



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

**TUESDAY, OCTOBER 17, 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. Committee meeting audio is streamed live on the CalOptima Health website at www.caloptima.org.

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

Participate via Zoom Webinar at:

https://us06web.zoom.us/webinar/register/WN_Ly45g58wQISULWiLOvX08A

and Join the Meeting.

Webinar ID: 896 4855 6664

Passcode: 189336 -- 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 June 14, 2023 Regular Meeting of the CalOptima Health Board of Directors' Quality Assurance Committee](#)

REPORTS/DISCUSSION ITEMS

3. [Recommend that the Board of Directors Approve CalOptima Health's Calendar Year 2024 Member Health Rewards](#)
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](#)

INFORMATION ITEMS

5. [Update on Assessment of Quality](#)
6. [Initial Health Appointment Update](#)
7. [Student Behavioral Health Incentive Program Update](#)
8. [Skilled Nursing Facility Incentive Program Update](#)
9. [Whole Child Model Family Advisory Committee Update](#)
10. [Program of All-Inclusive Care for the Elderly Member Advisory Committee Update](#)
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

ADJOURNMENT

TO REGISTER AND JOIN THE MEETING

Please register for the Special Meeting of the CalOptima Health Board of Directors' Quality Assurance Committee on October 17, 2023 at 3:00 p.m. (PST)

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

https://us06web.zoom.us/webinar/register/WN_Ly45g58wQISULWiLOyX08A

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

Please click this URL to join.

<https://us06web.zoom.us/j/89648556664?pwd=1yDTP5saB6Gbcl7fOfEG2asXzDKgar.1>

Passcode: **189336**

Or One tap mobile:

+16694449171,,89648556664#,,,,*189336# US

+12532158782,,89648556664#,,,,*189336# US (Tacoma)

Or join by phone:

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

US: +1 669 444 9171 or +1 253 215 8782 or +1 346 248 7799 or +1 719 359 4580 or +1 720 707 2699 or +1 253 205 0468 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 or +1 312 626 6799

Webinar ID: 896 4855 6664

Passcode: 189336

International numbers available: <https://us06web.zoom.us/j/kMX3OLfC>



MEMORANDUM

DATE: October 17, 2023

TO: CalOptima Health Quality Assurance Committee

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

SUBJECT: CMO Report — October 17, 2023, Special Quality Assurance Committee

COPY: Sharon Dwiers, Clerk of the Board

A. New Medical Management Platform (Jiva) Update

CalOptima Health selected ZeOmega as its new clinical documentation platform partner. ZeOmega is a leading population health management software company. The new platform, Jiva, will allow employees to better serve our members through its exceptional integration capabilities, personalized deployment, and delivery models.

The implementation workgroup is targeted to complete its system by January 15, 2024, and is scheduled to go live on February 1, 2024. CalOptima Health is confident that it is on track for these timelines. Jiva will substantially enhance CalOptima Health's service to its members, and better service can increase customer satisfaction.

B. Population Health Management (PHM) Program: Transitional Care Services Update

- Transitional care services (TCS) are when a member transfers from one setting or level of care to another. This includes but is not limited to discharges from hospitals, institutions, other acute care facilities, and skilled nursing facilities; to home or community-based settings, Community Supports, post-acute care facilities, or long-term care settings.
- **Current Guidance on TCS published in December 2022 PHM Policy Guide**
 - Effective January 1, 2023, transitional care services were provided for all high-risk members including case manager/single point of contact. This includes timely prior authorizations, knowledge of admissions, discharges and transfers.
 - By January 1, 2024, TCS for all members (including lower-risk members).
 - CalOptima Health and LHPC (Local Health Plans of California) provided and advocated with the Department of Health Care Services (DHCS) to modify the current recommendations for lower-risk members.
- Updated TCS Approach for CY 2024 and 2025
 - Based on medical care plan feedback, DHCS is revising the TCS policy for 2024 and 2025 to articulate a model for transitional care services delivered to lower-risk members that continues to provide member-centered transitional care support, while removing the single point of contact requirement for these lower-risk members.

- TCS requirements will remain the same for the high-risk populations as defined in the PHM Policy Guide

C. Skilled Nursing Facilities Access Program Update

- Please see the attached PowerPoint presentation for detailed information.

D. Medical Directors Update

CalOptima Health welcomes three new Medical Directors:

- **Natalie Do, Pharm.D., D.O., Medical Director, Behavioral Health**
Dr. Do is a double board-certified psychiatrist specializing in child and adolescent psychiatry. She attended pharmacy school at the University of Southern California, and she conducted HIV/AIDS research in Botswana as a Fulbright Scholar with the Botswana/Harvard AIDS Partnership. She practiced inpatient pharmacy while completing her medical education at Western University of Health Sciences. She completed her Adult/General Psychiatry residency at Loma Linda University and continued her training in psychiatry at UC San Diego in the Child and Adolescent Psychiatry program.
- **Robin Hatam, D.O., Medical Director, Chronic and End-Stage Kidney Disease**
Dr. Hatam will lead CalOptima Health's efforts to improve care for members with chronic and end-stage kidney disease. He will also support CalOptima Health's network and hospital relations. He is a board-certified internist with experience working for prominent Medi-Cal and Medicare Advantage organizations. Dr. Hatam holds a bachelor's degree in Molecular and Cell Biology from UC Berkeley, and a Doctor of Osteopathic Medicine degree from Western University of Health Sciences. He did his residency training in internal medicine at LAC+USC Medical Center.
- **Claus Hecht, M.D., Street Medicine Medical Director**
Dr. Hecht is an emergency medicine specialist. He joins CalOptima Health in a new medical director position focused on serving those in our street medicine program. Dr. Hecht was most recently the medical director at the Orange County Fire Authority, a position he held since 2017. Prior to that, he served in emergency rooms across Southern California, including Corona Regional Medical Center, West Anaheim Medical Center, Western Medical Center Santa Ana and Eisenhower Medical Center. He has more than 24 years of experience in the medical field. He received a bachelor's degree from UC Irvine and his medical degree from Saint Louis University School of Medicine.

MINUTES
REGULAR MEETING
OF THE
CALOPTIMA BOARD OF DIRECTORS’
QUALITY ASSURANCE COMMITTEE

CALOPTIMA
505 CITY PARKWAY WEST
ORANGE, CALIFORNIA

June 14, 2023

A Regular Meeting of the CalOptima Health Board of Directors’ Quality Assurance Committee (Committee) was held on June 14, 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.

Chair Trieu Tran, called the meeting to order at 3:11 p.m., and Director Mayorga led the Pledge of Allegiance.

CALL TO ORDER

Members Present: Trieu Tran, M.D., Chair; José Mayorga, M.D.; Nancy Shivers, R.N.
(All Committee Members participated in person, except Director Shivers, who participated remotely under “Just Cause” using her second of two uses for the Committee)

Members Absent: None

Others Present: Michael Hunn, Chief Executive Officer; Yunkyung Kim, Chief Operating Officer; Richard Pitts, M.D., Chief Medical Officer; Troy R. Szabo, Outside General Counsel, Kennaday Leavitt; 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 his Chief Medical Officer Report with the Committee, starting with a Skilled Nursing Facilities (SNF) Team Update. Dr. Pitts noted that a SNF Action Team has been formed, and CalOptima Health has added Dr. Steven Arabo, a medical director with expertise in Medicare, Medi-Cal, and SNFs, to the SNF Action Team. Dr. Pitts added that the SNF Action Team held its kick-off meeting on June 6, 2023, which included attendees from UCI and Illumination Foundation. During the kick-off meeting the group identified several barriers to the current process and key steps needed to overcome those barriers, which included improved communications and creating a flow chart of how SNF patients receive care.

Dr. Pitts provided an update on the Cancer Screening Program, noting that CalOptima Health’s Population Health Management (PHM) department is leading the Comprehensive Cancer Screening and Support Program approved by the Board in December 2022. CalOptima Health’s physicians leading the program are Dr. Richard Lopez and Dr. Shilpa Jindani. PHM is working to partner with a

variety of stakeholders, including, but not limited to, The Orange County Cancer Coalition, UCI Chao Family Comprehensive Cancer Center, Vietnamese American Cancer Foundation, American Cancer Society, Susan G. Komen Foundation, and Coalition of Community Health Centers. Dr. Pitts noted that the mammography pilot with City of Hope that launched on May 1, 2023, has been going very well.

PUBLIC COMMENTS

There were no requests for public comment.

CONSENT CALENDAR

2. Approve the Minutes of the March 15, 2023 Special Meeting of the CalOptima 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 3-0-0)

REPORTS/DISCUSSION ITEMS

3. Recommend that the Board of Directors Approve the 2022 CalOptima Health Utilization Management Program Evaluation and the 2023 CalOptima Health Integrated Utilization Management/Case Management Program Description

Kelly Giardina, Executive Director, Clinical Outcomes, introduced the item, starting with the short and long-term accomplishments of the 2022 Utilization Management (UM) Program. Some of the accomplishments and interventions included: daily prior authorization and inventory management protocols, turnaround time monitoring, staff education and inter-rater reliability testing, enhanced staff coaching with an added clinical trainer, weekend non-clinical, nursing and M.D. coverage, and command center monitoring for timely notification of determinations. Ms. Giardina noted that CalOptima Health's medical directors' responsibilities and capacity were expanded, and behavioral health staff have an enhanced role in the development and oversight of the UM Program. Ms. Giardina reviewed various metrics with the Committee, including areas for improvement.

Stacie Oakley, R.N., Director, Utilization Management, introduced the 2023 CalOptima Health Integrated UM and Case Management (CM) Program Description. Ms. Oakley provided a brief overview of the newly integrated 2023 UM and CM programs.

Action: On motion of Director Mayorga, seconded and carried, the Committee recommended Board of Directors' approval of the 2022 CalOptima Health Utilization Management Program Evaluation, and recommended Board of Directors' approval of the 2023 CalOptima Health Integrated Utilization Management and Case Management Program Description. (Motion carried 3-0-0)

4. Recommend Board of Directors Appointments to the CalOptima Health Whole-Child Model Family Advisory Committee

Yunkyung Kim, Chief Operating Officer, introduced the item.

Action: On motion of Director Tran, seconded and carried, the Committee recommended that the Board of Directors: The Whole-Child Model Family Advisory Committee recommends: 1.) Reappointment of the following individuals to each serve two-year terms on the Whole Child Family Advisory Committee, effective upon Board approval: a.) Monica Maier as an Authorized Family Member Representative for a term ending June 30, 2025; and b.) Lori Sato as an Authorized Family Member Representative for a term ending June 30, 2025. 2.) New appointment of the following individuals to each serve a two-year term on the Whole-Child Model Family Advisory Committee, effective upon Board approval: a.) Cally Johnson as an Authorized Family Member Representative for a term ending June 30, 2025; b.) Jennifer Heavner as an Authorized Family Member Representative for a term ending June 30, 2025; c.) Sofia Martinez as a Community Based Organization Representative for a term ending June 30, 2025; and d.) Janis Price as a Consumer Advocate Representative for a term ending June 30, 2025; and 3.) Reappoint Kristen Rogers an Authorized Family Member as the Committee Chair through June 30, 2024. (Motion carried 3-0-0)

INFORMATION ITEMS

5. Update on Assessment of Quality

Ms. Kim presented an update on CalOptima Health's Assessment of Quality. She noted that the assessment took place during the first quarter of the year and that CalOptima Health had restructured and created a new standalone quality function with new leadership. Ms. Kim discussed CalOptima Health's Medicare star rating and noted that it had dropped by one star from four stars to three stars. She noted that the star ratings were based on quality and performance measures largely from HEDIS measures, which are the service measures and patient satisfaction and performance. Ms. Kim indicated that the OneCare program had a rating decrease for both Medicare Part C and Part D based on patient satisfaction. She noted that CalOptima Health has implemented interventions to improve the member experience.

6. National Committee for Quality Assurance (NCQA) Health Plan Accreditation Update

Ms. Kim also presented an update on the CalOptima Health NCQA health plan accreditation. She noted that the Department of Health Care Services (DHCS) will require all Medi-Cal health plans and all subcontracted entities to be accredited by 2025. Ms. Kim noted that CalOptima Health is currently accredited and has been since 2012. Ms. Kim reviewed the criteria to be accredited which includes file reviews and six areas where CalOptima Health must obtain at least 80% of the points in those six areas in addition to providing Healthcare Effectiveness Data and Information Set (HEDIS), patient satisfaction scores and the corrective action plan (CAP) results annually. Ms. Kim noted that CalOptima Health had been NCQA accredited every two years since beginning the accreditation process in 2010. She also noted that CalOptima Health was last accredited in 2021 and will begin the accreditation process in 2023 for 2024.

7. HEDIS® MY2022 Preliminary Results

Ms. Kim reviewed the HEDIS® MY2022 preliminary results with the committee and noted that CalOptima Health had submitted its HEDIS results for 2022 to NCQA. Ms. Kim reviewed the preparation that went into the submission of the HEDIS results and noted that it was anticipated that the actual results would come out sometime in the Fall of 2023. She reminded the committee that HEDIS results also play into the Medicare star rating.

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

Ms. Macias provided an update on the recent activities of the PACE Member Advisory Committee.

The following items were accepted as presented.

9. Quarterly Reports to the Quality Assurance Committee

a. Quality Improvement Committee Report

b. Program of All-Inclusive Care for the Elderly Report

c. Member Trend Report

COMMITTEE MEMBER COMMENTS

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 4:40 p.m.

/s/ Sharon Dwiars
Sharon Dwiars
Clerk of the Board

Approved: October 17, 2023

CALOPTIMA HEALTH BOARD ACTION AGENDA REFERRAL

Action To Be Taken October 17, 2023 Special Meeting of the CalOptima Health Board of Directors' Quality Assurance Committee

Report Item

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

Contacts

Richard Pitts, D.O., Ph.D., Chief Medical Officer, (714) 246-8491
Linda Lee, Executive Director, Quality Improvement, (657) 900-1069

Recommended Action to the Board

1. Approve CalOptima Health's Calendar Year 2024 Member Health Rewards for Medi-Cal and OneCare.

Background

CalOptima Health provides health rewards and incentives in the form of physical gift cards to eligible members to improve member health and quality outcomes. In calendar year 2023, CalOptima Health provided members with health rewards for preventive services in both Medi-Cal and OneCare, including breast cancer screening, cervical cancer screening, colorectal cancer screening, diabetes tests, postpartum care, osteoporosis testing, and annual wellness visits.

Discussion

Health rewards and incentives (R&I) motivate members to establish primary care relationships and get recommended preventive care and screenings. Rewards may encourage members to receive important tests and reinforce health behaviors. Incentives were selected based on clinical areas with the largest opportunity for improvement and those measures where CalOptima Health had performed below established benchmarks.

Staff recommends maintaining the following incentives from 2023 for calendar year 2024:

Medi-Cal	OneCare
Annual Wellness Visit- \$50	Annual Wellness Visit- \$50
Breast Cancer Screening- \$25	Breast Cancer Screening- \$25
Cervical Cancer Screening- \$25	Colorectal Cancer Screening (colonoscopy)- \$50
Diabetes A1c Test- \$25	Diabetes A1c Test- \$25
Diabetes Eye Exam- \$25	Diabetes Eye Exam- \$25
Postpartum Check Up- \$50	Osteoporosis Management for Members with a Fracture- \$25

Staff also recommends adding incentives for the following:

Medi-Cal	OneCare
Colorectal Cancer Screening (colonoscopy)- \$50	Health Risk Assessment- \$25
Lead Screening- \$25	
Diabetes Screening for People With Schizophrenia or Bipolar Disorder Who Are Using Antipsychotic Medications-\$25	
Follow-Up Care for Children Prescribed ADHD Medication- \$25	

Members will receive R&I gift cards contingent upon complete member encounters with appropriate and complete coding. At the time of budgeting, staff assumed a member participation rate of 15% based on past participation rates and an anticipated increase in member participation. In the event participation rates are higher than assumed and exceed the budgeted amounts, staff will return to the Board for additional funding requests at future meetings.

Fiscal Impact

The total estimated cost for the calendar year 2024 member health reward program is \$4.76 million for Medi-Cal and \$550,000 for OneCare. Funding for the recommended action for the period of January 1, 2024, through June 30, 2024, is a budgeted item under the CalOptima Health Fiscal Year (FY) 2023-24 Operating Budget. Management will include expenses for the period of July 1, 2024, through December 31, 2024, in the FY 2024-25 Operating Budget.

Rationale for Recommendation

A member health reward program will strengthen the primary care provider-patient relationship, improve the quality of care delivered to CalOptima Health members by promoting preventive care, early identification, chronic care management, and identify opportunities to coordinate care based on an annual wellness visit.

Concurrence

Troy R. Szabo, Outside General Counsel, Kennaday Leavitt

Attachment

None.

/s/ Michael Hunn
Authorized Signature

10/11/2023
Date

CALOPTIMA HEALTH BOARD ACTION AGENDA REFERRAL

Action To Be Taken October 17, 2023 Special Meeting of the CalOptima Health Board of Directors' Quality Assurance Committee

Report Item

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

Contacts

Richard Pitts, D.O., Ph.D., Chief Medical Officer, (714) 246-8491

Linda Lee, Executive Director, Quality Improvement, (657) 900-1069

Recommended Actions to the Board

1. Approve Measurement Year 2024 Medi-Cal Pay for Value Performance Program for the measurement period effective January 1, 2024, through December 31, 2024.
2. Approve Measurement Year 2024 OneCare Pay for Value Performance Program for the measurement period effective January 1, 2024, through December 31, 2024.
3. Approve the use of unearned Measurement Year 2023 and 2024 Pay for Value Performance Program funds for quality initiatives and grants.
4. Authorize unbudgeted expenditures in an amount up to \$23.3 million from existing reserves to fund Measurement Year 2023 unearned incentive payments for quality initiatives and grants.

Background

CalOptima Health's Pay for Value Performance Program (P4V Program) recognizes outstanding performance and supports ongoing improvement to strengthen CalOptima Health's mission of serving members with excellence and providing quality health care. Health Networks (HNs), including CalOptima Health Community Network (CCN), and HNs' primary care physicians (PCPs) are eligible to participate in the P4V programs.

The purpose of CalOptima Health's P4V Program is to:

1. Recognize and reward HNs and their PCPs for demonstrating quality performance;
2. Provide comparative performance information for members, providers, and the public on CalOptima Health's HN and PCP performance; and
3. Provide industry benchmarks and data-driven feedback to HNs and their PCPs on their quality improvement efforts.

CalOptima Health has aligned P4V Program measures with regulatory requirements and priorities. The Medi-Cal P4V Program incentivizes performance on all Healthcare Effectiveness Data and Information Set (HEDIS[®]) measures that are included in the Department of Health Care Services (DHCS) Managed Care Accountability Set (MCAS) measures required to achieve a minimum performance level (MPL) and Consumer Assessment of Healthcare Providers and Systems (CAHPS) member satisfaction measures. The OneCare P4V Program utilizes Centers for Medicare & Medicaid Services (CMS) Star HEDIS and CAHPS measures and focuses on measures with the greatest opportunity for improvement.

CalOptima Health Board Action Agenda Referral
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
Page 2

CalOptima Health staff have obtained feedback from HNs on recommendations to refine and improve the P4V Program by aligning with industry-based programs and by providing rewards for year-over-year improvement. These recommendations are incorporated into the Calendar Year 2024 program elements discussed below.

Discussion

Medi-Cal Pay for Value Program

Staff recommends implementing Measurement Year (MY) 2024 Medi-Cal P4V program with the following program components:

1. Adopt the Integrated Healthcare Association (IHA) pay for performance methodology to assess performance.
 - The methodology uses both attainment and improvement to assess performance and is based on the CMS hospital value-based purchasing model.
 - The greater of either the attainment or improvement score is used to calculate incentive payments.
2. Utilize the MY 2024 DHCS MCAS measures held to MPL for the HEDIS measurement set. MY 2024 Medi-Cal P4V will have a total of 18 HEDIS measures.
3. Continue to include CAHPS composites and overall ratings as member experience measures. Utilize both the child and adult CAHPS results, proportional to the age distribution of the assigned member population. For example, if a HN's membership is 50% children ages 0 to 18 and 50% adults, the CAHPS rate would be 50% from the child CAHPS score and 50% from the adult CAHPS score.
4. Continue to use the National Committee for Quality Assurance (NCQA) Quality Compass National Medicaid percentiles as benchmarks.
5. Maintain program funding methodology at ten percent (10%) of professional capitation (base rate only).
6. Minimum Performance Requirement:
DHCS requires that Medi-Cal health plans achieve a minimum of the 50th percentile for each MCAS measure held to an MPL. For MPL measures where CalOptima Health fails to achieve the MPL, no HN will earn performance points for that measure. Accrued incentive dollars will be forfeited. HNs and CCN providers that score below the 50th percentile will be required to submit an improvement plan for that measure to CalOptima Health.
7. Application of DHCS Quality Withhold:
Starting January 1, 2024, DHCS will start with a quality withhold of 0.5% of capitation payments from each Medi-Cal managed care plan. DHCS may apply a higher withhold percentage in future Medi-Cal managed care plan contracts.

Based on the DHCS quality measures, CalOptima Health will be assessed for the amount of

CalOptima Health Board Action Agenda Referral
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
Page 3

withhold payments that may be earned back. The unearned percentage will be applied in CalOptima Health's P4V calculation across all HNs. Staff recommends deducting the percent of unearned DHCS withhold from each HN's earned P4V Program payment.

8. Utilize unearned incentive dollars for quality improvement initiatives in the form of grants to HNs or CalOptima Health led initiatives.

OneCare Pay for Value Program

Staff recommends implementing MY 2024 OneCare P4V Program with the following program components:

1. Adopt the IHA pay for performance methodology as described in the Medi-Cal section above to assess performance.
2. Utilize select CMS Part C and D measures for the P4V measurement set.
3. Continue to leverage CMS Star measures cut points as benchmarks.
4. Maintain program funding at \$20 per member per month (PMPM).
5. Utilize unearned incentive dollars for quality improvement initiatives in the form of grants to HN or CalOptima led initiatives.

Measurement Process

CalOptima Health staff calculates the quality rating score for each HN and CCN PCP annually. For MY 2024, staff will use the IHA methodology for both Medi-Cal and OneCare. This will enable CalOptima Health to use an industry standard methodology and improve efficiencies by using one standard quality rating methodology. The performance score is derived from the most recently available audited, plan level HEDIS results.

MY 2023 and MY 2024 Unearned Incentive Dollars

P4V funds that remain unused – due to HNs failing to earn the maximum incentive possible or due to forfeitures based on CalOptima Health's failure to achieve the MPL – may be used for quality improvement initiatives. Grants will be available from unearned funds for both Medi-Cal and OneCare.

HNs may apply for grants to utilize incentive dollars for quality improvement initiatives. Grants may be awarded for individual measures or groups of measures targeting similar member populations, for example, well-child visits and childhood immunizations. Grant amounts may range from \$50,000 to \$250,000 per measure/measure group. Total grant funds to an individual HN shall not exceed the HN's maximum pool funding incentive for each MY, including deduction for DHCS quality withhold application. Grants may not be used to fund administrative staffing.

Staff proposes modifying the MY 2023 Medi-Cal and OneCare P4V Programs to allow the use of unearned incentive funds for the implementation of quality initiatives and grants. The unearned incentive funding will also be applicable for MY 2024. Staff will provide oversight of grants pursuant to CalOptima Health Policy AA.1400p: Grants Management and will return to the Board of Directors

CalOptima Health Board Action Agenda Referral
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
Page 4

to provide updates on the status of these grants at future meetings.

Eligibility for Incentive Payments

Performance incentive payments are distributed upon final calculation and validation of each measurement rate. To qualify for payments, a HN or their PCPs must be contracted with CalOptima Health during the entire measurement period (January 1, 2024, through December 31, 2024) and the calculation period (July 1, 2024, through June 30, 2025) and in good standing with CalOptima, as determined by the Audit and Oversight Department, at the time of disbursement of payment. HNs must distribute a minimum of 85% of their incentive payment to their contracted PCPs.

Fiscal Impact

Medi-Cal P4V Program

Staff estimates that the fiscal impact for the MY 2024 P4V Program will be no more than ten percent (10%) of the professional capitation (base rate only) or approximately \$73.9 million.

The Fiscal Year (FY) 2023-24 Operating Budget included \$51.7 million, based on 70% of earnable incentive payments, for Medi-Cal. The remaining unearned amount from the incentive pool for quality initiatives and grants is unbudgeted. An appropriation of up to \$22.2 million from existing reserves will fund the remaining unearned amount for MY 2023. Staff will include 100% of pool funding for MY 2024 P4V Program initiatives and grant activities in the FY 2024-25 Operating Budget.

OneCare P4V Program

Staff estimates that the fiscal impact for the MY 2024 OneCare P4V Program will be no more than \$20 PMPM or approximately \$4.3 million.

The FY 2023-24 Operating Budget included \$3.2 million, based on 75% of earnable incentive payments, for OneCare. The remaining unearned amount from the incentive pool for quality initiatives and grants is unbudgeted. An appropriation of up to \$1.1 million for existing reserves will fund the remaining unearned amount for MY 2023. Staff will include 100% of pool funding for MY 2024 P4V initiatives and grant activities in the FY 2024-25 Operating Budget.

Rationale for Recommendation

CalOptima Health strives to continuously improve the quality of care and outcomes for all members. By aligning with industry methodologies for assessing performance and for measurement sets, CalOptima Health aims to minimize HN and provider burden and confusion. CalOptima Health is committed to demonstrating breakthrough improvement in all quality measures, maintaining high performing Medi-Cal managed care plan status and achieving 5-star rating status. Issuing unearned incentive dollars in the form of grants for quality improvement initiatives will support improvement goals.

Concurrence

Troy R. Szabo, Outside General Counsel, Kennaday Leavitt

Continued to a Future Board Meeting Due to a Lack of a Quorum

CalOptima Health Board Action Agenda Referral
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
Page 5

Attachments

1. CalOptima Health's Measurement Year 2024 Medi-Cal and OneCare Pay for Value Programs
2. Measurement Year 2024 Pay for Value Program Proposal

/s/ Michael Hunn
Authorized Signature

10/11/2023
Date

Attachment 1

**CalOptima Health Measurement Year (MY) 2024
Medi-Cal and OneCare Pay for Value Programs**

MY 2024 Medi-Cal Pay for Value (P4V)

The Medi-Cal P4V program incentivizes performance on all Healthcare Effectiveness Data and Information Set (HEDIS®) that are included in the Department of Health Care Services (DHCS) Managed Care Accountability Set (MCAS) measures required to achieve a minimum performance level (MPL). The Medi-Cal P4V programs also incentivizes for Consumer Assessment of Healthcare Providers and Systems (CAHPS) member satisfaction measures. Health networks (HNs) and CalOptima Health Community Network (CCN) primary care physicians (PCPs) are eligible to participate in the Medi-Cal P4V program.

Recommended for MY 2024 Medi-Cal P4V

1. Include measures held to an MPL in the MY2024 MCAS measure set.

MY 2024 Medi-Cal Pay for Value Program Measurement Set	
Follow-up After ED Visit for Mental Illness- 30 days	Chlamydia Screening in Women
Follow-Up After ED Visit for Substance Abuse- 30 days	Prenatal and Postpartum Care: Postpartum Care
Pharmacotherapy for Opioid Use Disorder	Prenatal and Postpartum Care: Timeliness of Prenatal Care
Child and Adolescent Well-Care Visits	Breast Cancer Screening
Childhood Immunization Status- Combination 10	Cervical Cancer Screening
Development Screening in the First Three Years of Life	Colorectal Cancer Screening
Immunizations for Adolescents- Combination 2	CAHPS- Rating of Health Plan: Adult and Child
Lead Screening in Children	CAHPS- Getting Needed Care: Adult and Child
Topical Fluoride in Children	CAHPS- Getting Care Quickly: Adult and Child
Well-Child Visits in the First 30 Months of Life- 0 to 15 Months- Six or More Well-Child Visits	CAHPS- Rating of Personal Doctor: Adult and Child
Well-Child Visits in the First 30 Months of Life- 15 to 30 Months- Six or More Well-Child Visits	CAHPS- Rating of Specialist Seen Most Often: Adult and Child
Asthma Medication Ratio	CAHPS- Coordination of Care: Adult and Child
Controlling High Blood Pressure*	CAHPS- Rating of Health Care: Adult and Child
Hemoglobin A1c Control for Patients with Diabetes- HbA1c Poor Control (>9%) lower is better*	CAHPS- Rating of Health Plan: Adult and Child

- Utilize both Child and Adult CAHPS scores.
 - To calculate performance average scores based on proportion of member population.
2. Maintain program funding methodology at ten percent (10%) of professional capitation (base rate only).
 3. Adopt IHA scoring methodology to assess overall quality rating score based on performance for each HN.
 - Attainment and Improvement score calculated for each measure. The better of the two scores is used.

Attachment 1

**CalOptima Health Measurement Year (MY) 2024
Medi-Cal and OneCare Pay for Value Programs**

- Scoring
 - Attainment Points
 - Scale of 0-10 points
 - Points based on performance between 50th percentile and 95th percentile.
 - $1 + \left(\frac{(MY2022 \text{ Rate} - 50th \text{ Percentile})}{((MY2022 \text{ Rate} - MY2021 \text{ Rate})/9)} \right)$
 - Improvement Points
 - Scale of 0-10 points
 - Points reflect performance in the prior year compared to the current year.
 - $\left(\frac{(MY2022 \text{ Rate} - MY2021 \text{ Rate})}{((95th \text{ Percentile} - MY2021 \text{ Rate})/10)} \right)$
- National Committee for Quality Assurance (NCQA) Quality Compass National Medicaid percentiles used as benchmarks.
- Measure weighting
 - HEDIS measures weighted 1.0.
 - CAHPS measures weighted 1.5.
- Performance incentive allocations will be distributed upon final calculation and validation of and each health network's performance.

Attachment 1

**CalOptima Health Measurement Year (MY) 2024
Medi-Cal and OneCare Pay for Value Programs**

OneCare Pay for Value Program (P4V)

The OneCare P4V program focuses on areas with the greatest opportunity for improvement and incentivizes performance on select Centers for Medicare and Medicaid Services (CMS) Star Part C and Part D measures. Measures are developed from industry standards including HEDIS, CAHPS member experience, and Pharmacy Quality Alliance. Health networks (HNs) and CalOptima Health Community Network (CCN) primary care physicians (PCPs) are eligible to participate in the OneCare P4V program.

Recommended for MY 2024 OneCare P4V

Alignment with the CMS Star program and the following components:

1. Utilize the following CMS Star Part C and Part D measures, measure weights, and Star thresholds as benchmarks:

Measure Category	Measure
Part C HEDIS	Breast Cancer Screening
	Colorectal Cancer Screening
	Controlling Blood Pressure*
	Comprehensive Diabetes Care – Eye Exam
	Comprehensive Diabetes Care – HbA1c Poor Control
	Kidney Health Evaluation for Patients with Diabetes
	Transitions of Care*
	Follow-Up After ED Visit for Patients with Multiple Chronic Conditions
	Plan All-Cause Readmission
Part C Member Experience	Care Coordination
	Getting Care Quickly
	Getting Needed Care
	Customer Service
	Rating of Health Plan Quality
	Rating of Health Plan
Part D	Medication Adherence for Diabetes
	Medication Adherence for Hypertension
	Medication Adherence for Cholesterol
	Statin Use in Persons with Diabetes
	Polypharmacy Use of Multiple Anticholinergic Medications in Older Adults
	Polypharmacy Use of Multiple Central Nervous System Active Medications in Older Adults
	Rating of Drug Plan
	Getting Needed Prescription Drugs

2. Adopt IHA scoring methodology to assess overall quality rating score based on performance for each HN
 - Attainment and Improvement score calculated for each measure. The better of the two scores is used.

Attachment 1

**CalOptima Health Measurement Year (MY) 2024
Medi-Cal and OneCare Pay for Value Programs**

- Scoring
 - Attainment Points
 - Scale of 0-10 points
 - Points based on performance between 50th percentile and 95th percentile.
 - $1 + \left(\frac{(MY2022 \text{ Rate} - 50th \text{ Percentile})}{((MY2022 \text{ Rate} - MY2021 \text{ Rate})/9)} \right)$
 - Improvement Points
 - Scale of 0-10 points
 - Points reflect performance in the prior year compared to the current year.
 - $\left(\frac{(MY2022 \text{ Rate} - MY2021 \text{ Rate})}{((95th \text{ Percentile} - MY2021 \text{ Rate})/10)} \right)$
 - National Committee for Quality Assurance (NCQA) Quality Compass National Medicaid percentiles used as benchmarks.
 - Measure weighting
 - HEDIS measures weighted 1.0.
 - CAHPS measures weighted 1.5.
 - Performance incentive allocations will be distributed upon final calculation and validation of and each health network's performance.
3. Apply a program funding methodology of \$20 PMPM



CalOptima Health

Measurement Year 2024 Pay for Value Program Proposal

Special Quality Assurance Committee

October 17, 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.

CalOptima Health P4V Program Principles

CalOptima Health P4V Program Principles

- Use industry standard measures aligned with product regulatory requirements i.e. DHCS MCAS and CMS Star measurement sets
- Align with DHCS Minimum Performance Levels (MPL)
 - Set minimum at 50th percentile
 - For measures that CalOptima Health scores below the MPL, no health network will earn incentives for either attainment or improvement
 - CalOptima Health may issue financial sanctions to health networks (HN) if CalOptima Health is issued a sanction
- Align with DHCS Quality Withhold
 - Quality scoring assessed by greater of achievement or improvement
- Align with CMS Star Cut Points

MY2024 P4V Program Components

MY2024 P4V Program Elements

- Measure Sets
 - Medi-Cal: Align with DHCS MCAS MPL and Quality Withhold measures
 - Utilize both Child and Adult CAHPS rates
 - Average rates based on proportion of member population
 - OneCare: Align with CMS Star measures
- Measure Weights
 - Align with industry measure weights, where applicable
 - Clinical measures = 1.0
 - Medi-Cal Member experience measures = 1.5
 - OneCare Member experience measures = 2.0*
- Data Collection Methodology
 - To promote adoption of electronic clinical data sets, utilize administrative data
 - Add hybrid lift for select measures

*CMS has proposed dropping the member experience weight for 2026 stars
[Back to Agenda](#)

Performance Scoring Methodology

- Adopt Integrated Healthcare Association (IHA) scoring method
- Attainment and Improvement score calculated for each measure
 - The better of the two scores is used.
- Scoring
 - Attainment Points
 - Scale of 0-10 points
 - Points based on performance between 50th percentile and 95th percentile
 - $1 + \left(\frac{(MY2022 \text{ Rate} - 50th \text{ Percentile})}{((MY2022 \text{ Rate} - MY2021 \text{ Rate})/9)} \right)$
 - Improvement Points
 - Scale of 0-10 points
 - Points reflect performance in the prior year compared to the current year.
 - $\left(\frac{(MY2022 \text{ Rate} - MY2021 \text{ Rate})}{((95th \text{ Percentile} - MY2021 \text{ Rate})/9)} \right)$

Health Network Corrective Action

- Financial Sanction: HNs below the MPL that would not have earned an incentive either get a sanction or deduction of their incentive
- Corrective action: HN scoring below the MPL must submit a corrective action plan
- Quality Grants: Support quality initiatives through grants using unearned dollars; submit a plan, quarterly monitoring
 - Must meet implementation requirements to continue to access improvement funds
- CalOptima Health will implement delivery system-wide interventions

Incentive Pool

- Medi-Cal: ten percent of professional capitation (base rate only)
 - HN incentive payments will be subject to quality withhold based on DHCS withhold percent (expected to be 0.5% for CY2024)
 - HN will earn withhold portion if CalOptima Health earns quality withhold
- OneCare: \$20pmpm

Physician-Level Incentives

- Require that health networks maintain a physician-level incentive program that they submit to CalOptima Health for review
- Require a minimum level of incentive distribution from HN incentive payments to physicians; set minimum at 85%
- Require that health networks report incentive distribution to CalOptima Health

Appendix

MY2024 Medi-Cal Measurement Set

Measure	DHCS MPL	DHCS Quality Withhold	PV4 Program
Follow-up After ED Visit for Mental Illness- 30 days	X		X
Follow-Up After ED Visit for Substance Abuse- 30 days	X		X
Pharmacotherapy for Opioid Use Disorder	X		
Child and Adolescent Well-Care Visits	X	X	X
Childhood Immunization Status- Combination 10	X	X	X
Development Screening in the First Three Years of Life	X		X
Immunizations for Adolescents- Combination 2	X	X	X
Lead Screening in Children	X		X
Topical Fluoride in Children	X		X
Well-Child Visits in the First 30 Months of Life- 0 to 15 Months- Six or More Well-Child Visits	X	X	X
Well-Child Visits in the First 30 Months of Life- 15 to 30 Months- Six or More Well-Child Visits	X	X	X
Asthma Medication Ratio	X		X
Controlling High Blood Pressure*	X	X	X

*Measure rate may include findings from medical record review
 Measure set subject to change until DHCS issues final MY24 MCAS MPL set

[Back to Agenda](#)

[Back to Item](#)



MY2024 Medi-Cal Measurement Set

Measure	DHCS MPL	DHCS Quality Withhold	PV4 Program
Hemoglobin A1c Control for Patients with Diabetes- HbA1c Poor Control (>9%) lower is better*	X	X	X
Chlamydia Screening in Women	X		X
Prenatal and Postpartum Care: Postpartum Care	X	X	X
Prenatal and Postpartum Care: Timeliness of Prenatal Care	X	X	X
Breast Cancer Screening	X		X
Cervical Cancer Screening	X		X
Colorectal Cancer Screening	X		
CAHPS- Rating of Health Plan: Adult and Child		X	X
CAHPS- Getting Needed Care: Adult and Child		X	X
CAHPS- Getting Care Quickly: Adult and Child			X
CAHPS- Rating of Personal Doctor: Adult and Child			X
CAHPS- Rating of Specialist Seen Most Often: Adult and Child			X
CAHPS- Coordination of Care: Adult and Child			X
CAHPS- Rating of Health Care: Adult and Child			X
CAHPS- Rating of Health Plan: Adult and Child			X

*Measure rate may include findings from medical record review

Measure set subject to change until DHCS issues final MY24 MCAS MPL set

[Back to Agenda](#)

[Back to Item](#)



MY2024 OneCare Measurement Set

Measure Category	Measure
Part C HEDIS	Breast Cancer Screening
	Colorectal Cancer Screening
	Controlling Blood Pressure*
	Comprehensive Diabetes Care – Eye Exam
	Comprehensive Diabetes Care – HbA1c Poor Control
	Kidney Health Evaluation for Patients with Diabetes
	Statin Therapy for Patients with Cardiovascular Disease
	Transitions of Care*
	Follow-Up After ED Visit for Patients with Multiple Chronic Conditions
	Plan All-Cause Readmission
Part C Member Experience	Care Coordination
	Getting Care Quickly
	Getting Needed Care
	Customer Service
	Rating of Health Plan Quality
	Rating of Health Plan

*Measure rate may include findings from medical record review

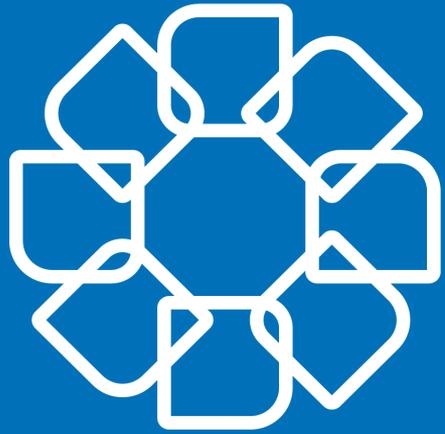
[Back to Agenda](#)

[Back to Item](#)



MY2024 OneCare Measurement Set

Measure Category	Measure
Part D	Medication Adherence for Diabetes
	Medication Adherence for Hypertension
	Medication Adherence for Cholesterol
	Statin Use in Persons with Diabetes
	Polypharmacy Use of Multiple Anticholinergic Medications in Older Adults
	Polypharmacy Use of Multiple Central Nervous System Active Medications in Older Adults
	Rating of Drug Plan
	Getting Needed Prescription Drugs



CalOptima Health

Stay Connected With Us
www.caloptima.org





Update on Assessment of Quality

Special Quality Assurance Committee
October 17, 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

- NCQA Health Plan Accreditation Status Update
- Credentialing Assessment Update

NCQA Health Plan Accreditation Status Update

NCQA 2023 Health Plan Rating



[Shop Our Products](#) [Contact us](#) [Login](#)

REPORT CARDS

Health Plans

Clinicians

Practices

Other Health Care Organizations

[Get More Data](#)

[Glossary](#)

[Methodology](#)

[My Saved](#)

Orange County Health Authority - dba CalOptima Health

California

Save and compare



Last update: 09/15/2023

Ratings are updated annually (September)

Health Plan Rating[ⓘ]

★★★★☆ 4.0 of 5

INSURANCE TYPE[ⓘ]

Medicaid

PRODUCT TYPE

HMO

NEXT REVIEW DATE

04/30/2024

MEMBERS ENROLLED

967,146

EVALUATION PRODUCT

Renewal Survey

WEBSITE

<http://www.caloptima.org>

Other Accreditations, Certifications, and Distinctions

[Electronic Clinical Data](#)

NCQA Accreditation Milestones

	Key Dates	Status Update
Submission Date	April 30, 2024	
Virtual File Review	June 17-18, 2024	Conducting mock file review and ongoing monitoring to ensure compliance
Year One	April 30, 2022- April 30, 2023	Received/Approved 98% of all documents needed for Year One
Year Two	April 30, 2023- April 30, 2024	<ul style="list-style-type: none">▪ 36 reports needed, due to QI by end of 3Q 2023▪ Documents that have 24-month look-back periods, i.e., policies, DTP, screenshots, updated logs, member communication due to QI by end of 4Q 2023

Year One Status Report

QI	Status	PHM	Status	UM	Status	NET	Status	CR	Status	ME	Status
QI1	Met	PHM1	Met	UM1	Met	NET1	Met	CR1	Met	ME1	Met
QI2	Met	PHM2	Met	UM2	Met	NET2	Met	CR2	Met	ME2	Met
QI3	Met	PHM3	Met	UM3	Met	NET3	Met	CR3	Met	ME3	Met
QI4	Met	PHM4	Met	UM4	Met	NET4	Met	CR4	Met	ME4	Met
QI5	Met	PHM5	Not MET (File Review)	UM5	Partially Met (File Review)	NET5	Met	CR5	Met	ME5	Met
		PHM6	Met	UM6	Met	NET6	Partially Met (Semiannual evaluation of delegate reports)	CR6	Met	ME6	Met
		PHM7	Met	UM7	Partially Met (File Review)			CR7	Met	ME7	Partially Met (Semiannual evaluation of delegate reports)
				UM8	Met			CR8	Partially Met (Semiannual evaluation of delegate reports)		
				UM9	Partially Met (File Review)						
				UM10	Met						
				UM11	Met						
				UM12	Partially Met (System Controls DTP)						
				UM13	Partially Met (Semiannual evaluation of delegate reports)						

Next Steps

- Monthly review, collection, and preparation of Year Two documents
- Mock file review to ensure compliance during audit review period
 - Complex case management: ongoing file review of CCN and health network files, follow up training as needed
 - Credentialing, appeals, and denial mock file review: Q3

Credentialing Assessment Update

Credentialing Assessment Process

- CalOptima Health engaged Ankura to conduct an end-to-end assessment of initial and recredentialing processes, staff responsibilities, and resources
- Ankura reviewed over 200 documents and interviewed 17 stakeholders from credentialing, contracting, provider relations, and process excellence
- Ankura's findings and recommendations are summarized on the following slides

Credentialing Assessment Findings and Recommendations

Review Area	Findings	Recommendations
Structure and Responsibilities	<ul style="list-style-type: none"> Credentialing staff are assigned specific responsibilities for either components of the credentialing process or verification of specific provider types Workflow between credentialing and provider relations and contracting is unclear 	<ul style="list-style-type: none"> Hire and onboard a dedicated Credentialing Manager ✓ - manager starting 8/1/2023 Implement cross-functional training of credentialing coordinators- in progress Establish and document agreed upon division of responsibilities among credentialing, provider relations, and contracting ✓ - work flow updated 9/1/2023
Systems and Technology	<ul style="list-style-type: none"> CalOptima Health uses a vendor software product (CACTUS) for credentialing Provider data is also housed in the core managed care system Information exchange between credentialing, provider relations, and contracting is manual 	<ul style="list-style-type: none"> Revisit CACTUS functionality for automation and reporting- in progress Reduce manual processes through workflow improvement- in progress

Credentialing Assessment Findings and Recommendations

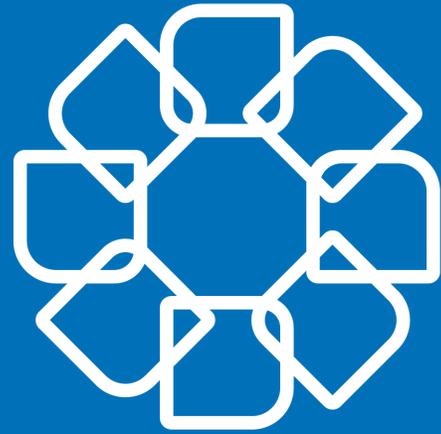
Review Area	Findings	Recommendations
Process	<ul style="list-style-type: none"> • Provider interest in contracting with CalOptima Health and notice for credentialing comes from multiple departments • Information to initiate credentialing is incomplete • Initial and recredentialing rely on manual tracking • Lack of up-to-date documented processes to support end-to-end process 	<ul style="list-style-type: none"> • Finalize list of provider types and verification elements requiring primary and secondary sources- in progress • Update provider interest packet to ensure complete information at intake- in progress • Update CACTUS to track credentialing application acknowledgement date- in progress • Use temporary staff to work through backlog of applications- in progress
Training and Resources	<ul style="list-style-type: none"> • Department policies, training manuals, and checklists are not kept current due to lack of credentialing manager • No dedicated credentialing training personnel nor curriculum 	<ul style="list-style-type: none"> • Assign and formalize training responsibilities and materials - in progress • Update training materials- in progress

Credentialing Assessment Findings and Recommendations

Review Area	Findings	Recommendations
Monitoring and Reporting	<ul style="list-style-type: none"> Primary mechanism for tracking credentialing volume and progress is manual due to perceived or actual system limitations including access/permission issues to key features, system latency, lack of functionality for bulk entry or update of related records While CACTUS does have standard reports, multiple reports are needed to provide end-to-end insight leading to manual tracking and reporting 	<ul style="list-style-type: none"> Require and enforce use of CACTUS as the source of truth and entry point for all providers who will be credentialed. Create a comprehensive suite of reporting to facilitate Credentialing Department activities and compliance with applicable requirements
Auditing	<ul style="list-style-type: none"> A dedicated credentialing auditor is responsible for reviewing completed files for accuracy and completeness for inclusion on the clean list and reporting to Audit and Oversight department. Auditor feedback was not consistently documented 	<ul style="list-style-type: none"> Formalize a checklist / cover sheet for Credentialing Coordinators to use upon completion of files that mirrors the elements validated by the Auditor Leverage enhanced reporting to inform targeted auditing activities, as needed

Next Steps

- CalOptima Health is in final stages of acquiring a credentialing verification organization to assist with increasing volume of credentialing
- A dedicated Credentialing Manager has been on board since August 1st and is focused on implementing high priority recommendations
- Credentialing staff is in the process of updating workflows, policies, training materials, and reports



CalOptima Health

Stay Connected With Us
www.caloptima.org

   @CalOptima



Initial Health Appointment (IHA) Update

Special Quality Assurance Committee
October 17, 2023

Marie Jeannis, RN, MSN, CCM
Executive Director, Population Health Management

Our Mission

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

Our Vision

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

Agenda

- Initial Health Appointment (IHA) Overview
- January 2023 IHA Regulatory Changes
- 2023 DHCS Medical Audit
- 2023 DHCS Medical Audit: Remediation Plan
- 2023 Q2: IHA Performance by Health Network
- Next Steps

Initial Health Appointment (IHA) Overview

- Initial Health Appointment is a comprehensive assessment of a member's health status
 - Required by Department of Health Care Services (DHCS) for all newly enrolled Medi-Cal members
 - Must be completed within 120 days of member enrollment
 - Performed by a primary care provider (PCP), perinatal care provider, or non-physician mid-level practitioner
- Initial Health Appointment:
 - Establishes member medical home
 - Supports baseline assessment health risk and preventive care needs
 - Identifies need for education, follow-up referrals and community resources

January 2023 IHA Regulatory Changes

Effective January 1, 2023, DHCS implemented the following changes*:

- Initial Health Assessment changed to Initial Health Appointment
- Staying Healthy Assessment (SHA) tools are no longer required
 - Standard screening requirements for each age group still apply
- DHCS will measure primary care visits as a proxy for the IHA, leveraging Managed Care Accountability Sets (MCAS) measures specific to:
 - Infant and child/adolescent well-child visits
 - Adult preventive visits

*DHCS All Plan Letter (APL) 22-030: Initial Health Appointment

2023 DHCS Medical Audit

DHCS Medical Audit Initial Health Appointment Finding

CalOptima Health did not ensure that an IHA was performed by the member's primary care providers, perinatal care providers, and non-physician mid-level practitioners.

Root Cause	Remediation Action Plan
<ul style="list-style-type: none">CalOptima Health IHA reporting logic not aligned with DHCS requirements for primary care provider types	<ul style="list-style-type: none">Data IntegrityOversight and MonitoringMember EducationHealth Network and Provider Education

2023 DHCS Medical Audit: Remediation Plan

Data Integrity

- Updated data coding logic to align with DHCS requirements for:
 - Primary provider types
 - IHA Visit types

Oversight and Monitor

- Established IHA workgroup
- Monthly performance report tracking
- Quarterly performance reporting at Quality Improvement and Health Equity Committee (QIHEC)
- Provider chart reviews

Member Education

- Welcome packet and Member Handbook
- Monthly Interactive Voice Response calls to newly enrolled members
- On hold reminder message
- Medi-Cal Member Newsletter

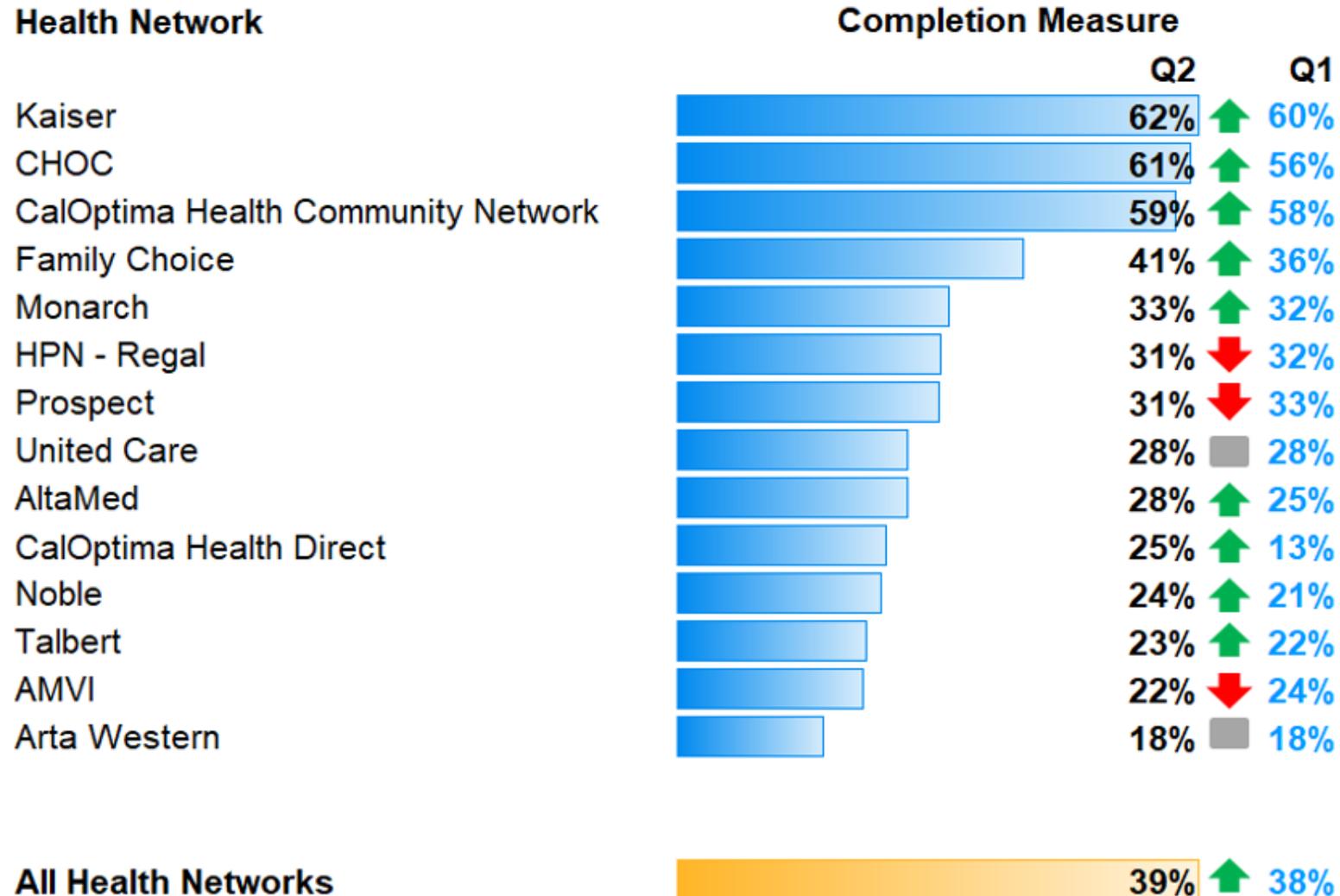
Health Network Education

- Monthly member list for assigned PCPs
- Updates via weekly communications and monthly newsletters
- Performance updates at:
 - Joint Operation Meetings
 - Health Network Forums

Provider Education

- IHA included in provider onboarding and annual training
- Updated website “IHA Reference Guide for PCP”
- Provider Newsletter
- IHA Continuing Medical Education (CME) session
 - Recorded for on demand access

2023 Q2: IHA Performance by Health Network

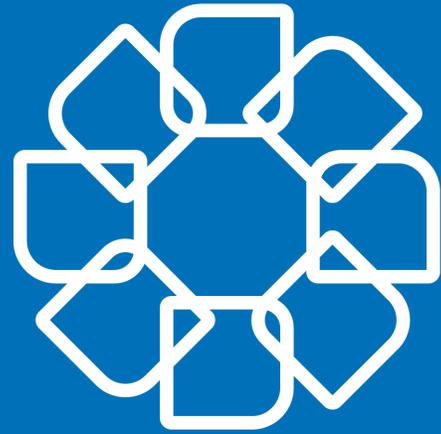


* Q2 data pulled date: 8/7/23

Next Steps

- Ongoing member, health network and provider education
- IHA data sharing via provider portal
- Collaborate with Quality Improvement to support IHA related quality measure outcomes
- Staff will continue to report IHA performance and progress to the Board Quality Assurance Committee

Questions or comments?



CalOptima Health

Stay Connected With Us
www.caloptima.org

   @CalOptima



CalOptima Health

Student Behavioral Health Incentive Program (SBHIP)- Orange County

Special Quality Assurance Committee

October 17, 2023

Carmen Katsarov, LPCC,CCM

Executive Director, Behavioral Health Integration

[Back to Agenda](#)

Our Mission

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

Our Vision

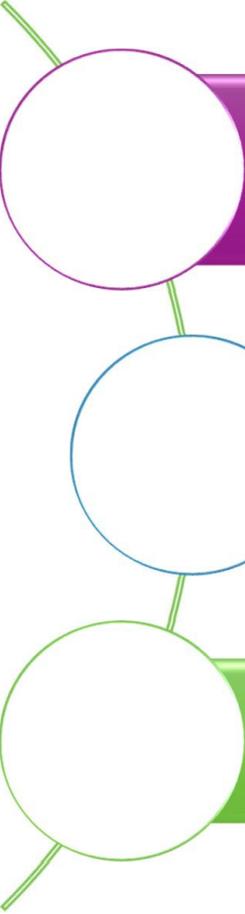
By 2027, remove barriers to health care access for our members, implement same-day treatment authorizations and real-time claims payments for our providers, and annually assess members' social determinants of health.

SBHIP - Student Behavioral Health Incentive Program

- SBHIP is...

- One of the Department of Health Care Services (DHCS) key workstreams under the Children and Youth Behavioral Health Initiative (CYBHI)
- A \$389 million program designated over a **three-year period January 1, 2022-December 31, 2024**, for incentive payments to Medi-Cal managed care plans (MCPs) that achieve SBHIP predefined goals and metrics.
- Intended to address behavioral health access barriers for Medi-Cal students through Targeted Interventions (TI) that increase access to preventive, early intervention and behavioral health services by school-affiliated behavioral health providers for TK-12 children in public schools.
- Outlined in the Assembly Bill 133: Section 5961.3 and more information is available on the DHCS website:
<https://www.dhcs.ca.gov/services/Pages/studentbehavioralhealthincentiveprogram.aspx>

SBHIP Objectives



Breaks down silos and improve coordination of student BH services through communication with schools, school-affiliated programs, MCPs, county behavioral health, and behavioral health providers.

Increase the number of TK-12 students enrolled in Medi-Cal receiving behavioral health services provided by schools, school-affiliated providers, county behavioral health departments, and county offices of education.

Increase non-specialty services on or near school campuses.

CalOptima Health's SBHIP Partners

Orange County Department of Education (OCDE)

All 29 Orange County Public School Districts

- * Assess school-based behavioral health needs for the student population

CHOC

- * Build 10 new WellSpaces
- * Emergency Department/Intensive Care School Transition Coordinator
- * Mental Health services for deaf & hard of hearing students
 - * Autism Comprehensive Care Program
- * Mental Health Crisis Clinic for direct linkage from school to CHOC for telehealth or in person

Western Youth Services (WYS)

- * Develop a Behavioral Health Curriculum for the 29 school districts
- * Train school districts on core clinical competencies, early intervention strategies, including screening tools
- * Provide consultative support services post-training

Hazel Health

- * Implement a Behavioral Health Telehealth platform for all 29 school districts' students to receive access to Behavioral Health counseling services

Orange County Health Care Agency (OCHCA)

- * Coordination of care for specialty Mental Health

Targeted Interventions (TI) Selected

Targeted Intervention (TI)	Description
Behavior Health Screenings and Referrals	Enhance appropriate behavioral health screenings to be performed on or near school campuses and build out referral processes in schools; goal is to have in place a universal validated screening tool(s).
Building Stronger Partnerships to Increase Access to Medi-Cal Services	Build stronger partnerships between schools, CalOptima Health, OCHCA and other Behavioral Health community resources to expand students access to Medi-Cal covered services.
Technical Assistance Support for Contracts	CalOptima Health plans to execute contracts with school districts to provide preventive, early intervention, and behavioral health services and bill CalOptima Health for those services.
IT Enhancements for Behavioral Health Services	Implement information technology and systems for referral coordination, data exchange, and/or billing of health services between the school and CalOptima Health

SBHIP Funding Allocation/ Incentive Payment

- DHCS has allocated up to \$25,024,675 for Orange County
 - DHCS will provide the funding directly to CalOptima Health as the MCP
 - SBHIP funding is intended to help build school-based behavioral health services infrastructure and cannot be used for direct service reimbursement.
 - CalOptima can earn the full funding allocation (incentive payments) by achieving outlined milestones and performance metrics.
 - The Needs Assessment funding is considered earned as the deliverables required to earn those funds have been approved by DHCS.
 - The Targeted Intervention (TI) Biquarterly Report funding is considered unearned until the Project Outcome Report (POR) has been approved by DHCS.
 - A minimum of 4 from a list of 14 Targeted Interventions must be implemented
 - If the POR receives a final score of less than 80%, DHCS will consider a portion of the TI funding unearned and will calculate the unearned amount and recover funds if needed.

SBHIP Funding Allocation Breakdown

- Approved during the May 4, 2023, CalOptima Health Board of Directors Meeting

Entity	Funding Amount
CHOC	Up to \$2.1M
WYS	Up to \$802K
Hazel Health	Up to \$8.4M
29 School Districts	Up to \$10M
Notice of Funding Opportunity (NOFO)/ Grants for organizations serving Medi-Cal school-aged children in OC	Up to \$3.5M
CalOptima Health program support positions	Up to \$200K
Remaining Unallocated Budget	Up to \$471K

SBHIP Implementation & Required Deliverables Timeline



- Letter of Intent to Participate in SBHIP
- CalOptima Health works with OCDE to select SBHIP Partners and Establish Targeted Population
- Partners conducts Needs Assessment and select 4 Targeted Interventions
- December 2022 CalOptima Health submit **Needs Assessment and Project Plans** to DHCS



- March 2023, CalOptima Health earned ½ of the \$25M SBHIP Funding Allocation for DHCS approving the Needs Assessment and Project Plans
- Begin implementation and tracking project plan tasks through 12/31/2024
- June 2023 CalOptima Health submitted to DHCS **4 SBHIP Biquarterly Reports*** for approval and funding
- December 2023 CalOptima Health prepare **4 SBHIP Biquarterly Reports*** to submit to DHCS for approval and funding.



- January 2024, School Districts begin to bill CalOptima Health for school-based behavioral health services
- June 2024 CalOptima Health submit to DHCS **4 SBHIP Biquarterly Reports*** for approval and funding.
- December 2024 CalOptima Health submit to DHCS the **Project Outcome Report (POR)**** for approval and final funding distribution.
- CalOptima Health and Partners complete and close the SBHIP Implementation/Infrastructure Phase
- *SBHIP Infrastructure and Partnerships developed during the program, are expected to be sustained.*

*SBHIP Biquarterly reports are to provide information to DHCS related to the SBHIP Targeted Intervention progress status.

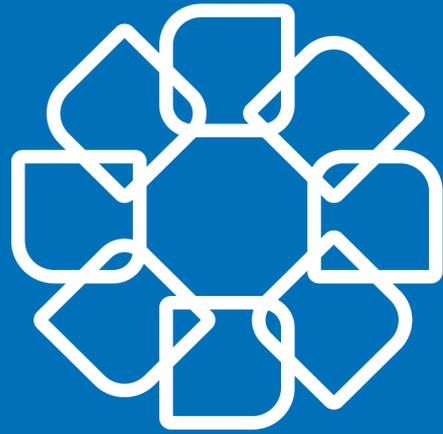
**Project Outcome Report is to identify the impact of each implemented targeted intervention on the specific student populations within each selected LEA.

[Back to Agenda](#)



3rd Quarter Accomplishment

- September 15th, 2023, the California Department of Health Care Services (DHCS) announced that CalOptima has received a score of **100%** on the Bi-Quarterly Report(s) and is approved for the full 12.5% equals \$3,128,084 of the Targeted Intervention allocation under the SBHIP.



CalOptima Health

Stay Connected With Us
www.caloptima.org

   @CalOptima



CalOptima Health

Skilled Nursing Facility Access Program Update

Special Quality Assurance Committee
October 17, 2023

Richard Pitts, D.O., Ph.D., Chief Medical 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.

Skilled Nursing Facility (SNF) Access Program

- Purpose:
 - To enhance quality through better access and further strengthen the safety net system across Orange County for individuals who require SNF post hospitalization care
- Approved by the Board of Directors on December 1, 2022
 - Budget: \$10 Million
 - Program period: July 1, 2023 through June 30, 2026

SNF Access Program Workgroup

- Workgroup developed with representatives from the following departments:
 - Medical Management/Medical Directors
 - Long Term Services Support/Complex Discharge Planning team
 - Case Management
 - Utilization Management
 - Contracting

Comprehensive
transitional care

Health
promotion

California Association of Health Facilities (CAHF)

- Meeting held with Managed Care Contact team at CAHF to discuss barriers experienced by CalOptima Health
- CAHF shared the following:
 - Paying the SNF's more is not necessarily the solution
 - Many SNF's have concerns that they will be “stuck” with a member and will not have support from the Health Plan to later transition the member to a lower level of care
 - Example: Transitioning to Recuperative Care
 - Recommendation to provide support to the SNF's to help transition members to a lower level of care

Comprehensive
transitional care

Health
promotion

Barriers to Discharge

Limitations	10/22	11/22	12/22	1/23	Total (N = 139)	%
BHI (psych behaviors)	3	4	5	9	21	15.11%
Isolations due to infections (MRSA, CRE, VRE, other)	5	6	5	4	20	14.39%
Homeless	5	4	4	5	19	13.67%
IV antibiotic	4	3	4	5	16	11.51%
Drug Use	3	3	4	4	14	10.07%
Age (young)	3	2	3	6	14	10.07%
Wound care	2	3	3	3	11	7.91%
Bedside dialysis	3	2	3	1	9	6.47%
GT, NT, Ostomy bag	0	2	2	2	6	4.32%
Overweight	1	1	1	2	5	3.60%
COVID-19 (unvaccinated)	3	0	1	0	4	2.88%

Data source: Complex Discharge Log (October 2022 – January 2023)
139 members were referred to the complex discharge team

[Back to Agenda](#)

Strategies Underway

- SNF Isolation
- IV antibiotic
- Bedside dialysis
- Recuperative Care
- Board & Care Facilities

SNF Isolation

- Problem:
 - The need for SNF isolation requires increased labor and supplies and reduction in room capacity.
- Work in Progress:
 - A pilot has been implemented since August 2023, and we are in the process of collecting data.

IV Antibiotics

- Problem:
 - Admission to hospital for IV antibiotics only
- Work in Progress
 - Proposed a pilot with UCI Emergency Department
 - A single dose acting broad spectrum antibiotic instead of IV antibiotics

Bedside Dialysis

- Problem:
 - High-cost of transportation from SNF to dialysis center back
- Solution:
 - Recently approved bedside dialysis at select SNFs to eliminate high-cost transportation from SNF to dialysis center back

Recuperative Care

- Problem:
 - Recuperative care centers frequently decline members who have complex needs (i.e., no place to go at the end of SNF stay, behavioral health issues, or younger age groups)
- Work in Progress:
 - Investigate funding to secure the resources to care for complex need members (sitters, onsite nurses, etc.)
 - Listening sessions between UCI and Illumination Foundation (IF) were held to better understand the barriers for members to be accepted by IF
 - Initiated rounding with contracted recuperative care facilities and key hospitals to review members in need of recuperative care

Board & Care (B&C) Facilities

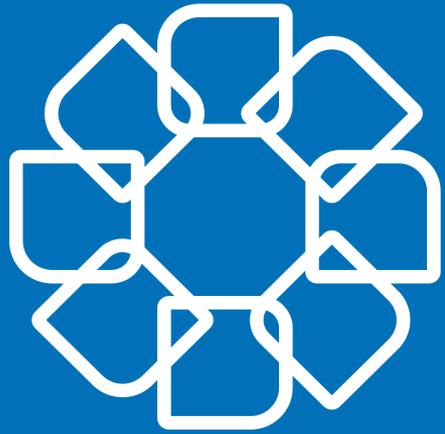
- Problem:
 - Lack of recuperative care facilities in Orange County
- Work in Progress:
 - Contract with B&C facilities that have capacity to accept these members
 - Identified 14 facilities willing to participate in a pilot
 - B&C licensing allows up to 20% of their capacity for residents under 60 years old. Most are six beds so one bed allocated for under 60-year-old members
 - More than 20% requires a waiver

Next Steps

Limitations	Proposed Solution
BHI (psych behaviors)	Performing a deeper dive to better understand exactly what is in this category
Isolations due to infections (MRSA, CRE, VRE, other)	Proposed solution underway
Homeless	Expansion of Street Medicine program to decrease hospital ED visits
IV antibiotic	Pending
Drug Use	Performing a deeper dive to better understand exactly what is in this category
Age (young)	Performing a deeper dive to better understand exactly what is in this category
Wound care	Performing a deeper dive to better understand exactly what is in this category
Bedside dialysis	Proposed solution underway
GT, NT, Ostomy bag	Exploring a home health solution
Overweight	Performing a deeper dive to better understand exactly what is in this category
COVID-19 (unvaccinated)	Performing a deeper dive to better understand exactly what is in this category

Questions?





CalOptima Health

Stay Connected With Us
www.caloptima.org

   @CalOptima



Special Quality Assurance Committee Meeting October 17, 2023

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

On September 19, 2023, the Whole-Child Model Member Family Advisory Committee (WCM FAC) conducted its quarterly meeting as an in-person and a teleconference meeting using Zoom Webinar technology.

At this meeting, the WCM FAC welcomed four new members to the committee that included two new Authorized Family Members and two new members who filled a Community Based Organization seat and a Consumer Advocate Seat.

Michael Hunn, Chief Executive Officer provided a CEO update to the committee and discussed the ongoing redetermination and renewal process being undertaken by the Social Services Agency (SSA). He noted that there had been some challenges with their database and updates when it came to recognition of correct eligibility files. He also noted that September may see about 12,000 members that will be disenrolled due to Medi-Cal eligibility. Mr. Hunn discussed how CalOptima Health continues to work with the SSA to make the process smoother for the members.

Yunkyung Kim, Chief Operating Officer, discussed the ongoing workforce development program and noted that the CalOptima Health's Board in June had approved an investment of \$50 million over five years for Health Provider Workforce Development. Ms. Kim noted that CalOptima Health was trying to achieve a couple of things such as address the known gaps in the network with certain provider types. Ms. Kim also discussed the Kaiser Permanente transition that would take place on January 1, 2024. She noted that there were approximately 60,000 Medi-Cal members who were assigned to the Kaiser Permanente network and that CalOptima Health was working with Kaiser Permanente to ensure that the transition would be smooth for these 60,000 members. Members affected in this transition will start to receive information beginning October 1, 2023.

Richard Pitts, D.O., Ph.D., Chief Medical Officer, introduced Zeinab Dabbah, M.D., J.D., M.P.H., Deputy Chief Medical Officer who provided a COVID update and discussed the new COVID vaccine that contained protections against the new variants. Dr. Dabbah also provided an update on the Respiratory Syncytial Virus (RSV) and noted that there was a new vaccine for pregnant women.

Johanna Diaz of Delta Dental, presented on Smile California, the Denti-Cal program for Medi-Cal. Ms. Diaz reviewed the criteria for receiving Medi-Cal dental services and how this service was available for Medi-Cal eligible patients and explained how to receive dental services.

Kelly Giardina, Executive Director, Clinical Operations and Mia Arias, Director, CalAIM Implementation reviewed Care Coordination for Children with Special Healthcare needs including support for the age out process.

The WCM FAC appreciates and thanks the CalOptima Board Director's Quality Assurance Committee for the opportunity to present input and updates on the WCM FAC's current activities.



**Board of Directors’
Special Quality Assurance Committee Meeting
October 17, 2023**

PACE Member Advisory Committee Update

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.

June 14, 2023: PMAC Meeting Summary

Updates from the Director

Director Monica Macias thanked PMAC members for joining the meeting in person. Members were updated on the status of the program, open positions, COVID updates, and transportation. Director Macias updated members of our COVID unwinding plan and shared that we will be resuming normal operations. We will continue to monitor any trends in cases and adjust operations if deemed necessary. Our clinic staff will continue to monitor and test for COVID symptoms as needed. In addition, Director Macias shared with members that we had made some changes to the activity calendar as suggested by this committee (i.e., adding more activities). Members acknowledged noticing the changes and appreciate the variety.

COVID-19 Updates

Jennifer Robinson, Quality Improvement Manager, provided updates related to COVID-19 numbers and status. Jennifer reported case numbers and hospitalizations continuing to drop significantly and remaining low. At the center we have seen a decrease in positive cases as well. Masking will no longer be a requirement as we start our COVID unwinding plan, it will now be optional. PACE will be continuing our vaccination efforts and providing education to participants. Currently, 63% of our participants are up-to-date on their COVID vaccines. This reflects a small drop in our vaccination efforts.

PMAC Member Forum

- Participants mentioned that transportation has continued to improve. Transportation provider is not always calling 10 minutes in advance but have noticed improvement.
- Participants noted that the lunch items appear to have changed and are not the same as pre-COVID. They would like PACE to assess what has changed and what we can improve on.



**Board of Directors’
Special Quality Assurance Committee Meeting
October 17, 2023**

Quality Improvement Health Equity Committee Second Quarter 2023 Report

Summary

- Quality Improvement Health Equity Committee (QIHEC) met on April 11, 2023; May 9, 2023; and June 13, 2023
- The following departments and sub committees reported to QIHEC in Quarter 2 (Q2):
 - Behavioral Health Integration (BHI) Department
 - Case Management Department
 - Communications Department
 - Credentialing and Peer Review Committee (CPRC)
 - Grievance & Appeals Resolution Services Committee (GARS)
 - Medical Management Department
 - Member Experience Committee (MEMX)
 - Population Health Management Department
 - Quality Improvement (QI) 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 03/14/23
 - QIHEC Meeting Minutes 04/11/23
 - QIHEC Meeting Minutes 05/09/23
 - 2022 Utilization Management Evaluation
 - 2023 Utilization Management Program Description
 - 2022 Cultural and Linguistics Workplan
 - 2023 Cultural and Linguistic Workplan
 - 2024 Model of Care
 - Population Health Management Strategy
 - Shared Decision-Making Tool
 - Clinical Practice Guidelines
- Accepted and filed minutes and QI Work Plan from the following committees and subcommittees:
 - 2023 Quality Improvement (QI) Work Plan Q2
 - UMC Meeting Minutes 11/17/22 and 02/23/23

- WCM CAC Meeting Minutes 11/16/22 and 02/21/23
- GARS Meeting Minutes 02/06/23
- Member Experience Agenda and Minutes 02/16/23

QIHEC Quarter 2 2023 Highlights

QI Program Element	Key Activity
QIHEC Actions	<p>In January the QIHEC requested that staff form a subgroup for a systematic approach to address data challenges for W30 0-15 Months of Life HEDIS measure.</p> <ul style="list-style-type: none"> • Missing data from visits in the first two months of life is the major driver for low rates for the 0-15 Months measure. Documentation of missing visits from the first two months of life will increase rates to 70%, achieving the 90th percentile. • CHOC, CCN, Kaiser, and Optum combined account for 93% of the target population, with CHOC alone representing 60%. Improvement in rates to 66th percentile for these groups will increase overall W30 rate to above MPL. • Staff plans to improve data captured for Newborn visits billed under Mother's CIN through engagement with providers to encourage use of newborn (NB) codes for well-care visits in the first 28 days of life. • Strategies to increase rates are to promote early Medi-Cal enrollment of newborns through outreach to pregnant members and new moms in collaboration with community partners and providers. • Improvement in supplemental data submission by collaborating with all Health Networks (HNs) to ensure supplemental data is submitted throughout the year. <p>In May, QI staff reported that oversight of CCN groups who are delegated for Credentialing had deficiencies in their monthly credentialing universe submission.</p> <ul style="list-style-type: none"> • Resubmissions were conducted. All except two Health Networks were compliant. • Delegation Oversight Committee issued corrective action plan (CAP). • UCI was issued a CAP in late July.
QI Program Resources	<p>QIHEC member and staff updates:</p> <ul style="list-style-type: none"> • John Kelly, MD resigning from the QIHEC Committee after serving since 2015. • Tony Khan, DO, Chief Medical Advisor at KPC Health joined. • Allen Rodriguez, MD, Staff Physician, Medical Director of Quality Improvement at UCI Irvine FQHC joined.

QI Program Element	Key Activity
	<ul style="list-style-type: none"> ● CalOptima Health Medical staff: <ul style="list-style-type: none"> ○ Donald Sharps, MD retired from CalOptima Health and from QIHEC. ○ New CalOptima Health Medical Directors <ul style="list-style-type: none"> ▪ Steven Arabo, MD ▪ Tony Khan, MD ▪ Robin Hatam, MD ▪ Claus Hecht, MD ▪ Natalie T. Do, MD ○ Mike Wilson, CalOptima Health Director of Medicare Stars & Quality Initiatives joined
Quality Compliance Concerns	<p>CalOptima staff identified and reported a letter issue in December 2022 around delays in creating letters and inability to launch the letter function in Guiding Care.</p> <ul style="list-style-type: none"> ● Of 31,122 authorizations processed three were not completed in a timely manner but were corrected and remediated. The issue was fully resolved on March 15, 2023.
Chief Medical Officer Update	<ul style="list-style-type: none"> ● Dr. Dabbah shared information on SB-987 that requires members who have complex cancer diagnosis timely access to an NCI designated Comprehensive Cancer Center. <ul style="list-style-type: none"> ○ CalOptima Health contracts with UCI and City of Hope for access to cancer care. ● Dr. Pitts announced the launch of CalOptima Health’s fellowship program.
Delegation Oversight	<p>Monica Herrera, Director of Audit and Oversight presented. An annual audit of the delegated health networks is performed to assess their capabilities and performance with delegated activities. CalOptima Health assesses 18 areas focusing on operations (non-clinical) and medical management (clinical) areas.</p> <p>For areas that scored below the 100% threshold, A&O issued CAP and staff is actively working with each health network to remediate findings.</p>
Corrective Action Plan (s)	<p>CalOptima Health has received a corrective action plan from CMS for our OneCare Medicare star ratings. The Star ratings for 2023 dropped from an overall four stars in 2022 to three stars in 2023.</p> <ul style="list-style-type: none"> ● Measures that drove the lower performance were member experience measured through CAHPS Member Experience survey in both parts C and Part D, and for access to TTY and foreign language interpreter. Access to TTY and foreign language interpreter dropped from 5 stars to one star. The issues were identified as a system problem and have been corrected.

QI Program Element	Key Activity
	<p>CMS Stars Member Experience Improvement Project</p> <ul style="list-style-type: none"> • Strategic Priorities: Improving Access to Care, Improving Customer Service, and Improving Provider Office Efficiency • Workgroups are reporting through a monthly executive steering committee for guidance.
QI Policies	<p>QIHEC Committee approved the following Policies:</p> <ul style="list-style-type: none"> • Policy GG.1620: Quality Improvement Health Equity Committee (QIHEC) • Policy GG1629: Quality Improvement and Health Equity Transformation Program (QIHETP) • Policy GG.1630: Reporting Communicable Diseases is a new policy that defines the procedures for reporting any serious diseases or conditions to both local and State public health authorities to comply with the 2024 DHCS Contract • Policy GG.1650: Credentialing and Recredentialing of Practitioners • Policy GG.1651: Assessment and Re-Assessment of Organizational • Policy GG.1603: Medical Record Maintenance. This policy defines the minimum standards for maintaining a Member’s Medical Record.
	<p>Jocelyn Johnson, Manager, Population Health Management presented and obtained Committee approval of the Shared-Decision Making (SDM) Aids.</p> <ul style="list-style-type: none"> • Aligns the SDM Aids with the current clinical practice guidelines on the provider web page for providers to utilize as a resource. • Update policy GG.1204 Clinical Practice Guidelines to indicate the use and purpose of SDM Aids
	<p>Health Education</p> <p>Katie Balderas, Director, Population Health Management presented Clinical Practice Guidelines updates and they were approved.</p> <ul style="list-style-type: none"> • Updated the diabetes care guidelines from the 2021 version to the 2023 version and renamed Chlamydia and Gonorrhea Section to Sexually Transmitted Infections. • CPG topics added were Asthma, Cervical Cancer Screening, and Hypertension.
Program Oversight	<p>Marsha Choo, Quality Improvement Director presented. The QIHEC Charter was updated to incorporate Health Equity. In conjunction Policy GG.1620 and GG.1629 were also updated to reflect the changes.</p> <ul style="list-style-type: none"> • 2022 Utilization Management Program Evaluation and 2023 Utilization Management and Case Management Program Description were approved. <ul style="list-style-type: none"> ○ Integrated Utilization Management and Case Management program description. ○ Includes Quality, Pharmacy, Population Health and Behavioral Health initiatives and care delivery.

QI Program Element	Key Activity
	<ul style="list-style-type: none"> • Cultural and Linguistic Service Program Description was approved.
Program Oversight	<p>Katie Balderas, Director, Population Health Management presented 2023 Population Health Management Strategy Proposal and Activities.</p> <ul style="list-style-type: none"> • The organization outlines its PHM strategy for meeting the care needs of its member population with the intent for cohesive plan of action for addressing member needs across the continuum of care. • PHM focus areas are Keeping Members Healthy, Managing Members with Emerging Risks, Patient Safety and Managing Multiple Chronic Illnesses, all while working to improve outcomes across all settings and focusing on continuous improvement. • Population Segments and Coordination of Member Programs is done based on their needs. • PHM Strategy to be submitted to DHCS in October.
Program Oversight	<p>Paul Jiang, Manager, Quality Analytics presented an update on Managed Care Accountability Set</p> <ul style="list-style-type: none"> • MCAS measures with minimal performance level (MPL) are below the MPL. <ul style="list-style-type: none"> ○ The Lead Screening in Children (LSC) is 1% below the MPL. ○ Follow-up After ED visit for Mental Illness - 30-day (FUM 30-day) is 2% below the MPL.
Program Oversight	<p>Megan Dankmyer, Director of Case Management presented an update on OneCare Model of Care: PPME/QIPE</p> <ul style="list-style-type: none"> • Over 4,900 or 28% of OC members completed an HRA in Q1 2023. • HRA completion rate for February was 84%, and March was at 71% with full data pending until the end of the month.
Program Oversight	<p>Megan Dankmyer, Director of Case Management Case Management presented Plan Performance Monitoring and Evaluation (PPME)/Quality Improvement Program Effectiveness (QIPE) monitoring and reporting of 2.1 Initial Health Risk Assessment (HRA) collection within 90 days of eligibility and 3.2 ICP completion within 90 days of eligibility.</p> <ul style="list-style-type: none"> • Finalize regulatory reporting to validate and oversee outreach and completion of both HRA and ICP per regulatory guidance. • Continue and enhance communication with Networks for tracking outreach and completion to meet benchmarks
Program Oversight	<p>Andrew Kilgust, Associate Director, Medi-Cal and CalAIM gave a California Advancing and Innovating Medi-Cal (CalAIM) update on Housing Navigation Service</p>

QI Program Element	Key Activity
	<ul style="list-style-type: none"> • Over 2,000 CalOptima Health members have received services. • Onboarding additional providers to meet the growing demand for services. • In Q1 2023 19 new providers across Orange County have contracted with CalOptima Health to provide support to members who are homeless, or at risk of homelessness, find housing and expanded the contracts of 8 current providers to expand their offering of additional services. • In Q1 2023 12,491 members had authorization for CalAIM benefits <ul style="list-style-type: none"> ○ 620 were receiving ECM only. ○ 6,208 were receiving community supports. ○ 1,063 were receiving both ECM and community supports. • Healthcare in Action was fully credentialed and contracted. Services began on 4/3/2023.
Program Oversight	<p>Veronica Gomez, Program Manager, Quality Improvement provided an update on NCQA Accreditation</p> <ul style="list-style-type: none"> • CalOptima Health’s application has been submitted. • Submission for the next reaccreditation is on April 30, 2024. • Year One look-back period is completed. • Potential Areas of Risk are with File Review.
Program Oversight	<p>Natalie Zavala, Director, Behavioral Health Integration provided an update on Student Behavioral Health Incentive Program (SBHIP) - CalOptima is in the 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"> ○ Completed Needs Assessment of the four targeted interventions. ○ Received funding for strategy/plan
Program Oversight	<p>Carlos Soto, Manager, Cultural & Linguistic Services presented updates to the 2023 Cultural and Linguistic Services Program Workplan.</p> <ul style="list-style-type: none"> • Implemented a translation intake system, Trados Translation Memory (TM) Software to support translators format documents which improves accuracy, consistency, and timeliness. Trados saves (in memory) previously translated words and phrases to be used in future translations. • Implemented a completion timeline with vendors to produce translations of the Notice of Action (NOA) and Notice of Appeal Resolution (NAR) within one business day. • Collaborate with Human Resource to provide Cultural and Linguistics Program overview to new employees.
Program Oversight	<p>Katie Balderas, Director, Population Health Management presented an update.</p>

QI Program Element	Key Activity
	<ul style="list-style-type: none"> • CalOptima Health Comprehensive Community Cancer Screening Program creates a culture of cancer prevention, early detection, and collaboration with partners to work towards a shared goal of dramatically decreasing late-stage cancer incidence and ensuring that all Medi-Cal members have equitable access to high quality care. <ul style="list-style-type: none"> ○ City of Hope breast cancer screening pilot focusing on CalOptima Community Health Network members ages 50 to 74 who are due for their mammograms and live within 15 miles of the City of Hope campus in and prioritized working with seven providers who had high numbers of members who were unscreened. • COVID-19 Vaccination and Communication Strategy. <ul style="list-style-type: none"> ○ Reached 70.65% vaccination rate for CalOptima members (18 and older) and met goal.
Program Oversight	Improvement Projects: <ul style="list-style-type: none"> ○ Clinical 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. ○ While the PIP deliverable will focus on the specific Black/African American sub-population, for purposes of a more thorough health equity assessment, the improvement project will include a broader health plan level project.
	Albert Cardenas, Director, Customer Service presented Customer Service call center data. <ul style="list-style-type: none"> • Q1 total call volume for both Medi-Cal and OneCare was 203,831. • The average speed of answer was around 5 minutes for Medi-Cal members. Challenge with meeting abandonment rate call metrics for OC due to short staff and high call volume at the beginning of the year
	Carmen Katsarov, Executive Director for BHI presented an update on Applied Behavior Analysis (ABA) Pay for Value (P4V) completed in December 2022. Feedback from ABA providers mentioned ABA workforce was impacted due to covid pandemic.
QI Workplan	Quality of Clinical Care: Behavioral Health Natalie Zavala, Director, Behavioral Health Integration provided an update on behavioral health measures. Metabolic Monitoring for Children and Adolescents on Antipsychotics (APM) measure was added to the QI Workplan Q2 2023. This

QI Program Element	Key Activity
	<p>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.</p> <ul style="list-style-type: none"> ● Follow-up Care for Children Prescribed Attention-Deficit Hyperactivity Disorder Medication (ADD) rates. <ul style="list-style-type: none"> ○ Continues to perform well and staff are looking to use text messaging for outreach to members. ● Diabetes Screening for People with Schizophrenia or Bipolar Disorder Who Are Using Antipsychotic Medications (SSD) (Medicaid only) is making progress and considering the use of text messaging for communication. ● Follow-Up After Emergency Department (ED) Visit for Mental Illness (FUM) <ul style="list-style-type: none"> ○ Prospective HEDIS Rates Q1 (February): 30 day- 19.42%, 7 day- 13.02% ○ New process to pull and review real-time ED data from local participating hospitals in Orange County. ○ Text messages to members as a potential opportunity for measure ● Follow-Up After Emergency Department Visit for Alcohol and Other Drug Abuse or Dependence (FUA) <ul style="list-style-type: none"> ○ PR HEDIS Rates Q1 (February): 30 day- 17.48%, 7 Day Total- 9.31% ○ New process to pull and review real-time ED data from local participating hospitals in Orange County. ○ Text messages to members as a potential opportunity for measure ● Depression Screening and Follow-Up for Adolescents and Adults (DSF-E) <ul style="list-style-type: none"> ○ Provider Fax blast encouraging screening for depression and best practice guidelines with member educational material on Understanding Depression ○ Text messages to members as a potential opportunity for measure ● Depression Remission or Response for Adolescents and Adults (DRR-E) <ul style="list-style-type: none"> ○ Provider Fax blast encouraging screening for depression and best practice guidelines with member educational material on Understanding Depression ○ Text messages to members as a potential opportunity for measure
QI Work Plan Updates	Quality of Clinical Care: Adult Wellness

QI Program Element	Key Activity
	<ul style="list-style-type: none"> • Cervical Cancer Screening MC: 42.63% Measure is performing lower than same time last year and is below the 50th percentile (MPL). Goal is set to the 75th Percentile. • Breast Cancer Screening MC: 42.21% Measure is performing lower than same time last year and below the 50th percentile (MPL). The goal is set to the 90th Percentile. OC: 48.60% Measure is performing lower than same time last year. Currently at 2 Star of 43% Goal is set to 4 Star of 70% • Colorectal Cancer Screening OC: 47.05% Measure is performing higher than same time last year for OC. Currently at 2 Star or 43%, Goal is set to 4 Star or 71%.
QI Workplan	<p>Quality of Clinical Care: Maternal Child Health</p> <ul style="list-style-type: none"> • Prenatal and Postpartum Care Services (PPC): Timeliness of Prenatal Care and Postpartum Care (PHM Strategy). February 2023 Prospective Rates: <ul style="list-style-type: none"> ○ Postpartum Care: Performing higher than last year in February 2022, but MPL not met. Rate: 55.99%, MPL Rate: 77.37%
QI Workplan	<p>Quality of Clinical Care: Pediatric/Adolescent Wellness</p> <ul style="list-style-type: none"> • MCAS Performance Measures - Improvement Plan: Plan, Do, Study, Acts – PDSAs <ul style="list-style-type: none"> ○ Well-Child Visits in the First 30 Months of Life (W30-2+) <ul style="list-style-type: none"> ▪ SMART AIM Goal #1 of two outreach call attempts to reach at least 90% of members (N=319) on the target list was not met. due to disconnected/wrong phone number/member refusal. ▪ Submitted Cycle 1 to DHCS: 3/23/23. ○ 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. February 2023 Prospective Rates: <ul style="list-style-type: none"> ▪ CIS-Combo 10: 21.58%, performing lower than last year (2.72%), have not met goal (49.76%) ▪ IMA-Combo 2: 33.99%, performing lower than last year (35.45%), met the 33rd percentile, have not met goal (48.42%) ▪ W30-First 15 Months: 15.56%, performing better than last year (8.12%), have not met goal (55.72%). +7.44% improvement

QI Program Element	Key Activity
	<ul style="list-style-type: none"> ▪ W30-15 to 30 Months: 51.96%, performing better than last year (46.87%), have not met goal (69.84%) ▪ WCV (Total): 2.50%, performing better than last year (2.20%), have not met goal (57.44%) ○ Blood Lead Screening DHCS APL. <ul style="list-style-type: none"> ▪ 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. ▪ Oral and written anticipatory guidance were not being completed and documented. Timely blood lead tests are not performed at 12 and 24 months. ▪ CAP requirement for Member and Provider focus ▪ New portal for Blood Lead Screening dashboard for CCN network providers ▪ General Email reminders and push for completion of attestations.
Program Oversight/QI Workplan	<p>Quality of Clinical Care: Chronic Care</p> <ul style="list-style-type: none"> ○ Comprehensive Diabetes Monitoring and Management- Aiming for a well-rounded strategy consisting of member and provider education, emphasizing the clinical practice guidelines. ⊖ Sharing with the health networks gap reports which is at a member detail level to emphasize reconciliation
	<p>Quality of Clinical Care: Initial Health Appointment</p> <ul style="list-style-type: none"> • Initial Health Appointment (IHA) <ul style="list-style-type: none"> ○ CalOptima Health overall IHA completion rate is 38%. No change January through December 2022. ○ Three HNs have completion rates over 50%; and less than 40% for other HNs. ○ Provider: onboarding and annual training, Continuing Medical Education (CME) Training, and Provider Portal – IHA Report and alerts ○ Member: Interactive voice recording campaign and IHA reminder at member point of contact. ○ CalOptima Health: Establish IHA performance goal and Increased provider. ○ HN oversight, targeted trainings, and corrective actions.
Safety of Clinical Care	<p>Scott Robinson, Director, Long Term Care presented an update on Emergency Department Diversion Pilot program.</p>

QI Program Element	Key Activity
	<ul style="list-style-type: none"> ○ UCI Emergency department went live June 7, 2023. ○ Analytics will be tracking PCP/Specialist follow-up within 30 days, number of ED visits in 30 days and 6 months, Enrollment in ECM, Authorization for community support, and Diagnosis. <p>Transitions of Care</p> <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"> ○ TCS is conducted by CalOptima Health, our Health Networks, and Enhanced Care Management (ECM) providers through collaboration with our contracted facilities. ○ If a member is enrolled in Case Management (CM) or ECM, the assigned Case Manager provides the TCS activities. High risk Medi-Cal members who are not enrolled in ECM or CM will be assigned to a TCS Care Manager to serve as the members’ single point of contact for TCS. ○ Staff have weekly facility rounds with some hospitals to discuss complex cases. ○ Monthly collaborative meetings held to discuss TCS with Health Network CM/UM leadership. ○ Enterprise Analytics created a flag to identify members who meet TCS high-risk criteria as outlined by DHCS. ○ CalOptima Health updated post discharge letter for members who were unable to be contacted post discharge.
QIHEC Subcommittees	<p>Credentialing and Peer Review Committee - Laura Guest, Quality Improvement Manager provided an update.</p> <ul style="list-style-type: none"> ● CPRC continues to meet monthly. ● Credentialing had 45 Initial and 62 Recredentialing specific for CCN network; for CCN BH Credentialing there were 26 Initial and 42 Recredentialing completed in Q1 2023. ● The CCN delegated hospital-based provider groups recredentialed 7 in January 16 in February, and 25 in March for Providence Medical Group and one in March for UCI University Physicians & Surgeons. ● There were no providers that required new ongoing monitoring in Q1
QIHEC Subcommittees	<p>Stacie Oakley, Director of Utilization Management presented the UMC update.</p> <ul style="list-style-type: none"> ● UMC approved the updated UMC Charter ● Acute inpatient utilization metrics presented: Bed days, Average length of stay (ALOS), and readmit rates.

QI Program Element	Key Activity
	<ul style="list-style-type: none"> • Medi-Cal Expansion: decrease in all metrics. • TANF 18+: decrease in bed days, uptick in Readmits from 11.83 to 12.43. • TANF under 18: increase in bed days, no readmits for the last quarter. • SPD: decrease in admits bed days and readmits, uptick on average length of stays. • LTC: spike in Readmits in Q3 of 2022 but starting to trend downward. • Whole Child Model: the admits bed days and average length of stay trending downwards, readmits flat from Q3 2022 to Q4 2022. • Emergency Department Utilization - Whole Child Model: downward trend since Q2 2022 through Q4 2022. • One Day Stay – Top Facilities for Q1 2023 for CCN and COD counts and the percentages for individual facility increased for: UCI Medical Center, Foothill Regional Medical Center, Orange County Global Medical Center, and Fountain Valley Regional Hospital & Medical Center. All other facilities decreased. • One Day Stay – Top Diagnosis for Q12023 Medi-Cal CCN/COD only, all age groups -decreased for Sepsis Unspecified Organism, Encounter Full-Term Uncomplicated Delivery, and Second-Degree Perineal Lac Dur Delivery. All other dx remained the same or increased. • Top Facilities with Hospital Readmission within 30 Days for Q1 2023- Increased at UCI Medical Center and Providence Mission Hospital. All others had a decrease. • Q1 2023 Top 10 Facilities with Inpatient Services – Decreased at CHOC and OC Global Medical center. All others increased. • Q1 2023 Top Diagnosis with Inpatient Services – Increased for Sepsis Unspecified Organism, Chest Pain Unspecified, Shortness of Breath, Altered Mental Status Unspecified, and Urinary Tract Infection Site Not Specified. Unspecified Abdominal Pain remained the same, all others decreased.
	<p>Benefit Management Subcommittee (BMSC)</p> <ul style="list-style-type: none"> • The meeting was held on 3/22/2023 and reviewed total codes (12), Determined PA Required (2) 43210, Q4158, Determined No PA Required (3). <p>Meeting held on 4/26/2023 total codes reviewed (54), Determined PA Required (22), Determined No PA Required (7)</p>
QIHEC Subcommittees	<p>Grievance and Appeals Resolution Services Committee met May 8th, 2023.</p> <ul style="list-style-type: none"> • Member Trend Report for 1st Quarter 2023 was presented. • Tyronda Moses, Director of Grievance and Appeals provided an update on Q1 Grievance and Appeals trend. Grievances decreased from the previous

QI Program Element	Key Activity
	<p>quarter. Combined grievances on all lines of business were at 6.83 per 1000. The NCQA threshold is 5.0.</p> <ul style="list-style-type: none"> • OC membership increased and staff had a shift in rules for appeals and grievances. As a result, customer service numbers dropped substantially, and GARS numbers increased. This is due to the requirements and the regulation changes
<p>QIHEC Subcommittees</p>	<p>WCM CAC Committee chair, Dr. Thanh-Tam Nguyen, provided an update on their February 21, 2023, and May 16, 2023² meetings along with a copy of their detailed meeting minutes.</p> <ul style="list-style-type: none"> • At both meetings they discussed DHCS audit preparation, redetermination efforts, Pediatric CalAIM July 2023 and ongoing work being performed. • At the May Meeting they discussed Pediatric Risk Stratification in WCM initial Health Needs Assessment and performance for pediatric quality measures. • Whole Child Model Network Adequacy met the specialties required by the APL.
<p>QIHEC Subcommittees</p>	<p>Member Experience Committee. Marsha Choo, Director of Quality Improvement, provided an update.</p> <ul style="list-style-type: none"> • Committee met April 12, 2023, and May 17, 2023 • Network Adequacy updates <ul style="list-style-type: none"> ○ DHCS release APL 23-006: Delegation and Subcontracted Network Certification (SNC). Health networks are not meeting Mandatory Provider types, Time/Distance and Timely Access. A new SNC policy was drafted and submitted to PRC for approval. ○ Q1 2023 Network Adequacy Plan and HN. CalOptima Health met network adequacy standards at the plan level for all lines of business with exception for OneCare Time/Distance • OneCare Star Ratings and the Member Experience Improvement Plan <ul style="list-style-type: none"> ○ Workgroups are defining process metrics and goals and identify short-term activities to improve outcome. • Customer Service fielded a Member Experience Survey and presented results (29% response rate). Overall, 72% (98) of those responded were satisfied, and 28% (39) were not satisfied. OneCare goal is 90%, which is a 3-star. • CalOptima Health annually fields HN adult and child CAHPS to monitor HN performance. Based on committee recommendations CalOptima has issued corrective action for the past 3 years to lower performing HNs. The corrective action did not achieved improvements in HN performance. Quality recommended closing CAPs, which was the previous process, as HNs completed implementation of the planned actions in the CAP.

QI Program Element	Key Activity
	<p>Member experience improvement not seen. Member Experience Committee recommended that HN CAPS be presented to QIHEC for discussion.</p> <ul style="list-style-type: none"> • 2022 Timely Access Survey fielding concluded. Results available early Q3 2024. 2023 Timely Access Survey begins fielding in Q3 2023 • Vendor selection for predictive analysis to identify members for outreach for CAHPS improvement.
Performance Measure Goals	<p>Linda Lee, Executive Director of Quality presented Measurement Year 2023 P4V update on new scoring effective January 1, 2023. Higher HNQR earns higher payment but there is no payment if HNQR is <2.5.</p> <ul style="list-style-type: none"> • Medi-Cal- NCQA HEDIS measures and benchmarks were based on performance on HEDIS measures and CAHPS surveys for member experience and use HNQR methodology for P4V. • OneCare measures - CMS Star measures and benchmarks are based on Part C HEDIS and CAHPS and Part D performance and use HNQR methodology for P4V
Strategic Initiatives	<p>Megan Dankmyer provided an update on the 2024 Model of Care for OneCare</p> <ul style="list-style-type: none"> • California Specific Requirements were added into the Model of Care based on the ‘D-SNP Policy Guide: Contract Year 2024’ requirements.
Strategic Initiatives	<p>Janis Rizzuto presented an update on Redetermination Efforts of Medi-Cal</p> <ul style="list-style-type: none"> • Toolkit that can easily be deployed to all communication channels was distributed to community partners through caloptima.org/renew. • Texting campaign to inform members of the renewal process. • Collaborating with Social Service Agency
Facility Site Review (FSR)/ Medical Records Review (MRR)	<ul style="list-style-type: none"> • FSR/MRR audit backlog caused some variation in the numbers of completed audits. • Increase in Critical Element CAPs but the FSR CAPs and MRRs are staying about the same. • There’s been an increase in FSR and MRR failures and staff is expecting more fails with the implementation of the new tool and different change in criteria. • Staff is performing education with the sites to help reduce the fails
Physical Accessibility Review Survey (PARS)	<p>PARs review was paused in 2020 due to COVID causing a drop in the number of surveys completed. The number of PARs decreased in Q1 2023.</p>
Potential Quality Issues	<p>Potential Quality Issues activity had a slight increase in the volume of closing cases and a slight drop off of cases that were identified as Quality of Care in Q1</p>

QI Program Element	Key Activity
	2023. Those with Quality-of-Care issues were predominantly for Medical Care with most being related to mismanaged care.
Incident Reports on Nursing Facilities (NF) and Community-Based Adult Services (CBAS) Centers.	<p>There were no Critical Incidents reported by Nursing Facilities in 2022. Falls and COVID-19 Cases are included in the non-Critical totals.</p> <p>Multi-Purpose Senior Services Program incident report increase in Q1 2023 - from 9 to 20. Reports are against a member’s caregiver or their family member, it's not against a CalOptima provider.</p> <p>There were 13 CBAS audits performed in Q1 2023, and 4 CAPs were issued. No unannounced visits for the same period. There were 3 Nursing Facility audits performed in Q1 2023 and no CAPs were issued, and no unannounced site visits were performed.</p>
Provider Preventable Conditions (PPC)	There was 1 PPC reported in Q1 2023, identified as deep vein thrombosis/pulmonary embolism.
QIHEC Action Items:	<ul style="list-style-type: none"> • The Committee requested a report on Liver disease diagnosis report with age category data (<21-year-old). In February staff reported that non-alcoholic fatty liver disease represents the most common cause of liver disease among pediatric members. Strategies for prevention are member support through Health & Nutrition education for children with high BMI and their families. Item was closed 2/14/23. • The Committee requested a systematic approach to address the challenges of gathering data at first 6 months of age. In May, Dr. Sinha presented an update with challenges and root cause analysis. Promotion of early Medi-Cal enrollment for newborns will lead to improved access for well-care visits and improve data capture for newborns. Item was closed on 5/9/23. • UMC was asked to include each HN and CCN aggregate in their next report and WCM CAC was asked to present CalOptima Health’s Age out process at their next report, due in June. Item remains open until 6/13/23.

Attachments

Approved at QIHEC throughout Q2 2023: [2023 QI Workplan – Second Quarter](#)

2023 Q1 Work Plan 1Q

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	Support Staff	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 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-QIC-BOD, QI Work Plan-QIC-QAC	Annual Adoption by April 2023	Marsha Choo	Laura Guest	Approved: QIC 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	Laura Guest	Approved: QIC 2/15/2022, QAC 3/8/2023, BOD 4/6/2023		
Program Oversight	2023 Utilization 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	Teresa Smith	Approved: UMC Committee via eVote on 4/7/2023, QIC 4/11/2023		
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	Teresa Smith	Approved: UMC Committee via eVote on 4/7/2023, QIC 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	Barbara Kidder	Updated and drafted a PHM strategy to meet NCCA requirements and currently in the process of revising and updating to meet DHCS contractual requirements. The goal is to have a single document that aligns with all regulatory requirements, NCCA accreditation and strategic priorities for the organization.	PHM Strategy will be presented to QIHEC in Q2 for feedback and continue to be refined with CalOptima Health leadership to include a comprehensive scope of services and strategies. PHM Strategy will be due to DHCS in October 2023.	
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	Danielle Cameron	1. The ECM Academy launched in January 2023 with 20 community health centers and community-based organizations participating. They received incentive funding to support building internal capacity for this service and will receive training through June 2023. They are anticipated to be contracted and launch services in July 2023. 2. CalAIM Team brought on 19 new providers in Q1 of 2023 and expanded the contracts of 8 current providers to expand their offering of additional services. 3. As of 3/31/2023, a total of 12,491 members had authorization for CalAIM benefits. In reviewing claims for services, 620 were receiving ECM only, 5,206 were receiving community supports, and 1,063 were receiving both ECM and community supports. 4. The CalAIM team is finalizing the community supports policy guidelines that includes requirements for documentation and quality metrics. Once this policy guide is complete, training will be conducted with providers and will be integrated into an overall quality monitoring program. 5. Healthcare in Action was fully credentialled and contracted in Q1. Services began on 4/3/2023. 6. CalOptima Health staff have executed grant agreements and award payments to selected grant recipients for each of the following funding areas, as a result of the notice of funding opportunity as follows: a. Infrastructure Projects that will increase housing navigation and organizational capacity to connect individuals to permanent supportive housing: Total of payments recommended for award: \$5,832,314. b. Capital Projects to increase the current affordable and permanent housing pool: Total of payments recommended for award: \$21,000,000. c. Equity Grants for Programs Serving Underrepresented Populations of people experiencing homelessness: Total of payments recommended for award: \$3,021,311. 7. Planning is still under way for the HCAP 2.0 program. Focus groups are being conducted with previous providers of the HCAP program to help inform the evolution of the service.	All programs will continue to be stewarded forward.	
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 project	1) 4Q 2022 2) 4Q 2022 3) 3Q 2022	Katie Balderas	Barbara Kidder	1. The Annual Wellness Visit incentive for Medi-Cal members added a requirement for providers to conduct a Health Related Social Needs Assessment 2. Worked with EPMO to draft a SOW for a close-loop referral tool. Vendor Management provided budget estimates from two potential vendors (FindHelp and WellSky) 3. Launched the Health Literacy for Equity (HL4E) program in collaboration with the Orange County Health Care Agency, Social Services Agency, St. Jude and he Institute for Healthcare Advancement. The goal of the program is to partner with other systems in Orange County to increase organizational health literacy through a variety of activities including leadership commitment, training courses and improvement projects.	Data evaluation of Annual Wellness visits incentives to evaluate HRSN reporting The Close loop referral tool changed priority status since DHCS changed the timeline/requirement for the close loop referral HL4E - training, certification, organizational assessment will continue through April 2024.	
Program Oversight	Credentialing Peer Review Committee (CPRC) Oversight - Conduct Peer Review of Provider Network by reviewing Credentialing Files, Quality of Care cases, and Facility Site Review, to ensure quality of care delivered to members		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 QIC) 2Q23 update (9/12 QIC) 3Q23 update (12/12 QIC) 4Q23 update (TBD 2024 QIC)	Laura Guest	Marsha Choo	I. FSR/PARS/NF/CBAS: A. FSR: Initials=8, Periodic=40, CE CAPs=39, FSR CAPs=39. Initial MRR=11, Periodic MRRs=53, MRR CAPs=42; Failed FSRs=3, Failed MRRs=3 B. PARS: PARS=133, Basic=60(45%); Limited=73 C. CBAS: No Critical Incidents reported, Non-critical declined; Fall similar to previous quarters; COVID dropped to nearly 0. Audit=13; CAPs=4; Unannounced Visits=0. D. NF: No Critical Incidents were reported in Q1. Audit=3; CAPs=0; Unannounced Visits=0. II. Credentialing: CCN initial credentialing=26, recredentials=29, BH initial credentialing=10, BH Recredentialing=13 III. PQIs: There were 158 cases closed in Q1. There were 16 PQI cases presented to CPRC. Medical Care, Mismanaged Care was the greatest category/subcategory of PQIs. The number of QOC Grievances reviewed were 502, declined grievances were 91. Created report to monitor TAT of Declined Grievance PQIs with goal of MD review in 30 days and TAT of PQIs with a goal of MD review in 90 days. Requested additional staffing to accommodate additional workload.	I. FSR/PARS/NF/CBAS A. FSR: Continue to audit. B. PARS: Continue to audit C. CBAS: Continue to audit and remind centers to report critical incidents. D. NF: Re-evaluate current processes. One LVN retired, so will recruit for this position. II. Credentialing A. Continue to perform credentialing and recredentialing of CCN and BH providers. B. Review and provide feedback to the delegated CCN provider groups regarding the monthly credentialing universes they submit. III. PQI 1. Review QOC grievances, Declined grievances and PQIs. Due to backlog of PQIs, hire temp to assist with medical record requests. Meet with Quality Medical Director to evaluate method for QOS cases that don't involve a PQI.	
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 needs. Trends and results are presented to the committee quarterly.	1Q23 update (6/13 QIC) 2Q23 update (9/12 QIC) 3Q23 update (12/12 QIC) 4Q23 update (TBD 2024 QIC)	Tyronda Moses	Heather Sedillo	GARS Committee (held on 2/6/2023) was presented Q4 2022 data and reviewed the overall CY 2022 trends and remediation steps. The highest trending complaint reason remains the quality of service performed by our NMT servicer. However, the complaints remain under 1% of the total rides (they are meeting the service levels in the contract). There are additional collaboration steps that are being considered. GARS will continue to monitor and assess for remediation/recommendations for improved performance. Announced also during Committee were regulatory changes impacting DHCS reporting for Q4 and CMS/DHCS OneCare AIP impacts to appeals timeframe and grievance processing. Meeting minutes have been submitted	GARS continues bi-weekly communication with our NMT service provider for any actionable process improvements. next GARS Committee is scheduled for Q1 2023 review on May 8	

2023 Q1 Work Plan 1Q

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	Support Staff	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 Green - On Target
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 HNs), 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 Q1C) 2Q23 update (9/12 Q1C) 3Q23 update (12/12 Q1C) 4Q23 update (TBD 2024 Q1C)	Marsha Choo	Karen Jenkins	In Q1, MemX Committee has reviewed/discussed the following: 3/16/2023 -Charter Review -Member Experience Workplan -OC Customer Service Member Outreach Campaign -Customer Service Interpreter Service -GARS Update -Network Adequacy Workgroup Update -Timely Access Workgroup Update & Discussion -CAHPS -Veyo Transportation	In Q2 MEMX Committee has two meetings scheduled, April 12 and May 17.	Green - On Target
Program Oversight	Utilization Management Committee (UMC) Oversight - Conduct Internal and External oversight of UM Activities to ensure over and under utilization patterns do not adversely impact member's care.		UMC meets quarterly; monitors medical necessity, cost-effectiveness of care and services, reviewed utilization patterns, monitored over/under-utilization, and reviewed inter-rater reliability results. P&T and BMSC reports to the UMC, and minutes are submitted to UMC quarterly.	1Q23 update (4/11 Q1C) 2Q23 update (7/11 Q1C) 3Q23 update (10/10 Q1C) 4Q23 update (Jan 2024 Q1C)	Stacie Oakley	Teresa Smith	UMC met 2/23/23 and is on track to meet quarterly. Meeting minutes are available for review. Committee did the annual review of criteria used clinical decision making and Hierarchy of Clinical Decision making. Reviewed and approved IRR reports. 2022 Utilization Metrics: 4th Quarter, Pharmacy, BH and LTSS update.	UMC scheduled 5/25/23	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.		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 Q1C) 2Q23 update (7/11 Q1C) 3Q23 update (10/10 Q1C) 4Q23 update (Jan 2024 Q1C)	T.T. Nguyen, MD	Gloria Garcia	WCM CAC met 2/21/23 - See meeting minutes for details. A copy of those meeting minutes will be presented along with the WCM CAC report at the June 13, 2023 QIHEC.	Q2 meeting is scheduled for May 16, 2023. Continue with transition workgroup and follow up with HN relation to increase the number of contracted CCS panelled providers.	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 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 0-5 (5 being the highest). The final HNQR is usually complete after the final HEDIS and CAHPS results are available in the fourth quarter of the following year.	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	Melissa Morales	Baseline Data: PR Report February 2023 HbA1c <8 Total (HBD): MC: Num 4,801/ Den 43,251 = 11.10% OC: Num 528/ Den 3,707 = 14.24% HbA1c <9 Total (Poor Control) (HBD): MC: Num 37,427/ Den 43,251 = 86.53% OC: Num 3,088/ Den 3,707 = 83.30% Eye Exam for Patients with Diabetes (EED): MC: Num 9,967/ Den 43,251 = 23.04% OC: Num 1,140/ Den 3,707 = 30.75% Kidney Health Evaluation for Patients with Diabetes (KED): MC: Num 3,961/ Den 43,707 = 9.06% OC: Num 473/ Den 4,586 = 10.31% Statin Use in Persons with Diabetes (SUPD) OC only: Pending data 1) Diabetes Member Mailers: MC Total sent: 34,773 members, OC Total sent: 3,547 2) SPD Statin mailers (bi annual): MC Total sent: 6,606 members, OC Total sent: 651 members. 3) Text Message Campaign A1C and Diabetes Eye Exam: Pending 4) IVR Campaign A1C and Diabetes Eye Exam: slated for Q3 2023/Q4 2023 5) Live Call Outreach: Pending 6) VSP Eye Exam Reminder Letters: MC Total sent in Q1 2023: 1,276, OC Total sent in Q1 2023: 533 7) Member Incentive: MC A1C Test: 19 approved, 2 denials, MC Eye Exam: 38 approved, 4 denials OC none, slated for distribution mid/late May 2023.	1) Track submitted diabetes member incentive forms 2) Continue Statin Mailer in Q3 2023 3) Obtain results from text message campaign 4) Obtain results from IVR campaign 5) Obtain results from Live Call Outreach campaign 6) Obtain results from VSP Eye Exam Reminder Letters	Green - On Target
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 6+ 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: https://www.dhcs.ca.gov/Documents/Budget-Highlights-Add-Docs-Equity-and-Practice-Transformation-Grants-May-Revise.pdf or https://www.dhcs.ca.gov/services/Documents/Formatte d-Combined-CQS-2-4-22.pdf	Quarterly Status update on modules as they are completed.	Helen Syn	Michelle Nobe	1) Clinical 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. Assigned 3/15/23: 2023-26 W30-6 Clinical PIP Topic Data Form.	1) Identify CalOptima Health's Black/African American W30-6+ population to complete the 2023-26 W30-6 Clinical PIP Topic Data Form. Submission due 4/11/23. 2) While the PIP deliverable will focus on the specific Black/African American sub-population, for purposes of a more thorough health equity assessment, the improvement project will include a broader health plan level project.	Green - On Target

2023 Q1 Work Plan 1Q

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	Support Staff	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 Green - On Target
Program Oversight	Improvement Projects Medical PIP(BH)	Meet and exceed goals set forth on all improvement projects	Non-Clinical PIP - FUM/FUA 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	Jeni Diaz	FUM/FUA update provided under Quality of Clinical Care Behavioral Health section below.	FUM/FUA next steps provided under Quality of Clinical Care Behavioral Health section below.	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		There is no update for Q1. No results until July		Green - On Target
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. 1Q2023 3. 3Q2023	Linda Lee	Sandeep Mital	Preliminary prospective rates published for OneCare Star and Pay4Value measures. Rates will be tracked monthly throughout year.	1) Stars/CAHPS work groups underway- five work groups (provider, medical management, pharmacy, customer service, and member material development) began on 4/14/2023. Work groups will meet weekly and report bimonthly to Steering Committee. 2) Stars dashboard- plan and Health Network level published beginning 4/7/2023. Dashboard updated and published monthly going forward. 3) OC Pay4Value program underway. Pay4Value score card updated and published monthly beginning 4/7/2023.	Green - On Target
Program Oversight	PPME/QIPE: HRA and ICP	3.2 ICP completion 90 days Benchmark 90% adjusted. 2.1 Initial HRA collected in 90 days from eligibility Benchmark: 95% adjusted.	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.	1Q23 (5/9 QIC) 2Q23 (8/8 QIC) 3Q23 (11/14 QIC) 4Q23 (February 2024 QIC)	S. Hickman/D. Hood/M. Dankmyer/H. Kim		Regulatory reporting is currently in development and scheduled to be completed by end of April 2023. Communication with Networks has been initiated during Q1 to support tracking and completion to meet ICP benchmarks.	1) Finalize regulatory reporting to validate and oversee outreach and completion of both HRA and ICP per regulatory guidance. 2) Continue and enhance communication with Networks for tracking outreach and completion to meet benchmarks.	Green - On Target
Program Oversight	NCQA Accreditation	CalOptima Health must have full NCQA Health Plan Accreditation (HPA) and NCQA 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	Marsha Choo	1) Continued to work with Business owners on the collection of Year one reports. Dashboard with status update will be presented at the April 10 NCQA Committee. Performed mock audits on CCM File review with Health Networks and CalOptima Health Staff. Will be closing Year one document required by end of 2Q2023. Will be performing UM Denial, Appeal, CR mock audits with Health Networks and CalOptima Health Staff. 2) Working with NCQA Consultant on Health Equity Timeline and performing GAP Analysis and next steps.	Upcoming File Review Mock Sessions w/Consultants Credentialing w/Sub-delegates (4/26/2023) Credentialing w/Health Networks (5/3/2023) Credentialing CCM (5/4/2023) UM Medical Denials w/Health Networks (5/8/2023) UM Medical Denials CCN (5/10/2023) Appeals CCN (5/11/2023)	Green - On Target
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	Sherie Hopson	1) Completed DHCS follow-up requests for Milestone 1 - Needs Assessment and 4 Targeted Intervention Project Plans 2) Received DHCS approval for funding for Milestone 1 on 3/8/23 3) SBHIP MOU review with Contracting 1/12 4) OCHCA and BHI work session 2/6 5) Executive Director/Manager attended the OCDE Mental Health Workshop meetings - 1/20, 2/10, and 3/3 6) 3/8 Meeting with OCDE purpose was to share with the group the current status of the program, and upcoming deliverables and expectations 7) Initial discussions with potential telehealth vendor, OCDE, and OCHCA regarding their services to support the LEA BH needs - 3/8, 3/27	1) Begin SBHIP MOU development 2) Collect data for upcoming bi-quarterly report due to DHCS end of 2nd quarter 3) Executive Director / Manager continue to attend OCDE Mental Health Workshop meetings 4) COBAR - prepare for May BOD to approve SBHIP funding strategy/plan	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 - Multimodal, omni-channel targeted member, provider and health network engagement and collaborative efforts.	1) Quarterly Updates 2) Per Quality Initiatives Calendar - ongoing updates	Helen Syn	Melissa Morales	1) 2023 Member Health Rewards processed as of 3/31/23: CCS: Processed 74 approved 72 for MC BCS: Processed 102 approved 84 for MC Processed 0 for OC COL: Processed 0 for OC 2) Member, Community and Provider Engagement IVR: CCS Texting: CCS Social Media (Passive): CCS completed January, COL completed March Social Media (Paid): CCS, COL Digital Ad: CCS, COL Print Ad: COL Radio: CCS PBS: BCS, CCS Community Connections: CCS completed January Provider Press: Screening Recommendations Provider Updates: CCS, COL 3) 2023 February Prospective Rates (PR): Cervical Cancer Screening MC: 42.63% Measure is performing lower than same time last year and is below the 50th percentile (MPL). Goal is set to the 75th Percentile. Breast Cancer Screening MC: 42.21% Measure is performing lower than same time last year and below the 50th percentile (MPL). Goal is set to the 90th Percentile. OC: 48.60% Measure is performing lower than same time last year. Currently at 2 Star of 43% Goal is set to 4 Star of 70% Colorectal Cancer Screening OC: 47.05% Measure is performing higher than same time last year for OC. Currently at 2 Star of 43% Goal is set to 4 Star of 71%.	1) Continue to track BCS, CCS and COL member health reward. 2) Member, Community and Provider Engagement Mailing: CCS Mailing Schedule April. COL Mailing Schedule May BCS Mailing Schedule June IVR: COL scheduled May BCS Scheduled June Texting: BCS Schedule April Social Media (Passive): Women's Social Media (Paid): COL Digital Ad: COL Member Newsletter: MC Spring 2023 (drop 5/5); BCS COL OC Fall 2023; CCS, BCS, COL MC Fall 2023 Community Connections: CCS, BCS, COL scheduled April for National Cancer Awareness Provider Press: Cancer Screening for July Provider Updates: CCS, BCS, COL (April general cancer screening month)	Green - On Target

2023 Q1 Work Plan 1Q

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	Support Staff	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 Green - On Target
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 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 3) 3Q2023 4) 4Q2023	Katie Balderas/ Barbara Kidder	Barbara Kidder	1) Worked with the Coalition of Orange County to assess capacity of Community Health Centers to screen for breast, colorectal, cervical and lung cancer - 7 FQHCs reported having on-site equipment to screen for breast cancer. 3) Developed a mammogram screening pilot for CCN members in partnership with City of Hope. Pilot expected to launch early May 2023.	Launch mammogram pilot. Exploite other efforts such as cancer screening access points with FQHCs that have on-site equipment and setting up a mobile mammography pilot. Develop cancer screening campaign and landing page in the CalOptima Health Website	
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 June 30, 2023 end date, focusing on unvaccinated, and missed booster opportunities. 2) Continue COVID Vaccination member health reward fulfillment process for all eligible age groups for boosters	1) end of 1Q2023 2) end of 4Q2023	Helen Syn	Linette Lorenzo	1. Targeted Ad Campaign in Q1 for encouraging starting COVID-19 Vaccinations by June 30, 2023 to qualify for a health reward 2. Social Media Outreach about the new program guidelines (i.e. Facebook, Instagram) 3. Internal communication to member-facing staff of program end date via internal FAQ 4. Updated COVID-19 Vaccine Incentive Program (VIP) website to reflect new guidelines 5. Worked with internal stakeholders to update the system flow and logic for faster delivery of outstanding gift cards to members 6. Reached 70.65% vaccination rate for CalOptima members (18 and older).	Texting campaign to address new eligibility guidelines. COVID-19 VIP processing continues as we begin planning for the official end date of the program.	
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	Valerie Venegas	PR HEDIS Rates Q1 (February): Initiation Phase- 40.11%, Continuation and Maintenance Phase- 51.15% 1) Continued member outreach for members that filled initial ADHD Rx 2) Worked with Communications on article for Treatment for Children with ADHD to educate members on ADHD to be included in the Medi-Cal Member Newsletter Spring 2023 edition 3) Met with PHM and received training on the process to send out text messages to members; drafted 2-way Text Message Script	1) Continue member outreach for those who filled an initial ADHD prescription 2) Pull report to identify trends in compliant and non-compliant providers 3) Review Text Message Script draft at BHQI Workgroup and finalize based on feedback 4) Treatment for Children with ADHD to be included in the Medi-Cal Member Newsletter Spring 2023 Ed.	
Quality of Clinical Care	Diabetes Screening for People with Schizophrenia or Bipolar Disorder (SSD) (Medicaid only)	HEDIS 2023 Goal: 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	Nathalie Pauli	PR HEDIS Rates Q1 (February): M/C: 26.89% OC: N/A 1) Barriers: No data 1st quarter from ITS Data Warehouse Team 2) Met with PHM and received training on the process to send out text messages to members as a potential opportunity for measure; drafted Text Message Script	1) Continue to work with ITS for Q1 data 2) Identify members in need of diabetes screening test and their prescribing providers 3) Remind prescribing [roviders of best practice, provide list of members to complete screening with PCP contact information for each member to promote coordination of care 4) Review Text Message Script draft at BHQI Workgroup and finalize based on feedback	
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	Jeni Diaz	PR HEDIS Rates Q1 (February): 30 day- 19.42%, 7 day- 13.02% 1) Received Training from CalOptima Health vendor to receive real-time Emergency Department (ED) data from local participating hospitals in Orange County 2) Identified process to pull and review real-time ED data from vendor 3) Met with PHM and received training on the process to send out text messages to members as a potential opportunity for measure; drafted Text Message Script	1) Review Text Message Script draft at BHQI Workgroup and finalize based on feedback 2) BHI and QA develop process to share real-time ED Data with Health Networks	
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	Valerie Venegas	PR HEDIS Rates Q1 (February): 30 day- 17.48%, 7 Day Total- 9.31% 1) Received Training from CalOptima Health vendor to receive real time ED data from local participating hospitals in Orange County 2) Identified process to pull and review real-time ED data from vendor 3) Met with PHM and received training on the process to send out text messages to members as a potential opportunity for measure; drafted Text Message Script	1) Review Text Message Script draft at BHQI Workgroup and finalize based on feedback 2) BHI and QA will develop process to share real-time ED Data with Health Networks	
Quality of Clinical Care	Depression Remission or Response for Adolescents and Adults (DRR-E)	No benchmark	1) Develop a HEDIS reporting tip sheet to educate providers on the requirements 2) Participate in 1 educational events on depression screening, treatment, and follow up 3) Educate providers on depression screening via provider newsletters 4) Educate members on depression and the importance of screening and follow-up visits via member newsletters and other social media.	1. 2Q2023 2. 3Q2023 3. 4Q2023 4. 2Q2023	Diane Ramos/ Natalie Zavala	Mary Barranco/ Alvin Ortin	PR HEDIS Rates Q1 (February): N/A; Not at risk for meeting the standard due to no benchmark set 1) Data collection continues to be a major challenge due to the lack of mechanisms for capturing provider data 2) Completed provider fax blast document encouraging screening for depression and best practice guidelines with member educational material on Understanding Depression 3) Met with PHM and received training on the process to send out text messages to members as a potential opportunity for measure; drafted Text Message Script 4) Submitted Understanding Depression article for OneCare (OC) and Medi-Cal Member Newsletter Fall 2023 edition	1) Review Text Message Script draft at BHQI Workgroup and finalize based on feedback 2) Collaborate with Communications to finalize article for Member Newsletter Fall 2023 Ed. 3) Distribute provider fax blast	

2023 Q1 Work Plan 1Q

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	Support Staff	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 Green - On Target
Quality of Clinical Care	Depression Screening and Follow-Up for Adolescents and Adults (DSF-E)	No benchmark	1) Develop a HEDIS reporting tip sheet to educate providers on the requirements 2) Participate in 1 educational events on depression screening and treatment 3) Educate providers on depression screening via provider newsletters 4) Educate members on depression and the importance of screening and follow up visits via member newsletters and other social media.	1. 2Q2023 2. 3Q2023 3. 4Q2023 4. 2Q2023	Diane Ramos/ Natalie Zavala	Mary Barranco/ Alvin Ortin	PR HEDIS Rates Q1 (February): N/A; Not at risk for meeting the standard due to no benchmark set 1) Data collection continues to be a major challenge due to the lack of mechanisms for capturing provider data 2) Completed provider fax blast document encouraging screening for depression and best practice guidelines with member educational material on Understanding Depression 3) Met with PHM and received training on the process to send out text messages to members as a potential opportunity for measure; drafted Text Message Script 4) Submitted Understanding Depression article for OC and Medi-Cal Member Newsletter Fall 2023 edition	1) Review Text Message Script draft at BHQJ Workgroup and finalize based on feedback 2) Collaborate with Communications to finalize article for Member Newsletter Fall 2023 Ed. 3) Distribute provider fax blast	Green - On Target
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	Melissa Morales	1) Member Incentive: MC A1C Test: 19 approved, 2 denials, 2) Member Engagement: Diabetes Member Mailers: MC Total sent: 34,773 members, OC Total sent: 3,547 Social Media (Passive): Social Media (Paid): Diabetes in January Digital Ad: Diabetes in January Radio: Diabetes January Provider Press: encourage members for A1c testing sent March to 2910 providers. 3) PR Report February 2023 HbA1c <8 Total (HBD): MC: Num 4,801/ Den 43,251 = 11.10% OC: Num 528/ Den 3,707 = 14.24% HbA1c >9 Total (Poor Control) (HBD): MC: Num 37,427/ Den 43,251 = 86.53% OC: Num 3,088/ Den 3,707 = 83.30%	2) Member, Community and Provider Engagement IVR: slated for Q3 2023/Q4 2023 Text: Scheduled for May . Will go to 10,136 Medi-Cal members.	Green - On Target
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	Melissa Morales	1) Member Incentive: MC Eye Exam: 38 approved, 4 denials 2) Member Engagement Diabetes Member Mailers: MC Total sent: 34,773 members, OC Total sent: 3,547 Social Media (Paid): Diabetes in January Digital Ad: Diabetes in January Radio: Diabetes January VSP Eye Exam Reminder Letters: MC Total sent in Q1 2023: 1,276, OC Total sent in Q1 2023: 533 3) PR Report February 2023 Eye Exam for Patients with Diabetes (EED): MC: Num 9,967/ Den 43,251 = 23.04% OC: Num 1,140/ Den 3,707 = 30.75%	1) Member Incentive OC slated for distribution mid/late May 2023 2) Member, Community and Provider Engagement IVR: slated for Q3 2023/Q4 2023 Text: Scheduled for May . Will go to 10,136 Medi-Cal members.	Green - On Target
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	<u>Final Pilot Program Design:</u> 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 <u>Planned Activities:</u> 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	Nicki Ghazanfar/ Jocelyn Johnson/ Elisa Mora	Finalized member stratification in Jan 2023. Presented the pilot project status to QIC in Mar 2023. Began outreach to high volume PCPs in Q1. <u>Challenge:</u> Most high volume PCPs are FQHCs, and they already have a Clinical Pharmacist, a Health Educator or a multidisciplinary team to care for their patients with uncontrolled diabetes. Unable to launch the pilot program in Q1.	Continue outreach to CCN PCPs and look for partnership. Present the program at the June CCN Lunch & Learn to attract potential partners. Aim to launch the pilot - end of Q2/early Q3.	Yellow - At Risk
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	Helen Syn	Analyzed measures and prioritized SNP Care Management, HbA1c Control, and COA for intervention. Interventions assigned to business owners and quality initiatives for implementation	Quality initiatives team and business owners to implement and monitor monthly.	Green - On Target
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 cancer screening measures. 2) Strategic Quality Initiatives Intervention Plan - Multi-modal, omni-channel targeted member, provider and health network engagement and collaborative efforts. 3) Continue expansion of Bright steps comprehensive maternal health program through community partnerships, provider/health network partnerships, and member engagement. Examples: WIC Coordination, Diaper Bank Events 4) Implement Collaborative Member Engagement Event with OC CAP Diaper Bank and other community-based partners 5) Expand member engagement through direct services such as the Doula benefit and educational classes	1) Annual Evaluation 2) Per quality initiatives calendar - ongoing updates 3) Ongoing updates 4) 4Q2023 5) 3Q2023	Ann Mino/ Helen Syn	Leslie Martinez	1. Postpartum Member Incentive: 143 submissions, all approved. 2. Community partnerships: WIC, OC Perinatal Council, First 5 OC, OC Health Care Agency, OC Home Visiting Collaborative, OC Family Task Force. Presented Doula Benefit at 2 community collaborative groups. 3. Member engagement: - Bright Steps Program: 916 new PNRs, 343 Postpartum Assessments completed, 732 total unique outreaches to members. - Community events: Baby Shower Educational Event planned for Q2. 4. W30 Data Workgroup: Early Identification and Data Gap Bridging Remediation for early intervention. - Working to identify data sources for the early identification of pregnancies for member engagement. February 2023 Prospective Rates: Timeliness of Prenatal Care: Reporting issues with current rate on the latest PR report. Rate for this measure to be reported on next quarterly updated. Postpartum Care: Performing higher than last year in February 2022, but MPL not met. Rate: 55.999%, MPL Rate: 77.37%	1. Planned: Member engagement once data source is established to identify members: - Mailing (planned) for the promotion of postpartum care once data source is established to identify members. - Medi-Cal member newsletter article, slated for Q2. 2. Provider Engagement: - Provider Press Newsletter, slated for Q2 to promote Medi-Cal enrollment and postpartum Care.	Green - On Target
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	Michelle Nobe	Well-Child Visits in the First 30 Months (W30-2+) PDSA Cycle 1: 11/4/22 - 3/17/23 SMART AIM Goal 1: By 02/28/2023, complete a minimum of 2 outreach call attempts, which includes both unsuccessful-unanswered calls and successful-unanswered calls by parent or guardian, to at least 90% of members (N=319) on the target list. Intervention Implementation Period: 2/1/23 - 2/10/23. Telephonic call campaign completed by 2 staff members, in-house. Outcomes: The results of this interventions indicated that 100% (313/313) of members were outreached at least 1 time, and 55.27% (173/313) of members were outreached at least 2 times. In order to meet the SMART AIM Goal there should have been at least 564 call attempts, but overall there were only 486. Therefore, the SMART AIM Goal 1 was not met. However, it was also evident that a 2nd attempt was not indicated in instances due to disconnected/wrong phone number/member refusal. Submitted Cycle 1 to DHCS: 3/23/23.	Well-Child Visits in the First 30 Months (W30-2+) PDSA 1) Proceed with Cycle 2: 3/24/23 - 7/14/23. Cycle 2 Intervention will include in-house telephonic call campaign and a birthday card mailer.	Green - On Target

2023 Q1 Work Plan 1Q

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	Support Staff	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 Green - On Target
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 OIS-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: EPSDT 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 Q22023	Helen Syn	Michelle Nobe	1) Targeted member engagement and outreach campaigns in coordination with health network partners. - Met with Health Networks to share Quality Initiatives Activities Calendar for CY2023 2) Strategic Quality Initiatives Intervention Plan - Multi-modal, omni-channel targeted member, provider and health network engagement and collaborative efforts. - Well-Child Visits 0-30 Months Text Message Campaign (2/22-2/28/23): 8,183 messages sent, 152 members responded to text message; Well-Care Visits 3-17 Years Text Message Campaign (2/28-3/11/23): 72,870 messages sent, 3,887 members responded to text message; Plans to expand Bright Steps Program Well-Child Outreach Calls to include a 6 months old and 12 months old follow-up, 2-weeks high priority and 3-months old outreach calls are continued; IVR scripts are in development Updated and/or created artwork for the following: - Health Guide 0-2 Years Newsletter with Blood Lead Screening; Health Guide 3-6 Years Newsletter; Health Guide 7-12 Years Newsletter; Health Guide 18-21 Years Newsletter; Well-Child Visits Flyer Newsletter; First Birthday Card + Second Birthday Card. Artwork is complete and dashboard is developed. Working with Procurement to set up a monthly mailing cadence. 3) Early Identification and Data Gap Bridging Remediation for early intervention. W30 Data Strategies Workgroup: - Improved HN monthly Gap Reports to include more measures and details - Developing W30 Gap Report for HNs. Will pilot with 1 HN in Q2 for feedback. 4) February 2023 Prospective Rates CIS-Combo 10: 21.58%, performing lower than last year (2.72%), have not met goal (49.76%) IMA-Combo 2: 33.99%, performing lower than last year (35.45%), met the 33rd percentile, have not met goal (48.42%) W30-First 15 Months: 15.56%, performing better than last year (8.12%), have not met goal (55.72%), +7.44% improvement W30-15 to 30 Months: 51.96%, performing better than last year (46.87%), have not met goal (69.84%) WCV (Total): 2.50%, performing better than last year (2.20%), have not met goal (57.44%)	1) Continue targeted member engagement and outreach campaigns in coordination with health network partners. 2) Continue with Strategic Quality Initiatives Intervention Plan. - Well-Child Visits 0-30 Months Text Message Campaign, slated for May - Well-Care Visits 3-17 Years Text Message Campaign, slated for June - Implement Bright Steps Program Well-Child Outreach Calls to include a 6 months old and 12 months old follow-up starting late April. - IVR scripts 1) W30: 0-14 months, 2) W30: 15-30 months, 3) WCV 3-17 years, and 4) WCV 18-21 Years scripts to be recorded in Q2. Tentative launch for W30 IVR campaigns in May-June. Mailings: - Health Guide 0-2 Years Newsletter with Blood Lead Screening, slated for April - Health Guide 3-6 Years Newsletter, slated for Q2 - Health Guide 7-12 Years Newsletter, slated for Q2 - Health Guide 18-21 Years Newsletter, slated for Q2 - Well-Child Visits Flyer Newsletter - First Birthday Card, slated for late April and June - Second Birthday Card, slated for late April and June 3) Continue efforts for early identification and Data Gap Bridging Remediation for early intervention. W30 Data Strategy Workgroup plans to come up with recommendation to present at May BOD.	
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 8% 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	Leslie Martinez	1. Policy GG.1717 updated to include attestation process for Health Networks and CCN providers to attest to operational and regulatory requirements for lead which include: documental of blood lead refusals, proper coding, provision of anticipatory guidance, following standards of care for lead testing. 2. PBS television ad campaign conducted in February and March 2023 to advise parents/guardians that a lead test is the only way to identify lead exposure. Total impressions: February 2023 = 20,390, March 2023= 9,439. 3. Anticipatory Guidance and Blood Lead Refusal form that was developed in house to support providers with documentation of blood lead refusals and anticipatory guidance was posted on the CalOptima Health Website along with Clinical Practice Guidelines. 4. IVR campaign launched in March 2023. Population approach was used to target members within the age ranges of a lead test. IVR left message or successfully played message to 3,801 members. 5. Provider Education via Provider Monthly Update to inform providers of operational and regulatory requirements pertaining to blood lead testing. 6. Provider Portal enhancements completed to include a blood lead screening dashboard to display quarterly reports for CCN providers, alerts for attestations. 7. Email alerts created for CCN Provider Portal users to be advised of the availability of new blood lead reports. 8. Blood Lead Screening Guide developed for Provider Portal users that outlines regulatory requirements for lead, steps for accessing quarterly blood lead reports and completing attestations on the Provider Portal, resources for lead testing, etc. February 2023 Prospective Rates: Currently performing higher than last year in February 2022, but has not met MPL Rate: 53.97%, MPL rate: 63.99%.	- Mailing (in progress): Health Guide 0-2 Years Newsletter with - - Blood Lead Screening, slated for Q2. - Lead texting campaign for members slated for April 2023. - Medi-Cal member newsletter article, slated for Q2. - Improvement of blood lead quarterly reports to align with standards of care for lead testing, slated for Q3. - Development of outreach report to proactively identify members that will be due for a 12 and 24 month blood lead test. - Provider Press article slated for Q3. - Bright Steps Program Well-Child Outreach Calls to include a 6 months old and 12 months old follow-up with blood lead testing education, slated for April 2023.	
Quality of Service	Improve Network Adequacy: Reducing gaps in provider network	Reduce OON requests by 25%	1) Actively recruit top 3 out-of-network (OON) specialties as shown on QMRT 2) Targeted outreach campaign and incentive to open their panels 3) Business consideration to require providers to participate in all programs. 4) Provider incentive for transportation vendor	by end of 4Q, 2023	Marsha Choo		Provider/HN workgroup has been created to focus on expanding the network. The workgroup has met twice to review data on the following provider types: PCPs and impacted specialists: cardiology, GI, pulmonology (tier 2- Neuro, Rheum, Urology	Workgroup will determine if lower ratios or increased use of physician extenders is needed for these provider types.	
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	Marsha Choo		Planning to begin in Q3, pending budget.	Draft scope of work and pull universe to facilitate 2023 Timely Access survey.	
Quality of Service	Improve Access: Telephone Access	Live Contacts Rate After 3 Attempts to meet 80%	1) Improve provider data in FACETs (i.e. Provider Directory Attestations, DHCS Quarterly and Monthly Provider Data Audits) 2) Individual Provider Outreach and Education (Timely Access Survey)	by end of 4Q, 2023	Marsha Choo		1. Providers/HNs have met compliance for provider directory validation and have provided provider's attestations timely overall. 2. Assigned HNs to follow-up with providers who received a 2nd year notice of non-compliance for educational purposes.	1a. Continue to work closely with all HNs to ensure directory validation accuracy continues to progress as needed. 1b. HN will evaluate their process and workflow to improve communications with providers as needed. 2. Continue to monitor and educate.	
Quality of Service	Improve Access: Access Dashboard	Develop an access dashboard for HN performance	1) Identify access measures to include in performance monitoring 2) Develop a methodology to monitor performance	by end of 2Q, 2023	Marsha Choo		Provider/HN workgroup has been created to focus on expanding the network and a dashboard template has been created for this workgroup to track accomplishments, milestones and outcomes.	Workgroup is working towards implementing initiatives to expand the network and will utilize the draft dashboard template to report to committee.	
Quality of Service	Improving Access: Subcontracted Network Certification	Certify all HNs for network adequacy	1) Mandatory Provider Types 2) Provider to Member Ratios 3) Time/Distance 4) Timely Access	by end of 4Q, 2023	Marsha Choo		Complete SNC submission to DHCS for the four elements and is now under review with Enterprise PMO. All HNs met Provider to Member Ratios and CCN is the only HN to meet Time/Distance for Medi-Cal LOB.	Finalize SNC submission and submit by end April.	
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	Anna Safari	1. PHM presented at the Feb. Health Network Forum, Three Joint Operations Meetings, and the March CCN Provider Lunch & Learn. 2. Obtained DHCS approval on IHA IVR campaign, established automated reports with ITS, IVR Call Campaign to launch Q2.	Update provider reference guide with current IHA codes, update IHA table logic with ITS to exclude specialists from universe, update reports with ITS to create actionable information for providers in portal.	
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 Choices to Leave Plan	1) by end of 4Q2023	Linda Lee	Javier Sanchez	Analyzed measures and prioritized CAHPS composites and overall ratings. Interventions assigned to Stars/CAHPS work groups for implementation. TTY/Foreign language interpreter monitored by Stars/CAHPS Customer Service work group.	Stars/CAHPS work groups underway- five work groups (provider, medical management, pharmacy, customer service, and member material development) began on 4/14/2023. Work groups will meet weekly and report bimonthly to Steering Committee.	

2023 Q1 Work Plan 1Q

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	Support Staff	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 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 (i.e. number of grievances, number of CAPs issued) and take action based on committee action	by end of 3Q, 2023	Marsha Choo	Carol Matthews	1) The RFI was converted to a RFP. An enjoined RFP with the Member Engagement Platform was issued 3/23/2023 with proposals due 4/25/23.	1) Evaluation meeting scheduled 5/4/2023 with the goal of a vendor award on 5/29/2023.	Green - On Target
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	Michelle Findlater	Scott Robinson	Data shows that 177 Unique members were seen in the ED during the pilot timeframe. The data from these members was tested against a control group of 2,515 who visited the St. Joseph's during the months of November and December 2022 who did not participate in the Pilot program. 1.The members included in the ED Diversion pilot have much higher ED utilization (both prior and post ED visit at St. Joseph's) than the control group. In the six months prior to the St. Joseph's DOS, members included in the pilot program had an average of 1.39 ED visits PMPM compared to 0.18 ED visits PMPM for the control group. Similarly, in the 30 days post-DOS, members included in the pilot program had an average of 1.56 ED visits PMPM compared to 0.32 ED visits PMPM for the control group. 2.The members included in the ED Diversion pilot program have much higher ECM enrollment in comparison to the control group. Prior to the St. Joseph's ED Visit, 5.08% of the members in the pilot program were enrolled in ECM compared to only 0.28% of the control group. In the 30 days post ED visit, 29.38% of the members in the pilot were enrolled ECM compared to only 0.08% of the control group. However, many of the members from the pilot who were enrolled in ECM did not stay enrolled. 39 of the 52 members from the pilot enrolled within 30 days are not currently enrolled in ECM. Today, 10.73% of the pilot members are enrolled in ECM compared to 0.32% of the control group. 3.The ED Diversion pilot had a much higher percentage of members identified as potentially eligible for a POF (in particular POF #2, High Utilizers). In the POF identification run immediately preceding the ED visit at St. Joseph's, 48.02% of the pilot members were identified as potentially eligible for a POF while only 12.29% of the control group was. In the most recent POF identification run, 64.97% of the pilot members were identified as potentially eligible for a POF while only 14.91% of the control group was. 4.The ED Diversion program had a higher percentage of members with a CS authorization within 30 days of DOS than the control group. There was a CS authorization for 12.99% of the pilot members compared to only 1.71% of the control group.	The ED Pilot program at St. Joseph's is now officially complete. Next steps in the program will be to transition the program to a virtual model. This will be executed by a combination of LTSS, CCR and Prior Auth staff members. The plan is for direct communication to occur with the focus transitioning to safe and expeditious discharges. The CalAIM referral process will fall back to the staff in the ED the referral forms as appropriate and not for the CalOptima Health Staff to complete them on the member's behalf. The CalOptima Health staff will maintain a log of all members who participated in the program so that there can be data pulls at designated intervals in the future.	Green - On Target
Safety of Clinical Care	Plan All-Cause Readmissions (PCR)	UM/CM/LTC to collaborate and set goals on improving care coordination after discharge. For example, including but not limited to improving PCP follow up post discharge rate by 10% each quarter (focus on getting discharge plans w/ PCP appt from hospitals)	<u>Planned Activities:</u> 1) Set up a Transition of Care workgroup among UM, CM and LTC to discuss ways to increase post hospitalization visits with PCP and address barriers. 2) Update the UTC letter for members that UM/CM 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	Joanne Ku	<u>Setting up the workgroup</u> – Not met. There has been a TCS Workgroup established to discuss TCS requirements outlined in the PHM Guide. However, it was noted that the TCS Workgroup was not the most suitable forum to discuss strategies to increase post hospital visits with the PCP. Therefore, we plan to set up a separate Transitions of Care Workgroup dedicated to post discharge PCP visit by the end of Q2 2023. <u>Updating the UTC letter</u> – Met. The post discharge UTC letter has been approved and is now available in GuidingCare. The post discharge CM DTP has been also updated to reflect that new letter when a member is unable to be reached post hospitalization. Clinical Operations also developed a Hospital Memo for hospital partners.	Set up a separate Transitions of Care Workgroup dedicated to post discharge PCP visit by the end of Q2 2023. The goals/reporting metrics are still pending; continue defining the goals/metrics by Q3 2023.	Yellow - At Risk



**Board of Directors'
Special Quality Assurance Committee Meeting
October 17, 2023**

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

May 16, 2023: PACE Quality Improvement Committee (PQIC) and PACE Infection Control Subcommittee Summary of the Health Plan Monitoring Data and PACE Quality Initiatives

- All PQIC members present.
- Infection Control Subcommittee: PACE's Response to COVID-19:
 - COVID 19 Public Health Emergency ended on 05/11/23.
 - Masking is no longer a requirement but *optional*.
 - PACE Staff to continue to report exposure/illness to their supervisor and HR. Staff reminded not to come in if feeling sick.
 - CalOptima Health Facilities Department is still offering self-test kits.
 - Q1 2023 new Quality Element was introduced to the workplan with a goal of 80% PACE participants to receive a *Bivalent* COVID-19 booster dose. As of Q1 2023, the current rate of 65% of eligible participants have received the booster dose.
 - Next phase will be to provide the vaccine in PACE Clinic. No process in place at this time, waiting for information about availability.
 - Q1 2023, 16 cases of COVID-19 reported, down from 30 cases reported in Q4 2022. All participants have recovered. No death from COVID since 2021.
 - CMS is no longer requesting weekly reports.
 - Continue to monitor and track the vaccine status of all participants, to include who has needs bivalent, who has refused and who needs scheduling and/or transportation assistance.
 - Treatment- Paxlovid oral antiviral when appropriate.
 - Weekly COVID-19 updates in Leadership meetings and monthly updates during All-Staff meetings.
 - Continue to follow State and local guidance regarding COVID-19 safety updates.
- Presentation of Q1 2023 HPMS Elements:

- Membership. Figures presented. In terms of total membership, Q1 2023 ended with 434 total enrolled, the same number as 2022 Q4. The goal of 494 was not met.
- Immunizations
 - Pneumococcal Immunization rate is at 85%. 369 received, 45 prior immunizations, 19 refused and 1 missed opportunity.
 - Influenza Immunizations rate is 90%. 391 received, 13 prior immunizations, 21 refused and 21 missed opportunities.
- Falls without Injury. Q1 ended with 76 falls without injury. An increase from Q4. Center manager noted that about 69 were mechanical falls. The trend shows that in the colder months we see more falls. Most happened in the bedroom, where participants do not use DME. Rehab started to do home visits and do environmental checks for multiple falls. Uneven pavement as a reason also increased.
- Grievances. Decreased from 8 in Q4 2022 to 5 in Q1 2023. 4 were transportation related, and 1 was related to Medical Care.
- Emergency Room Visits. 80 ER visits, an increase of 9 from Q4 2022. 25 were discharged to home without hospital admission. 55 admitted to hospital (8 for observation only). Trends in admission diagnoses: Fracture, Pulmonary Disease or Respiratory Failure and Heart Failure. Other common admission diagnoses include- Falls, chest pain and sepsis.
- Medication Error Without Injury. 1 Medication Error reported in Q1 2023. The reason was conflict in the information in the medication. Typo on English version. Resolution: To check both languages.
- 2023 Q1 HPMS Quality Indicators
 - Enrollment Data - 434
 - Immunizations-
 - Pneumococcal- 369 Received Immunization, 45 Prior immunization, 19 Refused, 1 Missed Opportunity.
 - Influenza- 391 Received Immunization, 13 Prior immunization, 21 Refused, 9 Missed Opportunity.
 - Falls Without Injury- 76
 - Denials of Prospective Enrollees - 2
 - Appeals - 1
 - Grievances- 5
 - Emergency Room Visits- 80
 - Medication Administration Errors - 1
 - Quality Incidents- 13
- Quality Incidents with Root Cause Analysis
 - Falls with Injury – 10

- Elopements – 0
 - Burn – 0
 - Pressure Ulcers - 3
- Presentation of Q1 2023 PACE Quality Initiative Data
 - Advanced Health Care Directive. Q1 2023 rate was 41%, goal is 50% by end of 2023.
 - 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.
 - Goal is $\geq 50\%$ of members will have AHCD scanned into their chart. Q1 2023 ended at 41%.
 - Exclude those not enrolled for at least 6 months.
 - Exclude MME <16
 - Focus are participants attending DCA
 - Dental Satisfaction Quality Initiative. This initiative will focus 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. The PACE Enrollment Coordinators will highlight for new enrollees what dental services are provided (ex/routine cleanings) and what are not (ex/cosmetic dentistry). Clinic administrative staff will 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 8 participants included: “I just wish they would speak Spanish or have someone to translate to be able to understand everything”, “Everything was great. Especially that I had a Spanish interpreter in the room”, and “All is good”.
 - 2 participants did not answer yes to all 3 questions, both appear to have had follow-up calls. One of these participants commented that

she would like someone in the room that speaks Spanish to be able to understand clearly.

- Transportation Satisfaction Quality Initiative. This initiative will focus 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 will review and resolve all complaints received by PACE participants regarding PACE transportation in a timely manner.
- Valid transportation grievances received in Q1 2023: 1
 - 4 received in total. Secure classified only 1 as “valid”, 2 were marked as “invalid” and 1 was marked as “concern or request”.
 - Grievance complaints included:
 - Participant not picked up, therefore missing DCA.
 - Driver not assisting participant.
 - Issues with reaching transportation over the phone.
 - Transportation is not calling to report they are on their way to pick up the Participant.
 - Late pick up by transportation.
 - Resolutions from Secure included:
 - Apologizing or offering apologies.
 - The driver/ appropriate staff was counseled in an abundance of caution.
 - Secure will be updated to add the phone number.
 - Secure stating that they will continue to do everything possible to provide safe, courteous, and timely transportation.
 - Satisfaction: All 4 participants/family reported satisfaction with grievance resolutions.

May 16, 2023: PACE Quality Improvement Committee (PQIC) Summary Quality Assurance and Performance Improvement Work Plan

- All PQIC members present
- Presentation of the 2023 Quality Work Plan Elements
 - *Elements 3 – 5: Immunizations*
 - Influenza Immunization rate is at 93.47%. Goal of 94% was not met.

- Pneumococcal Immunization rate is at 90.7%. Goal of 94% was not met yet.
- COVID-19 Bivalent Booster rate is 65%. Goal is 80% by end of 2023.
- *Element 6: POLST.* Goal is 95%. In Q1, 94% of participants have POLST added to their chart. Goal was not met.
- *Elements 7 – 9: Diabetes Care.*
 - Blood Pressure Control. Goal is 84.21% having a blood pressure of <140/90mm. Rate is 79%. Goal not met.
 - Diabetic Eye Exams. Goal of 85.24%. Rate is 97%. Goal met.
 - Nephropathy Monitoring. Goal is 98.30%, Rate is 100% in monitoring Diabetes patients.
- *Element 10: Osteoporosis Treatment.* Goal of 100%. The rate is 70% of participants with osteoporosis receiving treatment. 11 participants were excluded and 38 participants with falls had DEXA Scan or order. This element changed in 2023 to reflect the need for Osteoporosis screening using DEXA scanning. The new goal will be that 100% of participants who experience a fall will have had a DEXA scan within the past 2 years and if not, they will have one within the next 6 months. Providers will ensure that they follow up on each fall report to confirm that each participant has been screened for osteoporosis.
- *Element 11: Reduce Percentage of Falls reported by PACE Enrollees.* Q1 2023 ended with 78 (85 total but 7 were excluded due to falls in a hospital or SNF) higher than the Goal of <72 falls per quarter in 2023.
- *Elements 12 - 13: Potentially Harmful Drug/Disease Interactions in the Elderly.*
 - Dementia - Goal is <26.64%. Rate is 17%. Goal met.
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.
 - CKD – Rate is 1.33%. Goal of <2.62% % of participants with CKD 3,4, or 5 (end stage) will be prescribed a Nonaspirin NSAIDS or Cox2 Selective NSAIDS. Goal met.
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.
- *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. Only two participants received a dose greater than 90 MME and had PCP follow up each month in Quarter 1 2023. Goal was met.

- *Element 15: Medication Reconciliation Post Discharge (MRP)*. Goal is 90% within 15 days. Rate is 98%. Goal Met.
- *Element 16: Access to Specialty Care*. Goal is $\geq 88\%$ to be scheduled within 14 business days. 94% in Q1 2023. Goal Met.
- *Element 17: Acute Hospital Days*. Goal is <3,330 in 2022. Goal was not met. In Q1, bed days were 4179.
- *Element 18: Emergency Room Visits*. Rate is 798. 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 down from 23% to 16% but still higher than the goal. Goal was not met.
- *Element 20: Long Term Care Placement*. Goal is <4%. Goal is <4%. Rate is 3.18% in Q1. Goal met.
- *Element 21: Enrollment Conversion*. Goal is >65%. Rate is 71%. Goal met.
- *Element 22: 90 Day Disenrollment* Goal is > 6.5%. Rate is 6.06% Goal met. Total disenrollments were 33, 2 were controllable and 1 was uncontrollable.
- *Element 23: Attrition Rate*. Goal is <10%. Rate is 7.82% Goal met.
- *Element 24: Transportation <60 minutes*. Based on the data from Secure, there is 0 Violation in Q1. 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 91%. Goal not met for Q1 2023.



CalOptima Health

Member Trend Report 2nd Quarter 2023

Special Quality Assurance Committee Meeting

October 17, 2023

Tyronda Moses, Director, Grievance and Appeals

Our Mission

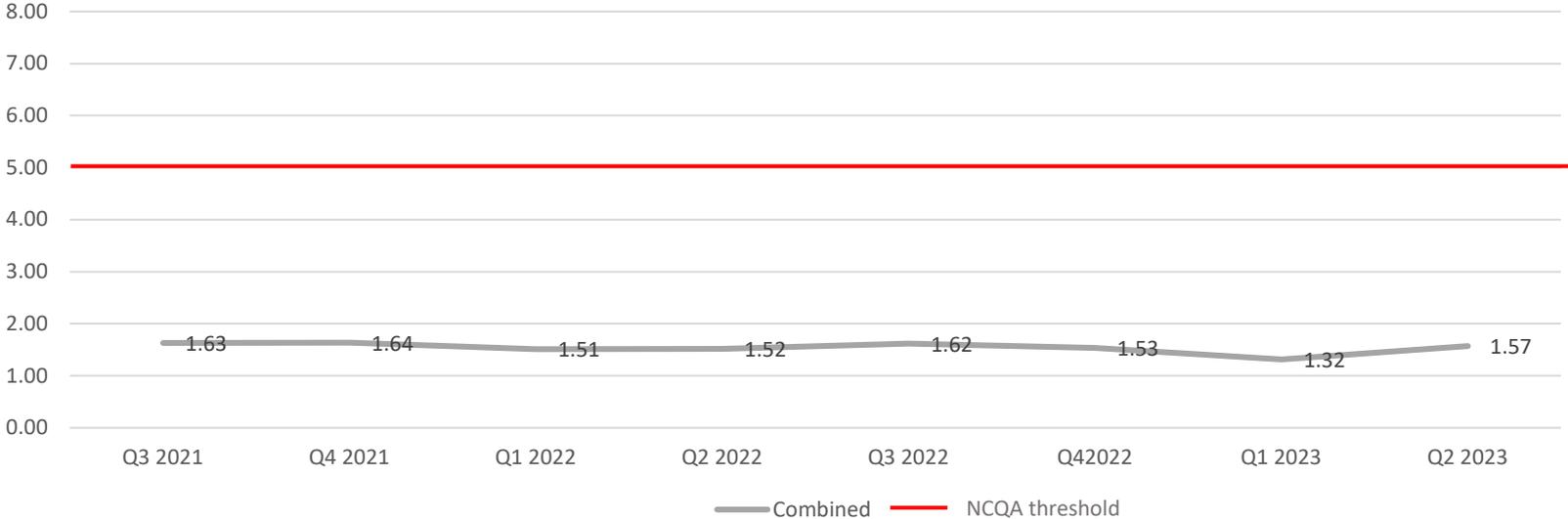
To serve member health with excellence and dignity, respecting the value and needs of each person.

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.

Quarterly Medi-Cal Grievances

Average Rate per 1000/per Member Months



Medi-Cal Membership	952,034	958,917	960,421	967,054	972,669	973,637
# of complaints	January	February	March	April	May	June
Customer Service	160	144	203	210	237	272
GARS	1036	976	1297	1303	1317	1303
Combined	1196	1120	1500	1513	1554	1575
Rate per 1000 Cmb.	1.26	1.17	1.56	1.56	1.60	1.62

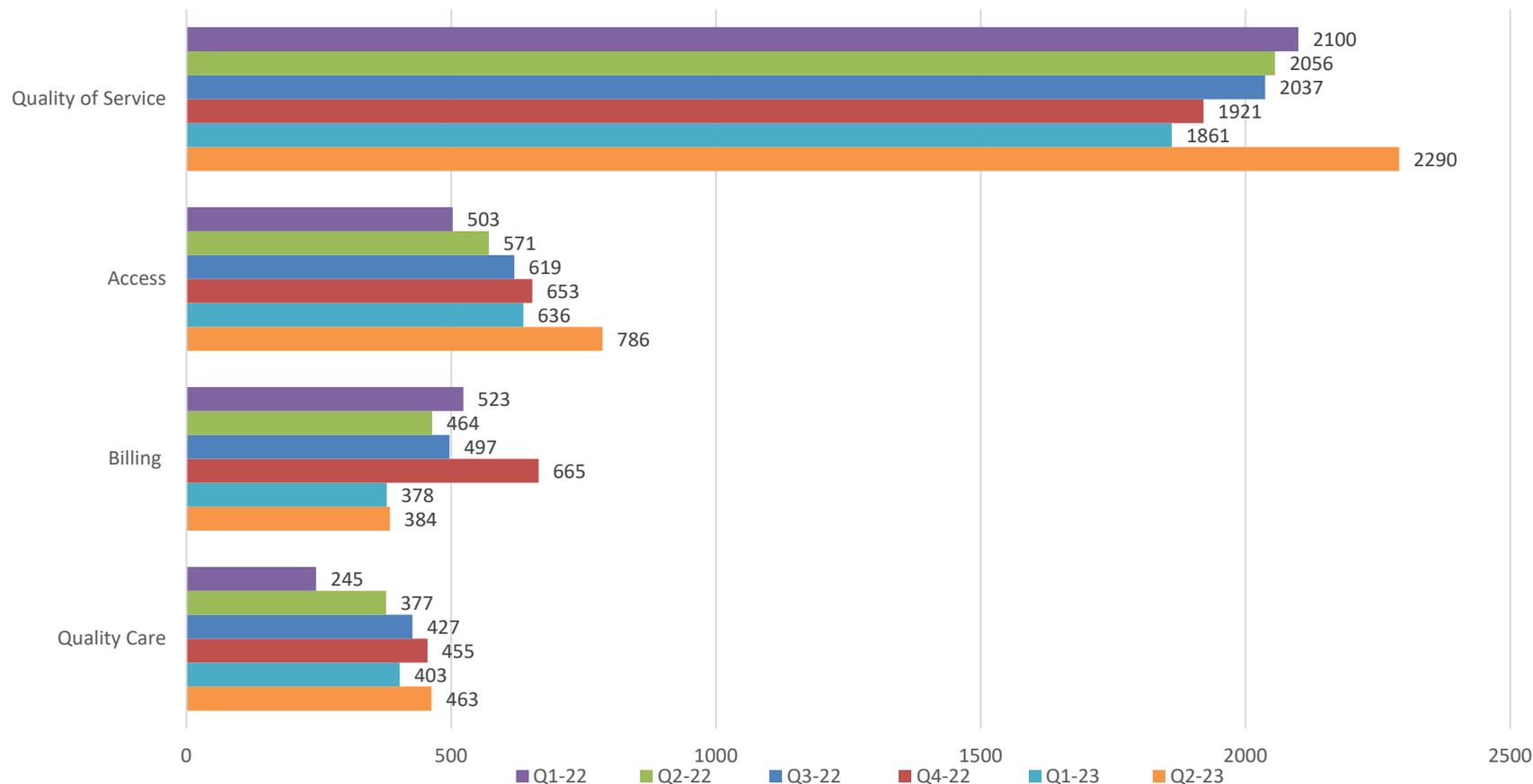
Medi-Cal Member Grievances

	Billing & Financial* 11%		Quality of Care 12%		Attitude/ Quality Service 58%		Access 20%		2nd Qtr Total
	Q1	Q2	Q1	Q2	Q1	Q2	Q1	Q2	
Health Network									
AltaMed	11	11	26	30	64	77	27	30	148
AMVI	3	4	4	10	6	15	7	3	32
Arta	9	12	20	16	68	86	25	39	153
CHA	18	20	29	31	58	72	28	30	153
Family Choice	5	5	10	13	30	30	7	12	60
Heritage	2	1	5	6	24	20	6	9	36
Kaiser^^^	114	114	21	30	341	390	67	98	632
Monarch	71	64	70	71	283	292	134	152	579
Noble	1	1	4	5	20	21	8	8	35
Prospect	10	7	17	17	44	52	27	23	99
Talbert	15	8	15	18	47	45	18	26	97
UCMG	8	11	6	8	34	33	17	17	69
CCN	69	56	141	150	470	562	196	271	1039
COD	33	47	15	25	109	135	30	25	232
Plan Provided									
Vision Services	0	4	0	3	0	17	0	4	28
Behavioral Health	9	16	17	24	46	45	38	33	118
NMT Transportation	0	0	3	6	217	316	1	0	322
Grand Total	378	384	403	463	1861	2290	636	786	3923

^^ As Reported by Kaiser

[Back to Agenda](#)

Medi-Cal Member Grievances by Category



Top subcategories volume for each category:

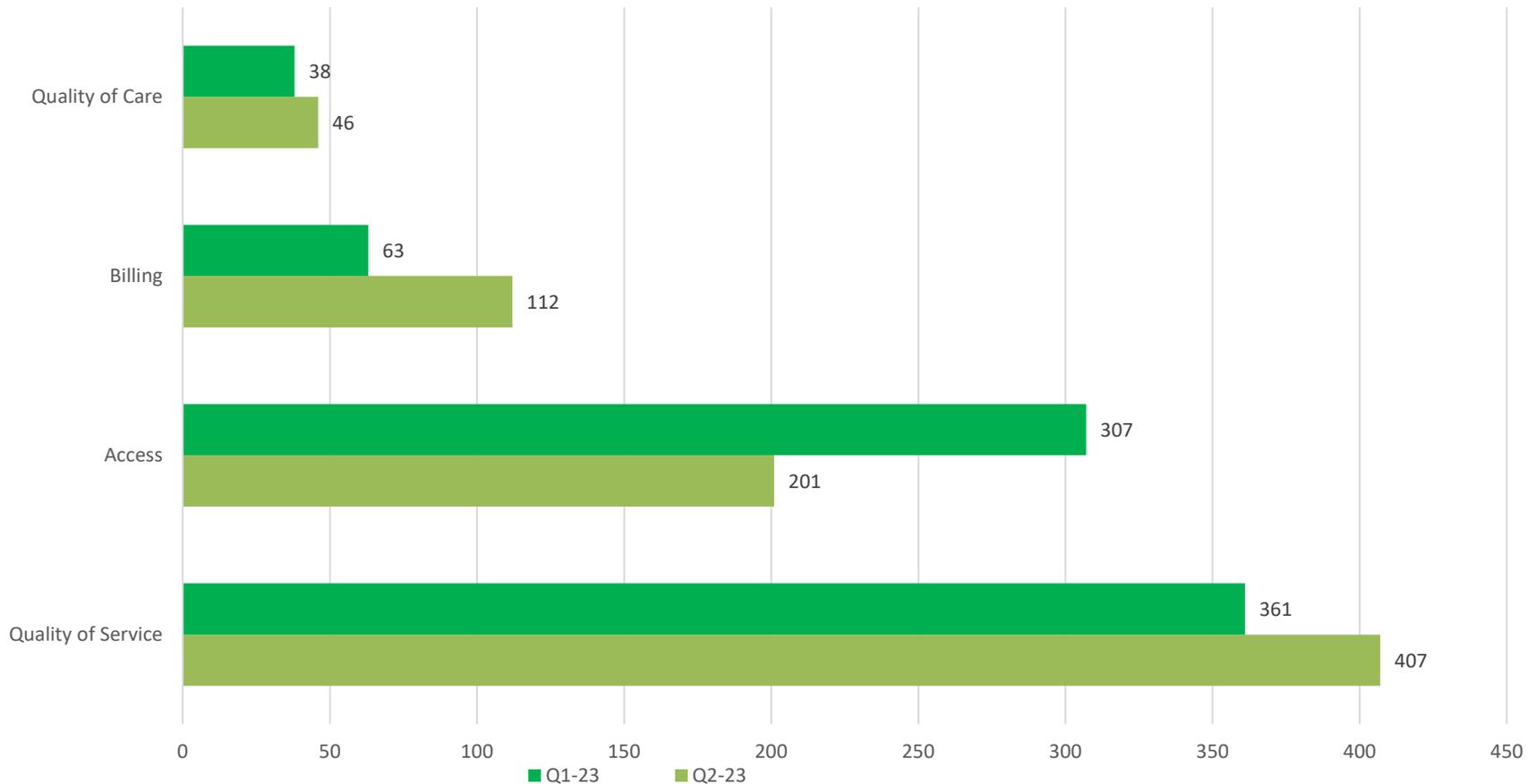
- Quality of Service – Transportation (309), Delay in Referral Provider (302)
- Access – Appointment Availability (205) and Telephone Accessibility (123)
- Billing – Member Billing-HN (142), Member Billing-CalOptima (83)
- Quality of Care – Questioning Treatment (169), Delay in treatment (146)

[Back to Agenda](#)

OneCare Member Grievances

	Billing/ Financial 12%		Quality of Care 6%		Attitude/ Quality Service 49%		Access 33%		
Health Network	Q1	Q2	Q1	Q2	Q1	Q2	Q1	Q2	Qtr2 Total
Alta Med Health	3	0	3	3	6	8	11	6	17
AMVI Care	1	3	0	0	3	1	3	1	5
Arta Western	2	1	2	2	7	4	6	5	12
CCN OC	23	36	7	13	45	58	42	32	139
Family Choice	4	5	0	1	8	3	16	9	18
Monarch	20	34	14	14	85	73	86	59	180
Noble	3	2	1	0	1	1	5	1	4
Prospect	5	14	5	4	35	15	38	26	59
Regal	0	5	0	2	1	5	1	2	14
Talbert	1	7	3	5	20	14	27	12	38
UCMG	0	2	1	1	2	3	7	2	8
Plan Provided									
Behavioral Health	0	0	0	0	0	1	0	0	1
Convey Health (OTC)	1	0	0	0	16	17	34	9	26
Silver and Fit	0	0	0	0	1	1	14	12	13
Vision Services	0	1	1	0	3	8	1	2	11
NMT Transportation	0	0	1	1	122	146	11	4	151
Grand Total	63	110	38	46	355	358	302	182	696

OneCare Member Grievances by Category



Top subcategory volume for each category:

Quality of Care: Questioning Treatment (20), Facility Services (5)

Billing: Member Billing CalOptima (56), Member Billing – HN (53)

Access: Referral related (38), Telephone Accessibility (32)

Quality of Service: Transportation (139), Provider Services (49)

[Back to Agenda](#)

Q2 Overall Grievance Analysis

There was an increase in overall grievances which matches the seasonal increases observed annually. However, most notable increases are in quality of service (QOS) complaints.

Analysis of the QOS complaints identified the following areas with the most substantial increases from first quarter:

- Rudeness of Provider Staff increased by 37% (no trending providers were identified)
- Delay in Services increased by 36%
- Appointment Preference increased by 32%
- Referral Delays increased by 26%

Identified Issues and Overall Remediations

Issues - Remediation Activities

Q1 Identified Issues	Remediation and Q2 Status
<ul style="list-style-type: none"> • OC and Medi-Cal Transportation Concerns <ul style="list-style-type: none"> • Driver behavior/attitude • No shows or late arrivals 	<ul style="list-style-type: none"> • 5/1/23 GARS designated a dedicated team to focus on trends and address all transportation grievances with the vendor. This has resulted in: <ul style="list-style-type: none"> • Improved and consistent communication with the Vendor • Member specific care and follow up • Complaint rates based on completed trips vs. grievances decreased from Q1 (0.26%) to Q2 (0.21%).
<ul style="list-style-type: none"> • OC and Medi-Cal Access Related <ul style="list-style-type: none"> • Increased demand for specialist – long waits for appointments. • Appointment Availability 	<ul style="list-style-type: none"> • GARS reports bi-monthly to Provider Relations and Contracting any trends regarding the provider community. • In Q1 it was reported that there were long wait times for Endocrinologist, Rheumatologist , Neurologist and Urologist. <ul style="list-style-type: none"> • Based upon GARS reporting, Provider Relations developed a phased approach, starting in June, to expand the provider network by recruiting for the specified specialties. • No significant changes as of Q2.

Remediation Activities

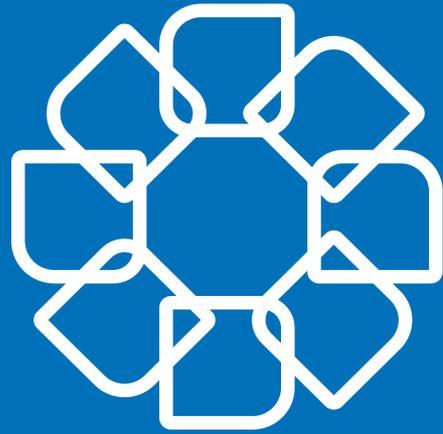
Q1 Identified Issues	Remediation and Q2 Status
<p>Medi-Cal Referral Issues</p> <p>Delays in referrals caused by:</p> <ul style="list-style-type: none">• Automatic approval for specialties (e.g. Orthopedic) which the specialty may not be accurately updated in the system.• Referrals to closed panel providers	<p>Reported to UM</p> <ul style="list-style-type: none">• GARS recommended removing this specialty from the automatic approval process in the portal• UM to conduct an analysis to obtain the impacted volume• GARS will continue to monitor for ongoing trends and coordinate with UM.

Q2 Grievance Trends (new)

Newly Identified	Remediation Efforts
<p>OC Member Billing</p> <ul style="list-style-type: none"> a) Members receiving bills from Hospitals, ER and Urgent Care Facilities b) Member billing issues were caused by incorrect insurance/billing information provided by member 	<p>Engaged Customer Service</p> <ul style="list-style-type: none"> a) Desktop updated on 6/1 for declined grievances and one call resolution. This reportedly reduced the volume of grievances related to billing. b) CS and GARS to re-review call script to empower and educate member on what to expect and when to call back for billing assistance.
<p>OC Access to Care</p> <ul style="list-style-type: none"> a) Telephone Access to Personal Care Coordinator (PCC) at Monarch b) DME delays 	<ul style="list-style-type: none"> a) Meeting scheduled with Optum to discuss PCC accessibility b) DME delays are being monitored for additional trending. No provider or specific issue identified that has caused the delays. Reviewing a possible issue with Medicaid based services as the reason for the additional delays

Q2 Grievance Trends (new)

Newly Identified	Remediation Activities
<p>Medi-Cal Quality of Care (QOC)</p> <ul style="list-style-type: none">• Question in treatment• Outpatient/Physical Health• Concerning inappropriate care	<ul style="list-style-type: none">• Continue with referral process to Quality Improvement (QI) Department - for PQI referrals and MD recommendation• There were no providers identified with multiple QOC grievances in Q2.• GARS will continue to monitor for trends
<p>Medi-Cal Access to Care</p> <ul style="list-style-type: none">a) Referral delaysb) Appointment availability	<p>Continuation from Q1</p> <ul style="list-style-type: none">a) GARS meets monthly with UM and Provider Relations to report on trendsb) Immediate notifications are sent for extensive delays to remediate, which prevents high volume for a specific provider. However, we continue to trend high for the specialties previously identified – Urology, Rheumatology, Neurology. GARS continues to report for possible contracting.



CalOptima Health

Stay Connected With Us
www.caloptima.org

   @CalOptima