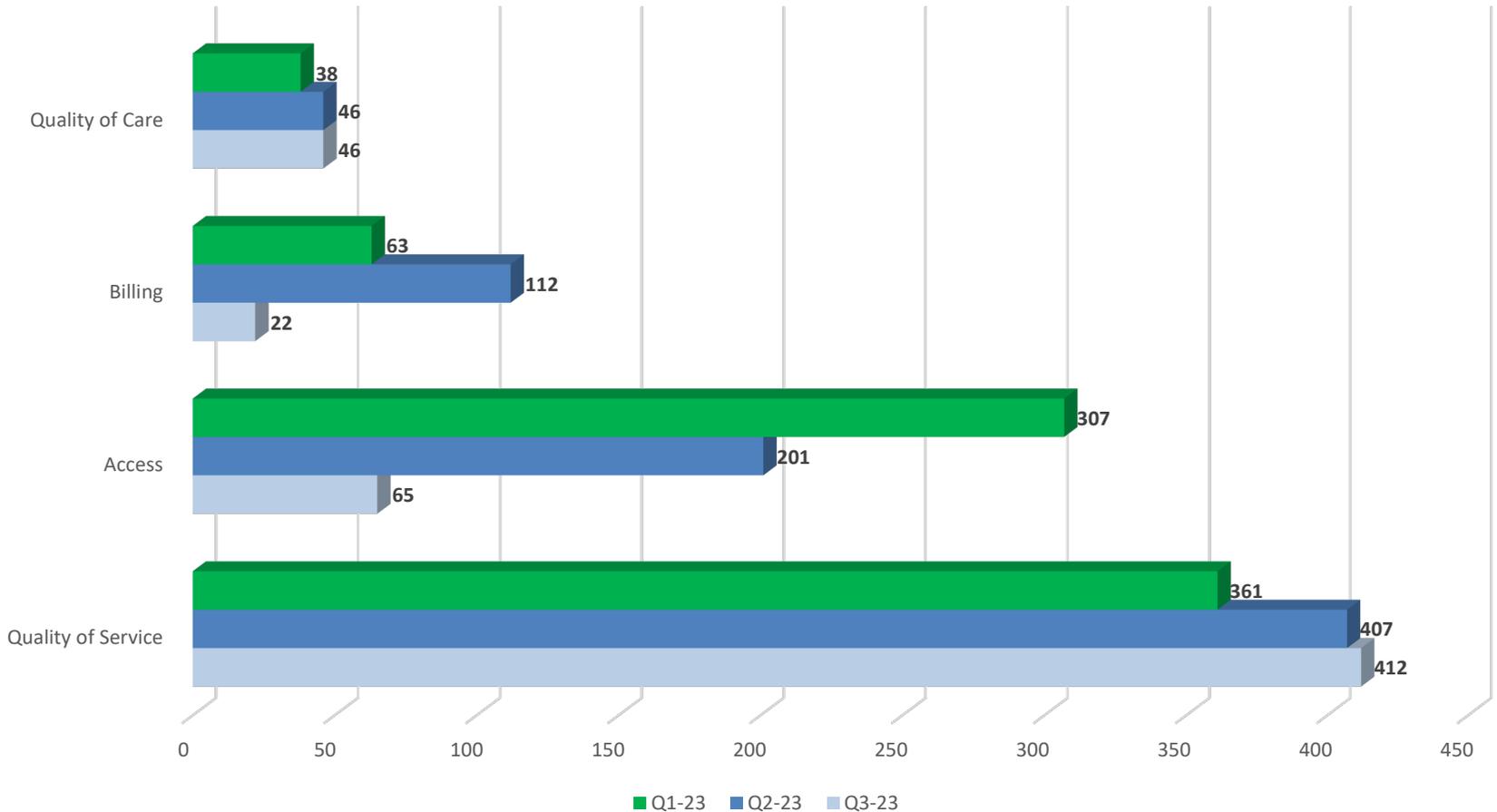
# OneCare Grievances

OC Grievances Rate per 1000 per Member Months



Quarter	Q1 2021	Q2 2021	Q3 2021	Q4 2021	Q1 2022	Q2 2022	Q3 2022	Q4 2022	Q1 2023	Q2 2023	Q3 2023
OC_Customer Serv. r/1000	11.06	14.06	14.02	10.39	11.85	8.58	12.22	11.51	4.45	4.70	4.43
OC-Customer Serv. Ct	55	78	88	71	85	67	104	104	232	251	236
OC-GARS r/1000	2.41	3.24	6.69	5.42	3.35	2.82	3.17	4.54	14.74	14.35	10.23
OC-GARS Ct.	12	18	42	37	24	22	27	41	769	766	545
Combined r/1000	13.47	17.31	20.71	15.81	15.20	11.39	15.39	16.05	19.18	19.06	14.66
Combined Ct.	67	96	130	108	109	89	131	145	1001	1017	781

# OneCare Member Grievances by Category



## Top Reasons by Category

Quality of Care: Question Treatment (18), Delay in Treatment (13)  
 Billing: Member Billing COD (13), Member Billing HN (9)  
 Access: Referral related (22), Telephone Accessibility (13)  
 Quality of Service: Transportation (212), Provider Services (54)

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# OneCare Member Grievances

Health Network	Billing/ Financial 9%			Quality of Care 6%			Attitude/ Quality Service 57%			Access 28%			Q3 Total	Q3 Rate per 1000 per month
	Q1	Q2	Q3	Q1	Q2	Q3	Q1	Q2	Q3	Q1	Q2	Q3		
Alta Med Health	3	0	0	3	3	1	6	8	16	11	6	6	23	7.9
AMVI Care	1	3	0	0	0	1	3	1	2	3	1	1	4	3.3
Arta Western	2	1	1	2	2	2	7	4	7	6	5	3	13	4.9
CCN OC	23	36	9	7	13	11	45	58	58	42	32	16	94	11.7
Family Choice	4	5	1	0	1	0	8	3	11	16	9	2	14	2.4
Monarch	20	34	5	14	14	20	85	73	87	86	59	19	131	7.7
Noble	3	2	0	1	0	3	1	1	1	5	1	0	4	3.7
Prospect	5	14	4	5	4	4	35	15	29	38	26	7	44	6.2
Regal	0	5	0	0	2	0	1	5	1	1	2	2	3	4.3
Talbert	1	7	1	3	5	2	20	14	16	27	12	6	25	5.9
UCMG	0	2	1	1	1	1	2	3	5	7	2	0	7	3.0
OneCare Pharmacy	0	0	0	0	0	0	6	6	6	5	4	0	6	0.1
<b>Plan Provided</b>														
Behavioral Health	0	0	0	0	0	0	0	1	1	0	0	0	1	0.0
Convey Health (OTC)	1	0	0	0	0	0	16	17	12	34	9	2	14	0.3
Silver and Fit	0	0	0	0	0	0	1	1	1	14	12	0	1	0.0
Vision Services	0	1	0	1	0	0	3	8	1	1	2	1	2	0.0
NMT Transportation	0	0	0	1	1	1	122	146	158	11	4	0	159	3.0
<b>Grand Total</b>	<b>63</b>	<b>112</b>	<b>22</b>	<b>38</b>	<b>46</b>	<b>46</b>	<b>361</b>	<b>407</b>	<b>412</b>	<b>307</b>	<b>201</b>	<b>65</b>	<b>545</b>	

Q1 2023 Grievance Total: 769

Q2 2023 Grievance Total: 766

Q3 2023 Grievance Total: 545

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# Identified Issues Education and Remediation

# Newly Identified Issues and Educational Activities

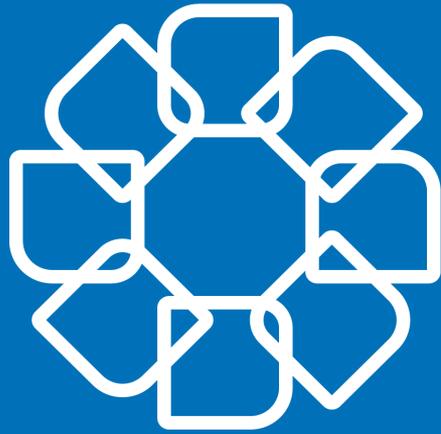
Identified Issues	Educational Activities
<p>42% Increase in Medi-Cal Member withdrawn grievances that were submitted as valid grievances by CS</p>	<ul style="list-style-type: none"> <li>• In September, the CS/GARS workgroup was created to meet monthly.</li> <li>• Monthly meeting workgroup reviews identified grievance cases closed as withdrawn.</li> <li>• Case reviews include listening to CS calls.</li> <li>• Validation to determine if member was requesting service assistance or validation if member requesting to submit a grievance.</li> <li>• Review for CS training opportunities.</li> </ul>
<p>Member not provided written notice of appeals rights for reimbursement request that are denied verbally</p>	<ul style="list-style-type: none"> <li>• In August, the GARS workgroup with UM, Claims and CS was created to develop process to review member reimbursements for the Medi-Cal program.</li> <li>• Workgroup developing process for review of member reimbursement to determine if services are payable. If not payable, issue Notice of Action.</li> <li>• Workgroup working towards improving the member experience to develop Reimbursement forms for members to submit their request.</li> <li>• Develop an established process for members to submit their reimbursement to be refunded or to provide written next level rights.</li> </ul>

# Remediation Activities and Quarterly Comparison

Identified Issues	Remediation Activities
<p>Veyo / MTM system conversion</p>	<ul style="list-style-type: none"> <li>• In August Veyo / MTM system conversion resulted in an increase of grievances for:               <ul style="list-style-type: none"> <li>- extended hold times for MTM representative</li> <li>- no pick ups/late pick ups</li> <li>- address validation of pick ups/drop offs</li> <li>- MTM representatives providing inaccurate benefit information</li> <li>- members submitted multiple grievances in short span of time</li> </ul> </li> <li>• Benefits training by MTM for their staff on the rich CalOptima Health transportation benefits</li> <li>• Additional staff hired by MTM to answer calls</li> <li>• Daily collaboration meetings between CalOptima Health management staff and MTM management team to discuss progress (ongoing training efforts, daily call metrics, etc.)</li> <li>• Based on improvement realized, as a result of the ongoing remediations in place, meetings were reduced to weekly with reporting twice weekly</li> <li>• Effective April 2024, ModivCare will be the new CalOptima Health transportation vendor.</li> </ul>
<p>Quarterly Comparison</p>	<ul style="list-style-type: none"> <li>• Q2 309 to Q3 612</li> <li>• Q3 Grievances in this area increased by 98% for our Medi-Cal LOB</li> </ul>

# Remediation Activities and Quarterly Comparison Contd.

Identified Issues	Remediation Activities
Access Issues – Medi-Cal (LOB)	<ul style="list-style-type: none"> <li>• Other than the issue with MTM system transition, no other trending providers identified at this time</li> <li>• We continue to work with Provider Relations and Member Experience workgroup for monitoring of access grievances.</li> <li>• Provider Relations Representatives along with a Medical Director are conducting provider visits to discuss timely access standards, reviewing challenges and identifying other opportunities to improve access and support our providers.</li> </ul>
<i>Quarterly Comparison</i>	<ul style="list-style-type: none"> <li>• <i>Q2 786 to Q3 785</i></li> <li>• <i>No significant change in this area, however, an increase in transportation related access issues were reported.</i></li> </ul>
Referral Related Issues – Medi-Cal (LOB)	<ul style="list-style-type: none"> <li>• ITS and Provider Relations team are working towards sub-category identification of specialties</li> <li>• Provider Relations continues to provide provider education on the provider portal submissions to avoid generic referrals</li> </ul>
<i>Quarterly Comparison</i>	<ul style="list-style-type: none"> <li>• <i>Q2 302 to Q3 212</i></li> <li>• <i>Q3 Grievances in this area decreased by 30%</i></li> </ul>



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