Health Net Community Solutions Quality Improvement / Health Equity Committee (HNCS QIHEC)

May 8, 2025 Agenda

CHAIR	MEETING TIME	LOCATION / DIAL-IN #
Ramiro Zúñiga Pooja Mittal	May 8, 2025 3:00 p.m. – 5:00 p.m. PST	ZOOM: Join Meeting **669-444-9171** **CONFERENCE CODE: 928 4599 7987**

TIME	TOPIC	TAB	PRESENTER	APPROVAL REQUIRED
03:00 – 03:05	Roll Call		M. Najarro	
	Call to Order and Announcements a) Welcome Dr. Gerrit van Schalkwyk b) HNCS Dental Committee		Dr. Zúñiga	
	Review of Minutes and Summary February 13, 2025	1	Dr. Zúñiga	☒
03:05 – 03:10	**Consent Agenda** a) Member Services & Provider Call Center Report *(HN/CHPIV)* b) Peer Review Credentialing PQI/QOC Access Report *(HN/CHPIV)* c) Credentialing Report *(CHPIV only)* d) LTSS Report *(HN/CHPIV)* e) Behavioral Health (BH) Summary *(HN/CHPIV)* f) Service Coordination Report *(HN/CHPIV)* g) Pharmacy & Therapeutics Metrics *(HN/CHPIV)* h) Provider Operations Manual Updates *(HN/CHPIV)* i. Medi-Cal ii. BH iii. Enhanced Care Management (ECM) / Community Supports (CS)	2	J. Alers/ T. Pickering/ A. Baker P. Carpenter M. Catello E. Mariscal J. Blake V. Shaw M. Easton A. Tabuso	☒

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	i) Facility Site, Medical Record Reviews, & Physical Accessibility Reviews (PARS) *(HN/CHPIV)* j) HNCS Statewide Public Policy Committee and Executive Committee meetings *(HN only)* k) Community Advisory Committee (CAC) *(HN/CHPIV)* l) Inter Rater Reliability Results (IRR) for Physicians & Non Physicians *(HN/CHPIV)* m) PHM VBP Worksheet *(CHPIV only)* n) Network Access and Availability Governance Committee Update *(HN/CHPIV)* o) Directory Accuracy Report *(CHPIV only)* p) Delegation Oversight Committee Summary *(HN/CHPIV)* q) Vendor Monitoring and Oversight Summary *(HN/CHPIV)* r) Clinical Policies *(HN/CHPIV)*		P. Carpenter S. Turner S. Turner B. Belmudez J. Orchison K. Ong K. Rodriguez A. Tonkogolosuk J. Babby Dr. Zaher	
	New Business			
03:10 – 03:20	Provider Satisfaction Survey Results	3	F. Mukarram	☒
	Health Equity			
03:20 – 03:30	Health Equity Governance *(HN/CHPIV)*	4	S. Kasaraneni	☒
03:30 – 03:40	Population Health Management a) PHM Quarterly Update *(HN/CHPIV)* b) PHM 2024 Effectiveness Analysis *(CHPIV only)*	5	D. Patolia M. Vue	☒

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	c) 2025 PHM Strategy Description *(HN/CHPIV)*		T. Padmani	
03:40 – 03:50	ECM/CS Performance Report *(HN/CHPIV)*	6	N. Wongvipat Kalev	☒
	Quality Improvement			
03:50 – 04:00	Quarterly Evaluation of Accessibility *(HN/CHPIV)*	7	M. Messropian	☒
04:00 – 04:15	Quality Improvement *(HN/CHPIV)* a) 2024 QI Work Plan Evaluation b) HEDIS Update c) Initial Health Assessment Report d) Lead Screening (Q3-Q4 2024)	8	A. Wittig	☒
	Medical Management			
04:15 – 04:30	Utilization Management *(HN/CHPIV)* a) Q1 Key Indicator Report b) Over/Under Report c) Specialty Access Report	9	L. Hilburn Dr. Dixit	☒
04:30 – 04:40	Appeals & Grievance Report *(HN/CHPIV)* a) Q1 A&G Report b) A&G TAT and Volume Reports	10	L. Wiley / J. Guevara	☒
04:40 – 04:55	Case Management *(HN/CHPIV)* a) Q1 Medi-Cal Key Indicator Report	11	C. Patnaude	☒
04:55 – 5:00	California Children's Service Report (CCS)	12	L. Hilburn	

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	Committee Recommendations to the Board of Directors and Adjournment **Next Meeting:** **Date:** August 14, 2025 **Time**: 3:00 p.m. – 5:00 p.m. PST **Location:** Zoom		Dr. Zúñiga	

Behavioral Health Call Center

April 25, 2025/ Alicia Baker, Staff Vice President

CHPIV Member Results

KPI	Target	Nov	Dec	Jan	Feb	Mar	Q1
Calls Offered	N/A	32	33	44	35	26	105
Calls Handled	N/A	32	33	43	34	25	102
Abandonment	≤5%	0%	0%	2.27%	2.86%	3.85%	2.86%
Average Speed of Answer	≤30 sec	9 sec	5 sec	5 sec	4 sec	5 sec	4 sec
Service Level	≥80%	90.63%	100%	97.73%	97.14%	96.15%	97.14%

Top Call Reasons

- Claims Inquiry
- Benefits and Eligibility for Provider
- Update Member preferences

Call Center Activity

- Completed redesigned claims training curriculum to close gaps from initial system migration training
- Onboarded two new hire classes
- Partnering with Provider Engagement to develop escalation workflows for behavioral health providers

CHPIV Member and Provider Call Center Performance for Q1 2025

Tammy Pickering Manager, Contact Center Operations

Will Montes, Senior Director, Contact Center Operations

CHPIV Data/Results - Findings

KPI	Target	January 2025	February 2025	March 2025	Q1
Member Services					
Calls Offered		3,078	2,322	2620	8020
Calls Handled		3,063	2,306	2601	7970
% Calls Abandoned	<5%	0.49%	0.69%	0.73%	0.62%
% SVL (all abn calls)	>80% w/in 30 seconds	97.95%	97.06%	96.75%	97.30%
Average Speed Answer	<= 30	0:00:05	0:00:06	0:00:06	0:00:06
Provider Services					
Calls Offered		1,182	992	1246	3420
Calls Handled		1,178	979	1237	3394
% Calls Abandoned	<5%	0.34%	1.31%	0.73%	0.76%
% SVL (all abn calls)	>60% w/in 45 seconds	99.75%	99.49%	99.35%	99.53%
Average Speed Answer	<= 45	0:00:05	0:00:06	0:00:05	0:00:06

KPI	Target	January 2024	February 2024	March 2024	Q4
Member Services					
Calls Offered	N/A	10,690	6,108	4,399	21,197
Calls Handled	N/A	10,028	6,071	4,374	20,437
% Calls Abandoned	<5%	6.19%	0.61%	0.57%	0.3.42%
% SVL (all abn calls)	>80% w/in 30 seconds	71.12%	93.22%	98.13%	83.17%
Average Speed Answer	<= 30	0:00:60	0:00:09	0:00:06	0:00:33
Provider Services					
Calls Offered		1,891	1,601	1,809	5,301
Calls Handled		1,864	1,582	1,787	5,233
% Calls Abandoned	<5%	1.43%	1.19%	1.22%	1.28%
% SVL (all abn calls)	>60% w/in 45 seconds	72.93%	95.66%	99.22%	88.76%
Average Speed Answer	<= 45	0:00:26	0:00:09	0:00:05	0:00:14

Member and Provider Call Types

CHPIV Member and Provider Calls

Member Call Volume for Q1-2025: CHPIV -7064

Top member call types:

- Benefits & Eligibility
- Update PCP
- Update Member demographics

Provider Call volume for Q1-2025: CHPIV -3280

Top provider call types:

- Benefits and Eligibility for Providers
- Medical Authorization Inquiries
- Provider Search Inquiry

CHPIV Center Activity

Active participation in meetings and workgroups such as:

- Community Health Workers (CHW)
- CHPIV Audits

REPORT SUMMARY TO COMMITTEE

TO:	Health Net Community Solutions Quality Improvement/Health Equity Committee (HNCS QIHEC)
FROM:	Pamela Carpenter, Director, Clinical Support Services
COMMITTEE DATE:	May 08, 2025
SUBJECT:	Health Net of California Credentialing & Peer Review Committee Medi-Cal Practitioner/Provider Case Reviews on behalf of itself and Community Health Plan of Imperial Valley – First Quarter 2025

Purpose of Activity:

To provide a summary of Potential Quality Issues (PQIs), Quality of Care (QOC), and Quality of Service (QOS) grievances, as well as Credentialing Adverse Action (AA) cases identified during the reporting period. Cases will be monitored for compliance and will either exceed, meet expectations or will demonstrate under performance, with next steps to continue monitoring findings and acting on them according to policy.

Data Collection:

Potential quality issues, QOC, and QOS grievances originate during the provision of care or services when the omission or commission of care interventions results in potential harm to a member. PQIs may be identified during the Utilization Management, Care Management, Appeal and Grievance review processes or other activities such as the Provider Preventable Conditions reporting process which includes Health Care Acquired Conditions (HCAC) or Other Preventable Provider Conditions (OPPCs).

Peer review activities include cases with severity code levels III or IV, or any case the reviewing internal Medical Director requests to be forwarded to the Peer Review Committee (PRC). If there is an identifiable trend of complaints within a period of six months for a single physician, this information is documented and referred to the PRC for assessment of pattern of complaints and further action.

Credentialing AA cases originate during initial credentialing, recredentialing, and ongoing monitoring when a practitioner or provider meets AA criteria.

Data/Results (include applicable benchmarks/thresholds):

The tables below include detailed classification of all new cases presented to the Peer Review and Credentialing Committees during the first quarter of 2025. The last three quarters are included for comparison.

Subcommittee Reporting Dates:

Peer Review	Credentialing
01/30/2025	01/30/2025
02/12/2025	02/27/2025
02/27/2025	03/27/2025
03/12/2025	
03/27/2025	

REPORT SUMMARY TO COMMITTEE

Significant Subcommittee Activities:

Peer Review Committee	
Issue/Activity narrative: First quarter 2025	
Key Discussion Points:	The Investigations Team submitted two new cases to the Peer Review Committee in the first quarter of 2025.
Appointment availability Resulting in Substantial Harm to Members	There were no incidents involving appointment availability issues resulting in substantial harm, as defined in Civil Code section 3428(b)(1), to a member or members in the first quarter of 2025.
Performance monitoring: NCQA CR 5.A.3-4 and complaint and grievance report track and trend Performance monitoring: NCQA CR 5.A.4 (as of 07/01/2025) and complaint and grievance report track and trend	Grievance data, over a rolling six-month period which includes exempt, quality of service, quality of care, and potential quality issue grievances, are reviewed collectively on a monthly basis against the Peer Review trended criteria guidelines outlined in, *HN.PR.02_Peer Review Committee Policy*. Providers/practitioners who meet the Peer Review trended criteria guidelines are escalated to the Peer Review Committee. Note: The report is completed in arrears. The last three months reviewed will be provided. Reviews completed in December, January, and February did not identify any providers/practitioners who met the Peer Review trended criteria for escalation.
NCQA CR 5.A.4 – Adverse injury that occurs by a practitioner NCQA CR 5.A.5 (as of 07/01/2025) – Adverse injury that occurs by a practitioner	There were zero cases identified outside of the ongoing monitoring process in which an adverse injury occurred during a procedure by a contracted practitioner in the first quarter of 2025.
Further Action Required – Cases that do not meet criteria for escalation to the PRC	The reviewing Medical Directors determined that further outreach was required for two cases. Outreach can include, but is not limited to: an advisement letter (site, grievance, contract, or allegation), case management referral, or notification to Provider Network Management. Zero cases involved behavioral health. These cases are summarized for PRC review and approval monthly.
Special Investigations Unit referrals	There were zero cases referred to peer review for further review. Further review includes a review of trended grievances, as well as license and sanction/exclusion review. Because zero cases were referred, zero cases required escalation for presentation at the Peer Review Committee.
805.01 Reporting	Zero cases required reporting for 805.01 in the first quarter of 2025.

Issue/Activity graph: First quarter 2025												
New Cases Presented	**Practitioner**		**Organizational Provider**		**Q1 2025 Total**		**Q4 2024 Total**		**Q3 2024 Total**		**Q2 2024 Total**	
	BH	**PH**	**BH**	**PH**	**BH**	**PH**	**BH**	**PH**	**BH**	**PH**	**BH**	**PH**
Outcome												
Tabled	0	0	0	0	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**
Monitored	0	0	0	0	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**
Corrective Action Plan	0	0	0	0	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**
Denied/Terminated	0	0	0	0	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**

REPORT SUMMARY TO COMMITTEE

Pending Closure	0	0	0	0	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**
Closed with letter of concern/letter of education/information	0	0	0	1	**0**	**1**	**0**	**0**	**0**	**0**	**0**	**0**
Closed with track and trend	0	1	0	0	**0**	**1**	**0**	**0**	**0**	**0**	**0**	**0**
Deferred	0	0	0	0	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**
Total	**0**	**1**	**0**	**1**	**0**	**2**	**0**	**0**	**0**	**0**	**0**	**0**
Source												
Quality of Care (QOC)	0	1	0	1	**0**	**2**	**0**	**0**	**0**	**0**	**0**	**0**
Potential Quality Issue (PQI)	0	0	0	0	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**
Track and Trend	0	0	0	0	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**
Total	**0**	**1**	**0**	**1**	**0**	**2**	**0**	**0**	**0**	**0**	**0**	**0**

QOC and PQI volume: First quarter 2025												
Grievance may not have resulted in PRC presentation.	**QOC**		**PQI**		**Q1 2025 Total**		**Q4 2024 Total**		**Q3 2024 Total**		**Q2 2024 Total**	
Data includes only the Medi-Cal product.	***BH**	**PH**	**BH**	**PH**	**BH**	**PH**	**BH**	**PH**	**BH**	**PH**	**BH**	**PH**
Medical Director Leveling												
0	0	2	0	2	**0**	**4**	**0**	**4**	**0**	**13**	**0**	**5**
1	0	0	0	0	**0**	**0**	**0**	**1**	**0**	**2**	**0**	**2**
2	0	2	0	0	**0**	**2**	**0**	**2**	**0**	**1**	**0**	**2**
3	0	0	0	0	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**
4	0	0	0	0	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**
Total	**0**	**4**	**0**	**2**	**0**	**6**	**0**	**7**	**0**	**16**	**0**	**9**
Classification												
Appropriateness of treatment	0	0	0	0	**0**	**0**	**0**	**2**	**0**	**1**	**0**	**0**
Cultural competency-Perceived discrimination2	0	0	0	0	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**1**
Delay in referral by PCP	0	0	0	0	**0**	**0**	**0**	**4**	**0**	**3**	**0**	**2**
Delay in referral by Specialist	0	0	0	0	**0**	**0**	**0**	**0**	**0**	**1**	**0**	**1**
Delay in RX refill	0	1	0	0	**0**	**1**	**0**	**0**	**0**	**0**	**0**	**0**
Diagnosis delay	0	0	0	0	**0**	**0**	**0**	**0**	**0**	**1**	**0**	**0**
Effectiveness of treatment	0	0	0	0	**0**	**0**	**0**	**0**	**0**	**2**	**0**	**0**
Inadequate care	0	2	0	0	**0**	**2**	**0**	**0**	**0**	**3**	**0**	**3**
Misdiagnosis	0	0	0	0	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**
Other	0	0	0	2	**0**	**2**	**0**	**1**	**0**	**0**	**0**	**0**
Provider preventable condition	0	0	0	0	**0**	**0**	**0**	**0**	**0**	**1**	**0**	**0**
Refusal to refer	0	0	0	0	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**1**
Refusal to treat	0	0	0	0	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**
Suspect neglect/abuse	0	1	0	0	**0**	**1**	**0**	**0**	**0**	**0**	**0**	**0**
Treatment delay	0	0	0	0	**0**	**0**	**0**	**0**	**0**	**4**	**0**	**1**
Total	**0**	**4**	**0**	**2**	**0**	**6**	**0**	**7**	**0**	**16**	**0**	**9**
Quality of service (QOS) grievances					**0**	**65**	**6**	**101**	**1**	**73**	**0**	**105**
Exempt grievances					**0**	**29**	**0**	**67**	**0**	**73**	**0**	**84**

REPORT SUMMARY TO COMMITTEE

Total QOC, PQI, QOS, and Exempt	0	100	6	175	1	162	0	198
The data are utilized in track and trend reporting to determine if practitioners and providers meet peer review criteria.								

See Appendices for Peer Review New Case Summaries

Credentialing Adverse Action Committee

Issue/Activity narrative: First quarter 2025	
Key Discussion Points:	Credentialing submitted zero new cases to the Credentialing Committee in the first quarter of 2025. There were no reconsiderations or fair hearings during the first quarter of 2025.
Outcome/ Committee Actions:	January, February, and March credentialing, recredentialing, denial, and termination rosters were submitted and approved via live or electronic Credentialing Committee meetings to meet business needs.
Appointment availability Resulting in Substantial Harm to Members	There were no incidents involving appointment availability issues resulting in substantial harm, as defined in Civil Code section 3428(b)(1), to a member or members in the first quarter of 2025.
Ongoing monitoring and interventions for sanctions and exclusions – NCQA CR5.A.1-2	Exclusion from federal procurement activities is non-compliant with minimum administrative requirements and results in exclusion from payment, any individual or entity that is excluded from participation in any Federal health care program under § 1128 or 1128A of the Act, pursuant to 42 C.F.R. §§ 438.808(a), 438.808(b)(2) 438.610(b) and 1903(i)(2) of the Act, except as permitted under 42 CFR 1001.1801 and 1001.1901. For currently participating practitioners, exclusion results in immediate removal from network participation. Reviews completed in January, February, and March identified zero practitioners/providers requiring removal from the Plan's network in Imperial County. If practitioners/providers were identified, notification would have been provided to the impacted practitioners/providers as well as impacted Plan departments such as Claims, Network Management, Delegation Oversight, Special Investigations Team, and Provider Data Management.
Ongoing monitoring and interventions for licensure expiration – NCQA CR5.A.3 (as of 07/01/2025)	Will be reported after the guideline becomes effective on 07/01/2025.
805 Reporting	Zero cases required reporting for 805 in the first quarter of 2025.

Issue/Activity graph: First quarter 2025												
New Cases Presented	**Practitioner**		**Organizational Provider**		**Q1 2025 Total**		**Q4 2024 Total**		**Q3 2024 Total**		**Q2 2024 Total**	
	BH	**PH**	**BH**	**PH**	**BH**	**PH**	**BH**	**PH**	**BH**	**PH**	**BH**	**PH**
Outcome												
Tabled	0	0	0	0	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**
Monitored	0	0	0	0	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**
Corrective Action Plan	0	0	0	0	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**
Denied/Terminated	0	0	0	0	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**
Clear/Closed	0	0	0	0	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**

REPORT SUMMARY TO COMMITTEE

Total	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**
Type												
Initial credentialing	0	0	0	0	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**
Recredentialing	0	0	0	0	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**
Adverse action only	0	0	0	0	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**
Total	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**
Source												
Board action	0	0	0	0	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**
Internal Department Referral	0	0	0	0	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**
Medi-Cal site	0	0	0	0	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**
Media events	0	0	0	0	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**
National Practitioner Data Bank	0	0	0	0	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**
Sanctions	0	0	0	0	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**
Combo: *Example – Board and Media*	0	0	0	0	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**
Prior Peer Review Committee administrative terminations	0	0	0	0	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**
Total	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**
Issue												
Appropriateness of treatment	0	0	0	0	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**
Driving under the influence	0	0	0	0	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**
Failure to communicate	0	0	0	0	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**
Failure to supervise	0	0	0	0	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**
Post-operative complication	0	0	0	0	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**
Prescribed controlled substances without maintaining accurate records	0	0	0	0	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**
Surgical error/Complication	0	0	0	0	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**
Total	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**

Credentialing Volume: First quarter 2025						
Data includes Behavioral Health and Physical Health	**Practitioner**	**Organizational Provider**	**Q1 2025 Total**	**Q4 2024 Total**	**Q3 2024 Total**	**Q2 2024 Total**
Overall Network for California						
Delegated	83,469	0	83,469	**79,883**	**78,758**	**75,432**
Non-Delegated	34,669	0	34,669	**33,105**	**48,935**	**34,729**
Total	**118,138**	**0**	**118,138**	**112,988**	**127,693**	**110,161**
Initial Credentialing						
Approved	1	1	**2**	**5**	**7**	**NA**
Denied	0	0	**0**	**0**	**0**	**NA**
Total	**1**	**1**	**2**	**5**	**7**	**NA**
Recredentialing						
Approved	1	0	**1**	**3**	**15**	**NA**

Terminated – other than non-responsiveness	0	0	**0**	**0**	**0**	**NA**
Terminated – non-responsiveness	0	0	**0**	**0**	**0**	**NA**
Total	**1**	**0**	**1**	**3**	**15**	**NA**

See Appendices for Credentialing Adverse Action New Case Summaries

Peer Review and Credentialing Adverse Action Analysis

Barriers:

- None.

Actions Taken:

Date	Action Taken	Barrier Addressed
NA	NA	NA

Next Steps:

- NA

REPORT SUMMARY TO COMMITTEE

Key Indicator Volumes – Includes all lines of business

Total Network	Non-Delegated Practitioners				Delegated Practitioners				Non-Delegated Organizational providers			
	Q1'25	Q4'24	Q3'24	Q2 '24	Q1'25	Q4'24	Q3'24	Q2 '24	Q1'25	Q4'24	Q3'24	Q2 '24
CA	34,669	33,105	48,935	34,729	83,469	79,883	78,758	75,432	6,015	5,983	5,827	5,777

Practitioners								
Initial Files	Completed - Initial Files Within 60 Days of Receipt					Compliance with State, Federal and Regulatory Guidance			
	Mar' 25	Feb' 25	Jan' 25	Dec' 24		Mar' 25	Feb' 25	Jan' 25	Dec' 24
CA	100.0%	100%	100%	99.0%		100%	100%	100%	100%

Practitioners								
Initial Files	Initial Files Approved					Initial Files Denied			
	Mar' 25	Feb' 25	Jan' 25	Dec' 24		Mar' 25	Feb' 25	Jan' 25	Dec' 24
CA	301	254	225	290		13	16	74	17

Organizational Providers								
Initial Files	Initial Files Approved					Initial Files Denied			
	Mar' 25	Feb' 25	Jan' 25	Dec' 24		Mar' 25	Feb' 25	Jan' 25	Dec' 24
CA	76	65	48	66		0	0	0	0

Practitioners												
Recred Files	Completed – Recredentialing within 36 months				Recredentialing files completed for 36 months				Compliance with State, Federal and Regulatory Guidance			
	Mar' 25	Feb' 25	Jan' 25	Dec' 24	Mar' 25	Feb' 25	Jan' 25	Dec' 24	Mar' 25	Feb' 25	Jan' 25	Dec' 24
CA	100%	100%	98.5%	100%	621	374	442	261	100%	100%	100%	100%

Practitioners												
Recred Files	Recred Files Approved				Terminated for Non-Responsive				Terminated for Other			
	Mar' 25	Feb' 25	Jan' 25	Dec' 24	Mar' 25	Feb' 25	Jan' 25	Dec' 24	Mar' 25	Feb' 25	Jan' 25	Dec' 24
CA	376	234	183	302	203	85	45	77	43	55	96	99

Organizational Providers												
Recred Files	Recred Files Approved				Terminated for Non-Responsive				Terminated for Other			
	Mar' 25	Feb' 25	Jan' 25	Dec' 24	Mar' 25	Feb' 25	Jan' 25	Dec' 24	Mar' 25	Feb' 25	Jan' 25	Dec' 24
CA	155	124	197	98	0	0	0	0	0	0	0	0

Recommendations Forwarded to QIHEC

☒ No Recommendations for QIHEC

☐ Recommendations for or requested actions from QIHEC

Issue	Recommendation

REPORT SUMMARY TO COMMITTEE

1.	

APPENDICES

Peer Review New Case Summaries & Outcomes:

- **PR Case #3118 – PH**
  - Medical Director Leveling: Level 2-Lack of timely intervention, and Level 3-Clinical judgment impacting member's care with mild to moderate adverse outcome.
  - Peer Review Committee Leveling: Severity code levels 0(d): Administrative problem such as; referral authorization and wait time for non-urgent care, 0(e): Upset, frightened member, II(b): Potential for temporary injury or outcome, and II(f): Lack of timely intervention with a determination code of SUB: Substantiated. The case was closed to track and trend.
- **PR Case #3179 – PH**
  - Medical Director Leveling: Level 2-Potential for temporary injury or outcome.
  - Peer Review Committee Leveling: 0(b): Emotional concern, 0(c): Member centered; interpersonal undetermined issue; deficit in communication, 0(d): Administrative problem such as; referral authorization and wait time for non-urgent care, 0(e): Upset, frightened member, I(b): Medical records documentation, omission or non-compliance, II(b): Potential for temporary injury or outcome, and II(f): Lack of timely intervention with a determination code of SUB: Substantiated. The case was closed to track and trend with a letter of concern.

Credentialing Adverse Action New Case Summaries & Outcomes:

- **There were zero BH and PH cases presented to committee in the first quarter of 2025.**

Q1 2025

Heath Net - BH - Initial Credentialing

First Name	Last Name	Professional Degree	Specialty	PCP/SCP/Non-Physician	License #	Board Certification (Y/N)	Specialty.	Board Certification Date	Approval Date
0 Reports									

Q1 2025

Heath Net - BH - Recredentialing

First Name	Last Name	Professional Degree	Specialty	PCP/SCP/Non-Physician	License #	Board Certification (Y/N)	Specialty.	Board Certification Date	Approval Date
0 Reports									

Q1 2025

Heath Net - BH - Initial Certification

Name of Organizational	Type	Approval Date
All Valley Urgent Care	Urgent Care	3/20/2025

Q1 2025

Heath Net - BH - Recertification

Name of Organizational	Type	Approval Date
0 Reports		

Q1 2025

Heath Net - MED - Initial Credentialing

First Name	Last Name	Professional Degree	Specialty	PCP/SCP/Non-Physician	License #	Board Certification (Y/N)	Specialty.	Board Certification Date	Approval Date
VINCENT	SOUN	MD	Family Practice	PCP	000000129661	Y	Family Practice	2/15/2026	1/23/2025
EMILIANO	HIGUERA	MD	Pediatrics	PCP	000000046557	Y	Pediatrics	2/15/2025	1/30/2025

Q1 2025
Heath Net - MED - Recredentialing

First Name	Last Name	Professional Degree	Specialty	PCP/SCP/Non-Physician	License #	Board Certification (Y/N)	Specialty.	Board Certification Date	Approval Date
0 Reports									

Q1 2025

Heath Net - MED - Initial Certification

Name of Organizational	Type	Approval Date
All Valley Urgent Care	Urgent Care	3/20/2025

Q1 2025

Heath Net - MED - Recertification

Name of Organizational	Type	Approval Date
0 Reports		

Industry Collaboration Effort

California Healthplan of Imperial Valley (CHIPV) Delegated Credentialing
ICE Quarterly Credentialing Submission Form

Delegate Name: Health Net, LLC., A Centene Corporation

Reporting Period: *(Check One Box)*

- ☒ **1st Quarter** (due May 15th)
- ☐ **2nd Quarter** (due August 15th)
- ☐ **3rd Quarter** (due November 15th)
- ☐ **4th Quarter** (due February 15th)

POLICY: California Healthplan of Imperial Valley (CHIPV) requires all delegated groups to complete this form and return it to the contact listed below on a Quarterly basis. If no practitioners were approved by the credentialing committee during the current reporting period, you are still required to sign and date this form and check the appropriate box below. Please send this form and all attachments to:

Michael Catello, Senior Manager - Quality Improvement
michael.j.catello@healthnet.com
(818) 676-5566

Check One Box Only

☐ **NO** California Healthplan of Imperial Valley (CHIPV) practitioners were discussed and/or reviewed for initial and recredentialing approvals or denials during this time.

☒ At the Credentialing Committee meeting(s) on *(list all dates during this reporting period)*
1/30/2025, 2/27/2025 and 3/27/2025.

The following practitioners were approved for initial and recredentialing *(attach list of practitioners to include: complete name; professional degree; specialty; PCP/SCP designation; current license #; board certification specialty; board certification expiration date; credentialing/recredentialing approval date; and date with **quality of care** reason(only) for **suspension /termination/resignation**. (Attach list, if applicable).*

	PCP's MD/DO	SCPs MD/DO/DDS/DPM	Non-Physician/Allied Health PA/NP/OD etc.	OP/HDOs SNFs/Home Healthcare, Facilities, etc.
Total # of Initial Creds	1	0	0	1
Total # of Recreds	1	0	0	0

(For Quality of Care ONLY)	PCP's MD/DO	SCPs MD/DO/DDS/DPM	Non-Physician/Allied Health PA/NP/OD etc.	OP/HDOs SNFs/Home Healthcare, Facilities, etc.
Total # of Suspension				
Total # of Terminations				
Total # of Resignations				

Site Visit for Complaint Monitoring	**Number of Complaints**		**Number of Site Audits Conducted**	

IMPROVEMENT ACTIVITIES: Check here if no activities ☒

Please provide a summary of any credentialing activities carried out to improve performance (e.g., POC, CVO contract, new computerized tracking system, updated policies and procedures).

The undersigned hereby attests that the above information is truthful, accurate and complete.

Signed (Name & Title): Michael J Catello, CPMSM, CPCS - Senior Manager - Quality Improvement

Date: 4/08/2025

Industry Collaboration Effort

California Healthplan of Imperial Valley (CHIPV) Delegated Credentialing ICE Quarterly Credentialing Submission Form

Delegate Name: Health Net, LLC., A Centene Corporation

Reporting Period: *(Check One Box)*

- ☒ **1st Quarter** (due May 15th)
- ☐ **2nd Quarter** (due August 15th)
- ☐ **3rd Quarter** (due November 15th)
- ☐ **4th Quarter** (due February 15th)

POLICY: California Healthplan of Imperial Valley (CHIPV) requires all delegated groups to complete this form and return it to the contact listed below on a Quarterly basis. If no practitioners were approved by the credentialing committee during the current reporting period, you are still required to sign and date this form and check the appropriate box below. Please send this form and all attachments to:

Michael Catello, Senior Manager - Quality Improvement
michael.j.catello@healthnet.com
(818) 676-5566

Check One Box Only

☐ **NO** California Healthplan of Imperial Valley (CHIPV) practitioners were discussed and/or reviewed for initial and recredentialing approvals or denials during this time.

☒ At the Credentialing Committee meeting(s) on *(list all dates during this reporting period)* 1/30/2025, 2/27/2025 and 3/27/2025.

The following practitioners were approved for initial and recredentialing *(attach list of practitioners to include: complete name; professional degree; specialty; PCP/SCP designation; current license #; board certification specialty; board certification expiration date; credentialing/recredentialing approval date; and date with **quality of care** reason(only) for **suspension /termination/resignation**. (Attach list, if applicable).*

	PCP's MD/DO	SCPs MD/DO/DDS/DPM	Non-Physician/Allied Health PA/NP/OD etc.	OP/HDOs SNFs/Home Healthcare, Facilities, etc.
Total # of Initial Creds	0	0	0	0
Total # of Recreds	0	0	0	0

(For Quality of Care ONLY)	PCP's MD/DO	SCPs MD/DO/DDS/DPM	Non-Physician/Allied Health PA/NP/OD etc.	OP/HDOs SNFs/Home Healthcare, Facilities, etc.
Total # of Suspension				
Total # of Terminations				
Total # of Resignations				

Site Visit for Complaint Monitoring	**Number of Complaints**		**Number of Site Audits Conducted**	

IMPROVEMENT ACTIVITIES: Check here if no activities ☒

Please provide a summary of any credentialing activities carried out to improve performance (e.g., POC, CVO contract, new computerized tracking system, updated policies and procedures).

The undersigned hereby attests that the above information is truthful, accurate and complete.

Signed (Name & Title): Michael J Catello, CPMSM, CPCS - Senior Manager - Quality Improvement

Date: 4/08/2025

REPORT SUMMARY TO COMMITTEE

TO: Program Accreditation Department/QIHEC
Medi-Cal Ops
FROM: Ed Mariscal
Director, Population Health
DATE:
SUBJECT: LTSS Report – SHP

Purpose of Activity

The Public Programs & LTSS Department provides updates and engagement with State Health Programs-Long Term Services & Supports members to increase referrals and coordination of care. Included in this report is SHP dashboard information through **March 2025**. Due to a lag in claims run, some of the more recent data will be incomplete.

Analysis/Findings/Outcomes

CBAS (Community Based Adult Services)

	Jan 2025	Feb 2025	Mar 2025
Unique Utilizing CBAS Mbrs	243	236	240
Average Days per Week	1.9	1.9	1.8
Members utilizing CBAS six months ago, now in LTC	0	0	0

- Q1 2025, SHP CBAS utilizers attended an average 1.9 days/week – well below 3.4 average we see in other Counties.
- We have zero utilization of ERS in Imperial County
- We have zero critical incidents in CBAS in Imperial County
- Average time to complete Face to Face assessment is 12 days – well under 30 day requirement

LTC (Long Term Care)

Unique Utilizing LTC Members	Jan 2025	Feb 2025	Mar 2025
El Centro Post Acute	96	96	77
Imperial Manor	30	32	29
Pioneer Memorial D/P	73	77	76
Out of County	29	34	28
Out of State	0	0	0

- Access to timely transportation continues to be a top complaint amongst LTC providers
- CalAIM training for SNFs, including Transitional Care Services and Recuperative Care to support transitions to lower levels of care
- Working with internal stakeholders to stand up WQIP and QAPI programs

ICF/DD (Intermediate Care Facility)

Unique Utilizing LTC Members	Jan 2025	Feb 2025	Mar 2025
ARC #1, #2, #3	15	15	13

- Access to transportation, ancillary providers and specialists continue to be a top priority for ICF/DD home providers

Barrier Analysis

1. Available SNF, Subacute and LTC beds are hard to find with limited infrastructure

Actions Taken

Date	Action Taken	Barrier Addressed
01/01 - Present	Working with SNF network in San Diego and Riverside Counties to accept CHPIV members; Looking at alternatives to SNF/LTC level of care, including assisted living and recuperative care.	#1

Next Steps

- LTSS Liaison and workgroup webinar on May 13 to support DHCS WQIP incentive program
- Transitional Care Services Training ongoing for SNFs and Acute Care Hospitals
- CalAIM training to CBAS centers to support referrals and prevent ED utilization

Behavioral Health

Q1 2025

Submitted by Jessie Blake, LMFT

Vice President Clinical Operations (BH)

BH Utilization—CHPIV

Combined MH and SUD

Quarter	Unique Patients	Total Units	Units per Patient	Avg. paid per unit	Unique pts./1,000	Units/ 1,000
Q1 2024	2,542	4,910	1.9	$55.02	102.8	198.5
Q2 2024	3,059	6,177	2.0	$50.17	125.6	253.7
Q3 2024 (7&8) Q3 2024 (9)	1,918 No data due to issues with BH flag in ABS.	3,612	1.9	$52.73	119.7	225.4
Q1 2025	No data due to issues with BH flag in ABS. Data for Sept-Dec 2024 will be available in Q2 2025.					

- Authorization decision timeliness was at 100%, exceeding the 95% target.
- Appointment accessibility by risk rating not applicable due to not having received any risk-rated calls during this quarter

-Previous quarters updated to accommodate for claims lag and data errors
-SUD utilization is minimal due to County SUD services carve-out

Health Net Behavioral Health – Q1 Report

Care Coordination Overview –CHPIV

Q1 BH Medi-Cal Referrals – CHPIV

8	members were referred to HN BH by County SMHP
1	members were referred by HN BH to County SMHS
44	members were referred to HN BH providers

Q1 Care Coordination Referrals

	CHPIV
members referred for health plan case management	6

Members served information unavailable due to reporting issues stemming from BH flag issue in ABS.

Autism Center Q1 2025

Community Health Plan of Imperial Valley	
Members authorized for ABA (assessment & treatment):	172
Total ABA authorizations:	406
ABA full clinical denials:	0
ABA partial clinical denials:	4
Average number of direct treatment (Individual & Group):	~11.5 hrs/week
Age range:	1 y/o – 20 y/o

SUMMARY REPORT TO THE QI/HEC COMMITTEE

TO: Community Health Plan of Imperial Valley – Quality Improvement/Health Equity Committee

FROM: Kathleen Lang, Vice President, Medi-Cal Regional Lead

DATE: May 8, 2025

SUBJECT: County Relations Quarterly Report – Q1 2025

Purpose:

The purpose of this report is to provide a summary of the relevant County Public Health (PH), County Behavioral Health (BH) and Regional Center (RC) activities, initiatives, and updates for Imperial County. The report also provides information that includes but not limited to; care coordination updates, PH/BH referral data, tuberculosis data and ABA services data. All these activities support CHPIV's compliance with requirements of the Memorandum of Understanding between CHPIV, Health Net and the various corresponding County Agencies and Regional Centers.

Imperial County

Behavioral Health

The Q1 2025 meeting with the Imperial County Behavioral Health Department was held on February 20, 2025. The following are the relevant Q1 2025 updates for Imperial County Behavioral Health Department (ICBHD):

- ICBHD and CHPIV have initiated conversations about data exchange pathways regarding the MOU and care coordination efforts. These discussions have led to the first review of the MOU-related policy and procedures with ICBHD administration. The eventual goal is to come to mutually agreed upon policies and procedures. The second meeting is set in May.
- ICBHD provided updates on county-specific activities and MCP population needs assessment involvement; ICBHD is investigating participation in BH-CONNECT. The BH-CONNECT initiative is designed to increase access to and strengthen the continuum of community-based behavioral health services for Medi-Cal members living with significant behavioral health needs.

Public Health

The Q4 2024 meeting with the Imperial County Public Health Department was held on March 13, 2025. The following are the relevant Q1 2025 updates for Imperial County Public Health Department (ICPHD):

- ICPHD and CHPIV have initiated conversations about data exchange pathways regarding the MOU and care coordination efforts. These discussions have led to the first review of the MOU-related policy and procedures with ICPHD administration. The eventual goal is to come to mutually agreed upon policies and procedures. The second meeting occurred in April.
- ICPHD provided updates on county-specific activities and MCP population needs assessment involvement; Following recent changes by the State in the CCS program, ICPHD is expecting an increase in delays for authorizations as well as opening and closing cases. This new State responsibility began at the beginning of February. ICPHD continues to adjust to the change.

Regional Center

The Q1 2025 meeting with the San Diego Regional Center was held on March 18, 2025. The following are the relevant Q1 2025 updates for the San Diego Regional Center (SDRC):

- SDRC has proposed modifications to the DHCS Regional Center MOU bespoke template in collaboration with Healthy San Diego that aligns closely to a mutual approach with CHPIV to be in compliant with DHCS guidance. SDRC and CHPIV are meeting in April to continue a mutually aligned approach.
- There were no significant changes to programming or data.

Attachments:

- Appendix A – Activities for Q1 2025
- Appendix B – Referrals Data and members receiving ABA Services in Q1 2025
- Appendix C – Q2 2025 Meetings Scheduled for Imperial County

Appendix A

Activities for Imperial County in Q1 2025

Meetings Held in Imperial County Q1 2025

Behavioral Health:	Q1 2025 Quarterly Meeting was held on February 20, 2025 MOU Policy and Procedure Workgroup held on January 27, 2025
Public Health:	Q1 2025 Quarterly Meeting was held on March 13, 2025 MOU Policy and Procedure Workgroup held on February 19, 2025
Regional Center:	Q1 2025 Quarterly Meeting was held on March 18, 2025
Other Meetings:	WIC MOU Policy and Procedure Workgroups (biweekly)

Appendix B

BH & PH Referral Data and Members Receiving ABA Services in Q1 2025

Behavioral Health - Referral Data Q1 2025

Screening Tools Completed

Imperial County Q1 2025 Referral Data				
Screening Tool Type	**Jan-25**	**Feb-25**	**Mar-25**	**Q1 2025 Total**
Adult	**10**	**5**	**6**	**21**
MCP (NSMHS)	10	5	5	20
MHP (SMHS)	0	0	1	1
Youth	**11**	**2**	**2**	**15**
MCP (NSMHS)	10	2	1	13
MHP (SMHS)	1	0	1	2
Grand Total	**21**	**7**	**8**	**36**

Please Note:
NSMHS* = Score Under 6 (MCP)
SMHS+ = Score 6+ (MHP)
*Some members may require referral to County despite score under 6 due to DHCS instructions regarding certain demographics (E.g., foster children, juvenile probationers).
+Some members may decline referral to County despite score over 6 and would be routed to MHN providers for clinical assessment per the DHCS “No Wrong Door” policy.

Q1 2025 Referral Details:

Referral Category	Activity Type	Count
Received by MCP	Screening MH	1
	TOC Add-On	0
	TOC Stepdown	7
MCP Total		**8**
Sent to MHP	Screening MH	0
	Screening SUD	1
	TOC Add-On (MH)	0
	TOC StepUp (MH)	0
	TOC (SUD)	0
MHP Total		**1**
Referred to CM	Member referred to case management	6
Referred to CM Total		**6**
Referral Request	Referral Request	44
Referral Request Total		**44**
VID Requests	VID Benefit Explanation	2
VID Total		**2**
Other	Met SMHS – Member Declined	0

	Care Coordination	44
Other Total		**44**
Grand Total		**61**

Claims-Based Mild to Moderate Members Served Q1 2025:

Medi-Cal	Jan 2025	Feb 2025	Mar 2025
Imperial County	TBA	TBA	TBA

Analysis/Findings/Outcomes:
The number of referrals between the county and the health plan continue to occur as per the DHCS Screening and Transition of Care Tools requirements. Imperial County staff continue to train staff and contracted providers on proper use of the standardized tools. Although both ICBHD and CHPIV are utilizing the standardized tools, the scoring algorithm and routing instructions on the DHCS tools have impacted the number of bidirectional referrals.

California Children's Services (CCS) Data Q1 2025

Qtr / Year	County	County Code	CCS Eligible	Total Enrollment	Enrollment <21 y/o	Total Enrollment (%)	CCS Elig Enrollment (%)
Q1 2025	IMPERIAL	533	2,187	101,322	40,174	2.2%	5.4%

Applied Behavior Analysis (ABA) Services Data

Autism Center Data

Total Members Provided UM & CM	172
New referrals for ABA services	Data unavailable
ABA authorizations	406
ABA full denials	0
ABA partial denials	4
New SCAs for out-of-network providers (mostly COC)	0
Average number of treatment hours/week authorized	11.5
Age range of ABA recipients	1.0 years -20 years
ABA authorizations by county	Data unavailable

REGIONAL CENTER DATA

COUNTY	REGIONAL CENTER	# OF MEMBERS
Imperial	San Diego Regional Center	(system error, data incomplete)

Analysis/Findings/Outcomes:
Comprehensive Diagnosis Evaluations (CDE) are referrals completed by the Autism Center. The Autism Center staff provides outreach to members who are seeking an ASD diagnosis confirmation. Please be advised that not all are regional center members are currently authorized - some members are still in the process of finding a provider.

Appendix C

Q2 2025 Meetings Scheduled for Imperial County

Meetings Scheduled for Q2 2025

List of quarterly/community meetings scheduled for Q2 2025 within Imperial County

Functional Area	Date	Meeting Name
Public Health	June 12, 2025	Imperial County Public Health Q2 2025 Quarterly Meeting
	TBD	MOU P&P Collaboration
Behavioral Health	May 15, 2025	Imperial County Behavioral Health Q2 2025 Quarterly Meeting
	April 30,2025	MOU P&P Collaboration
Regional Center	June 17, 2025	San Diego Regional Center Q2 2025 Quarterly Meeting
	April 24, 2025	MOU Collaboration
WIC	May 19, 2025	MOU P&P Collaboration

Health Net Pharmacy Advisory Committee Charter

Purpose

The Health Net Pharmacy Advisory Committee shall be responsible for oversight and communication about Health Net of California's pharmaceutical program. The Committee advises on Health Net of California medical and pharmacy drug benefit services to ensure they are being managed effectively and efficiently, while ensuring quality care is provided to the health plan membership.

I. SCOPE

The Health Net Pharmacy Advisory Committee's oversight encompasses the following product lines.

- Commercial
- Market Place
- Medi-Cal

II. FUNCTIONS

1. Reviews and approves Pharmacy Policy and Procedures specific to California pharmacy operations.
2. Provides input to California specific Prior Authorization criteria and policies that guide exceptions and other utilization management processes, including drug utilization review, quantity limits, and therapeutic interchange.
3. Review medical drugs authorization requirements and alignment with Pharmacy and Medical policies.
4. Presents Health Plan Pharmacy Business Review and Quarterly Corporate DUR outcomes and/or clinical initiatives reporting.
5. Reviews and approve DOFR drug categorizations.
6. Reviews Corporate P&T Meeting minutes
7. Report on Annual Inter-rater Reliability (IRR) review results.

8. Discuss other pharmacy related issues specific to California i.e., regulatory, Pharmacist compensation, etc.
9. Discuss Pharmacy benefit options to remain competitive.
10. Coordinate with various Health Net of California departments, including Health Care Services, Legal, Underwriting, Compliance, Finance, Program Accreditation and Provider Services Department to ensure legal and regulatory compliance.
11. Report Quarterly to the Health Net of California Quality Improvement Committee (HNCA QIHEC) as well as the Health Net Community Solutions (HNCS QHIEC) on drug therapy management opportunities that promote the quality of care and/or services provided to members.
12. Review California pharmacy operational key performance indicators to identify drug trends (financially impactful) and/or improvement areas, design action plans to improve performance, measure performance improvement, and report results to appropriate committees.

III. REPORT DISTRIBUTION

A. The Health Net Pharmacy Advisory Committee will submit minutes to the Health Net of California Quality Improvement Committee (HNCA QIHEC) as well as the Health Net Community Solutions (HNCS QHIEC).

IV. MEMBERSHIP AND MEETINGS

A. Membership will include Health Net's Medical Directors or his/her designees, Centene Pharmacy Services (CPS) California Pharmacy team, and other areas that may be impacted by pharmacy operations. The Pharmacy Advisory committee is multidisciplinary and will be comprised of physicians and pharmacists as shown below.

B. The Committee shall consist of the following Voting Members (or his/her designee) and non-voting members:

Voting Members	**Non-Voting Members and Guests**
HNCA, HNCS Medical Directors, & CalViva CMO (minimum of 2) Pharmacy Directors (minimum of 2) Senior Clinical Pharmacists HNCA (2)	Finance Pharmacist representing Drug Information Pharmacist – CPS Account Manager Underwriting

CPS Clinical Account Manager, CPS Drug Information Representative	Appeals & Grievances Medical Management/Population Health Compliance Mental Health Sales

C. Additional committee members and staffing personnel shall be appointed/invited.

D. Voting members shall not have a conflict of interest with respect to the health plan or any pharmaceutical manufacturer. All voting members must complete a Conflict-of-Interest form to replace the form on file. Meeting minutes will reflect any member(s) who abstains from voting. The Committee Chair will document separately the discussion of a conflict of interest and the determination that a conflict exists. This documentation will include the topic that the member is required to abstain from voting or discussing.

E. Attendance: Committee voting members are expected to attend all meetings or provide a designee to represent if unable to attend (if available). Members in attendance are also expected to remain present during active proceedings; except for important personal needs, members should not leave the meeting room until the meeting is adjourned. Failure to meet attendance requirements may result in removal from the committee at the Chairperson's discretion.

F. Quorum: A quorum of voting members is required to conduct the Pharmacy Advisory Committee business. A quorum consists of 50 percent of the voting members, including at least one physician. When vacancies occur, voting members will be appointed by the Chief Medical Officer or the Chairperson(s).

G. Minutes: The Pharmacy Advisory Committee shall keep contemporaneous minutes of its meetings including the rationale for its decisions regarding the development of, or the revisions to the formulary drug lists. The written minutes will be approved by its membership at each quarterly meeting.

V. MEETING SCHEDULE

A. The Health Net Pharmacy Advisory Committee shall meet at least quarterly.

B. The Health Net Pharmacy Advisory Committee may be asked to meet on an ad-hoc basis if urgent reviews are needed.

C. Meetings will be conducted via teleconference or via videoconference. Urgent items requiring approval outside regular meetings may be circulated and acted upon via e-mail or fax.

D. The chairperson of the committee is authorized to act on committee business outside of regular meetings. The chairperson will report on all such actions at the next regularly scheduled meeting.

VI. REVISION / REVIEW / APPROVAL HISTORY

First Issued: 7/25/24

Revised: 02/26/2025

Approved: 03/03/2025

Health Net

AGENDA

Meeting Name/Topic:	**Health Net Pharmacy Advisory Committee**
Date/Time/Location	Tuesday February 25th 12:00PM Teams
Teams Information	**Join the meeting now** Meeting ID: 248 578 756 167 Passcode: yY6vn6Xh

Attendees:

		Pharmacy			
X	Alan Jacobs, Senior Pharmacy Director	X	Matt Easton, Pharmacy Director	X	Sue Leong, Clinical Account Manager
X	Flora Siao, Senior Clinical Pharmacist	X	Mersedeh Hashemian, Senior Clinical Pharmacist	X	Janice Hale, Director Clinical Pharmacy Services
		Medical Directors			
X	David Haddad, HNCA VP Medical Director	X	Todd May, HNCA VP Medical Director	O	Patrick Marabella, CMO CalViva Health
X	Ramiro Zúñiga, HNCA VP Medical Director				
		Guests			
X	Yvonne Binghold				
X	Mena Katema (RPh student)				

Agenda Items	Topic/Discussion
1	Q4 PAC Meeting Minutes (Matt) • Charter update – Review final version based on previous meeting feedback
2	Q4 Corporate P&T meeting minutes (Matt) • Approved Q4 Meeting minutes attached
3	Policy review (Flora) • GLP-1 policies: Additional minor updates • Enteral Nutrition (Medicaid) • Medicaid Operational P&Ps
4	DOFR and HCPC Crosswalk (Alan) • New Drugs, updated codes and classifications
5	• 2025 CMS DUR survey
6	Open Items – P2P process for Medi-Cal (update for Dr. Zuniga)

TO:	**Health Net Community Solutions QI/UM Committee**
FROM:	Matt Easton, Pharm.D. Director, Pharmacy
COMMITTEE DATE:	May 8th, 2025
SUBJECT:	Pharmacy Operations Metrics (Q1 2025)

Summary:

Pharmacy prior authorization (PA) metrics were within 5% of goal in the 1st Quarter 2025. Turnaround time (TAT) expectation is 100% with a threshold of 95%. TAT requirement for all medical benefit pharmacy requests is within 24 hours of receipt by the plan.

Purpose of Activity:

The purpose of this activity is to provide key indicators measuring the performance of the PA Department in service to Community Health Plan of Imperial Valley members.

Data/Results: PA Metrics

	Goal		Jan 2025	Feb 2025	Mar 2025	Apr 2025	May 2025	Jun 2025	Jul 2025	Aug 2025	Sep 2025	Oct 2025	Nov 2025	Dec 2025
Total CHPIV														
Total # PA's	**N/A**		**52**	**52**	**62**									
# Approved %	**N/A**		**65%**	**64%**	**61%**									
# Denied %	**N/A**		**35%**	**36%**	**39%**									
PA per 1,000M	**N/A**		**0.53**	**0.53**	**0.64**									
% PA requests meet goal*	**100%**		**100%**	**98.1%**	**98.4%**									

*Regulation change as of 7/1/2017: turnaround time for PAs changed to 24 calendar hours (both routine and urgent requests)

Analysis/Findings/Outcomes:

Pharmacy prior authorization (PA) metrics were at in all months of Q1 2025. The average TAT for Q1 2025 was **98.9%**. PA turnaround time is monitored to identify PA requests that are approaching required turnaround time limits.

Barrier Analysis:

Q1 2025 TAT threshold was met with an average of **98.9%**. PA approval rates in Q1 2025 were similar compared to Q4 2024. Trending in volume and TAT will be monitored in Q2 2025 to ensure consistent processes and procedures by the PA team.

Actions Taken:

Continued monitoring of the TAT and approval and denial rate will be monitored to identify trends based on review medical benefit drugs to ensure 95% threshold is being met with a goal on 100%.

Next Steps:

Community Health Plan of Imperial Valley will continue to monitor operational metrics and present report quarterly to this committee.

Community Health Plan OF IMPERIAL VALLEY

TO:	**Health Net Community Solutions QI/UM Committee**
FROM:	Matt Easton, Pharm.D. Director, Pharmacy
MEETING DATE:	May 8th, 2025
SUBJECT:	Quality Assurance/Reliability Results (Q1) 2025

Summary:

Pharmacy Services is delegated to review medical benefit drug prior authorization requests for the health plan. A sample of 10 prior authorizations (4 approvals and 6 denials) from each month in the quarter are reviewed to ensure that they are completed timely, accurately, and consistently according to regulatory requirements and established health plan guidelines. The target goal of this review is 95% accuracy or better in all combined areas with a threshold of 90%.

Purpose of Activity:

Oversight of the prior authorization reviews for physician administered drugs done by Community Health Plan of Imperial Valley's delegated pharmacy prior authorization team.

Data/Results IRR:

PA #	Timeliness	Criteria applied appropriately	Clear and appropriate language	Agreed with decision
1(A)	Yes	Yes	Yes	Yes
2(A)	Yes	No	Yes	No
3(A)	Yes	Yes	Yes	Yes
4(A)	Yes	Yes	Yes	Yes
5(D)	Yes	Yes	Yes	Yes
6(D)	Yes	Yes	No	Yes
7(D)	Yes	Yes	No	Yes
8(D)	Yes	Yes	Yes	Yes
9(D)	Yes	Yes	Yes	Yes
10(D)	Yes	Yes	Yes	Yes
11(A)	Yes	Yes	Yes	Yes
12(A)	Yes	No	Yes	Yes
13(A)	Yes	No	Yes	Yes
14(A)	Yes	Yes	No	Yes
15(D)	Yes	Yes	Yes	Yes
16(D)	Yes	Yes	Yes	Yes
17(D)	Yes	Yes	Yes	Yes
18(D)	Yes	Yes	Yes	Yes

19(D)	Yes	Yes	Yes	Yes
20(D)	Yes	Yes	Yes	Yes
21(A)	Yes	Yes	Yes	Yes
22(A)	Yes	Yes	Yes	Yes
23(A)	Yes	Yes	Yes	Yes
24(A)	Yes	Yes	Yes	Yes
25(D)	Yes	Yes	Yes	Yes
26(D)	Yes	Yes	Yes	Yes
27(D)	Yes	Yes	Yes	Yes
28(D)	Yes	Yes	Yes	Yes
29(D)	Yes	Yes	Yes	Yes
30(D)	Yes	Yes	Yes	Yes
Total Yes	**30**	**27**	**27**	**29**
Total No	**0**	**3**	**3**	**1**
Total	**30**	**30**	**30**	**30**
Accuracy %	**100%**	**90%**	**90%**	**96.7%**
Overall %	**94.17%**			

Analysis/Findings/Outcomes:

- **90%** threshold met. **95%** goal not met; overall score was **94.17**%
- **0** sample cases missed TAT after plan.
- **3** sample cases had potential criteria application or documentation issues after plan review.
- **3** sample cases had letter language that could have been clearer and more concise after plan review.
- **1** sample case was determined to have a questionable denial or approval after plan review.

Barrier Analysis:

In Q1 2025, Clear and appropriate language and Criteria Application noted as an area of concern, however it did meet the target goal of 90%. All other areas met and exceeded target of 95% A more detailed review and QA on cases in Q1 2025 has been performed and results have been shared with PA management to address concerns.

Actions Taken:

Date	Action Taken	Barrier Addressed
4/24/2025	Results have been shared with PA Managers for review and feedback to the reviewers.	All Areas

Next Steps:

Community Health Plan of Imperial Valley will continue to monitor top Medical Benefit PA requests in 2025 and present report quarterly to this committee.

TO: **Health Net Community Solutions QI/UM Committee**

FROM: Matt Easton, Pharm.D.
Director, Pharmacy

COMMITTEE DATE: May 8th, 2025

SUBJECT: Pharmacy Top 25 Prior Authorizations (Q1 2025) – Medical Benefit

Summary:

Report 1st Quarter 2025 of the top 25 medical benefit drug PA requests to the PA team.

Purpose of Activity:

The purpose of this activity is to identify the most requested medications to the Medical Benefit PA team for Community Health Plan of Imperial Valley members and assess potential barriers to access of medications through the PA process.

(Data/Results):

October 2024	November 2024	December 2024	January 2025	February 2025	March 2025
pegfilgrastim	pegfilgrastim	pegfilgrastim	botulinum toxin	botulinum toxin	botulinum toxin
botulinum toxin	IV iron	pembrolizumab	pembrolizumab	pegfilgrastim	epoetin alfa
denosumab	botulinum toxin	botulinum toxin	denosumab	denosumab	pegfilgrastim
filgrastim	denosumab	rituximab	IV Iron	pembrolizumab	leuprolide
IV iron	pembrolizumab	nivolumab	pegfilgrastim	epoetin beta	IV Iron
pembrolizumab	bevacizumab	fulvestrant	nivolumab	trastuzumab	trastuzumab
unclassified drugs	epoetin beta	IV iron	daratumumab	epoetin alfa	bimatoprost
aflibercept	trastuzumab	omalizumab	filgrastim	infliximab	denosumab
ocrelizumab	filgrastim	viscosupplement	leuprolide	IV Iron	epoetin beta
trastuzumab	leuprolide	bcg live	pemetrexed	leuprolide	goserelin
dexamethasone implant	ocrelizumab	bevacizumab	trastuzumab	rituximab	nivolumab
eptinezumab	pertuzumab	collagenase clostridium	aflibercept	ublituximab	rituximab
nivolumab	unclassified drugs	denosumab	belimumab	asparaginase	anifrolumab
omalizumab	-	epoetin beta	blinatumomab	bevacizumab	azacitidine
pertuzumab	-	filgrastim	collagenase clostridium	cabazitaxel	blinatumomab

October 2024	November 2024	December 2024	January 2025	February 2025	March 2025
pertuzumab and trastuzumab	-	ipilimumab	epoetin beta	daratumumab	cantharidin
risankizumab	-	leuprolide	goserelin	pertuzumab	eptinezumab
rituximab	-	paclitaxel	infliximab	risankizumab	filgrastim
trastuzumab	-	polatuzumab	polatuzumab	supprelin implant	ipilimumab
viscosupplement	-	prednisone	rituximab	viscosupplement	IVIG
-	-	tezepelumab	tocilizumab	trastuzumab	octreotide
-	-	unclassified drugs	ublituximab	daratumumab	pembrolizumab
-	-	-	unclassified drug	-	pemetrexed
-	-	-	verteporfin	-	romiplostim
-	-	-	vincristine	-	trastuzumab

* The Top 25 is based on all PA requests for a medical benefit drug received

Top 10 Denials of the Quarter by Percentage and Total Number			
Drug Name	**% Denied**	**Drug Name**	**# Denied**
epoetin alfa	***100.00%***	IV Iron	***10***
epoetin beta	***100.00%***	botulinum toxin	***8***
IV Iron	***100.00%***	epoetin alfa	***8***
pegfilgrastim	***47.06%***	pegfilgrastim	***8***
nivolumab	***40.00%***	epoetin beta	***6***
rituximab	***40.00%***	denosumab	***3***
trastuzumab	***40.00%***	pembrolizumab	***3***
goserelin	***33.33%***	nivolumab	***2***
pemetrexed	***33.33%***	rituximab	***2***
denosumab	***30.00%***	trastuzumab	***2***

* Medications with less than 3 total requests are excluded from the above data to prevent heavy weighted or skewed results.

Analysis/Findings/Outcomes:

Top 25 PA requests in Q1 2025 are listed above.

Actions Taken:

No Action is required.

Next Steps:

Community Health Plan of Imperial Valley will continue to monitor top PA requests and present report quarterly to this committee.

Requestor	Request Date	Effective Date	Posting Date	Health Plan/LOB (HN/CalViva/CHPIV)	Ops Manual Section #	Ops Manual Subsection Title	Ops Manual Document Title	Provider Update Title	Provider Update #	Provider Update Link	Justification (Contractual, Legislative, Regulatory, Business)	Summary of Change	Provider Communications Writer
Juli Coulthurst	1/31/2025	1/1/25	1/31/25	HMO	SECTION 13	STATE-SPECIFIC INFORMATION AND IMPORTANT REGULATIONS	AB 1936 Maternal Mental Health Screening Requirements	Prioritize Maternal Mental Health with Expanded Screenings	24-1285m	https://providerlibrary.healthnetcalifornia.com/news/24-1285m-prioritize-maternal-mental-health-with-expanded-screeni.html	Regulatory	Effective January 1, 2025, physicians and other providers must include at least one mental health screening during pregnancy and another within the first six weeks postpartum.	Tyler Pyka
Gilda Medrano	12/13/2024	3/1/25	2/28/25	MCL/CVH/CHPIV	Section 6	MEMBER ACCESS TO PRACTITIONERS	New subsection to be added - 6.4 Transportation for Medi-Cal Members	Action Needed: Request Prior Authorization for NEMT and Submit PCS Forms Directly to Health Net for Medi-Cal Members	MCL: 24-1319 CHPIV: 24-1321 CalViva: 24-1320	https://providerlibrary.healthnetcalifornia.com/news/24-1319-action-needed--request-prior-authorization-for-nemt-and-.html	Regulatory	Updates made to information about the process and forms used when requesting non-emergency medical transportation for Medi-Cal members.	Tim Zavar
Lily Clements	3/24/2025	3/28/2025		HMO, PPO, MCL, CV, CHPIV, WCBHN	Section 12	Billing and Reimbursement	Telehealth Billing Requirements	Avoid Behavioral Health Claim Payment Delays & Denials	Comm/MCL/WCBHN: 25-289 CV: 25-290 CHPIV: 25-291	https://providerlibrary.healthnetcalifornia.com/news/25-289-avoid-behavioral-health-claim-payment-delays---denials.html	Contractual	Requirements for behavioral health providers on how to bill for telehealth services.	Nicole Wong-Liston

Requestor/SME	Effective Date	Posting Date	Health Plan/LOB (HN/CalViva/CHPIV)	Section/Subsection Title	Justification (Contractual, Legislative, Regulatory, Business)	Provider Communications Writer
Randy VonFeldt	1/1/2025	2/11/2025	Medi-Cal (HN, CalViva, CHPIV)	Introduction	Regulatory	Nicole
Randy VonFeldt	1/1/2025	2/11/2025	Medi-Cal (HN, CalViva, CHPIV)	Provider Experience and Qualifications	Regulatory	Nicole
Randy VonFeldt	1/1/2025	2/11/2025	Medi-Cal (HN, CalViva, CHPIV)	Getting Ready for ECM: The ECM Provider and Care Team/Provider Certification	Regulatory	Nicole
Kit Kwan	1/1/2025	2/11/2025	Medi-Cal (HN, CalViva, CHPIV)	Staffing and Capcity Report	Regulatory	Nicole
Randy VonFeldt	1/1/2025	2/11/2025	Medi-Cal (HN, CalViva, CHPIV)	ECM Provider Care Team Staffing	Regulatory	Nicole
Randy VonFeldt	1/1/2025	2/11/2025	Medi-Cal (HN, CalViva, CHPIV)	Member Enrollment/Initiation of Delivery of ECM Services	Regulatory	Nicole
Randy VonFeldt	1/1/2025	2/11/2025	Medi-Cal (HN, CalViva, CHPIV)	Member Ability to Change Provider	Regulatory	Nicole
Randy VonFeldt	1/1/2025	2/11/2025	Medi-Cal (HN, CalViva, CHPIV)	Provision of Data/Reports from Health Net to the ECM Provider	Regulatory	Nicole
Randy VonFeldt	1/1/2025	2/11/2025	Medi-Cal (HN, CalViva, CHPIV)	Data and File Exchange Operations	Regulatory	Nicole

Requestor/SME	Effective Date	Posting Date	Health Plan/LOB (HN/CalViva/CHPIV)	Section/Subsection Title	Justification (Contractual, Legislative, Regulatory, Business)	Provider Communications Writer
Randy VonFeldt	1/1/2025	2/11/2025	Medi-Cal (HN, CalViva, CHPIV)	Provider Certification Application	Regulatory	Nicole
Devaki Magee	1/1/2025	2/11/2025	Medi-Cal (HN, CalViva, CHPIV)	Community Supports Authorization Guides	Regulatory	Nicole
Randy VonFeldt	1/1/2025	2/11/2025	Medi-Cal (HN, CalViva, CHPIV)	Member Authorization Request/Confirm Member Eligibility	Regulatory	Nicole
Randy VonFeldt	1/1/2025	2/11/2025	Medi-Cal (HN, CalViva, CHPIV)	Member Authorization Request/Other Alternatives	Regulatory	Nicole
Randy VonFeldt	1/1/2025	2/11/2025	Medi-Cal (HN, CalViva, CHPIV)	CS Data/Reports from the CS Provider to Health Net	Regulatory	Nicole
Kit Kwan	1/1/2025	2/11/2025	Medi-Cal (HN, CalViva, CHPIV)	Capacity Reporting	Regulatory	Nicole
Devaki Magee	1/1/2025	2/11/2025	Medi-Cal (HN, CalViva, CHPIV)	Resources	Regulatory	Nicole
Gilda Medrano	3/1/2025	2/28/2025	Medi-Cal (HN, CalViva, CHPIV)	Transportation Services	Regulatory	Tim Zavar

Requestor	Request Date	Effective Date	Posting Date	Health Plan/LOB (HN/CalViva/CHPIV)	Medi-Cal	Ops Manual Section Title	Ops Manual Subsection Title	Ops Manual Document Title	Ops Manual Section Link	Provider Update Title	Provider Update #
Cassandra Velez and Devaki Magee	12/16/2024	1/1/2025	12/30/24	MCL/CVH/CHPIV	X	Benefits	Doula Services	Doula Services	https://providerlibrary.healthnetcalifornia.com/medi-cal/provider-manual/benefits/doula-services-medi-cal.html	N/A	N/A
Provider Communications	12/3/2024	1/1/2025	12/31/2024	Medi-Cal, CV, CHPIV	X	Member Rights and Responsibilities	Overview	Overview	https://providerlibrary.healthnetcalifornia.com/medi-cal/provider-manual/member-rights-resources/overview.html		
Jeneen Garland	1/27/2025	1/30/2025	1/29/2025	Medi-Cal, CV, CHPIV, HMO, PPO	X	Benefits	Autism Spectrum Disord	N/A	Medi-Cal: https://providerlibrary.healthnetcalifornia.com/medi-cal/provider-manual/benefits/autism-spectrum-disorders-medi-cal.html HMO: https://providerlibrary.healthnetcalifornia.com/hmo/provider-manual/benefits/autism-spectrum-disorders-hmo.html PPO: https://providerlibrary.healthnetcalifornia.com/ppo/provider-manual/benefits/autism-spectrum-disorders-ppo.html	Access Applied Behavioral Analysis (ABA) Forms Online	25-108 to 25-110
Limberly Greaney-Masicza	2/11/2025	2/11/2025	2/11/2025	HMO, PPO, Medi-Cal, Medicare		Forms and References					

Form Title	Form #	Form Link	Justification (Contractual, Legislative, Regulatory, Business)	Summary of Change	Provider Communications Writer
N/A	N/A	N/A	Regulatory	Updates information about doula services for Medi-Cal.	Karen McGee
			Regulatory	Initiated by the Provider Communication team for the purpose of developing and preparing training and online materials for the 1/1/25 Medi-Cal contract	Tyler Pyka
	500229(CV) 500230 (CHPIV) 500231 (MCL) 500232 (CV) 500233 (CHPIV) 500234 (MCL/HMO/PPO) 500235 (HMO/PPO)	**MCL:** https://providerlibrary.healthnetcalifornia.com/content/dam/centene/healthnet/pdfs/providerlibrary/500234-ABA-Prior-Auth-Request-Form-MCL.pdf **MCL/HMO/PPO:** https://providerlibrary.healthnetcalifornia.com/content/dam/centene/healthnet/pdfs/providerlibrary/500231-ABA-Referral-Form-MCL.pdf **CalViva**: https://providerlibrary.healthnetcalifornia.com/content/dam/centene/healthnet/pdfs/providerlibrary/500234-ABA-Prior-Auth-Request-Form-MCL.pdf **CalViva:** https://providerlibrary.healthnetcalifornia.com/content/dam/centene/healthnet/pdfs/providerlibrary/500229-ABA-Referral-Form-CVH.pdf **CHPIV:** https://providerlibrary.healthnetcalifornia.com/content/dam/centene/healthnet/pdfs/providerlibrary/500233-ABA-Prior-Auth-Request-Form-CHPIV.pdf **CHPIV:** https://providerlibrary.healthnetcalifornia.com/content/dam/centene/healthnet/pdfs/providerlibrary/500230-ABA-Referral-Form-CHPIV.pdf **HMO/PPO:** https://providerlibrary.healthnetcalifornia.com/content/dam/centene/healthnet/pdfs/providerlibrary/500235-ABA-ASD-Eval-Form-COMM.pdf	Business Need	Providers can access Applied Behavioral Analysis (ABA) Forms in the Provider Library and use them to refer and/or request ABA treatment for members.	Nicole Wong-Liston
•Clinical Payment Policy CP.MP.152 - Measurement of Serum 1 25-dihydroxyvitamin D (PDF) •Clinical Payment Policy CP.MP.153 - Helicobacter Pylori Serology Testing (PDF) •Clinical Payment Policy CP.MP.154 - Thyroid Hormones and Insulin Testing in Pediatrics (PDF) •Clinical Payment Policy, CCP.MP.155 - EEG in the Evaluation of Headache (PDF) •Clinical Payment Policy CP.MP.156 - Cardiac Biomarker Testing for Acute Myocardial In farction (PDF) •Clinical Payment Policy CP.MP.157 - 25-hydroxyvitamin D Testing in Children and Adolescents (PDF) •Clinical Payment Policy CP.MP.38 - Ultrasound in Pregnancy (PDF)	44247 44248 44249 44250 44261	https://providerlibrary.healthnetcalifornia.com/content/dam/centene/healthnet/pdfs/providerlibrary/44247-Clinical%20Payment%20Policy%20CP.MP.152%20-%20Measurement%20of%20Serum%201-25-dihydroxyvitamin%20D.pdf https://providerlibrary.healthnetcalifornia.com/content/dam/centene/healthnet/pdfs/providerlibrary/44248-Clinical%20Payment%20Policy%20CP.MP.153%20-%20Helicobacter%20Pylori%20Serology%20Testing.pdf https://providerlibrary.healthnetcalifornia.com/content/dam/centene/healthnet/pdfs/providerlibrary/44249-Clinical%20Payment%20Policy%20CP.MP.154%20-%20Thyroid%20Hormones%20and%20Insulin%20Testing%20in%20Pediatrics.pdf https://providerlibrary.healthnetcalifornia.com/content/dam/centene/healthnet/pdfs/providerlibrary/44250-Clinical%20Payment%20Policy%20CP.MP.155%20-%20EEG%20in%20the%20Evaluation%20of%20Headache.pdf https://providerlibrary.healthnetcalifornia.com/content/dam/centene/healthnet/pdfs/providerlibrary/44261-Clinical%20Payment%20Policy%20CP.MP.156%20-%20Cardiac%20Biomarker%20Testing%20for%20Acute%20Myocardial%20Infarction.pdf https://providerlibrary.healthnetcalifornia.com/content/dam/centene/healthnet/pdfs/providerlibrary/44262-Clinical%20Payment%20Policy%20CP.MP.157%20-%2025-hydroxyvitamin%20D%20Testing%20in%20Children%20and%20Adolescents.pdf		N/A – this is for the removal of medical policy docs that are not linked to any source docs. These medical policies are out-of-date, and policies are not location on the Medical Policies pages on HN.com. This does not need to be added to monthly update..	Valarie Bettencourt

Requestor	Request Date	Effective Date	Posting Date	Health Plan/LOB (HN/CalViva/CHPIV)	Medi-Cal	Ops Manual Section Title	Ops Manual Subsection Title	Ops Manual Document Title	Ops Manual Section Link	Provider Update Title	Provider Update #	Provider Update Link
Gilda Medrano	12/13/2024	3/1/2025	02/28/25	MCL/CVH/CHPIV	X	Benefits	Ambulance	Transportation	https://providerlibrary.healthnetcalifornia.com/medi-cal/provider-manual/benefits/ambulance/transportation-medi-cal.html	Action Needed: Request Prior Authorization for NEMT and Submit PCS Forms Directly to Health	MCL: 24-1319 CHPIV: 24-1321 CalViva: 24-1320	https://providerlibrary.healthnetcalifornia.com/news/24-1319-action-needed--request-prior-authorization-for-nemt-and-.html
Gilda Medrano	12/13/2024	3/1/2025	02/28/25	MCL/CVH/CHPIV	X	Contacts	Health Net Transportation Vendors	N/A	https://providerlibrary.healthnetcalifornia.com/contacts/health-net-transportation.html	Action Needed: Request Prior Authorization for NEMT and Submit PCS Forms Directly to Health	MCL: 24-1319 CHPIV: 24-1321 CalViva: 24-1320	https://providerlibrary.healthnetcalifornia.com/news/24-1321-action-needed--request-prior-authorization-for-nemt-and-.html
Gilda Medrano	12/13/2024	3/1/2025	02/28/25	MCL/CVH/CHPIV	X	Contacts	Modivcare	N/A	https://providerlibrary.healthnetcalifornia.com/contacts/modivcare.html	Action Needed: Request Prior Authorization for NEMT and Submit PCS Forms Directly to Health	MCL: 24-1319 CHPIV: 24-1321 CalViva: 24-1320	https://providerlibrary.healthnetcalifornia.com/news/24-1320-action-needed--request-prior-authorization-for-nemt-and-.html
Gilda Medrano	12/13/2024	3/1/2025	02/28/25	MCL/CVH/CHPIV	X	Contacts	Care Ride Unit	N/A	https://providerlibrary.healthnetcalifornia.com/contacts/care-ride-unit.html	Action Needed: Request Prior Authorization for NEMT and Submit PCS Forms	MCL: 24-1319 CHPIV: 24-1321 CalViva: 24-1320	https://providerlibrary.healthnetcalifornia.com/news/24-1320-action-needed--request-prior-authorization-for-nemt-and-.html
Gilda Medrano	12/13/2024	3/1/2025	02/28/25	MCL/CVH/CHPIV	X	Forms and References		N/A	https://providerlibrary.healthn	Action Needed: Request Prior Authorization for NEMT and Submit PCS Forms Directly to Health	MCL: 24-1319 CHPIV: 24-1321 CalViva: 24-1320	https://providerlibrary.healthnetcalifornia.com/news/24-1320-action-needed--request-prior-authorization-for-nemt-and-.html
Alan Jacobs	1/31/2025	3/18/2025	3/18/2025	HMO/PPO/MCL/CVH/CHPIV	X	Benefits	Injectables > Therapeutic Injections and Other Injectable Substances >	Health Net Injectable Medications HCPCS/DOFR Crosswalk (PDF)	https://providerlibrary.healthnetcalifornia.com/medi-cal/provider-manual/benefits/injectables.html	3/4th Quarter 2025 Injectable Medication HCPCS/DOFR Crosswalk	25-019 - 25-021	25-019: https://providerlibrary.healthnetcalifornia.com/news/25-019sum-summary-update--4th-quarter-2024-injectable-medication.html 25-020: https://providerlibrary.healthnetcalifornia.com/news/25-020sum-summary-update--4th-quarter-2024-injectable-medication.html 25-021: https://providerlibrary.healthnetcalifornia.com/news/25-021sum-summary-update--4th-quarter-2024-injectable-medication.html
David Tran	2/27/2025	3/5/2025	3/5/2025	HMO, MCL, WCBHN	X	Benefits	Injectables	Home Infusion	https://providerlibrary.healthnetcalifornia.com/medi-cal/provider-manual/benefits/injectables/h	N/A	N/A	N/A
Sarah Clinton	3/17/2025	3/24/2025	3/24/2025	Medi-Cal, Medicare, HMO, PPO	X	Claims and Provider Reimbursement	Claims and Provider Reimbursement	Capitated Claims Billing Information	https://providerlibrary.healthnetcalifornia.com/medi-cal/provider-manual/claims-provider-reimbursement/capitated-claims-billing-information-medicare-medi-cal-hmo-			

Form Title	Form #	Form Link	Justification (Contractual, Legislative, Regulatory, Business)	Summary of Change	Provider Communications Writer
N/A	N/A	N/A	Regulatory	Updates made to information about the process and forms used when requesting non-emergency medical transportation for Medi-Cal members.	Tim Zavar
N/A	N/A	N/A	Regulatory	Updates made to information about the process and forms used when requesting non-emergency medical transportation for Medi-Cal members.	Tim Zavar
N/A	N/A	N/A	Regulatory	Updates made to information about the process and forms used when requesting non-emergency medical transportation for Medi-Cal members.	Tim Zavar
N/A	N/A	N/A	Regulatory	Updates made to information about the process and forms used when requesting non-emergency medical transportation for Medi-Cal members.	Tim Zavar
Physician Certification Statement form	5000, 5001, 500172	5000, 5001, 500172	Regulatory	Updates made to information about the process and forms used when requesting non-emergency medical transportation for Medi-Cal members.	Tim Zavar
Injectables	11/12/15	https://providerlibrary.healthnetcalifornia.com/content/dam/centene/healthnet/pdfs/providerlibrary/5795-HealthNet-Injectable-Medication-HCPC-FDOFR-Crosswalk.pdf	Regulatory	The communication notifies participating providers of updates to the Injectable Medication HCPCS/DOFR Crosswalk for the 4th Quarters of 2024.	Lisa Snyder
N/A	N/A	N/A	Business Need	Updating to clarify that shared-risk participating physician groups (PPGs) are no longer under home infusion capitation to Coram effective November 1, 2022. While Coram is still contracted, PPGs can use any Health Net contracted home infusion provider, not only Coram CVS Specialty Infusion Services.	Tim Zavar
N/A	N/A	N/A	Contractual	Claims and Provider Reimbursement	Tim Zavar

2024 Q4 & 2025 Q1

Community Advisory Committee (CAC) Update

2024 Q4 Community Advisory Committee (CAC) Meeting Summary

CHPIV – Q4 2024

- 1 hybrid (virtual and in-person) Q2 CAC in Imperial County.
- 50 attendees including 3 county partners, 5 health service providers, 2 CBOs, and 40 members.
- Reviewed the 2024 Imperial County Community Health Assessment & Community Health Improvement Project in addition to CAC topics reviewed in HN's CACs.

Committee Recommendations: None

Actions Taken: None

Updates: None

Meeting Highlights:

- 2023 Health Education Work Plan Year-End Evaluation and 2024 Work Plan Highlights
- Language Assistance Program & findhelp: Reviewed the Language Assistance Program, including translation and interpreter services, health literacy, cultural competency, health equity and social needs, and compliance.
  - Committee members who have used interpretation and translation services shared they find it very helpful.

Q1 CHPIV CAC Summary

- **1 hybrid** (virtual and in-person) CAC in Imperial County.
- **34 attendees** including 9 county partners, 2 health service providers, 4 CBOs, 1 community advocate, and 19 members.

Committee Recommendations:

- Approve the CAC's Goal of: Increasing Awareness and Utilization of Preventative Mental Health Services.

Actions Taken: None

Updates:

- Q2 Hybrid CAC: June 26, 2025 / 12pm – 2pm

Meeting Highlights:

- Reviewed TelaDoc program, Transportation, and Health Equity Workplan Overview & Program Description.
- Led roundtable discussions with committee and Medi-Cal members to discuss mental health services, challenges accessing MH services, and any cultural stigmas CHPIV should be aware about.

2024 IRR

Brenda Belmudez

Purpose

- To promote appropriate and consistent application of clinical criteria in decision making that is based on medical criteria, expert clinical opinion, and supported through a process of Interrater Reliability (IRR) testing.
- IRR testing ensures consistent application of medical policies, quality standards, and established timeframes; and identify areas where additional education and training are necessary.
- Annual IRR testing is mandatory to achieve and maintain National Committee for Quality Assurance (NCQA) accreditation.

IRR Administration

Participants

- Centene Corporation
  - Utilization Management
  - Marketplace, Medicaid, Medicare and Commercial

All Medical and Behavioral Health clinical staff with the responsibility to conduct, educate, audit and/or oversee UM Medical Necessity reviews include:

- Medical Directors
- Clinical Managers and Supervisors
- Behavioral and Physical Health Clinical Reviewers for Concurrent Review, Prior Authorization and Appeals
- Clinical Auditors
- Clinical Trainers

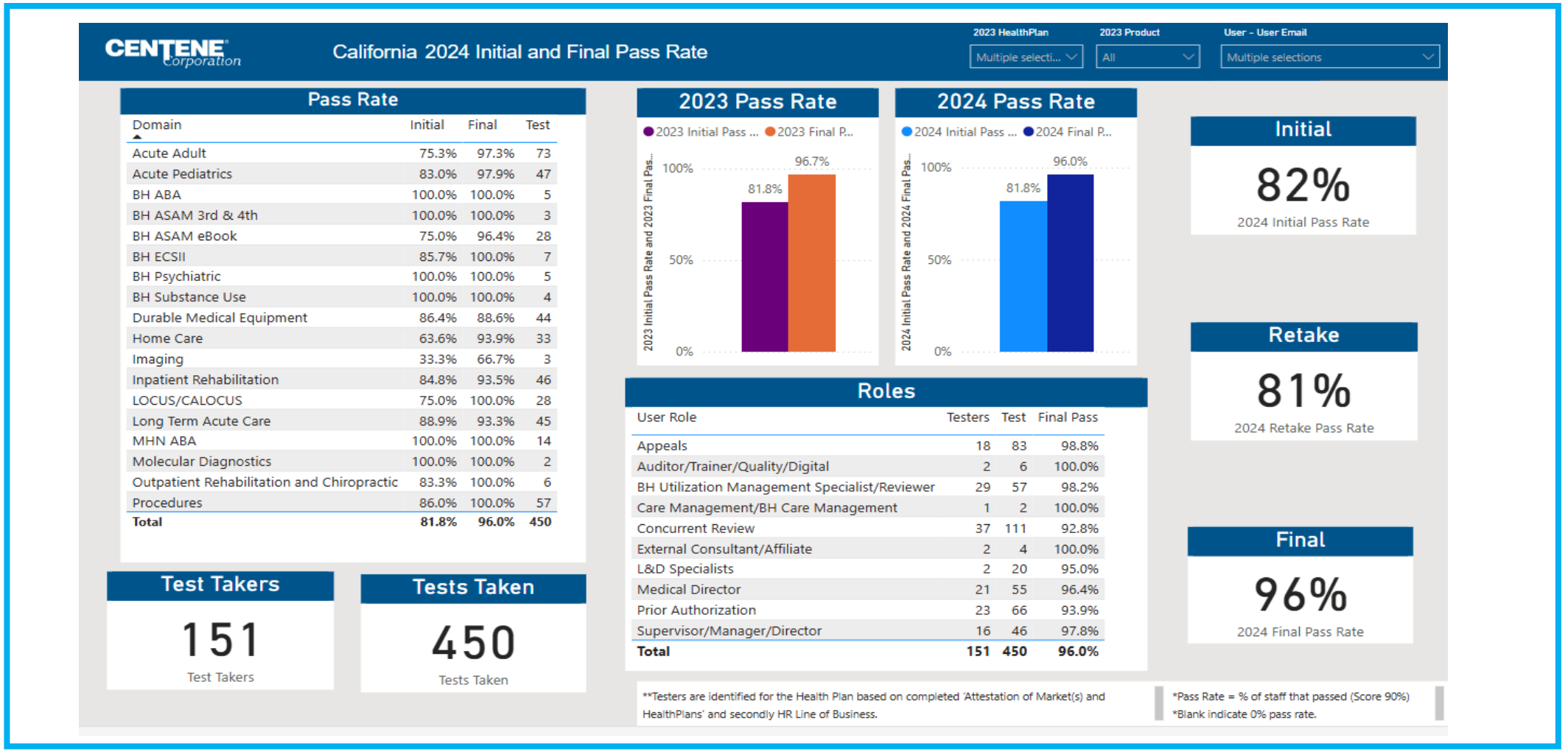
IRR Testing Timeline

- New Hires: 60 days post Medical Necessity Criteria training
- Annual: 3rd Quarter

IRR Scoring

- Passing score is 90%
- One attempt to pass the Initial and Retake IRR test(s)
- Non-passing score requires Remediation
- Documented Coaching initiated by People Leader for any staff with a final score of less than 90% for any IRR test

2024 Annual IRR Scorecard



IRR Metrics

Metrics	Barriers	Interventions
Inter-Rater Reliability passing final score of 90% or better **Status: Met/Exceeded**	**Monitoring accurate IRR test assignment(s)** • **Health Plan/People Leader assignment of IRR test(s) based on role and responsibilities**	**Maintain established Quality Control to identify IRR testers and required tests for all Health Plans and Markets** • **Provide People Leader Job Aids on IRR testing requirements** • **Leverage Centene University 2.0 reporting for check and balances during IRR assignment period** • **Utilize Power BI for Reporting** • **Assign Staff Attestation** ➢ Staff attests to which Health Plan(s)/Market(s) they align with during IRR testing **Established New Quality Control** • **Assign People Leader Attestation** ➢ People Leader attests to the IRR tests they assigned to their clinical staff based on roles and responsibilities

IRR Path Forward…

2025 Summary of Changes

- 5/5/25 – 5/16/25

Launch 2025 Clinical Criteria Content

- 5/19/25

Road to Successful IRR Testing

- 7/14/25 – 7/25/25

2024 Annual Testing

- ***Initial***: 8/11/25 – 9/19/25
- ***Remediation***: 9/29/25 – 10/10/25
- ***Retake***:10/20/25 – 11/14/25

Tentative Dates: *Subject to receipt of IRR tests from Optum (formerly Change Healthcare)*

Questions?

Network Access & Availability Governance Committee Updates

Komsan Ong, Director, Provider Data & Analytics

HNCS QIHEC

May 8, 2025

Network Access & Availability Governance Committee Updates for Q3 & Q4

- The Network Access & Availability Governance Committee is held quarterly
- Quarterly meetings
  - Q3 – December 4, 2024, Q4 – March 4, 2025
- The governance is structured to include reporting of metrics for network adequacy and timely access to care:
  - Review provider network access and availability versus regulatory and business goals, identify action to correct deficiencies
- Key Discussion Topics:
  - Access & Availability Initiative Updates
  - Network Level Access & Availability
  - Access Grievance Provider Outliers
  - Medi-Cal Subnetwork PPG Outliers

Q3 & Q4 Implemented Access Initiatives:

Advanced Access Program Implementation

- Analysis completed to identify PPGs for Advanced Access Program
- Health Net Advanced Access P&P approved by DMHC
- Alignment of PPG activities with QI and PE

Provider Directory Accuracy Improvement

Reduce Ineligibility Rate for PAAS providers to less than 20% (held to enforcement action by DMHC)

ATTAC Initiative

Custom PPG recruitment list to fill provider specialty gaps and identification of provider “deserts” where no provider exist

Updates:

In Progress

Expected completion Q3 2025.

In Progress

- Research and updates based on MY2023 PAAS ineligibles PDC/PDM teams.
- Updates are ongoing into Q1 2025.

Complete

- PPG recruitment packages sent to PE.
- Email template created for PE use.
- PE estimated to begin outreaches mid February 2025.

Network Access & Availability Q3 2024 Updates

Report	LOB	Review Outcome	Review Period	Next Step
Network Level Access & Availability	HNCS	• Plan met network adequacy regulatory and business goals for Q3 2024, except for D-SNP PCP and SPC crossover. ▪ PCP (95.7%)/Pediatric PCP (95.7%) and SPC (95.4%)/Pediatric SPC (95.4%) network adequacy standard met through an approved AAS by DHCS ▪ D-SNP (LA, Sacramento, Tulare) crossover < 90% for PCP (80%) and SPC (68%)	Q3 2024	Continue to work with PPGs to improve network where specialties are available.
	CHPIV	• Plan met network adequacy regulatory and business goals for Q3 2024, except for PCP and SPC adult/pediatric network adequacy. ▪ PCP adequacy 91.5%/PCP pediatric 99.3% ▪ SPC adequacy 99.9%/SPC pediatric 99.9%	Q3 2024	Rural ZIP code with limited providers. Submit exemption request through alternative access standard as part of 2024 DHCS Annual Network Certification (TBD).
Access Grievance Provider Outlier	HNCS, CHPIV	HNCS: Median PTMPY 2.81 CHPIV: Median PTMPY 2.16 ***Per thousand member per year (PTMPY)** Top Issues: Prior authorization delay, availability of appt with PCP, and network availability. No outliers found.	Q3 2024	Groups will receive their grievance reports as FYI.
Medi-Cal Subnetwork PPG Outlier	HNCS, CHPIV	TBD – 2024 PPG Network Adequacy level reviews to be completed by Q4 2024. PPG held to same DHCS adequacy standards as Health Net.	Q4 2024	• Issue PPG results & CAPs as applicable. • PPG response to include; details on targeted network development, P&Ps for OON access, and/or submission of missing network provider data with targeted dates for improvement. • PPG must demonstrate the lack of specialists within standard or provider refusal to contract before SNC CAP closure. • Nonresponsive PPGs or PPGs that do not comply with CAPs will be escalated to regional PNM & PE. Possible formal CAPs issued.

Network Access & Availability Q4 2024 Updates

Report	LOB	Review Outcome	Review Period	Next Step
Network Level Access & Availability	HNCS	• Plan met network adequacy regulatory and business goals for Q4 2024, except for D-SNP PCP and SPC crossover. ▪ PCP (97.9%)/Pediatric PCP (97.9%) and SPC (95.1%)/Pediatric SPC (94.3%) network adequacy standard met through an approved AAS by DHCS ▪ D-SNP (LA, Sacramento, Tulare) crossover < 90% for PCP (84%) and SPC (69%)	Q4 2024	Continue to work with PPGs to improve network where specialties are available.
	CHPIV	• Plan met network adequacy regulatory and business goals for Q4 2024, except for PCP and SPC adult/pediatric network adequacy. ▪ PCP adequacy 90.7%/PCP pediatric 99.3% ▪ SPC adequacy 99.9%/SPC pediatric 99.9%	Q4 2024	Rural ZIP code with limited providers. Submit exemption request through alternative access standard as part of 2024 DHCS Annual Network Certification (TBD). Outreach to PE to determine if the other locations where PEDS PCP access is met, if there are also adult providers practicing at the site as well.
Access Grievance Provider Outlier	HNCS, CHPIV	HNCS & CHPIV: Median PTMPY 2.20 *Per thousand member per year (PTMPY) Top Issues: Prior authorization delay, availability of appt with PCP, and network availability. No outliers found.	Q4 2024	Contact members with more than 1 grievance to address their concerns. Targeted communication on substantiated grievances with PPGs by leveraging monthly reports.
Medi-Cal Subnetwork PPG Outlier	HNCS, CHPIV	DHCS Filing: • HNCS and CHPIV filed SubNetwork's rate of compliance with DHCS on January 3, 2025, for measurement year 2024. • PNM Ops A&A team submitted response to DHCS Q&A on submission documents. Awaiting DHCS decision. Overall SubNetwork Results: • PPGs with one or more unresolved deficiencies were placed on CAP. • CAP Closure expected in end of Q2 2025 ▪ HNCS and CHPIV 0 PPGs Passed ▪ Pass w/Condition: HNCS – 22 CHPIV – 0 ▪ Corrective Action Plan: HNCS – 25, CHPIV - 1	Q4 2024	Non-Responsive SubNetworks: • Several PPGs have been non-responsive to CAP issuance. Escalation has occurred with Provider Engagement teams Next Steps/Questions: • Send to Delegation Oversight Committee for review of enforcement actions. • What enforcement actions can be taken against groups providing critical specialty access?

Appendix

Network Access & Availability Governance

Mission: Produce a regular review of provider network Access & Availability metrics with key leaders.

Metrics chosen such that they may allow actionable insight to help produce improved access for CA members.

Regulatory Goal

- DHCS PCP Adult/Pediatric Adequacy (geo access) - Q
- DHCS Specialist Adult/Pediatric Adequacy (geo access) - Q
- DMHC PCP (geo access) - Q
- PCP Ratio - Q
- All Physicians Ratio - Q
- PCP Urgent/Non-Urgent Appts - A
- Specialty Urgent/Non-Urgent Appts - A
- Non-Phys Mental Health Appt - A
- D-SNP Network Overlap - Q
- Medicare Specialty Gap - Q

Business Goal

- DMHC Specialist (geo access)* - Q
- PCP and Specialist Open Panels - Q
- Physician Turnover Rate - Q
- Network Competitiveness - Q
- Access Grievances PTMPY* – Q
- Well Child/Well Woman Exam Appts* - A
- Prenatal Appts with PCP - A
- After Hours Emergency Contact* – A
- After Hours Physician Contact* – A

* Reported to regulator, no required regulatory goal

Q= Quarterly Metric

A= Annual Metric

Network Adequacy – Commercial & Medi-Cal Standards

Network Adequacy Availability HNCA, CalViva Health, CHPIV Standards

- ❑ Department of Management Health Care (DMHC) – Commercial HMO and Medi-Cal
- ❑ Department of Health Care Services (DHCS) – Medi-Cal

Geo Access Standards				
Provider	**DMHC**	**Performance Threshold**	**DHCS**	**Performance Threshold**
Primary Care Physician (PCP)	1 PCP within 15 miles or 30 minutes	100%	1 PCP within 10 miles or 30 minutes	100%
Specialty Care Physician (SPC)	DMHC – Reasonable Access Internal Standards – 1 SPC within 30 miles or 60 minutes	≥90%	1 SPC (16 Required Specialty) by County size*	100%
Hospital	1 Hospital within 15 miles or 30 minutes	100%	1 Hospital within 15 miles or 30 minutes	100%
Ancillary Care Provider	Internal Standard – 1 Laboratory, Radiology, Urgent Care Center facility within 15 miles or 30 minutes	≥90%	Internal Standard – 1 Laboratory, Radiology, Urgent Care Center facility within 15 miles or 30 minutes	≥90%
Open Practice Standards				
Provider	**DMHC**	**Performance Threshold**	**DHCS**	**Performance Threshold**
Primary Care Physician (PCP)	PCP open to new enrollees	≥85%	PCP open to new enrollees	≥85%
Specialty Care Physician (SPC)	SPC open to new referrals	≥85%	SPC open to new referrals	≥85%
Ratio of Physicians to Enrollees				
Provider	**DMHC**	**Performance Threshold**	**DHCS**	**Performance Threshold**
Primary Care Physician (PCP)	1 FTE PCP/2,000 enrollees	100%	1 FTE PCP/2,000 enrollees	100%
All Physicians	1 FTE Physician/1,200 enrollees	100%	1 FTE Physician/1,200 enrollees	100%

***County size**

- ❖ Health Net

15 miles or 30 minutes: Los Angeles, Sacramento
45 miles or 75 minutes: Amador, Tulare
30 miles or 60 minutes: San Joaquin, Stanislaus
60 miles or 90 minutes: Calaveras, Inyo, Mono, Tuolumne

- ❖ CalViva Health

45 miles or 75 minutes: Fresno, Kings, Madera

- ❖ CHPIV

60 miles or 90 minutes: Imperial

Network Adequacy Specialties

Provider Categories	Provider Specialties
Primary Care Provider	Family Practice, General Practice, Internal Medicine, Pediatrics, and Obstetrics-Gynecology
DHCS Core Specialty	Cardiology/Cardiovascular Dis, Dermatology, Endocrinology, ENT/Otolaryngology, Gastroenterology, General Surgery, Hematology, HIV/AIDS Specialists/Infectious Diseases, Nephrology, Neurology, Obstetrics/Gynecology, Oncology, Ophthalmology, Orthopedic Surgery, Physical Medicine and Rehabilitation, Psychiatry, Pulmonology
Other Required Specialty	Allergy/Immunology, Anesthesiology, Cardiovascular Surgery, Geneticists, Maternal/Fetal Medicine, Neonatology, Neurological Surgery, Pain Medicine Specialists, Plastic Surgery, Podiatry, Radiation Oncology, Radiology/Nuclear Medicine, Rheumatology, Thoracic Surgery, Urology, Vascular Surgery
EAE D-SNP Primary Care Provider	General/Family Practice, Geriatric, Internal Medicine/Preventative Medicine
EAE D-SNP Specialty	Cardiology/Interventional Cardiology, Dermatology, Endocrinology, ENT/Otolaryngology, Gastroenterology, General Surgery, Gynecology, OB/GYN, Hematology, HIV/AIDS Specialists/Infectious Diseases, Nephrology, Neurology, Oncology, Ophthalmology, Orthopedic Surgery, Physical Medicine and Rehabilitation, Psychiatry, Pulmonology, Vascular Surgeons

- DMHC analyses combines Adult and Pediatric specialties for PCPs, including the DHCS defined Core Specialties and Required Specialties by county
- DHCS analyses are separated between Adult and Pediatric specialties for PCPs and the DHCS defined core specialties by county

Community Health Plan of Imperial Valley

health net

Timely Appointments – Commercial & Medi-Cal Standards

Appointment Type	Appointment Access Standards	Performance Threshold
PCP Non-Urgent	Within 10 business days of request	70%
PCP Urgent	Within 48 hours of request	70%
Specialist Non-Urgent	Within 10 business days of request	70%
Specialist Urgent	Within 96 hours of request	70%
Psychiatrist Non-Urgent	Within 15 business days of request	70%
Psychiatrist Urgent	Within 96 hours of request	70%
Non-Physician Mental Health Non-Urgent	Within 10 business days of request	70%
Non-Physician Mental Health Urgent	Within 96 business days of request	70%
Non-Urgent Follow-Up with Non-Physician MH Provider	Within 10 business days of request	70%
Ancillary Non-Urgent	Within 15 business days of request	70%
Preventative Check-Up/Well-Child Exam	Within 10 business days of request	70%
Physical/Well-Woman Exam	Within 30 calendar days of request	70%
Prenatal Appointment with PCP	Within 2 weeks of request	70%
After-Hours Emergency	Appropriate emergency instructions	90%
After-Hours Physician Contact	Call back within 30 minutes	90%


Community
Health Plan
OF IMPERIAL VALLEY


health net

TITLE: 2025 Community Health Plan of Imperial Valley Medicaid Physician Directory Accuracy Assessment
MEASUREMENT YEAR (MY): 2024
PUBLICATION DATE: 4/2025

TABLE OF CONTENTS

I. Introduction

Centene Corporation is a diversified, multi-national healthcare enterprise that provides a portfolio of services to government sponsored healthcare programs, focusing on under-insured and uninsured individuals. Founded as a single Health Plan in 1984, Centene Corporation (Centene) has established itself as a national leader in the healthcare field. Today, through a comprehensive portfolio of innovative solutions, we remain deeply committed to delivering results for our stakeholders: state governments, members, providers, uninsured individuals and families, and other healthcare and commercial organizations through a holistic, customized approach to care for our members based on their unique physical, behavioral, pharmaceutical, cultural, and social needs.

Within the state of Health Net of California, a Centene Corporation health plan, is contracted to deliver services to Medi-Cal Medicaid recipients and is committed to the practical application of strategies and innovated interventions to transform the health of the communities we serve, one person at a time. Access to comprehensive, quality health care services is important for promoting and maintaining health, preventing and managing disease, reducing unnecessary disability and premature death, and achieving health equity for all members.

Community Health Plan of Imperial Valley is the Local Health Authority (LHA) for Medi-Cal managed care in Imperial County. Community Health Plan of Imperial Valley contracts with Health Net to provide certain administrative and health care services to Community Health Plan of Imperial Valley members on Community Health Plan of Imperial Valley's behalf. Health Net holds the provider contracts in Imperial County as Community Health Plan of Imperial Valley's subcontractor.

Health Net, on behalf of Community Health Plan of Imperial Valley, strives to ensure the accuracy of provider demographic data contained in Health Net systems. This allows Health Net to produce customer facing directory information that is current and accurate and provides a foundation to measure that an adequate network is available to provide benefits to members for all lines of business.

Members and prospective members rely upon health plan directories to help them find network practitioners for their benefit plan. Inaccurate data in the online physician directory can result in members having difficulty accessing care or receiving care from a practitioner that does not participate in the network for their benefit plan, which can result in significant member financial liability and contribute to member dissatisfaction.

To achieve our mission, Health Net on behalf of Community Health Plan of Imperial Valley routinely collects and assesses the accuracy of data available through Community Health Plan of Imperial Valley's physician directory. Through data, we can expose and analyze barriers to help identify opportunities to improve our network accuracy and member experience. This report describes the methodology, monitoring, results, analysis of data, and actions initiated to improve the overall member experience.

A. Scope

The scope of this report was to evaluate the accuracy of data listed in the physician directory to improve member experience and complete the following objectives:

- evaluate accuracy of office locations and phone numbers
- evaluate accuracy of hospital affiliations
- evaluate accuracy of accepting new patients

- evaluate accuracy of physician office staff awareness of participation in the organization's networks

II. Methodology

Community Health Plan of Imperial Valley has a web-based Find-a-Provider (FAP) directory and hardcopy directories are available to members upon request. Health Net, on behalf of Community Health Plan of Imperial Valley, leverages an outbound call process to routinely audit physician directories for data accuracy. The process involves contacting a selected sample of practitioners to validate the information in the directory.

A phone survey script is used to specifically ask if the practitioner participates with Community Health Plan of Imperial Valley's network, as well as confirm if the addresses, phone numbers, and panel status are accurate and complete based on the information stored in the source system. This is the same system that is queried to produce the Physician Directories. The survey includes six (6) questions and responses are captured as Yes, No or Unknown. If the practitioner office contact is not able to answer a question definitively, the record is marked as an Unknown and no deficiency is associated with that response. Two (2) call attempts are made to reach all practitioner offices in the sample. Hospital affiliation is not assessed at this time.

Centene Network Operations analyzes the survey results and shares scoring with Health Net. If a practitioner cannot be reached after the second attempt to contact, the record is marked "Unsuccessful" and delivered to Health Net's Provider Network Management Operations team. The Provider Network Management Operations team is responsible for conducting further research by following the operational process to determine if an update to the record is needed or the record needs to be suppressed from the directory.

Inaccurate records are routed to the Health Net representatives to update the source system.

Data Characteristics
MY = 2024

Sample and Frequency: A valid sample size was audited at least annually.

Measure Description: Evaluation of whether the information listed in Community Health Plan of Imperial Valley's online FAP directory tool is accurate for specific criteria, including but not limited to, office location, office phone number, and acceptance of new patients (panel status). Also evaluated was whether office staff are aware of which networks the practitioner participates in.

Data Source: Extract of the practitioner data displayed on the online FAP directory provided to a call center to perform the audits.

Numerator Description: Total number of respondents who verified the accuracy of the information on record.

Denominator Description: Total number of respondents contacted; this excludes responses of "unknown" in which a practitioner office does not definitively know the answer to a question, "all attempts made" in which all attempts to contact a practitioner office are exhausted, and "provider refused" in which a practitioner office declines participating in the audit.

Goal/Reference: Community Health Plan of Imperial Valley's goal for 2024 physician directory accuracy is 80% for each measure. This goal is derived by Centene Enterprise Quality Accreditation.

III. Monitoring and Evaluation

Health Net, on behalf of Community Health Plan of Imperial Valley, assesses physician directory accuracy at least annually. The Quality Improvement Committee, designated subcommittee, or interdepartmental team analyzes the data and makes recommendations to address inaccuracies in the physician directory. Quantifiable accuracy measures are outlined in the *Results* section for analysis.

IV. Physician Directory Accuracy Results

The Results table below shows the specific metrics and corresponding results from the outbound call audits.

Measure	MY: 2024 Q3		Goal ≥ 80% Goal Met?
Total Responders		73	
Office locations	56 / 56	100.0%	YES
Phone numbers	55 / 70	78.6%	NO
Accepting new patients	54 / 59	91.5%	YES
Awareness of physician office staff of which networks the practitioner participates in	59 / 59	100.0%	YES

A. Qualitative Analysis

Accurate physician directory information requires consistent communication between Health Net, on behalf of Community Health Plan of Imperial Valley, and its network practitioners. Although Health Net has existing processes in place for offices to report changes in office locations, phone numbers, accepting new patients, and for keeping physician office staff aware of which networks the practitioner participates in, these processes are not entirely effective.

A group consisting of the Director of Provider Network Management Operations, Senior Manager of Provider Network Management Operations, and Data Analyst III in Provider Network Management Operations evaluated the areas that were not met to identify causes and opportunities for improvement.

Health Net, on behalf of Community Health Plan of Imperial Valley, has an existing data submission process for practitioners to report demographic changes through an online form, by directly emailing changes to central email boxes and/or through a roster review process. Each practitioner is asked to submit changes as they occur. Health Net conducts outreach and validation of practitioner demographic data on a biannual basis for directly contracting practitioners and on an annual basis for groups, hospitals, and ancillary providers. Some reasons that impacted directory accuracy were practitioners not communicating changes in a timely manner, practitioners leaving a group and failing to communicate the update of their information, or information validated by the practitioner office staff being inaccurate. Another challenge is provider groups sending inaccurate information in their rosters. The correct information may be collected from the practitioner office staff and updated in the system;

however, the correct information may then be over-ridden when inaccurate information is subsequently received from the delegate.

To address these challenges, the Provider Network Management team will improve practitioner outreach processes to validate demographic information, meet annually with practitioners to review current processes regarding updating demographic information, and continue to expand data cleansing opportunities using Veda Cleansing and Symphony Provider Directory to ensure members are able to reach their practitioners and receive needed care.

The Health Net Provider Network Management Operations teams will continue to evaluate the accuracy of data in the FAP tool on Community Health Plan of Imperial Valley's website, and make updates as needed, to ensure members have the most current and accurate practitioner information to receive the care they need and improve their experience with the Community Health Plan of Imperial Valley.

V. Opportunity Analysis

In 2025, a group consisting of the Director of Provider Network Management Operations, Senior Manager of Provider Network Management Operations, and Data Analyst III in Provider Network Management Operations completed this assessment and analysis on the data included in this report. As a result of the barrier analysis, Health Net, on behalf of Community Health Plan of Imperial Valley, identified opportunities, prioritized the opportunities and developed improvement actions, as needed. The priority levels (high, medium, low) are ranked by impact and urgency. High priorities relate to the opportunities that indicated the greatest need or risk to enhance the quality of the information used for members to find Practitioner's in the network.

Barrier:	Provider and practitioner fatigue is negatively impacting outreach validation responses due to receiving multiple requests for the same information from plans and groups
Opportunity:	Improve provider and practitioner outreach processes to validate demographic information so members are able to reach their practitioners for needed care
Priority:	Medium
Intervention:	Consolidating and timing the requests for provider and practitioner responses to directory data review processes should result in reducing the number of redundant requests and streamlining communication. This could involve implementing a more coordinated system for when and how information is requested, allowing providers and practitioners to respond more efficiently and effectively.
Date Implemented:	06/2024
Responsibility:	Provider Network Management Operations

Barrier:	Provider and practitioners fail to communicate demographic updates in a timely manner due to various reasons which may include staffing resources, competing priorities, communication issues with their contracted physicians, etc.
Opportunity:	Meet annually with providers to review current processes regarding updating demographic information to ensure members are able to contact their practitioners for needed care.
Priority:	Medium
Intervention:	Scheduling annual reviews with provider groups to present detailed demographic data results and discuss opportunities for improvement in updating demographic data
Date Implemented:	06/2024
Responsibility:	Provider Network Management Operations

Barrier:	Directory information is out of date and/or inaccurate.
Opportunity:	Continue to expand data cleansing opportunities using Veda Cleansing and Symphony Provider Directory to ensure members have the most current practitioner directory information
Priority:	High
Intervention:	Veda data cleansing: • A data cleansing solution based in data science, machine learning, and web/social media sites used to enhance and scrub practitioner data on an ongoing basis. • Continue Partnering with Veda to implement a quarterly data cleansing process to identify practitioners not participating at a given location to be removed from directory display. Targeting Q4 2025 for implementation based on migration to new platform. Symphony Provider Directory: • A statewide platform for provider data management that streamlines the way plans and providers exchange and reconcile practitioner information in compliance with state and federal regulatory requirements. • Onboarding with Symphony for the monthly data exchange including all provider types began February 2024. Implementation to auto-ingest three data values began in February 2025 (Gender, Practitioner Language, Practitioner Site Language). Work continues for implementation of additional data values to be auto-ingested into the source system where directory data is pulled from. • Encourage the provider groups mutual participation in onboarding with Symphony Provider Directory.
Date Implemented:	02/2024
Responsibility:	Provider Network Management Operations

UM Delegation Oversight

Community Health Plan of Imperial Valley (CHPIV)

Performance Overview

Compliant Areas of Performance

- UM Program Structure
- Decision Criteria process and application
- Appropriate Professionals: managing and decision-making responsibilities, organizational structure for UM
- Delegation: Appropriate system controls in place to ensure a secure system and controls for staff. Proper oversight of MSO relationship.

REPORT SUMMARY TO COMMITTEE

TO: The Q1 HNCS Quality Improvement/Health Equity Committee (HNCS QIHEC)

FROM: Jamie Babby, Sr. Director Ethics and Compliance

COMMITTEE DATE: May 8, 2025

SUBJECT: Vendor Oversight Activities and Results (Q4 2024 and Q1 2025 HNCS and CHPIV)

Purpose of Activity:
The CA Compliance Vendor Management Office (VMO) is responsible for oversight, monitoring, and auditing of vendors. During our Joint Oversight Committees (JOCs), performance metrics, member experience-complaints/grievances, and statuses of corrective actions are discussed with both the vendor and internal stakeholders. This team also reviews vendor performance reporting and conducts ongoing audits on high-risk areas.

During Q4 2024 and Q1 2025 the following monitoring/oversight activities were conducted:

- 25 Joint Oversight Committee (JOC) meetings were conducted in Q4 and twelve in Q1.
- 2 initiated vendor audits: Nurse Advice Line, and Advanced Medical Reviews (Q1)
- 2 Completed audits: ModivCare Scorecard review #2 and Cognizant. (Q4)
- 7 Completed audits: Deaf and Hard of Hearing Service, Lifesigns, Akorbi, CommGap,Voiance, Cotiviti and Conduent (Q1).

2024 & 2025 Audit & Monitoring Results:

Vendor/Affiliated Company	Category of Service	Result
ModivCare	Transportation program	2024 finding for trips not being denied for no for no Physician Certification Statement (PCS) on file.
ModivCare	Transportation program	Medi-Cal – June - October call center missed average speed to answer 80% in </= 30 Sec.

Next Steps: ModivCare PCS form issue - corrective action issued, monitoring remediation activities. ModivCare call center performance - CAP issued and financial penalties assessed. ModivCare has hired additional call center staff. Performance met November, December, January and CAP is now closed.

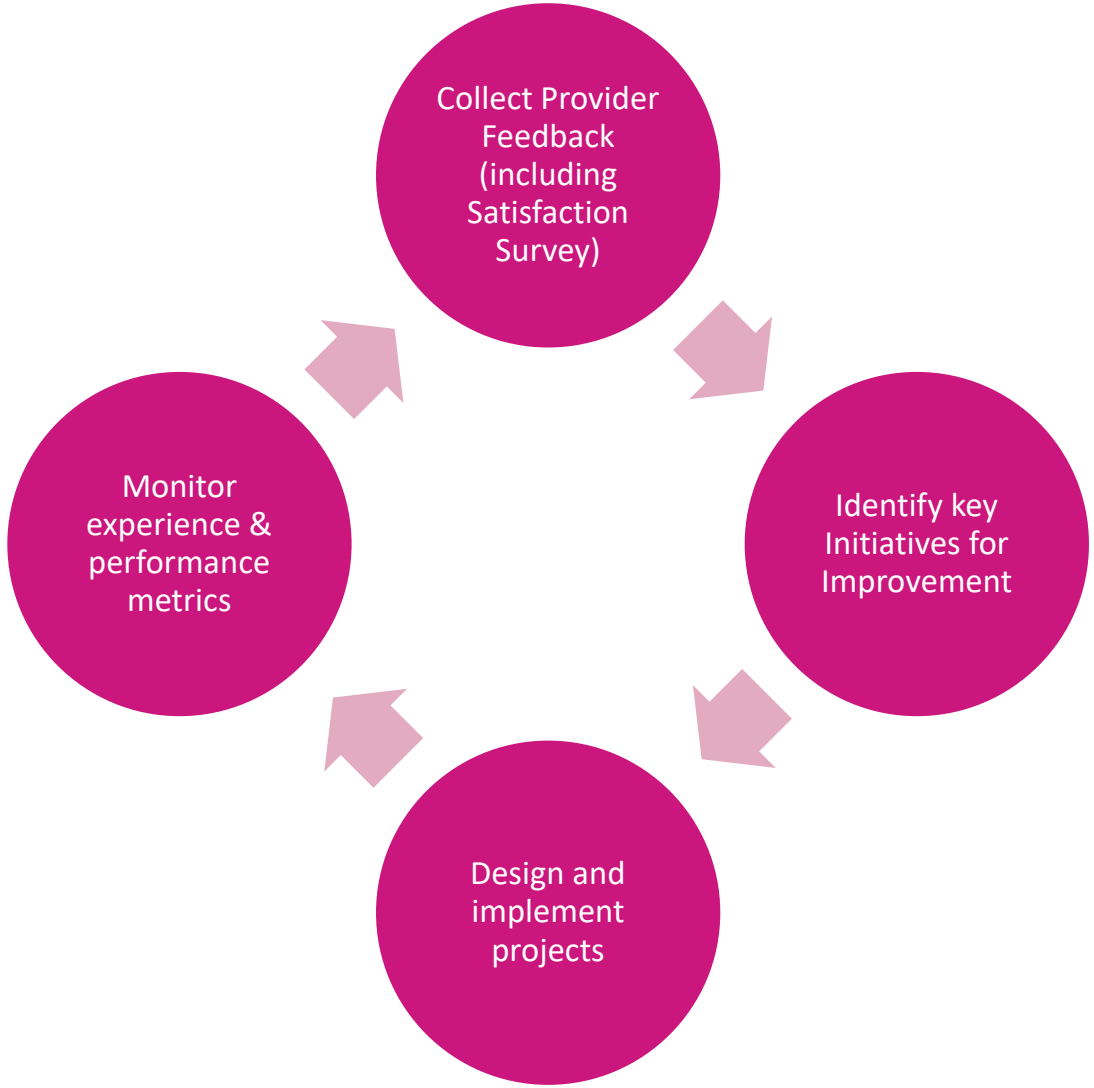
Date	Actions Taken	Barrier Addressed?
September	PCS form process will be moved (de-delegated) from ModivCare to internal department. Oversight policies and processes will be adjusted to address changes.	Y
September	Corrective action issued to ModivCare, remediation plan being developed and financial penalties have been assessed.	Y

Provider Satisfaction

RY2025 Results & Approach

Overview Goals & Strategy

- Provider satisfaction impacts our ability to create robust networks and partner with providers to care for members and reach quality performance goals.
- Provider network, claims operations, call center, commercial sales, and provider engagement teams are all impacted by this
- Our goal is to reach the 90th percentile in overall provider satisfaction by 2027, measured by the annual Provider Satisfaction Survey



Key Values for Provider Satisfaction

Tenets:

Align on best practices with a provider-centric mindset.

As a data driven organization, we continuously listen to provider feedback to improve

We collaborate across Departments and LOBs. No one department owns the end-to-end experience.

We all impact the provider experience, whether we work directly with providers or not.

Survey Methodology

ANNUAL SURVEY

- Completed Q4 of 2024 (Sept-Nov)
- Surveyed PCP, Specialist, and BH offices
- Administered via mail, phone, & internet
- Very low response rate for CHPIV (6%) and therefore not reportable

TOPICS

Main Question Areas:

- Overall Satisfaction
- Likelihood to Recommend
- Comparative Rating to All Other Plans
- Finance Issues
- Utilization and Quality Management
- Network/Coordination of Care
- Pharmacy
- Health Plan Call Center Service Staff
- Provider Relations

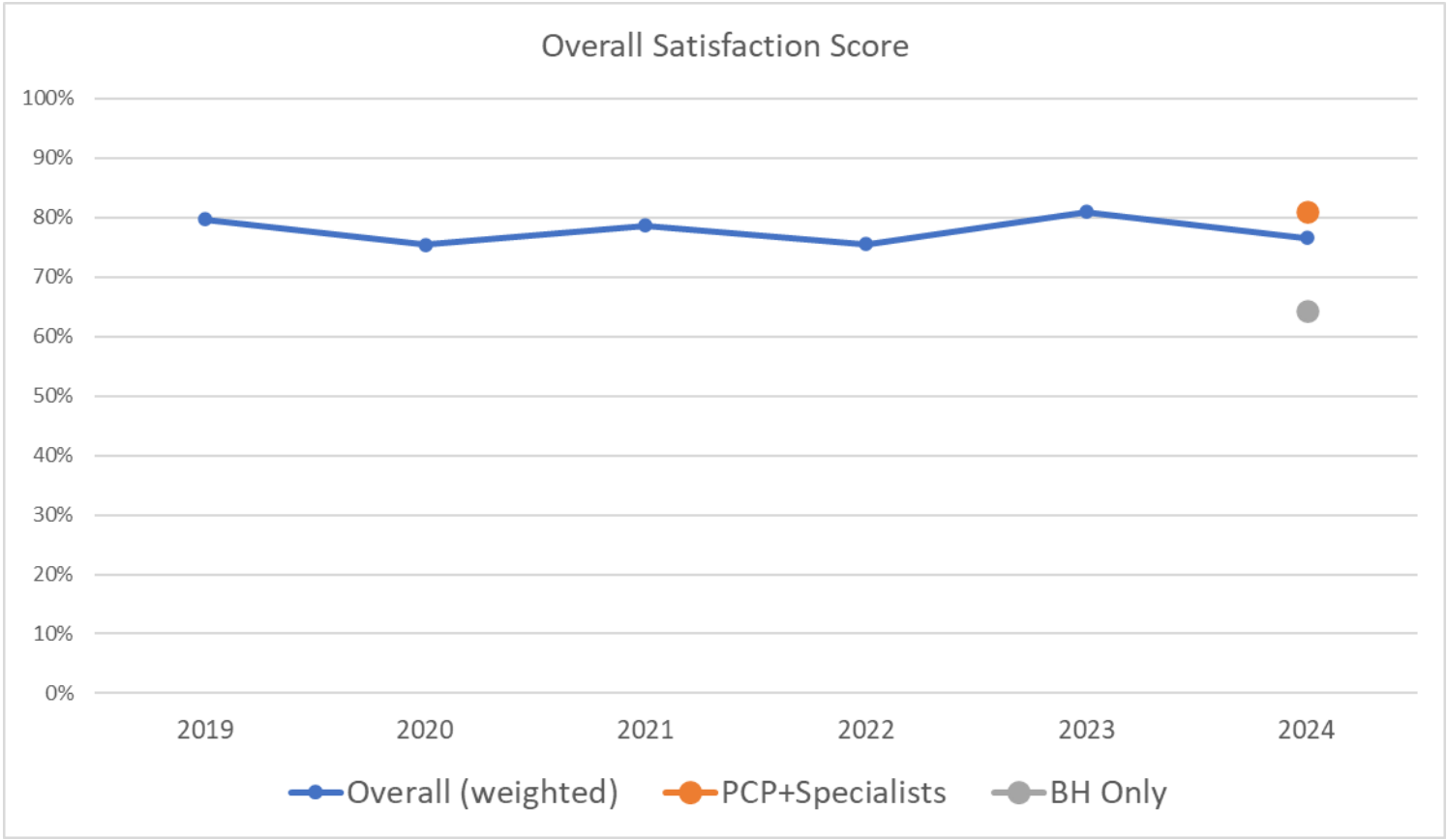
Bonus/Custom Question Areas:

- Discharge Planning
- Access & Availability

Provider Satisfaction Performance

- **BH providers** had a high response rate and were about ~30% of responses, indicating a **group needing additional attention**

- BH Providers brought the overall satisfaction score lower



High Performing Questions Driving Satisfaction

Rather than any one area, results show that key questions in various areas are highly correlated with satisfaction.

Area	Question	Medi-Cal Performance
Utilization & Quality Management	3A. Access to knowledgeable UM staff	
	3H. Consistency of review decisions	
Health Plan Call Center Service Staff	6D. Overall satisfaction with health plan's call center service	
Discharge Planning	12A. Assistance with transitioning patients to alternate levels of care	
	12B. Assistance with appropriate discharge planning referrals	
Access & Availability	19A. Referral and/or prior authorization process necessary for patients to access covered services	
	19B. Access to urgent care	
	19C. Access to non-urgent primary care	
	19D. Access to non-urgent specialty services	
	19E. Access to non-urgent ancillary diagnostic and treatment services	
	19F. Access to current and accurate provider directory data	

Legend

- High Performance
- Need to Maintain Performance
- Low Performance
- Not an area of focus for this LOB

Opportunity Areas Driving Lower Satisfaction

Rather than any one area, results show that key questions in various areas are highly correlated with satisfaction.

Category	Low Performing Questions	Medi-Cal Performance
Provider Relations	7B. Ability to **answer questions/solve problems** related to core business functions	BH
	7D. Quality of **online tools** supporting the delivery of **patient-centered, quality care**	BH
	7E. Quality of **online tools** supporting **core business functions**	BH
Health Plan Call Center Service Staff	6E. Helpfulness of health plan call center staff in **obtaining resolution of claims issues**	All

Legend

- High Performance
- Need to Maintain Performance
- Low Performance

Provider Type
SPC- Specialists
BH- Behavioral Health providers
All- all provider types

2025 Focus

Overall Satisfaction
Goal: 79%

Mirror Winning Approaches from Medi-Cal in Sharing Information:

- Obtaining member information
- Obtaining referrals
- Answer questions on quality/VBCs

Provider Support and BH integration:

- Answer questions/solve problems for core business functions
- Online tools supporting delivery of patient-centered care
- Messaging and change management supporting core business functions

Claims Support and Issue Resolution:

- Continue support of claims issue resolution

2025 Strategy – Projects Snapshot

Below are highlights from several areas as we continue to work through project implementation and process improvements.

Enhanced Coordination and Messaging

Reviewing website messaging and instructions for clarity.

Implementing auto-reply messaging to external email addresses to confirm receipt.

Issue Resolution

Increased provider engagement staffing and structure to support behavioral health providers.

Reviewing Pulse survey data monthly for continuous improvement and follow-up.

Provider Data Management

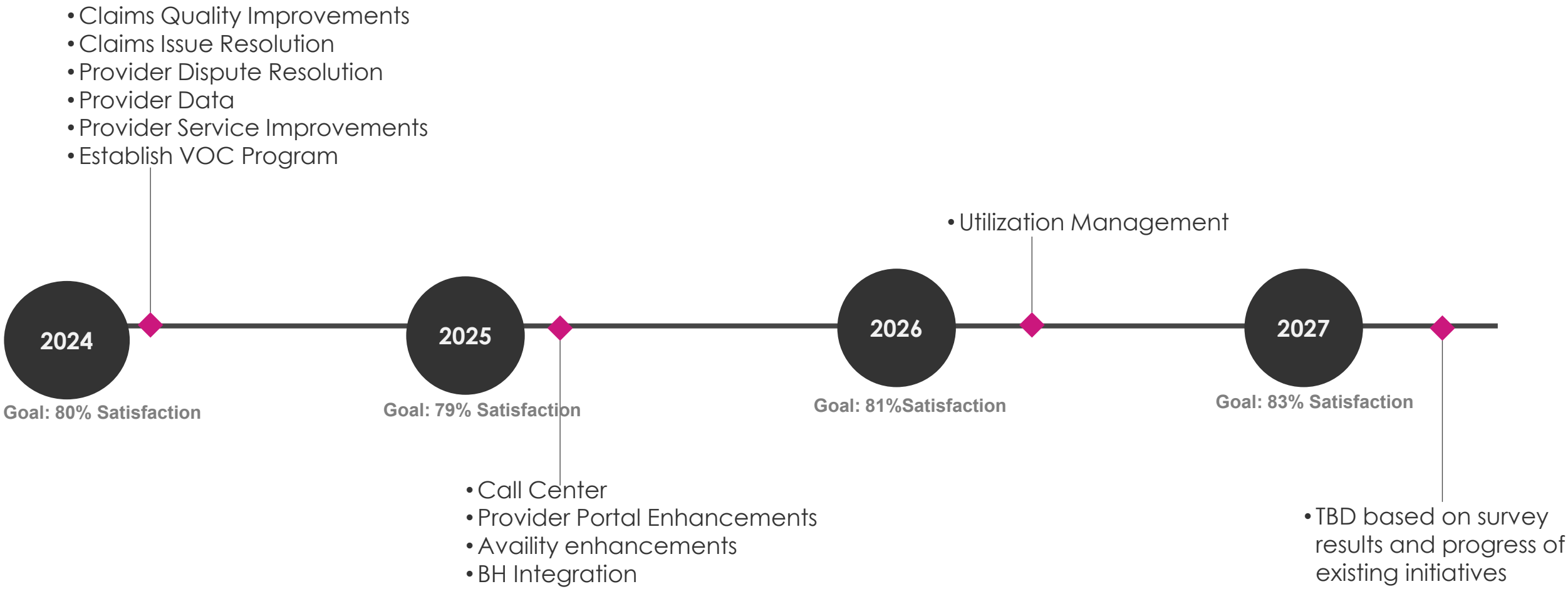
Improving workflows for intake and validation of provider data changes, including integration with state-wide registry Symphony.

Provider Services

Rolled out new Availity platform to support providers online with enhanced and new self-service tools.

Completed CC training on ability to handle claims resolution without need for additional escalation.

2027 Goals: **Road Map**



Questions?

2025 Plan for Effectiveness Analysis

TO: Community Health Plan of Imperial Valley (CHPIV)

FROM: Melen Vue, Program Manager III (CalAIM, Population Health & Health Equity)

COMMITTEE DATE: TBD

SUBJECT: Population Effectiveness Analysis Plan

Summary:
The following is the plan to analyze the effectiveness of the population health management programs that are in the four areas of focus selected by CHPIV. The programs related to the four focus areas are listed below with the program measure (Clinical, Utilization, or Member feedback), the program goal and the projected timeframe for analysis.

Purpose of Activity:

The Population Effectiveness Analysis Plan is recorded to outline the analysis timeframe for each Population Health Management program of focus in accordance with NCQA Accreditation: PHM.6.A.1-3 requirements.

Data/Results:

Program Name	Program Measure	Goal or Benchmark	Relevance	Analysis Timeframe
Improve Preventive Health: Flu Vaccinations and/or Adult Immunization Status - Influenza	Utilization: Increase member flu vaccination rates	Reach or maintain Medicaid 25% MPL for AIS-E (Adult Immunization Status) measure	The flu vaccine can prevent contracting the flu and other illness and can decrease health care utilization by reducing risk of going to the doctor or hospital, and keeping the community healthy. It is an important preventative tool for people with chronic health conditions. The ability to get the flu shot can also be an indicator of any health plan/network access barriers.	Q1 2025
Tobacco Cessation	Clinical: Increase smoking cessation	Increase member participation in smoking cessation programs by 5% from prior year.	Tobacco use is the leading cause of preventable death and disease in the U.S., making it critically important that prevention and cessation programs are available to help people break their tobacco addiction for good. Almost 4 million Californians still smoke, including 146,000 adolescents. The cost of smoking in 2009 totaled $18.1 billion, including $9.8 billion in healthcare cost, $1.4 billion in lost productivity from illness, and $6.8 billion in lost productivity from premature mortality.[1] Tobacco cessation is critical to improve members' health outcomes and reduce	Q1 2026

Program Name	Program Measure	Goal or Benchmark	Relevance	Analysis Timeframe
			health care costs by decreasing the rate of tobacco users among membership.	
Breast Cancer Screening	Clinical: Improve breast cancer screening	Meet/exceed directional improvement of 1-5% from prior year or ≥ the Quality Compass national 50th percentile for reporting year (RY)	The American Cancer Society cites breast cancer as the second leading cause of cancer-related deaths and the second most common cancer among women in the US.[2] Regular breast cancer screenings (also known as a mammogram) can help detect the cancer while it is still in early stages, which is also when the cancer treatment is most likely to be successful. Breast cancer screening is an important preventative tool that can help keep members healthy and decrease health care utilization.	Q4 2025
Diabetes Management Program	Clinical: Managing Members with diabetes risk	Meet directional improvement of 1-5% from prior year or ≥ 50th percentile benchmark for the following MCAS-MPL measure: Glycemic Status (GSD) >9	According to the Centers for Disease Control and Prevention (CDC), 38.4 million people have diabetes (11.6% of the US population), and 1 in 5 individuals have undiagnosed diabetes.[3] Individuals with diabetes face an increased risk of developing serious health complications and co-morbidities such as blindness, amputation, kidney failure, heart disease, stroke, and early mortality. Diabetes is the eighth leading cause of death in the United States in 2021. On average, people diagnosed with diabetes have medical expenditures 2.6 times higher than would be expected without diabetes, according to the Economic Costs of Diabetes report published by American Diabetes Association in 2022.[4] However, early detection and strict management of diabetes can significantly prevent, reduce, and delay complications of the disease, ultimately improving patient health outcomes while greatly reducing costs. Diabetes control is achieved through effective comprehensive diabetes care and management, and clinical preventive care practices that achieve optimal rates for the HEDIS diabetes-related measures, specifically blood sugar control, retinal eye exam, and kidney health evaluation.	Q4 2025

Program Name	Program Measure	Goal or Benchmark	Relevance	Analysis Timeframe
Start Smart for Baby	Clinical: Member compliance with pre and postnatal visits Member feedback: Positive Care management member experience	- Members managed in OB program have 8% greater completion of the 1st pre-natal visit within the 1st trimester or 42 days of enrollment than pregnant Members not managed. - Members managed in OB program have 10% greater completion of the post-natal visit between 7-84 days post-delivery than pregnant Members not managed. - High-risk Members managed have 2% lower rate of pre-term delivery than high-risk Members not managed. - Member experience survey – each question and overall >90%	Pregnancy complications can be harmful for mom and baby. Early and regular prenatal care helps identify conditions and behaviors that can result in preterm and low weight births. Early identification of pregnant women and their risk factors is an important factor in improving birth outcomes. Interventions are aimed at increasing pre-natal visits thereby improving health outcomes and resulting in reducing utilization costs. Pregnancy complications can be harmful for mom and baby. Post-natal care is important in preventing and addressing the health of mom and baby after pregnancy. Interventions are aimed at improving health outcomes and resulting in reduced utilization costs. Pregnancy complications can be harmful for mom and baby. Preterm birth is the leading cause of US infant morbidity and mortality, and low birth weight can cause serious and long-term health problems. Interventions are aimed at reducing pre-term deliveries thereby improving health outcomes and resulting in reduced utilization cost. Measuring member experience evaluated the effectiveness of the services and satisfaction with Care Managers. Gauging a member's experience or perception of care is important as it can help provide insight into whether the program meets the member's needs and identify trends for areas of improvement.	Q2 2025
Improve Behavioral Health: Severe and Persistent Mental Illness (SPMI) and Follow-Up Care after Mental Health Emergency	Behavioral Health: Follow Up within 30 days after an ED visit for mental health	Achieve or exceed the 50th percentile for HEDIS Follow-Up After Emergency Department Visit for Mental Illness (FUM)	Follow-up care after a mental health emergency department (ED) visit is essential for several reasons, including reducing the risk of repeat ED visits, improving both physical and mental well-being of the member, and enhancing adherence to treatment plans. Follow-up care can help members maintain treatment progress, address any new or worsening symptoms, and ensure proper medication management. Follow-up can	Q4 2025

Program Name	Program Measure	Goal or Benchmark	Relevance	Analysis Timeframe
Department Visits			also facilitate the coordination of care between different healthcare providers, ensuring that members receive a comprehensive and integrated approach to their mental health. By addressing mental health concerns promptly and effectively and promoting adherence to treatment plans, follow-up care can lead to improved quality of life for members and their families. Follow-up care after a substance use disorder (SUD) emergency department (ED) visit is essential for improving member outcomes relative to their physical and mental health by preventing future ED visits, rates of relapse and overdose. Following up with a provider allows for a comprehensive assessment of the member's physical and mental health needs, ensuring they receive appropriate medical and behavioral health care, including medication-assisted treatment (MAT) for members with an opioid use disorder. Follow-up care also allows for early identification of potential complications, misdiagnoses, or treatment failures, which can be addressed promptly.	
Cardiac + Diabetes	Cardiac medication adherence, utilization (ER/IP)	Improve cardio-protective bundle medication adherence by performing successful outreach to high risk Members who were flagged for non-adherence, utilization (ER/IP), or both and provide education/counseling to encourage compliance	Diabetes was the eighth leading cause of death in the United States in 2021.[5] If not properly managed, it can lead to renal, vision, hearing impairment and cardiovascular disease. If complicated with other chronic comorbid conditions like hypertension and CAD, the utilization is very high affecting the quality of life and the challenges to navigate through the healthcare system. In 2022, the total cost of diagnosed diabetes in the United States was $412.9 billion.[5] The utilization is primarily around pharmacy, inpatient and emergency room costs. Timely intervention, focus on prevention and developing wellness into the lifestyles, and implementation of evidence-based strategies to incorporate best practices are the goals of the initiative.	Q1 2025

Program Name	Program Measure	Goal or Benchmark	Relevance	Analysis Timeframe
Care Management	Member feedback: Positive Care management member experience Utilization: Reduce non emergent ER visits and readmissions	- Member experience survey – each question and overall > 90% - Reduce Non-Emergent ER Visits > 10% annual - Reduce Readmissions > 5%	One element of the Care Management program evaluation is to assess member satisfaction. Measuring member experience evaluated the effectiveness of Care Management services and satisfaction with Care Managers. Gauging a member's experience or perception of care is important as it can help provide insight into whether the program is meeting the member's needs and identify trends for areas of improvement. Use of the emergency room may prevent or interrupt the receipt of coordinated services by the primary care physician. Readmission may reflect a failure of transition of care after hospital discharge. Readmissions not only increase health care costs but also can signal a setback in member recovery after hospitalization. There are many factors which increase the potential for a readmission including member and caregiver understanding of discharge instructions, member and caregiver understanding of red flags and when to contact a physician and lack of medication reconciliation.	Q2 2025

References:

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2. *Centers for Disease Control and Prevention*. (2023). Basic Information About Breast Cancer. Retrieved from www.cdc.gov/cancer/breast/basic_info/index.htm#:~:text=Deaths%20from%20breast%20cancer%20have,and%20about%202%2C100%20in%20men.
3. *Centers for Disease Control and Prevention*. (2023). National Diabetes Statistics Report. Retrieved from www.cdc.gov/diabetes/data/statistics-report/.
4. Emily D. Parker, Janice Lin, Troy Mahoney, Nwanneamaka Ume, Grace Yang, Robert A. Gabbay, Nuha A. ElSayed, Raveendhara R. Bannuru; Economic Costs of Diabetes in the U.S. in 2022. *Diabetes Care* 2 January 2024; 47 (1): 26–43. https://doi.org/10.2337/dci23-0085
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Population Health Management Strategy Description

COMMUNITY HEALTH PLAN OF IMPERIAL VALLEY

2025

Table of Contents

Introduction

The Community Health Plan of Imperial Valley (CHPIV) robust population health framework leverages community partnerships, clinical programming, and data analytics to strategically deploy resources to enhance the Member and provider experience, improve whole-person care, mitigate social determinants of health (SDoH), and match Members with clinical programs designed to serve their unique clinical, cultural, social, functional, and behavioral health needs.

This document describes the strategy for managing the health of the CHPIV enrolled population. It provides an overview of how the needs of the population are identified and stratified for intervention, summarizes the population health management (PHM) programs used to address the needs of the population across the entire health and wellness continuum, and explains enabling strategies used to promote the transition to value-based care in its contracted network. We contract with providers to conduct assessments and integrate the results with care and care management processes.

Background

CHPIV is responsible for ensuring that population health management services are available for all its Members. Health Net Community Solutions, Inc. (Health Net) is contracted with CHPIV to provide and arrange for population health management services. Health Net Community Solutions, Inc. is a subsidiary of Health Net, LLC and Centene Corporation, a publicly traded company. Health Net is a registered service mark of Health Net, LLC.

Population Needs Assessment (PNA)

We evaluate the needs of the enrolled population and use that information to assess whether current programs need modification to better address the needs of our Membership. We examine data to evaluate the needs of Member subpopulations, including:

- Evaluation of the characteristics and needs of the Member population, including an analysis of the impact of relevant SDoH:
  - We assess the SDoH impacting our Membership through a geographic analysis using external data sources
  - We use an external SDoH tool, The California Healthy Places Index to create a custom selection using counties where we have Members.
  - We use the Healthy Places Index to determine regional SDoH performance on the following categories:
    - Economics
    - Education
    - Transportation
    - Social
    - Neighborhood
    - Clean Environment

  - Housing
  - Healthcare Access

- Evaluation of health status and risks by using utilization data broken out into cohorts based on NCQA and DHCS age-based stratification guidance.
- Evaluation of the needs of Members with disabilities:
  - Annually, a cohort of Members with disabilities are identified and assessed for needs to determine the appropriateness and adequacy of available clinical programs. A disabled Member is defined as needing assistance with Activities of Daily Living (ADL).
  - Identification criteria example: Members with one or more of the following: 1) Power Wheelchair 2) Home Hospital Bed 3) Hoyer Lift 4) In Home Supportive Services.
  - Analysis of this cohort consists of diagnostic categories and utilization trends for acute inpatient admits, readmits, and emergency department utilization.
- Evaluation of the needs of Member with Severe and Persistent Mental Illness:
  - Annually, a cohort of Members with severe and persistent mental illness are identified and assessed for needs to determine the appropriateness and adequacy of the available clinical programs. Severe and persistent mental illnesses are defined as diagnosis such as schizophrenia, psychosis, and bipolar disorder.
  - Identification criteria example: Members prescribed one or more of the medications on the Health Effectiveness Data and Information Set (HEDIS) schizophrenia, schizoaffective disorder (SSD) National Drug Code (NDC) list (See attachment in “Appendix A”).
  - Analysis of this cohort consists of diagnostic categories and rates of acute inpatient readmits, emergency department utilization, and those receiving at least 2 outpatient medication management visits in 12 months.

PNA Activities

When the data analysis is complete, it is used to determine if changes are required to population health management programs or resources to meet the unique needs of our population and offer timely services and supports. In addition, there is an evaluation of the extent to which PHM programs facilitate access and connection to community resources that address Member needs outside the scope of the health benefit plan. Modifications to program design and resources are made based on these findings.

Stakeholder Engagement

Community Advisory Committee (CAC) participants help serve as advisors to PNA development, and implementation of the PNA action plans. CHPIV will continue to employ multiple approaches to inform contracted providers of PNA highlights and recommendations. Communication channels may include:

• Provider Updates: Provider Updates extend immediate information to the provider network, which includes Physicians, Participating Physician Groups, Hospitals, and Ancillary Providers. Provider Updates are also available online through the provider portal.

• Provider On-Site Outreach: The Provider Engagement team conducts site visits regularly, allowing opportunities to discuss with providers PNA findings and recommendations.

• Community Provider Lunch and Learns: Lunch and Learn sessions bring together multiple providers in a community setting, planned regularly throughout the year. Hosted by Provider Engagement, these events provide important health plan program updates and information to support providers in better servicing their patients. PNA findings will be shared with those in attendance. Provider feedback about the PNA and/or proposed action plans will be considered for further enhancement.

• Community Advisory Committee (CAC): Forum that provides members and communities the opportunity to share their thoughts, ideas, concerns, perspectives, and experiences with the Plan. Committee members have the ability to share how the Plan is doing and ask questions or talk about concerns they may have about the delivery of services. The Committee helps the Plan inform the PNA to better serve members and improve our services. The group meets in person or virtually every 3 months. Advisory Members help shape the services our plan provides by bringing local level ideas to address quality, service, access to care as well as sharing their views on: population health, children's services, support for people living with disabilities, justice involved, foster youth, LGBTQIA, and other populations, health equity and health gaps, community needs, important Plan projects, as well as the Cultural and Linguistic Services Program. We incorporate county or region-specific Population Needs Assessment per PHM Policy Guide to build community partnerships, and improve Member participation to fully understand the barriers preventing all populations from receiving care and preventive services as well as social drivers of health.

Population Stratification

Population stratification is performed to support clinical decision making both at the point of care, as part of resource allocation and healthcare management to improve patient outcomes. PMH risk stratification segmentation and tiering (RSST) algorithms include clinical and sociodemographic variables, bias testing using Delta (quantitative method), and measures of healthcare utilization. Data sources, clinical criteria, and stratification tiers are reviewed periodically to ensure the PHM approach incorporates feedback from different departments including medical directors, provider and member engagement teams which allows for continuous improvement. Data elements and standards used in RSST are compliant with NCQA PHM standards.

The RSST approach and Health Equity Improvement Model (HEIM) is designed to avoid and reduce biases to prevent the exacerbation of health disparities and address inequities in a variety of ways, including urban versus rural; race, ethnicity, and language; and the unhoused and special needs population. We combine data from multiple sources and multiple data points (like race, ethnicity, primary language,

disability data, social risk information, social determinants of health, comorbidities, and mental health issues) for RSST of the population and obtain a 360 view of population needs and strengths. Our bias tested PHM model considers:

- Screening or assessment data
    - Screenings and assessments data is captured by our Health Information Form and additional screening conducted by the Plan including SDoH survey, Start Smart for Baby (perinatal/postpartum program including maternal risk: history, age, or SUD) screening data etc. The inputs from the form are incorporated into member level data to assign members based on RSST model as well as at an aggregate population health level data set.
- Claims and Encounter data, including Fee-For-Service data
    - Claims and encounter data, including Fee-For-Service data is captured by various sources of data and based on member's utilization pattern (High Utilizer, Prospective High Utilizer) members are assigned into appropriate category and that flows into our RSST model.
- Available social needs data
    - CalFresh, WIC, CalWORKs, In Home Services, Z-Codes and Supports (IHSS), Safety risk factors (e.g., available caregiver support and environment) are captured from various sources of data and incorporated into our RSST model.
- Electronic health records
    - Electronic Health Record (EHR) data is captured by EHR integration as well as other data feeds and using that information members are assigned to appropriate category; this data feeds into and informs our RSST model.
- Referral data
    - Referral data is captured by Find Help/Community Connect, customer contact center data, provider portal, authorization data, and other sources. Referral data is being used for identifying individuals who are at higher risk for adverse health outcomes or high healthcare costs. Using referral data, the model identifies members who have been referred to specialists or specialty services for high-risk conditions such as cancer, heart disease, or chronic illnesses. Subsequently, based on frequency and intensity of healthcare services need, the members are assigned to certain category including members who require more coordinated and managed care of PHM model. Referral data combined with other member data, such as demographics, claims history, and clinical data is being used for risk stratification.
- Behavioral Health data (including SBIRT and other SUD data)
    - Behavioral Health data is captured by data exchange agreement to establish secure data exchange with all contracted counties to obtain Drug Medi-Cal Organized Delivery System (DMC-ODS), and Specialty Mental Health Services (SMHS) data available through the Short-Doyle/Medi-Cal claims system by use of HIE, secure file transfer protocol (SFTP), or other means to then be incorporated into RSST. We are also capturing Behavioral Claims from our Behavioral Health administrator to capture mental health needs of our members and assigning members to a PHM category based on their need.

- Pharmacy data
    - Pharmacy data is captured via data feed from Magellan/Okta portal. Pharmacy data helps to determine a member's adherence to prescribed medications. Poor medication adherence is associated with adverse health outcomes. Using pharmacy data, we identify individuals who are non-adherent to their medications, which may indicate a higher risk for future health complications or hospitalizations and this information is being used for the RSST model. In addition to medication adherence data, pharmacy data is also being used to identify members with chronic diseases who are prescribed specific medications for disease management. By analyzing medication usage patterns, we are identifying individuals with suboptimal disease control, escalating medication needs, or frequent medication changes. These members may require additional support and care management to optimize their disease management and reduce the risk of complications. This information is also being used in the RSST model.
- Utilization data
    - Utilization data is captured via claims and encounters data. Utilization data helps to identify individuals with frequent or intensive healthcare service utilization. This includes emergency department visits, hospital admissions, and outpatient utilization. Members with high utilization patterns are often at a higher risk of future healthcare utilization or adverse health events. Utilization data provides us insights into the level of care coordination and management required for individuals.

      Utilization data highlight the extent to which individuals engage in preventive services such as vaccinations, screenings, or wellness visits. Low utilization of preventive services may indicate an increased risk of undiagnosed or unmanaged health conditions. Targeting interventions towards individuals with low preventive service utilization helps us identify and address potential health risks earlier. Utilization data helps to identify individuals who utilize high-cost healthcare services, such as expensive procedures, specialty medications, or complex surgeries. Individuals with high-cost service utilization are more likely to have higher healthcare costs and may require targeted interventions to manage costs and improve outcomes.
- Disengaged Member reports (e.g., assigned Members who have not utilized any services)
    - Disengaged member reports are captured via our zero encounters (zero encounter / no office visit / no utilization members) report. The monthly Zero Encounter enables the Plan to reconnect members to care, tracking disengagement with PCP.
- Lab results data
    - Lab results data is captured via EMR integration, quality data, among other sources.
- Admissions, Discharge and Transfer (ADT) data
    - ADT data is captured via HIE connections with various facilities and providers.
- Race/ethnicity data
    - Race/ethnicity data including disparity data is captured from various sources of data including but not limited to member enrollment data, customer contact center data.
- Sexual orientation and gender identity (SOGI) data

  - SOGI data is collected from our customer contact center data and we are in the process of identifying sources for collection of SOGI data.
- Oral health data:
  - We receive a data feed from DHCS that includes dental claims.

Our algorithms include bias testing and stratify our entire membership into a Risk Tier (low, medium, and high) and CM level (Level-1 to Level-5) to assign appropriate resources, interventions, and programs. To identify SDoH need, we have used:

- ICD 10 Z-Code from Claim,
- Encounter data,
- Admission discharge and transfer (ADT) data;
- TruCare Assessment including health risk assessment (HRA),
- SdoH Mini-screen;
- Other data feed including State eligibility data, (San Diego (SD)211 etc.)

The SdoH report allows to drill down into the SdoH needs of selected geographies and/or subsets of membership.

In addition to Risk Tier and level, PHM also include information from Impact Pro, a predictive modeling tool that uses multiple data sources that are stored in the data warehouses (EDW and ODW or Snowflake). In addition to Impact Pro, a web-based customizable report generating system, Micro Strategy®, is used to produce adjunctive analytical reports that support tracking of goals of clinical programs. The following data is pulled from the main data warehouse into the risk stratification tool housed in Impact Pro: medical and behavioral claims/encounters, pharmacy claims, laboratory results, health appraisal results, electronic health records, data from health plan utilization management (UM) and/or care management (CM) programs and advanced data sources such as all-payer claims databases or regional health information.

Additionally, we use our system, Impact Pro, to segment and risk stratify the entire enrolled population into meaningful subsets for targeted interventions. These subsets, or levels, are listed below with detailed descriptions in the appendix. This system is used on a regular basis (weekly or monthly) to identify, enroll, track and coordinate eligible Members for clinical programs. Information about the process used is defined in the description of specific programs in the sections which follow.

We conduct continuous improvement evaluation and the incorporation of inputs that explicitly aim to reduce bias or existing disparities that may exist in basic cost or utilization data (e.g., care gaps, ambulatory care sensitive conditions, underutilization of primary care). We have found and rectified biases in utilization data, for example: prioritization based solely on high utilization, access to care by zip code, or homeless members with no utilization.

Upon enrollment, the Health Information Form (HIF)/Member Evaluation Tool (MET) is completed within 90 days of enrolling new members. Enrolled populations are further broken out into Population Health Analytic Groups designed to segment the entire population into mutually exclusive categories based on

their utilization pattern (institutional, pharmacy, behavioral health), acute events, co-morbidity, risk scores and any clinical indications use the Member's most recent 12 months of claims and pharmacy history and care gap information. With each monthly refresh of the Population Health Analytic Grouping, each Member is reassessed based on the most up-to-date utilization information and may be re-classified to a new grouping. The Risk Stratification, Segmentation, Tiering (RSST) methodology identifies significant changes in Members' health status or level of care and in this way, Members are monitored to ensure appropriate re-stratification.

We will provide DHCS, upon request, our processes to identify significant changes in member's health status and appropriate re-stratification via this Strategy Description.

We monitor the penetration rate of PHM Programs and Services by Tier including the number of members by risk tier who need further assessment and received it, and who were enrolled in eligible programs.

We define a significant change in health status and/or a change in a member's level of care monthly. Each Member is re-assessed based on the most up-to-date utilization information and therefore may be re-classified to a new grouping. We also deploy industry leading SdoH data analytics to inform our PNA and PHM interventions. The PNA will be similar to previous years and will include information spanning the needs of our entire Member population.

The goals of PHM are to improve health conditions of current patients, understand patient needs that might have been overlooked, design better health services, make better use of resources, prevent diseases and predict future health issues. To achieve the goal and effect on outcomes, we monitor PHM performance using a Key Performance Indicators (KPI) report. The KPI includes:

- Admit/K,
- Emergency room (ER)/K,
- Readmission %,
- Ambulatory Care Sensitive Admissions (ACSA) %,
- Average Length of Stay (ALOS),
- Days/K,
- Avoidable ER%,
- Per member per month (PMPM) Cost,
- PMPM Cost by Service Category, and
- Pharmacy (Rx) Utilization
- DHCS PHM Monitoring Plan KPI requirements

Along with that we also use SdoH dashboard to track and trend Member SdoH needs and we align our health equity goals with DHCS' Health Equity Framework within the Comprehensive Quality Strategy (CQS) Report, and stratify DHCS selected MCAS measures by demographics.

We use these reports to set benchmarks, identify outliers and high performing Providers, address performance issues, share best practices, and invest in additional capacity.

- Members are assessed/re-assessed who are/have:
  - Seniors and Persons with Disabilities (SPD)
  - Receiving: In-Home Supportive Services (IHSS), Community-Based Adult Services (CBAS), Multipurpose Senior Services Program (MSSP) Services
  - LTSS needs
  - Entering Enhanced Care Management (ECM), Complex Care Management (CCM)
  - Children with Special Health Care Needs (CSHCN)
  - Residing in acute hospital
  - Hospitalized w/in 90 days or 3 + hospitalizations in last year
  - 3 + ER visits in last year w/ high utilization of services (e.g., multiple Rx for chronic diseases)
  - BEH dx or developmental disability and > 1 chronic medical diagnoses or social need (e.g., homelessness)
  - Multiple Outpatient Surgeries
  - Readmission risk
  - Preventable Admit
  - Avoidable Emergency Use
  - Multiple prevalence conditions including end stage renal disease (ESRD), acquired immunodeficiency syndrome (AIDS), or recent organ transplant, Cancer, Asthma, Diabetes, congestive heart failure (CHF), chronic obstructive pulmonary disease (COPD), serious and persistent mental illness (SPMI), serious emotional disturbance (SED), Opioid use etc.,
  - Pregnancy state
  - On antipsychotic medication
  - On 15 or more prescriptions in the past 90 days
  - Self-report of a deteriorating condition
  - Other conditions as determined based on local resources.

- We work with network providers for shared decision making with the member about the services a member needs, including through use of real-time information

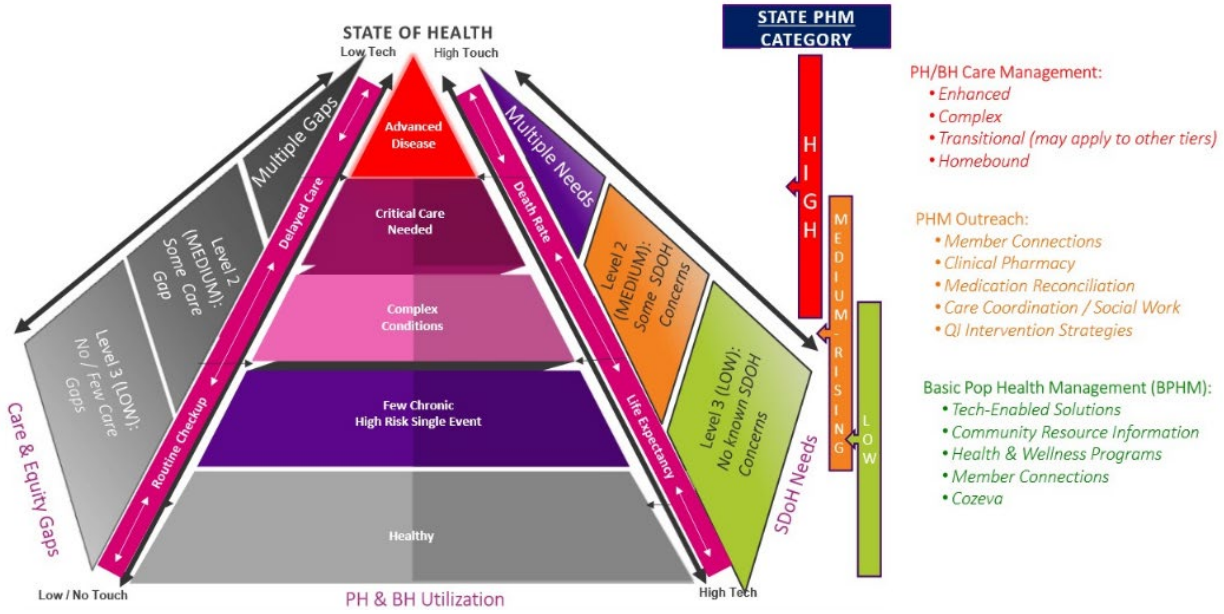
Once the statewide RSST and risk tiers are available through the PHM Service, at a minimum Members who are identified as high-risk through the PHM Service will be assessed.

ImpactPro Population Health Categories* consist of the following:

  - 01: Healthy
  - 02: Acute Episodic
  - 03: Healthy, At-Risk Level and
  - 04A: Chronic Big 5 Stable
  - 04B: Chronic Other Condition Stable
  - 04C: BH Primary Stable

- 05A: Health Coaching
- 05B: Physical Health CM
- 05C: Behavioral Health CM
- 06: Rare High-Cost Condition
- 07A: Catastrophic: Dialysis
- 07B: Catastrophic: Active Cancer
- 07C: Catastrophic: Transplant
- 08A: Dementia
- 08B: Institutional (custodial care)
- 09A: LTSS and Medicare-Medicaid Plan (MMP) – Service Coordination
- 09B: LTSS and MMP – High Needs Care Management
- 10: End of Life

* Definition of each category appears in “Appendix C”.



A description of subsets and the type of intervention offered to Members is described in the PHM Programs and Services portion of this document below.

PHM Programs and Services Overview

Basic Population Health Management (BPHM)

Health equity is a guiding principle. Population Health Management (PHM) is the framework to achieve health and wellness for all, free from barriers, using the Health Equity (HE) Improvement Model to identify and design community-anchored interventions. We offer BPHM services that promote health equity and aligns with the National Standards for Culturally and Linguistically Appropriate Services (CLAS). A multi-pronged, non-delegated, empanelment approach is used for BPHM which directly facilitates connections to primary care. New Member welcome packets are sent to ask Members to schedule their initial health appointment (IHA), and conduct new Member outreach to facilitate appointment scheduling, and survey Members to ensure they are satisfied with their assigned providers. Primary care providers (PCPs) are also notified of new Member enrollment within 10 days of assignment to facilitate PCPs seeing their patients within 120 days of assignment. Members who don't select a PCP within 30-days of enrollment are auto-assigned a PCP within 40-days of enrollment. (Full-benefit dual-eligible Members are not required to select a PCP).

A proactive outreach to Members without a PCP visit in the past year is used to assist in arranging appointments, transportation, or interpreters, if needed. Hard-to-reach Members, including those with unstable housing or no phone, are assigned to the MemberConnections® Field Team for in-person outreach. The MemberConnections Representatives (MCR) also assist with PCP selection or change. Members are informed that they can select a variety of providers in lieu of a PCP (e.g., Nurse Practitioner, Certified Nurse Midwife, Physician Assistant). Native American Members can select an Indian Health Services (IHS) Provider within the 'network as their PCP. SPD Members may select a Specialist or Clinic as a PCP if they are qualified. PCPs are notified of Member assignments within 10-days from selection/assignment by file sharing and provider web portal.

We use KPIs (e.g., encounters, Member engagement, HEDIS care gaps) and stratifications to address disparities in PCP engagement including identifying Members with open HEDIS care gaps for targeted outreach campaigns. Our Modeling Engagement project predicts levels of Member engagement, stratifies Members into 4-categories of likeliness-to-engage based on engagement history and tracks both PCP and Member engagement. This project informs the 'outreach approach, including monthly Care Gap reports distributed to provider, which helps prioritize and adapt outreach. The monthly Zero Encounter enables us to reconnect Members to care, tracking disengagement with PCP. We also stratify data to identify health disparities and are excited to leverage community health workers and doulas to ensure outreach is targeted with a focus on advancing health equity, and that post-partum Members are supported for their newborn pediatrician visits into the first year of life.

On a monthly basis, we review disengaged Member reports to proactively identify Members who have not established care with their PCP in the last 12 months. Then, we match Members to the level of support needed leveraging our Population Health telephone outreach teams to connect Members to

PCP, or MemberConnections Field Team (our field-based team that performs proactive home visits), assigning continuous support, reporting disengaged Member who have not received their IHA to providers, and introducing Member engagement strategies such as Cozeva, quality improvement projects, and discussions during Joint Operations Meetings (JOM). Support is available over the phone, through self-service tools, and in the field, leveraging Member Services, Care Management, Community Engagement, and Health Education staff.

Key aspects of member navigation support include:

- Establishing a relationship with a usual source of care through their PCP that meets Member's geographic, clinical, and cultural needs.
- Ensuring PCPs have successfully engaged Members in ongoing care and are familiar with the holistic needs of the Member, through systematic monitoring of the initial health appointment, ambulatory or preventive visits every 12 months, vaccinations and immunizations (e.g., COVID-19, Flu, Pneumococcal), care gaps, and sharing insights with PCPs. Our provider engagement teams, who perform onsite and virtual meetings with providers, regularly encourage providers to leverage engagement strategies, provide them disengaged Member lists with contact information, engage ability scores, and provide routine progress on how well engaged their Member are with required care. Providers can request funding to address specific barriers to engaging Members.
    - As part of the implementation of the Community Health Worker (CHW) benefit, providers are encouraged to leverage new ways to support Members who have significant clinical needs, health equity or SDoH barriers, or are lost to follow up
    - Members and their family are supported with community resources and carved-out services
- The Quality Improvement Team supports systematic evaluations to assess why Members are not engaged with their PCP or other healthcare needs and provide findings to the engagement team and providers for intervention. Providers are not delegated responsibilities, however, are provided with incentive and support tools to engage and outreach to Members.
- We use a quality and health equity framework to ensure all Members under age 21 receive all screening, preventive and medically necessary diagnostic treatment services and immunizations required by early periodic screening, diagnosis and treatment (EPSDT), American Academy of Pediatrics (AAP) Bright Futures periodicity schedule and the ACIP Childhood Immunization Schedule. Our strategy includes 1) service tracking and early identification, 2) connecting to services, and 3) meaningful innovation to continuously improve outcomes with a focus on the life course perspective. To achieve this, we:
    - Invest in preventive programs, coordinate/collaborate with Local Health Departments (LHDs), Local Government Agencies (LGAs), and local organizations to address SDoH and identified health disparities.
    - Support Members with culturally relevant health education, Member incentives; reminder outreach programs; and community engagement to promote prevention, screening, remove SDoH barriers.
    - Activate our plan CHW model to work with families with historical gaps in screenings to proactively outreach and remove barriers.
    - Prioritize partnerships with Providers to support our effective EPSDT program. Our pediatric Providers receive training and support tools to help identify care gaps timely and are audited for

adherence to medical record requirements including EPSDT services. We incentivize providers for quality care and provision of preventive services, including EPSDT.

- Track and report EPSDT screenings, AAP Bright Futures and ACIP Childhood Immunization periodicity adherence and monitor follow-up service needs. Tracking and stratification are at the population, community, subpopulation, and individual Member level. KPIs include annual and monthly HEDIS metrics (e.g., W30 (Well-Child Visits in the First 30 Months of Life), WCV (Child and Adolescent Well-Care Visits), CIS (Childhood Immunization Status), IMA (Immunizations for Adolescents), AAP (Adults' Access to Preventive/Ambulatory Health Services), IHA). Additional claims/encounters codes are evaluated for specific assessments and screenings (e.g., Oral Evaluation, Dental Services (OED), topical fluoride for children (TFC)).

We monitor utilization patterns including preventive services, ER/admissions, PCP visits, ambulatory/preventative visits, and the use of behavioral health services, as well as condition/situation specific outcomes by race/ethnicity to evaluate and improve the effectiveness of ECM, CHWs and other PHM programs in improving health outcomes, reducing disparities, and achieving health equity.

We are working with Local Health Jurisdictions (LHJs) in each of our service areas to develop SMART goals that align with the Bold Goals from DHCS Comprehensive Quality Strategy as well as to promote meaningful participation in the Community Health Assessment (CHA)/Community Health Improvement Plan (CHIP) process.

In2024, the Plan representatives established a collaborative partnership with LHJs/LHDs in our service area county to begin "meaningful participation" in their current or future CHA/CHIP cycles. Plan will work with LHJs to determine what combination of funding and/or in-kind staffing the plan will contribute to the LHJ CHA/CHIP process, which includes attending CHA/CHIP meetings and serving on the CHA/CHIP governance structure. The Plan representatives are also engaging with these LHJs to co-develop joint SMART goals.

Plan will partner with LHJ in each service area to identify priority areas for plan to share data with LHJ. In 2025, plan will begin to share data agreed upon in 2024 with the LHJs in a timely manner. Plan will engage our community advisory committees (CACs) as part of our participation in the LHJ's CHA/CHIP process. The plan will publish CHA/CHIP on our website and complete the MCP/LHJ collaboration worksheet by deadline.

Plan will submit our annual PHM strategy deliverable using the DHCS template for each of our service areas.

Transitional Care Services

The purpose of the Transitional Care Services (TCS) program is to provide a comprehensive, integrated transition process that supports members during movement between levels of care. Care Transition Interventions may includecoaching the member and the member's support system during the inpatient

stay and the immediate post discharge period to ensure timely, safe and appropriate medical care in the most efficient and cost-effective manner. Knowledge of internal and external processes surrounding the inpatient and post discharge stay is essential in navigating the health care continuum and addressing barriers to post discharge success for the member.

The Care Manager worksto create a smooth transition from one setting to another and to reduce re-hospitalization risks and other potentially adverse events. Using a Member centric approach, the model incorporates three evidenced based care elements of inter-disciplinary communication and collaboration, Member/participant engagement and enhance post-acute care follow-up.

TCS includes:

- Conducting an initial outreach call within 72 hours of inpatient referral to complete an inpatient discharge risk assessment
- A minimum of two follow-up calls are made to the Member within 15 days of discharge
- Initiating Community Support referrals as appropriate
- Focus on Member's goals and treatment preferences during the discharge process
- Review of the Member's disease symptoms or "red flags" that indicate a worsening condition and strategies of how to respond
- Preparation for discussions with other health care professionals and use of a personal health record to support member collaboration with the inter-disciplinary team to enhance post-discharge follow up care
- Supporting the Member's self-management role
- Educating the Member to follow up with the PCP and/or specialist within 7 days of discharge, and providing scheduling assistance if not listed on the post-discharge instructions
- Ensuring Member transition is successful and needs are met
- Actively engages the Member in medication reconciliation including how to respond to medication discrepancies

During the post discharge period, staff evaluates the member to provide effective support to the member in managing their continued needs. Members are referred to Care Management,Complex Care Management programs, or ECM as appropriate for ongoing/longer term support.

PHM Programs and Services

The Plan offers several PHM programs and services to our enrolled Members to provide comprehensive wellness, prevention, and self-management tools:

Program Name	Eligible Population
Improve Preventive Health: Flu Vaccinations	Members 18 years and older, especially high-risk populations
Improve Preventive Health: Breast Cancer Screening	Women ages 40-74 years
Improve Behavioral Health: Severe and Persistent Mental Illness (SPMI) and Follow-Up Care after Mental Health Emergency Department Visits	Members ages 6 years and older as of the date of the Emergency Department visit for mental illness or intentional self-harm.
Start Smart for Baby	Pregnant Members at risk for complications of pregnancy as determined by having an NOP score >34 and/or provider determination
Care Management	Members fitting within clinical analytics population health groups 05d, 05c, 07a, 07b derived from ImpactPro with other designated criteria, complex conditions and other designated health factors and/or social determinants of health.
Transitional Care Services	Members with high complexity profile: Member is inpatient with anticipated discharge or recently discharged, hospital readmissions risk, 2 or more admissions within the past 6 months, 3+ emergency department visits within the past 6 months, multiple medications/high cost medications/high-risk medications, recent catastrophic event or illness, unmanaged/poorly managed chronic or behavioral health issues, psychosocial issues/barriers impacting access to care and/or services, history of non-compliance and/or complexity of anticipated discharge
Chronic Condition Disease Management	Members with Asthma, COPD, Diabetes, Cardiovascular Conditions, and Sickle Cell disease
Chronic Condition Management: Substance Use Disorder-Opioid (SUD-O) Program	SUD-O program timely/effective care in collaboration with providers for members on dangerous combinations (benzodiazepines, opioids, muscle relaxants, other), high doses and prolonged use.
Tobacco Cessation – Kick It California	Members 13 years and older
Diabetes Prevention Program	Members 18 years and older with BMI >25 (BMI>23 if Asian) and have one of the following within 12 months: HbA1c between 5.7% and 6.4%, Fasting plasma Glucose 100-125 mg/dL 2-hour plasma glucose of 140-199 mg/dL
Diabetes Management Program	Members 18-75 years of age with diabetes (type 1 and 2) with care gaps

Program Name	Eligible Population
Cardiac + Diabetes	Members that have diabetes with hypertension and/or cardiovascular disease
Health Information Form	All Members
Initial Health Appointment	All Members
Teladoc Mental Health Digital Platform (formerly myStrenght)	Ages 13 years and above - Mental health and substance use (behavioral health) educational support for depression, anxiety, substance use, pain management, and insomnia/sleep health
Behavioral Health Care Management	All members
Chronic Condition: Respiratory Conditions (Chronic Obstructive Pulmonary Disease (COPD) and Asthma)	Members with Chronic Obstructive Pulmonary Disease or Asthma diagnosis with pharmacy claims who are either not adherent to their medications, have ER visits in the last 12 months, or both
Emergency Room Diversion Program	High-frequency emergency department utilizers
Chronic Condition: Oncology	Members with diagnosis of breast, prostate, colon cancer, or other cancers with pharmacy claims who are either not adherent to their medications, have ER/IP visits in the last 12 months, or both
Telemedicine	All Members

Focus Areas

Programs related to the four focus areas are described in greater detail below.

Improve Preventive Health: Flu Vaccinations	
Eligible population:	Members 18 years and older, especially high-risk populations
Focus area:	Keeping Members healthy
Program goal(s):	Reach or maintain Medicaid 25% MPL for AIS-E (Adult Immunization Status) measure
Program services:	Member education promoting flu vaccination through: ○ Emails ○ Proactive Outreach Manager (POM) messaging ○ Interactive Voicemail Response (IVR) messaging ○ Provider FluFlyer ○ Web landing page and web pop-up/notification banner
Methods and data sources used to identify the eligible population	Data extraction from eligible Member populations, enrollment data

Relevance	The flu vaccine can prevent contracting the flu and other illness and can decrease health care utilization by reducing risk of going to the doctor or hospital, and keeping the community healthy. It is an important preventative tool for people with chronic health conditions. The ability to get the flu shot can also be an indicator of any health plan/network access barriers.

Tobacco Cessation	
Eligible population:	Members 13 years and older
Focus area:	Keeping Members Healthy
Program goal(s):	Increase member participation in smoking cessation programs by 5% from prior year.
Program services:	CHPIV will cover a minimum of two separate quit attempts per year, without prior authorization, with no mandatory break between quit attempts. Please refer to the Medi-Cal RX contract drug list for individual products and any restrictions to coverage. https://medi-calrx.dhcs.ca.gov/cms/medicalrx/static-assets/documents/provider/forms-and-information/cdl/Medi-Cal_Rx_Contract_Drugs_List_OTC_FINAL.pdf. CHPIV also offers no cost individual, group and telephone counseling without prior authorization for members of any age regardless of if they opt to use tobacco cessation medications. Kick It California is a no-cost, statewide tobacco cessation program that addresses smoking and vaping behaviors. Services include: • tailored one-on-one telephonic coaching in six languages (English, Spanish, Cantonese, Mandarin, Korean, and Vietnamese), • a texting program in English or Spanish, • a website chat function, and • mobile apps on smoking and vaping.
Methods and data sources used to identify the eligible population	Data extraction from eligible Member populations using ICD-10 identifiers. Program is opt-in. Members can also be referred by their PCP, or Care Management.
Relevance	Tobacco use is the leading cause of preventable death and disease in the U.S., making it critically important that prevention and cessation programs are available to help people break their tobacco addiction for good. Almost 4 million Californians still smoke, including 146,000 adolescents. The cost of smoking in

	2009 totaled $18.1 billion, including $9.8 billion in healthcare cost, $1.4 billion in lost productivity from illness, and $6.8 billion in lost productivity from premature mortality.[1] Tobacco cessation is critical to improve members' health outcomes and reduce health care costs by decreasing the rate of tobacco users among membership.

Improve Preventive Health: Breast Cancer Screening	
Eligible population:	Women ages 40-74 years
Focus area:	Managing Members with Emerging Risk
Program goal(s):	Meet/exceed directional improvement of 1-5% from prior year or ≥ the Quality Compass national 50th percentile for reporting year (RY)
Program services:	Member education promoting breast cancer screenings through: • Mobile mammography events • Multi-gap Outreach Calls to members • Identify opportunities to collaborate with community based organizations Provider education and partnership to promote breast cancer screenings through: • Tipsheets on the Breast Cancer Screening HEDIS measure • Provide Breast Cancer Screening HEDIS measure specific best practices, coding practices, and clinic processes practices in the Provider Best Practices guide • Collaboration with priority Providers to identify opportunities to improve breast cancer screening utilization rates • Host office hours for internal Provider-Facing teams to provide measure specific education on updated recommendations, guidelines, and best practices
Methods and data sources used to identify the eligible population	HEDIS care gap reports, enrollment data
Relevance	The American Cancer Society cites breast cancer as the second leading cause of cancer-related deaths and the second most common cancer among women in the US.[2] Regular breast cancer screenings (also known as a mammogram) can help detect the cancer while it is still in early stages, which is also when the cancer treatment is most likely to be successful. Breast cancer screening is an

	important preventative tool that can help keep members healthy and decrease health care utilization.

Diabetes Management Program	
Eligible population:	Members 18-75 years of age with diabetes (type 1 and 2) with care gaps
Focus area:	Managing Members with emerging risk
Program goal(s):	Meet directional improvement of 1-5% from prior year or ≥ 50th percentile benchmark for the following MCAS-MPL measure: • Glycemic Status (GSD) >9
Program services:	Member education on diabetes management: ○ Digital Health Education QR Codes on diabetes-related resources. ○ Access to comprehensive diabetes webpages on member portal site. ○ Targeted Community Health Workers (CHW) outreach to members with SDoH barriers. ○ Pharmacy medication adherence outreach by phone ○ Availability of A1c home kits and follow-up email and/or follow-up calls to encourage completion. ○ Multi-gap live calls encourage members to complete A1c screening and assist in scheduling appointments with provider; bi-directional texting to accompany live calls for targeted populations to promote trust and improve health outcomes. Provider partnerships on diabetes management: ○ Targeted outreach to high-volume, low-performing PPGs/PCPs utilizing root cause analysis for uncontrolled A1c to segment population follow-up. ○ Provider tipsheets on HEDIS Diabetes measures: GSD (Glycemic Status Assessment for Patients with Diabetes), EED (Eye Exam for Patients With Diabetes), BPD (Blood Pressure Control for Patients With Diabetes) and KED (Kidney Health Evaluation for Patients With Diabetes)
Methods and data sources used to identify the eligible population	HEDIS care gap reports, pharmacy claims

Relevance	According to the Centers for Disease Control and Prevention (CDC), 38.4 million people have diabetes (11.6% of the US population), and 1 in 5 individuals have undiagnosed diabetes.[3] Individuals with diabetes face an increased risk of developing serious health complications and co-morbidities such as blindness, amputation, kidney failure, heart disease, stroke, and early mortality. Diabetes is the eighth leading cause of death in the United States in 2021. On average, people diagnosed with diabetes have medical expenditures 2.6 times higher than would be expected without diabetes, according to the Economic Costs of Diabetes report published by American Diabetes Association in 2022.[4] However, early detection and strict management of diabetes can significantly prevent, reduce, and delay complications of the disease, ultimately improving patient health outcomes while greatly reducing costs. Diabetes control is achieved through effective comprehensive diabetes care and management, and clinical preventive care practices that achieve optimal rates for the HEDIS diabetes-related measures, specifically blood sugar control, retinal eye exam, and kidney health evaluation.

Start Smart for Baby	
Eligible population:	Pregnant Members at risk for complications of pregnancy as determined by having a notification of pregnancy (NOP) score >34 and/or provider determination
Focus area:	Patient safety or outcomes across settings
Program goal(s):	- Members managed in OB program have 8% greater completion of the 1st pre-natal visit within the 1st trimester or 42 days of enrollment than pregnant Members not managed. - Members managed in OB program have 10% greater completion of the post-natal visit between 7-84 days post-delivery than pregnant Members not managed. - High-risk Members managed have 2% lower rate of pre-term delivery than high-risk Members not managed. - Member experience survey – each question and overall >90%
Program services:	Care manager completes the CPP OB CM Assessment, Edinburgh Depression Screen, Post-Partum Assessment with Member. - Education Materials are sent to Member - Members who received a medium or high score receive outreach to be enrolled in High-Risk OB Program - The OB Care manager coordinates care with the BH Care manager for Members with behavioral health needs.

Methods and data sources used to identify the eligible population	Medical and behavioral claims or encounter, health appraisal results, pharmacy claims and laboratory claims
Relevance	Pregnancy complications can be harmful for mom and baby. Early and regular prenatal care helps identify conditions and behaviors that can result in preterm and low weight births. Early identification of pregnant women and their risk factors is an important factor in improving birth outcomes. Interventions are aimed at increasing pre-natal visits thereby improving health outcomes and resulting in reducing utilization costs. Pregnancy complications can be harmful for mom and baby. Post-natal care is important in preventing and addressing the health of mom and baby after pregnancy. Interventions are aimed at improving health outcomes and resulting in reduced utilization costs. Pregnancy complications can be harmful for mom and baby. Preterm birth is the leading cause of US infant morbidity and mortality and low birth weight can cause serious and long term health problems. Interventions are aimed at reducing pre-term deliveries thereby improving health outcomes and resulting in reduced utilization cost. Measuring member experience evaluated the effectiveness of the services and satisfaction with Care Managers. Gauging a member's experience or perception of care is important as it can help provide insight into whether the program is meeting the member's needs and identify trends for areas of improvement.

Improve Behavioral Health: Severe and Persistent Mental Illness (SPMI) and Follow-Up Care after Mental Health Emergency Department Visits	
Eligible population:	Members ages 6 years and older as of the date of the Emergency Department visit for mental illness or intentional self-harm.
Focus area:	Patient safety or outcomes across settings
Program goal(s):	Achieve or exceed the 50th percentile for HEDIS® Follow-Up After Emergency Department Visit for Mental Illness (FUM)
Program services:	CHPIV Behavioral Health clinical staff live calls to members with a very recent ED visit for Mental illness or Intentional self-harm to conduct assessments and support timely follow-up to outpatient care for members in Imperial county. Clinical staff are able to identify depressive symptoms and provide additional

	counseling and resources to assist with stress management and avoidance of at-risk alcohol and substance use.
Methods and data sources used to identify the eligible population	Hospital admissions, discharges, and transfers (ADT), claims or encounter, and membership data
Relevance	Follow-up care after mental health emergency department (ED) visits is essential for members with severe and persistent mental illness (SPMI) to prevent relapse, improve long-term outcomes, and reduce unnecessary ED visits. Follow-up 1) helps ensure continuity of care (i.e., helps bridge the gap between acute care in the ED and ongoing outpatient treatment, preventing the need for repeated ED visits), 2) reinforces medication adherence (i.e., allowing healthcare providers to monitor medication effectiveness, adjust dosages, and address any side effects, ensuring members are taking their medications as prescribed), and 3) provides ongoing support and treatment planning (i.e., allowing for personalized adjustments to the treatment plan, addressing any changes in the member's condition or needs). Individuals with SPMI often require long-term and intensive care, making follow-up care necessary for maintaining member stability and preventing relapse.

Cardiac + Diabetes	
Eligible population:	Members that have diabetes with hypertension and/or cardiovascular disease.
Focus area:	Managing multiple chronic illnesses
Program goal(s):	Improve cardio-protective bundle medication adherence by performing successful outreach to high risk members who were flagged for non-adherence, utilization (ER/IP), or both and provide education/counseling to encourage compliance
Program services:	Member education and outreach through - ○ A "live call" by health care coaches to engage the Member and help ensure that they are compliant with their medications. The health care coaches, consisting of pharmacists, diabetes educators, nutritionists, or dieticians, can conduct follow-up visits as needed to address Members' chronic conditions and healthy weight (BMI) maintenance, encouraging physical activity and healthy eating ○ Multimodal communications: online newsletters and mailings. ○ Connecting Members with care management and disease management. ○ Connecting members to Community Supports (Medically Tailored Meals)

Methods and data sources used to identify the eligible population	Medical claims, encounter data, pharmacy claims
Relevance	Diabetes was the eighth leading cause of death in the United States in 2021.[5] If not properly managed, it can lead to renal, vision, hearing impairment and cardiovascular disease. If complicated with other chronic comorbid conditions like hypertension and CAD, the utilization is very high affecting the quality of life and the challenges to navigate through the healthcare system. In 2022, the total cost of diagnosed diabetes in the United States was $412.9 billion.[5] The utilization is primarily around pharmacy, inpatient and emergency room costs. Timely intervention, focus on prevention and developing wellness into the lifestyles, and implementation of evidence-based strategies to incorporate best practices are the goals of the initiative.

Care Management	
Eligible population:	Members fitting within clinical analytics population health groups 05d, 05c, 07a, 07b derived from ImpactPro with other designated criteria, complex conditions and other designated health factors and/or social determinants of health. A predictive modeling tool, reports and health risk screening are used to identify Members who have higher risk and more complex health needs. Members may self-refer and/or be referred to the program by other internal and external entities. The person-centered approach allows us to link Members to a tailored variety of Complex Care Management (CCM) programs and interventions (inclusive of BPHM) to address Members' unique needs. Types of interventions and conditions the Program addresses include: health promotion, disease management, maternal and child health, Behavioral Health (BH), telehealth, transitional care services, palliative care, oncology, nursing facilities, and ED diversion. Depending on the Member's preferences, the CCM program uses a variety of communication modalities to initiate and sustain Member support (e.g., in-person contacts, face-to-face virtually, calls, texts, email).
Focus area:	Managing multiple chronic illnesses
Program goal(s):	• Member experience survey – each question and overall > 90% • Reduce Non-Emergent ER Visits > 10% annual • Reduce Readmissions > 5%
Program services:	**Care coordination:** Typically involves non-clinical activities performed by non-clinical staff; clinical staff may provide assistance if minor health concerns arise. Services included at this level of coordination include outreach to Member, assistance scheduling appointments, assistance securing authorizations and follow up to ensure compliance. In addition, this level of care management is

	used for continuity of care transitions and supplemental support for Members managed by the county. **Care management (CM):** Services included at this level of care management include the level of coordination along with identification of Member agreed upon goals and progress towards meeting those goals. If the CM program is delegated to the Participating Physician Group (PPG) and the Member is identified as potential candidate for CM, the health plan refers the Member to the PPG for follow up. **Complex Care management:** Services at this level of complex care management include all coordination and care management services from above, along with a more frequent outreach to the Member to assess compliance with their treatment plan and progress towards meeting goals. Care managers will monitor Members' key indicators of disease progress, e.g., HgbA1c levels and medication adherence. If the CM program is delegated to the PPG and the Member is identified as potential candidate for CM, the health plan refers the Member to the PPG for follow up
Methods and data sources used to identify the eligible population	Medical and behavioral claims or encounter, health appraisal results, pharmacy claims and laboratory claims, focused Population Health Management reports, referrals
Relevance	One element of the Care Management program evaluation is to assess member satisfaction. Measuring member experience evaluated the effectiveness of Care Management services and satisfaction with Care Managers. Gauging a member's experience or perception of care is important as it can help provide insight into whether the program is meeting the member's needs and identify trends for areas of improvement. Use of the emergency room may prevent or interrupt the receipt of coordinated services by the primary care physician. Readmission may reflect a failure of transition of care after hospital discharge. Readmissions not only increase health care costs, but also can signal a setback in member recovery after hospitalization. There are many factors which increase the potential for a readmission including member and caregiver understanding of discharge instructions, member

	and caregiver understanding of red flags and when to contact a physician and lack of medication reconciliation.

Care Coordination

We provide care coordination to our members from each of the following populations based on the member needs that address all their health and health-related needs, including developmental, physical, mental health, SUD, dementia, LTSS, palliative care, oral health, vision, and pharmacy needs.

- Mental Health Plans (or specialty mental health system): We coordinate care through interdisciplinary care team (ICT) discussions with MH resources and with the county Specialty Mental Health Services (SMHS) and Non-Specialty Mental Health Services (NSMHS) to address the holistic needs of members including transitioning between SMHS and NSMHS. CM provides education on and referrals to SMHS and NSMHS. For members who are medically and BH complex, we perform an ICT round, and work with the county to coordinate care. We monitor individual cases, and we also have enhanced and global reporting on trends across cases for provision to providers. We can now track how many members have been linked to BH Therapist and/or Psychiatrist, as well as how many members we facilitated ICT meetings with county Mental Health Providers for SMI services.
- Drug Medi-Cal or a Drug-Medical Organized Delivery System: CM and Clinical Pharmacy refers members to appropriate level of care/provider for SUD needs. CM staff outreach to Drug Medical provider to ensure member needs are being addressed. ICT meetings scheduled as needed.
- Long Term Services and Supports (LTSS), including 1915(c) waivers and In-Home Supportive Services: CM staff will refer to our dedicated Public Programs team who specialize in supporting LTSS members. In addition, CM staff educate the Member on IHSS and refer the member to the Public Programs team who will support the Member through the IHSS application process. Finally, we outreach to the Member's PCP or specialist to help advocate for member and encourage the provider to complete the remaining components of the IHSS forms as necessary. In 2023 we implemented additional KPIs to improve monitoring and tracking of care coordination outcomes (e.g., coordination with providers, facilitating referrals, linkage to services).
- CBAS: We measure completion of Face-to-Face assessment within 30 days of notification for CBAS and we review the reassessments completed by CBAS every 6 months to determine program eligibility.
- LTC: We review the assessments at least annually or when the Member experiences a significant change in condition completed by LTC to determine appropriateness and eligibility.

- Waiver Programs: We make referrals to waiver programs, as appropriate, and partner with waiver agencies for all care coordination opportunities.
- Overarching CM supporting: CM staff complete Health Risk Screenings with members to help identify when additional support may be needed. CM staff refer members to any of the programs above including ECM or CS (if member meets criteria and is identified in the population of focus). CM staff outreach to providers to coordinate care, share assessment information as needed, and case conference as appropriate. CM provides members with information for community and social services based on recommendations from the Interdisciplinary Care Team (ICT). CM also assists the members with 3-way calls to those entities or submits referrals on the member's behalf. The CM team primarily interfaces with providers and outside entities telephonically and by secure email.

External partnerships

Entity	Description:
Departments of Social Services and In-Home Supportive Services (IHSS)	Plan will maintain MOUs with Local Departments of Social Services and In-Home Supportive Services (IHSS) programs in all services areas and will meet with these departments/programs quarterly at minimum, as is required under the new State contract.
Departments of Behavioral Health and Substance Use Disorder Services (SUDs)	Plan will maintain MOUs with Local Departments of Behavioral Health and Substance Use Disorder Services in all services areas and will meet with the departments quarterly at minimum, as is required under the new State contract.
Regional Centers	The Plan will maintain MOUs with the Regional Center(s) for all services areas and will meet with the Regional Center(s) quarterly at minimum, as is required under the new State contract.
Local Health Departments	Plan will maintain MOUs with all Local Health Departments (LHDs) in all services areas and meet with LHDs quarterly at minimum, as is required under the new State contract. Example of how Plan and LHDs work together include but are not limited to: Collaborating to ensure COVID-19 vaccinations were/are available to homebound members; Collaborating to deliver provider trainings (e.g., CPSP); Collaborating to deliver certain member-facing events (e.g., breastfeeding mom's lunch and learn).
Departments of Child Welfare Services	Plan will maintain MOUs with Local Departments of Child Welfare Services in all services areas and will meet with the departments quarterly at minimum, as is required under the new State contract.
Women, Infants and Children (WIC) Supplemental Nutrition Programs	Plan will maintain MOUs with the local WIC programs in all service areas and will meet with the WIC programs quarterly at minimum, as is required under the new State contract.
First Five programs and providers	Plan will maintain MOUs with the local First Five programs in all service areas and will meet with these programs quarterly at minimum, as is required under the new State contract. We participate in coalitions and help establish processes for local

	programs. We provide First Five with sponsorships as needed or requested.
Justice Departments & Correctional Facility Partners and Programs	Plan will maintain MOUs with the local Justice Departments/Correctional Facility partners and program in all services areas and will meet with the JI/CI partners quarterly at minimum, or as directed by DHCS, as is required under the new State contract.
Schools and Local Education Agencies	Plan will be working to execute memorandum of understandings (MOUs) with LEAs in all service areas under the new State contract requirements. We meet regularly and will maintain, at minimum, quarterly engagement with LEA partners in all service areas under the new State contract requirements as well. Partnership activities with schools and LEAs include, but are not limited to, support for back-to-school events and trainings, on site health fairs, financial support for workforce training programs, etc. We also provide grant support to schools and LEAs for workforce training and development, as well as infrastructure and support for the expansion of telehealth services to schools. We do not currently participate on any School or LEA boards, but this is something in which we will look to be more involved in the future.
Early Start	Plan works with Early Start through local health departments. We participate in coalitions and help establish processes for local programs. We meet on an as-needed basis. We provide Early Start with sponsorships as needed or requested.
California Work Opportunity and Responsibility to Kids (CalWorks)	While speaking to a member on the phone, and we identify through listening to our member that they might benefit from the CalWorks program, we will 3-way call the CalWorks Customer Service number (California Department of Social Services) and connect our members to a CalWorks representative to ensure our member is connected to CalWorks benefits.
CalFresh	Plan provides warm-handoffs when possible and referrals to support our members who can benefit from CalFresh services. Example of warm-handoff: While we are speaking to a member on the phone, and we identify through listening to our member that they might benefit from the CalFresh program, we will 3-way call the California Department of Social Services and connect our member to a CalFresh representative to ensure our member is connected to CalFresh benefits.
Supplemental Security Income (SSI)	Plan provides warm-handoffs and referrals to support our members who can benefit from SSI services. Warm hand-off Example: While we are speaking to a member on the phone, and we identify through listening to our member that they might be eligible for SSI, we will 3-way call the Social Security Administration and make an appointment for our member to apply for SSI. 2. We do not provide

	financial support or investments to SSI. 3. We do not have involvement with SSI boards or governance structures.

Activities Which Support PHM Programs and Services

In order to support network providers as they strive to achieve their population health management goals, we provide the following:

Delivery System Supports

Data and information sharing with practitioners

The Plan shares an extensive amount of data with providers partners. Data shared with providers includes pharmacy, enrollment, care gaps, claim/encounters, financial, and various utilization (inpatient, outpatient and ED) information. In addition, disease management program enrollment reports are also shared with The Plan's strategic provider partners for the Medi-Cal line of business. Data is shared at various frequencies (daily, weekly, monthly, yearly) via the Plan provider portal, secure email, SFTP, fax or mail. The method of data transmission varies based on the data being shared as well as provider preference. We exchange ADT, ORU, and CCDA data through multiple Health Information Exchanges (HIEs), to include San Diego Health Connect (SDHC) and receive SDoH data from a Community Information Exchange (CIE), specifically SD211. Additionally, in the last year we have implemented a bidirectional data exchange with Imperial County leveraging CalMHSA, focused on the sharing of Behavioral Health data.

We have improved our IT Capabilities under the umbrella of our Cal AIM program.

1. We've invested CalAIM Incentive Payment Program (IPP) funding in our ECM and Community Supports (CS) providers to:

    1) increase the number of contracted Enhanced Care Management (ECM) providers that engage in bi-directional Health Information Exchange (HIE);

    2) ensure our contracted ECM providers have access to certified EHR technology or a care management documentation system able to generate and manage a patient care plan; and

    3) ensure our contracted ECM and Community Supports providers have the ability to submit a claim or invoice to the Plan or have access to a system or service that can process and send a claim or invoice to the Plan with the information necessary for the MCP to submit a compliant encounter to DHCS.

2. We are connected to the local Homeless Management Information Systems (HMIS) for member matching and receiving timely alerts when a Member experiences a change in housing status through partnership with the Regional Task Force on Homelessness (RTFH).

3. ECM is an end-to-end solution that provides a whole-person approach to care that are medically appropriate and addresses the clinical and non-clinical needs of the member. ECM providers receive a monthly member information file (MIF) and are required to submit a return transmission file (RTF) of enrolled members.

4. Findhelp is an online platform with a network of social programs across the state. We are creating a closed-loop referral system to appropriate Community Supports and other community and social services including financial assistance, food pantries, medical care, transportation, and other free or reduced-cost services. The referral process ensures a seamless experience for the provider and member.

A Closed-Loop Referral (CLR) is a referral initiated on behalf of a member that is tracked, supported, monitored and results in a known closure. A known closure occurs when a member's initial referral loop is completed with a known closure reason such as the member receiving services. The goal of CLRs is to increase members successful connection to the services they need by identifying and addressing gaps in referral practices and service availability. The Plan is taking steps to collect and report CLR data for ECM and Community Supports by 7/1/2025 to ensure more members are connected to needed services.

Exchange of member information and medical records is done in accordance with professional standards and state and federal privacy laws and regulations.

Value-based payment arrangements

We encourage providers to participate in value-based payment arrangements. Our value-based incentive programs reward both professional and hospital providers who achieve program goals in areas critical to the success of PHM such as quality outcomes, care coordination, access to care, overall medical costs and patient satisfaction. Data used to inform provider performance within incentive programs align with industry standard benchmarks/metrics and is sourced from health plan data. Below you will find incentive program components detail.

Incentive Payments

Description: The Plan offers incentives to network providers who achieve program goals in one or more of the below areas.

Capitation: Pre-paid PMPM payments for professional or professional and hospital services place responsibility for cost management on the providers and hospitals.

Incentive Program Components

- Quality – Providers delivering high value, quality care, and not just a high volume of care, are eligible to earn an incentive payment for meeting Medicaid thresholds for HEDIS clinical quality measures.
- Encounter Data – Sharing patient encounter data is an essential aspect of assessing patient risk for subsequent clinical intervention as well as assessing providers for the quality of care they are delivering. Providers earn an incentive by meeting encounter data delivery thresholds.
- Access to care – the Plan offers incentives to PPGs to ensure their primary care providers and specialists have appointment availability for both urgent and non-urgent visits.

Ability to view evidence-based practice guidelines on demand

We provide clinical practice guidelines to network providers via access to the Plan's provider portal. The clinical practice guidelines are recommendations intended to optimize patient care for specific clinical circumstances to all network providers. They are based on professionally recognized standards and systemically developed through a formal process with input from practitioners and based on authoritative sources including clinical literature, studies, and expert consensus. Whenever possible, guidelines from recognized sources are adopted. Source data is documented in the guidelines to include the scientific basis or the authority upon which it is based. Board-certified practitioners who will utilize the guidelines are given the opportunity to review and give advice on the guidelines through the Centene Corporate Clinical Policy Committee (CPC). Guidelines are updated at least every two years or upon significant new scientific evidence or changes in national standards.

Providing practice transformation support

We offer provider communication and webinars to support the sharing of updates and best practices. In addition, we offer 1-to-1 training with providers, clinics and medical groups and design integrated workflows to streamline transition of care. We share population health risk data with Medical Groups to support the identification of Member needs. Ultimately, all of this fosters care collaboration, provider engagement and holistic care. Enhancing provider engagement can have a dramatic impact on health plan performance, lead to improved clinical outcomes, quality ratings, member retention, member satisfaction, and overall efficiency.

Coordination of Member programs

We use the following tactics to coordinate across Member programs and services, including programs Members may receive through their provider care team:

Copy of care plan and/or interventional program description sent to Member's practitioner inviting them to participate in the development of the care plan and attend interdisciplinary care team meetings as needed.

- Defining a program hierarchy so Members don't receive outreach from multiple programs. The following hierarchy is used to determine which entity will be the primary point of contact, unless Member specific evaluation demonstrates otherwise:
    1. Delegated Participating Physician Group (PPG) Concurrent Review and Care Management
        a. Example: To avoid duplicative outbound calls, a data analyst reviews potential care management list in Impact Pro and excludes Members who are assigned to a Delegated PPG as well as those already enrolled and engaged with Care Management
    2. Health Plan Concurrent Review (e.g., Inpatient Concurrent Review)
    3. Plan Complex Care Management
    4. Plan Care Management
    5. Special or Disease Specific Clinical Programs (e.g., Transitional Care Services, First Year of Life)
    6. Disease Management
    7. Auxiliary services may run concurrently as coordinated and requested by the primary Care Manager with the consent of the Member.
        a. Examples: Wellness Coaching (smoking cessation, weight management), Life Solutions evaluation for home safety, field-based Member Connection outreach for difficult to engage Members, Licensed Clinical Social Worker (LCSW) assessments, special PPG programs, ECM providers, Doulas and CHWs, etc.

  EXAMPLE OF HIERARCHY IMPLEMENTATION:

  - Care Management participates in Utilization Management inpatient concurrent review rounds to determine if Care management services are needed post discharge.
  - Participating Physician Groups (PPGs) and Providers may submit referral directly (via fax/email referral form) to plan CM. If care management is delegated to the PPG, the plan refers the Member to the PPG for follow up.
  - While the Member is enrolled in CM, the care manager will look at open care gaps and assist the Member to fulfill them.
  - If an enrolled Member enters an inpatient setting the Concurrent Review staff identifies the Care manager involved and keeps the CM updated on status and discharge.

- Clinical program documentation processes are in a single medical management system platform (TruCare): Members actively enrolled in clinical programs are flagged in the common documentation platform to avoid duplication of outreach calls.
  EXAMPLES:

  - Alerts placed Member record in the Medical Management System are visible to staff when the Member record is accessed.
  - Tasks generated within the system from one process to another informing the recipient of activity to complete.

- Inbound and outbound calls related to CM programs, tasks, notes, assessments, and correspondence are captured and dated within the medical management system and are visible to associates with access to the Member record.

- Assigning a single care coordinator and/or Co-Management to address all of the Member's needs:
  - Integrated Care Management: Integrated Care involves managing the Member's physical, behavioral, and psychosocial needs (including SDoH needs) with the care manager as the primary point of contact for the Member. This holistic approach lessens the complexity for our Members and aligns with our overall population health program.
  - Behavioral Health (BH) and Physical Health (PH) Care Management Coordination: for new BH CM referrals of Members enrolled in open PH CM, the PH Care manager coordinates with the referring party and BH CM to determine which CM staff will be the primary Care manager. Co-management may occur between BH and PH during CM rounds, and by documentation in a common platform. With Member's express permission, both BH and PH CM may work with Member, but always coordinating outreach and discussing during rounds.
  - The BH CM coordinates with Regional Centers to coordinate services falling within their domain.
  - The Care Manager coordinates with county programs and other external entities to facilitate services and programs available to the Member.

- Multi-disciplinary, cross functional rounds and/or workgroups to develop and maintain strategies for efficient clinical program coordination:
  - Preventative Health Work group QI, Health Education, Medical Management, Health Programs, Care Management, Member Services, Community Grants, Provider Relations, HEDIS, Enrollment Services, Member Experience, Health Equity, and Practice Transformation departments meet regularly to review Member outreach for various health measures, coordinate efforts and minimize duplication.

- Interdisciplinary/Integrated Care Management Team Rounds:
  - Care Management rounds are routinely conducted with a team-based approach, using Care Managers, Social Workers, Registered Dietitian, Pharmacists, Behavioral Health, and Medical Directors to coordinate between departments for specific Members, and develop and/or support a comprehensive care plan. Reports are shared with key internal stakeholders for care coordination.
  - On an annual basis, we report on population health metrics including a population health summary and risk factor analysis based on a Initial Health Appointment.

- Start Smart for Baby:
  - Care Managers may discuss the Member during utilization or care management rounds, the Member will be referred as appropriate when it is identified a Member may benefit from information in another program and/or when care coordination is required across processes.

- Disease Management Reports:

- Key operational and clinical measures for each Disease Management program are reported annually which summarize key enrollment and engagement metrics by program and describe utilization performance and quality measures for the Disease Management population and population health metrics including a population health summary.

- Sharing of Member outreach data:
  - Information regarding our preventive health programs, such as influenza immunizations, and documentation of member outreach/activities is provided to our Customer Contact Center (CCC) via notification and available in our internal database (Central Point) in order to increase awareness so that Customer Service Representatives can answer incoming questions from our members and direct members to the available resources.

- Standardized Protocols for Unable to Reach Members: Each clinical program follows a standard protocol for the number and frequency of outbound attempts to reach Member to avoid multiple or intrusive calls to Members. All outreach is documented in the common platform.
  - Integrated Care Management: A standard number of outbound call attempts are followed by a letter.
  - Disease Management: Establishes a set number of call attempts for Members with a valid phone number, then sends an outreach letter.
  - Disengaged/housing insecure or homeless member support: Street Medicine providers support in reaching the most difficult to reach populations and provide basic care coordination and connection to PCP.

- Standardized Protocols for Members opting out of clinical programs:
  - Members wishing to opt out of clinical programs are flagged and set for future outbound calls according to protocol, respecting their wishes while adhering to regulatory compliance guidelines.

Informing Members about Available PHM Programs

We provide Members with information about all available PHM programs and services through the following:

- New Member Welcome letter sent via United States (US) Postal Mail
- Unsolicited Phone Call Outreach based on identified health needs post risk stratification
- Solicited Phone Calls for Members who agree to be actively enrolled in programs
- E-mail
- Plan Website
- Annual Plan Newsletter
- Face to face visits

Informing Members about PHM Programs – Interactive Contact

Staff engage Members that are eligible for programs which include interactive contact with the Plan to notify them of the following key information: See Appendix C

Key Program Attributes Communication Check list

- To inform Member of how they became eligible to participate in the specific program
- How they can opt-in the individual program
- How they can opt-out of the individual program

Key Modes of Communicating Program Information

- Welcome letter to welcome the Member to get them oriented with the program and all of the available program benefits, including all of the aforementioned key program elements.
- Unsolicited Phone Call Outreach based on identified health needs post risk stratification.
- Solicited Phone Calls for Members who agree to be actively enrolled in programs and are identified as eligible for other potential beneficial programs.
- On occasion the CM staff may request a MemberConnections Representative make a face-to-face visit with the Member.
- Members may opt in to an automated texting program to receive reminders, and pregnancy health education.

Appendix A

This table contains guidance to determine specific HEDIS SSD NDC list

HEDIS SSD NDC list	HEDIS SSD NDC List.xlsx

Appendix B

This table contains guidance to PHM Level and KPI tools Overview

PHM Level and KPI tools Overview	PHM Level and KPI tools Overview.pdf

Appendix C

This table contains guidance to determine specific medical conditions that are included within each population health category

Level 01: Healthy	Includes Members that meet *ALL* of the following criteria: No chronic conditions See Attachment Chronic Conditions.docx No behavioral health conditions See Attachment Behavioral Health Conditions.docx Risk of future costs for the next 12 months: • When age <65 then risk of future costs < 2 ○ When age >= 65 then risk of future costs < 4 Risk of an admission in the next 12 months < 10% No inpatient stays regardless of reason in the last 12 months No emergency room visits regardless of the reason in the last 12 months No medication adherence gaps: See Attachment

	Medication Adherence Gaps.do No 'clinically important' care opportunities See Attachment Clinically Important Care Opportunities. No drug safety care opportunities See Attachment Drug Safety Care Opportunities.docx
Level 02: Acute Episodic	Includes Members that meet both of the following criteria: No chronic conditions See Attachment Chronic Conditions.docx No behavioral health conditions See Attachment Behavioral Health Conditions.docx AND *one* or more of the criteria below 1 or more emergency room visits regardless of the reason in the last 12 months 1 or more inpatient stays regardless of reason in the last 12 months
Level 03: Healthy, At Risk	Includes Members that meet both of the following criteria: No chronic conditions See Attachment Chronic Conditions.docx No behavioral health conditions See Attachment Behavioral Health Conditions.docx AND NOT in any of the following categories 01: Healthy 02: Acute Episodic
Level 04a: Chronic, Big 5: Stable	Includes Members that meet *all* of the following criteria: Diabetes or COPD or Asthma or CHF or CAD Risk of future costs for the next 12 months:

	○ When age <65 then risk of future costs < 2 ○ When age >= 65 then risk of future costs < 4 Behavioral Health Risk Score < 20 Risk of an admission in the next 12 months < 10% No inpatient stays regardless of reason in the last 12 months No emergency room visits with a primary diagnosis of diabetes, CAD, CHF, asthma or COPD in the last 12 months No medication adherence gaps: See Attachment  Medication Adherence Gaps.do No 'clinically important' care opportunities See Attachment  Clinically Important Care Opportunities. No drug safety care opportunities See Attachment  Drug Safety Care Opportunities.docx AND NOT in any of the following categories: 04b: Chronic, other condition, stable 05a: Health Coaching 05b: Physical Health Care Management 05c: Behavioral Health Care Management 06: Rare High Cost Conditions 07a: Catastrophic: Dialysis 07b: Catastrophic: Active Cancer 07c: Catastrophic: Transplant 08a: Dementia 08b: Institutional (custodial care) 09a: Long-Term Supportive Services and Medicare-Medicaid Plan – Service Coordination 09b: Long-Term Supportive Services and Medicare-Medicaid Plan – High-Needs Care Management 10: EOL
Level 04b: Chronic, Other Condition: Stable	Includes Members that meet *all* the following criteria: 1 or more non big 5 chronic conditions See Attachment  Chronic Conditions.docx Risk of future costs for the next 12 months: ○ When age <65 then risk of future costs < 2

	○ When age >= 65 then risk of future costs < 4 Behavioral Health Risk Score < 20 Risk of an admission in the next 12 months < 10% No inpatient stays regardless of reason in the last 12 months No "True" emergency room visits in the last 12 months No medication adherence gaps: See Attachment Medication Adherence Gaps.do No 'clinically important' care opportunities See Attachment Clinically Important Care Opportunities. No drug safety care opportunities See Attachment Drug Safety Care Opportunities.docx AND NOT in any of the following categories: 05a: Health Coaching 05b: Physical Health Care Management 05c: Behavioral Health Care Management 06: Rare High Cost Conditions 07a: Catastrophic: Dialysis 07b: Catastrophic: Active Cancer 07c: Catastrophic: Transplant 08a: Dementia 08b: Institutional (custodial care) 09a: Long-Term Supportive Services and Medicare-Medicaid Plan and DSNP – Service Coordination 09b: Long-Term Supportive Services and Medicare-Medicaid Plan – High-Needs Care Management 10: EOL
Level 04c: BH Primary: Stable	Includes Members that meet *all* of the following criteria: 1 or more behavioral health conditions that are not flagged as high needs See Attachment Behavioral Health Conditions.docx Risk of future costs for the next 12 months: • When age <65 then risk of future costs < 2 • When age >= 65 then risk of future costs < 4 Behavioral Health Risk Score < 20

	Risk of an admission in the next 12 months < 10% No inpatient stays regardless of reason in the last 12 months No emergency room visits regardless of reason in the last 12 months No medication adherence gaps: See Attachment Medication Adherence Gaps.do No 'clinically important' care opportunities See Attachment Clinically Important Care Opportunities. No drug safety care opportunities See Attachment Drug Safety Care Opportunities.docx OR A behavioral health condition that is not flagged as high needs AND NOT in any of the following categories: 04a: Chronic Big 5, Stable 04b: Chronic, other condition, stable 05a: Health Coaching 05b: Physical Health Care Management 05c: Behavioral Health Care Management 06: Rare High Cost Conditions 07a: Catastrophic: Dialysis 07b: Catastrophic: Active Cancer 07c: Catastrophic: Transplant 08a: Dementia 08b: Institutional (custodial care) 09a: Long-Term Supportive Services and Medicare-Medicaid Plan and DSNP – Service Coordination 09b: Long-Term Supportive Services and Medicare-Medicaid Plan – High-Needs Care Management 10: EOL
Level 05a: Health Coaching	Includes Members that meet both the following criteria: Diabetes or COPD or Asthma or CHF or CAD or HbA1c over 9 Behavioral Health Risk Score < 20 AND meet 1 or more of the following criteria: Risk of future costs for the next 12 months: ○ When age <65 then risk of future costs between 2 ○ When age >= 65 then risk of future costs between 4

	Risk of an admission in the next 12 months between 10% 1 or more inpatient stays with a primary diagnosis of diabetes, CAD, CHF, asthma, or COPD in the last 12 months 1 or more "True" emergency room visits in the last 12 months 1 or more emergency room visits with a primary diagnosis of diabetes, CAD, CHD, asthma or COPD in the last 12 months 1 or more medication adherence gaps: See Attachment  Medication Adherence Gaps.do 1 or more 'clinically important' care opportunities See Attachment  Clinically Important Care Opportunities. 1 or more drug safety care opportunities See Attachment  Drug Safety Care Opportunities.docx A Big 5 condition with 1 or more diagnosis of: • Atherosclerosis • Hyperlipidemia • Obesity • Hypertension AND NOT in any of the following categories: 05b: Physical Health Care Management 05c: Behavioral Health Care Management 06: Rare High Cost Conditions 07a: Catastrophic: Dialysis 07b: Catastrophic: Active Cancer 07c: Catastrophic: Transplant 08a: Dementia 08b: Institutional (custodial care) 09a: Long-Term Supportive Services and Medicare-Medicaid Plan and DSNP – Service Coordination 09b: Long-Term Supportive Services and Medicare-Medicaid Plan – High-Needs Care Management 10: EOL
Level 05b: Physical Health Care Management	Includes Members that meet both the following criteria: 1 or more non big 5 chronic conditions See Attachment

	Chronic Conditions.docx Behavioral Health Risk Score <20 AND meet 1 or more of the following criteria: Risk of future costs for the next 12 months: • When age <65 then risk of future costs greater than or equal to 2 • When age ≥ 65 then risk of future costs greater than or equal to4 Risk of an admission in the next 12 months greater than or equal to10% 1 or more inpatient stays regardless of reason in the last 12 months 1 or more "True" emergency room visits in the last 12 months 1 or more medication adherence gaps: See Attachment Medication Adherence Gaps.do 1 or more 'clinically important' care opportunities See Attachment Clinically Important Care Opportunities. 1 or more drug safety care opportunities See Attachment Drug Safety Care Opportunities.docx PRG risk greater than 10 AND NOT in any of the following categories: A Big 5 condition with 1 or more diagnosis of: • Atherosclerosis • Hyperlipidemia • Obesity • Hypertension 05c: Behavioral Health Care Management 06: Rare High Cost Conditions 07a: Catastrophic: Dialysis 07b: Catastrophic: Active Cancer 07c: Catastrophic: Transplant 08a: Dementia 08b: Institutional (custodial care)

	09a: Long-Term Supportive Services and Medicare-Medicaid Plan and DSNP – Service Coordination 09b: Long-Term Supportive Services and Medicare-Medicaid Plan – High-Needs Care Management 10: EOL
Level 05c Behavioral Health Care Management	Includes Members that meet the following criteria: Flagged as having a high behavioral health needs status based on either having: • High mental health risk • High substance-use disorder risk AND NOT in any of the following categories: 06: Rare High Cost Conditions 07a: Catastrophic: Dialysis 07b: Catastrophic: Active Cancer 07c: Catastrophic: Transplant 08a: Dementia 08b: Institutional (custodial care) 09a: Long-Term Supportive Services and Medicare-Medicaid Plan and DSNP – Service Coordination 09b: Long-Term Supportive Services and Medicare-Medicaid Plan – High-Needs Care Management 10: EOL
Level 06: Rare High Cost Condition	1 or more rare, high cost conditions See Attachment  Rare High Cost Conditions.docx AND NOT in any of the following categories: 07a: Catastrophic: Dialysis 07b: Catastrophic: Active Cancer 07c: Catastrophic: Transplant 08a: Dementia 08b: Institutional (custodial care) 09a: Long-Term Supportive Services and Medicare-Medicaid Plan and DSNP – Service Coordination 09b: Long-Term Supportive Services and Medicare-Medicaid Plan – High-Needs Care Management 10: EOL
Level 07a: Catastrophic: Dialysis	1 or more claims indicating dialysis services in the most recent 12 months AND NOT in any of the following categories: 07b: Catastrophic: Active Cancer

	07c: Catastrophic: Transplant 08a: Dementia 08b: Institutional (custodial care) 09a: Long-Term Supportive Services and Medicare-Medicaid Plan and DSNP – Service Coordination 09b: Long-Term Supportive Services and Medicare-Medicaid Plan – High-Needs Care Management 10: EOL
Level 07b: Catastrophic: Active Cancer	1 or more episodes of care indicating active cancer treatment in the most recent 12 months AND NOT in any of the following categories: 07c: Catastrophic: Transplant 08a: Dementia 08b: Institutional (custodial care) 09a: Long-Term Supportive Services and Medicare-Medicaid Plan and DSNP – Service Coordination 09b: Long-Term Supportive Services and Medicare-Medicaid Plan – High-Needs Care Management 10: EOL
Level 07c: Catastrophic Transplants	1 or more of the following transplants in the most recent 12 months: • Bone Marrow • Heart • Liver • Lung • Pancreas • Renal AND NOT in any of the following categories: 08a: Dementia 08b: Institutional (custodial care) 09a: Long-Term Supportive Services and Medicare-Medicaid Plan and DSNP – Service Coordination 09b: Long-Term Supportive Services and Medicare-Medicaid Plan – High-Needs Care Management 10: EOL
Level 08a: Dementia	2 or more claims indicating dementia in the most recent 12 months AND NOT in any of the following categories: 08b: Institutional (custodial care) 09a: Long-Term Supportive Services and Medicare-Medicaid Plan and DSNP – Service Coordination

	09b: Long-Term Supportive Services and Medicare-Medicaid Plan – High-Needs Care Management 10: EOL
Level 08b: Institutional (custodial care)	1 or more claims with a place of service code=33 (Custodial Care Facility) AND NOT in any of the following categories: 09a: Long-Term Supportive Services and Medicare-Medicaid Plan and DSNP – Service Coordination 09b: Long-Term Supportive Services and Medicare-Medicaid Plan – High-Needs Care Management 10: EOL
Level 09a: Long-Term Supportive Services and Medicare-Medicaid Plan and DSNP – Service Coordination	Includes Members that meet *one* or more of the criteria below: Be enrolled in an LTC or MMP product, that do not have a high-needs condition AND NOT in: 09b: Long-Term Supportive Services and Medicare-Medicaid Plan – High-Needs Care Management
Level 09b: Long-Term Supportive Services and Medicare-Medicaid Plan and DSNP – High Needs Care Management	Includes Members that meet *one* or more of the criteria below: Be currently enrolled in at least one of the LTSS/MMP products 1 or more claims in the last 12 months with any of the following diagnoses in any position ○ Traumatic Brain Injury (TBI) ○ Cystic Fibrosis ○ Multiple Sclerosis ○ Hip or Pelvic Fracture ○ Ulcers ○ Spinal Cord Injury ○ Acute Myocardial Infarction (AMI) ○ Muscular Dystrophy ○ Learning Disabilities ○ Spina Bifida ○ Fibromyalgia ○ Intellectual Disabilities ○ Other Developmental Delays ○ Migraine Please refer to attachment for a list of diagnosis codes that correspond to the above clinical groups.

	
Level 10: End of Life (Non-LTSS)	Includes Members that meet one or more of the criteria below: 1 or more claims in last 12 months indicating hospice care OR Metastatic Cancer AND NOT in any of the following categories: 09a: Long-Term Supportive Services and Medicare-Medicaid Plan – Service Coordination 09b: Long-Term Supportive Services and Medicare-Medicaid Plan – High Needs Care Management

References

Oversight	Reference	Cross Reference
DHCS	APL 22-024	
NCQA	PHM.1.A.1	Four Focus Areas
	PHM.1.A.2	Focus Areas Programs or Services Offered
	PHM.1.A.3	Activities Which Support PHM Programs and Services
	PHM.1.A.4	Coordination of Member programs
	PHM.1.A.5	Informing Members about Available PHM Programs
	PHM.1.A.6	Basic Population Health Management (BPHM) (Health Equity Improvement Model)
	PHM.1.B	Informing Members about PHM Programs – Interactive Contact
	PHM.2.A	Population Stratification
	PHM.2.B	Population Needs Assessment (PNA)
	PHM.2.C	PNA Activities
	PHM.2.D	Population Stratification, Focus Areas,
	PHM.3.A	Activities Which Support PHM Programs and Services

REPORT SUMMARY TO COMMITTEE

TO: Dr. Gordon Arakawa, Chief Medical Officer and Chief Health Equity Officer, CHPIV

FROM: Nancy Wongvipat Kalev, Sr. Director, Systems of Care
Ashish Engineer, Sr. Director, Product Performance

DATE: February 24, 2025

SUBJECT: ECM and Community Supports Performance Report-- January through December 2024 (Q1-Q4 2024)

Summary:

As of December 2024, of the 3,767 members assigned to Enhanced Care Management (ECM) in Imperial County, 1,268 are enrolled, accounting for a 33.7% enrollment rate.

Assigned/Enrolled Percentages												
County	Jan-24	Feb-24	Mar-24	Apr-24	May-24	Jun-24	Jul-24	Aug-24	Sep-24	Oct-24	Nov-24	Dec-24
Imperial	46.5%	33.1%	32.4%	32.0%	35.3%	34.3%	37.3%	34.9%	38.8%	36.2%	34.3%	33.7%

Note: Enrollment conversion % can vary month over month based on changes in assignment and enrollment volume. Please refer to the most recent month for current enrollment conversion rate.

For Community Supports (CS) services, a total of 24,617 authorizations were submitted between January to December 2024, with 245,713 total claims count associated with auth. 99% of the paid CS claims were for services related to Medically-Tailored Meals/Medically Supported Foods, followed by 1% for Personal Care and Homemaker Services, Housing Transition/Housing Sustaining/Housing Deposits Services, Respite Services, and Recuperative Care.

CS Authorization and Claims Summary

County	CS Service	Auth Count	Claims Count	Claims Unit
Imperial	Asthma Remediation	4		
	Housing Deposits	5	8	8
	Housing Tenancy and Sustaining Services	9	11	10
	Housing Transition/Navigation Services	87	325	326
	Medically Tailored Meals	24,426	244,243	276,641
	Personal Care Services	73	1,048	6,674
	Recuperative Care	4	9	8
	Respite Services	9	69	430
		24,617	245,713	284,097

CS Claims Amount by Service

County	Jan 2024	Feb 2024	Mar 2024	Apr 2024	May 2024	Jun 2024	Jul 2024	Aug 2024	Sep 2024	Oct 2024	Nov 2024	Dec 2024	Total
Imperial	$1,000,560	$ 578,930	$1,339,887	$ 2,164,855	$1,769,412	$1,653,541	$1,981,360	$1,674,275	$1,971,636	$1,378,732	$1,146,924	$1,088,865	$ 17,748,977

Note: Lower rates in last three months are attributable to claims lag.

Barriers to ECM and CS uptake continue to be focused on lack of accurate or available member contact information, difficulty finding members to refer into the program, lack of awareness by members and other providers of the program, provider capacity and staff turnover, training and technical assistance needs on operational functions, potential broad member stratification, and incorrect provider status in the provider database/Portico. We are solving for these barriers through the implementation of member awareness campaign, provider training and webinars to help providers connect the dots on CalAIM services, technical assistance and coaching to targeted providers, leveraging member communication tools, centralizing the provider liaison structure to improve provider engagement efforts, implementing internal referral workflows, provider incentive program, refining member stratification, and monthly portico review and analysis to validate provider status as part of network capacity monitoring.

Purpose of Activity:

To monitor ECM and CS program and provider performance in Imperial County, monthly performance scorecards are provided to providers and their account managers/points of contact that provide a range of performance measures, including:

- Total assignment by county and by individual ECM provider
- Total enrolled by county and by individual ECM provider
- Total claims by county and by individual ECM provider
- Total telehealth vs. in-person engagement by individual ECM provider
- Total ECM graduated members by county and by individual ECM provider
- ECM provider audit findings by Delegation Oversight team
- Number of authorizations by county and by CS type and by individual CS provider
- Number of claims by county and by CS type and by individual CS provider
- Number of referrals through Findhelp

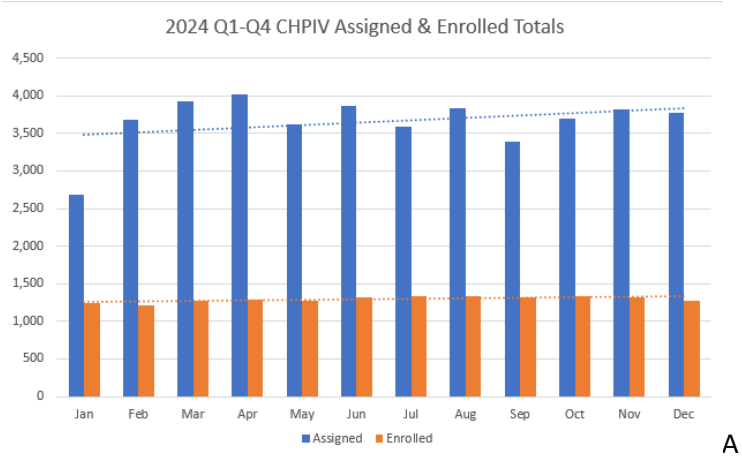
Please see accompanying spreadsheet, "*CHPIV ECM and CS Report_2024_Q1-Q4*".

Analysis/Findings/Outcomes:

ECM Enrollment

The average assignment to enrollment percentage for Imperial County is above the expected numbers at 33.7%. A 25% minimum goal for successful outreach to enrollment has been established by the Plan for each ECM provider as a key progress indicator.

Total ECM Assigned vs. Enrolled Members for Imperial County



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ECM Enrollment by Population of Focus (POF) by County (Primary POF Only) – members will appear as enrollment as long as they remain enroll. To see current enrollment, please reference the most recent monthly only.

ECM Enrollment by Population of Focus (POF) by County (Primary POF Only)

County	POF	Jan 2024	Feb 2024	Mar 2024	Apr 2024	May 2024	Jun 2024	Jul 2024	Aug 2024	Sep 2024	Oct 2024	Nov 2024	Dec 2024	Total
Imperial	**Total**	**1,246**	**1,219**	**1,270**	**1,285**	**1,276**	**1,327**	**1,340**	**1,337**	**1,315**	**1,339**	**1,314**	**1,268**	**15,536**
Imperial	Adult - Birth Equity Population of Focus	4	5	5	6	6	6	7	6	6	9	9	8	**77**
Imperial	Adult - Individual Experiencing Homelessness: Adults without Dependent Child	63	68	72	77	83	93	99	101	104	112	112	111	**1095**
Imperial	Adult - Individual Experiencing Homelessness: Homeless Family	50	55	75	81	80	84	91	88	86	85	82	79	**936**
Imperial	Adult - Individuals at Risk for Avoidable Hospital or ED Utilization	962	923	912	880	833	846	831	826	789	781	766	739	**10088**
Imperial	Adult - Individuals Living in the Community and at Risk for LTC Institutionalizat	18	22	31	30	28	23	25	22	24	23	21	20	**287**
Imperial	Adult - Individuals Transitioning from Incarceration	1	1	1	1	1	1	1	1	1	1	1	1	**12**
Imperial	Adult - Individuals with Serious Mental Health or Substance Use Disorder (SUD	102	97	98	100	100	114	116	115	124	143	142	134	**1385**
Imperial	Child/Youth - Enrolled in CCS or CCS WCM with Additional Needs Beyond the C	3	4	8	10	15	15	16	18	19	19	20	22	**169**
Imperial	Child/Youth - Individual Experiencing Homelessness: Homeless Family	0	2	10	15	19	19	19	21	22	21	21	20	**189**
Imperial	Child/Youth - Individuals at Risk for Avoidable Hospital or ED Utilization	32	32	42	49	55	59	59	59	59	60	55	51	**612**
Imperial	Child/Youth - Individuals Experiencing Homelessness: Unaccompanied Children	3	4	5	12	19	23	23	25	29	33	33	33	**242**
Imperial	Child/Youth - Individuals with Serious Mental Health or Substance Use Disorde	8	6	11	24	37	44	53	55	52	52	52	50	**444**

ECM Claims

Highest claims submission was from Serene Health (78%), MedZed (13%), and El Centro Regional Medical Center (3%), accounting for 94% of all ECM claims submission.

In-person ECM engagement varies over time, with a goal of at least 25% in-person engagement for all ECM providers. Between January to December 2024, in-person engagement was between 6% to 13.5%, with an average of 10%. Members graduate when they have met all care plan goals and/or are ready to transition to a lower level of care. A total of 61 ECM members graduated from January through December 2024 between three providers—MedZed, VOASW Professional Offices, and El Centro Regional Medical Center.

Percentage ECM In-Person Using Claim Counts

Place of Service	Jan-24	Feb-24	Mar-24	Apr-24	May-24	Jun-24	Jul-24	Aug-24	Sep-24	Oct-24	Nov-24	Dec-24	Total
Telehealth	3,562	3,651	3,681	3,894	3,963	3,822	3,736	4,364	4,244	4,602	3,980	4,257	47,756
In-Person	556	464	415	405	398	322	504	277	509	510	468	469	5,297
% In-Person	13.5%	11.3%	10.1%	9.4%	9.1%	7.8%	11.9%	6.0%	10.7%	10.0%	10.5%	9.9%	10.0%

ECM Audit Findings

File review is conducted throughout the year by the CalAIM Provider Performance team on Imperial County ECM providers to validate plan and program requirements. The team discusses any identified gaps with each provider and assists them to create plans for sustainable changes to their program. All Imperial County ECM providers have actively participated in these continuous improvement activities leading to improved audit scores from 2022 baseline to 2024.

CS Referrals, Authorizations and Claims

CS referrals can be made through two routes-- either directly to the contracted CS provider or through the Findhelp website.

- Referrals through Findhelp—Findhelp is a community resources and referrals online platform used to identify local resources and support staff and community partners when searching for local social services, including plan-contracted CS providers. Between January to December 2024, a total of 115 CS referrals were made through Findhelp to a total of 14 CS providers. The top five referred to providers through Findhelp are St. Vincent Preventative Family Care (22%), Mom's Meals (21%), Roots Food Group (14%), Project Foodbox/SunTerra Produce Traders (9%), and Lutheran Social Services of Southern California (9%). The top three referring entities are HN's internal teams/anonymous (76%), followed by Community HealthWorks (10%), and Presidium Medical Group (7%).

- Authorizations and Claims— For Community Supports (CS) services, a total of 24,617 authorizations were submitted between January to December 2024, with 245,713 total claims count associated with auth. 99% of the paid CS claims were for services related to Medically-Tailored Meals/Medically Supported Foods, followed by 1% for Personal Care and Homemaker Services, Housing Transition/Housing Sustaining/Housing Deposits Services, Respite Services, and Recuperative Care.

Barrier Analysis:

Barriers for ECM enrollment and CS uptake continue to be focused on the following:

- Lack of accurate or available member contact info
- Difficult to find members for referral into program
- Lack of awareness by members and providers about the program
- Lack of capacity of providers to conduct in-person outreach
- High volume of ECM and CS members on ECM-MIF (Member Information File) and CS-ASF (Authorization Status File) through internal data mining for member stratification may capture too broad of a membership who may not need ECM and/or CS services.

Actions Taken/Next Steps:

To increase enrollment and uptake of ECM and CS services, we continue to implement the following actions:

Provider-Focused

- **2025 ECM provider incentive program** that encourages both ECM and CS enrollment, including increasing community referrals and in-person engagement.
- Support ECM and CS providers on data submission, through the comprehensive **CalAIM tools and resources and monthly "office hours".**
- Support CalAIM providers through **1:1 MCP provider liaison** assigned to each ECM and CS provider to explore in-reach and other strategies.
- **Implemented quarterly ECM and CS provider trainings** that include review of member cases and best practices.
- **Standardized, in-depth onboarding for all ECM, CS, CHW, and Doula Providers** to ensure understanding of all program requirements, operational processes, performance expectations, issue resolution pathways, and access to all systems and supports for CalAIM Providers.
- Support ECM and CS providers to **cross refer to one another through a series of monthly "Connecting the Dots" webinar series.**
- **Comprehensive post-onboarding checklist** to validate providers can successful complete all operational processes successfully before signed off for onboarding process.
- **Stakeholder engagement presentations and discussions** to promote ECM and CS services across a range of stakeholders, including WIC, First 5's, Department of Child and Family Services/Child Welfare, and other strategic partners who will impact referrals and uptake within their populations of focus.

Member-Focused

- **Member material development and social media campaign** development and implementation to promote comprehensive CalAIM services (ECM, CS, CHW, doula) to increase uptake through direct member engagement and awareness.

Internal-Focused

- **Data intervention** through one-on-one follow ups with individual ECM and CS providers to submit outstanding RTF/OTF/CSPRTF to confirm enrollment and member status.
- **Internal PHCO team to systematically screen, engage and refer** members into ECM and CS services.
- **Leverage CHW and doula benefit to refer and connect members to ECM and CS services**—through training and resource development.
- Implementation of **program enhancement and program processes** to facilitate ease of uptake and engagement.
- **Monthly portico review and analysis** to validate provider status as part of network capacity monitoring.
- **Refinement of member stratification for select CS services** to identify more appropriate referrals for the CSASF file to CS providers.

Quarterly Evaluation of Access Grievances Q1 2025

Massis Messropian
Senior Manager, Provider Network Management Operations

6/10/2025

Purpose of Activity: Medi-Cal and CHPIV Grievances

- Formal member grievances that were resolved in Q1 2025 by Health Net's Appeals and Grievance Department.
- Based on Quality of Service (QOS) and Quality of Care (QOC) Access to Care grievances for Medi-Cal and CHPIV.
- Member grievances are assessed by analyzing the volume and PTMPY (Per Thousand Members Per Year) rates.

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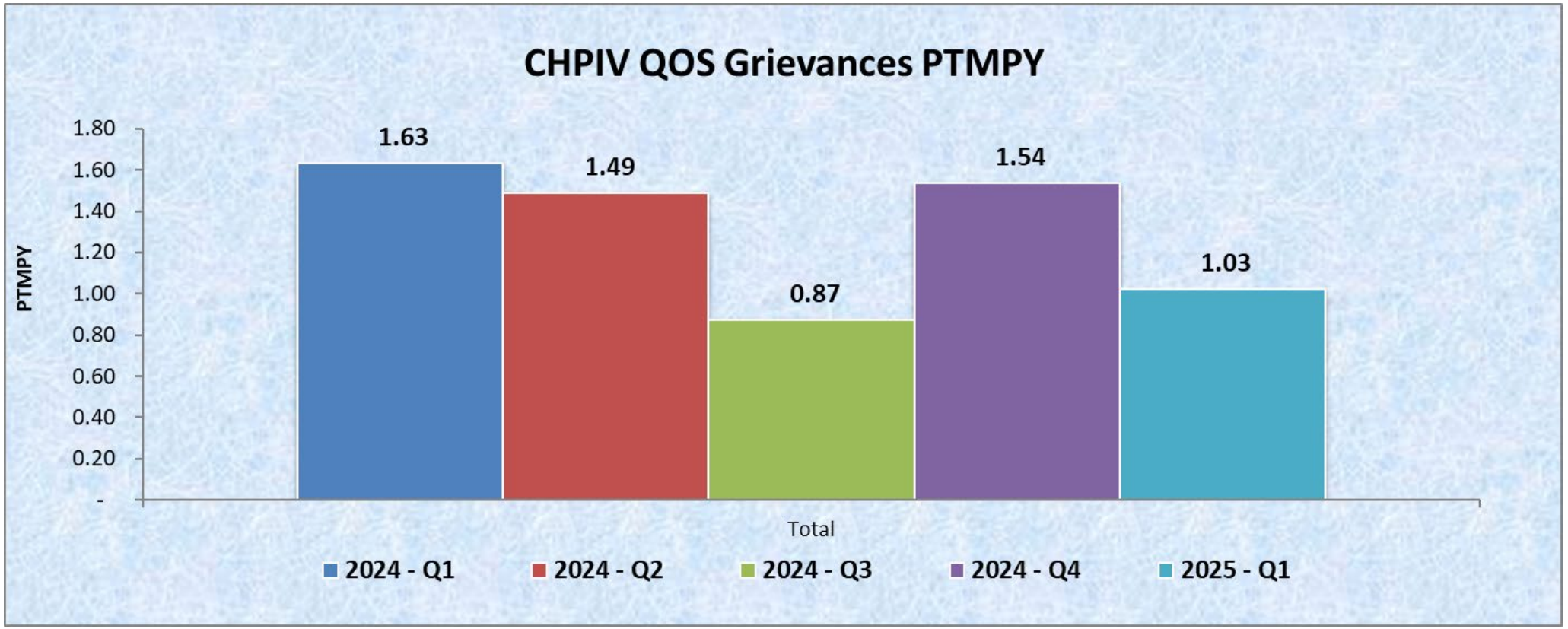
Quarterly Evaluation of CHPIV Access Grievances Q1 2025

CHPIV QOS Grievances – PTMPY



- CHPIV QOS Access grievance PTMPY in Q1 2025 decreased compared to Q1 2024.
- The number of Access grievances were 25 in Q1 2025 compared to 40 in Q1 2024.

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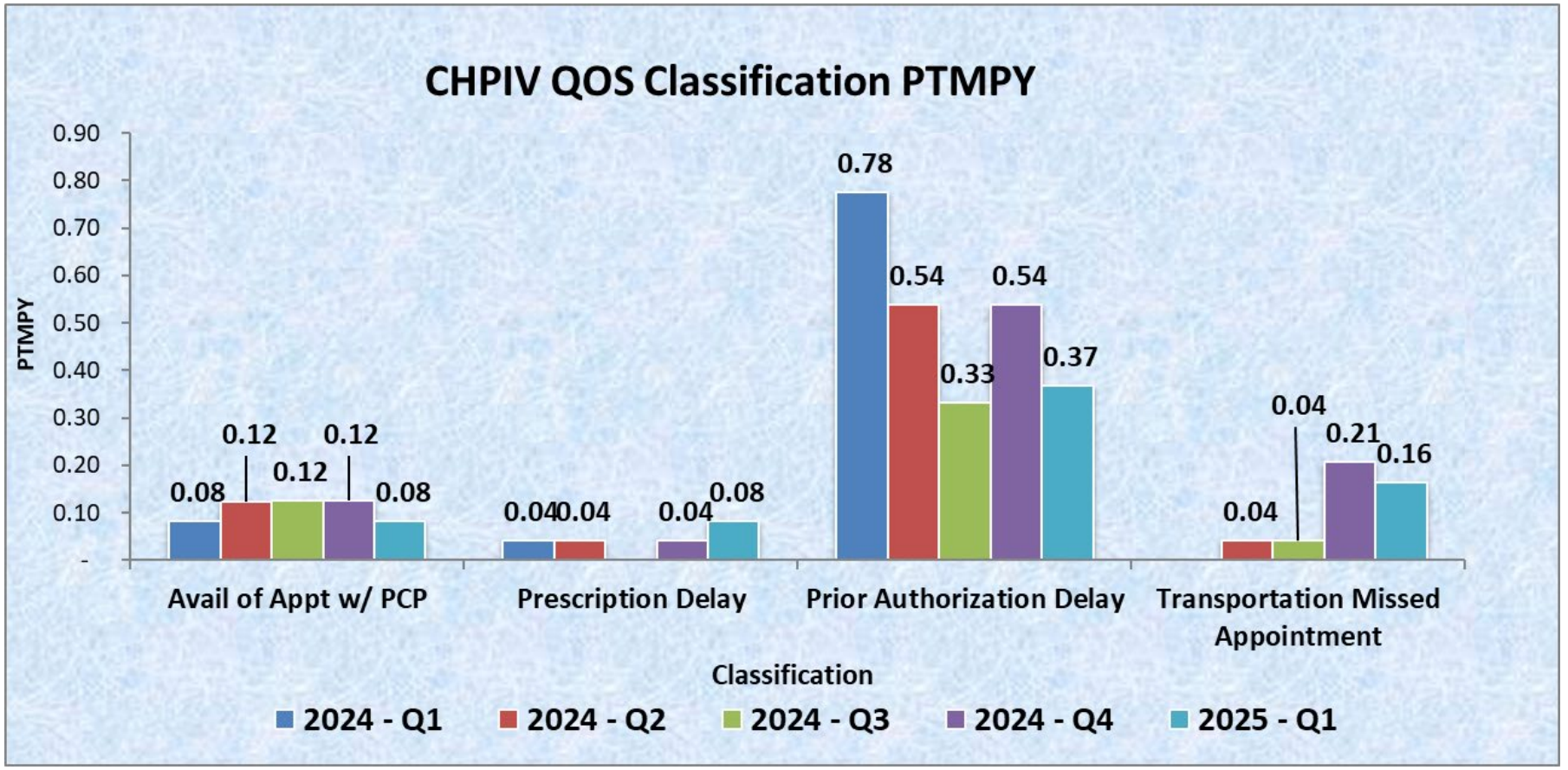
CHPIV QOS Classification PTMPY



- Top four QOS grievances for CHPIV in Q1 2025 are:
  - **Availability of Appointment with PCP**
    - Volume of 2 in Q1 2025
  - **Prescription Delay**
    - Volume of 2 in Q1 2025.
  - **Prior Authorization Delay**
    - Volume of 9 in Q1 2025.
  - **Transportation Missed Appointment**
    - Volume of 4 in Q1 2025.

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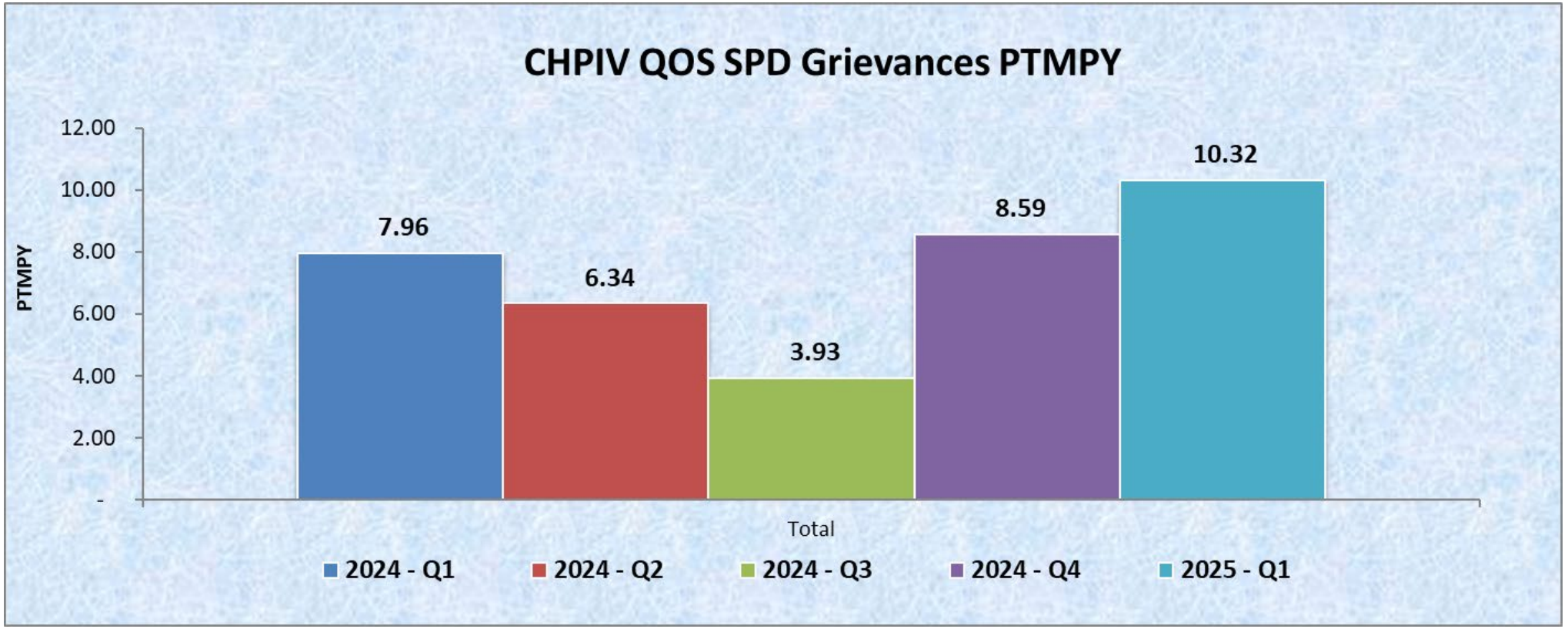
CHPIV QOS SPD Grievances – PTMPY



- QOS SPD Access grievance PTMPY in Q1 2025 increased compared to Q1 2024.
- QOS Access grievances attributed to SPD members increased to 12 in Q1 2025 compared to 11 in Q1 2024.
- Approximately 48% (12 out of 25) of CHPIV QOS Medi-Cal grievances were attributed to the SPD member population.

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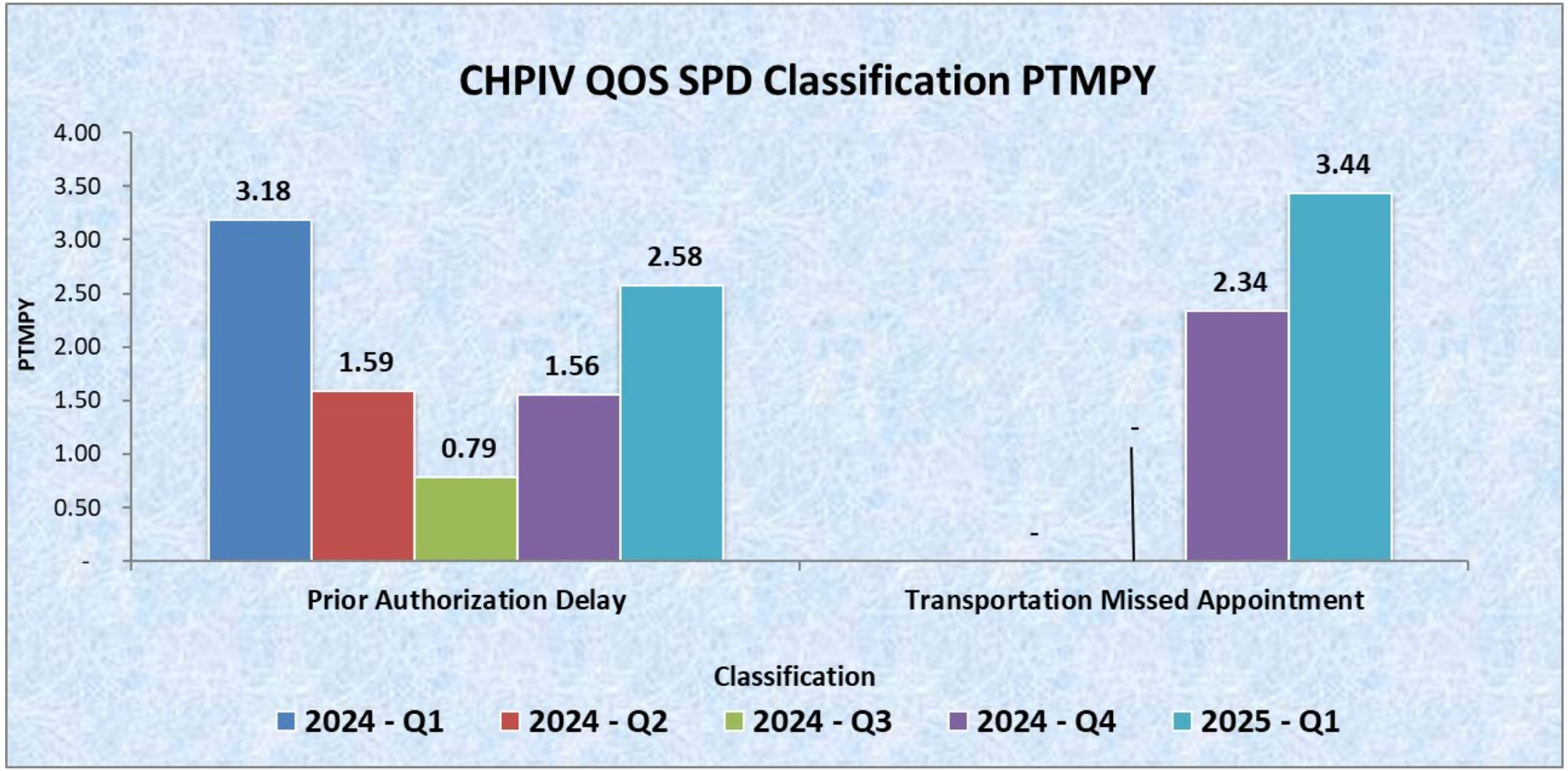
CHPIV QOS SPD Classification PTMPY



- Top two QOS SPD grievances for CHPIV in Q1 2025 are:
  - **Prior Authorization Delay**
    - Volume of 3 in Q1 2025.
  - **Transportation Missed Appointment**
    - Volume of 4 in Q1 2025.

Community Health Plan OF IMPERIAL VALLEY

CHPIV Customer Contact Center– Q1 2025

Member Service	Target	Oct-24	Nov-24	Dec-24	Q4 2024	Jan-25	Feb-25	March-25	Q1 2025
Calls Offered		2806	2237	2021	7064	3078	2322	2620	8020
Calls Handled		2791	2216	2007	7014	3063	2306	2601	7970
% Calls Abandoned	<5%	1%	1%	1%	1%	0%	1%	1%	1%
% SVL (all abn calls)	>80% w/in 30 Sec.	98%	97%	98%	98%	98%	97%	97%	97%
Average Speed Answer	<= 30 Sec.	4	7	5	5	5	6	6	6

CHPIV	Q1 2024	Q2 2024	Q3 2024	Q4 2024	Q1 2025
80% within 30 seconds	83%	98%	98%	98%	97%
95% within 10 minutes	97%	100%	100%	100%	100%

- The CCC data performance quality for Q1 2025 was within target ranges.
  - Call volume for received and handled increased in Q1 2025 compared to Q4 2024.
  - Percentage of abandoned calls and the average answering speed remained the same in Q1 2025 compared to Q4 2024.
  - The goals for percentage of calls answered within 30 seconds and 10 minutes were achieved in Q1 2025.

Community Health Plan OF IMPERIAL VALLEY

Quality Improvement (QI) Program Update

May 8, 2025

Amy Wittig

Director of Quality Improvement

Agenda

- Quality Programs Year-End Update
- HEDIS Performance Progress 2025
- QI 2025 Program Updates
- Regulatory Projects and QI Programs Update
- Quality EDGE Update
- Initial Health Appointments Update

Quality Programs Year-End Update

Activities Were Deployed From The Following QI PODs

MY2024 QI Year-End Activity Summary

Work Plan Initiatives	*Activities Completed*
I. BEHAVIORAL HEALTH	4/5 80%
II. CHRONIC CONDITIONS	34/38 89.47%
III. HOSPITAL QUALITY	14/14 100%
IV. MEMBER ENGAGEMENT & EXPERIENCE	3/3 100%
V. PEDIATRIC/PERINATAL/DENTAL	58/62 93.55%
VI. PHARMACY & RELATED MEASURES	15/15 100%
VII. PREVENTIVE HEALTH	24/27 88.89%
VIII. PROVIDER COMMUNICATION/ ENGAGEMENT	13/15 86.67%
TOTAL	**165/179** **92.18%**

MY2024 QI Year-End Objectives Summary

Work Plan Initiatives	*Activities Completed*
I. BEHAVIORAL HEALTH	4/5 80%
II. CHRONIC CONDITIONS	9/10 90%
III. HOSPITAL QUALITY	11/13 84.62%
IV. MEMBER ENGAGEMENT & EXPERIENCE	1/1 100%
V. PEDIATRIC/PERINATAL/DENTAL	15/50 30%
VI. PHARMACY & RELATED MEASURES	2/5 40%
VII. PREVENTIVE HEALTH	13/20 65%
VIII. PROVIDER COMMUNICATION/ ENGAGEMENT	5/10 50%
TOTAL	**56/119** **47.06%**

MY2024 QI Year-End Activity Summary(CHPIV)

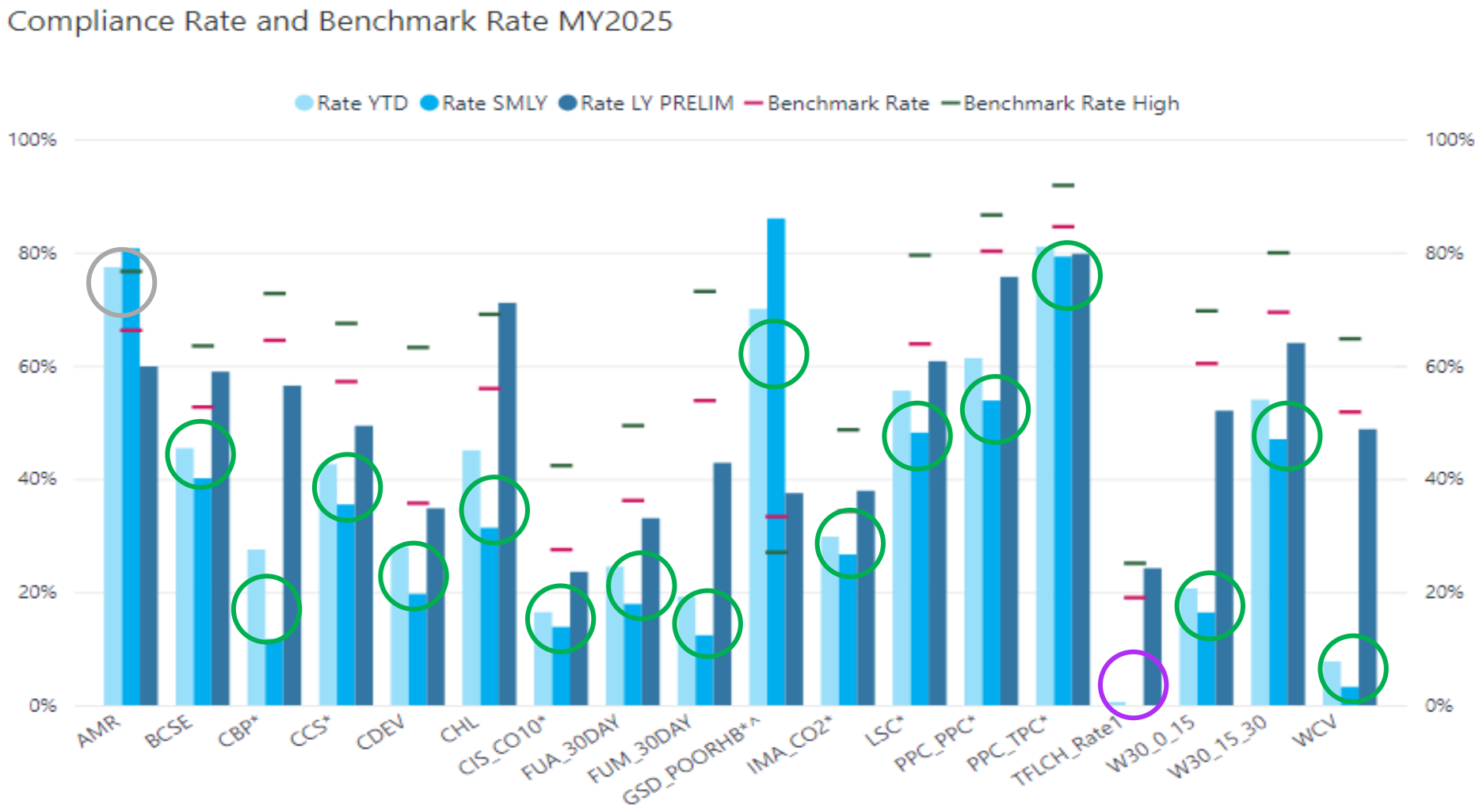
Work Plan Initiatives	*Activities Completed*
I. BEHAVIORAL HEALTH	5/6 83.33%
II. CHRONIC CONDITIONS	22/28 78.57%
III. HOSPITAL QUALITY/PATIENT SAFETY	4/4 100%
IV. MEMBER ENGAGEMENT & EXPERIENCE	2/2 100%
V. PEDIATRIC/PERINATAL/DENTAL	36/42 85.71%
VI. PHARMACY & RELATED MEASURES	10/10 100%
VII. PREVENTIVE HEALTH	11/11 100%
TOTAL	**90/103** **87.38%**

MY2024 QI Year-End Objectives Summary(CHPIV)

Work Plan Initiatives	*Activities Completed*
I. BEHAVIORAL HEALTH	*Final reporting year (RY) rates are N/A until June 2025.*
II. CHRONIC CONDITIONS	
III. HOSPITAL QUALITY/PATIENT SAFETY	
IV. MEMBER ENGAGEMENT & EXPERIENCE	
V. PEDIATRIC/PERINATAL/DENTAL	
VI. PHARMACY & RELATED MEASURES	
VII. PREVENTIVE HEALTH	
TOTAL	**N/A**

HEDIS Performance Progress and High-Level Strategic Summaries 2025

Overview of YOY Performance – Health Net Medi-Cal All MCAS, All Applicable Counties Combined *MY2025 March PPP (Data through 4/03/25)*



Rolled up for Health Net counties/regions

- 16 out of 17 trendable metrics better than same month last year (SMLY)
- Month over Month (MOM) and pacing results not available
- 17 trendable metrics x 6 trendable regions = 102 metrics

94% (96/102) better SMLY

Note:

- "Rate LY Prelim" = Prelim RY25 **Admin** Rate
- Imperial / HN Region 2 are now trendable

Rate YTD performing **better** than Rate SMLY

Rate YTD performing **worse** than Rate SMLY

Rate YTD performing **same** than Rate SMLY

View YOY comparison with caution

Rate YTD Pacing **not** On Track

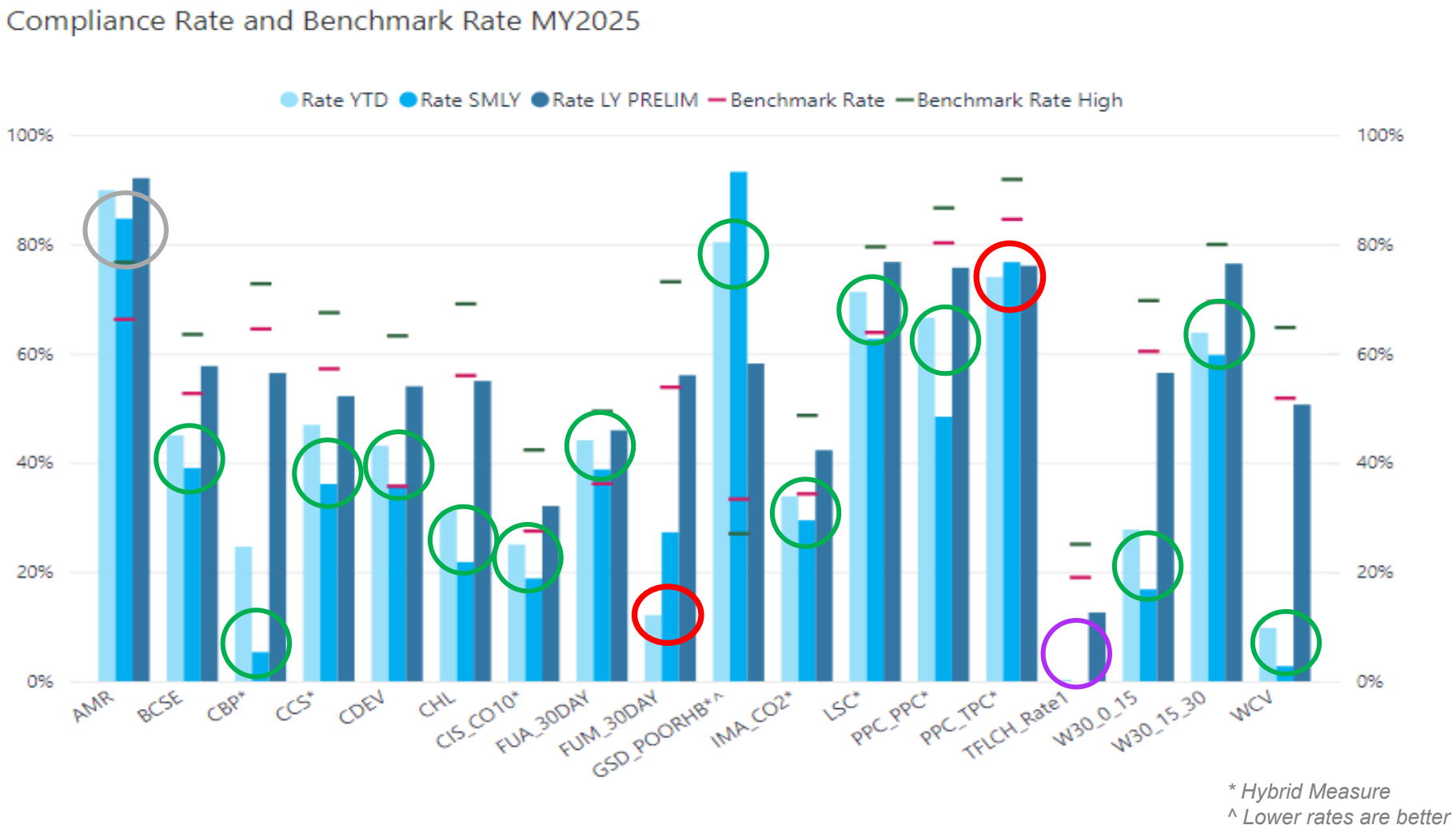
** Hybrid Measure*
^ Lower rates are better

Executive Summary – Health Net Medicaid Quality Improvement

Strategy: Maintain Regulatory Compliance Projects	
PIPs	ON TRACK: 2 PIPs topics are clinical (w30) and non-clinical(FUA/FUM) and partnership with local provider group, Validations completed and accepted for year 1. **Year 2 Due in August**
QMIP Deliverables	ON TRACK: 37 combination of deliverables including fishbone diagrams, strategies/action plans and run charts due to DHCS by December 2025 (details on the next slide); All Q1 **d**eliverables completed/submitted to DHCS
IHI Peds/Beh. Health	On TRACK: 4 Partnership Quality Improvement Projects with IHA; pediatric (WCV) projects completed!
Regional Regulatory Collaborative Calls	ON TRACK: Barrier and collaborative discussions held; various themes selected by the regions
Initial Health Appointment (IHA)	ON TRACK: Compliance maintained with quarterly reports, rates are low with current methodology; planning transition to Cozeva tool for providers
Lead Screening	OFF TRACK: post migration, Custom LSC measures not available. Quarterly reports and provider notifications delayed to next reporting period. Only LSC available (2-year-olds) when requirement is for 0-6 years. Workgroup in place to discuss the specifications requested from corporate. Minimum of 12 weeks to get the new measure in place. Completion expected Q3.
Health Education	ON TRACK: promotion of digital materials, fulfillment of member educational content requests, member incentive reports to DHCS; Jan-Mar 11,784 **pieces sent**
Annual Audits	ON TRACK: Document submissions completed and IHA audit file review pending (Dates: 5/12-5/23)
NCQA	ON TRACK: Health Plan Accreditation renewed through April 2028
Delegation Oversight and Subdelegate Reporting	ON TRACK: Molina – Quality Audit submitted pending DO review, Molina sent CAP for MCAS under performance and performance below 25th percentile; due back from Molina on 5/1
Annual Contract Assessments and DHCS Annual Deliverables	ON TRACK: DHCS annual deliverables submitted to compliance; Contract submissions 1 phase completed; processing questions/feedback

Strategy: Supplement Care Gap Closure with Direct, High-Impact Interventions
• 2025 Calls began 1/8/2025: calls through 4/18/2025 • Tulare 19% reached; 88% attempted • Sacramento: 30% reached; 93% attempted
• Vendor onboarding and conversion from MSAs, PPAs for expected 2025 implementation for Medi-Cal (Scope is Alinea, Pacific Coast, Simple Health Kits)
• Quality EDGE Medi-Cal funds to focus on mobile mammography, office equipment, extended access programs only
• Sprinter Medi-Cal Strategy in development with new contracts set-up (focus on Stanislaus, San Joaquin and LA counties) – Funding support needed and will implement control/study design group for LA county

Overview of YOY Performance – CHPIV Medi-Cal All MCAS *MY2025 March PPP (Data through 4/03/25)*



Rolled up for Health Net counties/regions

- 16 out of 17 trendable metrics better than same month last year (SMLY)
- Month over Month (MOM) and pacing results not available
- 17 trendable metrics

82% (14/17) better SMLY

Note:

- "Rate LY Prelim" = Prelim RY25 **Admin** Rate
- Imperial / HN Region 2 are now trendable

Rate YTD performing **better** than Rate SMLY

Rate YTD performing **worse** than Rate SMLY

Rate YTD performing **same** than Rate SMLY

View YOY comparison with caution

Rate YTD Pacing **not** On Track

Executive Summary – CHPIV Medicaid Quality Improvement

Strategy: Maintain Regulatory Compliance Projects	
PIPs	ON TRACK: 2, 3-year PIPs, topics are clinical (w30) and non-clinical(FUA/FUM) and partnership with local provider group, Validations completed and accepted for year 1. Year 2 due in August.
QMIP Deliverables	NOT APPLICABLE: 1st year results expect in June. Will kickoff with DHCS initiation after their review.
IHI Peds/Beh. Health	COMPLETED: 1 Partnership Quality Improvement Projects with IHA; pediatric (WCV) projects complete. Pending Phase 2 project beginning in August
Regional Regulatory Collaborative Calls	ON TRACK: Latest meeting completed 4/22/2025
Initial Health Appointment (IHA)	ON TRACK: Compliance maintained with quarterly reports; planning transition to Cozeva tool for providers
Lead Screening	OFF TRACK: post migration, Custom LSC measures not available. Quarterly reports and provider notifications delayed to next reporting period. Only LSC available (2-year-olds) when requirement is for 0-6 years. Workgroup in place to discuss the specifications requested from corporate. Minimum of 12 weeks to get the new measure in place. Completion expected Q3.
Health Education	ON TRACK: promotion of digital materials, fulfillment of member educational content requests, member incentive reports to DHCS; Jan-Mar 490 **pieces sent**
Annual Audits	ON TRACK: Document submission completed, and IHA audit file review prepared; audit dates (CHPIV (4/28-5/9)
Delegation Oversight and Subdelegate Reporting	ON TRACK: received 100% compliance outcome for CHIPIV's NCQA oversight audit
Annual Contract Assessments and DHCS Annual Deliverables	DHCS Annual Deliverables submitted to CHPIV

Strategy: Supplement Care Gap Closure with Direct, High-Impact Interventions
• 2025 Calls began 1/8/2025: Imperial 14% reached; 97% attempted as of calls through 4/18
• Vendor onboarding and conversion from MSAs, PPAs for expected 2025 implementation for Medi-Cal (Scope is Alinea, Pacific Coast, Simple Health Kits)
• Quality EDGE Medi-Cal funds to focus on mobile mammography, office equipment, extended access programs only

Community Health Plan of Imperial Valley

health net

Regulatory Projects and QI Programs Update

Health Net QI Regulatory Projects and Programs Progress

Health Net Performance Improvement Projects (PIP)

Non-Clinical Behavioral Health PIP Topic of Focus:

- During the measurement period, Health Net Community Solutions (HNCS) will carry out targeted interventions that will result in improvement in the percentage of provider notifications for members with SUD/SMH diagnoses following or within 7 days of an emergency department visit in Sacramento, Stanislaus, San Joaquin, Tulare, and Los Angeles counties
- Participating Counties: Sacramento, San Joaquin, Stanislaus, Tulare and Los Angeles
- Quarter 1 Update:
    - Obtained approved to send only Adult Medi-Cal Specialty Mental Health (SMH) emergency department visit information to member's primary care provider.
    - Next Steps: Ass the Adult SMH visit information to Cozeva in the Hospital Visits Section
    - Annual submission to HSAG/DHCS in August 2025.

Clinical PIP Measure Focus:

- W30-6+ visits for Black/African-American members
- Participating Counties: Sacramento, San Joaquin, Stanislaus, Tulare and Los Angeles
- Quarter 4 & Quarter 1: Update:
    - PIP community partner, Black Infant Health (BIH), is processing referral list six for member outreach to enroll in BIH program.
    - Health Net/Black Infant Health flyer has been approved and currently processing through Health Net's Marketing and Communications process.
        - The flyer will be shared with providers/clinics and community organizations to promote the BIH program collaboration for Health Net members.
    - Penny Lane birth equity referrals for SPA 1 (Antelope Valley) and SPA 2 (San Fernando Valley) will continue.
    - Next Steps:
        - Continue to implement the clinical PIP with community partners Black Infant Health and Penny Lane

Health Net QITS Overview

The QITS data program sunsetted on 2/28/2025. QITS will be replaced by the Centene eQPIT program. Team members are currently receiving training on EQPIT, which is anticipated to launch in Quarter 2, 2025.

Scheduled Quality Trainings-Coordinated by the HN Training POD

March 2025	Diabetes Prevention Program (HN and Diabetes Care Partners)
March 2025	2025 Quality Medicare Update
March 2025	March CalAIM + QI Collaboration Meeting
April 2025	2025 Quality Medi-Cal Update
April 2025	April CalAIM + QI Collaboration Meeting
April 2025	2025 Quality Commercial/Marketplace Update

Community Health Plan of Imperial Valley QI Regulatory Projects and Programs Progress

CHPIV Performance Improvement Projects (PIP)

Non-Clinical Behavioral Health PIP Topic of Focus:

- During the measurement period, Community Health Plan of Imperial Valley (CHPIV) will carry out targeted interventions that will result in improvement in the percentage of provider notifications for members with SUD/SMH diagnoses following or within 7 days of an emergency department visit in Imperial County.
- Participating County: Imperial
- Quarter 1 Update:
    - Obtained approved to send only Adult Medi-Cal Specialty Mental Health (SMH) emergency department visit information to member's primary care provider.
    - Next Steps: Ass the Adult SMH visit information to Cozeva in the Hospital Visits Section
    - Annual submission to HSAG/DHCS in August 2025.

Clinical PIP Measure Focus:

- W30-6+ visits for Hispanic members
- Participating Counties: Imperial
- Quarter 1 Update:
    - Clinical PIP Intervention: PIP focus has been updated to include all pediatric providers by providing a systemic intervention by promoting:
        - Recently developed Newborn Checklist to be disseminated to pediatric providers
        - Promoting the CDC Milestone Tracker inclusive of adding QR code, logo and branding for CHPIV

Health Net QITS Overview

The QITS data program sun-setted on 2/28/2025. QITS will be replaced by the Centene eQPIT program. Team members are currently receiving training on eQPIT, which is anticipated to launch in Quarter 2, 2025.

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April 2025	2025 Quality Commercial/Marketplace Update

2024 DHCS Quality Monitoring Improvement Program (QMIP) - Health Net Only

QI Accountability Levels

Transformational Process (QI Systems Structure Focus)

- Focus: Sacramento, San Joaquin, and Stanislaus Counties
  - Organizational systems support for QI
  - Plan- county-focused interventions based on member demographics, network provider needs
  - Infrastructure processes that bridge local programs to members and providers
  - Deliverables:
    - Work collaboratively with DHCS and health plans participating in the Sacramento GMC: Health Net, Molina, and Anthem + Kaiser to address the systemic barriers that may be unique to the Sacramento County community
    - San Joaquin and Stanislaus: Deliverables TBD by DHCS

Comprehensive QI and Health Equity Process (QI Sporadic)

- Focus: Los Angeles County and Health Net Region 2
  - Address clusters/patterns of QI weak areas and strengthen infrastructure
  - Organize and systematically implement interventions that make sense and can move the needle
  - Deliverables:
    - Fishbone 1, Update/Review of Fishbone & Strategies
    - Stra1st Progress Report (SMART Goal, Run Chart, Intervention)
    - 2nd Progress (Run Chart, Intervention)
    - Strategies, Action Plans, Short-term Objectives

Lean QI and Health Equity Process (QI Integrated)

- Focus: Tulare Counties
  - Sustainability of interventions that work
  - Small tests of change on vulnerable areas based on performance
  - Deliverables:
    - Optional Revisions to HN's MY2022 Lean QI & HE Process form (P1, P2, P3, P4, D5)
    - 1st Progress Report (SMART Goal, Run Chart, Intervention)
    - 2nd Progress (Run Chart, Intervention)

2025 Health Net QMIP Medi-Cal Deliverables

County	Lean QI & HE			Comprehensive QI & HE						Transformational Process							
DHCS Deliverable	A3 - Optional Revisions to HN's MY2022 Lean QI & HE Process form (P1, P2, P3, P4, D5)	1st Progress Report (SMART Goal, Run Chart, Intervention)	A3 - 2nd Progress (Run Chart, Intervention)	Fishbone 1	Update/Review of Fishbone & Strategies	Strategies, Action Plans, Short-term Objectives	1st Progress Report (SMART Goal, Run Chart, Intervention)	2nd Progress (Run Chart, Intervention)	Update MY2022 Ongoing Strategies and Action Plans	Fishbone 1	Strategies, Action Plans, Short-term Objective	1st Progress Report (SMART Goal, Run Chart, Intervention)	2nd Progress (Run Chart, Intervention)	3rd Progress (Run Chart, Intervention)	TA Meeting 1 DHCS Nurse Consultant	TA Meeting 2 DHCS Nurse Consultant	TA Meeting 3 DHCS Nurse Consultant
Tulare	2/14/2025 to DHCS Children's Health Domain	6/20/2025 to DHCS Children's Health Domain	11/7/2025 to DHCS Children's Health Domain														
Los Angeles	2/21/2025 to DHCS Children's Health Domain	6/20/2025 to DHCS Children's Health Domain	10/31/2025 to DHCS Children's Health Domain	2/21/2025 to DHCS Behavioral Health and Chronic Disease Domains		3/21/2025 to DHCS Behavioral Health and Chronic Disease Domains	6/20/2025 to DHCS Children's Health Domain and Behavioral Health and Chronic Disease Domains	10/31/2025 to DHCS Children's Health Domain and Behavioral Health and Chronic Disease Domains								
San Joaquin									N/A	N/A	N/A	3/28/2025	7/21/2025	11/17/2025	4/9/2025	8/20/2025	12/17/2025
Stanislaus									N/A	N/A	N/A	3/28/2025	7/21/2025	11/17/2025	4/9/2025	8/20/2025	12/17/2025
Sacramento										March 2025	TBD	TBD	TBD	TBD	TBD		TBD
Health Net Region 2	N/A		N/A	2/21/2025 to DHCS Chronic Disease Domain	2/21/2025 to DHCS Children's Health & Reproductive Health & Cancer Prevention Domain	3/21/2025 to DHCS Chronic Disease Domain	6/20/2025 to DHCS Children's Health & Reproductive Health & Cancer Prevention Domain and Chronic Disease Domain	10/31/2025 to DHCS Children's Health & Reproductive Health & Cancer Prevention Domain and Chronic Conditions Domain		N/A	N/A	N/A			N/A		N/A
Deliverables	2	2	2	3	2	3	6	6	0	1	1	2	2	2	1	1	1

Institute for Healthcare Improvement (IHI) and DHCS Child Health Equity Collaborative Sprint

Phase 1: Health Net Child Health Equity Collaborative Sprint

FOCUS: IMPROVE COMPLETION OF WELL-CHILD VISITS (WCV)

Duration: 12 Months (April 2024 to March 2025)

Pilot Site:

- AltaMed General Pediatrics at Children's Hospital of Los Angeles (Health Net Community Solutions)

Interventions of Focus (5):

- Focused topic every 1 to 3 months, presented by IHI and DHCS during the CHEC bi-weekly All Learner Calls.
- MCPs implement and test IHI suggested/designed interventions with their pilot sites, to improve Well-Child Visit (WCV) rates and monitor progress in relation to the process measures.
- MCPs collate and report project outcomes to IHI, as a storyboard presentation and post-intervention report.
- Completed Intervention 5 and submitted all 2025 deliverables (storyboard presentations, post-intervention reports, and final collaborative assessment) for Phase 1.

Health Net SMARTIE (Specific, Measurable, Achievable, Realistic, Timebound, Inclusion, and Equity) Aims

Health Net Community Solutions (HNCS) x AltaMed CHLA:

By the end of March 2025, the HNCS and pilot site workgroup will implement the IHI suggested/designed interventions to improve Well-Child Visit (WCV) rates among Black or African American members aged 3 to 21 years old at CHLA in Los Angeles County, from 45% to 54%.

Phase 1: Health Net Accomplishments and Next Steps

ACCOMPLISHMENTS

- Completed Phase 1 (April 2024 to March 2025) with the pilot sites. Submitted all required deliverables to IHI and received positive feedback.
- HNCS pilot site AltaMed CHLA met their SMARTIE Aim goal rate of 54% in Phase 1 of the Sprint. It is expected to continue seeing directional improvement (surpassing 54%) in their WCV performance while MY2024 HEDIS data closes.
- Lessons Learned Highlight:
  - 1) To incorporate short/brief WCV education during scheduling and reminder calls,
  - 2) To offer flexible/after hours or a dedicated schedule for WCV appointments only,
  - 3) To improve Health Net's WCV education materials as the current materials have received negative feedback and comments from the community.

NEXT STEPS

- IHI announced in February 2025 that there will be a Phase 2 of the CHEC Sprint.
- IHI has scheduled optional coaching calls with all health plans (May to July 2025).
- QI is waiting for IHI + DHCS to provide more information and clarity.

Phase 2: Health Net Child Health Equity Collaborative Sprint

FOCUS: IMPROVE COMPLETION OF WELL-CHILD VISITS (WCV)

Tentative Duration: 12 Months

Tentative Timeline: August 2025 – October 2026

Tentative Pilot Sites:

- Health Net Community Solutions – AltaMed Health Services (clinic site TBD)

***Note:** Tentative pilot site cannot determine their buy-in for Phase 2, without more information and clarity from IHI+DHCS

IHI+DHCS Updates:

- IHI announced to in February 2025 that there will be a Phase 2 of the CHEC Sprint
  - Phase 2 will primarily focus on reliable screenings and vaccinations, including other well-child visit requirements and activities
  - Focused topics will be presented during CHEC All Learner Calls, in a similar intervention-based collaborative format
  - MCPs will implement, test, collate, and report project outcomes for the IHI suggested/designed interventions with their existing (or new) pilot sites
- Message from IHI on 3/20/2025: “For the next few months, we will take a break from our formal programming as we finalize our plans for Phase 2 of the collaborative. Currently we are planning and designing Phase 2, we promise to keep you updated as we know more about the timeline and content.”

Phase 1: Health Net Child Health Equity Collaborative Sprint

Focus: Improve Completion of Well-Child Visits (WCV)

Duration: 12 Months (April 2024 to March 2025)

Pilot Site:

- Community Health Plan of Imperial Valley – Dr. Vishwa Kapoor

Interventions of Focus (5):

- Focused topic every 1 to 3 months, presented by IHI and DHCS during the CHEC bi-weekly All Learner Calls.
- MCPs implement and test IHI suggested/designed interventions with their pilot sites, to improve Well-Child Visit (WCV) rates and monitor progress in relation to the process measures.
- MCPs collate and report project outcomes to IHI, as a storyboard presentation and post-intervention report.
- Completed Intervention 5 and submitted all 2025 deliverables (storyboard presentations, post-intervention reports, and final collaborative assessment) for Phase 1.

CHPIV SMARTIE (Specific, Measurable, Achievable, Realistic, Timebound, Inclusion, and Equity) Aims

Community Health Plan of Imperial Valley (CHPIV) x Dr. Vishwa Kapoor:

By the end of March 2025, the CHPIV and pilot site workgroup will implement the IHI suggested/designed interventions to improve Well-Child Visit (WCV) rates among Spanish-speaking, Hispanic members aged 15 to 18 years old at Dr. Kapoor's office in Imperial County, from 27.85% to 40.85%.

Phase 1: CHPIV Accomplishments and Next Steps

ACCOMPLISHMENTS

- Completed Phase 1 (April 2024 to March 2025) with the pilot sites. Submitted all required deliverables to IHI and received positive feedback.
- Dr. Kapoor's clinic demonstrated an upwards trend in measure performance for the completion of WCVs. By the end of March 2025, the closing WCV rate at Dr. Kapoor's office was 38.8%. The clinic exhibits continuous directional improvement towards their SMARTIE Aim goal rate of 40.85%.
- Lessons Learned Highlight:
  - 1) To incorporate short/brief WCV education during scheduling and reminder calls,
  - 2) To offer flexible/after hours or a dedicated schedule for WCV appointments only,
  - 3) To improve Health Net's WCV education materials as the current materials have received negative feedback and comments from the community.

NEXT STEPS

- IHI announced in February 2025 that there will be a Phase 2 of the CHEC Sprint.
- IHI has scheduled optional coaching calls with all health plans (May to July 2025).
- QI is waiting for IHI + DHCS to provide more information and clarity.

Phase 2: CHPIV Child Health Equity Collaborative Sprint

Focus: Improve Completion of Well-Child Visits (WCV)

Tentative Duration: 12 Months

Tentative Timeline: August 2025 – October 2026

Tentative Pilot Sites:

- Community Health Plan of Imperial Valley – Dr. Vishwa Kapoor

***Note:** Tentative pilot sites cannot determine their buy-in for Phase 2, without more information and clarity from IHI+DHCS

IHI+DHCS Updates:

- IHI announced to in February 2025 that there will be a Phase 2 of the CHEC Sprint
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- Message from IHI on 3/20/2025: "For the next few months, we will take a break from our formal programming as we finalize our plans for Phase 2 of the collaborative. Currently we are planning and designing Phase 2, we promise to keep you updated as we know more about the timeline and content."

Medi-Cal Strategic Tracks 2019-2025

Data, Analytics, & Technology

- Cozeva Adoption & Bi-directional Data Exchange
- Supplemental Data Strategy
- HIE/EMR data link & abstraction
- Alt. Member Contact Info
- i2i Utilization
- Supplemental Data Improvements
- Increase CAIR utilization
- Encounter Data Submission Quality
- Advanced Analytics, tools and reporting (QIRA)
- default/choice performance
- member engagement index
- acquiring SDOH and SOGI

Member and Community Engagement Initiatives

- Coordinated Member Outreach and Member Engagement Index Strategies (HEDIS team, MHN, Clinical Pharm, digital, mail)
- Behavioral Health Outreach Programs
- Health Education
- Community Engagement Strategic Partnership

Direct Care Interventions

- One Stop Clinics and Telemedicine for Extended Access
- Mobile Mammography for Breast Cancer Screenings
- Home kits/programs for Medical & Behavioral Health Measures

Physician/PPG Engagement

- Provider/PPG/Strategic Partnerships Incentive Programs
- Physician Summit Awards
- Education/Training/Resource for HEDIS and Coding Tip Sheets/Best Practices
- Quality Improvement Projects (EDGE, PIPs/PDSAs, SBIT, SWOT, Special Projects (ECHO)
- Evaluations of Coordination of Care
- EQUITY Projects for zone targets
- JOM Strategy (Direct + Delegated) HEDIS Improvement Action Plans & Accountability

Compliance

- Initial Health Appointment
- Required/Competency Trainings
- Provider Communications (QI Updates to Providers, Operations Manual Updates)
- Core documents/Committees/BODs
- Audits and Annual Contract Assessments
- Member Incentive Evaluations
- PHM Implementation Partnerships and Workstreams (GMI, RSST, PSS)

Quality EDGE Update

Quality EDGE Request Summary
Health Net

Current as of 04/19/2025

Funding Request Type

Health Net	Equipment/Supply - A1C Machine	Equipment/Supply - BP Kit	Equipment/Supply - Computer	Equipment/Supply - Lead Analyzers	Expanded Days/Hours	Health Event/Fair	Member Incentives (only available in conjunction with event)	Mobile Mammography - Alinea
Funding Amount	$4,000.5	$2,482	$9,441.12	$5,028.93	$17,500	$3,250	$15,750	$102,500
Request Count	1	3	5	2	9	3	6	11

Health Net	Staff - Non-Clinical	Staff Incentive	Technology Support (e.g. EMR, texting/call campaign)	Training	Staff - Clinical	Staff - Overtime	Other	Grand Total
Funding Amount	$13,625	$18,600	$13,900	$1,975	0	$2,500	$37,866.57	$248,419.12
Request Count	2	8	2	1	0	1	8	62

* Combination of EDGE Medicaid and VRP Budget applied

Current as of 04/19/2025

Quality EDGE Request Summary
CHPIV

Funding Request Type

CHPIV	Member Incentive	Staff – Non-Clinical	Grand Total
Funding Amount	$1,500	$54,000	$55,500
Request Count	1	1	2

Initial Health Appointments

Initial Health Appointment (IHA)

Medical Record Review/Facility Site Review-Q4 YTD 2024

	Total Records	% Compliant
PED IHA	469	74% ↓
Adult IHA	539	65% ↓

Comparing to the prior quarter, the percent of compliance across these 5 indicators:

- **Maintained/Increased 1/5**
- **Decreased 4/5**

Claims/Encounter Review (initial)

IHA Completion Rates Enrollment From July - Sept 2024	%
IHA Completed within 120 days	28.24 ↓
Member Outreach Compliance (3 attempts completed)	31.43 ↓
Overall Compliant (outreach or IHA compliant)	48.89↓

Denominator (able and unable to contact): 180,382

Initial Health Appointment (IHA): Community Health Plan of Imperial Valley (CHPIV)

Medical Record Review/Facility Site Review-Q4 YTD 2024

	Total Records	% Compliant
PED IHA	46	30%
Adult IHA	176	60%

Claims/Encounter Review (initial)

IHA Completion Rates Enrollment From July - Sept 2024	%
IHA Completed within 120 days	35.88 ↓
Member Outreach Compliance (3 attempts completed)	43.24↓
Overall Compliant (outreach or IHA compliant)	63.37↓

Community Health Plan of Imperial Valley health net

Denominator (able and unable to contact): 22,359

Lead Screening in Children

Lead Screening Completion and Compliance

Table 1: Overall Compliance

Age Ranges	Age 1 (6-17 Mos)	Age 2 (18-30 Mos)	Ages 3 (31-72 Mos)
Numerator	7,830	6,915	22,798
Denominator	20,197	22,048	93,088
% Compliant	37.4% ↓	31.4% ↓	24.5% ↓

Table 2: CPT Code 83655 (Lead Testing) Only

Age Ranges	Age 1 (6-17 Mos)	Age 2 (18-30 Mos)	Ages 3 (31-72 Mos)
Numerator	7,776	6,848	22,640
Denominator	20,917	22,048	93,088
% Compliant	32.70%↓	31.10%↑	24.30 %↑

Table 3: Anticipatory Guidance

Age Ranges	Age 1 (6-17 Mos)	Age 2 (18-30 Mos)	Ages 3 (31-72 Mos)
Numerator	172	226	578
Denominator	20,917	22,048	93,088
% Compliant	0.80% ↑	1.00 %↑	0.60% ↑

Comparing to the prior quarter, the percent of compliance across these 6 indicators:

↓↑ = increase or decrease from prior quarter

Questions?

Quality Improvement, Health Education, and Wellness 2024 Year-End Work Plan Evaluation

Glossary of Abbreviations/Acronyms

Acronym:	Description
A&G:	Appeals and Grievances
BH:	Behavioral Health
C&L:	Cultural and Linguistic
CA:	California region
CAHPS®:	Consumer Assessment of Healthcare Providers and Systems
CAIR:	California Immunization Registry
CAP:	Corrective Action Plan
CS:	Community Supports
CDI:	California Department of Insurance
CM:	Case Management
DHCS:	Department of Health Care Services
DMHC:	Department of Managed Health Care
DN:	Direct Network
DM:	Disease Management
ECHO:	Experience of Care and Health Outcomes survey
FFS:	Fee-for-Service
HEDIS®:	Healthcare Effectiveness Data and Information Set
HPL:	High Performance Level
HRQ:	Health Risk Questionnaire
IHA:	Initial Health Appointments
IVR:	Interactive Voice Response
LTSS:	Long Term Services and Supports
MCAS:	Managed Care Accountability Set

Acronym:	Description
MCL:	Medi-Cal
MPL:	Minimum Performance Level
MSSP:	Multipurpose Senior Services Program
MY:	Measurement Year
N/A:	Not Available
N/R:	Not Reportable due to small denominator (<30)
NCQA:	National Committee for Quality Assurance
PAS:	Patient Assessment Survey
PCP:	Primary Care Physician
PEPM:	Provider Engagement Performance Management
PIP:	Performance Improvement Project
PDSA:	Plan, Do, Study, Act Project
PMPM:	Per Member Per Month
PMPY:	Per Member Per Year
POD:	Program Owners and Drivers
PNM:	Provider Network Management
PPG:	Participating Provider Group
PTMPY:	Per Thousand Members Per Year
QC:	Quality Compass
QI:	Quality Improvement
QIP:	Quality Improvement Project
RY:	Reporting Year
SPD:	Special Persons with Disabilities
UM:	Utilization Management

Glossary of Abbreviations/Acronyms (Measure Specific)

Acronym:	Description
AMR	Asthma Medication Ratio
BCS	Breast Cancer Screening
CBP	Controlling Blood Pressure
CCS	Cervical Cancer Screening
C.Diff	Clostridioides difficile
CAUTI	Catheter-associated Urinary Tract Infection
CHL	Chlamydia Screening in Women
CIS-10	Childhood Immunization Status - Combination 10
CLABSI	Central line-associated bloodstream infection
DEV	Developmental Screening in the First Three Years of Life
FUA	Follow-Up After ED Visit for Substance Abuse – 30 days
FUM	Follow-Up After ED Visit for Mental Illness – 30 days
FVA	Flu Vaccinations for Adults
GSD	Glycemic Status Assessment for Patients with Diabetes (>9%)
HBD	Diabetes Care -Blood Sugar Controlled (>9%)
IMA-2	Immunizations for Adolescents – Combo 2
LSC	Lead Screening in Children
MRSA	Methicillin-resistant Staphylococcus aureus
NTSV	Nulliparous, Term, Singleton, Vertex
PCR	Plan All Cause Readmission
POD	Pharmacotherapy for Opioid Use Disorder
PPC-Pst	Postpartum Care
PPC-Pre	Prenatal and Postpartum Care: Prenatal Care
PCR	Plan All Cause Readmission
POD	Pharmacotherapy for Opioid Use Disorder
SSI-Colon	Surgical site infection following colorectal surgery

Acronym:	Description
TFL-CH	Topical Fluoride for Children
SSI-Colon	surgery
TFL-CH	Topical Fluoride for Children
W30	Well-Child Visits in the First 30 Months of Life
W30-6+	visits
W30-2+	visits
WCC	Nutrition and Physical Activity for
WCV	Child & Adolescent Well-Care Visits

Section I: Work Plan Initiatives

Goal: Implement activities to improve performance measures.

Section I includes program objectives, monitoring and evaluation for the year.

Program Details	Responsible Party	Objectives	MY 2022 Objectives Met (%, ratio):	MY 2023 Objectives Met (%, ratio):	2024 Mid-Year Activities Completed (%, ratio):	2024 Year-End Activities Completed (%, ratio):	Program Continuation (Populate at year-end)
1. Behavioral Health - Improving Behavioral Health (Mental Health and Substance Use) Outcomes Type of activity: • New activity Type of program: • Quality of Care • Safety	Kelli Lesser, Program Manager III, Quality Improvement	Meet directional improvement of 1-5% or ≥ 50th percentile benchmark for the following MCAS-MPL measure (2 rates): FUA-30, FUM-30	MY 2022 - Not available. First HEDIS rates for CHPIV will be MY 2024/RY2025.	MY 2023 - Not available. First HEDIS rates for CHPIV will be MY 2024/RY2025.	Mid-Year (Jan-Jun): 0%, (0/1) No activities were completed at mid-year. 5/5 ongoing or planned activities are on track to be completed by year-end.	Year-End (Jan-Dec): 83.33% (5/6) activities were completed at year-end.	Continue Initiative Unchanged
2a. Chronic Conditions - Diabetes (GSD >9) Type of activity: • New Activity Type of program: • Quality of Care • Quality of Service	Gigi Mathew, Program Manager III, QI	•MCL: Meet directional improvement of 1-5% from prior year or ≥ 50th percentile benchmark for the following MCAS-MPL measure: GSD (new 2024 measure replaces CDC>9) **(inverted rate)**	MY 2022 - Not available. First HEDIS rates for CHPIV will be MY 2024/RY2025.	MY 2023 - Not available. First HEDIS rates for CHPIV will be MY 2024/RY2025.	Mid-Year (Jan-Jun): 75%, (6/8) activities were completed at mid-year. 3/5 ongoing or planned activities are on track to be completed by year-end.	Year-End (Jan-Dec): 61.54% (8/13) activities were completed at year-end.	Continue Initiative with Modifications
2b. Chronic Conditions - Heart Health/Blood Pressure (CBP) Type of activity: • New Activity Type of program: • Quality of Care • Quality of Service	Gigi Mathew, Program Manager III, QI	MCL: Meet directional improvement of 1-5% from prior year or ≥ 50th percentile benchmark for the following MCAS-MPL measure: CBP.	MY 2022 - Not available. First HEDIS rates for CHPIV will be MY 2024/RY2025.	MY 2023 - Not available. First HEDIS rates for CHPIV will be MY 2024/RY2025.	Mid-Year (Jan-Jun): 80%, (4/5) of activities were completed at mid-year. 10/10 ongoing or planned activities are on track to be completed by year-end.	Year-End (Jan-Dec): 93.33% (14/15) activities were completed at year-end.	Continue Initiative with Modifications
3. Hospital Quality/Patient Safety Type of activity: • New Activity Type of program: • Quality of Care • Safety	Barbara Wentworth, Program Manager III, Quality Improvement	Hospital engagement: Conduct outreach to network hospitals regarding concern about status of low-performering priority metrics and obtain performance updates from hospitals.	MY 2022 - Not available. First HEDIS rates for CHPIV will be MY 2024/RY2025.	100% (1/1); Conducted outreach and obtained updates from Pioneers Memorial and El Centro Regional)	Mid-Year (Jan-Jun): 0%, (0/0) No activities were completed at mid-year. 4/4 ongoing or planned activities are on track to be completed by year-end.	Year-End (Jan-Dec): 100% (4/4) activities were completed at mid-year.	Continue Initiative with Modifications
4. Member Engagement and Experience - IHA Type of activity: • New Activity Type of program: • Quality of Care	Miriam Rosales, Program Manager III, QI	•MCL: Meet intradepartmental directional improvement of 1-5% from prior year. IHA does not have a HEDIS benchmark but is a DHCS compliance measure.	MY 2022 •IHA: N/A (N/A- was CHW w/aggregate of regions)	MY 2023 Not available. First rates for CHPIV will be MY 2024/RY2025. .	Mid-Year (Jan-Jun): 0%, (2/2) No activities were completed at mid-year. 2/2 ongoing or planned activities are on track to be completed by year-end. N/A rates as we did not take on CHPIV until 2024.	Year-End (Jan-Dec): 100% (2/2) activities were completed at mid-year.	Continue Initiative Unchanged

Program Details	Responsible Party	Objectives	MY 2022 Objectives Met (%, ratio):	MY 2023 Objectives Met (%, ratio):	2024 Mid-Year Activities Completed (%, ratio):	2024 Year-End Activities Completed (%, ratio):	Program Continuation (Populate at year-end)
5a. Pediatric/Perinatal/Dental - Dental: TFL-CH. Type of activity: • New Activity Type of program: • Quality of Care • Quality of Service	Juli Coulthurst, Program Manager III, Quality Improvement	MCL: Meet the 50th percentile benchmark for MCAS measure TFL-CH.	MY 2022 - Not available. First HEDIS rates for CHPIV will be MY 2024/RY2025.	MY 2023 - Not available. First HEDIS rates for CHPIV will be MY 2024/RY2025.	Mid-Year (Jan-Jun): 0%, (0/0) No activities were completed at mid-year. 4/4 ongoing or planned activities are on track to be completed by year-end.	Year-End (Jan-Dec): 100% (1/1) of activities completed at year-end.	Continue Initiative with Modifications
5b. Pediatric/Perinatal/Dental - Maternity/Perinatal Care: PPC-pre, PPC-pst Type of activity: • New Activity Type of program: • Quality of Care • Quality of Service	Juli Coulthurst, Program Manager III, Quality Improvement	MCL: Meet the 50th percentile benchmark for MCAS measures: PPC-pre and PPC-pst.	MY 2022 - Not available. First HEDIS rates for CHPIV will be MY 2024/RY2025.	MY 2023 - Not available. First HEDIS rates for CHPIV will be MY 2024/RY2025.	Mid-Year (Jan-Jun): 100%, (1/1) activities were completed at mid-year. 7/8 ongoing or planned activities are on track to be completed by year-end.	Year-End (Jan-Dec): 88.89% (8/9) of activities completed at year-end.	Continue Initiative with Modifications
5c. Pediatric/Perinatal/Dental - Pediatric Measures for Children 3-21 of age: IMA-2, WCV. Type of activity: • New Activity Type of program: • Quality of Care • Quality of Service	Juli Coulthurst, Program Manager III, Quality Improvement	MCL: Meet the 50th percentile benchmark for MCAS measures: IMA-2 and WCV.	MY 2022 - Not available. First HEDIS rates for CHPIV will be MY 2024/RY2025.	MY 2023 - Not available. First HEDIS rates for CHPIV will be MY 2024/RY2025.	Mid-Year (Jan-Jun): 100%, (1/1) activities were completed at mid-year. 11/12 ongoing or planned activities are on track to be completed by year-end.	Year-End (Jan-Dec): 84.62% (11/13) of activities completed at year-end.	Continue Initiative with Modifications
5d. Pediatric/Perinatal/Dental - Pediatric Measures for Children under 3 years of age: CIS-10, LSC, DEV, W30-6+, W30-2+. Type of activity: • New Activity Type of program: • Quality of Care • Quality of Service	Juli Coulthurst, Program Manager III, Quality Improvement	MCL: Meet the 50th percentile benchmark for MCAS measures: CIS-10, LSC, CDEV, W30-6+, W30-2+.	MY 2022 - Not available. First HEDIS rates for CHPIV will be MY 2024/RY2025.	MY 2023 - Not available. First HEDIS rates for CHPIV will be MY 2024/RY2025.	Mid-Year (Jan-Jun): 100%, (1/1) activities were completed at mid-year. 14/18 ongoing or planned activities are on track to be completed by year-end.	Year-End (Jan-Dec): 84.21% (16/19) of activities completed at year-end.	Continue Initiative with Modifications

Program Details	Responsible Party	Objectives	MY 2022 Objectives Met (%, ratio):	MY 2023 Objectives Met (%, ratio):	2024 Mid-Year Activities Completed (%, ratio):	2024 Year-End Activities Completed (%, ratio):	Program Continuation (Populate at year-end)
6. Pharmacy and Related Measures - AMR Type of activity: • Ongoing activity - (monitoring of previously identified issue) Type of program: • Quality of Care • Quality of Service	Alicia Bednar, Program Manager III, QI	MCL: Meet directional improvement of 1-5% from prior year or ≥ 50th percentile benchmark for the following MCAS-MPL measure: •AMR	MY 2022 - Not available. First HEDIS rates for CHPIV will be MY 2024/RY2025.	MY 2023 - Not available. First HEDIS rates for CHPIV will be MY 2024/RY2025.	Mid-Year (Jan-Jun): 100%, (1/1) activities were completed at mid-year. 7/9 ongoing or planned activities are on track to be completed by year-end.	Year-End (Jan-Dec): 100% (10/10) of activities completed at year-end.	Continue Initiative with Modifications
7a. Preventive Health - Cancer Screenings Type of activity: • Ongoing activity - (monitoring of previously identified issue) Type of program: • Quality of Care • Quality of Service	Ravneet Gill, Program Manager III, Quality Improvement	MCL: Meet directional improvement of 1-5% from prior year or ≥ 50th percentile benchmark for the following MCAS-MPL measure: BCS, CCS, CHL	MY 2022 - Not available. First HEDIS rates for CHPIV will be MY 2024/RY2025.	MY 2023 - Not available. First HEDIS rates for CHPIV will be MY 2024/RY2025.	Mid-Year (Jan-Jun): 0%, (0/0) No activities were completed at mid-year. 10/10 ongoing or planned activities are on track to be completed by year-end.	Year-End (Jan-Dec): 100% (10/10) of activities completed at year-end.	Continue Initiative with Modifications
7b. Preventive Health - Flu Campaign Type of activity: • New Activity Type of program: • Quality of Care • Member Experience	Matt Anderson, Program Manager III, Quality Improvement	Meet directional improvement of 1-5% from prior year for the Flu Vaccine Adult Immunization Status.	MY 2022 - Not available. First HEDIS rates for CHPIV will be MY 2024/RY 2025.	MY 2023 - Not available. First HEDIS rates for CHPIV will be MY 2024/RY2025.	Mid-Year (Jan-Jun): 0%, (0/0) activities were completed at mid-year. (1/1) ongoing or planned activities on track to be completed by year-end.	Year-End (Jan-Dec): 100%, (1/1) of activities completed at year-end.	Continue Initiative Unchanged

Section II: Ongoing Work Plan Activities

Section II includes ongoing monitoring of cross-functional activities across the organization.

Program Type	Activity Description	Responsible Party	Completion Due Date(s)	Status	Completion Date(s)	Mid-Year Update	Year End Update
ACCESS, AVAILABILITY, SATISFACTION AND SERVICE	A&G REPORT: Identify opportunities to improve member service and satisfaction through appeals and grievances review.	D. Saldarriaga; Manager, A&G	12/31/24	Completed	12/31/2024	On track. Monthly access reports are provided to the PNM team to identify trends related to access to care with the provider network. Once a trending provider is identified, the PNM team provides them with guidance and education to implement measures to prevent reoccurrences.	Developed a Grievance Avoidance Program that looks for opportunities to improve the member experience and identify upstream systemic issues. There has been a decrease of overall A&G volume based off of some of these initiatives such as more Call Center training and provider feedback.
ACCESS, AVAILABILITY, SATISFACTION AND SERVICE	ACCESS PROVIDER TRAINING: Conduct quarterly webinars.	Ana Paine, Program Manager, Access & Availability	Q3 2024 Access Provider Training Webinar	Completed	12/18/2024	To begin on mid-Q3 2024.	All provider trainings conducted in Q3-Q4 2024.
ACCESS, AVAILABILITY, SATISFACTION AND SERVICE	ACCESS SURVEY RESULTS: Monitor appropriate timely appointment and after-hours access and identify noncompliant PPGs and providers.	Ana Paine, Program Manager, Access & Availability	Q3 2025	Completed	12/31/2024	Results from the MY 2024 PAAS will be ready on Q3 2025.	Survey results for 2024 will be available in Q2 2025. The first PAAS survey was conducted in Q3-Q4 2024.
ACCESS, AVAILABILITY, SATISFACTION AND SERVICE	ACCESS SURVEY: Monitor and report access to care standards using telephonic surveys vendor(s).	Ana Paine, Program Manager, Access & Availability	Q3 – Q4 2024	Completed	12/31/2024	On track to start MY 2024 on Q3 – Q4 for the Provider Appointment Availability Survey (PAAS).	Survey results for 2024 will be available in Q2 2025. The first PAAS survey was conducted in Q3-Q4 2024.
ACCESS, AVAILABILITY, SATISFACTION AND SERVICE	Assess approach and as needed, coordinate data and reporting for annual Provider Satisfaction Survey.	M. Miyashiro R. Davila	September 2024-November 2024	Completed	11/27/2024	Not started. On track.	Completed 11/27/24.
ACCESS, AVAILABILITY, SATISFACTION AND SERVICE	Complete and submit DMHC Timely Access Reporting (TAR) by May 1, 2024 filing due date.	Ana Paine, Program Manager, Access & Availability	5/1/24	Completed	5/1/2024	Completed and submitted DMHC Timely Access Reporting (TAR) on May 1, 2024 filing due date.	Completed and submitted DMHC Timely Access Reporting (TAR) on May 1, 2024 filing due date.
ACCESS, AVAILABILITY, SATISFACTION AND SERVICE	Engage with CHPIV provider offices to complete MY 2024 MCAS training focused on best practices for closing care gaps.	Shekinah Wright, Sr. Manager, Quality Improvement Erica Valdivia, Provider Engagement	12/31/2024	Completed	2/7/2024	On track. QI Provided Best Practices Guide to PE to share with providers for MY 2024 priority measures.	MCAS trainings have been completed with providers via the Provider Engagement team.
ACCESS, AVAILABILITY, SATISFACTION AND SERVICE	GEO ACCESS: Assess and report on availability of network to identify opportunities for improvement. Analyze and inform Provider Network Management of areas needing increased contracting with a particular provider to improve availability.	D. Fang, Manager, Health Equity	Next report is due in Q3 2025.	Not started	Not started	Not started. This report is not due until Q3 2025.	Not started. This report is not due until Q3 2025.
ACCESS, AVAILABILITY, SATISFACTION AND SERVICE	Health Equity Report: Analyze and report on Cultural and Linguistics.	D. Fang, Manager, Health Equity	Q2 and Q4	Completed	8/8/2024	2024 Program Description and 2024 Work Plan were completed in Q1.	2024 Work Plan and Language Assistance Program Mid-Year Evaluation reports were completed in Q2. 2024 Health Equity Language Assistance Program End of Year report, 2025 Program Description, and 2025 Work Plan will be completed in Q1 2025.
ACCESS, AVAILABILITY, SATISFACTION AND SERVICE	In collaboration with Provider Engagement, engage with Quality EDGE priority provider offices to complete interventions addressing systemic barriers to HEDIS performance.	Shekinah Wright, Sr. Manager Quality Improvement Sandra Vega, Manager, Provider Engagement	12/31/2024	Completed	12/31/2024	On track. Action plans have been submitted in the PE Action Plan database for CHPIV. Quality EDGE has approved several CHPIV funding requests.	Quality EDGE was fully implemented in Imperial County. CHPIV had 16 requests approved.

ACCESS, AVAILABILITY, SATISFACTION AND SERVICE	Maintain and manage the CAHPS Action Plan: Collaborate with CAHPS measure owners to identify areas of opportunity and activities to improve CAHPS, identifying process improvement activities. This also includes working with the Provider Engagement and Medical Affairs teams to review provider CAHPS improvement plans, identifying best practices, and recommending changes when plans are insufficient to improve the member experience in a measurable and meaningful way.	T. Jaghasspanian M. Anderson G. Toland	12/31/24	Completed	12/31/2024	On track.	Completed 12/31/24.
ACCESS, AVAILABILITY, SATISFACTION AND SERVICE	Maintain compliance with DHCS Initial Health Appointment (IHA) 3-pronged outreach requirement: Annual IHA Compliance Monitoring Report.	Amy Wittig, Director, Quality Improvement	Q4: 12/31/2024	Completed	5/7/2024	On track for Q3 2024 reporting.	CHPIV Annual Compliance monitoring report successfully submitted for 05/07/2024 Audit.
ACCESS, AVAILABILITY, SATISFACTION AND SERVICE	Monitor appropriate after-hours messaging and timely access to urgent/emergent care. Refer to Access and Availability Work Plan for additional details.	M. Miyashiro R. Davila	October 2024-January 2025	Completed	12/31/2024	Not started. On track.	Survey completed 12/17/24. Results are being analyzed
ACCESS, AVAILABILITY, SATISFACTION AND SERVICE	Monitor Delegation Oversight activities through the PPG scorecards that captures PPGs' audit scores. The quarterly scorecard provides an opportunity to track/trend low-high PPGs performers.	Manisha Makwana	12/31/24	Completed	Jan, May, Aug, and Dec 2024	Q1 2024 PPG Scorecards were produced in May 2024. Q2 2024 PPG Scorecards were produced in August 2024.	Q4 2023 report produced in January 2024; Q1 2024 produced in May 2024; Q2 2024 produced in August 2024; Q3 2024 produced in December 2024.
ACCESS, AVAILABILITY, SATISFACTION AND SERVICE	TELEPHONE ACCESS SURVEY: Conduct quarterly surveys and issue CAPs to noncompliant providers.	Ana Paine, Program Manager, Access & Availability	Q4 2024 through non-DMHC Provider Appointment Availability Survey	Completed	12/31/2024	To be conducted on Q4 2024 through non-DMHC Provider Appointment Availability Survey.	Survey results for 2024 will be available in Q2 2025. The first PAAS survey was conducted in Q3-Q4 2024.
BEHAVIORAL HEALTH	Conduct oversight of Behavioral Health (BH) through delegated reports on BH (may include member satisfaction surveys, etc.)	G. Gomez, Director, QI HNCA Dr. Arakawa, Chief Medical Officer, CHPIV	12/31/24	In progress	N/A	ECHO survey fielding starting in September with results report will be received in November. The CAHPS team to complete report. No other BH performance reports.	The MY2024 Member Satisfaction Survey for CHPIV will be due in October 2025 for CHPIV. The CHPIV MY2024 Member Satisfaction Survey is scheduled to be mailed 09/02/2025, collected by 10/29/2025 and reported out by 11/26/2025.
CONTINUITY AND COORDINATION OF CARE	Educate providers on importance of well-child visits. Well-child visits include developmental screenings.	J. Coulthurst	12/31/2024	Completed	12/31/2024	Provider Facing Teams trained on all pediatric measures and importance of well-child visits and all services to be completed during well-child visits. All Provider Tip Sheets are up-to-date.	HEDIS team identified developmental screening coding issues. HEDIS team educated Provider facing teams and providers on correct coding and modifiers for developmental screenings. Provider facing teams continued provider education on importance of well-child visits.

CONTINUITY AND COORDINATION OF CARE	Monitor opportunities and interventions for NCQA QI 3 & QI 4 according to NCQA accreditation timelines.	K. Lesser/ M. Rosales	QI 3 & QI 4 Reports: 5/31/24 & 12/31/24	Completed	Q13:MY2022/Year 1 was approved before 05/31/24. QI4: The 2024 QI4 Plan was reviewed/approved before 5/31/24	QI3- 1st year report (2023)was approved. QI4: Approved 2024 Plan identifies timeliness of exchange (measured by provider satisfaction) and often seen in PCP setting (measured by FUM and FUA) as selected opportunities (measurments) to improve COC between Medical and BH providers.	QI4: Changes were made to the NCQA QI4 standard beginning in early 2025; the QI3 and QI4 standards are being combined into one accreditation standard. This change has delayed discussions and approvals of 2025 BH HEDIS planning pending receipt of new documentation templates. Once clarification and guidance is received about next steps demonstrating compliance with the new standard, documents will be updated, presented, and approved by internal parties and then reported up to leadership as per usual.
CONTINUITY AND COORDINATION OF CARE	Monitor opportunities and interventions for NCQA Standards QI.3 & QI.4 Coordination of Care (COC) requirements (non-BH and BH reports).	K. Lesser/ M. Rosales Program Manager III, Quality Improvement	QI 3 & QI 4: 5/31/24 & 12/31/24	Completed	QI3: MY2022/Year 1 was approved before 05/31/24. QI4: The 2024 QI4 Plan was reviewed/approved before 5/31/24	Q3: 1st year report (2023)was approved. QI4: Approved 2024 Plan identifies timeliness of exchange (measured by provider satisfaction) and often seen in PCP setting (measured by FUM and FUA) as selected opportunities (measurments) to improve COC between Medical and BH providers.	Approval of updated QI4 document by internal collaboration team members anticipated in January 2025. Once approved, QI4 document will be presented for Plan approval at Q2 2025 Quarterly Quality Committee meeting.
CREDENTIALING / RECREDENTIALING	Credentialing/Recredentialing Practitioners/Providers: Achieve and maintain a 100% timely compliance and 100% accuracy score.	M. Catello, Sr. Manager	12/31/24	Completed	12/19/2024	Not started. On track.	Completed.
CREDENTIALING / RECREDENTIALING	PPG Delegates Credentialing/Recredentialing oversight achieve and maintain audit scores between 90 -100% compliance for annual review.	K. Bowling, Sr. Manager Delegation Oversight	12/31/24	Completed	7/31/2024	On track.	Completed and compliant
DISEASE/CHRONIC CONDITIONS MANAGEMENT	Monitor Chronic Conditions (Disease) Management Program for appropriate member outreach quarterly.	Denise Miller, Program Manager III Customer Experience	12/31/24	Completed	12/19/2024	Submitting new program updates for regulatory approval. On track.	CHPIV submitted to DHCS in November 2024. One AIR identified and revised. Waiting for update from CHPIV on when they resubmitted to DHCS.
QUALITY AND SAFETY OF CARE AND SERVICE	Complete all potential quality issues (PQIs) received within 90 day TAT to maintain internal compliance.	P. Carpenter, Director, Quality Improvement	12/31/24	Completed	12/31/2024	On track.	Completed and compliant.
QUALITY AND SAFETY OF CARE AND SERVICE	Delegation Oversight -- Monitor PPG-level delegated activities and issues, including CAPs, and report findings to HNCS QIHEC and Health Net QIC committees at least annually. Activities include Utilization Management, including CCM; credentialing; and claims payments.	K. Bowling A. Tonkogolosuk	12/31/24	Completed	12/17/24	On track.	All annual audits for delegates have been completed for 2024. Performance results including CAPs have been shared at least annually with the required committees and groups. On-going monitoring was conducted regularly and continues for 2025.

QUALITY AND SAFETY OF CARE AND SERVICE	Handling of Member Grievances and Appeals: Ongoing monitoring and assessment of compliance with the handling of member grievances and appeals; ensure compliance with regulatory requirements for TAT and process.	L. Carrera	12/31/24	Completed	12/31/2024	On track. Quality controls are in place to ensure every task with in the A+G process follows contractual and regulatory compliance standards.(FL, BKB, team and management Calibration calls, day 18 audits).	All TAT metrics met 95% or above across all categories.
QUALITY AND SAFETY OF CARE AND SERVICE	Integrated Care Management (ICM) • Implement PHM pyramid as the predictive modeling tool to identify high-risk members for referral to ICM. • Evaluate the ICM Program based on the following measures: o Readmission rates o ED utilization o Overall health care costs o Member Satisfaction	C. Patnaude, Director, Care Management	Ongoing by 12/31/24	Completed	12/31/2024	On track.	Through Q2 outcomes readmision rate decreased by 5.4% (above 3% goal). ED claims down 38% (above 3% goal). CM had a significant reduction in IP and OP claims with slight increase in Rx claims. We have not received enough feedback to measure member satisfaction yet, as surveys only started to go out in late Q3.
QUALITY AND SAFETY OF CARE AND SERVICE	Monitor credentialing findings and report to HNCS QIHEC and Health Net QIC committees quarterly.	P. Carpenter, Director, Quality Improvement	12/31/24	Completed	4/22/24, 7/19/24	On track.	Completed with no findings.
QUALITY AND SAFETY OF CARE AND SERVICE	Monitor peer review determinations and report to HNCS QIHEC and Health Net QIC committees quarterly.	P. Carpenter, Director, Quality Improvement	12/31/24	Completed	4/22/24, 7/19/24	On track.	Completed with no findings.
QUALITY AND SAFETY OF CARE AND SERVICE	Monitor potential quality incidents and quality of care findings and report to HNCS QIHEC and Health Net QIC committees quarterly.	P. Carpenter, Director, Quality Improvement	12/31/24	Completed	4/22/24, 7/19/24	On track.	Completed with no findings.
QUALITY AND SAFETY OF CARE AND SERVICE	Update Clinical A&G Quality of Care Concerns Policy & Procedure and Peer Review Committee Policy & Procedure.	P. Carpenter, Director, Quality Improvement	12/31/24	Completed	1/1/24 for QOC policy and 12/19/2024 Peer Review	On track.	Completed policy review.
QUALITY IMPROVEMENT AND COMPLIANCE	Evaluate written plan for safety and quality data collection: To improve patient safety by collecting and providing information on provider and practitioner safety and quality (at least annually).	L. Aaronson A. Wittig Pamela Carpenter Barbara Wentworth	February 2025	Delayed	N/A	New year so evaluation for 2024 safety and quality data is due in February 2025.	Delayed to March 2025.
QUALITY IMPROVEMENT AND COMPLIANCE	Evaluation of the QIHEd program of the previous year (Q1). Complete QIHEd Work Plan evaluation semi-annually.	L. Aaronson M. Gumatay A. Wittig S. Wright S. Luce T. Jaghasspanian L. Pak	August 2024	Completed	2/8/2024 08/08/2024	On track. CHPIV evaluation will be completed at mid-year and year-end 2024.	Mid-year evaluation completed on 08/08/2024.
QUALITY IMPROVEMENT AND COMPLIANCE	Maintain Facility Site Review (FSR) and Medical Record (MRR) Compliance: To ensure provider offices and medical records comply with DHCS contracted requirements per APL 22-107 and Physical Accessibility Review Survey per MMCD Policy Letter 12-006 and 15-023. Report FSR/MRR data to DHCS twice per year (1/31 and 7/31), including all sites with failed scores.	P. Carpenter, Director, Quality Improvement	12/31/24	Completed	12/31/2024	On track. DHCS implementing a new portal called MSRP to upload bi-annual FSR/MRR data, however it is not in production yet. We have submitted data for 7/1/23-12/31/23 to DHCS on 4/26/24 using their existing process and 1/1/24-6-30/24 is due 8/16/24.	Completed and compliant.
QUALITY IMPROVEMENT INFASTRUCTURE	Care gap reports produced by the HEDIS Team monthly, by contract level and participating provider group (PPG) level to identify non-compliant members.	HEDIS D. Mehlhouse	Monthly by 12/31/24	Completed	Monthly	In progress and on track.	Completed monthly.

QUALITY IMPROVEMENT INFASTRUCTURE	Encourage further Cozeva adoption/usage among PCPs and provider groups in program's 5th year; Expand Cozeva-EHR integrations and bidirectional data-sharing with priority PCP/clinics; Enhance Cozeva platform to support regulatory requirements and key opportunities / initiatives.	S. Pao S. Myers	12/31/2024	Completed	7/12/2024	Published first 2024 Cozeva adoption/engagement dashboard on 7/12/24; outreach to adopt new targeted providers and reengage existing users to begin in July 2024 and continue through December 2024; 4 of 20 Cozeva enhancement items completed, remaining 16 of 20 are in progress (ETC: 12/31/24).	Year-end 2024 Cozeva adoption for CHPIV PCPs/clinics stands at 77% (equates to >97% of membership), and priority PCP/clinic platform "engagement" stands at 9% (vs. 30% annual goal).
QUALITY IMPROVEMENT INFASTRUCTURE	QI improves communication with stakeholder departments and identifies interventions to improve CAHPS through monthly Quality Focus Touchbase meetings and Quality Governance Committee meetings.	T. Jaghasspanian G. Toland M. Anderson	Monthly by 12/31/24	Completed	12/31/2024	On track.	Completed 12/31/24.
QUALITY IMPROVEMENT INFASTRUCTURE	Quality Improvement team will work with Provider Engagement and Medical Affairs to review quality improvement action plans for best practices and recommend changes when existing action plans are ineffective in producing the needed change.	QI PMIII team members M. Najarro	12/31/2024	Completed	12/13/2024	As of June, 125 action plans have been submitted. Meetings are held monthly based on measure of focus calendar.	229 action plans were submitted in 2024.
QUALITY IMPROVEMENT INFASTRUCTURE	Support development of HEDIS best practice tools.	S. Wright (lead)	12/31/2024	Completed	2/7/2024	Completed. QI Best Practices Slide deck given to the PE team 02/2024	Completed. QI Best Practices Slide deck given to the PE team 02/2024.
WELLNESS/ PREVENTIVE HEALTH	Adopt and disseminate Medical Clinical Practice Guidelines (CPG).	CHPIV/HN K. Macsicza Director, Clinical Programs	May 2024	Completed	05/13/2024. 06/20/2024.	HN Medical Advisory Council approved the CPG on May 13, 2024. Provider communication distributed on June 20th.	HN Medical Advisory Council approved the CPG on May 13, 2024. Provider communication distributed on June 20th.
WELLNESS/ PREVENTIVE HEALTH	Collaborate with Marketing team to distribute member educational emails on various topics via internal and external resources: Topics TBD.	M. Rosales (lead) S. Noonan	Q4: 12/31/2024	Cancelled	N/A	On track.	No emails were sent out as part of the COC POD.
WELLNESS/ PREVENTIVE HEALTH	Distribute Preventive Screening Guidelines (PSG) to Members and Providers.	B. Head, Sr. Health Education Specialist A. Jayme S. Wright A. Wittig	Sept/Oct 2024- via Member Newsletter	Completed	9/23/2024	Activity is on track. Article refers members on how to obtain access to PSGs in "Catch Problems Early with the Proper Health Screenings" article.	The Member Newsletter was distributed on 9/23/2024.
WELLNESS/ PREVENTIVE HEALTH	Distribute the Health Education Programs and Services Flyer to members via the Medi-Cal member welcome packet.	M. Lin	12/31/24	Completed	12/31/2024	The Health Education Programs and Services flyer is being sent to members via the Medi-Cal member welcome packet. The 2025 version of the Health Education Programs and Services flyer is in the process of being updated.	The Health Ed Services flyer is being sent to members via the Welcome Packet monthly. The 2025 version of the Health Education Programs and Services flyer was updated.
WELLNESS/ PREVENTIVE HEALTH	Health education material management.	L. Aaronson, Director of Quality and Health Education A. Wittig, Director of Quality Improvement and Health Education A. Jayme, Program Manager II	12/31/24	Completed	12/31/2024	As of mid-year there have been no calls to the CCC regarding health education and 2,812 pieces of printed health education material have been ordered.	At year end, one call has been made to the CCC health education and 5,563 pieces of printed health educayion material were ordered.

WELLNESS/ PREVENTIVE HEALTH	Health Education System P&Ps, monitoring of initiatives, maintenance of printed materials, digital programs and requirements, health promotion to providers.	L. Aaronson, Director of Quality and Health Education A. Wittig, Director of Quality Improvement and Health Education A. Jayme, Program Manager II	12/31/24	Completed	12/31/2024	On track.	Completed. All CHPIV P&Ps were revised by their assigned due date.
WELLNESS/ PREVENTIVE HEALTH	Maintain compliance with childhood blood lead level screening requirements in accordance with DHCS APL 18-017 and APL 20-016. Baseline: Quarterly monitoring of HEDIS Lead Screening for Children (LSC) RY 2020 administrative rate; Member education materials include lead screening flyer and preventive service guidelines (PSGs); Provider training and education include the Medi-Cal provider operations manual and HEDIS provider tools on Lead Screening for Children (LSC). Medical Record Reviews for lead screening conducted during Facility Site Reviews submitted to DHCS twice a year.	A. Wittig P. Carpenter S. Wright J. Coulthurst L. Armbruster	12/31/24	Completed	12/31/2024	On track.	All lead screening compliance requirements met.
WELLNESS/ PREVENTIVE HEALTH	Member newsletter	B. Head (Medi-Cal)	10/1/2024	Completed	10/1/2024	In February, newsletter content was developed and pending approval. One article “high risk” (per standard) article was pending development. Rebranding timelines of the website was undecided thus article content was not complete. The project experienced a delay due to transition of CHPIV points of contact. Once POCs were established, a kick-off meeting (included created PPT) for CHPIV was created to support goal, responsibilities, and expectations for newsletter. In March, the content development stage was completed. The project begun the design phase. In April, the design phase was completed and the newsletter was reviewed and approved by CHPIV subject matter expert. Newsletter was submitted for internal review. In May, All internal reviews were completed and the newsletter was sent to CHPIV compliance to submit to DHCS for review. No additional updates for June.	English & Spanish newsletter versions were posted to CHPIV website 9/9/24. Mailing distribution completed on 9/30 --- reached 33,789 unique households.
WELLNESS/ PREVENTIVE HEALTH	Monitor CHPIV Health Pregnancy Program and identify high risk members via Care Management.	C. Patnaude, Director, Care Management	Ongoing by 12/31/24	Completed	12/31/2024	On track.	Successful program with above 60% engagement rate with members. Program successful in increasing prenatal appt attendance by 12.5%, postpartum appts by 7.3% (above 5% goals), and reduced preterm deliveries by 9.8% (well above 2% goal).

WELLNESS/ PREVENTIVE HEALTH	New vendor onboarding and ongoing management to provide Diabetes Prevention Program (DPP) services to our eligible Medi-Cal population.	A. Mojadedi	6/30/25	Off track/ Delayed	12/31/2024	New vendor onboarding process completed. Health Net DHCS packet submitted to DHCS on 5/28/24. Pending DHCS approval. Member materials sent to Kathleen Lang to be sent to CHPIV compliance for review.	CHPIV compliance reviewed/approved DPP member materials. CHPIV compliance to submit to DHCS for review.
WELLNESS/ PREVENTIVE HEALTH	QR Code Material promotion	L. Aaronson, Director of Quality and Health Education A. Wittig, Director of Quality Improvement and Health Education A. Jayme, Program Manager II B. Head Sr. Health Education Specialist	12/31/24	Completed	12/31/2024	Currently promoting digitial health education materials and resources. Working on a survery to assess the effectiveness of resources.	The survey, distributed to 1,134 providers across all MCL product lines, assessed relevance, clarity, usability, and satisfaction through closed- and open-ended questions. As of December 19th, 28 providers responded. Three of the 4 areas exceeded the 70% KPI benchmark for feedback scores. Key findings include: Relevance: 89% found the topics highly or moderately relevant. Usability: 97% reported navigating and sharing the presentation as easy. Satisfaction: 89% were satisfied with the quality and usefulness. Resource Sharing: 57% shared resources with patients via QR codes, printed materials, or direct discussions. This survey was also used to support the PEDS QMIP PDSA intervention.

Section III: Quality Improvement Tracking System Activities Log

Section III lists Quality Improvement Tracking System activities that support meeting program objectives for the year (listed in Section I).

Work Plan ID	Intervention Name	Intervention Description	Measures	Planned Start Date	End Date	Status	Department Owner	Mid-Year and Year-End Updates	Activity Barriers	Activity Changes
10489	Provider Notifications	BEHAVIORAL HEALTH - Improve the percentage of provider notifications for members with substance use disorder/specialty mental health (SUD/SMH) diagnoses following or within 7 days of emergency department visit.	FUM - F/U ED Mental Illness - 7,FUA - F/U ED Substance Abuse - 7	6/12/2024	1/31/2027	COMPLETED	Shekinah Wright/Catherine Misquitta	Rhonda L. Dick - 9/11/2024: We submitted the Community Health Plan of Imperial Valley (CHPIV) today, September 11, 2024 Steps 1-6. Steps 7 and 8 will be completed at the next annual submission in September 2025. We are modeling the CHPIV BH PIP after the HN BH PIP.-- The CHPIV Imperial Valley BH Non-Clinical PIP Steps 1-8 was resubmitted on 12/2/2024 (minor edits). This PIP is on a different timeline because it started later. 1) Implement an enhancement to feed adult SMH ED visits into Cozeva. 2) Expansion of Plan Provider Outreach to All Medi-Cal Members who had a BH ED Visit.-----Rhonda L. Dick - Steps 7 and 8 plus intervention worksheets will be assessed at the next annual submission in August 2025. Received Feedback from HSAG 1/10/25 Percentage score of evaluation elements met: 100%; Percentage of Score of Critical elements met: 100%; confidence level: high confidence. Developing tracking grid for data submission purposes.	Transportation and language barriers/privacy issues in sharing data.	Continue
10625	On-Demand Provider Webinar-Substance Use	BEHAVIORAL HEALTH - Pre recorded provider targeted webinar on SUD topics.	FUA - F/U ED Substance Abuse - 30,FUA - F/U ED Substance Abuse - 7,IET - Init Engage AOD Engagement (Total),IET - Init Engage AOD Initiation (Total),POD - Pharmacotherapy for Opioid Use Disorder	1/1/2024	12/31/2024	COMPLETED	Kelli Lesser	Kelli A. Lesser - 8/26/2024: 8/26/24-Deleted MCD LOB to allow for separate MCK entries-----Kelli A. Lesser - 7/29/2024: Updated MCL/Medicaid Counties in 'Counties/Region' field per Tuyen's request-----Kelli A. Lesser - 3/27/2024: Implemented/recorded/posted by Lindsay McCartney.	None	Discontinue
10042	CHPIV FUA/FUM Outreach	BEHAVIORAL HEALTH - Utilization of ADT report to conduct live outreach to Medi-Cal members that had an ED visit for MH, SUD, or Drug Overdose.	FUA - F/U ED Substance Abuse - 30,FUM - F/U ED Mental Illness - 30	1/1/2024	12/31/2024	COMPLETED	Ariel Spindell	Kelli A. Lesser - 2/21/2025: Completed for MY2024, continue for MY2025 as is.	ADT completeness, reaching members, shortage of BH providers.	Continue
10635	MHN PSV (FUM/FUH/FUA)	BEHAVIORAL HEALTH: FUM/FUA MHN FUOT uses HN ADT reports to conduct member outreach calls to close gaps; FUH: MHN FUOT uses internal discharge reports to conduct member phone outreach to close gaps.	FUA - F/U ED Substance Abuse - 30,FUA - F/U ED Substance Abuse - 7,FUM - F/U ED Mental Illness - 30,FUM - F/U ED Mental Illness - 7	1/1/2024	12/31/2024	COMPLETED	Kelli Lesser	Kelli A. Lesser - 8/26/2024: 8/26/24-Deleted MCD LOB to allow for separate MCD entries-----Kelli A. Lesser - 3/21/2024: 3/21/2024: FUM/FUA/FUH NCQA PSV passed for all MY2023.-----Linda Ciotoli - 3/15/2023: March- completed the PSV process. Auditor approved. -----Kelli A. Lesser - 2/8/2024: Feb. 2024: Final MY2023 PSV in process; auditor 1 passed/completed, auditor 2 pending-----Kelli A. Lesser - 12/21/2023: Copied intervention over to 2024-----Amie Eng - 12/15/2023: 12/15: In August 2023, HEDIS verified that the calls can be used as supplemental data for FUA/FUM.-----Kelli A. Lesser - 11/13/2024: Removed FUH7/30 for Medicaid; only focusing on FUH7/30 for UC Commercial LOB.	Many steps involving transfer of member data;PHI.	Continue
10628	HNBH/Participating Provider Group (PPG) Webinar	BEHAVIORAL HEALTH: Provider webinar-Topic TBD.	FUA - F/U ED Substance Abuse - 30,FUA - F/U ED Substance Abuse - 7,FUM - F/U ED Mental Illness - 30,FUM - F/U ED Mental Illness - 7	1/1/2024	12/31/2024	CANCELLED	Kelli Lesser	Kelli A. Lesser - 8/26/2024: 8/26/24-Deleted MCD LOB to allow for separate MCK entries-----Kelli A. Lesser - 4/11/2024: 2024 webinar topic still TBD; FUM/FUA measures are tentative.	Ensuring provider attendance.	Discontinue
10631	FUM/FUA updated provider tip sheets	BEHAVIORAL HEALTH: Update, post online and distribute as needed to BH providers.	FUM - F/U ED Mental Illness - 30,FUM - F/U ED Mental Illness - 7,FUA - F/U ED Substance Abuse - 7,FUA - F/U ED Substance Abuse - 30	7/29/2024	12/31/2024	COMPLETED	Kelli Lesser	Kelli A. Lesser - 8/26/2024: 8/26/24-Deleted MCD LOB to allow for separate MCK entries-----Kelli A. Lesser - 7/29/2024: Adding mid-year MY2024; took some time to revise tip sheets to remove all MHN references and update tech spec information. Revised tip sheets are posted online now and distribution has begun.	Can be tedious to locate tips sheets on web site, not able to distribute to all BHPs	Continue
10667	Teladoc Mental Health Digital Program Implementation	BEHAVIORAL HEALTH-myStrength transition to Teladoc Mental Health Digital Program.	IMMH - Improving or Maintaining Mental Health	1/1/2024	12/31/2024	COMPLETED	Maria Lin	Maria Lin - 12/9/2024: Dec Update: Teladoc Mental Health Digital Program is scheduled to launch 1-1-2025 as planned. Eligibility files testing, CCC notifications, website content update, program materials development in progress and on track.Nov Update: Received eligibility files group ID info. Test Files will be sent to Teladoc this month. Oct Update: Working with Teladoc on eligibility files testing. Sept Update:DMHC approval received for Health Net and will cover CHPIV. Working with Teladoc to prepare for program launch in 1-1-2025. Shared regulatory documents with CHPIV Compliance.	N/A	Continue
10650	Best Practice Core Measure (Annually)	CAHPS - Best Practice Core Measure.	CAHPS - Access to Care	1/1/2024	12/31/2024	COMPLETED	Taline Jaghasspanian	Matthew H. Anderson - 1/6/2025: CAHPS Best Practices slides for the provider lunch and learn. Updated on 7/2024.	None	Continue
10646	CAHPS Playbook (One Time)	CAHPS - best practices captured in one resource (internal use).	CAHPS - Access to Care,CAHPS - Rating of Personal Doctor,RHP - Rating of Health Plan,RDP - Rating of Drug Plan,CS - Customer Service,CAHPS - Care Coordination	1/1/2024	12/31/2024	DELAYED	Taline Jaghasspanian	Guille Toland - 1/30/2025: Update to this resource was delayed to Q1 2025. Matthew H. Anderson - 1/6/2025: CAHPS Best practices.	None	Continue
10645	CAHPS Provider Training Series via Sullivan Group (Annually)	CAHPS - Physician lead webinar trainings; topics will focus on improving provider communication and access (3 topics, 6 sessions total).	CAHPS - Rating of Health Plan,CAHPS - Adult-Getting Care Quickly	1/1/2024	12/31/2024	COMPLETED	Taline Jaghasspanian	cn109126 - 3/16/2022: CA CAHPS Priority Measure Initiative.	None	Continue
10380	Community Health Worker (CHW) Outreach	CARE COORDINATION & MEMBER ENGAGEMENT	WCV - Child and Adolescent Well-Care Visits (previously W34 and AWC),AAP - Adult Access to Preventive Ambulatory Health Services.	12/4/2023	2/15/2024	CANCELLED	Miriam Rosales	This outreach was not launched/cancelled.	None	Discontinue

Work Plan ID	Intervention Name	Intervention Description	Measures	Planned Start Date	End Date	Status	Department Owner	Mid-Year and Year-End Updates	Activity Barriers	Activity Changes
10756	SNS-E Tip Sheet	CARE COORDINATION & MEMBER ENGAGEMENT	GNC - Getting Needed Care	9/2/2024	12/31/2024	COMPLETED	Miriam Rosales	Miriam Rosales - 4/26/2024: ^Goal^ - Complete measure specs, best practice updates to educate providers.	Corp version does not account for CA nuances.	Continue
10620	CHWs for HRA completion	CARE COORDINATION & MEMBER ENGAGEMENT- Identify dual eligible members to target for H3561 and verify they have a qualifying condition to meet need of using CHW benefit.	HRA - Special Needs Plan (SNP) Care Management	11/18/2024	12/31/2024	COMPLETED	Miriam Rosales	Miriam Rosales - 12/18/2023: CHWs conduct telephonic outreach to DSNP members to complete their HRAs -----Miriam Rosales - 12/10/2024: Initiated discussions and coordination with CHW org (Partners in Care/PIC) and Mark L. and Centene Corp POC for Bloom HC to count for HRA care gap closure. Will continue and finalize in MY 25.	SS IT dept to coordinate with CHW vendor's IT department to receive Flat File.	Continue
10015	CHPIV: IHA Low Performing Providers	CARE COORDINATION & MEMBER ENGAGEMENT- Utilize PPP reports, Cozeva, and Alfresco to identify low performing providers per county, work w/PE team to develop best practices.	CC - Care Coordination	1/1/2024	12/31/2024	COMPLETED	Miriam Rosales	Anabel Jayme - 2/13/2024: 2/13: Data collection in progress-----Miriam Rosales - 1/16/2025: Closed 2024 and rolled over 2025.	Identifying selecting providers and communicating individual provider's barriers.	Continue
10017	CHPIV: IHA Quarterly Reporting	CARE COORDINATION AND MEMBER ENGAGEMENT- Provide quarterly updates to report on IHA rates and status to stakeholder commitee members.	CC - Care Coordination	1/1/2024	12/31/2024	COMPLETED	Linda Armbruster	Anabel Jayme - 9/15/2024: 9/15: Q4 reporting on track for 10/24/2024.-----Anabel Jayme - 8/14/2024: 8/14: Q3 report submitted on 7/26. On track for Q4 reporting.-----Anabel Jayme - 7/16/2024: 7/16: Q3 report to be submitted on 7/26.-----Anabel Jayme - 3/11/2024: 3/11: Data collection in progress-----Linda Armbruster - 10/14/2024: 10/14: Q2 2024 data received on 10/11. Report on track for completion. -----Miriam Rosales - 1/16/2025: Closed 2024. Rolled over to 2025.	Data gaps	Continue
10537	Direct Mail Kits for Blood Glucose (HbAc/A1c) - HN - All	Chronic Conditions - A direct to member mail campaign to support members that may be due for an A1c (A1c kit). Quality Improvement (QI) is partnering with the vendor, Everlywell, to directly mail A1c Kits (to support an A1c home test).	CDC - Diabetes HbA1c < 8	1/1/2024	12/31/2024	DELAYED	Martha Zuniga	Martha A. Zuniga - 7/2/2024: Leveraging Corporate contract for CA Medicaid (Medi-Cal). Decision was made to pursue PPA contract. Obtained C&L, and Privacy approvals of member letters and email communication.-----Martha A. Zuniga - 12/2/2024: Everlywell contracting is in progress. -----Gigi A. Mathew - 1/15/2025: Did not have vendor stood up in 2024 for in-home A1c kit mailings to Medi-Cal members due to shifting contractual timelines and requirements. DHCS approval received early December - moving forward with collateral submission and PPA execution.	Member may have moved; member does not return test kit.	Discontinue
10159	Direct Mail Kits for Blood Glucose (HbAc/A1c) - CHPIV	Chronic Conditions - A direct to member mail campaign to support members that may be due for an A1c (A1c kit). Quality Improvement (QI) is partnering with the vendor, Harmony Cares, to directly mail A1c Kits (to support an A1c home test).	CDC - Diabetes HbA1c < 8	1/1/2024	12/31/2024	DELAYED	Martha Zuniga	Martha A. Zuniga - 7/2/2024: Decision was made to contract with the Corporate vendor Everlywell for in-home kits. Everlywell contracting is in progress. -----Martha A. Zuniga - 12/20/2024: Did not have vendor stood up in 2024 for in-home A1c kit mailings to Medi-Cal members due to shifting contractual timelines and requirements. DHCS approval received in early December - moving forward with collateral submission and PPA execution.	Member may have moved; member does not return test kit.	Discontinue
10655	Blood Pressure Reach Initiative	CHRONIC CONDITIONS - Blood Pressure Disparities Reduction, Equity, and Access among safety net patients with Cardiovascular Health Risk is a NIH-fund initiative led by Dr. Amy Towfighi, Director of Neurology for LA County DHS and Associate Medical Director for Research at LA General Hospital, and Dr. Alejandra Casillas, Internal Medicine Faculty and RWJ Scholar from UCLA.	CBP - Controlling Blood Pressure	4/1/2024	12/31/2024	CANCELLED	LA County DHS/UCLA - external study	Gigi A. Mathew - 9/9/2024: Met with BP researchers on 7/1 outlining next steps regarding plan's involvement. Identified potentially 850 members for study. Several requests made to researchers for BP flyer or any other detailed information to draft member letter. Researchers have been non-responsive. Tarjani sent email request on 9/6 asking for additional details.-----Gigi A. Mathew - 5/24/2024: The focus of the study is blood pressure (BP) control of patients with stroke or MI, who are enrolled into the randomized controlled trail for one year - currently recruiting members from health plans and FQHCs serving LA County. There is no cost for Health Net to participate –we need to provide a MOU and list of eligible participants meeting study criteria. Met with Legal on 5/6 and told member lists can not be shared directly with researchers, and suggested mailing a letter to eligible members informing of them of the study. On 5/24 reviewed the eligible member list --identified missing systolic BP and PCP info; meeting with Dr. Towfighi team pending.-----Gigi A. Mathew - 1/15/2025: CANCELLED - Decision made not to proceed forward due to researchers' non-responsiveness to multiple outreaches by QI and Population Health team.	N/A	Discontinue
10587	CBP Provider Call	CHRONIC CONDITIONS - Calls will be made to provider office, asking about member's blood pressure. During the process, our quality advocate will ask provider to either fax over CBP record or to encourage them schedule appointment to get the member in For a BP reading.	CBP - Controlling Blood Pressure	7/30/2024	12/31/2024	COMPLETED	Gigi A. Mathew	Tianheng Liu - 1/10/2025: A database was built to host all provider outreach data. HEDIS reps called provider office asking for Member's BP records to be faxed back. Medical records were uploaded to Cozeva to close the care gaps.	N/A	Continue

Work Plan ID	Intervention Name	Intervention Description	Measures	Planned Start Date	End Date	Status	Department Owner	Mid-Year and Year-End Updates	Activity Barriers	Activity Changes
9872	Diabetes Prevention Program (DPP) Vendor Onboarding	CHRONIC CONDITIONS - Diabetes Preventative Program for members with Pre-Diabetes.	CDC - Diabetes HbA1c poor control > 9	4/1/2024	4/30/2025	DELAYED	Arzoo Mojadedi	Arzoo Mojadedi - 9/16/2024: 9.16.24 (AM)- CHPIV on track to go to DHCS for review in early October. There has been a delay in timeline. -----Arzoo Mojadedi - 8/14/2024: 7.15.24 (AM)- CHPIV on track to go to DHCS for review mid-September.-----Arzoo Mojadedi - 8/14/2024: 6.24.24 (AM)- CHPIV on track to go to DHCS for review mid-September.-----Arzoo Mojadedi - 11.14.24 (AM)- Submitted branded materials and all DPP member materials to Kathleen Lang for CHPIV compliance review on 11.1.24. 1.15.25 (AM)- CHPIV compliance to submit for DHCS approval. Emailed Kathleen Lang for update. She will be back next week.	DPP contract will need approval from CA DHCS compliance.	Continue
10508	In Home Test Kits -A1c	CHRONIC CONDITIONS - Non-compliant members receive in-home A1c kits from vendor; collaborate with PPGs/PCPs to encourage members to return completed kits.	CDC - Diabetes HbA1c poor control > 9	1/1/2024	12/31/2024	COMPLETED	Paul Nigels	Gigi A. Mathew - 6/15/2024: Everly Health member collateral undergoing approvals. C&L approved between 4/4/24 -4/11/24; submitted to Workfront. Privacy approved. SMS messaging privacy approval pending.-----Gigi A. Mathew - 1/15/2025: All Everly Health member collateral approved for Medi-Cal.	N/A	Discontinue
10513	Abbott Diabetes Care Pilot	CHRONIC CONDITIONS - Pilot initially targets Medi-Cal providers whose members have uncontrolled A1c. The pilot includes educational outreach to providers, onboarding to LibreView platform,and integrate CGM data into the EHR.	CDC - Comprehensive Diabetes Care,CDC - Diabetes HbA1c poor control > 9	1/1/2024	12/31/2024	COMPLETED	Gigi Mathew	Gigi A. Mathew - 6/17/2024: Renewal of NDA (extending term) signed and filed on 6/6/24. Provider Education Webinars scheduled as follows: April 15th – Introduction to Continuous Glucose Monitoring Technology; April 23rd – Freestyle Libre 2&3 Overview ; May 3rd – Libreview; May 7th – Patient and Health Care Resources. Due to low turnout for live webinars, planning to have recorded webinars available. Currently, engaged with PE team to promote LibreView sign-ups to targeted providers. Also, working to get contracts set up for Abbott Diabetes and Health Net to allow for member list exchanges. -----Martha A. Zuniga - 1/6/2025: DUA signed and finalized on 12/30/24.	Delays on NDA approval; low turnout for live webinars.	Continue
10281	Update Diabetes Resources Webpage	CHRONIC CONDITIONS - Project to update Diabetes Resources Webpage.	CDC - Comprehensive Diabetes Care	2/1/2024	2/28/2025	DELAYED	Arzoo Mojadedi	12/30/2024 (AM)- CHPIV requesting a branded PDF of webpage to initiate transfer of webpage to CHPIV webpage. 10.14.24 (AM)- CHPIV to receive mock-up of website once it's developed. Workfront request in progress. 1.15.25 (AM) Meeting set-up with Shekinah and Kathleen Lang to discuss next steps.	Some Krames materials don't meet readability although they are on DHCS approved materials list.	Continue
10594	Provider Email Alert -CBP	CHRONIC CONDITIONS - Provider e-mail alert to promote OTC benefit, SMBP and best practices.	CBP - Controlling Blood Pressure	6/3/2024	7/31/2024	COMPLETED	Gigi Mathew	Gigi A. Mathew - 6/14/2024: Attach approved CBP provider tipsheet to email alert -----Gigi A. Mathew - 1/15/2025: PSA alert on CBP sent by PNM/PM team on 12/2/24 encouraging providers to submit last BP reading for 2024 and access to provider CBP tipsheet on HEDIS resource webpage.	N/A	Continue
10498	Provider Email Alert -CBP	CHRONIC CONDITIONS - Provider e-mail alert to promote OTC benefit, SMBP and best practices.	CBP - Controlling Blood Pressure	6/3/2024	7/31/2024	COMPLETED	Gigi Mathew	Gigi A. Mathew - 6/14/2024: Attach approved CBP provider tipsheet to email alert -----Gigi A. Mathew - 1/15/2025: PSA alert on CBP sent by PNM/PM team on 12/2/24 encouraging providers to submit last BP reading for 2024 and access to provider CBP tipsheet on HEDIS resource webpage.	N/A	Continue
10402	CHW Initiative Data Request for HBD and CBP members (PearSuite)	CHRONIC CONDITIONS - Submitting a QIRA data request for Community Health Worker (CHW) intervention with PearSuite.	CBP - Controlling Blood Pressure,CDC - Diabetes BP < 140/90,CDC - Diabetes HbA1c poor control > 9,CDC - Comprehensive Diabetes Care,CDC - Diabetes HbA1c < 8	4/30/2024	10/7/2024	COMPLETED	Brittany Head	A total of 967 MCL members were identified for outreach. The CBP and A1c intervention yielded 23 CBP readings, of which 15 were compliant. Additionally, 19 members were identified for recent A1c testing for chart chase. To date, the outreach for MCAL members also included CHPIV members.	N/A	Discontinue
10356	BP Monitor Cuff Benefit	CHRONIC CONDITIONS- Create a PPT that will help providers and PPGs navigate where members can obtain the blood pressure cuff as a member benefit.	CBP - Controlling Blood Pressure	2/1/2024	10/30/2024	COMPLETED	Brittany Head	1-pager was created instead of PPT. Document was reviewed by benefits team. Waiting final approval communication for usage in 2025.	N/A	Continue
10423	GSD Tip Sheet- (Glycemic Status Assessment for Patients with Diabetes)	CHRONIC CONDITIONS- Creating Glycemic Status Assessment for Patients with Diabetes.	CDC - Diabetes HbA1c < 8,CDC - Diabetes HbA1c poor control > 9,CDC - Diabetes – Blood Sugar Controlled (<=9)	2/28/2024	4/25/2024	COMPLETED	Stacey Noonan	Stacey Noonan - 5/17/2024: Prior measure CDC is currently referred to as GSD (Glycemic Status Assessment for Patients with Diabetes). Posted to the HEDIS resource page on the Provider Portal.	none	Continue
10590	CBP Member Portal Websites	CHRONIC CONDITIONS --Update CBP member portal webpages across LOBs.	CBP - Controlling Blood Pressure	7/31/2024	8/31/2024	COMPLETED	Gigi Mathew	Gigi A. Mathew - 7/31/2024: Review CBP webpage content; make modifications.	N/A	Discontinue
10438	BPD Tip Sheet- Blood Pressure Control for Patients with Diabetes	CHRONIC CONDITIONS- Updating BPD Tip Sheet (Pressure Control for Patients with Diabetes).	CDC - Diabetes HbA1c < 8,CDC - Diabetes HbA1c poor control > 9,CDC - Diabetes – Blood Sugar Controlled (<=9)	2/28/2024	4/25/2024	COMPLETED	Stacey Noonan	Stacey Noonan - 5/18/2024: Prior measure CDC is currently referred to as BPD (Blood Pressure Control for Patients with Diabetes). Posted to the HEDIS resource page on the Provider Portal.	none	Continue
10427	CBP Tip Sheet- Controlling High Blood Pressure	CHRONIC CONDITIONS- Updating CBP Tip Sheet (Controlling High Blood Pressure).	CBP - Controlling Blood Pressure	2/28/2024	5/1/2024	COMPLETED	Stacey Noonan	Stacey Noonan - 5/17/2024: Tip Sheet was edited and reviewed. Posted to the HEDIS resource page on the Provider Portal.	none	Continue
10432	EED Tip Sheet- Eye Exam for Patients with Diabetes	CHRONIC CONDITIONS- Updating Diabetes- EED Tip sheet for providers (Eye Exam for Patients with Diabetes).		2/28/2024	4/25/2024	COMPLETED	Stacey Noonan	Stacey Noonan - 5/17/2024: Prior measure CDC is currently referred to as GSD (EED- Eye Exam for Patients with Diabetes). Posted to the HEDIS resource page on the Provider Portal.	none	Continue

Work Plan ID	Intervention Name	Intervention Description	Measures	Planned Start Date	End Date	Status	Department Owner	Mid-Year and Year-End Updates	Activity Barriers	Activity Changes
10064	KED Tip Sheet	CHRONIC CONDITIONS- Updating Diabetes- KED Tip sheet for providers.	KED - Kidney Health Evaluation for Patients With Diabetes	1/11/2024	3/31/2024	COMPLETED	Brittany Head	Brittany Head - 5/7/2024: Tip sheet completed Executive review and was posted 4/19 on provider portal. -----Brittany Head - 4/9/2024: Draft was sent to Quality SME for review-----Brittany Head - 4/12/2024: Gave approval on the final drafts from Provider Communications –next step is that it will go out for Executive review.-----Brittany Head - 2/5/2024: Draft was completed and sent to PMIII for review.	none	Continue
10401	Sprinter Health Medi-Cal Member Outreach	Chronic Conditions: In-home Diabetic Retinal Exams (DRE) for eligible members. Results will be sent to member's PCP.	CDC - Diabetes HbA1c poor control > 9	8/1/2024	2/28/2025	DELAYED	Arzoo Mojadedi	1/15/2025: (AM) CHPIV to seek DHCS approval after HN receives approval.	Ensuring that the Medi-Cal member documents meets the CA DHCS requirements.	Continue
10457	Digital Health Education Resources to Support Patients	HEALTH EDUCATION/WELLNESS - Create a PowerPoint (PPT) presentation resource designed to promote Krames and nationally credible health education resources that providers can effectively share with their patients. This PPT will encompass a broad spectrum of health-related topics, which also includes addressing topics that support various measures.	AMR - Asthma Med Ratio Total 5 to 64,CBP - Controlling Blood Pressure,CDC - Comprehensive Diabetes Care,SUPD - Statin Use in Persons with Diabetes (SUPD),MAH - Medication Adherence for Hypertension (RAS antagonists),MAD - Medication Adherence for Diabetes Medications,MAC - Medication Adherence for Cholesterol,PBH - Persistence of Belta-Blocker Treatment after a Heart Attack,POD - Pharmacotherapy for Opioid Use Disorder,IMPH - Improving or Maintaining Physical Health,MPA - Monitoring Physical Activity,RRF - Reducing the Risk of Falling,MUI_OA - Improving Bladder Control,OMW - Osteoporosis Management in Women who had a Fracture	4/15/2024	11/30/2024	COMPLETED	Brittany Head	Brittany Head - 9/10/2024: Survey was sent to 1,134 clinical offices between 8/20-9/4/24. Providers responses were received from all LOBs & product lines. Positive responses were given about PowerPoint presentation. Full report will be analyzed later September.-----Brittany Head - 8/13/2024: Survey completed. Questions also include information to support PEDs POD QMIP deliverable. Survey will be sent to providers all global providers. Distribution of survey to providers is set for mid/end of August.-----Brittany Head - 7/12/2024: Creating a survey to support continuous monitoring and improvement for PPT resource.-----Brittany Head - 6/4/2024: April: Created PPT with QR codes and added URL for various Health Education topics. Additional topic: ○ Teen Health.-----Brittany Head - 6/4/2024: May: PPT was shared with PMIIIs and PE team for Provider distribution. PPT is on Quality Provider Engagement Collaborate Site.-----Brittany Head - 11/11/2024: No updates.	n/a	Continue
10415	Member Incentive Process	Health Education/Wellness - Maintaining the process to accept new requests for member incentives, annual updates for accrued requests, end of program evaluation when member incentive projects have ended.	WCV - Child and Adolescent Well-Care Visits (previously W34 and AWC),CIS - Childhood Immunization Combo 10,IMA - IMA - Adolescent Immunizations Combo 2,LSC - Lead Screening in Children,W30 - Well Child Visits in the First 30 Months of Life (previously W15),W15 - Well Child Mth Six or more well child visits,AMR - Asthma Med Ratio Total 5 to 64,CBP - Controlling Blood Pressure,CDC - Diabetes HbA1c poor control > 9,CHL - Chlamydia Testing,PPC - Prenatal and Postpartum Care,BCS - Breast Cancer Screening,CCS - Cervical Cancer Screen - Pap Test	1/1/2024	12/31/2024	COMPLETED	Rahma Abdillah	Rahma Abdillah - 5/16/2024: The previous DPP Member Incentive has been officially closed by DHCS on 4/25/2024.	Ensuring DHCS Member Incentives compliance regulations are followed within Health Net, CVH, and CHPIV.	Continue
9753	Annual Member Newsletter-Medi-Cal (CHPIV)	HEALTH EDUCATION/WELLNESS The newsletter meets the Medi-Cal guideline that requires specific member communication to be mailed to members' homes. The member newsletter is also a mode of communication for NCQA, Health Equity and Regulatory articles. Promotion of wellness programs and quality improvement interventions.	CAHPS - Access to Care	10/25/2023	10/31/2024	COMPLETED	Brittany Head	Brittany Head - 9/10/2024: Newsletters (English & Spanish) were posted to CHPIV member website. CCC communication set for distribution on 9/16/24-----Brittany Head - 8/13/2024: Received AIR response 7/16. Resubmission to CHPIV completed 7/18. Newsletter approved by DHCS. Translations completed.-----Brittany Head - 7/12/2024: Newsletter is still in DHCS review. Contacted CHPIV liaison and no communications have been received by DHCS. -----Brittany Head - 6/16/2024: No updates.-----Brittany Head - 5/8/2024: All internal reviews have been completed. Was sent to CHPIV compliance for DHCS for review submission.-----Brittany Head - 4/12/2024: Newsletter was reviewed by CHPIV SME. Submission for internal review has begun.-----Brittany Head - 3/8/2024: Content development stage completed. Project is in design phase.-----Brittany Head - 2/5/2024: Added weight management information as small blurb. Pending FindHelp article for CHPIV (Timeline of site being rebranded is pending. (article is "high risk" per standard. There was a small delay with connecting with POCs for CHPIV, thus 2 tasks are still in progress. Created PPT kick-off meeting with CHPIV. -----Brittany Head - 12/18/2023: Newsletter has been sent to CHPIV for draft review.-----Brittany Head - 10/7/2024: Newsletter distribution completed on 9/30 --- reached 33,789 unique households.	N/A	Continue
10076	Hospital outreach about C-section overuse and maternal health issues	OVERUSE/HOSPITAL QUALITY: Outreach to hospitals about C-section overuse, standards/expectations, and opportunities to improve. Includes focus on maternal health equity.	STATE - State Money Measures(s) (no $ tied)	1/1/2024	12/31/2024	COMPLETED	Barb Wentworth	Barbara A. Wentworth - 7/15/2024: 6/14/2024: Letter distributed to maternity hospital (Pioneers) on C-section rate expectations and 5 steps to achieving them. Included details on new implicit racial bias training that meets CA state law requirements for perinatal care staff.	N/A	Continue

Work Plan ID	Intervention Name	Intervention Description	Measures	Planned Start Date	End Date	Status	Department Owner	Mid-Year and Year-End Updates	Activity Barriers	Activity Changes
10075	Hospital outreach about patient safety	OVERUSE/HOSPITAL QUALITY: Outreach to hospitals about patient safety metrics, standards/expectations, and opportunities to improve. Focus on metrics and reports including hospital acquired infections, sepsis management, the Patient Safety Honor Roll, and the Opioid Care Honor Roll.	STATE - State Money Measures(s) (no $ tied)	1/1/2024	12/31/2024	COMPLETED	Barb Wentworth	Barbara A. Wentworth - 8/15/2024: Obtained permission to promote HSAG QI tools on priority metrics to HN network hospitals.-----Barbara A. Wentworth - 6/14/2024: Coordinated with Leapfrog SVP of Health Care Ratings on upcoming changes to Leapfrog Safety Grade methodology, in order to include language in upcoming outreach.-----Barbara A. Wentworth - 12/14/2024: Provider Update sent to hospitals on patient safety priorities, including HAIs, Sepsis Care, Leapfrog Hospital Safety Grade and survey participation, and Cal Healthcare Compare Honor Rolls.	Needed to adjust source for QI tools from Convergence Health to HSAG; and to sepsis care information given that Cal Hospital Compare canceled their launch of a Sepsis Care Honor Roll planned for 2024.	Continue
10074	Health Net poor performing hospital outreach	OVERUSE/HOSPITAL QUALITY: Outreach to hospitals identified as Health Net's poorest performers based on weak performance on multiple priority metrics.	STATE - State Money Measures(s) (no $ tied)	1/1/2024	12/31/2024	COMPLETED	Barb Wentworth	Barbara A. Wentworth - 9/15/2024: Obtained update from Pioneers on performance status for priority metrics, improvement on HAIs, and QI activities to raise performance on Leapfrog Safety Grade and HCAHPS (pt. experience).. -----Barbara A. Wentworth - 8/15/2024: Obtained response from one hospital (El Centro). The other hospital (Pioneers) is between Quality Directors and has committed to addressing our request once the new Quality Director has started.-----Barbara A. Wentworth - 7/15/2024: Follow-up being conducted with both hospitals via collaboration with Provider Engagement to obtain update on status of current performance. Requests for updates directed to hospital with detailed questions about the current status of low performing metrics and the QI efforts in place to address raise their performance. Hospital responses pending.-----Barbara A. Wentworth - 2/19/2024: Quality performance of El Centro Regional Medical Center and Pioneers Memorial Hospital assessed. Follow-up planned with both hospitals.-----Barbara A. Wentworth - 12/14/2024: El Centro identified as among the poorest performing hospitals in end-of-year 2024 assessment. ----- Barbara A. Wentworth - 10/15/2024: Preparation for 2024 poor performer assessments.	Poor Performing hospitals often difficult to engage compared to higher performers.	Continue
10077	Hospital Quality Scorecard program	OVERUSE/HOSPITAL QUALITY: Track and produce internally-developed Hospital Quality Scorecard for use by quality and contracting staff. Features individual hospital performance on priority metrics in areas including patient safety, maternal health, patient experience, readmissions, and overall CMS rating.	STATE - State Money Measures(s) (no $ tied)	1/1/2024	12/31/2024	COMPLETED	Barb Wentworth	Barbara A. Wentworth - 9/15/2024: Working with QIRA to finalize CMS data report to populate Scorecard updates.-----Barbara A. Wentworth - 8/15/2024: Obtained CMS Scorecard data from QIRA.-----Barbara A. Wentworth - 6/14/2024: Requested update for CMS-reported Scorecard metrics from QI data team. Results pending.-----Barbara A. Wentworth - 6/14/2024: Providing/referencing Scorecards to poor performing hospital contacts as context for inquiries about current performance on priority metrics.-----Barbara A. Wentworth - 2/19/2024: Hospital Quality Scorecards updated and published to Sharepoint. Hospital name/address details document updated.-----Barbara A. Wentworth - 12/14/2024: Completed Scorecard data updates to facilitate full network hospital analysis.-----Barbara A. Wentworth - 10/15/2024: Obtained final data for CMS data sources from QIRA for Scorecard updates.	Health Net continued to assess other sources given the administrative lift the Scorecards require, but has opted to continue to produce this product given the readability and focus on priority metrics.	Continue
10678	CIS Provider Call	PEDIATRIC/PERINATAL/DENTAL - Calls will be made to provider office, asking about member's immunization status. During the process, our quality advocate will ask provider to either fax over immunization record or to encourage them schedule appointment to get the immunizations done.	CIS - Childhood Immunization Status	7/30/2024	11/4/2024	COMPLETED	Juli Coulthurst	Tianheng Liu - 12/30/2024: HEDIS reps called provider office asking for member's immunization records. When available, they will upload them to cozeva for care gap closure.	N/A	Continue
10617	Health Disparity PIP W30-6+ Measure	PEDIATRIC/PERINATAL/DENTAL - Community Health Plan of Imperial County PIP.	W30 - Well Child Visits in the First 30 Months of Life (previously W15)	6/1/2024	12/31/2024	COMPLETED	Meena Dhonchak	Meena Dhonchak - 9/12/2024: PIP Steps 1-6 have been submitted to HSAG on 9/11/2024----- Meena Dhonchak - 9/12/2024: Completed the annual PIP submission for Steps 1-6 on 9/11/2024 to HSAG.-----Meena Dhonchak - 8/19/2024: Draft of PIP Steps 1-6 in progress. Due for internal review 8/22/2024-----Meena Dhonchak - 12/17/2024: Draft process map for Dr. Kapoor's Office workflow for IWC visits-----Meena Dhonchak - 11/18/2024: Received 100% validation score on the PIP submission-----Meena Dhonchak - 10/14/2024: Awaiting DHCS feedback regarding the PIP submission for PIP steps 1-6.	N/A	Continue
10119	CHPIV Family Unit HEDIS/MultiGap Outreach Calls	PEDIATRIC/PERINATAL/DENTAL - HEDIS team outreach to anchor members and all household members with care gaps.	WCV - Child and Adolescent Well-Care Visits (previously W34 and AWC)	5/20/2024	12/20/2024	COMPLETED	Juli Coulthurst	-----Juli B. Coulthurst - 12/12/2024: As of 12/9/2024 - 3604 CHPIV members reached for WCV (7-13 years of age) with a 21.23% reach rate.-----Arpitha Banaji - 1/14/2025: Project will continue in 2025 - CHPIV workplan ID 10825.Arpitha Banaji - 9/16/2024: CHPIV Family Unit Calls began on 8/27/2024. Imperial County anchor measure WCV (7-13) attempted rate was 72.40% and reach rate was 14.44% for calls made through 9/13.	N/A	Continue
10690	Lead Analyzer	PEDIATRIC/PERINATAL/DENTAL - Lead Analyzer Initiative.	LSC - Lead Screening in Children	10/14/2024	12/31/2024	COMPLETED	Juli B. Coulthurst	Linda Armbruster - 10/14/2024: 10019 deleted in error. HN 20 lead analyzers approved.	Anticipatory guidance for LSC.	Continue
10748	Lead Blood Analyzer	Pediatric/Perinatal/Dental - Lead Analyzer Initiative.	LSC - Lead Screening in Children	12/5/2024	12/5/2024	COMPLETED	Juli Coulthurst	Linda Armbruster - 12/5/2024: CHPIV Analyzers approved YTD are "0".	N/A	Continue

Work Plan ID	Intervention Name	Intervention Description	Measures	Planned Start Date	End Date	Status	Department Owner	Mid-Year and Year-End Updates	Activity Barriers	Activity Changes
10087	Pfizer Missed Dose IVR	PEDIATRIC/PERINATAL/DENTAL - Missed Dose Program - sends IVR phone messages to parents of children at ages 6 months, 8 months, and 16 months to remind them they may have missed a vaccine shot.	CIS - Childhood Immunization Combo 10	2/1/2024	12/31/2024	COMPLETED	Guille Toland	Guille V. Toland - 12/12/2024: Corporate approved the new contract with Pfizer. DHCS already approved these campaigns for HNCS and CHPIV. Campaigns for COMM/MKT were also approved. Next steps are to get the Compliance Intake approved by Jamie Babby's team and check with Corp (Kelly Burton) that they can pull the CA data on their own.	Not getting the approvals needed to launch programs in a reasonable timeframe.	Continue
10010	LSC Quarterly Reporting	PEDIATRIC/PERINATAL/DENTAL - Quarterly UM/QI LSC reporting.	LSC - Lead Screening in Children	1/1/2024	12/31/2024	COMPLETED	Linda Armbruster	Anabel Jayme - 9/15/2024: 9/15: Q4 reporting on track for 10/24/2024.-----Anabel Jayme - 8/14/2024: 8/14: Q3 report submitted on 7/26. On track for Q4 reporting.-----Anabel Jayme - 7/16/2024: 7/16: Q3 report to be submitted on 7/26.-----Anabel Jayme - 5/13/2024: 5/13: Data collection in progress. On track for Q3 submission -----Anabel Jayme - 3/11/2024: 3/11: Data collection in progress-----Anabel Jayme - 2/13/2024: 2/13: Data collection in progress.	Identifying data gaps.	Continue
10127	Peds+ POD Action Plan Reviews	PEDIATRIC/PERINATAL/DENTAL - Review all Pediatric/Perinatal/Dental Action Plans in the Provider Engagement Database and provide feedback to improve action plans.	CIS - Childhood Immunization Combo 10,IMA - IMA - Adolescent Immunizations Combo 2,LSC - Lead Screening in Children,PPC - PPC - Postpartum Visit,PPC - PPC - Prenatal Visit (Timeliness),W30 - Well Child Visits in the First 30 Months of Life (previously W15),WCV - Child and Adolescent Well-Care Visits (previously W34 and AWC)	1/8/2024	12/31/2024	DELAYED	Juli Coulthurst	Juli B. Coulthurst - 6/17/2024: Action Planning on Hold.	N/A	Discontinue
10085	CIS-10 and W30-6+ Data Reconciliation and Outreach	PEDIATRIC/PERINATAL/DENTAL - The intent of this activity is to do data reconciliation by calling the member and/or provider, or checking in accessible EMRs.	CIS - Childhood Immunization Combo 10,W30 - Well Child Visits in the First 30 Months of Life (previously W15)	6/3/2024	12/31/2024	DELAYED	Guille Toland	Guille V. Toland - 7/23/2024: ACTIVITY ABANDONED: This activity was cancelled due to poor outcomes from a very similar project conducted early this year. -----Guille V. Toland - 7/12/2024: ACTIVITY ABANDONED: It was decided not to include CHPIV in this project to focus in other priority counties/regions.-----Guille V. Toland - 12/19/2023: Need to submit a QIRA request for 2024.	None at this moment.	Discontinue
10124	Pediatric/Perinatal/Dental - MY2024 HEDIS Tip Sheet Development	PEDIATRIC/PERINATAL/DENTAL - Update and rebrand any pediatric, perinatal or dental HEDIS provider tip sheets as needed per MY2024 technical specifications.	CIS - Childhood Immunization Combo 10,LSC - Lead Screening in Children,PPC - PPC - Postpartum Visit,PPC - PPC - Prenatal Visit (Timeliness),W30 - Well Child Visits in the First 30 Months of Life (previously W15),WCV - Child and Adolescent Well-Care Visits (previously W34 and AWC).	1/24/2024	12/31/2024	COMPLETED	Arpitha Banaji	Arpitha Banaji - 1/16/2025: Peds tip sheet updates will continue for MY2025 - CHPIV workplan ID 11019. Tip sheets revised/completed in 2025: PPC-pre, PPC-post, Cultural considerations for perinatal care, DEV, TFL. All posted on website.	N/A	Continue
10518	Confirmation of Pregnancy Forms	Pediatric/PERINATAL/DENTAL - Using Confirmation of Pregnancy Forms targeting PCPs to complete required information for a positive HEDIS hit for PPC-timely prenatal care.	PPC - PPC - Prenatal Visit (Timeliness)	5/28/2024	12/31/2024	COMPLETED	Juli Coulthurst	Juli B. Coulthurst - 6/17/2024: Provider Engagment trained on Confirmation of Pregnancy form on 5/28/2024. No forms received as of 6/17/2024.-----Juli B. Coulthurst - 12/14/2024: 0 Confirmation of Pregnancy Forms received from Imperial County.	Prenatal Care out of timeframe.	Continue
10089	Pfizer 1st Birthday IVR	PEDIATRIC/PERINATAL/DENTAL - Well Visit Program - sends IVR phone messages to parents of children who are 10 months old to remind them of the importance of their upcoming 1-year checkup.	CIS - Childhood Immunization Combo 10	2/1/2024	12/31/2024	DELAYED	Guille Toland	Guille V. Toland - 12/12/2024: Corporate approved the new contract with Pfizer. DHCS already approved these campaigns for HNCS and CHPIV. Campaigns for COMM/MKT were also approved. Next steps are to get the Compliance Intake approved by Jamie Babby's team and check with Corp (Kelly Burton) that they can pull the CA data on their own.	Not getting the approvals needed.	Continue
10133	Postpartum Outreach to Inpatient MCAL members after delivery.	PEDIATRIC/PERINATAL/DENTAL -Population Health new inpatient Transition of Care Team reaches out to members still in the hospital after delivery to schedule a postpartum visit, the first infant well care visit after discharge and enroll in the First Year of Life Program.	W30 - Well Child Visits in the First 30 Months of Life (previously W15),PPC - PPC - Postpartum Visit	4/7/2023	12/31/2024	COMPLETED	Gigi Park	Gigi Park - External - 8/14/2024: Reports are capturing the data for Weekly PP WCV Report and Pop Health PP WCV Report. Completed Postpartum call transition to Carrie-Lee Patnaude's Care Management Team.-----Juli B. Coulthurst - 6/17/2024: Reports are not capturing the data we need to report after the transition to the TOC team. QI to submit a report change request in June 2024.-----Juli B. Coulthurst - 3/11/2024: Postpartum Outreach calls transitioned from Michelle Estrada's Team to Carrie-Lee Patnaude's transition of care managers. The reporting is not currently functioning with the team transition. A new postpartum assessment is being tested in TruCare and should launch by end of March 2024. New reporting will have to be built by Pop Health Team using TruCare.	N/A	Continue
10179	Pediatric Well Care Data Reconciliation Process with HEDIS Team and Provider Facing Teams	PEDIATRIC/PERINATAL/DENTAL- QI is partnering with the HEDIS Team, PE and MA to develop a process to triage providers to data reconciliation to the HEDIS Team, PE or MAs or QI through the HEDIS outreach team for W30-15, W30-30 and WCV.	W30 - Well Child Visits in the First 30 Months of Life (previously W15),WCV - Child and Adolescent Well-Care Visits (previously W34 and AWC)	2/15/2024	12/31/2024	COMPLETED	Juli Coulthurst	Juli B. Coulthurst - 6/17/2024: Data reconciliation process with providers to finish in June 2024. 897 providers outreached. 285 (32%) opted-in. 6 providers submitting reconciled visits data. -----Juli B. Coulthurst - 6/17/2024: Statewide results in notes below. Waiting on Provider/County breakdowns.	Data Gaps identified for W30-15 and WCV.	Continue

Work Plan ID	Intervention Name	Intervention Description	Measures	Planned Start Date	End Date	Status	Department Owner	Mid-Year and Year-End Updates	Activity Barriers	Activity Changes
10096	Update Newborn Checklist	PEDIATRIC/PERINATAL/DENTAL- Update Infant Well Care Affinity Group Newborn Checklist in collaboration with HPSJ after hospital gateway newborn enrollment process is launched.	W15 - Well Child Mth Six or more well child visits	1/1/2024	12/31/2024	COMPLETED	Meena Dhonchak	Meena Dhonchak - 12/17/2024: Finalize the NC with QR code. Distribution and printing options for GVHC, CMC, Stan HSA, and SJHC. Meena Dhonchak - 11/18/2024: Reviewed the latest Newborn Gateway updates from DHCS. Next step is to create the NC under Canva and finalize document-----Meena Dhonchak - 10/14/2024: Working with HPSJ to update Newborn Checklist. NC has been revised with the feedback provided from the clinics. Drafted talking points. Meena Dhonchak - 9/12/2024: Working with HPSJ to update Newborn Checklist. NC has been updated and sent to CMC, Stan HSA, and SJHC for feedback. -----Meena Dhonchak - 7/15/2024: Gateway Newborn enrollment launched July 1, 2024. Newborn Checklist will be updated by Q3/Q4.-----Juli B. Coulthurst - 6/17/2024: Gateway Newborn enrollment launches July 1, 2024. Newborn Checklist will be updated starting in July 2024. Meena Dhonchak - 3/15/2024: Update Infant Well-Care Affinity Group Newborn Checklist in collaboration with HPSJ after DHCS Newborn Hospital Gateway Enrollment Process is launched in July 2024.	N/A	Continue
10109	Provider Engagement and CPM Training on Pediatric MCAS measures for MY 2024	PEDIATRIC/PERINATAL/DENTAL: Pediatric - QI PM to train Provider Engagement and Clinical Program Managers on MY2024 Pediatric MCAS measures and an outreach providers can do in Q1 2024 using MY2023 Cozeva data, before the MY2024 caregap data is available.	CIS - Childhood Immunization Combo 10,LSC - Lead Screening in Children,W30 - Well Child Visits in the First 30 Months of Life (previously W15),WCV - Child and Adolescent Well-Care Visits (previously W34 and AWC),ADV - Annual Dental All members	2/27/2024	2/27/2024	COMPLETED	Juli Coulthurst	Juli B. Coulthurst - 3/11/2024: Completed training of PE and CPMs for all pediatric measures for MCAL, MKT, and COMM. Reviewed each measure definition, best practices. Reviewed current strategies and how to build action plans for each measure based on the barriers identified by the provider.-----Juli B. Coulthurst - 1/24/2024:	Lack of documentation of outreach activities for providers doing the outreach in action plans.	Continue
10112	Perinatal Care training for Provider Engagement and Clinical Program Managers	PEDIATRIC/PERINATAL/DENTAL-Perinatal - QI PM will train Provider Engagement and CPMs on Perinatal Care MY2024 HEDIS measures and best practices that providers can implement.	PPC - Prenatal and Postpartum Care	4/9/2024	4/9/2024	COMPLETED	Juli Coulthurst	Juli B. Coulthurst - 6/17/2024: Trained Provider Engagement and CPMs on Perinatal Measures on 4/9/2024. Included best practices and specific strategies.	N/A	Continue
10099	DHCS Medi-Cal Child Health Sprint Collaborative	PEDIATRICS/PERINATAL/DENTAL - DHCS and Institute for Healthcare Improvement (IHI) Well Care.	WCV - Child and Adolescent Well-Care Visits (previously W34 and AWC)	3/21/2024	12/31/2024	COMPLETED	Naomi Lam	Completed all 2024 interventions (1-4) and submitted all deliverables. This project is ongoing and will continue until March 2025. 2025 workplan #: 10979.	N/A	Continue
10104	CHPIV Confirmation of Pregnancy in Cozeva	PEDIATRICS/PERINATAL/DENTAL - Work with the Cozeva team to set up a feature/function for PCP users to indicate member's early pregnancy.	PPC - PPC - Prenatal Visit (Timeliness)	11/1/2024	12/31/2024	COMPLETED	Juli Coulthurst	Juli B. Coulthurst - 6/17/2024: Confirmation of Pregnancy Buildout in Cozeva deprioritized and will not be completed in 2024. Using Confirmation of Pregnancy Faxed forms in 2024.----- Naomi H. Lam - 5/10/2024: Pending until Q4 2024-----Arpitha Banaji - 3/21/2024: Forwarded most recent f/u email communication to Amy W for escalation.-----Naomi H. Lam - 3/12/2024: F/u with Steven on 2/29; haven't heard back yet. Will need to get senior management involved.-----Naomi H. Lam - 2/22/2024: PEDIATRICS/PERINATAL/DENTAL Reached out to Steven Myers on 2/14 to continue the conversation. Haven't got a response yet.-----Arpitha Banaji - 1/14/2025: Project is ongoing and will continue in 2025 - CHPIV workplan ID 11007.	N/A	Continue
10585	Pharmacy - Use of Opioids At High Dosage for MCal CHPIV	PHARMACY & RELATED MEASURES - Develop Provider tip sheet on members 18+ yrs old who have received prescription opioids at high dosage (average morphine milligram equivalent dose [MME] ≥90) for ≥15 days during the measurement year.	HDO - Use of Opioids at High Dosage	2/1/2024	6/11/2024	COMPLETED	Alicia Bednar	Developed draft for HDO Tip Sheet and added to Project Plan. The draft was reviewed by Tsan and Taline prior to sending a final version to Provider Comms. The tip sheet was routed to Akorbi for remediation and finally went live on the HN HEDIS page on 6/11/24.	N/A	Discontinue
10176	PPG/PCP Community Supports Asthma Remediation Campaign	PHARMACY & RELATED MEASURES - Increase awareness of the Asthma Remediation Services Program to Medi-Cal members with a focus on asthma denominator. Create email draft for PPG, PCP, and/or Community Supports Provider to use for outreach to members to inform them of the Asthma Remediation Project.	AMR - Asthma Med Ratio Total 5 to 64	1/1/2024	12/31/2024	COMPLETED	Justina Felix, Alicia Bednar	Created email content to increase awareness of the Asthma Remediation Services Program to Medi-Cal members. The email content is intended for PPG, PCP, and/or Community Supports Provider to use for outreach to members to inform them of the Asthma Remediation Services. Content was submitted for internal approval and received approval from C&L, Compliance, and was submitted to DHCS for approval. On 10/15/24, received DHCS AIR, and on 10/21/24 responded to DHCS's questions and resubmitted for approval.	None at the moment.	Discontinue
9917	Community Support Asthma Remediation Provider Update	PHARMACY & RELATED MEASURES - Increase awareness of the Community Support Asthma Remediation Services program to Medi-Cal Providers.	AMR - Asthma Med Ratio Total 5 to 64	1/1/2024	9/27/2024	COMPLETED	Justina Felix	Created content to highlight and bring attention to Asthma Remediation Services for the 2024 Provider Update. The update included Asthma Remediation eligibility criteria, highlighted formoterol-inhaled corticosteroid combination, included CalAIM Asthma Remediation Services link and access path to the Asthma Provider Update. The Update was made available via the Provider Library on 9/27/24.	None at this moment.	Continue

Work Plan ID	Intervention Name	Intervention Description	Measures	Planned Start Date	End Date	Status	Department Owner	Mid-Year and Year-End Updates	Activity Barriers	Activity Changes
10653	AMR Provider Alert - CHPIV	PHARMACY & RELATED MEASURES - Information on the Asthma Remediation Program and how to refer members.	AMR - Asthma Med Ratio Total 5 to 64	9/4/2024	9/30/2024	COMPLETED	Alicia Bednar	Finalized email message and sent Provider Services Email Alert request to Mel. 9/11/2024: Received confirmation that the Provider Services Email Alert was distributed.	None	Discontinue
9919	AMR Provider Flyer - CHPIV	PHARMACY & RELATED MEASURES - Information on the Asthma Remediation Program and how to refer members.	AMR - Asthma Med Ratio Total 5 to 64	11/10/2023	8/16/2024	COMPLETED	Alicia Bednar	Developed draft for AMR Provider flyer and submitted to Alicia Bednar for review. Once approved, sent the final version to Provider Comms. Made additional edits to the flyer and submitted back to Provider Comms on 6/13/24. Received the final remediated version on 8/16/24. The flyer is ready for distribution.	None	Continue
10037	Multi-Gap Family Unit (MCL) Live Call Outreach	PHARMACY & RELATED MEASURES - Live calls via HEDIS team CSR's addressing barriers to accessing care for CHPIV Medi-cal members with multiple gaps. Call will occur between the health plan representatives and the member (includes inbound and outbound calls). The intention of this call is to inform the member of the importance of having preventive care visits / screenings. Callers offer members home tests that would be sent directly to member's home. During a call callers would inform about additional services, offer other resources as appropriate, and remind members about the myStrength tool. The call will also help to assess patient's access to medical care and underlying social determinants of health for possible referral to case management.	WCV - Child and Adolescent Well-Care Visits (previously W34 and AWC),BCS - Breast Cancer Screening,W30 - Well Child Visits in the First 30 Months of Life (previously W15),IMA - IMA - Adolescent Immunizations Combo 2,LSC - Lead Screening in Children,CBP - Controlling Blood Pressure,CCS - Cervical Cancer Screen - Pap Test,W15 - Well Child Mth Six or more well child visits,CIS - Childhood Immunization Combo 10	5/6/2024	12/13/2024	COMPLETED	Alicia Bednar	Planning meetings being held to discus Script updates, priority calendars, and reporting. Script revisions submitted to DHCS. Calls started in August for Imperial county. About 17K+ members targeted for call for the year. 22% reach rate achieved.	n/a	Continue
10013	Kick it California Smoking Cessation Newsletter	PHARMACY & RELATED MEASURES - Promote Kick It California (KIC), a smoking cessation program to members.	CAHPS - Adult-Smoking Advice,AMR - Asthma Med Ratio Total 5 to 64	1/22/2024	9/30/2024	COMPLETED	Justina Felix	Article available online (within newsletter) for members to download. Member mailing distribution completed on 9/30/24 reaching 33,789 unique households.	N/A	Continue
10613	Provider Services Email Alert: AMR Provider Tip Sheet	PHARMACY & RELATED MEASURES - Provider Services Email Alert to provide more exposure to the AMR Provider Tip Sheet.	AMR - Asthma Med Ratio Total 5 to 64	7/25/2024	8/13/2024	COMPLETED	Alicia Bednar/Justina Felix	On 8/13/24, Provider Services Email Alerts regarding the AMR Tip Sheet were disseminated to Provider Relations teams for their support in distributing to physicians and PPGs. The content included a high level summary regarding the AMR HEDIS Tip Sheet. The Email Alert was sent to 79 Provider Relations team members, which included Program Managers, Clinical Program Managers, Senior Provider Engagement Specialist and directors, and many more.	N/A	Discontinue
10167	POD Provider Tip Sheet	PHARMACY & RELATED MEASURES - Provider Tip Sheet for the Measure POD (Pharmacotherapy for Opioid Use Disorder).	POD - Pharmacotherapy for Opioid Use Disorder	2/2/2024	4/22/2024	COMPLETED	Tianheng Liu	Draft created in March, submitted to provider workfront in April; After remediation, tip sheet was posted to Provider HEDIS site, and provider email alert was sent out in May.	N/A	Discontinue
10559	AMR Provider Update	PHARMACY & RELATED MEASURES - Provider Update to increase knowledge of asthma care gaps, with a focus on medication adherence and proper use of asthma medications.	AMR - Asthma Med Ratio Total 5 to 64	6/3/2024	9/27/2024	COMPLETED	QI/Health Ed	2024 Asthma Provider Update was developed and made available via the Provider Library on 9/27/24 to Commercial and Medi-Cal (HN, CVH, and CHPIV) LOB. The update included resources to help patients reduce and control asthma symptoms, including highlighting formoterol-inhaled corticosteroid combination for acute exacerbations. Helpful resources on Asthma Remediation services, smoking cessation program, Krames online-patient education library and digital resources were also included in the update.	N/A	Discontinue
10534	AMR Provider Tip Sheet	PHARMACY & RELATED MEASURES - updated AMR tip sheet to educate providers on Asthma Medication Ratio HEDIS measure.	AMR - Asthma Med Ratio Total 5 to 64	5/1/2024	7/25/2024	COMPLETED	Alicia Bednar/Justina Felix	2024 AMR Provider Tip Sheet was updated to highlight several new best practices including formoterol-inhaled corticosteroid combination for acute exacerbations, Asthma Remediation services for Medi-Cal LOB only, tobacco cessation resources and much more. The Tip Sheet was remediated and went live online on 7/25/24.	N/A	Discontinue
10389	PBH Provider Tip sheet	PHARMACY & RELATED MEASURES- Created provider tip sheet to reflect 2024 HEDIS specs.	PBH - Persistence of Belta-Blocker Treatment after a Heart Attack	4/26/2024	6/30/2024	COMPLETED	Brittany Head	In April & May, a tip sheet was created for CHPIV, mirroring the PBH tip sheets for other Medi-Cal LOB. It was reviewed to ensure the exclusions and required exclusions sections were combined per the 2024 HEDIS specifications. In June, The PBH tip sheet completed its executive review with no additional changes or feedback required. The first proof was reviewed by the POD lead, and minor changes, such as correcting medication listed in error and format edits, were made. The PBH tip sheets 24-518 to 24-522 are now live on the HN HEDIS page under Provider Quality Resources > Chronic Disease Management.	N/A	Discontinue

Work Plan ID	Intervention Name	Intervention Description	Measures	Planned Start Date	End Date	Status	Department Owner	Mid-Year and Year-End Updates	Activity Barriers	Activity Changes
10696	Cozeva gap call status upload	Pharmacy and Related Measures - Loading care gap campaign calls into Cozeva.	CDC - Diabetes HbA1c < 8,BCS - Breast Cancer Screening,CBP - Controlling Blood Pressure,COL - Colorectal Cancer Screening,LSC - Lead Screening in Children,WCV - Child and Adolescent Well-Care Visits (previously W34 and AWC),W30 - Well Child Visits in the First 30 Months of Life (previously W15),CIS - Childhood Immunization Combo 10,IMA - IMA - Adolescent Immunizations Combo 2,CCS - Cervical Cancer Screen - Pap Test	5/23/2024	12/31/2024	COMPLETED	Alicia Bednar	1st upload completed week of 9/3/24. Identified susquent issues and alerted the Cozeva team. Unable to do additional load until 2025. Will schedule a meeting with Steven M. and Indu G. to discuss the template and next upload for MY25.	sFTP submission access, Cozeva team responsiveness.	Continue
11001	CCS - Tip Sheet	PREVENTATIVE CARE - develop CCS tip sheet, branded for CHPIV, to educate provider on the breast cancer screening HEDIS measure.	CCS - Cervical Cancer Screen - Pap Test	3/15/2024	8/16/2024	COMPLETED	Ravneet Gill	Elisa H. Stomski - 8/5/2024: The new CCS self-test was added to the CCS Tip Sheet 'Best Practices' section after consultation with our HEDIS team on coding and NCQA status.	NA	Continue
11003	CHL - Tip Sheet	PREVENTATIVE CARE - develop CHL tip sheet, branded for CHPIV, to educate provider on the breast cancer screening HEDIS measure.	CHL - Chlamydia Testing	3/15/2024	8/16/2024	COMPLETED	Ravneet Gill	Elisa H. Stomski - 8/5/2024: CalViva recommended an edit to the CHL Tip Sheet. Health Net included the edit and final versions of the CalViva, CHPIV and HN Tip Sheet for CHL was finalized 8-5-24.	NA	Continue
10701	PPG Outreach for CHL, CCS, BCS Gap Closure	PREVENTATIVE CARE - Explore opportunities for PPG member outreach supported by EDGE funding. Targeted counties being identified. The outreach may include Stanislaus, Region 2 and/or CHPIV, based on data review in July 2024.	CCS - Cervical Cancer Screen - Pap Test,BCS - Breast Cancer Screening,CHL - Chlamydia Testing - Total	8/8/2024	12/31/2024	COMPLETED	Elisa Stomski	Elisa H. Stomski - Outreach was initiated in Q3-2024. Four meetings/conversations to date, two in collaboration with Elevation Health Partners during standing meetings with ECRMC and Intercare. Gap in Care lists are currently being shared with providers. Stated barrier is MA's are not consistently recording sexual history.	None at this time.	Continue
10699	Alinea Mobile Mammography	PREVENTATIVE CARE - Host mobile mammography events in collaboration with Alinea.	BCS - Breast Cancer Screening	1/30/2024	12/31/2024	COMPLETED	Ravneet Gill	Elisa H. Stomski - In October 2024, Alinea completed 3rd Party Risk Review--Claunesha Jones - 7/16/2024: 45 Mobile Mammo Events Scheduled 408 Members Scheduled 352 care gaps closed ---Claunesha Jones - 12/6/2024: We are working with the QIRA team to obtain a comprehensive member list for this year. The goal is to extra member ID numbers to ensure an accurate count for each line of business. -----Claunesha Jones - 11/1/2024: 68 events scheduled 668 members scheduled and 577 BCS care gaps closed. Pending October, November, and December. -----Claunesha Jones - 11/1/2024: No events scheduled for CHPIV-IMPERIAL at this time.	Challenges getting all 3rd Party Risk Review documents returned from Vendor.	Continue
10543	CHPIV Fluvention Campaign	PREVENTATIVE CARE - Multi-channel campaign deployed by Corporate in conjunction with CHPIV for flu prevention. Includes emails, IVR on-hold messages, web page/messaging, PSAs, and POM calls.	CAHPS - Annual Flu Vaccine	1/1/2024	12/31/2024	COMPLETED	Taline Jaghasspanian	Matthew H. Anderson - 7/8/2024: The fluvention emails to CHPIV members will be deployed by Health Net, not the Corporate team in 2024.	None	Continue
10363	Clinic HEDIS Quality Improvement Program (C-HIP)	QUALITY EDGE/TRAINING/PROVIDER COMMUNICATION - assess and incentivize PCPs (or PPGs) effort to improve quality of care. Additional measures not listed include: BCS-E, CCS, PPC-Pre, PPC-Pst,CIS-10, DEV, IMA-2, LSC, PPC, TFL-CH, W30-6+, W30-2+, WCV, CBP, COL, HBD. For MY 2024, there is a REL Cohort component a bonus incentive for Child and Adolescent Well-Care Visits (WCV) for providers who close WCV care gaps for Black and White eligible members to receive payment of $25(extra).	BCS - Breast Cancer Screening,CCS - Cervical Cancer Screen - Pap Test,CIS - Childhood Immunization Combo 10,IMA - IMA - Adolescent Immunizations Combo 2,LSC - Lead Screening in Children,W15 - Well Child Mth Six or more well child visits,W30 - Well Child Visits in the First 30 Months of Life (previously W15),WCV - Child and Adolescent Well-Care Visits (previously W34 and AWC),CBP - Controlling Blood Pressure,COL - Colorectal Cancer Screening,PPC - Prenatal and Postpartum Care	1/2/2024	12/31/2024	Completed	Linda Armbruster	Gigi Park - External - 8/2/2024: Evaluation of Quality EDGE Incentive for PPG(s) is in progress. Please refer to 'Intervention Description' for the complete list of HEDIS Measures, thank you.---Amy M. Wittig - 8/14/2024: removed reference to health net and changed owner to Linda----Gigi Park - External - 4/15/2024: Please refer to 'Intervention Description' for the complete list of HEDIS Measures, thank you.	Lack of medical office staff; Limited provider appointment availability; Insufficient/outdated member's personal information to reach for the visit; Disinterested/refusal of the medical services; Provider meeting the HIP Eligible Requirement.	Continue
10360	HEDIS Improvement Program (HIP)	QUALITY EDGE/TRAINING/PROVIDER COMMUNICATION - assesses and incentivize PCPs (or PPGs) effort to improve quality of care. Additional measures not listed include: BCS-E, CCS, PPC-Pre, PPC-Pst,CIS-10, DEV, IMA-2, LSC, PPC, TFL-CH, W30-6+, W30-2+, WCV, CBP, COL, HBD. For MY 2024, there is a REL Cohort component a bonus incentive for Child and Adolescent Well-Care Visits (WCV) for providers who close WCV care gaps for Black and White eligible members to receive payment of $25(extra).	BCS - Breast Cancer Screening,CCS - Cervical Cancer Screen - Pap Test,CIS - Childhood Immunization Combo 10,IMA - IMA - Adolescent Immunizations Combo 2,LSC - Lead Screening in Children,W15 - Well Child Mth Six or more well child visits,W30 - Well Child Visits in the First 30 Months of Life (previously W15),WCV - Child and Adolescent Well-Care Visits (previously W34 and AWC),CBP - Controlling Blood Pressure,COL - Colorectal Cancer Screening	1/2/2024	12/31/2024	Completed	Linda Armbruster	Gigi Park - External - 8/2/2024: Evaluation of Quality EDGE Incentive for PPG(s) is in progress. Please refer to 'Intervention Description' for the complete list of HEDIS Measures, thank you.---Amy M. Wittig - 8/14/2024: removed reference to health net and changed owner to Linda----Gigi Park - External - 4/15/2024: Please refer to 'Intervention Description' for the complete list of HEDIS Measures, thank you.	Lack of medical office staff; Limited provider appointment availability; Insufficient/outdated member's personal information to reach for the visit; Disinterested/refusal of the medical services; Provider meeting the HIP Eligible Requirement.	Continue

Work Plan ID	Intervention Name	Intervention Description	Measures	Planned Start Date	End Date	Status	Department Owner	Mid-Year and Year-End Updates	Activity Barriers	Activity Changes
10366	HEDIS Quality Improvement Program (HQIP)	QUALITY EDGE/TRAINING/PROVIDER COMMUNICATION - ssess and incentivize PCPs (or PPGs) effort to improve quality of care. Additional measures not listed include: BCS-E, CCS, PPC-Pre, PPC-Pst,CIS-10, DEV, IMA-2, LSC, PPC, TFL-CH, W30-6+, W30-2+, WCV, CBP, COL, HBD. For MY 2024, there is a REL Cohort component a bonus incentive for Child and Adolescent Well-Care Visits (WCV) for providers who close WCV care gaps for Black and White eligible members to receive payment of $25(extra).	BCS - Breast Cancer Screening,CCS - Cervical Cancer Screen - Pap Test,CIS - Childhood Immunization Combo 10,IMA - IMA - Adolescent Immunizations Combo 2,LSC - Lead Screening in Children,PPC - PPC - Postpartum Visit,PPC - PPC - Prenatal Visit (Timeliness),W15 - Well Child Mth Six or more well child visits,W30 - Well Child Visits in the First 30 Months of Life (previously W15),WCV - Child and Adolescent Well-Care Visits (previously W34 and AWC),CBP - Controlling Blood Pressure	1/2/2024	12/31/2024	Completed	Linda Armbruster	Gigi Park - External - 8/2/2024: Evaluation of Quality EDGE Incentive for PPG(s) is in progress. Please refer to 'Intervention Description' for the complete list of HEDIS Measures, thank you.---Amy M. Wittig - 8/14/2024: removed reference to health net and changed owner to Linda---Gigi Park - External - 4/15/2024: Please refer to 'Intervention Description' for the complete list of HEDIS Measures, thank you.	Lack of medical office staff; Limited provider appointment availability; Insufficient/outdated member's personal information to reach for the visit; Disinterested/refusal of the medical services; Provider meeting the HIP Eligible Requirement.	Continue

Quality Improvement (QI)/ Health Education (HEd) Program Annual Evaluation 2024

Quality Improvement /Health Education Program Annual Evaluation 2024

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Section 1: Summary of Overall Effectiveness of QI/HEd Program

Community Health Plan of Imperial Valley ("CHPIV") annually assesses the overall effectiveness of its Quality Improvement/Health Education Program at improving network-wide clinical and service practices to improve health outcomes and reduce disparities. CHPIV has an Administrative Service Agreement with Health Net Community Solutions (HNCS) or Health Net to provide capitated provider, network, and administrative services. Health Net is a National Committee for Quality Assurance (NCQA) accredited health plan for its Medi-Cal product line for Health Plan (HPA), Health Equity (HEA) and Health Equity Plus Accreditation. As part of the California Advancing and Innovating Medi-Cal (CalAIM) strategy, CHPIV plans to be NCQA accredited by January 1, 2026 for HPA and HEA.

Health Net and CHPIV collaboratively and continually strive to incorporate a culture of quality across their organizations and conduct operations to improve service and satisfaction for CHPIV members. This philosophy also extends across the provider network to improve provider quality outcomes, as evidenced by the plan's activities to address Healthcare Effectiveness Data and Information Set (HEDIS®); provider access, availability, and satisfaction surveys; and Consumer Assessment of Healthcare Providers and Systems (CAHPS®) performance. The Quality Management (QM) Department is a centralized team with specialized knowledge of each population and collaborates with a dedicated analytics team.

Adequacy of QI/HEd Program Resources

In 2024, Health Net's Quality Management Department, led by a Vice President, remained a centralized, interdisciplinary team working to support members in a coordinated manner, resulting in focused efforts to improve HEDIS and CAHPS performance. Participating Provider Groups (PPGs) could access HEDIS report cards and performance reports (Cozeva analytics provider platform), highlighting their performance on key measures compared to national benchmarks, as well as care gap reports including member and practitioner-level information for PPGs to determine actionable approaches to close care gaps. The Quality Improvement department is comprised of multiple teams that address different focus areas and are adequate to address the needs of the entire program. Five departments comprised Quality Management, each with a separate leadership structure: 1) Quality Improvement and Health Education Department 2) Credentialing/Clinical Quality of Care/Potential Quality Issues/Facility Site Review; 3) Program Accreditation and CAHPS, 4) Health Equity, and 5) HEDIS. The Quality Improvement Analytics team supported data needs across all Quality Management teams and departments.

Quality Improvement Department

The CHPIV QIHEd Program was led by CHPIV's Chief Medical Director who worked in collaboration with the Health Net Quality Management Departments and teams to implement QIHEd programs and activities to address and improve quality of care and service, patient safety, and member and provider satisfaction. Quarterly meetings occurred between the CHPIV and the Health Net departments to provide high level updates from Quality Improvement/Health Education, Health Equity, Provider Engagement, and Medical Affairs teams to discuss any issues that may require follow up. Monthly meetings between quality improvement and CHPIV leadership address review of initiatives and monitor quality outcomes.

Quality Improvement Department and Health Education System

Four Directors led the Quality Improvement Department: A Senior Director of QI who oversaw the program accreditation, CAHPS, pharmacy, member engagement/care coordination teams; a QI Director for behavioral health and hospital quality; a QI Director over preventive health who also oversaw Health Education/Wellness teams; and a Medi-Cal QI Director for the children's, adolescent, dental, perinatal, and chronic conditions teams, and who supports the Health Education/Wellness team.

The Director leading the Commercial/Exchange QI and Wellness efforts had a team that consisted of three Senior Health Education Specialists; three Program Manager IIs; and one Health Educator. The Director collaborated with Program Manager IIIs along with cross-functional staff to develop robust initiatives and Health Education/Wellness programs.

Under the direction of the Medi-Cal QI Director, the Medi-Cal QI team consisted of a Senior QI Manager, two Program Manager IIIs, two Program Manager IIs, one Project Manager II, one Senior Quality Improvement Specialist, one Senior Health Education Specialist, two Quality Improvement Specialist IIs, and one Quality Improvement Specialist I. The Director and Senior QI Manager collaborated with team members and cross-functional partners to implement a comprehensive and streamlined approach to meeting compliance with the Department of Health Care Services (DHCS), NCQA, and Centers for Medicare & Medicaid Services (CMS).

The QI Director leading and overseeing behavioral health, hospital quality and patient safety had a team that consisted of two Program Manager IIIs; two Senior Quality Improvement Specialists; one Quality Improvement Specialist II; and one Quality Specialist. Initiatives were developed to ensure behavioral health, hospital quality and patient safety requirements were met.

The Program Manager IIIs drove long term strategy for their topical areas to address health education and quality outcomes improvement. To continue efficiency across the QI teams, programs and drivers (pods) were maintained and are responsible for leading each program and measuring strategy across all lines of business. A new Health Education pod was added in Q1 2024 for monitoring and oversight of all Health Education/Wellness programs.

Credentialing/Clinical Quality of Care/Potential Quality Issues/Facility Site Review Department

Credentialing/Clinical Quality of Care/Potential Quality Issues/Facility Site review was led by a QI Director of Clinical Services and included two Senior Managers of Peer Review/Adverse Actions and Credentialing, and a QI Manager of Clinical Grievance for PCPs for Medi-Cal.

The Facility Site Review (FSR) team collaborated with other Medi-Cal Managed Care plans throughout the state to maintain and refine a standardized system-wide process for conducting reviews of primary care physician facility sites, along with Medical Record Review (MRR) and Physical Accessibility Review Surveys (PARS). This process minimized duplication and supported consolidation of FSR surveys. The process incorporated evaluation criteria and standards in compliance with DHCS contractual requirements and was applicable to all Medi-Cal Managed Care plans. The FSR

department also conducted provider education, provider outreach, and other QI activities. The FSR QI Director provided regular updates of FSR, MRR, and PARS activity via reports to the Quality Improvement Committee. These evaluation reports identified overarching areas of noncompliance by sections and selected elements, reported at the regional level with year-over-year (YOY) comparison. This detailed analysis allowed for monitoring and identification of improvement opportunities. The FSR team collaborated with the Regional Medical Directors and Credentialing, Provider Network, Clinical Grievances, Health Education, Health Equity, and Provider Relations departments to implement process improvements.

Program Accreditation Team
The QI Senior Director led the Program Accreditation team. The Program Accreditation team included a Manager of Accreditation, two Compliance Specialists, and a Compliance Analyst. This team led activities to ensure ongoing organization-wide compliance with requirements of accrediting bodies for Health Plan Accreditation (HPA), Health Equity Accreditation (HEA), and external and internal audit readiness. At year end, in review of staff resources and support, the Quality department transitioned Quality EDGE to the Program Accreditation team. As a result, a Compliance Analyst and Compliance Specialist were promoted to Project Manager II positions, a Quality Improvement Specialist I was added to the team, and a Quality Program Specialist transferred from the Quality Medi-Cal team.

CAHPS Team
The QI Sr. Director also led the CAHPS team that included two Program Manager IIIs focused on implementing the CAHPS member experience survey. The team led improvement strategies, CAHPS training, and development of initiatives in partnership with operations and provider-facing teams.

Health Equity Team
The Health Equity team was unique in its cross-functional support structure. The Health Equity team had representation throughout the State and was staffed by a Vice President of Quality Management, a Manager of Health Equity, one Program Manager III, five Senior Health Equity Specialists, two Health Equity Specialists, and one supplemental staff position. There was a strong governance structure to oversee and provide support to cultural and linguistic/health equity services. The Health Equity team has a breadth of knowledge as it related to the integration of cultural and linguistic services within the health plan and across operational areas of cultural competency, health literacy, language assistance services, addressing health disparities and compliance. The Health Equity team analyzed, designed, and implemented strategies to support the reduction of health disparities and facilitate the Health Equity workgroups, which were responsible for developing and implementing an action plan to reduce health disparities in targeted HEDIS measures.

CHPIV adopted the Culturally and Linguistically Appropriate Services (CLAS) Standards. The CLAS standards represent 15 different standards that serve as the foundation for the development of the Health Equity Department strategic plans. To ensure that the plan was continually striving to be responsive to the membership, the Health Equity Team conducted data analysis and designed and implemented services to meet the needs of CHPIV members. Internally, the Health Equity Team surveyed new employees to determine staff diversity and cultural and linguistic, and supported and trained bilingual associates. In 2024, there were 216 certified bilingual staff members who supported the CHPIV service area. Externally, the Health Equity team conducted a

biennial Geo Access report, which used member zip code data and correlated it with member language preference. These data were further overloaded with provider network language capabilities and a gap analysis was conducted to target network expansion. The Human Resources Department and Diversity and Inclusion team were responsible for the overall coordination to ensure a diverse leadership and workforce.

HEDIS Department
A Senior Director of HEDIS Reporting and Business Analytics led the HEDIS department. There was one Director, two Senior Managers, two Managers, one Program Manager, three Medical Record Project Managers, three Supervisors, and three HEDIS Quality Improvement Project Managers, along with Medical Record Abstractors, Analysts and Customer Service Representatives that comprised the team. The HEDIS team was responsible for HEDIS measurement and reporting annual rates and outward-facing provider and member outreach to support supplemental data, EHR improvements, and care gap closure.

The HEDIS team also had a QI Director of Data Analysis. The Director oversaw the analytics team within the department and was responsible for ensuring the production of detailed reporting and analytics. The QI Research and Analysis (QIRA) team reported to the Director and was responsible for providing data and analytical support for QI projects. Additional staff were hired in 2024 resulting in a total of eight analysts (six Biostatistician I, one Biostatistician II, and one Sr. Contacts Center Operations Analyst) on the QIRA team. Additionally, there are three QAPMs who supported CHPIV. All QAPMs reported directly to the QI Director of Data Analysis.

Committee Structure

CHPIV's QIHEd Program was successfully supported by both the HNCS and CHPIV Quality Improvement/Health Equity Committees (QIHEC) which met four times each in 2024. The committees oversaw the QIHEd Program, provided feedback, decision support, and recommendations for the QIHEd Program throughout the year. These committees received regular reports of program key findings and initiatives. The QIHEC reported to the CHPIV Local Health Authority (LHA) Commission four times in 2024.

Plan subcommittees also successfully supported CHPIV's QIHEd Program, as demonstrated in the organizational chart (refer to Chart 1.1). Please refer to the 2024 Quality Improvement/Health Education Program Description for more information on the sub-committees.

The Credentialing and Peer-Review Subcommittees met four times each in 2024 and reported to both HNCS and CHPIV's QIHEC. The committees met to review performance data, evaluate quality of care and service delivered to enrollees by network providers and/or ensure network providers are trained, licensed, qualified, and meet criteria for participation with CHPIV.

The Access and Availability Governance Committee was changed in 2024 to the Network Access & Availability Governance (NAAG) Committee. The Committee provided strategic direction, guidance, and oversight of key Access and Availability functions. Committee meetings were held quarterly, and metrics reviewed include network adequacy, timely access, access grievances and access improvement initiatives. Reports reviewed include and are not limited to the following: network adequacy, long term support services, Nurse Advice Line triage and screening reports, behavioral health telecom metrics, potential quality issues, timely access

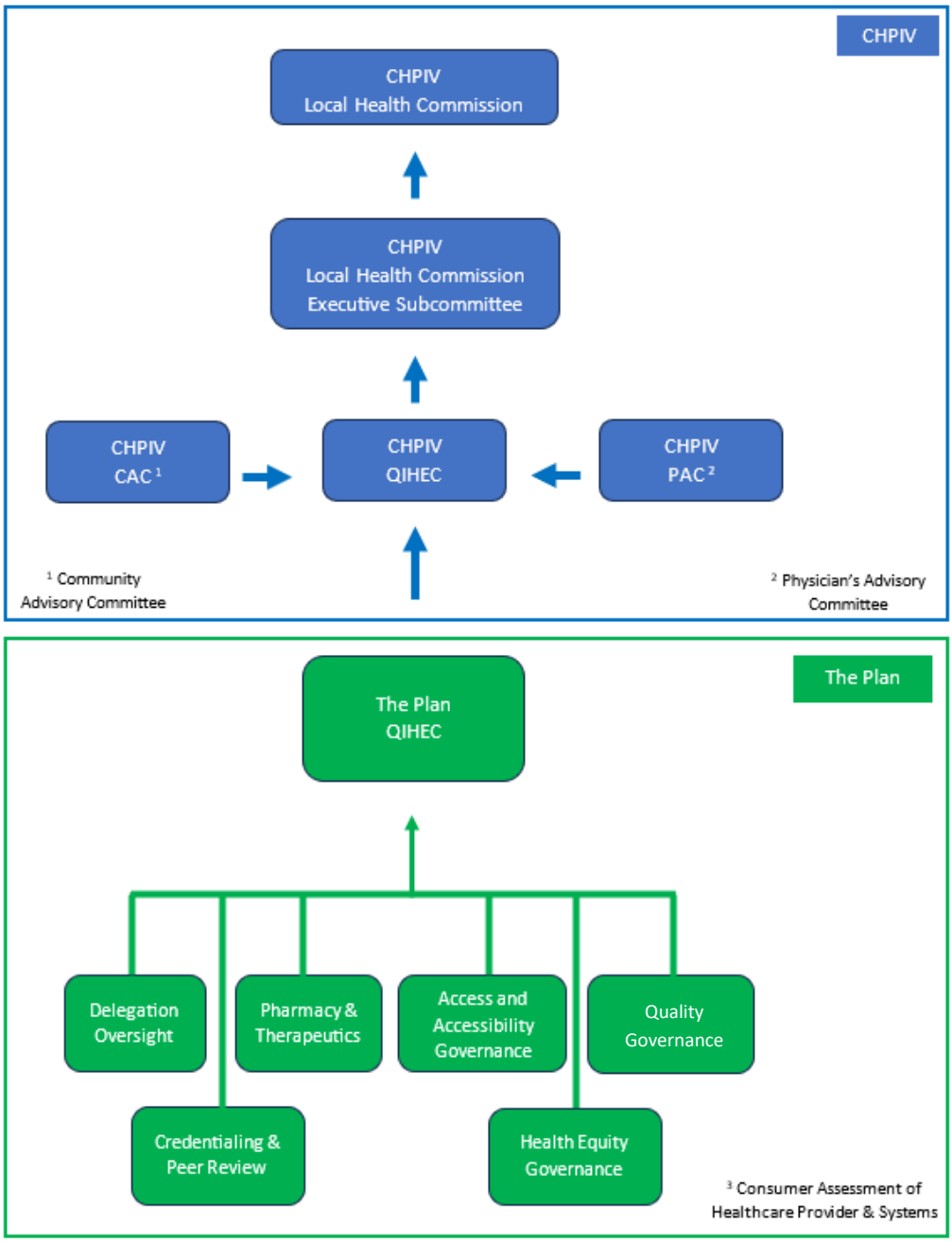
corrective action plans. The workgroup discussions include follow-up and action items.

Pharmacy and Therapeutics (P&T) Committee met twice in 2024. The P&T Committee monitored and discussed quality and utilization issues related to the pharmaceutical management for the medical benefit, such as prior authorizations and medical necessity criteria, review of complaints and appeals, and other activities that affect access.

The Quality Governance Committee met in 2024 to establish a company-wide vision and strategy for HEDIS and CAHPS improvement; inform stakeholders of performance; collaborate with operational leaders on needed improvements; communicate any compliance concerns and risks; and discuss best practices for interventions.

Please refer to the 2024 Quality Improvement and Health Education Program Description for more information on the sub-committees.

Chart 1.1. CHPIV's Quality Improvement/Health Equity Committee Organizational Chart



Practitioner Participation and Leadership Involvement in the QI/HEd Program

The committee structures for CHPIV ensured that external and internal physicians with various specialties participated in the planning, design, implementation, and review of the QIHEd Program. Three external practitioners were participants in the CHPIV QIHEC with specialties in geriatrics, internal medicine, nephrology, and pediatrics. Additionally, three external practitioners with specialties in obstetrics/gynecology, family medicine, psychiatry were participants in the Provider Advisory Committee. CHPIV's Chief Medical Officer chaired these CHPIV committees and invited external practitioners to participate. For both the Credentialing and Peer Review Sub-Committees, external practitioners also participated with specialties in Pediatrics, Podiatry,

Behavioral Health, Internal Medicine, Family Medicine, Obstetrics and Gynecology, and General Surgery.

Practitioner involvement in 2024 included: reviewing and approving the 2024 QIHEd Program Description, the 2024 QIHEd Work Plan and the QIHEd Mid-Year Work Plan Evaluation. Practitioners and CHPIV staff discussed performance progress towards goals for quality of care and service metrics, including HEDIS and CAHPS, and provided perspective on policies, programs, initiatives, and opportunities for improvement. Practitioners were also involved in performance improvement projects to address underperforming measures. In 2024, CHPIV worked with high volume, low performing providers, and clinics in Imperial County. CHPIV and Health Net established multidisciplinary improvement teams, including local providers and practitioners, that worked collaboratively to determine the current processes, identify potential barriers, and establish plans for improvement to address potential barriers with work plan projects and outcomes. This included projects on well-child visits and behavioral health.

Section 2: Goals and Quality Indicators

The Quality Improvement/Health Education 2024 Work Plan included seven categories. To determine CHPIV's success in achieving specified goals, the plan calculated the number and percentage of activities completed and objectives met per category (***Tables 2.1 and 2.2***) and outlined MY 2024 performance in the Appendix tables in Section 7.

Table 2.1 Activities Completed By Pod Category

Section	2024 Activities Completed
I. BEHAVIORAL HEALTH	83.33% (5/6)
II. CHRONIC CONDITIONS	78.57% (22/28)
II. HOSPITAL QUALITY/PATIENT SAFETY	100% (4/4)
IV. MEMBER ENGAGEMENT AND EXPERIENCE	100% (2/2)
V. PEDIATRIC/PERINATAL/DENTAL	85.71% (36/42)
VI. PHARMACY AND RELATED MEASURES	100% (10/10)
VII. PREVENTIVE HEALTH	100% (11/11)

Total	**87.38% (90/103)**

Table 2.2 Work Plan Objectives Met by Category

Section	2024 Objectives Completed
I. BEHAVIORAL HEALTH	Final reporting year (RY) rates are N/A until June 2025. Refer to Appendix tables in Section 7 for projected HEDIS outcomes.
II. CHRONIC CONDITIONS	
II. HOSPITAL QUALITY/PATIENT SAFETY	
IV. MEMBER ENGAGEMENT AND EXPERIENCE	
V. PEDIATRIC/PERINATAL/DENTAL	
VI. PHARMACY AND RELATED MEASURES	
VII. PREVENTIVE HEALTH	
Total	**N/A**

As shown in **Table 2.1**, 87.38% (90/103) of the total 2024 activities were completed as planned. CHPIV is a new plan in 2024. First year final HEDIS results will not be available until RY 2025 (June 2025).

Quality Goals

Quality goals followed regulatory and accreditation standards, which may change annually. **Table A.1** provided the HEDIS and CAHPS performance goals of the plan. These goals were the overall percentiles/health plan ratings that CHPIV strived to achieve. In contrast, the objectives provided were tied to how much of the goals were accomplished within the year, which could include meeting directional improvement (e.g., improved performance year-over-year, shown in **Appendix Table A.5 to Table A.13**).

For goal setting, rates must meet or exceed the Minimum Performance Level (MPL), 50th percentile benchmark, for Managed Care Accountability Set (MCAS) measures as set by DHCS, or the 75th percentile for all other measures. The Appendix in Section 7 detailed measure-level progress toward goals.

To meet or exceed the MPL, CHPIV, and its delegated entity Health Net, carried out numerous targeted programs to close care gaps. The team continued to prioritize interventions along the strategic tracks noted below. Critical interventions that address data and targeted analysis, member supportive and direct care services, provider engagement and compliance, all worked cohesively to support goal achievement.

In addition, the team collaborated with the Medical Affairs and Provider Engagement teams to continue to implement Quality EDGE (Evaluating Data to Generate Excellence). Quality EDGE is a systematic 5-step change management process that integrated quality improvement tools, focused measure sets and provider engagement strategic assessments to drive providers to rapid improvements in HEDIS outcomes (Refer to Chart 2.2). The mission of Quality EDGE is to outperform all market competitors on quality metrics by providing unparalleled consultative services, innovative programs and actionable reports while improving health equity. The team collaborated to identify the following goals for 2024:

1. Complete and deploy action plans for priority providers (specific targets in development).
2. Continually measure, evaluate, and improve processes to ensure efficacy of Quality EDGE and full engagement among the staff.
3. Improve results for “voice of the provider” (specific target in development).

Chart 2.1 2024 Quality Management Strategic Tracks

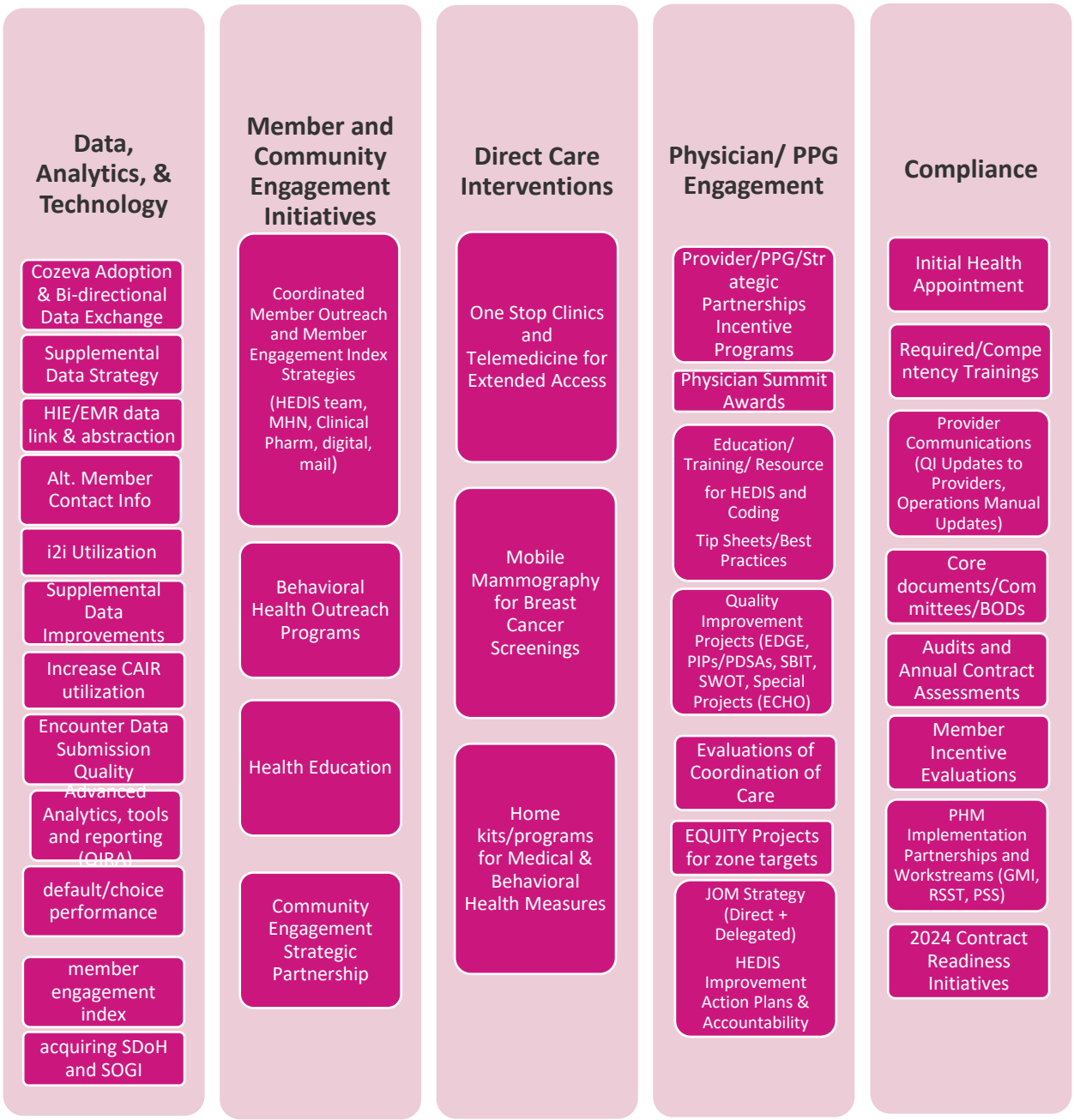
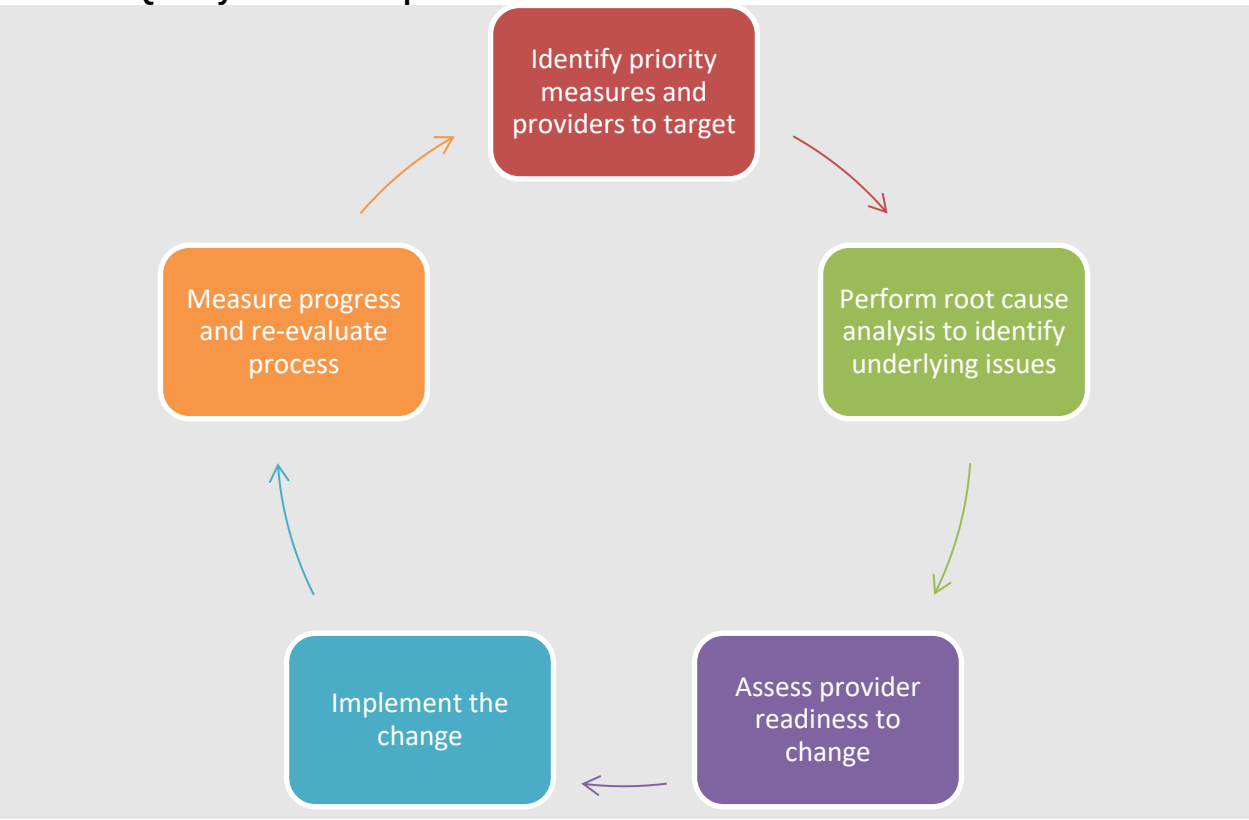


Chart 2.2 Quality EDGE 5 Step Process



Goals Met:

MCAS
CHPIV's MCAS goals are to meet the minimum performance level/National 50th Percentile benchmark for MY 2024. Final results will not be available until Reporting Year (RY) 2025 however 64% of measures are projected rates to meet that target.

Behavioral Health
The primary behavioral health focus for the Community Health Plan of Imperial Valley (CHPIV) was to achieve the National 50th percentile, for timely follow-up care within 30 days after an Emergency Department visit for a mental health or substance use issue, as evidenced by the two HEDIS metrics; FUM and FUA. Projected performance results appear split; the goal for MY 2024 for FUA30 was 36.34% and was tentatively surpassed by CHPIV at 36.62%. The FUM30 goal of 54.87% was not achieved in MY 2024 for CHPIV, with projected results project coming in at 41.21%. Focus on both the FUA30 and FUM30 metrics will continue throughout the next measurement year with ongoing Behavioral Health Care Manager member outreach calls. In addition, follow-up data will be sought and analyzed on members who engaged with interventions offered by Care Managers on those live member outreach calls.

Regulatory CAHPS Survey/Behavioral Health Member Experience Reports
No results to report. CAHPS survey will be fielded in 2025 for measurement year 2024. Behavioral Health member experience survey results will not be available until end of 2025.

Provider Access, Availability, Satisfaction Survey Measures
No results to report. Provider Surveys will be fielded in 2025 for measurement year 2024.

Barriers to achieving goals and objectives:

MCAS

- Not available until RY 2025.

Measure Barriers:

- *Breast Cancer Screening*
    - Provider education & awareness:
        - Lack of recommendation on updated guidelines by providers and radiology facilities.
        - Lack of provider awareness on coding pertinent to measure or overall updated recommendations.
    - Staffing and resource shortages at PCP offices or specialty clinics.
    - Lack of in-language outreach programs to address racial/ethnic disparities to care.
    - Member no-shows after scheduling the appointment.
    - Cultural barriers to completing care due to sensitive topic and service.

- *Cervical Cancer Screening*
    - Cultural barriers to completing care due to sensitive topic and service.
    - Member knowledge gap/awareness/education.
    - Inadequate member contact information.

- Lack of member and provider awareness regarding updated guidelines on in-clinic self-test options.

- *Childhood Immunization Status – Combination 10*
  - Lack of member understanding of the importance of immunizations.
  - The complicated and time-bound immunization schedule – immunizations completed out of timeframe.
  - Parent refusals for vaccines during office visits.
  - Lack of strong recommendations from providers for immunizations.
  - Missing one or both flu vaccines. Parent's viewing the flu vaccine as optional.
  - Missing Hep B vaccines from hospitals.
  - Members not completing the vaccine series after turning one year.

- *Developmental Screening in the First Three Years of Life* (DEV)
  - Incorrect modifiers used by providers billing for developmental screenings.

- *Immunizations for Adolescents – Combination 2* (IMA-2)
  - Missing HPV vaccines.
  - Member vaccine hesitancy for the HPV vaccine.
  - Providers not starting HPV vaccine series at age 9.

- *Lead Screening in Children* (LSC)
  - Providers not using approved DHCS CPT Code(s) for anticipatory guidance for Lead Blood Screening in Children.
  - Member engagement, due to invalid or outdated member contact data.
  - Member access to appointments with providers for well-child visits.

- *Topical Fluoride for Children* (TFL-C)
  - Primary care providers not applying fluoride varnish in medical offices.

- *Well-Child Visits in the First 30 Months of Life - 0 to 15 Months* (W30-15)
  - Parents did not understand the importance of infant well-care checkups, the periodicity schedule and what to expect in infant well-care checkups.
  - Lack of connection of pregnant members to pediatricians to get the parent established with the pediatrician so the parent knows when to bring in the newborn after discharge from the hospital.
  - Data gap of W30-6+ visits. Completed W30-6+ visits are not getting to the health plan primarily due to the lack of a link between the birthing parent and the newborn.
  - Lack of access to infant well-care visits. It could take weeks or months to get well-care appointments, putting the infant behind on visits according to periodicity schedule.
  - Lack of dedicated provider time to well-care visits.

- *Well-Child Visits in the First 30 Months of Life - 15 to 30 Months* (W30-30)
  - Members did not complete infant well-care after babies turn one year.
  - Parents were not able to bring children to well-care appointments during regular business hours.
  - Lack of access to well-care visits. It could take weeks or months to get well-care appointments.

- Lack of dedicated provider time to well-care visits.

- *Child and Adolescent Well-Care Visits* (WCV):
  - Lack of provider outreach to members to complete WCV.
  - Lack of member engagement with child and adolescent well-care.
  - Parents were unable to bring children to well-care appointments during regular business hours.
  - Lack of access to well-care visits. It could take weeks or months to get well-care appointments. Lack of dedicated provider time for well-care visits.

- *Controlling Blood Pressure* (CBP)
  - Poor medication adherence.
  - Lack of follow-up impacts effective blood pressure (BP) management by not attending scheduled appointments for monitoring and/or adjustments to prescribed medications.
  - Hesitation to take prescribed medications due to concerns about potential side effects or complications.
  - Knowledge gap on self-measured blood pressure monitoring (SMBP).
  - Inaccurate home blood pressure monitoring.
  - Unable to reach members due to outdated or inaccurate contact information.
  - Provider clinical inertia – may not adequately address uncontrolled blood pressure or provide timely feedback on treatment plans.

- *Comprehensive Diabetes Care – Poor Control > 9%*
  - Poor medication adherence.
  - Lack of follow-up or clear communication regarding treatment goals, medication use/adjustments, and lifestyle modifications.
  - Knowledge gap: some providers may not be updated on the latest diabetes management guidelines.
  - Unable to reach members due to outdated or inaccurate contact information.
  - Lack of regular monitoring of A1c levels to achieve optimal glycemic control.
  - Medi-Cal regulatory approval timelines impact availability of mass A1c kit mailing to targeted population.

<u>Behavioral Health</u>

- *Follow Up after an ED visit for a mental health issue*
  - Timeliness of provider notifications when their patient visits the ED for a mental health issue.
  - Difficulty alerting providers to which of their patients require outreach within specific time periods to close gaps.

- *Follow Up after an ED visit for a substance use issue*
  - Ongoing issues and differing opinions at both the facility and Plan levels, about data sharing restrictions and limitations when substance use disorder data is involved, especially as it relates to 42 Code of Federal Regulations (CFR) Part 2.
  - Timeliness of provider notification when their patient visits the ED for a behavioral health reason.
  - Difficulty alerting providers to which of their patients require outreach within specific time periods to close gaps.

Member Experience/CAHPS

- CHPIV did not conduct a CAHPS Survey in 2024.
- Any negative experience will stay with members regardless of the look-back period.
- Impacts of the COVID-19 pandemic is still being seen with members' access to care:
    - Members' making up for delayed care.
    - High staff turnover rates and limited bandwidth make it hard for clinics.
    - Limited appointment availability.
- Operational issues that impact member experience/CAHPS:
    - Prior authorization delays for care.
    - PCP and specialist referral delays.
    - Inappropriate bills and receipts of balanced billing.
- Attitude and service issues related to customer service.
- Complaints with the transportation vendor.

Provider Access and Availability Surveys

- N/A for RY 2024.

Section 3: Overall Effectiveness of QI Work Plan Initiatives

3.1. Behavioral Health

The goal for behavioral health MCAS metrics was to reach the National HMO 50th percentile Quality Compass benchmark. The goal for the Follow Up Within 30 days After an ED Visit for Mental Health Issues measure is 54.87%. Currently, CHPIV has a projected rate of 41.22% and is not meeting the National 50th percentile. The goal for the Follow Up Within 30 Days After an ED Visit for a Substance Use Issue measure is 36.34% and is projected at 36.63%. Performance for CHPIV may just surpass the National 50th percentile goal for FUA once rates are finalized.

In 2024, licensed clinicians used Admission/Discharge/Transfer (ADT) reports to initiate member outreach calls to close Follow-Up After Emergency Department Visit for Mental Illness (FUM) and Follow-Up After Emergency Department Visit for Substance Use (FUA) care gaps throughout 2024 using the supplemental data processes. For CHPIV, the reach rates for those outgoing calls were as follows:

- FUA: 44 out of 234 members were engaged by phone, for a reach rate of 18.8%, and
- FUM, 61 out of 215 members were engaged by phone for a reach rate of 28.4%.

FUA and FUM remain a focus for 2025 so member outreach campaign for CHPIV will be ongoing throughout 2025.

An ongoing barrier specific to achieving the FUA 30 metric goal was the suppression of substance use disorder data both internally and externally to comply with the 42 Code of Federal Regulations (CFR) Part 2 regulation. In January 2025, new guidance was pushed out easing the data sharing rules for substance use disorder in 2025 and beyond. The impacts of improved substance use data sharing are not yet known, but it is anticipated that CHPIV will see improvements overall in the FUA 30 rates. Another persistent FUA barrier is the substance use carve out structure in California, where specialty mental health services are obtained at the

county level. This forces the Plan to rely on county data sharing to get the completed HEDIS gap closure picture for CHPIV members with moderate to severe substance use issues.

Additional measures of focus in 2025 are two measures related to depression screening, Depression Remission or Response (DRR) and Depression Screening and Follow Up (DSF), however neither of those metrics is currently being held to the MCAS MPL. An ongoing current initiative for DSF, and for DRR downstream, in Imperial Valley, is leveraging digital tools like Teladoc Mental Health (Digital Program) that offers depression screenings to members who download the app. Data from those screenings are sent to the Plan for follow up by Plan care managers as needed, depending on the initial depression screening scores.

3.2. Chronic Conditions/Chronic Disease

The burden of chronic disease can be reduced by focusing on strategies in primary prevention, early detection and interventions, and disease management. Implementing evidence-based approaches to prevent chronic disease can improve the quality of care.

Multi-gap live calls to members were conducted encouraging them to complete various screenings, including A1c testing. The activity resulted in an overall reach rate of 23.50% with 3,679 CHPIV members reached. In addition, targeted members were able to self-report blood pressure readings and date of doctor visits for A1c screening through Community Health Workers (CHW) outreach. Sharing of provider resources, including tipsheets on best practices and coding for CBP and Diabetes Poor Control HEDIS measures were posted to the Plan's Provider Portal. CHPIV's projected progress toward goals show chronic conditions measures, CBP and Diabetes Poor Control, meeting the MPL benchmark goals of 64.48% and 33.33%, respectively. CHPIV projected CBP rate at year-end was 75.50%, exceeding the benchmark goal of 64.48%, and Diabetes Poor Control was at 26.04%, where a lower rate than the benchmark goal of 33.33% indicates better care.

Continued improvement of CBP for 2025 include strategies that address some of the following barriers: poor medication adherence due to fear of side effects, knowledge gap on SMBP contributing to inaccurate home BP monitoring, and lack of follow-up due to accessibility issues and/or outdated, inaccurate contact information. Opportunities for improvement include promotion of durable medical equipment (DME) benefit to access blood pressure cuff and monitor, along with clinician support, to promote self-measured blood pressure monitoring and improved medication adherence.

Successful diabetes care requires a systematic approach to supporting members' behavior change efforts along with redesigning the care process to address medication adherence, promote active participation in eye and kidney screenings as well as self-monitoring of blood glucose, and partnering with CHWs to identify community resources to support healthy lifestyles. Opportunities include establishing vendor partnership in 2025 for in-home diabetes screenings, including A1c, eye exam and kidney health evaluation, and sharing of provider best practices with Provider Engagement teams and posting online via the Provider Portal.

3.3. Hospital Quality/Patient Safety

CHPIV's hospital quality program focuses on raising performance among priority metrics if vulnerabilities are identified. Metrics of focus include hospital-acquired infections [(central line-associated bloodstream infection (CLABSI), catheter-associated urinary tract infection (CAUTI),

Clostridium difficile infection (C.Diff), methicillin-resistant Staphylococcus aureus (MRSA) and surgical site infection after colon surgery (SSI-Colon)], the Leapfrog Safety Grade, and low-risk, first birth C-section rates. While two local hospitals struggled on key metrics, there were encouraging trends as well. Outreach to these hospitals on priority areas of hospital quality, especially patient safety indicators and C-section rates, outlined expectations and offered guidance as to quality improvement organizations, tools, and resources available to support their programs. One hospital met the low-risk, first birth C-section rate target in MY 2023, as it did in the prior year. Through the Plan's engagement with the hospital Quality staff, the hospital shared that internal data indicate improving trends for hospital-acquired infections like CLABSI and C.Diff. Another hospital has improved considerably on CLABSI, and the hospital shared that CAUTI is improving as well. HAIs continue to be a concern, however, in addition to both hospitals' Leapfrog Safety Grade of a D. Both hospitals voluntarily submit to the Leapfrog Hospital Survey and both shared that they are working to improve their EMR systems' data capture in an effort to improve their grades. (Outreach and engagement with these facilities will continue in 2025, with the understanding that current plans aim to consolidate the two hospitals into a single system.)

3.4. Member Engagement and Experience

Continuity/Coordination of Care (Behavioral and Nonbehavioral)

In 2024, CHPIV implemented key initiatives aimed at reducing care gaps and enhancing care coordination.

To expand outreach and improve care gap closure, CHPIV leveraged CHW organizations by providing them with targeted lists of members with the highest number of care gaps. This approach broadened CHPIV's reach and facilitated engagement with high-risk populations who may otherwise have limited access to care.

Looking ahead, CHPIV will continue refining these initiatives and exploring additional strategies to enhance member outcomes through proactive provider engagement, data-driven decision-making, and community partnerships.
Additionally, the Plan provided quarterly updates on Initial Health Appointment (IHA) rates and status to stakeholder committee members. CHPIV also utilized internal analytic reports from Cozeva and care gap reports to identify low-performing providers in Imperial County and collaborated with the Provider Engagement team to develop best practices for improvement.

Looking ahead, CHPIV will continue refining these initiatives and exploring additional strategies to enhance member outcomes through proactive provider engagement, data-driven decision-making, and community partnerships.

3.5. Pediatric/Dental/Children's Health Program

CHPIV implemented initiatives in 2024 to improve children's health that focused on member outreach, provider engagement, data improvements and community collaborations.

Clinical Performance Improvement Project (PIP): Well-Child Visits in the First 30 Months of Life – 0-15 months – Six or More Well-Child Visits (W30-6+)

Target Population: Hispanic members in Imperial County

The California DHCS implemented a new PIP process in 2023. Since CHPIV started in January 2024, the initial submission of Steps 1-6 of the PIP process were submitted to Health Services Advisory Group (HSAG)/DHCS in September 2024. CHPIV received 100% validation in October 2024.

The PIP had two AIM statements:

1. Do targeted interventions lead to statistically significant improvement in the percentage of Hispanic children 15 months of age in Imperial County that had six or more well-child visits during the remeasurement year.
2. Do targeted interventions lead to statistically significant improvement in the percentage of Hispanic children who complete three or more infant well-care visits within 120 days of life in Imperial County during the remeasurement year.

CHPIV identified a provider partner to work through the PIP process. CHPIV drafted a process map of the workflow in the provider's office. The next steps are to finalize the process map and complete a Failure Modes and Effects analysis to identify interventions to test in 2025. CHPIV is not expected to meet the MPL for W30-6+ in MY 2024.

IHI/DHCS Child Health Equity Collaborative Sprint

The Institute for Healthcare Improvement (IHI) and DHCS have designed a 12-month Child Health Equity Collaborative (CHEC) Sprint which focuses on supporting Managed Care Plans (MCPs) to implement best practices in children's preventive services, with their network providers and plan-based teams. Critical elements to achieve the goal of providing effective whole-person pediatric care included equitable team-based care, automation and efficient use of technology such as electronic health records (EHRs), reliable scheduling processes, population health management, and addressing social drivers of health.

CHPIV has been participating in the IHI and DHCS led CHEC Sprint since its launch in April 2024. The MCP has engaged with high volume low performing provider partner to implement IHI designed/suggested strategies and best practices in children's preventive services aimed at reducing equity gaps, improving access to well-child visits, and building capacity for the target population of Hispanic adolescents in Imperial County. As of February 2025, CHPIV and the provider partner have successfully completed four of the designed interventions and submitted all related deliverables to IHI and DHCS. The fifth and final intervention of the CHEC Sprint, which focuses on community partnerships for effective education, is expected to conclude by March 2025. CHPIV is not expected to meet the MPL for WCV in MY 2024.

All other children's health measures are expected to exceed the MPL in MY 2024, except Topical Fluoride Application in Children. CHPIV will continue to work on the initiatives described above to improve well-care visits for all infants, children and adolescents, where all of the other services such as immunizations, developmental screenings, lead screening and even topical fluoride applications take place.

3.6. Perinatal Health/Reproductive Health

CHPIV offers an incentive to primary care providers to submit Confirmation of Pregnancy Forms to the health plan. When PCPs confirm pregnancies, they can complete the Confirmation of Pregnancy Form and fax it to the health plan. The Confirmation of Pregnancy Form contains all of the information needed to count as timely prenatal care. In 2024, CHPIV received zero Confirmation of Pregnancy Forms. CHPIV is not expected to meet the MPL for Timely Prenatal Care in MY 2024. CHPIV is in the process of building the Confirmation of Pregnancy Process in

Cozeva and will continue to promote the Confirmation of Pregnancy forms to fax to CHPIV through the Provider Engagement Team as the process is built in Cozeva. Once the Confirmation of Pregnancy process is completed in Cozeva, it will be promoted to all PCPs in Imperial County.

The Population Health Management team conducted postpartum outreach calls to assist members in scheduling a postpartum visit and the first infant well care visit. The team reached an average of 85% of members. Of those reached, 35% self-report to have scheduled a postpartum visit and 46% self-report to have scheduled an infant well-care visit. CHPIV is expected to exceed the MPL for postpartum care in MY 2024.

3.7. Pharmacy and Related Measures

In 2024, members who had an Asthma Medication Ratio (AMR) gap received outreach by a pharmacist to address barriers to asthma medication adherence using motivational interviewing techniques and encouraged to discuss action plans with their providers. CHPIV is on track to meet the MPL.

Additionally, in 2024, the Pharmacy pod educated providers on the CalAIM Asthma Remediation and Education Services for qualifying CHPIV Medi-Cal members with asthma. Members referred to the services learned how to reduce asthma triggers in their home and received resources to help remove allergens and other indoor triggers. If members qualified, they were also provided with remediation tools such as air filters, dust mite control bedding, pest control services outline in the CalAIM program.

The Plan will continue to promote CalAIM Asthma Remediation services by partnering with providers and making the program available to qualifying members with asthma.

3.8. Preventive Health/Cancer Prevention

Preventive care and cancer screening programs help detect conditions early, often before symptoms appear, to improve outcomes and reduce the burden of illness such as breast cancer screening, colorectal cancer screening, and chlamydia screening in women. The strategy for achieving this is through multi-modal and evidence-based practices focusing on member engagement, data-driven approaches, provider engagement, and community-based programs.

In 2024, members who had multiple gaps which included cancer screenings were outreached to complete their care using motivational interviewing techniques.

As part of the Provider Engagement Strategy, the Preventative Care pod developed educational materials on the most current guidance on cancer screening and reproductive health measures such as in-home screenings and in-clinic self-tests to increase provider knowledge. Providers were given educational resources to ensure they are following the latest guidance while developing their programs. The preventive health measures tip sheets were updated and shared with providers to promote clinical best practices and coding practices.

To expand access and address structural barriers to care, CHPIV promoted the mobile mammography program to providers. The Plan will strengthen the Provider Engagement strategy to work more closely with providers to improve their performance on cancer screenings and reproductive health services.

3.9. Provider Engagement

CAHPS (Member Experience)

The CAHPS Team met regularly with partner departments to track the progress of the various member experience improvement activities that are taking place across the organization. Examples of activities include: the Language Assistance Program, monitoring of Health Equity-related grievances, and Access & Availability Workgroups. These meeting spaces are also a platform to brainstorm any innovative ideas/projects to address any member issues that come up during the year.

Barriers:

1. This population may not be able prioritize their health care (in comparison to the Commercial and Medicare populations) due to a high number of unique barriers and social determinants of health.
2. Providers and office staff may not consider Medi-Cal barriers to care (caregiver to family member, lack of childcare, reliance on public transportation, limited cell phone minutes each month) and can impact appointment availability and/or communication.
3. Medi-Cal eligibility is determined by the state, not the health plan. A member may have dissatisfaction with the health plan, not fully understanding the role between the state versus the health plan.
4. Inappropriate bills and receipts of balanced billing.
5. Lack of appointment availability with members' preferred PCP.
6. Complaints with the transportation vendor.
7. Medi-Cal care is reimbursed at a lower rate in comparison to other lines of business, thus potentially impacting appointment availability for Medi-Cal members since other membership types (i.e., Medicare) may be prioritized when scheduling care appointments.

Based on the 2024 formal grievances and appeals findings, below are some short and long term identified member experience areas for improvement with health plan and health plan providers:

Identified Opportunities (Short Term):

1. Routine customer service training to member-facing teams within the organization.
2. Regular monitoring of the Medi-Cal network – PCP's – to ensure members do not have a limited network to choose from.
3. Routine trainings done with the Customer Contact Center on relevant member pain points particularly around how to address provider communication issues, and access issues.

Identified Opportunities (Long Term):

1. Utilize contract language to incentivize provider groups to improve on member experience measures.
2. Create provider incentives around improving member experience.
3. Work directly with provider groups to review and identify ways to make the prior authorization and referral process less burdensome on the member.
4. Create specialized Call Center Team that focuses primarily on the Medi-Cal population, which addresses unique concerns/issues.

5. Collaborate with state and other Medi-Cal health plans to address trending issues for the overall Medi-Cal population.

Provider Access, Availability, and Service and Satisfaction

To drive improvements in access to care, availability of practitioners and improve member experience, the plan implemented the following activities in 2024:

- On a quarterly basis, the Plan evaluates Access to Care grievances and identifies providers that have a high PTM of grievances. Providers are sent custom grievance reports and asked to respond with actions to reduce the volume of complaints received by members.
- The Plan conducts quarterly and annual analysis of PCP and Specialist open practices to identify the percentages of PCPs open to new members and the percentage of specialty care practitioners open to referrals.
- Based on a quarterly review of the DHCS Timely Access Compliance report, providers that are not meeting the urgent and non-urgent appointment standards are outreached for education on appointment standards and the importance of timely access.
- Based on results of the MY 2024 Provider Appointment Availability Survey, the plan will initiate Corrective Action Plans (CAPs) to providers if timely access standards are not met. Providers that are non-compliant will receive an educational packet detailing unmet metrics and the required standards. Providers are encouraged to participate in the health plan's Provider Training Webinars.
- Provider Updates with alerts of upcoming appointment and after-hours surveys, as well as results of surveys are sent by the 3rd quarter of each year. Several recommendations, tips and tools for improving access are included.
- Quarterly geo-access analysis is conducted to identify issues in specific geographic areas and increase contracting efforts.
- The plan has established access payment incentive programs to encourage providers to implement actions to improve access.
- The Plan participates in annual community advisory committees to engage with members to better understand the barriers that they are encountering when dealing with access.
- In 2024 the Plan conducted 10 provider training webinars and will continue in 2025.
- In Q3 and Q4 2024, as part of the Annual Network Certification (ANC) review efforts, the Plan generated and distributed scorecards for each PPG with inadequate primary care providers and/or specialists within their geographic service area. PPGs responded by providing action plans and detailed contracting efforts addressing the network gaps.

Opportunities in 2025 include:

- Assess provider compliance with timely access standards with the annual Provider Appointment Availability Survey and continue Corrective Actions for providers deficient with the standards.
- Identify provider barriers/challenges with access to determine additional interventions.
- Quarterly tracking of access to care grievances to identify specific patterns or trends with providers to implement additional improvement actions.

Quality EDGE

There was a total of 16 approved requests for Quality EDGE in 2024, with funding totaling $137,950. Of the 16 approved requests, 15 were for member engagement (Point-of-Care Incentives) and one for provider staff funding. The majority of funding was allocated towards pediatric measures.

Section 4: QI Reporting

4.1 Safety Monitoring: Potential Quality of Care Issues (PQI)

A PQI is any suspected deviation from provider performance, clinical care, or outcome of care which requires further investigation to determine if an actual quality of care concern or opportunity for improvement exists. PQIs are identified by plan staff, providers, health care professionals, or vendors. PQI's are separate from member identified Quality of Care (QOC) concerns.

When a potential PQI is identified, a PQI Referral Form is completed (forms are available from department supervisors and are also available to our providers and vendors on the plan's Provider Portal). The PQI Referral form is faxed to the plan's Clinical Grievance Department, where a case is systematically built and assigned to a Registered Nurse. The nurse will request the needed medical records and provide a clinical review and recommendation. Once the nurse's review is complete, it is forwarded to a Medical Director who will complete an independent review and level the case. All cases are assigned levels by the Medical Director from 0 to 4. All cases are tracked/trended with all cases leveled a 3 or 4 referred to the plan's Peer Review Committee.

As shown in Table 4.1, CHPIV received and closed 2 PQIs in 2024. The cases were completed within the 90-day turnaround time. The following table shows the breakdown of leveling for cases.

- Level 0 – Investigation indicates no QOC issue has occurred.
- Level 1 – Investigation indicates that a particular case demonstrated no potential for serious adverse effects.
- Level 2 – Investigation indicates that a particular case demonstrated a minimal potential for serious adverse effects.
- Level 3 – Investigation indicates that a particular case has demonstrated a moderate potential for serious adverse effects.
- Level 4 – Investigation indicates that a particular case has demonstrated a significant potential for serious adverse effects.

Table 4.1 2024 PQI Cases

PQI Level	*Q1*	*Q2*	*Q3*	*Q4*	*2024 Total*
Level 0	0	0	1	1	**2**
Level 1	0	0	0	0	**0**
Level 2	0	0	0	0	**0**
Level 3	0	0	0	0	**0**
Level 4	0	0	0	0	**0**
Total Cases	**0**	**0**	**1**	**1**	**2**

4.2 Delegated Vendor Oversight

CHPIV ensured delegated vendors supporting the plan were compliant with contractual and regulatory requirements. This was accomplished via ongoing monitoring and auditing.

2024 Delegated Vendor Auditing and Monitoring Activities

- Annual audits were conducted for Evolent (NIA), Centene Vision, TurningPoint, ModivCare and ASH.
- Joint Oversight Committees (JOCs) were held quarterly in which performance metrics for all delegated vendor services was reviewed.
- Semi-annual scorecard evaluations of ModivCare were conducted which included reviews of PCS form process and appropriate transportation level of service was provided.

Vendor Oversight Committee (VOC) monthly meetings were held to analyze transportation data and trends to identify opportunities to improve member satisfaction and compliance.

Delegated Vendor Auditing and Monitoring Summary

- Delegated Credentialing – American Specialty Health (ASH) and Centene Vision and were delegated for Credentialing.
    - The Centene Vision audit demonstrated compliance with no findings. The ASH audit has not been finalized.
- Delegated Utilization Management (UM) – American Specialty Health (ASH), TurningPoint and Evolent were delegated for UM.
    - The Evolent audit resulted in UM findings for not consistently providing denial rationale written in layman terms. The ASH and TurningPoint annual audits have not been finalized.
    - Transportation Program – The semi-annual scorecard evaluations of ModivCare resulted in non-compliance with the PCS form process. ModivCare has an existing corrective action for this requirement and an active remediation plan. The annual audit has not been finalized. The health plan will be bringing the PCS form process in house in 2025.

Section 5: Summary of Key Accomplishments

MY 2024 was a productive year for CHPIV's Quality Improvement/Health Education Program. The following is a brief summary of some the key interventions and accomplishments for this period.

Quality Indicators and Ratings

- 64% of MCAS measures are projected to be at or above 50th percentile. See Table A-5 for County Level MCAS HEDIS Projected Outcomes for MY 2024.

Regulatory Requirements and Submissions

- Submitted annual Non-Clinical Performance Improvement Project (PIP) Steps 1-6 to HSAG. Received 100% validation with a High Confidence level to proceed with the implementation of the quality project.

- Awaiting DHCS approval of new Diabetes Prevention Program (DPP) with new DPP provider.

Quality Improvement Initiatives

- Launched pilot of tracking high volume, low performing providers for Initial Health Appointments (IHA) with Provider Engagement team on a quarterly cadence.
- Provided "0" point-of-care (POC) lead analyzers with one year supply of test strips to provider offices in Imperial County.
- Completed 24 PARS in Imperial County.
- Conducted a total of ten 10 provider Timely Access webinars sessions in 2024, with a total of 744 attendees participated.

Quality Improvement Department and Program

- Implemented Quality EDGE through Provider Engagement and Medical Affairs targeting priority providers and PPGs in Imperial County.
- Quality EDGE funding supported 16 activities to close care gaps in Imperial Valley in 2024. Activities included member incentives and funding for clinical staff.

Health Education and Wellness

- The Plan promoted digital resources which included QR codes and links to health education resources for members.
- The Plan worked with the Customer Contact Center to inform members of available health education materials and programs available to CHPIV members.
- The Plan reviewed and updated health education materials as needed, following DHCS guidelines, and promoted digital ordering and print distribution of required and high-volume topic articles.
- The Plan partnered with and promoted breast cancer screening (BCS) and cervical cancer screening (CCS) screenings via Every Woman Counts.
- Promoted Kick It California tobacco cessation program in the member newsletter and at various meetings.
- Received approval for the Teladoc Mental Health Digital Program.
- Submitted the Diabetes Prevention Program for DHCS approval.
- Supported two-member incentive programs.
- Fulfilled 16 printed material order requests and distributed 6,291 pieces of health education materials to provider offices**.**

Section 6: Annual QI/HEd Program Changes

Based on this evaluation, the CHPIV QIHEd Program effectively meets safe clinical practice goals, has adequate resources, and a strong QI Committee structure, which includes productive practitioner participation and effective leadership. Pods continue to gain efficiency across various teams, streamline operations, and reduce duplication within and across teams and programs. The purpose of the team pods is to improve the design and group of programs to achieve strategic outcomes and goals, foster collaboration and align teams, and create more opportunities for innovation and growth. Quality Management will continue as a centralized department, serving multiple business functions, and will continue to leverage Corporate

Centene company materials, activities, and reporting along with its internal processes through the relationship with Health Net.

Appendix

Table A-1. Performance Goals

Standard	Goal
DHCS Managed Care Accountability Set (MCAS) HEDIS Measures	NCQA QC National 50th Percentile
Behavioral Health MCAS HEDIS Measures	NCQA QC National 50th Percentile
CAHPS	YOY Improvement and/or NCQA QC National 25th Percentile (stretch goal)
Provider Access and Availability and Satisfaction Surveys	70 or 90 Percentage Rate (%) or directional YOY improvement.

Table A-2. MY 2024 MCAS Measures Projected to be Above 50th Percentile by County

CHPIV	Imperial County	**64%**

Table A-3. Summary of MY 2024 Projected Outcomes by Category

Category	Medi-Cal	
	N	Rate %
Adult Chronic Care	2/2	100%
Adult Preventive Care/Cancer Prevention	1/2	50%
Adult Survey (CAHPS)^	N/A	N/A
Behavioral Health	1/2	50%
Children's Health	5/8	62.5%
Member Access Survey	N/A	N/A
Pharmacy*	0/1	0%
Provider Access and Availability and Satisfaction Surveys	N/A	N/A
Reproductive Health	1/3	33%
Total	**10/18**	**55.56%**

^ *The CHPIV DHCS CAHPS Survey is completed every two years and thus, annual rate updates will not be available. * Outcome summary is based on MY 2023 and Quality Compass MY 2022 25th Percentile.* In 2023, the annual Regulatory CAHPS survey was conducted for CHPIV for the first time.

Table A-4. Summary of Opportunities

Based on results, the following performance measures are areas of focus for improvement for CHPIV.

Adult Health Opportunities	Reproductive Health Opportunities
Chronic Care: • Controlling Blood Pressure • Glycemic Status Assessment for Patients with Diabetes (formerly Hemoglobin A1c Control for Patients with Diabetes (HBD) **Pharmacy:** • Asthma Medication Ratio **Preventive Health/Cancer Prevention:** • Cervical Cancer Screening • Chlamydia Screening in Women	• N/A
Children's Health Opportunities	
• Topical Fluoride for Children • Well-Child Visits in the First 30 Month of Life – 0 to 15 months • Child and Adolescent Well-Care Visits	
Behavioral Health Opportunities	
New opportunities identified by DHCS: • Follow Up Within 30 days after an ED visit for a Principal Mental Health Diagnosis: FUM30; held to the MPL starting MY 2025/RY2026. • Follow Up Within 30 days after and ED visit for a Principal Substance Use Diagnosis: FUA30; held to the MPL starting MY 2025/RY2026 • Depression Remission and Response: DRR; reporting only for MY 2025/RY2026 • Depression Screening and Follow Up: DSF; reporting only for MY 2025/RY2026	
Hospital Care/Patient Safety Opportunities	
• Improve performance at the two network facilities on the Leapfrog Hospital Safety Grade and raise performance on hospital-acquired infections to reduce outliers and aim for a standardized infection ratio of 1.0 or lower.	
Member Experience – CAHPS Opportunities	
CAHPS Measures: • The CAHPS Team will continue to connect regularly with stakeholder teams and departments to track progress of improvement initiatives that may impact CAHPS and member experience. • CAHPS and member experience awareness and education continue to be a focus since there are multiple stakeholder teams that are member-facing and have the potential to impact CAHPS scores. • The CAHPS Team will continue to educate and collaborate with multiple stakeholder teams to promote CAHPS.	

- All patient interaction has the potential to impact CAHPS scores.
- CAHPS results are often based on patient perception and patient recall.
- Any negative experience will stay with the member regardless of a look-back period.

Provider Survey Opportunities

PAAS Survey Measures:
- N/A for RY 2024.

PAHAS Survey Measures:
- N/A for RY 2024.

Provider Satisfaction Survey:
- N/A for RY 2024.

Table A-5. County Level MCAS HEDIS Projected Outcomes for MY 2024

Imperial	HEDIS Measure	**Projected (MY 2024) Glidepath Rate at Year-End (%)	QC 2024 Nat'l 50th Percentile	Projected Outcome Met (Y/N)
Adult Chronic Care				
CBP	Controlling High Blood Pressure	75.50%	64.48%	Y
CDC/ HBD	Hemoglobin A1c Control for Patients With Diabetes - HbA1c Poor Control (>9.0%) **(inverted)**	26.04%	33.33%	Y
Adult Preventive Care/Cancer Prevention				
BCS	Breast Cancer Screening	59.82%	52.68%	Y
CCS	Cervical Cancer Screening	49.57%	57.18%	N
Children's Health				
CIS-10	Childhood Immunization Status - Combo 10	36.41%	27.49%	Y

CDEV	Developmental Screening in the First 3 Years of Life	49.91%	35.60%	Y
IMA-2	Immunizations for Adolescents - Combo 2	44.60%	34.30%	Y
LSC	Lead Screening in Children	79.18%	63.84%	Y
TFL-CH	Topical Fluoride Application in Children	5.31%	20.01%	N
W30-6+	Well-Child Visits in the First 30 Months of Life - 0 to 15 Months	56.20%	60.38%	N
W30-2+	Well-Child Visits in the First 30 Months of Life - 15 to 30 Months	75.87%	69.43%	Y
WCV	Child and Adolescent Well-Care Visits	42.98%	51.81%	N
Pharmacy				
AMR*	Asthma Medication Ratio	65.09%	66.24%	N
Reproductive Health				
CHL	Chlamydia Screening in Women	55.37%	55.95%	N
PPC	Prenatal and Postpartum Care – Postpartum Care	91.73%	80.23%	Y
PPC	Prenatal and Postpartum Care - Timeliness of Prenatal Care	80.63%	84.55%	N

*Percentile based on Quality Compass (QC) 2022 National HMO benchmarks for MY 2022 MCAS. Outcomes met for regional performance are based on the DHCS MPL at the 50th percentile.
** Reporting Projected (MY 2024) Glidepath Rate at Year-End Admin rates as CHPIV is a new health plan and does not have final rates available
^ rate trend based on directional changes to rates year over year.

[NT]Not trendable year over year due to significant differences in NCQA technical specifications.
[N/R]Not reported.
^Administrative rate only
*These measures are not current MY 2023 MCAS measures but are upcoming MY 2023 MCAS measures.

Table A-6. Progress to MY 2022 Goals – Behavioral Health Projected Outcomes (HEDIS)

Imperial	HEDIS Measure	Admin Rate MY 2024 (%)	*QC 2022 Nat'l 50 Percentile Rate	Projected Outcome Met (Y/N)
FUA 30	Follow Up within 30 days of an Emergency Department visit for Substance Use	36.63%	36.34	Y
FUM 30	Follow Up within 30 days of an Emergency Department visit for Mental Illness	41.22%	54.87%	N

*Percentile based on Quality Compass (QC) 2022 National HMO benchmarks for MY 2022 MCAS. Outcomes met for regional performance is based on the DHCS MPL at the 50th percentile.
^ rate trend based on directional changes to rates year over year.
[NT]Not trendable year over year due to significant differences in NCQA technical specifications.
[N/R]Not reported.
^Administrative rate only

REPORT SUMMARY TO COMMITTEE

TO:	Quality Improvement/ Health Equity Committee (QIHEC)
FROM:	Amy Wittig, Quality Improvement
COMMITTEE DATE:	May 08, 2025
SUBJECT:	Initial Health Assessment Quarterly Reporting

Purpose of Activity:

This document is an assessment of the Initial Health Assessment (IHA) completion compliance from the medical record reviews that occurred during the Primary Care Physician Facility Site and Medical Record Review (FSR/MRR) process in Q4 2024. In addition, activity summaries on the 3-Step Outreach attempts that address IHA requirements by DHCS, as well as the IHA semi-annual completion compliance results via claims and encounters data are shared.

The Department of Health Care Services (DHCS) requires completion of the IHA for new Medi-Cal members within 120 days of enrollment. Contractual requirements state that the health plan ensure that PCPs conduct complete physician and wellness examinations, based on California Code of Regulations, Title 22, Sections 53851(b)(1), 53902 (m) and 53910.5(a)(1), and DHCS issued Policy Letters 08-003 and 13-001. In accordance with All Plan Letter (APL) 22-030, the Initial Health Assessment will now be referred to as the Initial Health Appointment as the unit of measure tracked for quality will be appointments. The requirements superseding this APL, including those pertaining to the IHBEA/SHA, will no longer be required components of the IHA beginning January 1, 2023.

The Plan collects the IHA completion data from medical records reviews completed each quarter during the FSR/MRR process, to identify noncompliant sites for corrective action. Quarterly, IHA completion is monitored via claims/encounters. Member outreach attempts are tracked monthly via the Three-Step Member Outreach Report, which is made available 4 months after the month in review (i.e., the report on January activity will be available in May).

Data/Results (include applicable benchmarks/thresholds):

DHCS contractual requirements stipulate a 100% compliance with completion of the IHA for new Medi-Cal members within 120 days of enrollment with the health plan.

The Plan's contract with DHCS states that documentation of three attempts to contact a member to schedule an IHA may be used to demonstrate compliance with this contract requirement, so long as these attempts include at least one telephonic and one mail notification. The Plan's IHA outreach attempts consist of

notification of the IHA in the new member packet mailed to Medi-Cal members upon enrollment, a new member welcome call, and a second call as a reminder.

Table 1: FSR/MRR IHA Record Review Results
Audit Period: Q4 2024

Q4 Recorded Review

2024	4th Quarter			
Recorded Review	**Yes**	**No**	**Total**	**% Compliant**
Ped IHA/MRA	14	32	46	30%
Ped Subsequent MRA	0	0	0	0
Adult IHA/MRA	105	71	176	60%
Adult Subsequent MRA	0	0	0	0
Total Site Audits	6	13	19	32%

*Note: Some sites had more than one audit due to having more than one provider who does not share charts. This number reflects the total sites audits, not the total # of sites.

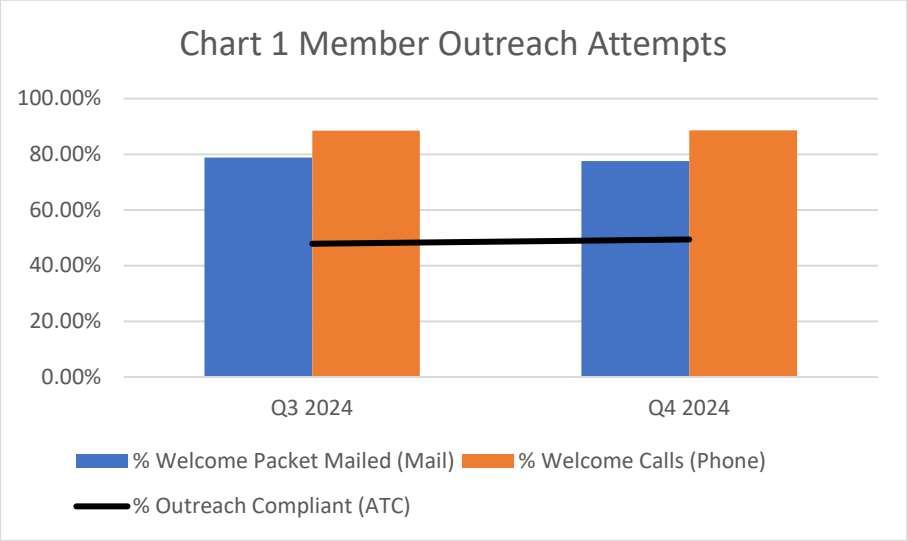
*Note: The "0" means no audits were completed.

Table 2: Three-Step Member Outreach Attempt Report
Report Period: Q3 - Q4 2024 (Preliminary)

2024 IHA WITH OUTREACH

Community Health Plan of Imperial Valley	Jul-24	Aug-24	24-Sep	Q3 2024 TOTAL	Oct-25	Nov-25	24-Dec	Q4 2024 TOTAL	2024 YTD
DENOMINATOR: Able to Contact (ATC) & Unable to Contact (UTC)	778	1148	1281	3207	779	1151	1672	3602	32428
OUTREACH DENOMINATOR - Able to Contact (ATC)	778	1146	1280	3204	779	1148	1669	3596	32373
% WELCOME PACKET MAILED WITHIN 120 DAYS	79.18	78.97	78.44	78.81	75.74	79.27	77.41	77.64	77.79
% CALLS COMPLETED WITHIN 120 DAYS	87.53	88.05	89.61	88.55	86.52	88.85	89.45	88.63	91.42
% OUTREACH COMPLIANT (ALL 3 ATTEMPTS COMPLETED) - ATC	42.80	49.04	49.92	47.88	44.29	47.82	52.91	49.42	43.24
% OUTREACH COMPLIANT (ALL 3 ATTEMPTS COMPLETED) - ATC & UTC	42.80	49.04	49.88	47.86	44.29	47.87	52.81	49.39	43.24

Chart 1: Three-Step Member Outreach Attempt Report



The % outreach compliant rate indicates members who received all three outreach attempts (new member welcome packet, welcome call, and second call). Members not compliant with outreaches received less than three outreach attempts (0-2).

Table 3: Claims and Encounter IHA Review
Time Period: Q3 - Q4 2024 (Preliminary)

2024 IHA with Outreach

Community Health Plan of Imperial Valley	Jul-24	Aug-24	Sep-24	Q3 2024 Total	Oct-24	Nov-24	Dec-24	Q4 2024 TOTAL	2024 YTD
DENOMINATOR: Able to Contact (ATC) & Unable to Contact (UTC)	778	1148	1281	3207	779	1151	1672	3602	32428
% IHA COMPLETED WITHIN 120 DAYS	49.49	48.87	45.9	47.83	49.68	46.05	39.53	43.81	35.88
% IHA COMPLETED REGARDLESS OF DATE	60.80	58.89	53.08	57.03	55.2	48.65	39.53	45.84	47.37
% IHA COMPLIANT (HAVE HAD EITHER AN IHA OR 3 ATTEMPTS IN 120 DAYS)	72.75	74.39	73.38	73.59	73.43	73.41	73.33	73.38	63.37

Chart 2: Claims and Encounter IHA Review

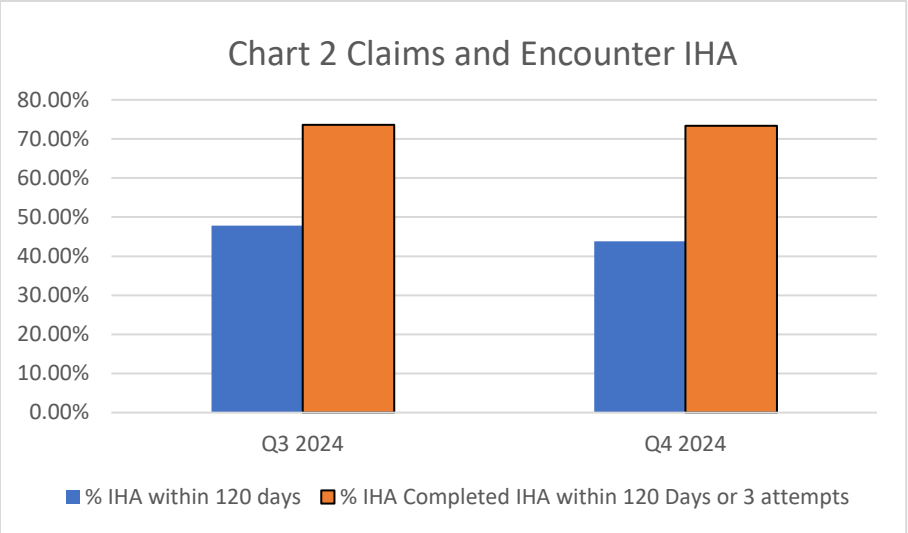
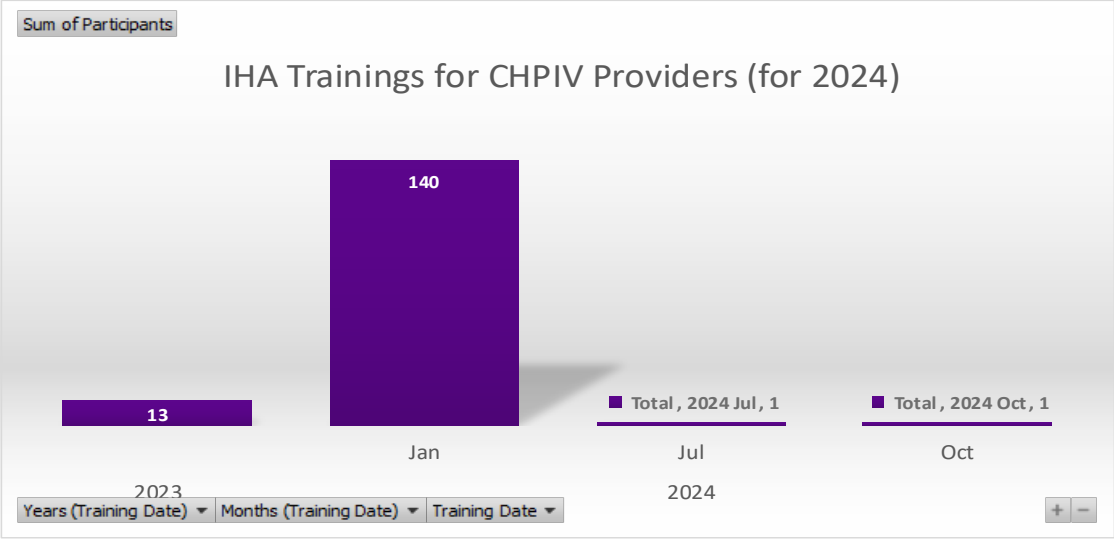


Chart 3 2024 PE IHA Trainings Dec 2023 - 2024



Analysis/Findings/Outcomes:

Table 1 shows Q4 2024 IHA results from facility site and medical record review audits. Health Net determined that in Q4, 32% (6/19) of sites were compliant in documenting and completing IHA for new members.

During the medical records review, 60% (105/176) of adult records were found to be compliant.

Chart 1 includes the Three-Step IHA Member Outreach results for Q3 - Q4 2024. The data and methodology include ATC rates. The chart shows consistent trends for Q3 2024 with Q4 2024 percentage of Outreach Compliant rates trending slightly upward of 8.37 % compared to Q1 2024 Total.

Chart 2 includes IHA claims/encounter data from Q3 - Q4 of 2024, with Q4 2024 data showing 73.38 % of members either completed an IHA or received three contact attempts within 120 days, which is an upward trend of 14.31 % compared to Q1 2024. Members who completed an IHA within 120 days of enrollment rate was 43.81 % in Q4, which illustrates an upward trend of 12.4 % compared to Q1 2024.

Chart 3 2024 YTD PE IHA Trainings

December 2023 13 IHA PE trainings were completed.

Barrier Analysis:

Barriers to reporting include multiple auto-generated reports (i.e., welcome packet, call data) and different data sources to pull from. Providers are not billing codes timely resulting in claims and encounters data lag.

Barriers to outreach attempts include unavailable contact information (i.e., invalid/missing member address or phone numbers). After three attempts, outreach approaches to members are exhausted. In addition, due to short lapses in coverage (non-continuous enrollment IHA exception), outreach attempts may not be re-triggered for welcome packets and call attempts.

The monthly outreach data is reported with a 4-month data lag to allow for the report to capture the 120-day continuous enrollment requirement. This will result in an adjustment to the data reporting timeline to report complete IHA outreach data.

Actions Taken/Next Steps:

Actions taken include the following:

1. The IHA workgroup continues to meet bi-weekly to review updates and continue efforts to improve data reporting.
2. The IHA workgroup investigated the decline of % IHA completion calls data from Q2 into Q3. The percentage for Outreach Compliance (ATC) continues to trend downward from Q2 into Q3. This was found to be linked to invalid phone numbers in the DHCS data, network call refusals and unanswered calls, resulting in less successful POM calls and a decline in Outreach Compliance. We continue to explore avenues for improving data accuracy prior to the implementation of outreach efforts.
3. The QI Research and Analytics team is working with cross-functional analytics teams (Membership and Enrollment) to identify any existing member abrasion from IHA outreach attempts.
4. The IHA workgroup identified gaps in data resulting in low outreach compliance attempts and remediated the issue.
5. The IHA workgroup has begun to identify providers who are high volume low performing on a quarterly basis. The IHA workgroup will work with Provider Engagement to offer additional training and additional interventions to resolve barriers to improve IHA completion.

Health Net is working on the following to address encountered barriers and/or to improve IHA completion:

- Revised provider training on IHA documentation requirements and timeliness:
    a. Created training for accessing new member reports and best practices for outreach to members.
    b. Updated provider tip sheet to include commonly used codes for IHA.
    c. Provide additional IHA content during provider training conducted with each outreach, in-person, zoom, or by telephone.

REPORT SUMMARY TO COMMITTEE

TO:	**Health Net Quality Improvement/Health Equity Committee (HNCS QIHEC)**
FROM:	**Quality Improvement-Amy Wittig**
COMMITTEE DATE:	**February 13, 2025**
SUBJECT:	**Blood Lead Screening in Children (LSC) Completion and Compliance**

Summary:

Quarterly Assessment of Lead Screening in Children (LSC) completion compliance to describe clinical guidelines for blood lead screening, reporting requirements related to blood lead screening and, to ensure Medi-Cal members receive anticipatory guidance related to blood lead poisoning prevention and blood lead level testing and follow-up services from providers.

The Q3 2024 Blood Lead Level Screening Report shows the Plan's performance on blood lead level screenings and anticipatory guidance monitoring from Q1 2024 - Q3 2024.

- In Q3 2024 the overall compliance was 28.50%, which is a .65% decrease from Q1 2024. Due to the measure's cumulative effect, the quarterly rate is expected to increase as the year progresses. However, due to the changes in how the measure is calculated (as described in the Methodology section) the increase in performance is likely attributed to the methodology changes.

- In Q3 2024 the overall compliance for CPT Code 83655 (only) was 28.20%, which demonstrates a .41% increase compared to Q1 2024. Due to the measure's cumulative effect, the quarterly rate is expected to increase as the year progresses. However, due to the changes in how the measure is calculated (as described in the Methodology section) the increase in performance is likely attributed to the methodology changes.

- In Q3 2024 the overall compliance for Anticipatory guidance Code Rates was .40%, which is a .61% decrease from Q1 2024. Due to the measure's cumulative effect, the quarterly rate is expected to increase as the year progresses. However, due to the changes in how the measure is calculated (as described in the Methodology section) the increase in performance is likely attributed to the methodology changes.

Purpose of Activity:

The Childhood Lead Poisoning Prevention Act of 1991 requires the state Department of Public Health (DPH) to adopt regulations establishing a standard of care whereby all children are evaluated for risk of lead poisoning and required insurers to cover certain related childhood preventive services.

The Medi-Cal program covers the provision of blood lead screening tests for children of any age who are at risk for lead poisoning, as determined by a physician or surgeon affiliated with the Plan.

The report describes the Plan's monitoring of oral and/or written anticipatory guidance provided at each periodic health assessment to parents or guardians, of the harmful effects of lead exposure on children, starting at 6 months of age to 6 years (72 months) of age, since children who begin to crawl until 72 months of age are particularly at risk. Providers must order blood lead level screenings at one years of age, two years of age and whenever a child under six years is identified as having missed the required tests, a change in circumstances has put the child at risk, or if requested by the parent or guardian and medically indicated. Refugees must be screened upon arrival and at specified times thereafter. The Provider is responsible for documenting anticipatory guidance in the member record. If the legal parent or guardian of the member refuses the lead screening, they must sign a voluntary refusal statement, and the refusal must be documented in the member record.

Methodology

Quarterly completion of lead blood screenings in children is monitored via claims/encounters received by the Plan. Claims and encounters are tracked monthly and are utilized for the reports within 4 months after the month in review (i.e., the report on January activity will be available in May). For the quarterly reports, all age groups remain static during the measurement year (MY) with the quarterly reports reflecting year-to-date data at the end of each reporting period. The first quarter of each MY represents the new population within the measure's parameters (i.e. eligible children turning 1-, 2-, or 3 - 6 years of age during the MY). Therefore, initial compliance rates will be determined at the beginning of the MY and will continue to improve by year end.

The quarterly blood lead level screenings and anticipatory guidance reporting uses the custom LSC measure defined as:

- Measure eligibility (denominator) is determined by establishing if the member was enrolled at any point in time during the quarter of interest. In addition: Members turning 1,2,3,4,5, or 6 years of age during the measurement year.

Compliance (numerator positive/numerator compliant) is determined by the following:

- For members turning 1 year of age during the MY, the member is compliant if he/she received a screening between 6 and 17 months of age. Prior to 6 months of age does not count does not count.
- For members turning 2 years of age during the MY, the member is compliant if he/she received a screening between 18 and 30 months of age.
- For members turning 3, 4, 5, or 6 years of age during the MY, the member is compliant if he/she received a screening before their 6th birthday.

Data/Results (include applicable benchmarks/thresholds):

Table 1 – Overall Compliance Q3 2024

	Q3 2024			
Age Ranges	**Age 1 (6-17 Mos)**	**Age 2 (18-30 Mos)**	**Age 3 to 6 (31 -72 Mos)**	**Total**
Numerator	909	942	1,136	**2,987**
Denominator	1,653	1,772	7,041	**10,466**
% Compliant	55.00%	53.20%	16.10%	**28.50%**

Chart 1 – Overall Compliance Q3 2024

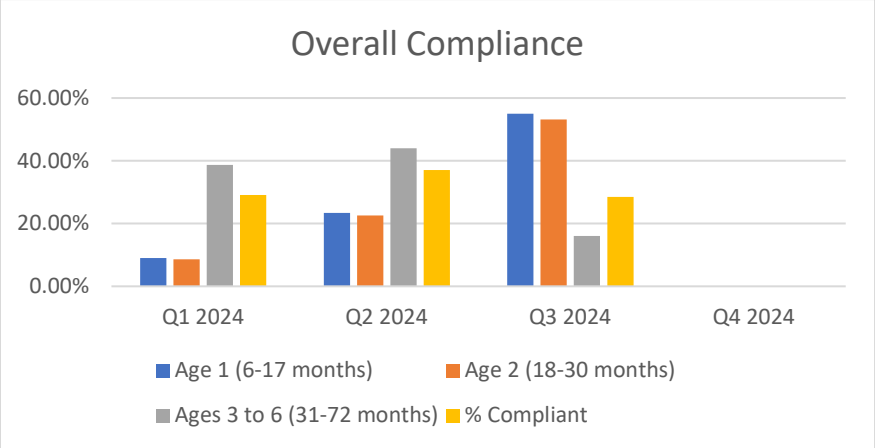


Table 2 - CPT 83655 (only) Q3 2024

	Q3 2024			
Age Ranges	**Age 1 (6-17 Mos)**	**Age 2 (18-30 Mos)**	**Age 3 to 6 (31 -72 Mos)**	**Total**
Numerator	902	937	1,117	**2,956**
Denominator	1,653	1,772	7,041	**10,466**
% Compliant	54.60%	52.90%	15.90%	**28.20%**

Chart 2 - CPT 83655 Q3 2024

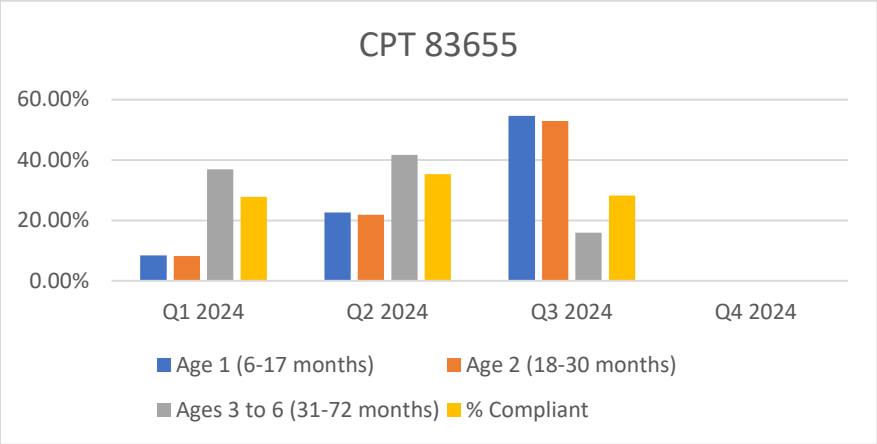
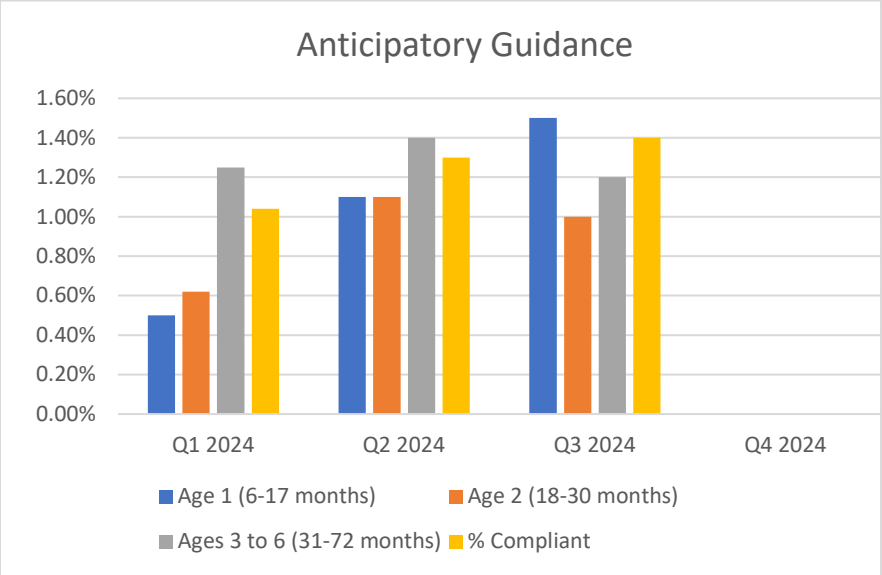


Table 3 - Anticipatory Guidance Q3 2024

	Q3 2024			
Age Ranges	**Age 1 (6-17 Mos)**	**Age 2 (18-30 Mos)**	**Age 3 to 6 (31 -72 Mos)**	**Total**
Numerator	38	2	2	**42**
Denominator	1,653	1,772	7,041	**10,466**
% Compliant	2.30%	0.10%	0.00%	**0.40%**

Chart 3 - Anticipatory Guidance



Analysis/Findings/Outcomes:

Table 1 displays overall compliance rates that any of the following codes: CPT-83655 (lead test), LNC-10368-9 (lead [Mass/volume] in capillary blood), LNC-14807-2 (lead [Moles/volume] in blood), LNC-17052-2 (lead [presence] in blood), LNC-5671-3 (lead [Mass/volume] in blood), LNC-5674-7 (lead [Mass/volume] in red blood cells), LNC-77307-7 (lead [Mass/volume] in venous blood), SMD-35833009 (lead screening, blood (procedure)), SMD-8655006 (lead measurement, quantitative, blood (procedure)).

Chart 1 - Overall, the Q3 2024 compliance rate demonstrates a decrease of 4.6% over the previous 2 quarters.

Table 2 details compliance rates using CPT code 83655 (lead test) only.

Chart 2 - The Plan's compliance rate Q3 2024 demonstrates a decrease of 3.34% over the previous 2 quarters.

Table 3 shows how Anticipatory Guidance was documented using CPT code 83655 along with one of the following codes: 99401,99402,99403, 99404.

Chart 3 - The Q3 2024 compliance rate demonstrates a decrease of .70% over the previous two quarters. The total number of members increased, and the denominator decreased. The anticipatory guidance rates demonstrate low compliancy consistent with previous years' rates.

Barrier Analysis:

- Incorrect coding used by the providers.
- Low point of care (POC) LSC testing in provider offices.
- Members do not want to go to lab locations for services due to impeded process and lacking transportation.
- Members do not show up for scheduled appointments.
- Providers need to implement the workflow process and to get the regulation approval for setting up the complete capillary screening at the provider's office.

Actions Taken/Next Steps:

In Q1 2024 the Plan trained Provider Engagement on LSC requirements including anticipatory guidance documentation. The Plan also provided California Department of Public Health resources and materials to be shared with providers and members. Quality Improvement and PE continues their work with providers to develop strategies around coding for anticipatory guidance anytime a member is screened for lead at the time of an office visit or referred to a lab for testing. The Plan continues working with the coding team in identifying and examining documentation and reporting methodologies on anticipatory guidance. The Plan is currently looking into integrating the anticipatory guidance for lead screening at the time of the well child visit occurrence.

In Q3 2023, the Plan began tracking the performance of providers and provider groups who received and were utilizing a POC lead analyzer. The Plan is working on analyzing a year's worth of data to determine this initiative's effectiveness.

As of Q3 2024 the Plan has provided funding for 27 POC lead analyzers and kits. Due to the distributor's backorder of POC lead analyzers some providers experienced a delay in receiving the equipment.

The Quality Improvement Team and related teams continue to train and support the offices throughout the year via Action Plans to ensure CPT Code 83655 is documented correctly in the system, to promote Cozeva Integration.
In addition, the Plan continues with education and communication with providers on the importance of lead screening for members before they turn 18 - 30 months of age. In Q1 2024 Provider Engagement implemented 338 lead education trainings. In Q3 QI submitted a PE Data request to obtain the Lead Blood Screening Provider Trainings on a quarterly cadence moving forward into 2025. The Plan will continue to identify high volume low performing providers quarterly and work with Provider Engagement to provide additional training, identify potential barriers and identify high volume low performing providers who may benefit from POC Lead Analyzers.

In Q1 2024 the Plan trained Provider Engagement on LSC requirements including anticipatory guidance documentation. The Plan also provided California Department of Public Health resources and materials to be shared with providers and members. Quality Improvement and PE continues their work with providers to develop strategies around coding for anticipatory guidance anytime a member is screened for lead at the time of an office visit or referred to a lab for testing. The Plan continues working with the coding team in

identifying and examining documentation and reporting methodologies on anticipatory guidance. The Plan is currently looking into integrating the anticipatory guidance for lead screening at the time of the well child visit occurrence.

Next Steps:

- Identify high volume low performing providers who are not conducting POC blood lead level screenings.
- Establish a process to order blood lead analyzers for providers who are high volume and low performing.
- Monitor providers who receive a lead analyzer to ensure they are testing members from 9-12 months of age and before they turn 24 months during well care visits.
- Set forth the implementation of LSC POC Testing of the pilot's worked-out plan in office in all sites who are not conducting POC blood lead level screenings.
- Work with PE to educate providers on documenting anticipatory guidance.
- Meet with the QIRA team to identify a better method of documenting and reporting on anticipatory guidance.

REPORT SUMMARY TO COMMITTEE

TO:	**Health Net Quality Improvement/Health Equity Committee (HNCS QIHEC)**
FROM:	**Quality Improvement-Amy Wittig**
COMMITTEE DATE:	**May 8, 2025**
SUBJECT:	**Blood Lead Screening in Children (LSC) Completion and Compliance**

Summary:

Quarterly Assessment of Lead Screening in Children (LSC) completion compliance to describe clinical guidelines for blood lead screening, reporting requirements related to blood lead screening and, to ensure Medi-Cal members receive anticipatory guidance related to blood lead poisoning prevention and blood lead level testing and follow-up services from providers.

The Q4 2024 Blood Lead Level Screening Report shows the Plan's performance on blood lead level screenings and anticipatory guidance monitoring from Q1 2024 - Q4 2024.

- In Q4 2024 the overall compliance was 28.50%, which is a .65% decrease from Q1 2024. Due to the measure's cumulative effect, the quarterly rate is expected to increase as the year progresses. However, due to the changes in how the measure is calculated (as described in the Methodology section) the increase in performance is likely attributed to the methodology changes.

- In Q4 2024 the overall compliance for CPT Code 83655 (only) was 28.20%, which demonstrates a .41% increase compared to Q1 2024. Due to the measure's cumulative effect, the quarterly rate is expected to increase as the year progresses. However, due to the changes in how the measure is calculated (as described in the Methodology section) the increase in performance is likely attributed to the methodology changes.

- In Q4 2024 the overall compliance for Anticipatory guidance Code Rates was .40%, which is a .61% decrease from Q1 2024. Due to the measure's cumulative effect, the quarterly rate is expected to increase as the year progresses. However, due to the changes in how the measure is calculated (as described in the Methodology section) the increase in performance is likely attributed to the methodology changes.

Purpose of Activity:

The Childhood Lead Poisoning Prevention Act of 1991 requires the state Department of Public Health (DPH) to adopt regulations establishing a standard of care whereby all children are evaluated for risk of lead poisoning and required insurers to cover certain related childhood preventive services.

The Medi-Cal program covers the provision of blood lead screening tests for children of any age who are at risk for lead poisoning, as determined by a physician or surgeon affiliated with the Plan.

The report describes the Plan's monitoring of oral and/or written anticipatory guidance provided at each periodic health assessment to parents or guardians, of the harmful effects of lead exposure on children, starting at 6 months of age to 6 years (72 months) of age, since children who begin to crawl until 72 months of age are particularly at risk. Providers must order blood lead level screenings at one years of age, two years of age and whenever a child under six years is identified as having missed the required tests, a change in circumstances has put the child at risk, or if requested by the parent or guardian and medically indicated. Refugees must be screened upon arrival and at specified times thereafter. The Provider is responsible for documenting anticipatory guidance in the member record. If the legal parent or guardian of the member refuses the lead screening, they must sign a voluntary refusal statement, and the refusal must be documented in the member record.

Methodology

Quarterly completion of lead blood screenings in children is monitored via claims/encounters received by the Plan. Claims and encounters are tracked monthly and are utilized for the reports within 4 months after the month in review (i.e., the report on January activity will be available in May). For the quarterly reports, all age groups remain static during the measurement year (MY) with the quarterly reports reflecting year-to-date data at the end of each reporting period. The first quarter of each MY represents the new population within the measure's parameters (i.e. eligible children turning 1, 2, or 3 - 6 years of age during the MY). Therefore, initial compliance rates will be determined at the beginning of the MY and will continue to improve by year end.

The quarterly blood lead level screenings and anticipatory guidance reporting uses the custom LSC measure defined as:

- Measure eligibility (denominator) is determined by establishing if the member was enrolled at any point in time during the quarter of interest. In addition: Members turning 1,2,3,4,5, or 6 years of age during the measurement year.

Compliance (numerator positive/numerator compliant) is determined by the following:

- For members turning 1 year of age during the MY, the member is compliant if he/she received a screening between 6 and 17 months of age. Prior to 6 months of age does not count does not count.
- For members turning 2 years of age during the MY, the member is compliant if he/she received a screening between 18 and 30 months of age.
- For members turning 3, 4, 5, or 6 years of age during the MY, the member is compliant if he/she received a screening before their 6th birthday.

Data/Results (include applicable benchmarks/thresholds):

Table 1 – Overall Compliance Q4 2024

	Q4 2024			
Age Ranges	**Age 1 (6-17 Mos)**	**Age 2 (18-30 Mos)**	**Age 3 to 6 (31 -72 Mos)**	**Total**
Numerator	909	948	1,132	**2,989**
Denominator	1,666	1,790	7,087	**10,543**
% Compliant	54.60%	53.00%	16.00%	**28.50%**

Chart 1 – Overall Compliance Q4 2024

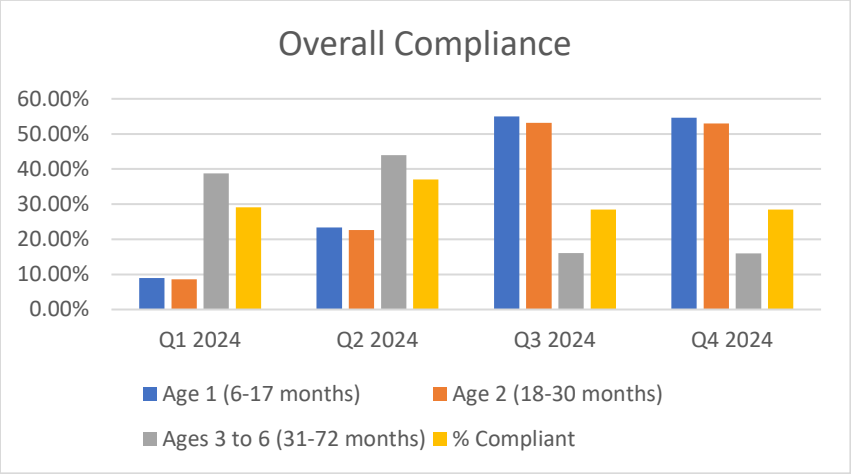


Table 2 - CPT 83655 (only) Q4 2024

	Q4 2024			
Age Ranges	**Age 1 (6-17 Mos)**	**Age 2 (18-30 Mos)**	**Age 3 to 6 (31 -72 Mos)**	**Total**
Numerator	902	943	1,111	**2,956**
Denominator	1,666	1,790	7,087	**10,543**
% Compliant	54.10%	52.70%	15.70%	**28.20%**

Chart 2 - CPT 83655 Q3 2024

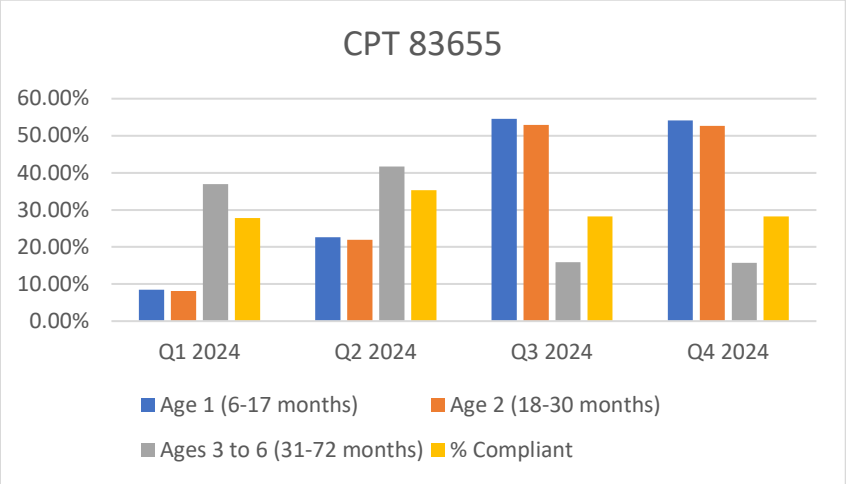
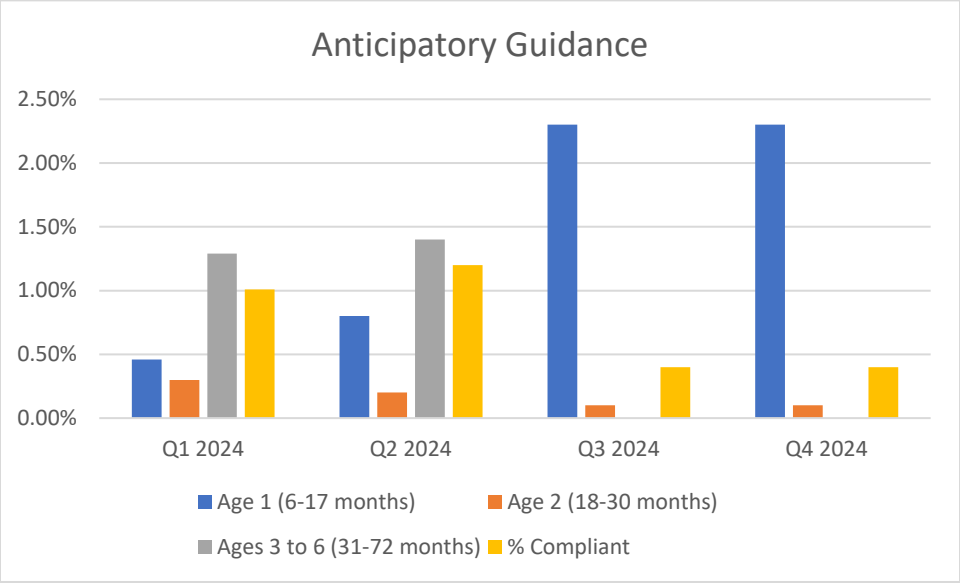


Table 3 - Anticipatory Guidance Q4 2024

	Q4 2024			
Age Ranges	**Age 1 (6-17 Mos)**	**Age 2 (18-30 Mos)**	**Age 3 to 6 (31 -72 Mos)**	**Total**
Numerator	38	2	2	**42**
Denominator	1,666	1,790	7,087	**10,543**
% Compliant	2.30%	0.10%	0.00%	**0.40%**

Chart 3 - Anticipatory Guidance



Analysis/Findings/Outcomes:

Table 1 displays overall compliance rates that any of the following codes: CPT-83655 (lead test), LNC-10368-9 (lead [Mass/volume] in capillary blood), LNC-14807-2 (lead [Moles/volume] in blood), LNC-17052-2 (lead [presence] in blood), LNC-5671-3 (lead [Mass/volume] in blood), LNC-5674-7 (lead

[Mass/volume] in red blood cells), LNC-77307-7 (lead [Mass/volume] in venous blood), SMD-35833009 (lead screening, blood (procedure)), SMD-8655006 (lead measurement, quantitative, blood (procedure)).

Chart 1 - Overall, the Q4 2024 compliance rate demonstrates a decrease of 3.07% over the previous 3 quarters.

Table 2 details compliance rates using CPT code 83655 (lead test) only.

Chart 2 - The Plan's CPT compliance rate Q4 2024 demonstrates a decrease of 2.23 % over the previous 3 quarters.

Table 3 shows how Anticipatory Guidance was documented using CPT code 83655 along with one of the following codes: 99401,99402,99403, 99404.

Chart 3 - The Q4 2024 compliance rate demonstrates a decrease of .47 % over the previous 3 quarters. The total number of members increased, and the denominator decreased. The anticipatory guidance rates demonstrate low compliancy consistent with previous years' rates.

Barrier Analysis:

- Incorrect coding used by the providers.
- Low point of care (POC) LSC testing in provider offices.
- Members do not want to go to lab locations for services due to impeded process and lacking transportation.
- Members do not show up for scheduled appointments.
- Providers need to implement the workflow process and to get the regulation approval for setting up the complete capillary screening at the provider's office.

Actions Taken/Next Steps:

In Q1 2024 the Plan trained Provider Engagement on LSC requirements including anticipatory guidance documentation. The Plan also provided California Department of Public Health resources and materials to be shared with providers and members. Quality Improvement and PE continues their work with providers to develop strategies around coding for anticipatory guidance anytime a member is screened for lead at the time of an office visit or referred to a lab for testing. The Plan continues working with the coding team in identifying and examining documentation and reporting methodologies on anticipatory guidance. The Plan is currently looking into integrating the anticipatory guidance for lead screening at the time of the well child visit occurrence.

In Q3 2023, the Plan began tracking the performance of providers and provider groups who received and were utilizing a POC lead analyzer. The Plan is working on analyzing a year's worth of data to determine this initiative's effectiveness.

As of Q4 2024 the Plan has provided funding for 27 POC lead analyzers and kits. Due to the distributor's backorder of POC lead analyzers some providers experienced a delay in receiving the equipment.

The Quality Improvement Team and related teams continue to train and support the offices throughout the year via Action Plans to ensure CPT Code 83655 is documented correctly in the system, to promote Cozeva Integration.
In addition, the Plan continues with education and communication with providers on the importance of lead screening for members before they turn 18 - 30 months of age. In Q1 2024 Provider Engagement implemented 338 lead education trainings. In Q3 QI submitted a PE Data request to obtain the Lead Blood Screening Provider Trainings on a quarterly cadence moving forward into 2025.The Plan will continue to identify high volume low performing providers quarterly and work with Provider Engagement to provide additional training, identify potential barriers and identify high volume low performing providers who may benefit from POC Lead Analyzers.

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- Establish a process to order blood lead analyzers for providers who are high volume and low performing.
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- Set forth the implementation of LSC POC Testing of the pilot's worked-out plan in office in all sites who are not conducting POC blood lead level screenings.
- Work with PE to educate providers on documenting anticipatory guidance.
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Utilization Management

Q1 2025 as of 4/1/2025

Loren Hilburn

Executive Summary

Metrics Summary – Q4 2024 to Q1 2025

- Bed Days, Admits, and ALOS increased from Q4 2024 to Q1 2025, Bed Days most significantly (+9%)
- 30-Day Readmissions decreased by 26% (from 7.7% to 8.2%)
- Outpatient surgery decreased by 40% (from 150 to 108), but March data is under-reported due to claims run-out
- TAT was met in Q1 2025

Current Initiatives

- **Bedside Dialysis Program:** Collaborating with the Internal Incentive Program Team and a major nursing home provider to develop a bedside dialysis program
- **Physician Certification Statement (PCS) Compliance:** Enhancing internal PCS management to improve compliance with member transportation requirements
- **Process Improvement in California Utilization Management (UM):** Identifying best practices and opportunities to enhance member outcomes
- **Enhanced Collaboration:** Strengthening coordination between the Market Liaison, Plan, and Shared Services to drive process improvements
- **Discharge Planning Improvements:** Focused efforts on refining discharge planning across all Lines of Business (LOB)

Executive Summary - Continued

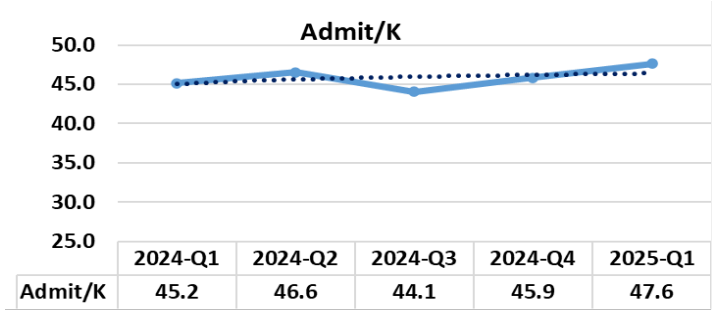
UM Barriers

- Discharge Planning Challenges: Discharge planning remains a key barrier in Q3. To mitigate this, UM has launched an initiative to increase referrals to Care Management for 16 targeted diagnoses
- Enterprise-Wide Best Practices: Actively identifying and integrating best practices across the organization to enhance UM processes and outcomes
- Post-Stabilization Policy Enhancement: Finalizing the Policy and Procedure for the 30-minute post-stabilization requirement, with completion expected within the next 14 days

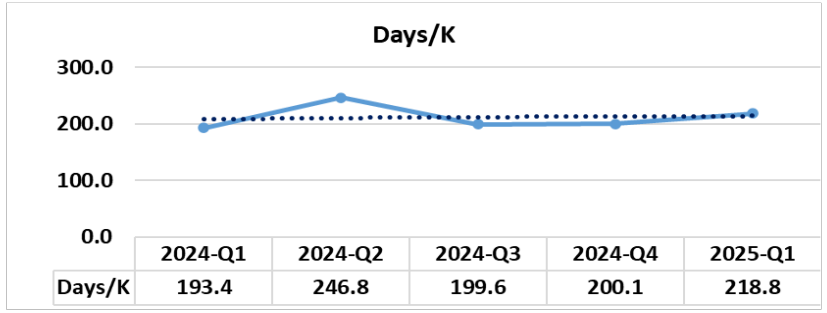
Risks

- **Post-Stabilization Impact:** The current post-stabilization process is leading to "auto-approval," resulting in increased inpatient stays that may not meet medical necessity criteria
- **Optimization Efforts:** Evaluating strategies to align UM functions more effectively with Corporate Shared Services to ensure appropriate utilization and reduce unnecessary inpatient admissions

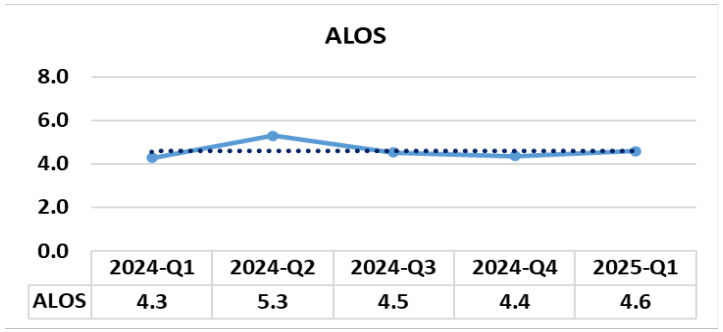
Utilization Management Key Metrics



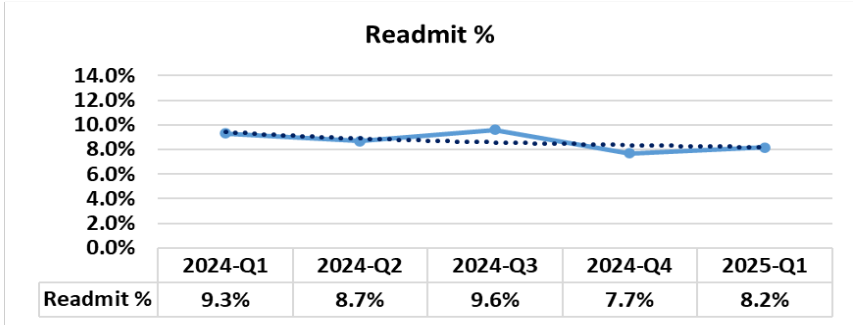
	2024-Q1	2024-Q2	2024-Q3	2024-Q4	2025-Q1
Admit/K	45.2	46.6	44.1	45.9	47.6



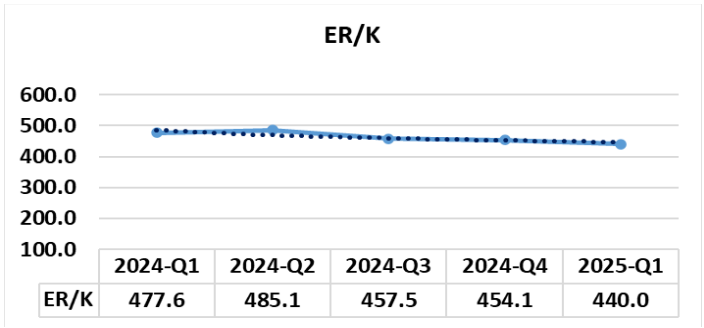
	2024-Q1	2024-Q2	2024-Q3	2024-Q4	2025-Q1
Days/K	193.4	246.8	199.6	200.1	218.8



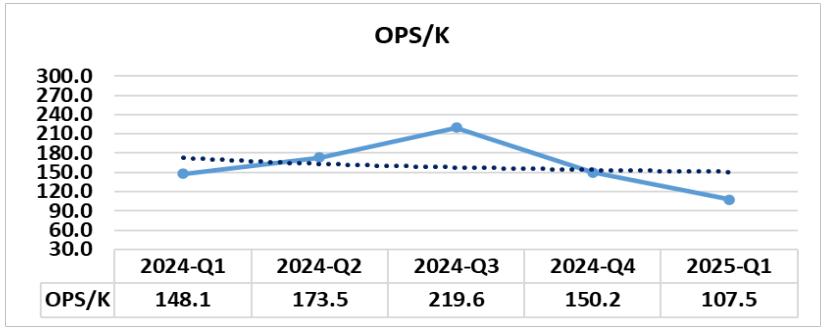
	2024-Q1	2024-Q2	2024-Q3	2024-Q4	2025-Q1
ALOS	4.3	5.3	4.5	4.4	4.6



	2024-Q1	2024-Q2	2024-Q3	2024-Q4	2025-Q1
Readmit %	9.3%	8.7%	9.6%	7.7%	8.2%



	2024-Q1	2024-Q2	2024-Q3	2024-Q4	2025-Q1
ER/K	477.6	485.1	457.5	454.1	440.0



	2024-Q1	2024-Q2	2024-Q3	2024-Q4	2025-Q1
OPS/K	148.1	173.5	219.6	150.2	107.5

Data from March 2025 CalViva UM KIR

Trends – Q4 2024 to Q1 2025

Inpatient

Bed Days PTMPY increased 9%
Admits PTMPY increased 4%
ALOS increased 5%
Readmit rate **decreased 26%** (from 7.7% to 8.2%)

Emergency Room

ER Visits PTMPY decreased 3%

Outpatient Surgery

OPS visits PTMPY **decreased 40%** (from 150 to 108)

Data considerations

Dotted lines are linear regression trend lines

Note: Q1 2025 metrics are expected to normalize when reported again next quarter. The most recent quarter typically provides an over-projection of actual utilization (the current projection uses authorization and claims data through March 2025)

ALOS = Average Length of Stay
PTMPY = Per Thousand Members Per Year

Dental Anesthesia Reporting

Below is a breakout by county for children and adults:

Quarter	All DD Requests	Requests for Non-DD Adults	Approvals for Non-DD Adults	Requests for Non-DD Children	Approvals for Non-DD Children	Denials for Non-DD Children Due to Not Meeting Medical Necessity Criteria	Denials for Non-DD Children Due to Services Rendered by CCS	Total
2024-Q1	0	1	1	14	14	0	0	15
2024-Q2	0	0	0	38	36	1	1	38
2024-Q3	0	0	0	46	45	0	1	46
2024-Q4	0	1	1	41	41	0	0	42
2025-Q1	0	0	0	42	42	0	0	42
Q4 to Q1 Percent Change				**2%**	**2%**	**0%**	**0%**	**0%**

Observations

- No developmental disability (DD) requests were received in Q1 2025
- Average quarterly request volume for Non-DD Children in 2024 was 35 cases
- Q1 2025 request volume is 17% higher than 2024

Data from CHPIV SHP APL 15-012 Dental General Anesthesia Services Reporting

UM Prior Authorization TAT

CHPIV Metric	CA Prior Auth App/Den/Mod TAT	Jan	Feb	Mar	Q1 - Overall Quarterly Score
PIV-7	CHPIV PA Routine Authorizations TAT	100.00%	100.00%	100.00%	100.00%
PIV-9	CHPIV PA Urgent Authorizations TAT	100.00%	100.00%	90.91%	96.97%
PIV-12	CHPIV Concurrent Authorization TAT	100.00%	100.00%	100.00%	100.00%

Legend	
Goal is > 95%	
	= Goal attained
	= Goal not attained

***Quarterly scores above 95% do not require CAPs**

UM CHPIV Medi-Cal Activities

UM authorization metrics reporting is currently undergoing a redesign. A new view will be delivered in one quarter's time.

In the interim, please utilize the monthly KIR Report for acute utilization metrics.

Under/Over Utilization

Community Health Plan of Imperial Valley

John Gonzalez, Data Analyst

Anshul Dixit MD, Supervisory Medical Director

May 8th, 2025

Rationale

- Ensure appropriate use of services by monitoring data for under- and over-utilization of services for SPD and Non-SPD members.
- Fraud, Waste and Abuse of services is monitored and reported.
- Reports are used internally and with PPGs to develop member and population level interventions.

Methodology

UM metrics include:

- Admissions/K
- Bed days/K
- Acute care average length of stay
- ER admits/K
- All cause readmits
- Authorization appeals, denials, deferrals, and modifications
- Specialty referrals for target specialties

Auth-Based Utilization as of January 2025

COUNTS	Q1 2024	Q2 2024	Q3 2024	Q4 2024	YTD-2024
Admits - Count	446	425	400	415	**422**
Admits Acute - Count	245	273	241	245	**251**
Readmit 30 Day - Count	34	33	34	25	**32**
**ER Visits - Count	3,882	3,889	3,611	2,392	**3,443**
PER/K	**Q1 2024**	**Q2 2024**	**Q3 2024**	**Q4 2024**	**YTD-2024**
Admits Acute - PTMPY	30.1	33.7	30.0	30.4	**28.5**
Bed Days Acute - PTMPY	140.3	184.2	146.3	149.3	**142.1**
ALOS Acute	4.7	4.9	4.9	0.0	**5.0**
Readmit % 30 Day	7.7%	8.5%	6.0%	0.0%	**7.5%**
**ER Visits - PTMPY	476.0	480.9	450.0	297.2	**390.7**

Results

Overall:

- Utilization remained stable during Q1-Q3 2024
- Q4 2024 in data runoff period
- No significant quarter-over-quarter fluctuations
- High ED Utilization indicative of access challenges

Improvement Work Process

SMD and Account Executive outreach to PPG to self-analyze barriers, interventions and develop work plans

Intervention/action plans

Re-admissions

- Encourage same day post d/c appts for stratified high-risk members
- Transitions of care/collaboration with post-acute care entities, post d/c clinic
- ADT (admit, discharge, transfer) frequent data share for coordination of care, also included in the COZEVA platform
- Promoting use of medically tailored meals (MTM) for high-risk, in huddles
- Implemented Transitional Care Management, optimize resource for high risk, work closely with SNF

Continuation intervention/action plans

Re-admissions

- Use technology to identify high-risk re-admission patients and linkage
- Use of technology for remote monitoring for disease specific care programs
- Multidisciplinary approach to address high-cost conditions
- Pharmacy to increase refills from 30 days to q 3 months, med reconciliation on high-risk members
- NP custodial visits to address all needs are met

Intervention/action plan

ER/K

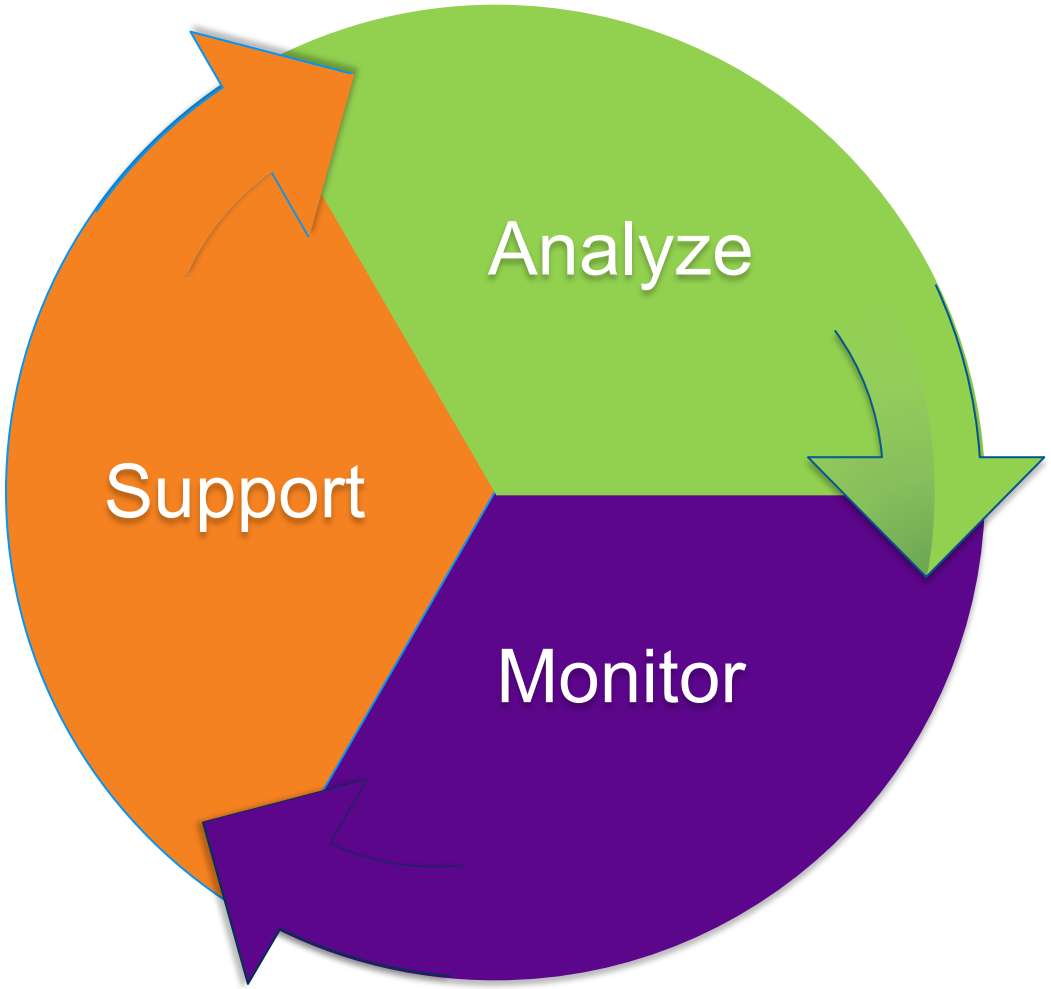
- Open access, same day appt, express clinic, promote triage/ nurse advise line
- Real-time data access from some facilities, allows for immediate outbound call by CM
- Geo-mapping members to the nearest PCP

Intervention/action plan continued…

ER/K

- Strengthen provider and patient relationship via outreach to establish care, training to capture SDoH
- Data mining for high-utilizers followed by outpatient CM, PCP notification
- ADT data for ER alerts
- MSO level utilization data review for care coordination and access to care
- Increasing referrals to CM, Home-Based Palliative Care

Continue to….



Thank You

CHPIV Specialty Access Report

Data for Jan 2024 – Dec 2024, received thru 02/28/2025

Nima Parto
Manager, Data Analysis

Anshul Dixit, MD
Supervisory Medical Director
May 8, 2025

Purpose

- Monitoring of specialty referrals allows for the detection and correction of potential barriers to access and over- or underutilization + c/w previous year
- Data is derived from paid claims(encounters) for delegated group
- Differences in local practice patterns, resource availability, and membership may lead to significant variations
- Data presented only for high focus specialties

Utilization by Parent & Rendering Specialty

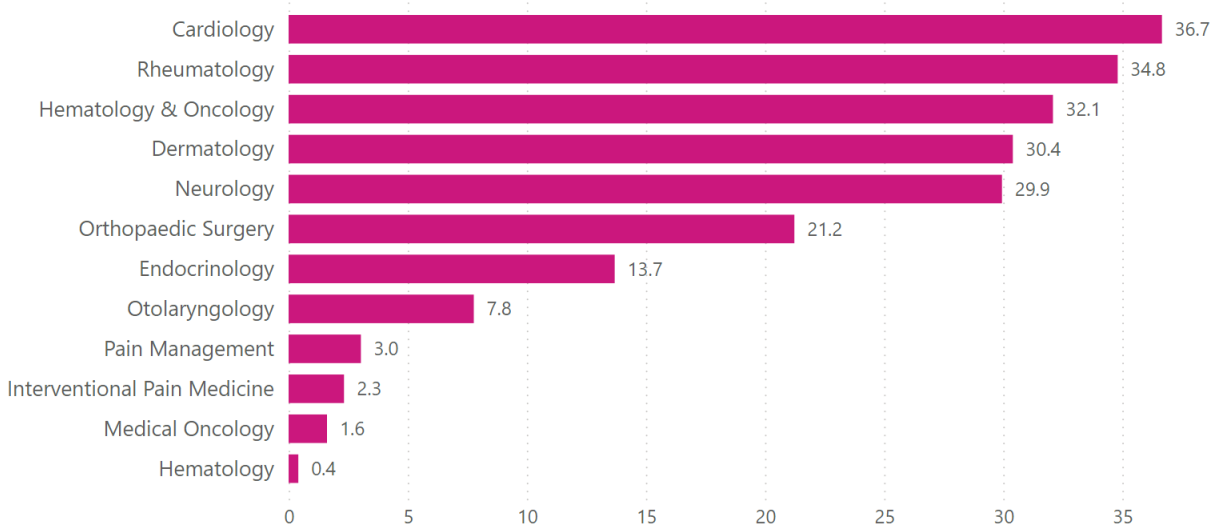
California Provider Analytics & Reporting

health net | california health & wellness

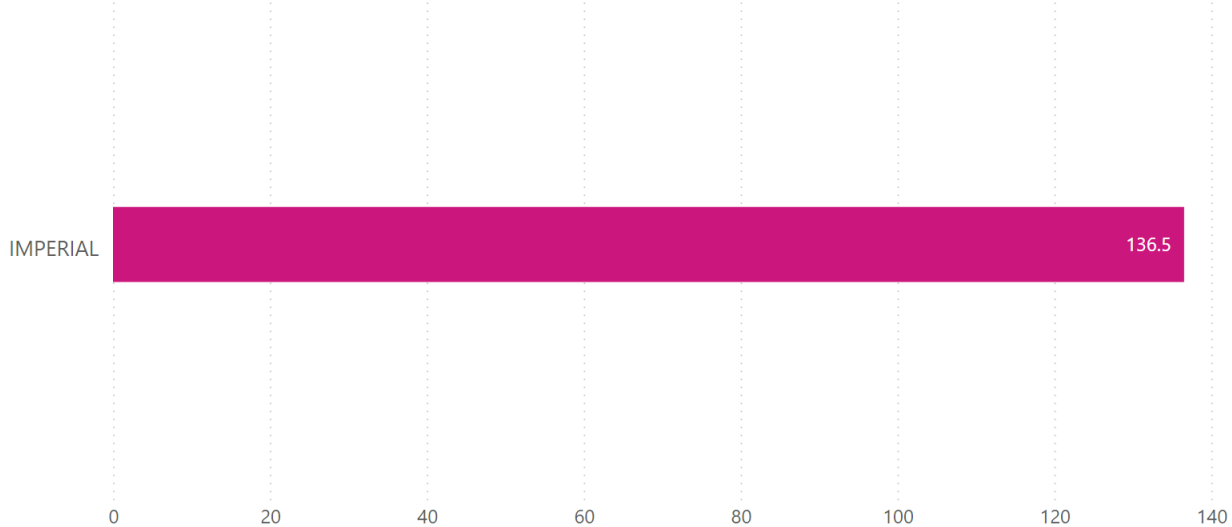
Average PTMPY For Focus Specialties by County

HCP County	Cardiology	Dermatology	Endocrinology	Hematology	Hematology & Oncology	Interventional Pain Medicine	Medical Oncology	Neurology	Orthopaedic Surgery	Otolaryngology	Pain Management	Rheumatology	Total
IMPERIAL	36.7	30.4	13.7	0.4	32.1	2.3	1.6	29.9	21.2	7.8	3.0	34.8	**136.5**
Total	**36.7**	**30.4**	**13.7**	**0.4**	**32.1**	**2.3**	**1.6**	**29.9**	**21.2**	**7.8**	**3.0**	**34.8**	**136.5**

Average PTMPY for Focus Specialties All Counties



Average PTMPY Specialty Referrals by County



EXECUTIVE SUMMARY TO COMMITTEE

TO: CHPIV Health QI/UM Committee

FROM: Javier Guevara, Member Appeals & Grievances Department

COMMITTEE DATE:

SUBJECT: 2025 Q1 Appeals & Grievances Executive Summary

The CHPIV Health QI/UM Committee reviews a written record of appeals and grievances quarterly to assess emerging patterns, compliance to turnaround time and volume, and to formulate potential plan policy/process changes and/or procedural improvements. As of 01/2025, CHPIV is a new line of business.

Appeals and Grievances:

Chart 1: Q1 2025 Total Raw Number of Grievances

Appeals	
CHPIV	Volume
Total	**23**
Grievances	
CHPIV	Volume
Total	**91**

Chart 2: Chart 2: Q1 2024- Total Number of Grievances

Appeals	
CHPIV	Volume
Total	**7**
Grievances	
CHPIV	Volume
Total	**96**

Q1- A&G Overview:

I. Appeals and Grievances Summary

1. Total Appeals – 23
   - 19 Pre-Service Appeals
   - 1 Expedited Pre-Service Appeals
   - 3 Post-Service Appeals
2. Total Grievances – 91
   - 62 - Quality of Service (QOS)
   - 4 - Clinical/Quality of Care (QOC)
   - 25 – Access to Care (ATC)
3. Trends:

QOS Grievances:

- Transportation- General Complaint Vendor was a top grievance resolved, with 14 cases.
- Balance Billing Issue Non-Par Provider, with 4 cases resolved.
- Administrative Issues- Health Plan with 4 cases resolved.
- Administrative Issues- Member Materials with 4 cases resolved.

- Administrative Issues – Claim Not Received with 3 cases resolved.
- Balance Billing- Par Provider with 3 cases resolved.

QOC Grievances:

- Quality of Care - PCP – Inadequate Care with 2 cases resolved
- All other Quality of Care grievances are too low in volume to identify significant trends.

Pre-Service Appeals:

- Not Medically Necessary - Diagnostic - MRI is the top trend with 4 resolved cases. Of the Q1 cases, 2 were overturned.
- All Other Pre-Service Appeals are too low in volume to identify significant trends.

Post-Service Appeals:

- Not Medically Necessary – Inpatient- Length of Stay is top trend with 2 cases.
- All other Post Service appeals are too low in volume to identify significant trends.

II. Access Grievances - Top Access Grievances classifications

- Access to Care - Prior Authorization delay 8
  - Member education of referral process and A&G facilitated referrals and/or assisted with provider changes.
- Access to Care-Transportation Missed Appointment 4
  - Issues were resolved by A&G educated members regarding the process for requesting transportation.
- Access to Care –Prescription Delay 2
  - A&G facilitated with facilitating prescriptions for the member. There were no trends identified with any specific provider.
- Access to Care – Availability of Appt W/PCP 2
  - A&G facilitated expediting the member's request and or provided with member education on scheduling appointment with PCP.

Access to Care issues were resolved through member or provider education and in partnership with Provider Network Management.

III. Transportation Grievances

- In Q1 2025, we received 20 formal grievances related to transportation, compared to 25 cases for Q1 2024.
- A&G assisted with educating providers and members regarding the process for requesting transportation, and transportation standards.
- Transportation providers were provided with education on the standards of service.
- Ongoing partnership with ModivCare to reduce member abrasion.

IV. Behavioral Health Grievances

- In Q1 2025, we had no behavioral health grievances.

CHPIV QIHEC

Appeals and Grievance Department

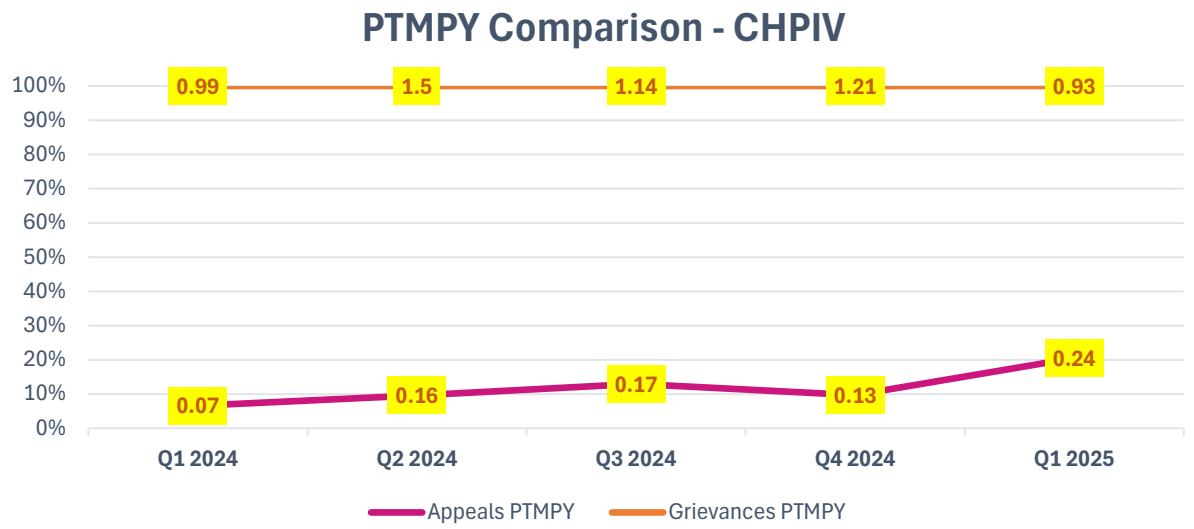
1st Quarter 2025

Quarterly Totals – Appeals & Grievances

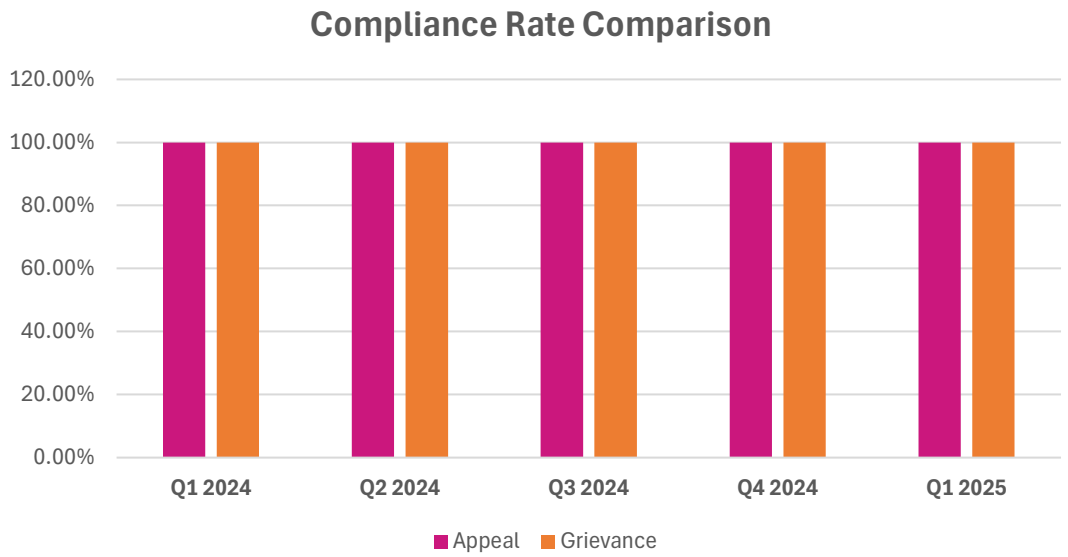
CHPIV - Appeals					
	Q1 2024	Q2 2024	Q3 2024	Q4 2024	Q1 2025
Appeals	7	15	16	13	23
Appeals PTMPY	0.07	0.16	0.17	0.13	0.24

CHPIV- Grievances					
	Q1 2024	Q2 2024	Q3 2024	Q4 2024	Q1 2025
Grievances	96	145	110	117	91
Grievances PTMPY	0.99	1.50	1.14	1.21	0.93

- **There was an increase in Appeals cases for Q1 2025.**
- **There was decrease in Grievances cases for Q1 2025.**



CHPIV Compliance Rates



CHPIV Compliance Rate					
	Q1 2024	Q2 2024	Q3 2024	Q4 2024	Q1 2025
Appeal	100.00%	100.00%	100.00%	100.00%	100.00%
Grievance	100.00%	100.00%	100.00%	100.00%	100.00%

CHPIV Trends – Top Appeals & Grievances

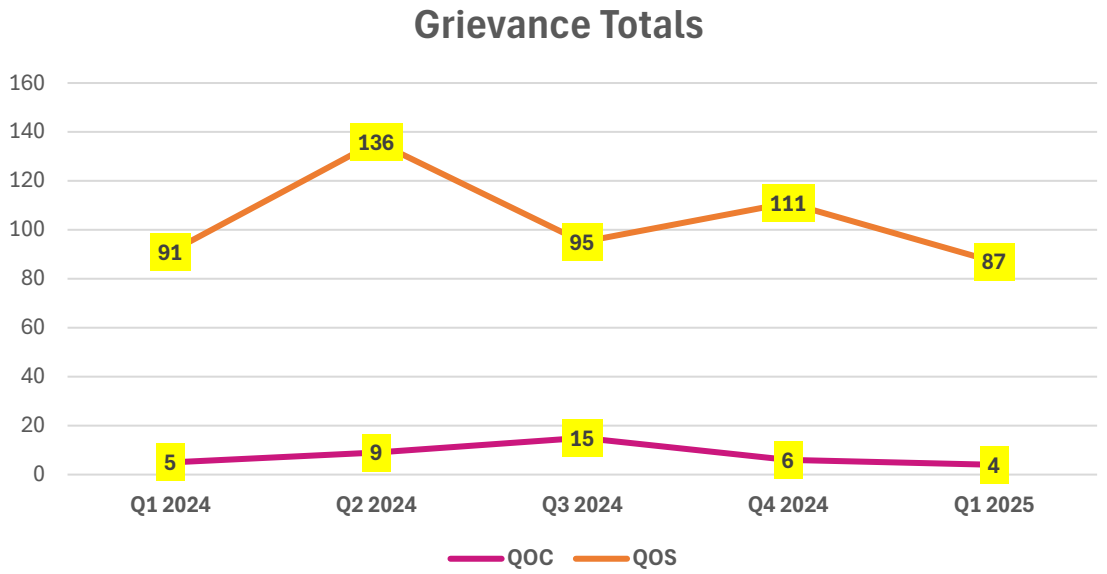
Pre-Service Appeals				
Quarter	Case Count	Issue	Overturn Rate	LOB
Q1 2025	**4**	**Not Medically Necessary - Diagnostic - MRI**	**50.00%**	**Medi-Cal**
Q4 2024	4	Not Medically Necessary - Diagnostic - MRI	100.00%	Medi-Cal
Q3 2024	5	Not Medically Necessary - Diagnostic - MRI	100.00%	Medi-Cal
Q2 2024	3	Not Medically Necessary - Diagnostic - MRI	67.00%	Medi-Cal
Q1 2024	2	Not Medically Necessary - Diagnostic - MRI	100.00%	Medi-Cal

- **Not Medically Necessary – Diagnostic- MRI was the top trend for Pre-service appeals in Q1.**

Member Perceived QOS Grievances			
Quarter	Case Count	Issue	LOB
Q1 2025	**14**	**Transportation - General Complaint Vendor**	**Medi-Cal**
Q4 2024	14	Balance Billing Issues	Medi-Cal
Q3 2024	21	Transportation - General Complaint Vendor	Medi-Cal
Q2 2024	20	Transportation - General Complaint Vendor	Medi-Cal
Q1 2024	20	Transportation - General Complaint Vendor	Medi-Cal

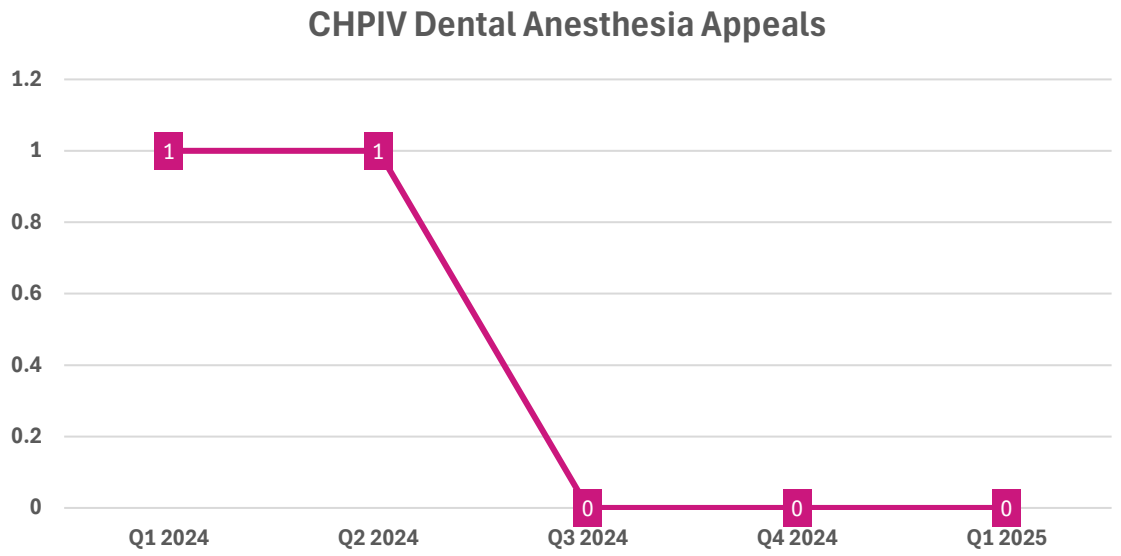
- **Transportation- General Complaint Vendor was top trend for QOS Grievances in Q1 2025.**

CHPIV Grievance Totals



- **In Q1 2025, Grievances decreased by 24 cases overall from Q4 2024.**

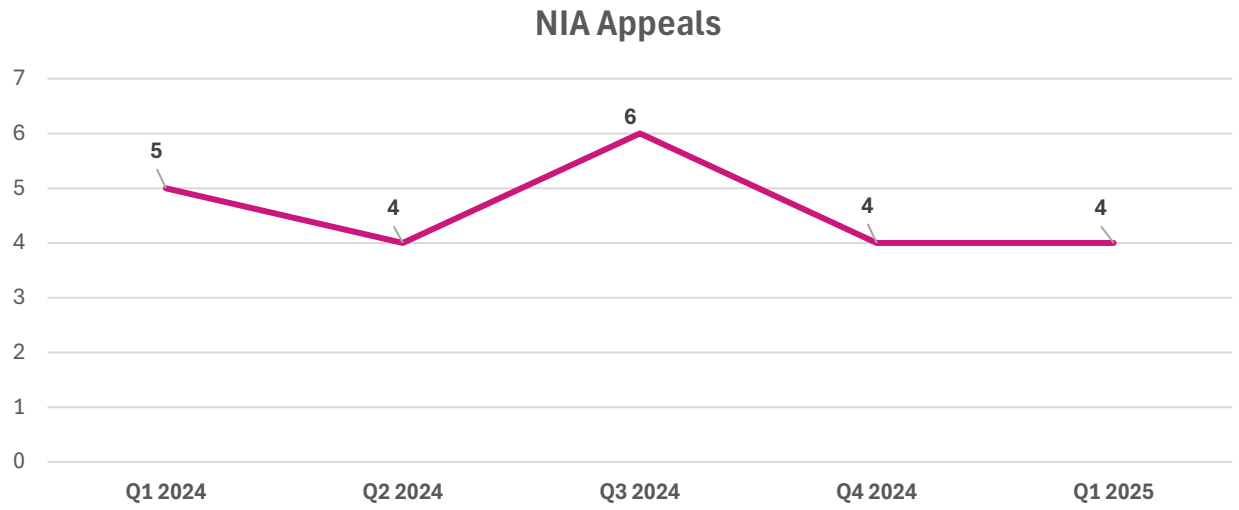
Dental Anesthesia Totals



Dental Anesthesia Totals					
	Q1 2024	Q2 2024	Q3 2024	Q4 2024	Q1 2025
CHPIV	1	1	0	0	0

- **No trends, volume continues to be low.**

Evolent Appeal Totals - YTD



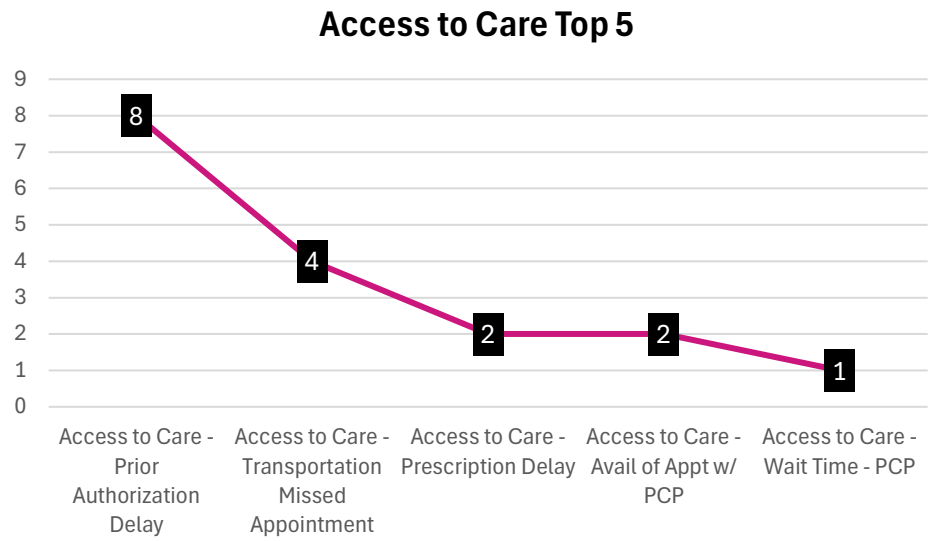
Evolent Appeal Totals					
	Q1 2024	Q2 2024	Q3 2024	Q4 2024	Q1 2025
CHPIV	5	4	6	4	4

Diagnostic MRI:

- Ongoing partnership with Evolent to reduce Appeals received due to authorization initially denied for medical records and/or additional records.

Appeal Summary – Q1 2025						Quarterly Totals
Top NIA Appeal Type	Overall Evolent Summary					Evolent PTMPY
Evolent Appeal	Case Count	Overturned	Upheld	Withdrawn	LOB	Q4
Not Medically Necessary - Diagnostic - MRI	4	2	2	0	CHPIV	0.18

Top 5 - Access to Care



CHPIV	
Description	**Volume**
Access to Care - Prior Authorization Delay	8
Access to Care - Transportation Missed Appointment	4
Access to Care - Prescription Delay	2
Access to Care - Avail of Appt w/ PCP	2
Access to Care - Wait Time - PCP	1

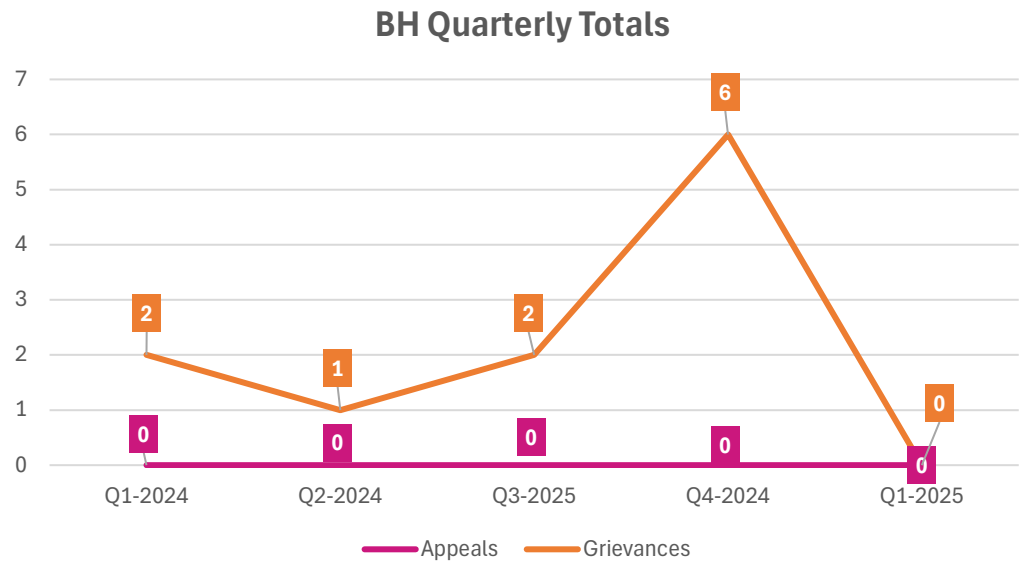
Behavioral Health Cases

Top BH Grievances		
Description	**Volume**	**PTMPY**
N/A	N/A	N/A

Top BH Appeals		
Description	**Volume**	**PTMPY**
N/A	N/A	N/A

- There was no Behavioral Health Issues in Q1 2025 compared to Q1 2024 we had 2 Behavioral Health Issues.
- As of January 1, 2024, mental health related grievances are being tracked as Behavioral Health, vs. MHN.

Behavioral Health (BH) Totals



- **In Q1 2025 BH cases decreased by 6 cases from Q4 2024, to 0 from 6.**

Appeals and Grievances – Rolling Year Totals

Appeals - 2025 Rolling Year Total

Quarter	Q1			Q2			Q3			Q4			YTD
Month	25-Jan	25-Feb	25-Mar	25-Apr	25-May	25-Jun	25-Jul	25-Aug	25-Sep	25-Oct	25-Nov	25-Dec	
Total	11	3	9										
	23			Q2			Q3			Q4			23

Grievances - 2025 Rolling Year Total

Quarter	Q1			Q2			Q3			Q4			YTD
Month	25-Jan	25-Feb	25-Mar	25-Apr	25-May	25-Jun	25-Jul	25-Aug	25-Sep	25-Oct	25-Nov	25-Dec	
Total	30	29	32										
	91			Q2			Q3			Q4			91

Case Totals- Quarterly Comparison

* CHPIV appeals total 23 for Q1 of 2025, showing an increase of appeals compared to 13 appeals in Q4 of 2024

* CHPIV Grievances total 91 for Q1 of 2025, showing a decrease of appeals compared to 117 in Q4 of 2024

* The overall volume of Appeals and Grievances quarterly cases have decreased by 5% compared to Q4 2024

REPORT SUMMARY TO COMMITTEE

TO: CHPIV Q1/UM Committee

FROM: Quality Improvement

COMMITTEE DATE:

SUBJECT: 2025 Quarterly Member Appeals and Grievances Report –1st QTR

Purpose of Activity:

This written record of appeals and grievances will be reviewed quarterly by the Q1/UM Committee to assess emerging patterns of appeals and grievances, and to formulate potential plan policy/process changes and/or procedural improvement.

Data/Results (include applicable benchmarks/thresholds):

Overall Appeals and Grievances

Table 1 summarizes annual total volume, PTMPY and Overturn Rates (OT) of appeals and grievances during the 1st quarter of 2025. When denominators are less than 20, OT rates are summarized as ratios due to the low precision of estimates based on denominators of this size.

Table 1 **Total Membership, Appeals and Grievances by LOB – Q1 2025**

Appeals				
LOB	Avg. Membership	Volume	PTMPY	OT (%)
	2025	**2025**	**2025**	**2025**
CHPIV	97,560	23	0.71	57.17%

Grievances			
LOB	Avg. Membership	Volume	PTMPY
	2025	**2025**	**2025**
CHPIV	97560	91	2.80

Key Performance Indicators:

- There were 23 appeals and 91 grievances in Q1 2025.

Figures 1A through 1B present the PTMPY rates by quarter since Q1 2025.

Figure 1A. CHPIV Appeals – PTMPY

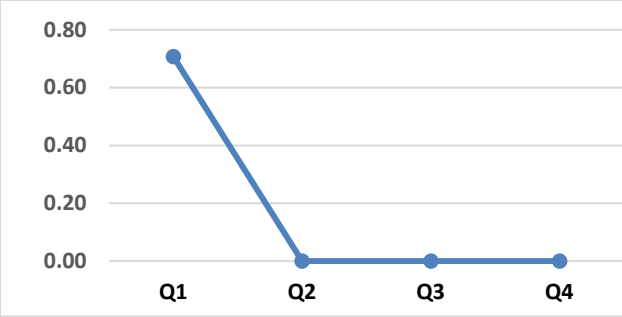
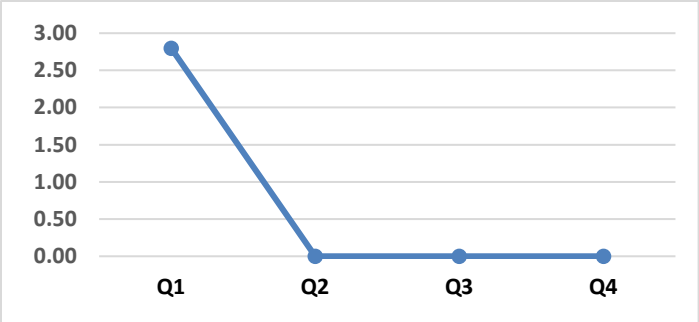


Figure 1B. CHPIV Grievances - PTMPY



APPEALS
The following tables present the Top 5 Pre-Service and Post-Service appeals.

Pre-Service Appeals

Table 2a Detail the Pre-Service appeals in 1st quarter of 2025.

Table 2a Top 5 Pre-Service Appeals – Q1 2025

Description	Volume	PTMPY	OT
Not Medically Necessary - Diagnostic - MRI	4	0.12	2/4
Not Medically Necessary – Inpatient-Length of Stay	2	0.06	0/2
Not Medically Necessary- Inpatient - Admission	2	0.06	1/2
Not Medically Necessary – Diagnostic- CAT Scan	2	0.06	0/2
Not Medically Necessary – Outpatient- Home Health Visits	2	0.06	0/2

- The total number of Pre-Service Appeals in Q1 2025 is 23.
- Not Medically Necessary - Diagnostic - MRI is the top trend with 4 cases. Of the Q1 cases, 2 were overturned.
- Not Medically Necessary – Inpatient- Length of Stay is top trend with 2 cases of which 0 were overturned.
- Not Medically Necessary- Inpatient- Admission is top trend with 2 cases of which 1 was overturned.
- Not Medically Necessary- Diagnostic- CAT Scan is top trend with 2 cases of which 0 were overturned.
- Not Medically Necessary- Outpatient- Home Health Visits is top trend with 2 cases of which 0 were overturned.

Dental Anesthesia Appeals

Total # Dental Anesthesia cases by County	Q1 2025
Imperial	0
Grand Total	**0**

- There were No Dental Anesthesia related appeals in Q1 2025.

Post-Service Appeals

There were 3 post service appeals in Q1 2025. 2 cases related to Not Medically Necessary-Inpatient -Length of Stay and 1 case related to Not Medically Necessary - Inpatient -Admission.

GRIEVANCES

The following tables present the Top 5 Quality of Service and Quality of Care grievances. The tables do not reflect issues where the frequency was less than 2 in the current measurement period. However, in cases where there are no issues with frequencies greater than 1, all issues will be displayed.

Quality of Service (QOS) Grievances

Table 4 details the top 5 QOS grievances in 1st quarter of 2025

Table 4a. QOS Grievances – Q1 2025

Description	Volume	PTMPY
Transportation – General Complaint Vendor	14	0.43
Balance Billing- Non-Par Provider	4	0.12
Administrative Issues- Health Plan	4	0.12
Administrative Issues- Member Materials	4	0.12
Administrative Issues – Claim Not Received	3	0.09
Balance Billing- Par Provider	3	0.09

- The total number of QOS Grievances for Q1-2025 is 62.
- Transportation- General Complaint Vendor was a top trend, with 14 cases.
- Balance Billing Non-Par Provider 4 cases.
- Administrative Issues- Health Plan with 4 cases.
- Administrative Issues- Member Materials 4 cases
- Administrative Issues – Claim Not Received 3 cases.
- Balance Billing- Par Provider 3 cases.

Quality of Care (QOC) Grievances

Table 5a details the QOC grievances in 1st quarter of 2025.

Table 5a: Top 5 QOC Grievances – Q1 2025

Description	Volume	PTMPY
Quality of Care - PCP – Inadequate Care	2	0.06
Quality of Care - PCP – Delay in RX Refill	1	0.03
Quality of Care – Hospital – Suspect Neglect/Abuse	1	0.03

- The Total number of QOC Grievances for Q1-2025 is 4.
- Quality of Care - PCP - Inadequate Care is top trend with 2 cases.
- All other Quality of Care grievances are too low in volume to identify significant trends.
- All QOC grievances are referred to the Clinical Department for review and assignment of severity level.

Access to Care Grievances

Table 6a details the top 5 Access grievances in the 1st quarter of 2025.

Description	Volume	PTMPY
Access to Care - Prior Authorization delay	8	0.25
Access to Care – Transportation Missed Appointment	4	0.12
Access to Care – Prescription Delay	2	0.06
Access to Care – Availability of Appt w/PCP	2	0.06

- The total number of Access to Care grievances for Q1 is 25.
- Access to Care –Prior Authorization delay was a top trend with 8 cases. A&G assisted with facilitating in resolving any authorization issues so members could access needed care.
- Access to Care – Transportation Missed Appointment was top trend with 4 cases. A&G educated members regarding the process for requesting transportation.
- Access to Care – Prescription Delay was the top Trend with 2 cases. Grievances were related to delays in obtaining medication from providers and refills. A&G facilitated with facilitating prescriptions for the member. There were no trends identified with any specific provider.
- Access to Care- Availability of Appt w/ PCP 2 cases. A&G assisted with securing timely appointments with PCP or making PCP change to a PCP with timely appointments. There were no trends identified with any specific provider.
- All other Access to Care grievances is too low in volume to identify significant trends.

Cultural & Linguistic Grievances

Total # of C&L by County	Q1 2025
Imperial	0
Grand Total	**0**

- There were no cases for Cultural & Linguistic Issues in Q1 2025.

Behavioral Health

Total # of C&L by County	Q1 2025
Imperial	0
Grand Total	**0**

There are no Behavioral Health issues in Q1 2025.

REPORT SUMMARY TO COMMITTEE

TO: CHPIV QIHEC Committee

FROM: Carrie-Lee Patnaude, Director Care Management – Medi-Cal

COMMITTEE DATE: May 8, 2025

SUBJECT: California Health Plan of Imperial Valley (CHPIV) Care Management Report Q1 2025

Purpose of Activity:

The purpose of this report is to provide the Committee with Care Management performance metrics, outcomes, and analysis for CHPIV.

Data/Results (includes applicable benchmarks/thresholds):

Table 1 CM Metrics – Total Combined CM (Physical Health [PH], Behavioral Health [BH] & Maternity)

Metric	Q1 2024	Q2 2024	Q3 2024	Q4 2024	Q1 2025
Outreached (UTR,refuse,accept)	626	394	354	438	522
Engaged	422	206	151	168	339
Engagement Rate	67.4%	52.3%	42.7%	38.4%	64.9%
Total Screened and Refused/Declined	51	30	24	36	8
Unable to Reach (UTR)	153	158	179	234	175
Total Cases Closed	402	197	157	148	151
Total Cases Managed	694	494	455	448	428
Complex Case Management	32	34	31	15	15
Non-Complex Case Management	662	460	424	433	413

Table 2 Total Combined CM Managed by Product

CHPIV					
Period	SSI	Medicaid Expansion	TANF	CHIP	TOTAL
2025 Q1	38	69	321	0	**428**
2025 Q2	0	0	0	0	**0**
2025 Q3	0	0	0	0	**0**
2025 Q4	0	0	0	0	**0**
2025 YTD	38	69	321	0	**428**

Table 3 Physical Health CM Metrics

Metric	Q1 2024	Q2 2024	Q3 2024	Q4 2024	Q1 2025
Outreached (UTR,refuse,accept)	222	224	85	104	105
Engaged	98	102	38	32	70
Engagement Rate	44.1%	45.5%	44.7%	30.8%	66.7%
Total Screened and Refused/Declined	38	27	11	15	3
Unable to Reach (UTR)	86	95	36	57	32
Total Cases Closed	73	80	76	51	27
Total Cases Managed	140	169	132	88	65
Complex Case Management	17	23	18	9	6
Non-Complex Case Management	123	146	114	79	59

Table 4 Behavioral Health CM Metrics

Metric	Q1 2024	Q2 2024	Q3 2024	Q4 2024	Q1 2025
Outreached (UTR,refuse,accept)	34	35	97	45	11
Engaged	22	32	22	21	8
Engagement Rate	64.7%	91.4%	22.7%	46.7%	72.7%
Total Screened and Refused/Declined	2	1	4	3	1
Unable to Reach (UTR)	10	2	71	21	2
Total Cases Closed	10	26	24	13	9
Total Cases Managed	25	47	43	31	18
Complex Case Management	3	3	5	2	0
Non-Complex Case Management	22	44	38	29	18

Table 5 Maternity CM Metrics

Metric	Q1 2024	Q2 2024	Q3 2024	Q4 2024	Q1 2025
Outreached (UTR,refuse,accept)	228	100	160	278	376
Engaged	160	37	79	105	232
Engagement Rate	70.2%	37.0%	49.4%	37.8%	61.7%
Total Screened and Refused/Declined	11	2	9	18	4
Unable to Reach (UTR)	57	61	72	155	140
Total Cases Closed	241	59	46	47	67
Total Cases Managed	323	117	138	188	227
Complex Case Management	12	8	8	4	9
Non-Complex Case Management	311	109	130	184	218

Special Programs

Table 6 Transitional Care Services

Metric	Q1 2024	Q2 2024	Q3 2024	Q4 2024	Q1 2025
Outreached (UTR,refuse,accept)	255	283	330	342	342
Engaged	152	177	196	188	259
Engagement Rate	59.6%	62.5%	59.4%	55.0%	75.7%
Total Screened and Refused/Declined	22	12	12	17	8
Unable to Reach (UTR)	81	94	122	137	75
Total Cases Closed	88	177	154	183	145
Total Cases Managed	152	241	263	280	230
Complex Case Management	0	0	0	0	0
Non-Complex Case Management	152	241	263	280	230

Table 7 First Year of Life Care Management

Metric	Q1 2024	Q2 2024	Q3 2024	Q4 2024	Q1 2025
Outreached (UTR,refuse,accept)	142	35	12	11	30
Engaged	142	35	12	10	29
Engagement Rate	100%	100%	100%	90.9%	96.7%
Total Screened and Refused/Declined	0	0	0	0	0
Unable to Reach (UTR)	0	0	0	1	1
Total Cases Closed	78	32	11	37	48
Total Cases Managed	206	161	142	141	118
Complex Case Management	0	0	0	0	0
Non-Complex Case Management	206	161	142	141	118

Table 8 Top Diagnoses Referred to Care Management Q1 2025

CHPIV TOP DIAGNOSES REFERRED TO CASE MANAGEMENT *Source: CM Dossier*

1/1/2025 - 3/31/2025

PH CASE MANAGEMENT	
Diagnosis/Case Type	**Referrals**
Diabetes	16
Chronic renal condition	11
Heart failure/Cardiomyopathy	5
Coronary Artery Disease/Atherosclerosis	4
Joint degeneration - back	4
Other gastroenterology	4
Other PH	4
Rx: Antineoplastic treatment	4
Autism & developmental disorders	3
Malignant Neoplasm	3
Other endocrinology	3
Substance Use Disorder	3
Diagnoses with 2 or less referrals	**60**

OB CASE MANAGEMENT	
Diagnosis/Case Type	**Referrals**
Supervision Normal Pregnancy	409
Supervision Of High Risk Pregnancy	10
Anemia	5
Supervision Of Elderly Multigravida	4
Diagnoses with 3 or less referrals	5

BH CASE MANAGEMENT	
Diagnosis/Case Type	**Referrals**
Depression	2
Anxiety Disorder	1
Autistic Disorder	1
Conduction disorder	1
Diabetes	1
Epilepsy	1
Food Insecurity	1
Housing Instability	1
Mood disorder/Depression	1
Obstetrics - pregnancy	1
Other neonatal	1
Other ophthalmology	1
Rx: Asthma/COPD treatment	1
Rx: Immunologic disorder treatment	1

FIRST YEAR OF LIFE CARE MANAGEMENT	
Diagnosis/Case Type	**Referrals**
Other neonatal	27
Nutritional deficiency/Dehydration	2
Other PH	1
Irritable bowel syndrome	1

TRANSITIONAL CARE SERVICES	
Diagnosis/Case Type	**Referrals**
Obstetrics - pregnancy	76
Diabetes	45
Chronic renal condition	14
Malignant Neoplasm	13
Cirrhosis	10
Heart failure/Cardiomyopathy	8
Infertility	8
Other gynecology	8
Pulmonary infections	8
Rx: Antineoplastic treatment	8
Infectious disease	7
Obstetrics - delivery/abortion	7
Other dermatology	6
Rx: Immunologics/immunosuppressives	6
Substance Use Disorder	6
Diagnoses with 5 or less referrals	**125**

Table 9 Referral Source by Program Q1 2025

Table 9A Physical Health Referral Sources

CHPIV Physical Health Case Management Referrals By Source: 1/1/2025 - 3/26/2025

Source: 427 Referrals

REFERRAL SOURCE	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC	TOTAL
Disease Management	0	0	2										2
Health Plan Staff	29	29	41										99
Member/Family	4	3	5										12
PHM/Claims/HRS Report	15	23	26										64
Physician	1	3	3										7
PPG/IPA	3	1	0										4
TOTAL REFERRALS	52	59	77	0	0	0	0	0	0	0	0	0	188

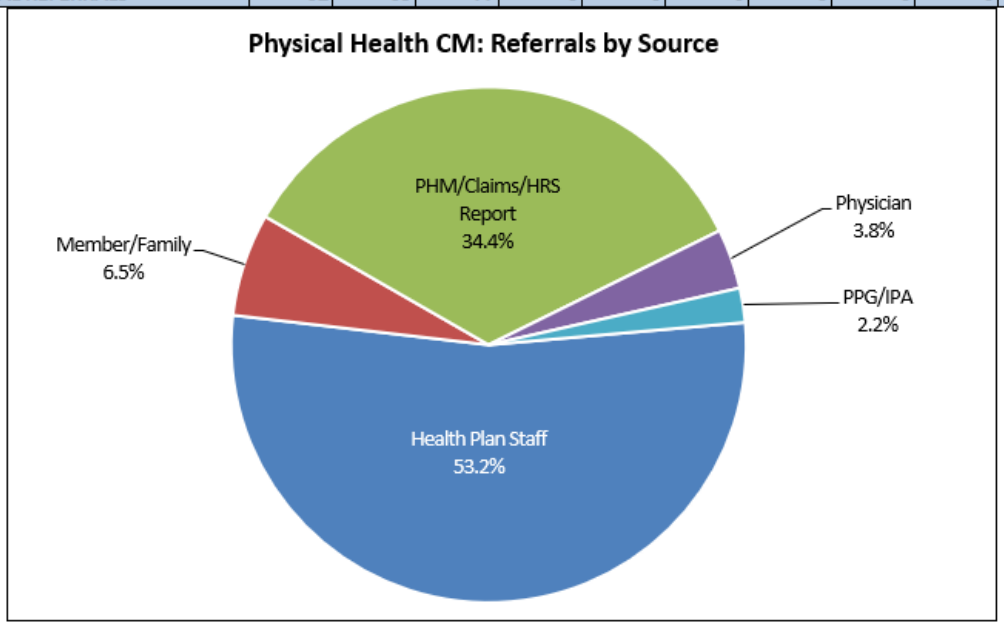


Table 9B Behavioral Health Referral Sources

CHPIV Behavioral Health Case Management Referrals By Source: 1/1/2025 - 3/26/2025

Source: 427 Referrals

REFERRAL SOURCE	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC	TOTAL
Health Plan Staff	2	2	1										5
Member/Family	0	1	0										1
PHM/Claims/HRS Report	0	0	0										0
Physician	0	0	1										1
PPG/IPA	1	0	0										1
TOTAL REFERRALS	**3**	**3**	**2**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**8**

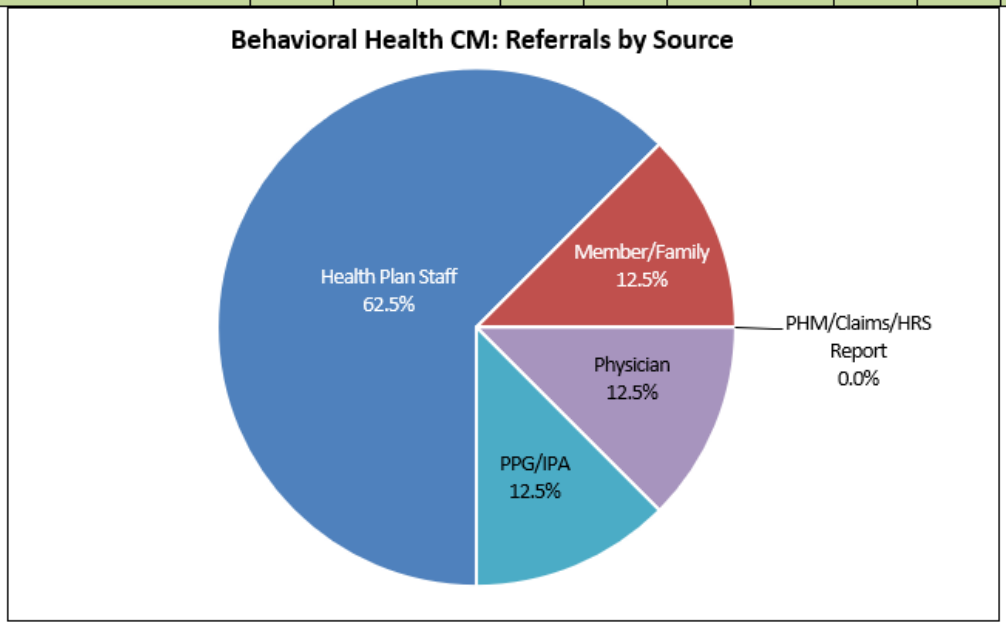


Table 9C Maternity CM and First Year Of Life

CHPIV Maternity CM and FYOL Referrals By Source: 1/1/2025 - 3/26/2025

Source: 427 Referrals

REFERRAL SOURCE	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC	TOTAL
Health Plan Staff	10	17	18										**45**
Member/Family	1	1	1										**3**
NOP	1	0	0										**1**
PHM/Claims/HRS Report	27	30	46										**103**
Physician	0	1	0										**1**
TOTAL REFERRALS	**39**	**49**	**65**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**153**

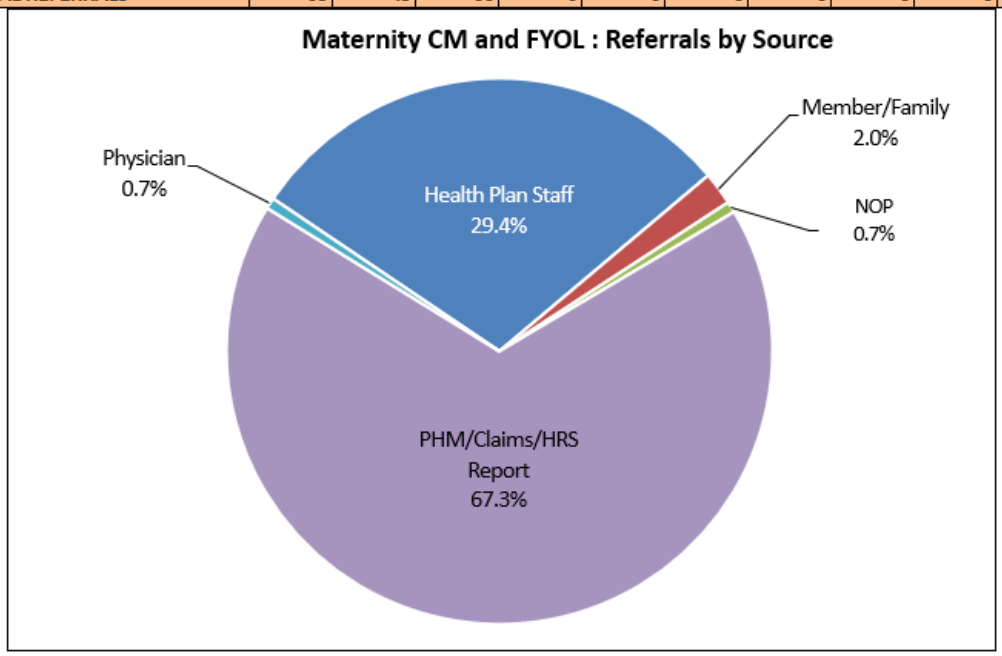


Table 9D Transitional Care Services

CHPIV Transitional Care Services Referrals By Source: 1/1/2025 - 3/26/2025

Source: 427 Referrals

REFERRAL SOURCE	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC	TOTAL
Health Plan Staff	26	50	47										123
Member/Family	2	2	1										5
PHM/Claims/HRS Report	61	75	83										219
TOTAL REFERRALS	89	127	131	0	0	0	0	0	0	0	0	0	347

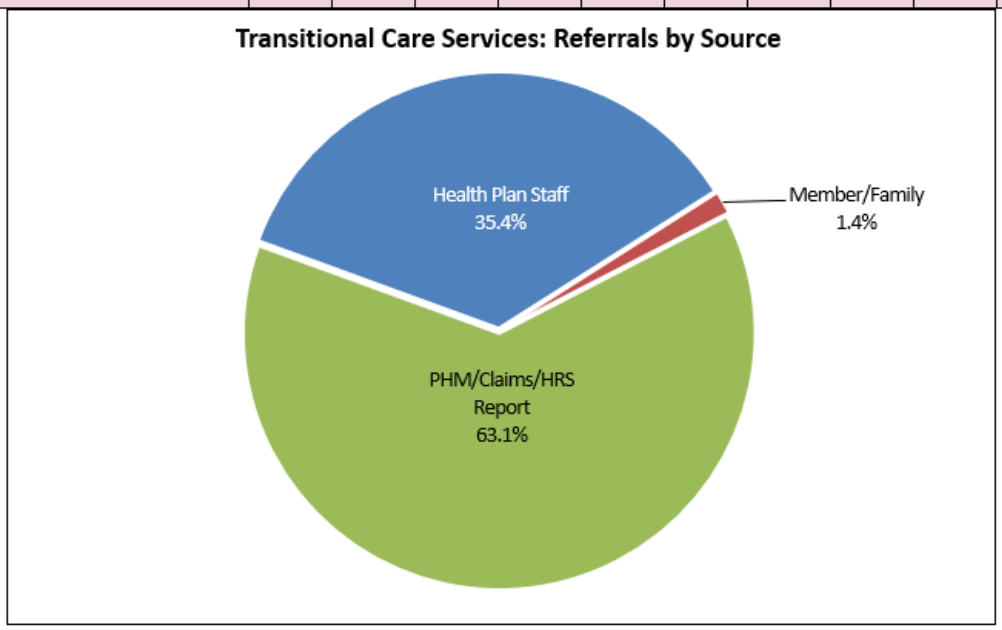


Table 10 Physical and Behavior Health CM Outcomes Q4 2024

Table 10A Readmissions

CHPIV CASE MANAGEMENT OUTCOMES REPORT

Physical Health and Behavioral Health

Members Case Managed Between 1/1/2024 and 12/31/2024, claims paid through 4/8/2025

Measure for Case Management	Members	90 days prior to CM enrollment*			90 days following CM enrollment*			Difference
		Admissions	Readmissions	Readmit Rate	Admissions	Readmissions	Readmit Rate	
Readmission Rate, within 30 days, all cause, based on claims data	324	136	38	27.9%	65	15	23.1%	-4.8%

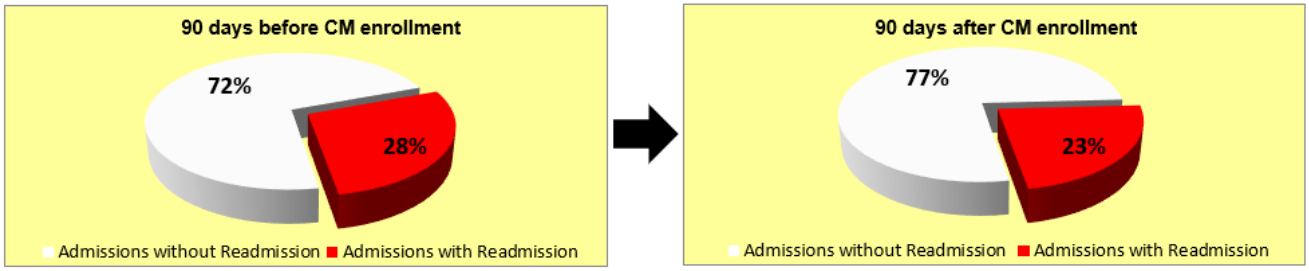


Table 10B Emergency Visits

Measure for Case Management	Members	90 days prior to CM enrollment*		90 days following CM enrollment*		Difference		Difference
		ED Claims	ED/1,000/Yr.	ED Claims	ED/1,000/Yr.	ED Claims	ED/1,000/Yr.	ED/1,000/Y
Emergency Department (ED) Claims, per 1,000 members per year	324	251	3,099	163	2,012	-88	-1,087	-35.0%

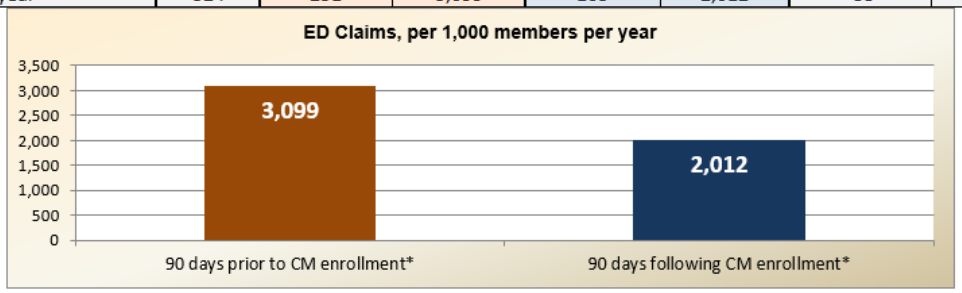


Table 11 Maternity CM Outcomes Q4 2024

Measure for Maternity Program	Members not enrolled in Maternity Program		Members enrolled in Maternity Program		Difference
	Members	Rate	Members	Rate	Rate
First prenatal visit within the first trimester	773	75.0%	113	84.1%	9.1%
Pre-term deliveries by high risk members	72	8.3%	33	6.1%	-2.2%
Postpartum visit between 7 and 84 days after delivery	773	75.5%	113	78.8%	3.3%

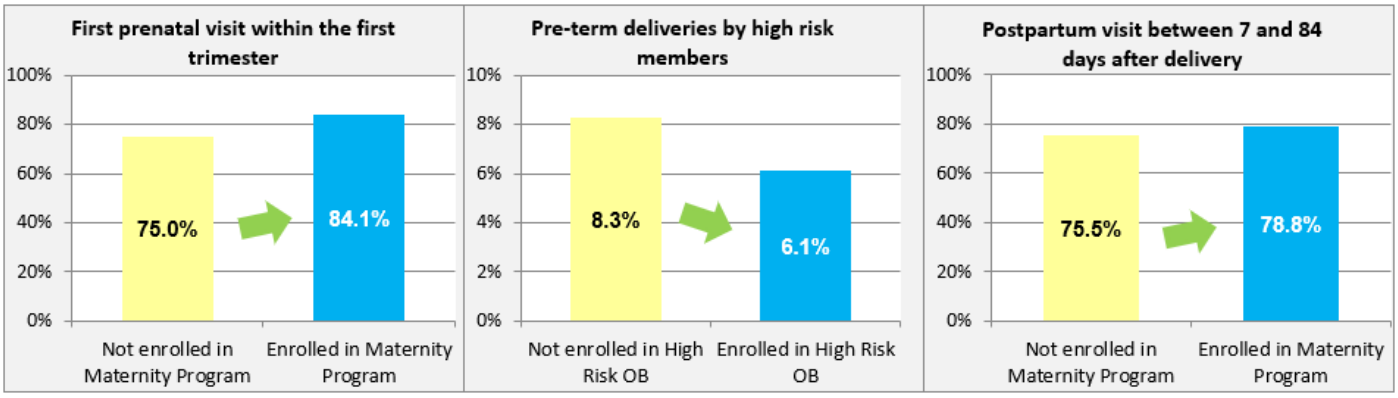


Table 12 total CM Member Satisfaction Q1 2025

CM SATISFACTION SURVEY REPORT **CHPIV** **1/1/2025 - 3/31/2025**

Question	Responses	Very Satisfied	Satisfied	Dissatisfied	Very Dissatisfied	% Satisfied or Better
How happy are you with the Care Management Program?	3	3	0	0	0	100%
How happy are you with the help you are getting or have gotten from your Care Manager	2	2	0	0	0	100%
How happy are you with the information you received from your Care Manager?	1	1	0	0	0	100%
How happy are you with your ability to reach your Care Manager?	1	1	0		0	100%
Question	Responses	Yes	No	% Yes		
Do you feel more in control of your health now that you have started the Care Management Program?	2	2	0	100%		
Did your Care Manager care about your beliefs and values?	0	0	0	0%		
Did your Care Manager give you helpful tools to take care of your health?	0	0	0	0%		
Did your Care Manager Program help you reach your health goals?	0	0	0	0%		
Do you feel your care management team helped you organize the care between you and your doctors or other caregivers?	0	0	0	0%		
Question	Responses	Yes	No	% No		
Is there anything that stopped you from taking your Care Managers Advice to better your health?	0	0	0	0%		
Question	Responses	5	4	3	2	1
On a scale 1 to 5, how likely are you to recommend the Care Management Program to family and friend?	0	0	0	0	0	0
Question	Responses	Yes	No			
Is there anything else you would like to share about Care Manager Program or your Care Manager?	0	0	0			
Do you have any ideas to help us give you better service?	0	0	0			

Table 13: Trended Plan CM Complaint Data

	Quarter 2 2024		Quarter 3 2024		Quarter 4 2024		Quarter 1 2025	
CM Complaints	#	per 100K/Qtr	#	per 100K/Qtr	#	per 100K/Qtr	#	per 100K/Qtr
	0		0		0		0	

*Based on average CHPIV Medi-Cal membership from DHCS/quarter 2024 Q1 97,684; Q2 96,042; Q3 96,128; Q4 96,746; 2025 Q1 97,413

Table 14 Total All CM Case Audits Overall Score by Quarter

Program	Q2 2024	Q3 2024	Q4 2024	Q1 2025
Physical Health	91%	97%	97%	94%
Maternity	100%	100%	98%	99%
Behavioral Health	97%	97%	98%	98%

Table 15 Member Demographics

CHPIV Member Demographics Summary Q1, for members in Care Management

Ethnicity	Member Count
Hispanic or Latino	243
Not Hispanic or Latino	38
Unknown Ethnicity	472
Grand Total	**753**

Race	Member Count
AMERICAN IND OR ALASK NATIVE	3
BLACK/AFRICAN AMERICAN	11
FILIPINO	1
OTHER	2
UNKNOWN/NO DATA PROVIDED	701
WHITE/CAUCASIAN	35
Grand Total	**753**

Language	Member Count
English	348
Other	2
Spanish	403
Grand Total	**753**

Analysis/Findings/Outcomes:

- Total CM Metrics Q1
  Volume includes physical health, behavioral health, and maternity cases managed:
  - Volume of outreach in Q1 was 522, a significant increase from 438 in Q4.
  - Quarterly average engagement rate increased from 38.4% in Q4 to 64.9% in Q1.
  - Volume of new cases opened in Q1 was 339, up significantly from 168 in Q4.
  - Members unable to be reached in Q1 was 175, a decrease from Q4's 234.
  - Members declining CM significantly decreased in Q1 to 8 from 36 in Q4.
  - Total number of cases managed in Q1 was 428, down slightly from 448 in Q4.
  - Percent of members managed by product is distributed relatively equally. Q1 percent of members managed by product:
    - 8.9% SSI (Dual and Non-Dual)
    - 16.1% Medi-Cal Expansion
    - 75% TANF
    - No CHIP members

- Transitional Care Services (TCS)
  - Volume of outreach in Q1 was 342, unchanged from Q4
  - Quarterly average engagement rate in Q1 was 75.7%, increased from 55% in Q4
  - Volume of new cases opened in Q1 was 259, increased from 188 in Q4
  - Total number of cases managed in Q1 was 230, an decrease from 280 in Q4

- First Year of Life
  - Volume of outreach in Q1 was 30, an increase from 11 in Q4
  - Quarterly average engagement rate in Q1 was 96.7%, increased from 90.9% in Q4
  - Total number of cases managed in Q1 was 118, a decrease from 141 in Q4

- Top Diagnoses Referred to Case Management in Q1 2025 by program:
  - Physical Health
    - Diabetes
    - Chronic Renal failure
    - Heart Failure/Cardiomyopathy
  - Behavioral Health
    - Depression
    - Anxiety Disorder
    - Autistic Disorder
  - Maternity
    - Supervision of Normal Pregnancy
    - Supervision of High-Risk Pregnancy
    - Anemia
  - Transitional Care Services
    - Obstetrics – pregnancy
    - Diabetes
    - Chronic Renal Condition
  - First Year of Life
    - Other neonatal
    - Nutritional Deficiency/Dehydration
    - Other PH

- CCS outreach
  - We receive a report monthly of members with new CCS eligible start dates. CM team outreach members new to CCS services to ensure members are connected with a CCS provider and to help coordinate care between the CCS providers and the members PCP.
  - Each month the report also contains an audit of members on the prior month report, to help ensure the CM team completed outreaching to all previously identified members new to services.
  - The most recent report contained an audit of the February report, in which CM outreach 100% of the members.

- Referrals by Program Q1 2025
  - Physical Health Program
    - 53.2% of referrals came from within the Health Plan (UM, A&G, Member Services, etc)
    - 34.4% Reports/Impact Pro/HRS
    - 3.8% Physician
    - 6.5% Member and Family
    - The remainder of physical health referrals (0.2.2%) were from a variety of sources – Disease Management, PPG/IPA, State, and Community Agency

  - Behavioral Health Program
    - 62.5% of referrals came from within the Health Plan (UM, A&G, Member Services, etc)
    - 12.5% Member and Family
    - 12.5% Physician
    - The remainder of behavioral health referrals (12.5%) were from PPG/IPA.

- Start Smart for Baby Program (includes FYOL)
  - 0.7% of all referrals to this Program were from the Notification of Pregnancy (NOP) form
  - 29.4% from within the Health Plan (UM, A&G, Member Services, etc)
  - 67.3% Reports/Claims/HRS
  - 2.0% Self-referrals by members/family
  - 0.7% from Physician

- Transitional Care Services
  - 35.4% from within the Health Plan (UM, A&G, Member Services, etc)
  - 63.1% Reports/Claims/HRS
  - 1.4% Self-referrals by members/family

- Physical and Behavioral Health CM Outcomes Q4 2024
  - Outcomes: The effectiveness of the Program is evaluated based on the following measures:
    - Readmission rates
    - ED utilization
    - Overall health care costs
    - Member Satisfaction
  - Utilization parameters are measured 90 days prior to the member's enrollment in Physical Health or Behavioral Health case management and 90 days after enrollment
  - Report includes members enrolled in Physical and Behavioral CM with an active or closed case between 1/1/2024 and 12/31/2024 (to allow for claims run out) and who remained eligible 90 days after the case open date
    - 234 members met outcome inclusion criteria.
    - Post enrollment:
      - Number of admissions and readmissions was lower
      - There was a 4.8% reduction (pre 27.9% vs post 23.1%) in readmission rate; goal >3%
    - Volume of ED claims/1000/year decreased 35% (3,099 pre vs 2,012 post); goal >3% reduction in non-emergent ED visits
    - Total health care cost reduction related to decreased inpatient and outpatient costs, some increase in pharmacy costs noted
    - See Attachment A for details

- Maternity CM Outcomes Q4 2024
  - Outcomes: The effectiveness of the Program is evaluated based on the member's adherence with completing their first prenatal visit within the first trimester and their post-partum visit between 7 and 84 days after delivery compared to pregnant members who were not enrolled in the Program. In addition to adherence with visits, the rate of pre-term delivery of managed high-risk members is compared to high-risk members that are not managed
  - Report includes members who met the following criteria: continuous enrollment, enrolled during their first trimester (prenatal) and delivered through 12/31/2024 (post-partum)
  - 113 members met the inclusion criteria for visits and 33 members met the inclusion criteria for the pre-term delivery measure

- Members enrolled in the Maternity Program demonstrated:
    - 9.1% greater adherence with completion of the first prenatal visit within their first trimester; Well above our goal of >5%
    - 2.2% fewer pre-term deliveries; goal >2%
    - 3.3% greater adherence with completion of their post-partum visit; short of our >5% goal

- Member Satisfaction Q1 2025
    - Through the Corporate satisfaction survey process, members may be invited to complete the survey by email, text, and/or phone.
    - Satisfaction survey (complex and noncomplex cases); goal >90% satisfaction
    - Started sending surveys to members in Q3 2024.
    - 3 members completed the survey through Q1. Care Managers continue to make members aware that they will be receiving survey and encourage member participation.
        - Some members did not respond to all questions therefore the denominator varies
        - 100% (3/3) of respondents were satisfied with the Care Management Program
        - 100% (2/2) of respondents were satisfied with the help they have gotten from their Care Manager
        - 100% (1/1) of respondents were satisfied with the information the received from their Care Manager
        - 100% (1/1) of respondents were satisfied with their ability to reach their Care Manager
        - 100% (2/2) of respondents felt more in control of their health after starting the Care Management Program.
        - Respondents did not answer: Did you feel your Care Manager cared about your beliefs and values?
        - Respondents did not answer: Did your Care Manager give you helpful tools to take care of your health?
        - Respondents did not answer: Did your Care Manager Program help you reach your health goals?
        - Respondents did not answer: Do you feel your care management team helped you organize the care between you and your doctors or other caregivers?
        - Respondents did not answer: Is there anything that stopped you from taking your Care Managers advice to better your health?

- Member complaints about Plan CM
    - Zero complaints received in Q1

- CM Audits; goal $\geq$90%
    - Monthly file reviews (complex and non-complex cases)
        - Typically, 2 file audits are conducted per case manager per month. Audits are increased to 5/month for associates who are within 90 days of initial training or have an average score for the month that falls below 90%. Audits for those associates remain at 5/month until an associate maintains an average score of 90% or higher. Employees maintaining a score of 90% or above on each of their 2 monthly audits for 3 consecutive months are audited on a quarterly basis (at the beginning of each quarter). If an employee on quarterly audits falls below the 90% threshold monthly audits are resumed

- 33 audit elements
- 26 cases audited in Q1
- Audit scores for Behavioral Health, Physical Health, and Maternity all met goal of ≥90%.

Barrier Analysis:

- Low participation in member satisfaction survey
- Lower referrals to BH program than anticipated

Actions Taken:

- Care Managers will ensure they are encouraging members to participate in satisfaction survey and update member contact info, such as email address, in the system
- Provide refresher to HN BH Team and internal CM teams for referrals for this membership. BH team to ensure some report-based referrals are created each month

Next Steps:

- Waiting for DHCS- CHPIV approval for texting program for TCS and CM
- Managers participating in provider and PPG JOM's to provide overview of our CM programs, encourage referrals, and build partnerships
- Continue:
  - Support of CalAIM activities
  - Monitoring of staff productivity and quality audits, and address counseling/training opportunities as appropriate
  - Monitoring and managing process to goals

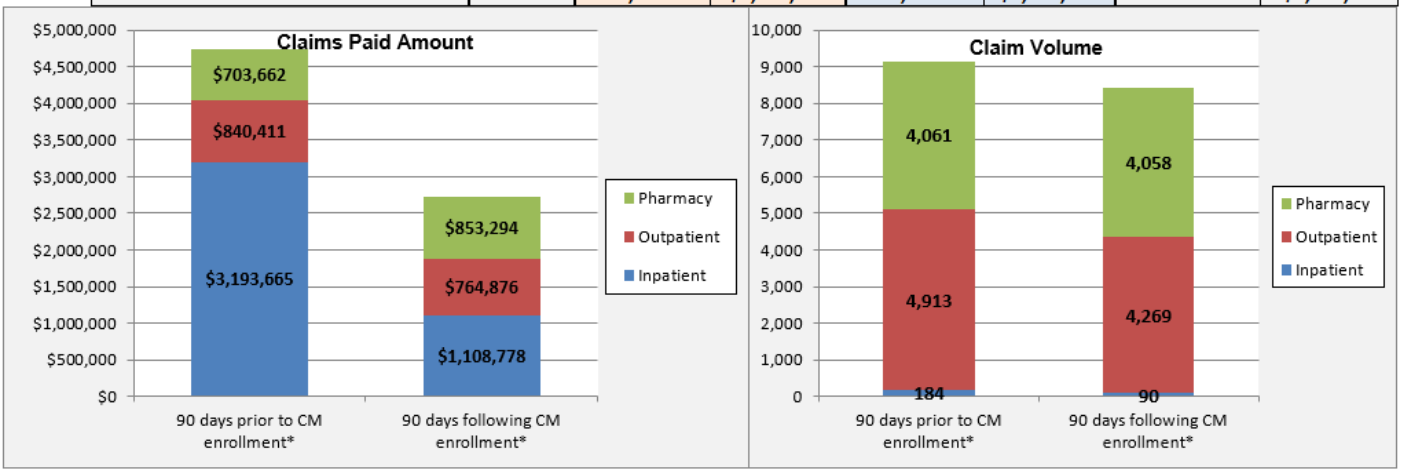
VP Approval:

Name	Signature	Date
Brenda Belmudez, VP Medical Management		

Attachment A

Table 10C Overall Healthcare Costs (Physical and Behavioral Health)

Measure for Case Management	Members	90 days prior to CM enrollment*		90 days following CM enrollment*		Difference	
		# Claims	Paid Amount	# Claims	Paid Amount	# Claims	Paid Amount
Inpatient Paid Claims	324	184	$3,193,665	90	$1,108,778	-94	-$2,084,887
Outpatient/Other Paid	324	4,913	$840,411	4,269	$764,876	-644	-$75,535
Pharmacy Paid Claims	324	4,061	$703,662	4,058	$853,294	-3	$149,632
TOTAL PAID CLAIMS	**324**	**9,158**	**$4,737,738**	**8,417**	**$2,726,948**	**-741**	**-$2,010,790**



**Due to no CHPIV claims data history prior to 1/1/2024, members enrolled before 3/31/2024 are measured based on the number of days after 1/1/2024 For example, a member enrolled on 1/31/2024 will be measured 30 days before versus after CM enrollment instead of 90 days.*

This outcome report is a view with claims paid through 4/8/2025.

The members included in the outcome measures meet the following criteria:

- Had an active or closed case on or between 1/1/2024 and 12/31/2024
- Remained eligible 90 days after Case Open Date

Community Health Plan
OF IMPERIAL VALLEY

California Children's Services

Connie Lowe, Manager, Public Programs
Loren Hilburn, Analyst IV

Data as of 4/1/2025

Purpose

Provide identification of Community Health Plan Imperial Valley CCS eligible members active in Medi-Cal and report number of cases in the CCS Program.

For more information on CCS, please follow this link:
https://www.dhcs.ca.gov/services/ccs/Pages/ProgramOverview.aspx

Background

The **California Children's Services** (**CCS**) statewide program, established in 1927, is a partnership between state and counties that provides medical case management for children in California diagnosed with serious chronic diseases. It provides services to more than 30,000 children enrolled in a Centene Medi-Cal Plan.

CCS services are carved out from the Plan's financial responsibility once members are on the program. The Plan's goal is early identification of CCS eligibility for Medi-Cal membership under the age of 21.

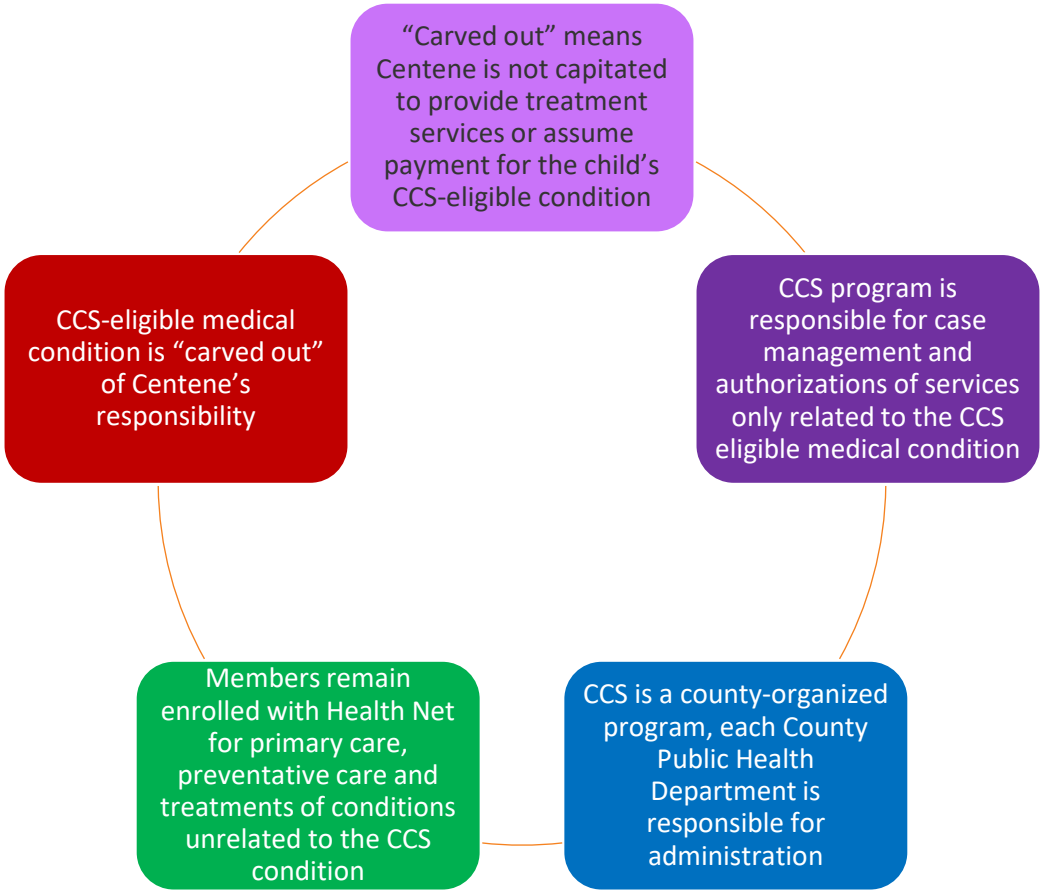
Goals

Provide participating Health Net Medi-Cal providers and PPGs with important California Children's Services (CCS) Program referral information for children under age 21.

Review CCS Program eligibility, services and care coordination with referral submissions and when CCS eligibility is determined and the CCS program assumes case management responsibilities, including prior authorization and payment for services related to the CCS condition.

Provide pertinent resources, contact information, and references to support the provider coordination process.

Program Overview



CCS Eligibility Requirements

Member under the age of 21 and must be a permanent resident of California and resident of the County where he or she is receiving CCS services.

Member has or is suspected of having a CCS-eligible medical condition that may result from a complete baseline health assessment and diagnostic evaluations.
Adopted children with CCS eligible medical condition known at time of adoption.
Medical Therapy Program services (limited to physical and occupational therapy) and Medical Therapy Conference evaluations.
High-Risk Infant Follow-up (HRIF) program.

Medi-Cal Managed Care members with full scope Medi-Cal are assumed to meet financial eligibility requirements or Family income less than $40,000 per year
It is critical to identify and become familiar with CCS conditions as defined in Title 22, Division 2, Subdivision 7, Chapter 2, Article 2, Sections § 41515.1-41518.9

For more information on the CCS Program requirements, see attached PDF:

Kofax Power PDF Document

CCS Service Authorization Requests (SAR)

When CCS makes their determination on a requested service, there are three types of Service Authorization Request (SAR) determinations a provider may receive:

1) Approved – CCS will pay for services related to the child's eligible condition when authorized by CCS and provided by CCS-paneled providers.

2) Denied – CCS has determined one of the following:
   The child's condition "does not meet CCS eligibility requirements"
   The provider/facility is not CCS-paneled

3) Deferred – CCS has determined that an inappropriate referral was made.
   CCS may grant a reconsideration (typically 30 days) to resubmit with additional supporting documentation. PPGs should take advantage of that opportunity.

   Example: The records provided were insufficient to support the diagnosis, chronicity or severity of the condition

Note: Providers **must** be CCS-paneled, and facilities **must** be CCS approved

Provider Paneling

What is Provider Paneling?

The process of the CCS program is to review and approve providers, ensuring providers meet specific criteria and are qualified to provide services for CCS clients with special health care needs.

Why is it important to know?

The Centers for Medicare and Medicaid Services (CMS) Branch requires physicians be CCS paneled to issue an authorization for services provided to CCS clients.

How can a Provider become CCS-Paneled?

Once a provider's application with Medi-Cal is approved, a provider must apply to become a CCS Paneled Provider through the **CCS Panel Portal** website. A list of CCS Program Paneling requirements are available on the **Provider Paneling Standards** webpage.

Facility Contacts

Obtaining CCS SAR updates can be a challenge. Facility contacts have been established by the Centene CCS Public Programs Specialist Team because:

a. Hospitals are Trading Partners with CCS, so the Plan currently reaches out to the Financial Counselors when SARs are not visible on CCS PEDI website

b. Health Plans and other Providers are not typically Trading Partners, so they do not see the same level of PEDI ACCESS and are not able to submit E-SAR for this reason

c. Financial Counselors can be of great value for CCS referrals, SAR status updates, and also assist with resubmissions to include missing CCS-required information

d. Here is a list of Centene Facility department contacts:

PPS Facility Contacts 2024

CCS Case Review

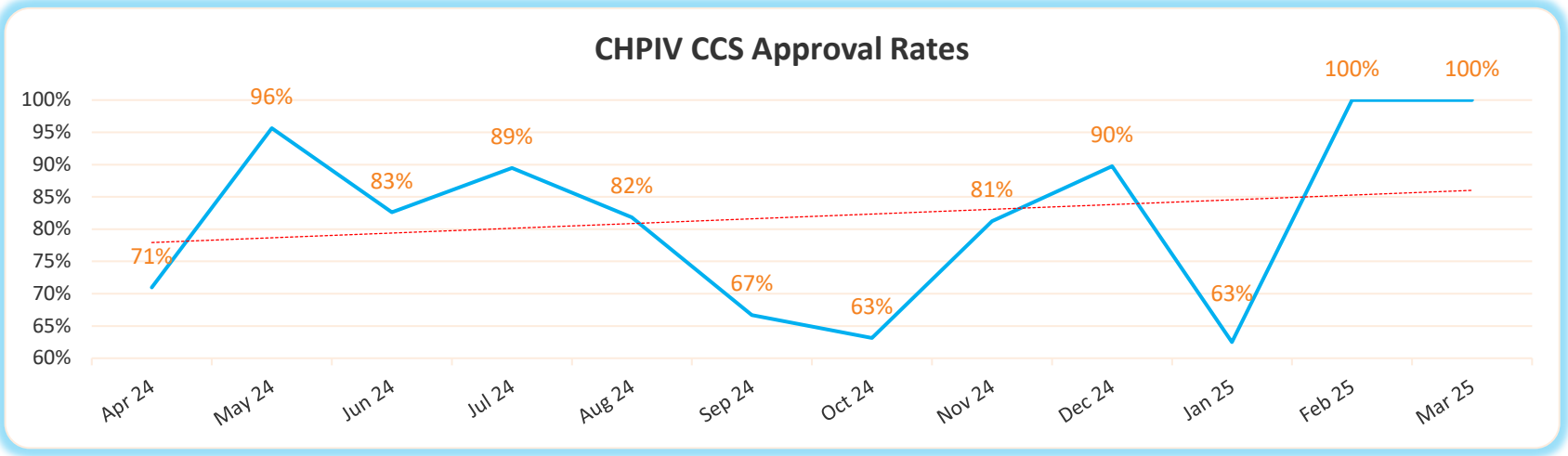
Month	Existing App	Approved	Denied - Over Timely Filing	Denied - Not CCS Eligible	Pending CCS Feedback	New App Total	Pending CCS Rate	Approval Rate	Denial Rate	Auth Voided	Duplicate	No App - Not CCS Eligible	Grand Total
Apr-24	30	22	1	8		31	0%	71%	29%				61
May-24	7	22		1		23	0%	96%	4%	1			31
Jun-24	12	19		4		23	0%	83%	17%				35
Jul-24	15	17		2		19	0%	89%	11%		2		36
Aug-24	13	27	2	4		33	0%	82%	18%				46
Sep-24	16	18		9		27	0%	67%	33%		1		44
Oct-24	16	12	1	6		19	0%	63%	37%				35
Nov-24	16	26		6		32	0%	81%	19%				48
Dec-24	19	35	1	3		39	0%	90%	10%	1			59
Jan-25	26	20	2	10	5	37	14%	63%	38%		1		64
Feb-25	20	13			17	30	57%	100%	0%				50
Mar-25	16	3			23	26	88%	100%	0%		1	1	44
Q1 2025	**62**	**36**	**2**	**10**	**45**	**93**	**48%**	**75%**	**25%**	**0**	**2**	**1**	**158**

Key Observations

- With 88% of March 2025 cases pending CCS review, CHPIV cases submitted to CCS for review have an approval rate of 100% in March, 75% for Q1 2025
- A 2025 average of 53 cases per month are identified for CCS consideration
- 59% of all potential CCS cases identified year-to-date resulted in a new SAR (Service Authorization Request) submission to CCS

Data Source: CCS Public Program Specialist Excel “All Other” Trackers

New SAR CCS Approval Rates



Over the past 12 months, the average CCS approval rate for new SAR submissions is 82%

Data Source: CCS Public Program Specialist Excel “All Other” Trackers

Helpful Resources

Department of Health Care Services Website – California Children's Services

Contact a CCS Program – County Offices for California Children's Services

CCS Diagnosis-related Group

CCS Service Code Grouping

CCS Special Care Center

Established CCS/GHPP Client Service Authorization Request

New Referral CCS/GHPP Client Service Authorization Request (SAR)