



**CenCal HEALTH**<sup>®</sup>  
Local. Quality. Healthcare.

2023

# Quality Improvement and Health Equity Transformation Program (QIHETP) Evaluation

**Review**

**Quality Improvement and  
Health Equity Committee:**

2/29/2024

**Board of Directors:**

3/20/2024

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## I. EXECUTIVE SUMMARY

CenCal Health's Quality Improvement and Health Equity Transformation Program (QIHETP) provides a formal process to monitor and evaluate the quality, appropriateness, efficiency, safety and effectiveness of care and service objectively and systematically. The organization's approach to quality is to focus on opportunities to improve processes, health outcomes, and the customer experience of members and providers. CenCal Health's commitment to quality through its QIHETP fosters accountability, ensuring the equitable and appropriate delivery of high-quality care and services to members. The QIHETP provides the framework to ensure that health care and service needs of members are being met, and that continuous improvement occurs.

CenCal Health's annual program evaluation of the previous year assesses all quality improvement and health equity activities overseen by the organization's quality committee structure. The evaluation includes each quality committee's assessment of the extent to which the activities and initiatives documented in the work plan met goals and/or contributed to improvements in the quality of care (medical and behavioral) and services provided to CenCal Health members on the plan's behalf. A structured review was conducted with description of the activity, and detailed quantitative and qualitative analysis following this executive summary of the various clinical, operational, equity and customer focused initiatives carried out. The program evaluation highlights accomplishments, barriers, and the effectiveness of CenCal Health's QIHETP. Staff remain steadfast in their commitment to advance health equity. Thus, opportunities for improvement are presented so that CenCal Health can continue its path to ensure that the communities it serves thrive and achieve optimal health together.

### Program Structure

CenCal Health's 2023 QIHETP Committee structure is outlined below. These committees were responsible for the oversight of all quality improvement and health equity activities conducted in 2023 and described in this evaluation (also refer to appendices). Details of CenCal Health's QIHETP are included in the organization's 2024 QIHETP Description (provided as separate attachment).

The Program Structure includes a Quality Improvement Health Equity Committee (QIHEC), with several subcommittees reporting to the QIHEC, which include:

- Benefits Committee
- Claims Quality Committee (CQC)
- Customer Experience Committee (CEC)
- Member Support Committee (MSC)
- Network Management Committee (NMC)
- Pharmacy and Therapeutics Committee (P&T)
- Provider Credentials and Peer Review Committee (PCC)
- Utilization Management Committee (UMC)

## Overall Effectiveness of CenCal Health's Quality Improvement Program

CenCal Health's basic quality improvement and health equity objectives are to quantify and report the impact of quality management activities; continually monitor important trends in clinical and non-clinical quality; identify opportunities to improve *quality and safety of clinical care, quality of service, and member experience*; establish performance standards and goals; and implement timely and meaningful quality improvement and health equity interventions. To achieve these objectives CenCal Health's quality committees have responsibilities to accomplish annually.

To ensure compliance with the California Department of Health Care Services (DHCS) 2024 Medi-Cal Managed Care Plan contract and emerging membership needs, CenCal Health successfully implemented changes in 2023 to its overall quality program, including updates to its quality committee structure, composition, and responsibilities to demonstrate an unwavering commitment to advance health equity. In 2023 the program evolved from the Quality Assessment and Improvement Program (QAIP) to the Quality Improvement and Health Equity Transformation Program (QIHETP). It also evolved the previously called Quality Improvement Committee (QIC) to a Quality Improvement & Health Equity Committee (QIHEC) with membership that included a broad and diverse range of Network Providers (e.g., hospitals, clinics, county partners, physicians, Subcontractors, Downstream Subcontractors, and Members). CenCal Health's quality committee structure continues to include sufficient practitioner, provider, member, CenCal Health leadership involvement (including the Chief Health Equity Officer and Behavioral Health Director), and a member of the plan's Board of Directors. Involvement of leadership and a Board of Directors' liaison has assured adequate resources are available to CenCal Health's QIHETP.

The QIHEC received quarterly reports from all the various sub-committees throughout the year and reported its quarterly proceedings to CenCal Health's governing body. The Healthcare Operations Committee also evolved to a Customer Experience Committee and expanded its oversight to include oversight of health equity focused metrics. CenCal Health's QIHETP was overall effective in its progress in meeting safe clinical practice goals, based on the performance in all aspects of the QIHETP as overseen by its quality committee structure. Reports to QIHEC included but were not limited to reporting of UM activities to QIHEC to achieve and maintain UM Program integration with the QIHETP, reporting of Grievances and Appeals activities, and Access and Availability standards to achieve and maintain program integration with the QIHETP.

CenCal Health leadership allocated additional resources to increase internal staffing in 2023 demonstrating an unwavering commitment to advance health equity to ensure sufficient resources were dedicated to QIHETP. Within the Quality Department, the team grew with the addition of five staff (3 registered nurses, an analyst, a health educator, and a population health specialist). Additionally, resources allocated within the Information Technology Department to grow business analytics capabilities and the team grew with the addition of a newly created Business Analytics Director position (and onboarding of staff) tasked with supporting advanced technology needs. Growth

has been also evident in CenCal Health's Operational, Customer Experience, and Medical Management divisions. Overall amount of staffing is sufficient with appropriate expertise dispersed throughout the organization to support the various operational functions that makeup CenCal Health's QIHETP.

Given the addition of resources and enhancements in 2023 to CenCal Health's quality committee structure, no changes are needed. As highlighted in this report and each sub-committee's evaluation within the appendices, based on the evaluation of adequacy of the QIHETP resources, QIHETP structure, practitioner involvement and CenCal Health leadership involvement, CenCal Health has determined that the current QIHETP is effective overall.

### **Achievements and Activities of Significance**

All activities in the 2023 QIHETP and associated Work Plan focused on improving the quality and safety of clinical care, quality of service, and member experience with an emphasis on achieving health equity and consistency with regulatory and accreditation standards. All activities were designed and implemented in direct support of CenCal Health's mission, vision, and values, as well as the strategic goals of the Board of Directors.

During 2023, staff collaboratively investigated specific quality of care concerns, considered barriers to higher quality, and oversaw implementation of interventions to improve specific aspects of care and increase reporting of social drivers of health data. Included among these topics were:

- Adolescent Immunizations
- Breast Cancer Screening
- Chlamydia Screening in Women
- Cervical Cancer Screening
- Follow-Up After Emergency Department Visit for Mental Illness/Substance Use
- Initial Health Appointments
- Lead Screening in Children
- Pediatric Developmental Screening
- Prenatal and Postpartum Care
- Well Child and Adolescent Well Care Visits, including immunizations

In 2023, CenCal Health received approval to conclude its DHCS 2020-2022 required Performance Improvement Projects (PIPs) for Well Child Visits in the First 15 Months of Life and its health equity focused topic, Postpartum Care. Due to low performance statewide, DHCS initiate two new PIPs in 2023 that will continue through 2026. Work to improve these aspects of care is underway and will continue throughout 2024 with regular check-ins with both DHCS, the state's External Quality Review Organization, the Health Services Advisory Group, and workgroup stakeholders. The 2023-2026 PIPs focus on:

- 1) Closing the health disparity between Hispanic/Latino and White subpopulations for Well-Child Visits in the First 15 Months of Life—Six or More Well-Child Visits (W30–6+)
- 2) Ensuring timely Primary Care Physician (PCP) notification within 7 days for members seen in the emergency department for substance use or mental illness

#### Quality of Care:

- Reported quality performance data, with no restrictions, to NCQA and DHCS. Based on the minimum performance thresholds for 15 quality measures across both Santa Barbara and San Luis Obispo counties for Measurement Year 2022, CenCal Health's provider network achieved exceptional performance (rating among the top 10% of Medicaid plans nationally) for 6 aspects of care:
  - Breast cancer screening, a low rate of diabetes blood glucose poor control, pediatric preventive health exams (15 months – 30 months), adolescent immunizations, postpartum care timeliness, and timely follow-up after emergency department visit for substance use.
- Received a 2023 DHCS Quality Award, marking a significant recognition of CenCal Health's providers' critical role in advancing health equity in the Central Coast. The Certificate of Achievement was earned for the notable advancements made in various quality and health equity strategies, which support DHCS' Bold Goals for disparity reduction by 2025.
- No DHCS sanctions imposed due to quality-of-care achievements for prioritized performance measures for Measurement Year 2022. While this DHCS notice only provides confirmation that all minimum quality standards were fulfilled, it does provide public reassurance from DHCS that CenCal Health has appropriate mechanisms in place to ensure members have sufficient access to a comprehensive set of services across the continuum of care.

#### Regulatory Compliance

- Achieved zero findings for following the 2023 DHCS Medical and State Supported Services Audit.

#### Population Health Management

- Completion of CenCal Health's annual *Population Needs Assessment (PNA)*. The PNA was the mechanism used to inform the design and implementation of CenCal Health's Board-approved *PHM Strategy*, since the PNA identifies the priority needs of local communities and members, and health disparities. As part of the PHM Strategy, CenCal Health established a collaboration with Santa Barbara and San Luis Obispo local health departments to meaningfully participate in their Community Health Assessments/Community Health Improvement Plans. Shared goals established focus on advancing health equity for:

- Pediatric preventive care (Santa Barbara)
  - Adolescent depression screening (San Luis Obispo)
- Expansion of Enhanced Care Management and Community Supports, which push the boundaries of traditional health care delivery approaches to consider impact of social drivers of health (SDOH) on health outcomes and experience of care.
  - Implementation of a Risk Scoring and Stratification (RSS) system for all members in January 2023 to fulfill DHCS requirements to systematically risk stratify health plan membership according to individual member need for case management. This industry-standard managed care practice has long been required by DHCS for *Medi-Cal Seniors & Persons with Disability*. However, the DHCS requirement's applicability was broadened beginning in 2023 to include all members. Additionally completed a required statistical evaluation of CenCal Health's RSS Algorithm (RSS bias analysis).

#### Member Support:

- Member Services received top-tier satisfaction performance phone queue satisfaction survey scores of 99% and 98%.
- New All-Staff and Provider training on Cultural Competency, Sensitivity and Health Equity developed and completed by all CenCal Health staff and at a Provider Training.
- Newly launched Member Portal and Membership/Eligibility Screens to begin to capture member Sexual Orientation, Gender Identity (SOGI) and Ethnicity data.

#### Network Management:

- New Provider Credentialing - With revised goals to 98%, timeliness of new provider credentialing, as measured by initial applications approved within 90 days, was consistently met the last three quarters of 2023.
- Provider Re-credentialing – metrics for recredentialing focused on staff service level agreements for timeliness of application initiation and timeliness of application processing. When the goals were increased from 90% to 98%, they were met 50% of the time for quarters 1 through 3. Timeliness of approval by the due date met goal every quarter in 2023.
- Provider Directory – The accuracy of provider directory data consistently met the threshold goal of 90% the last three quarters of 2023.

#### Utilization Management:

- Updated the clinical criteria utilized for medical necessity determinations and achieved turnaround timeline compliance.

## Claims:

- Ensured all quality of service metrics surpassed established goals for Claims Timeliness, Dispute Resolution, Financial Accuracy Rates, Provider Communication (Phone Call Quality, Email Quality, Dispute Accuracy, Average Speed of Answer, and Percentage of Calls Answered in 30 seconds), and Encounter Data Quality.

## **Key Opportunities for Improvement**

- **Addressing quality of care that failed to meet benchmarks.** Staff continued to prioritize efforts to address improving rates for the following measures that failed to surpass DHCS required minimum performance levels for measurement year 2022 including timely Follow-Up After Emergency Department Visit for Mental Illness/Substance Use, and Controlling High Blood Pressure. Additionally, staff will focus on improving aspects of care to rate at or above the Medicaid 90<sup>th</sup> percentile while reducing disparities with a priority on pediatric preventive care, behavioral health, and chronic disease.
- **Disease management** - Expansion of programs that address health conditions related to asthma, depression, and maternal mental health.
- **Provider Satisfaction Surveys** - CenCal Health seeks to improve provider satisfaction and attendance at trainings year over year and will use the results of the 2023 Provider Satisfaction Survey to drive quality improvement of services provided to network providers.
- **PCP Requests for Member Reassignment** - CenCal Health workgroup to investigate the two private network primary care providers that are the key drivers to the significant increase in reassignment requests in 2023 and find the best solutions for these providers and those members who have been non-compliant with the provider outreach to be seen for preventive care. Other opportunities include seeking to address the two key data findings that 66% of PCP reassignment requests are women and that 84% of reassignments are adults.
- **Utilizing Health Equity Data to address disparities of inequity** - An opportunity for improvement is to implement interventions to increase engagement with primary care and care in general for disengaged members. Implement all wellness and prevention health education campaigns (note that this is already underway).
- **Improving Member Transportation Satisfaction** – Leverage the Transportation Oversight Committee (TOC) to improve the member satisfaction survey increasing member sample size for more representative experience. The opportunity is to ensure VTS is continually improving performance, to minimize negative experience and improve member satisfaction.



- **Addressing Sustained Call Volume Increases and Impact.** Call volume triggered by new populations, new benefits, Medi-Cal renewal processes etc. Continued oversight by CEC to support staffing needs and opportunities to achieve goals.
- **Timely Access Survey Results** - Provider education and training to ensure providers know the standards for urgent and non-urgent appointments for each provider type. Pro-active notification regarding the survey process that advise providers that CenCal Health and DHCS (via a vendor) conduct TAS periodically and to always ensure appointment availability to improve member experience.
- **Member Satisfaction** - CenCal Health's participation in the 2024 CAHPS-Clinician and Group 3.0 survey to obtain more in-depth data for our member experience with their providers and for CenCal Health to find more targeted opportunities to use CAHPS data to support improvements.
- **Diversity, Equity, and Inclusion (DEI) Training** - CenCal Health seeks to provide a DEI training for staff and the network of providers and contractors, that meets all APL requirements and that assists CenCal Health in awareness of the diversity of our staff and membership, to ensure an equitable experience for everyone.

Following this Executive Summary is a detailed analysis of each quality committee's activities, including descriptions of activities, summary of results including trending when available, barriers to achievement of goals, evaluation of effectiveness, and any opportunities for improvement to implement in CenCal Health's 2024 Work Plan. Analysis of the following quality sub-committees are provided as appendices.

- Appendix A – Claims Quality Committee 2023 Evaluation
- Appendix B – Customer Experience Committee 2023 Evaluation
- Appendix C – Member Support Committee 2023 Evaluation
- Appendix D – Network Management Committee 2023 Evaluation
- Appendix E – Provider Credentials and Peer Review Committee 2023 Evaluation
- Appendix F – Utilization Management Committee 2023 Evaluation

## IV. HEALTH PLAN QUALITY OF CARE PERFORMANCE

### A. Medi-Cal Accountability Set (MCAS) and Healthcare Effectiveness Data and Information Set (HEDIS®)

#### Goal

- Complete a Performance Measurement Compliance Audit for MY 2022 by External Quality Review Organization (Health Services Advisory Group).
- Monitor, measure, and report identified HEDIS Performance Measures as identified in the Managed Care Accountability Set for MY2022 to ensure Members are receiving appropriate health care and recommended screenings,

- Meet or exceed the Minimum Performance Level determined by DHCS for MY 2022 Med-Cal Accountability Set,

### MCAS

CenCal Health utilizes the MCAS, which encompasses a list of DHCS priority quality performance measures that all Medi-Cal plans are required to report annually to DHCS. For the Measurement Year (MY) 2022, the MCAS list consisted of 39 performance measures divided into six domains. The MCAS list includes measure from the Healthcare Effectiveness Data and Information Set (HEDIS®), the Centers for Medicare and Medicaid Services Core Measure Set, and non-HEDIS® measures, as well as long-term care measures.

Fifteen of these measures were held to a minimum performance level (MPL) set at the 50<sup>th</sup> Medicaid percentile, otherwise financial sanctions and other corrective actions would apply due to poor performance. CenCal Health has employed a strategic approach to establish organizational objectives by adopting the DHCS high-performance level (HPL), which is the Medicaid 90<sup>th</sup> percentile, as its primary overachieving goal benchmark to achieve. This practice enables the organization to set aspirational goals that drive continuous improvement in the quality of care rendered to members and to enhance operational efficiency. By utilizing both the MPL to establish minimum standards and the HPL, CenCal Health ensures that its organizational objectives are both challenging and achievable, providing a clear direction for the organization to pursue its mission and vision. With these goals, CenCal Health staff utilized its Quality Dashboard to monitor and present quarterly performance rates to the QIHEC to demonstrate progress toward these goals.

### Healthcare Effectiveness Data and Information Set (HEDIS®)

CenCal Health's holds a strong commitment to ensuring high quality and equitable care delivered to members on its behalf meet clinical and professionally recognized standards of care and are completed timely without delay. Annually the QIHEC and the Board of Directors adopt recognized clinical standards of care for preventive, chronic and behavioral health care conditions. Adherence to these practice guidelines and clinical quality of care performance is evaluated primarily using standard National Committee for Quality Assurance (NCQA) HEDIS measures. They are a set of national standardized performance measures used to report on health plan performance in preventive health, chronic condition care, access, and utilization measures. As part of its contract with the state, CenCal Health must report a subset of HEDIS measures and undergo an annual NCQA HEDIS Compliance Audit.

### **Findings/Evaluation of Effectiveness**

Goal 1 Met: Complete a Performance Measurement Compliance Audit for MY 2022 by External Quality Review Organization (Health Services Advisory Group).

CenCal Health completed the NCQA HEDIS Compliance Audit for MY 2022 by the established deadline. The results were independently audited by an NCQA-licensed organization, the Health Services Advisory Group. The auditing organization affirmed the accuracy of reported measurements.

Goal 2 Met: Monitor, measure, and report identified HEDIS Performance Measures as identified in the Managed Care Accountability Set for MY2022 to ensure Members are receiving appropriate health care and recommended screenings.

The results identified for MCAS/HEDIS performance were completed and reported to both DHCS and NCQA by 6/15/2023. This accomplishment has been realized year over year since CenCal Health began reporting on quality of care measures in 2000. CenCal Health staff evaluated and presented findings to the QIHEC in August 2023 regarding the rate in which members are receiving appropriate health care and recommended screenings that pertain to pediatric care measures, behavioral health, chronic disease, cancer prevention, maternal care, and women's health.

Goal 3 Partially Met: Meet or exceed the MPL determined by DHCS for MY 2022 Managed Care Accountability Set.

Annually, DHCS adopts the NCQA 50th and 90th Medicaid percentiles as its Minimum Performance Level (MPL) and High Performance Level (HPL) to sanction and reward Medi-Cal plans for performance. Likewise, CenCal Health adopts these percentiles to identify priorities for improvement. Any plan that failed to meet DHCS thresholds would be placed into a Quality Improvement Monitoring Tier if the MPL was not met for one or more measures in a domain, and be subject to financial sanctions.

Based on the minimum performance thresholds for 15 quality measures across both Santa Barbara and San Luis Obispo counties, the following results were reported to DHCS and NCQA:

- Exceptional performance was achieved for 6 aspects of care: breast cancer screening, a low rate of diabetes blood glucose poor control, pediatric preventive health exams (15 months – 30 months), adolescent immunizations, postpartum care timeliness, and timely follow-up after emergency department visit for substance use.
- Improvement is required for 3 aspects of care: pediatric lead screening, hypertension control, and timely follow-up after emergency department (ED) visit for mental illness.

Managed Care Accountability Set for MY 2022	Santa Barbara County	San Luis Obispo County
<b>Performance will surpass the Medicaid 90th Percentile for 6 measurements.</b>		
<ul style="list-style-type: none"> <li>• <b>Breast Cancer Screening</b></li> </ul>	✓	

• <b>Low Rate of Poorly Controlled Diabetes Blood Glucose (HbA1c)</b>	✓	✓
• <b>Timeliness of Postpartum Care</b>	✓	✓
• <b>Well Child Visits for Children Ages 15-30 Months</b>	✓	
• <b>Immunizations for Adolescents – Complete Series (DTAP, MCV, HPV)</b>	✓	
• <b>30-day Follow-Up After Emergency Department Visit for Substance Use</b>	✓	✓

<b>Managed Care Accountability Set for MY 2022</b>	<b>Santa Barbara County</b>	<b>San Luis Obispo County</b>
<b>Performance missed the DHCS Minimum Performance Level required for 3 measurements.</b>		
• <b>Pediatric Lead Screening</b>	<b>x</b>	<b>x</b>
• <b>Controlling High Blood Pressure</b>	<b>x</b>	<b>x</b>
• <b>30-day Follow-Up After Emergency Department Visit for Mental Illness</b>	<b>x</b>	<b>NA</b>

On December 5<sup>th</sup>, 2023, CenCal Health received an official “No Sanction Notice” from DHCS for CenCal Health’s quality of care achievements for prioritized performance measures for MY 2022. While this DHCS notice only provides confirmation that all minimum quality standards were fulfilled, it does provide public reassurance from DHCS that CenCal Health’s QIHETP has appropriate mechanisms in place to ensure members have sufficient access to a comprehensive set of services across the continuum of care.

**Opportunities for Improvement**

Improvement is required for 3 aspects of care that did not surpass the NCQA Medicaid 50<sup>th</sup> percentile for MY 2023: pediatric lead screening, hypertension control, and timely follow-up after emergency department (ED) visit for mental illness.

Through monthly monitoring of CenCal Health’s pay-for-performance program and population health dashboards, the Quality Department has existing initiatives in place to address measures that did not surpass the DHCS required thresholds, including

provider incentives, gaps in care reports, focused provider trainings, and member health education campaigns. Additionally, staff initiated two performance improvement projects (PIPs) that will go from 2023-2026 (see section V.f. for further detail). The nonclinical PIP will specifically address improving the percentage of provider notifications of member ED visits to encourage appropriate follow-up for members seen with a diagnosis of mental illness or substance use. This effort will support building an infrastructure that links members to needed follow-up and/or care management services. The clinical PIP will address improving the rate of children that receive 6 preventive health exams by the time they are 15 months old. An additional disparity goal has been identified to reduce the disparity among Hispanic/Latino pediatric members compared to White pediatric members.

## **B. Quality Dashboard**

### **Goal**

- Adopt CenCal Health minimum performance thresholds and benchmark goals.
- Develop a mechanism to continuously monitor, review, evaluate, and improve quality and Health Equity of clinical care services provided, including, but not limited to, preventive services for Children and adults, perinatal care, Primary Care, specialty, emergency, inpatient, behavioral health, and ancillary care services.

### Quality Dashboard

The Quality Dashboard is a consolidation of DHCS priority measures used for tracking and reporting as part of CenCal Health's QIHETP and Population Health Management (PHM) activities. For Measurement Year (MY) 2022, DHCS requires managed care plans to meet thresholds for 15 quality measures. CenCal Health's Quality Dashboard is used as a reference to monitor DHCS and CenCal Health priorities quarterly to identify areas where benchmarks are not being met to ensure continuous improvement of the quality and Health Equity of clinical care services provided, including, but not limited to, preventive services for children and adults (including those with special needs) perinatal care, Primary Care, specialty, emergency, inpatient, behavioral health, and ancillary care services.

### **Quantitative Analysis of Results**

CenCal Health's Quality Dashboard was presented quarterly to the QIHEC to reflect CenCal Health's quality of care performance. The period of performance shared includes three years' worth of data for both of CenCal Health's Medi-Cal products in Santa Barbara and San Luis Obispo from MY 2020 to MY 2022. The separation of performance by county ensures that data is clearly presented and easily accessible, thereby facilitating a more seamless and efficient review process. After analyzing the gathered data, CenCal Health compiled valuable insights into the pertinent trends associated with each county and outcomes associated with the conclusion of the MY 2022 NCQA HEDIS Compliance Audit of MCAS measures.

### **San Luis Obispo (SLO) County Data Trends:**

Measure	MY2020 Rate	MY2021 Rate	MY2022 Rate	MY2022 MPL (50 <sup>th</sup> )	MY2022 HPL (90 <sup>th</sup> )	MY2022 +/- from Goal (90 <sup>th</sup> )	3 Year Trend YOY MY20-MY22
Breast Cancer Screening (BCS)	59.61	59.01	58.43	50.95	61.27	-2.84	-1.8
Well Child Visits in the First 30 Months of Life (W30-6+)	41.42	54.84	56.79	55.72	67.56	-10.77	+15.37

- **Breast Cancer Screening (BCS):** After a comprehensive review of the breast cancer screening measure for SLO County, the identified rate of 58.43% surpassed the MPL for MY 2022. Although the objective for this measure was 61.27%, CenCal Health fell short of it by only 2.84 points. There is a minor downward trend of 1.8 points from 2020 to 2022.

  - o *Challenges and Barriers determined:* This downward trend is likely attributed to the effects of COVID-19 and members prioritizing stay at home orders in lieu of seeking preventive health services. During the pandemic, members were cautious about going out and instead elected to postpone preventive care until it was deemed safe or necessary. As members began to return to clinics for routine check-ups, the healthcare system was affected, and there was a backlog of essential medical care that needed to be addressed, impacting provider scheduling.
  - o *Interventions and Remediations:* CenCal Health has a value-based pay-for-performance incentive program that was initiated in March 2022 to improve this aspect of care. The rates and importance of preventative health were discussed during provider joint operation committee meetings and Quality collaboratives. Provider Bulletins were also sent to the CenCal Health provider network to ensure they were updated with the latest information. Additional details of interventions implemented are further discussed in Section VI.G "Population Needs Assessment."
  
- **Well Child Visits in the First 30 Months of Life (W30-6+):** In SLO County, the identified rate of 56.79% surpassed the MPL for MY 2022. However, fell short of achieving the 90<sup>th</sup> Medicaid percentile of 67.56% by 10.77 points. There is a significant upward trend of 15.37 points from 2020 to 2022.

  - o *Challenges and Barriers determined:* Please see comprehensive PDSA found later in document under the Quality Improvement Performance Initiatives and Projects section for detailed barriers and challenges.
  - o *Interventions and Remediations:* CenCal Health identified an opportunity for improvement and decided to collaborate with its

provider network. In MY2021, CenCal Health implemented a PDSA (Plan-Do-Study-Act) cycle upon discovering the initial rate, which is explained in detail in the Quality Improvement Performance Initiatives and Projects section.

**Santa Barbara (SB) County Data Trends:**

Measure	MY2020 Rate	MY2021 Rate	MY2022 Rate	MY2022 MPL (50 <sup>th</sup> )	MY2022 HPL (90 <sup>th</sup> )	MY2022 +/- from Goal	3 Year Trend MY20-MY22
Well Child Visits in the First 30 Months of Life (W30-2+)	84.59	80.05	79.70	65.83	78.07	1.63	-4.89

- **Well Child Visits in the First 30 Months of Life (W30-2+):** The identified rate of 79.70% in SB exceeded the HPL, which is set at the 90<sup>th</sup> Medicaid percentile. CenCal Health exceeded the HPL (78.07%) by 1.63 points. There is a slight downward trend of 4.89 points from MY 2020 to MY 2022 due to the period of performance comparing calendar year 2019 versus after the start of the pandemic in 2020. The variance from MY 2021 to MY 2022 is less than half a point lower.

  - o *Challenges and Barriers determined:*  
Please see comprehensive PDSA found later in document under the Quality Improvement Performance Initiatives and Projects section for a detailed description of the barriers and challenges identified for this specific measure.
  - o *Interventions and Remediations:* CenCal Health is leveraging its pay for performance program to improve this aspect of care. In 2023 it evolved a previous PDSA (Plan-Do-Study-Act) with a high-volume pediatric practice to implement a Performance Improvement Project. For further detail please refer to the Quality Improvement Performance Initiatives and Projects section.

**CenCal Health Common trends for Santa Barbara and San Luis Obispo Counties:**

Measure	CenCal Health Plan SB or SLO	MY2020 Rate	MY2021 Rate	MY2022 Rate	MY2022 MPL (50 <sup>th</sup> )	MY2022 HPL (90 <sup>th</sup> )	MY2022 +/- from Goal MY22-HPL	YOY 3 Year Trend MY20 - MY22
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Well Child and Adolescent Well-Care Visits (WCV)	SB	58.07	57.85	56.66	48.93	62.70	-6.04	-1.41
Well Child and Adolescent Well-Care Visits (WCV)	SLO	60.95	57.44	55.85	48.93	62.70	-6.85	-5.1
HbA1C Poor Control [ $>9.0\%$ ] – lower is better (HBD)	SB	33.44	32.35	28.69	39.90	30.90	-2.21	4.75
HbA1C Poor Control [ $>9.0\%$ ] – lower is better (HBD)	SLO	33.44	32.35	29.51	39.90	30.90	-1.39	3.93
Prenatal and Postpartum Care – Timeliness of Prenatal Care (PPC-Pre)	SB	94.40	90.83	88.05	85.40	91.89	-3.84	-6.35
Prenatal and Postpartum Care – Timeliness of Prenatal Care (PPC-Pre)	SLO	92.21	90.83	88.95	85.40	91.89	-2.94	-3.26

- Well Child and Adolescent Well-Care Visits (WCV):** A review was conducted on the Well Child and Adolescent Well-Care Visits (WCV) measure for CenCal Health, covering SLO and SB counties. The review found that both counties exceeded the minimum performance level (MPL) for MY2022. This benchmark was set at 48.93%. The rate of 62.70% was identified as the high-performance level (HPL) and CenCal Health's goal for this measure. However, San Luis Obispo (SLO) and Santa Barbara (SB) counties were 6+ points away from achieving the CenCal goal of the 90<sup>th</sup> percentile. The final rate for SLO was 55.85%, and for SB, it was 56.66%. A slight downward trend has been identified in both counties from MY2020 to MY2022.



- o Challenges and Barriers determined: Healthcare providers faced difficulties while making outreach calls due to several reasons. The primary challenge was limited staff availability to carry out these calls. In addition, providers identified issues related to appointment times, access to care, and office hours that conflicted with members' work schedules. These challenges affected the providers' ability to engage with CenCal Health members optimally. PDSA provides a detailed description of interventions and actions taken to aid in the proactive intervention for the WCV measure by CenCal Health. The section containing this PDSA's description is later in the document under Population Health Management and Health Education.
  - o Interventions and Remediations: One of the largest healthcare provider organizations within the CenCal Health network extended their hours and clinic days to serve patients. They also hired additional staff to assist with outreach efforts, as described in the PDSA document. CenCal Health sent out member mailers with important information on the benefits of preventative check-ups, translation services, and culturally and linguistically appropriate education. To address these challenges, providers reviewed staffing levels and needs, revisited their scheduling policies, and explored other options to make their services more accessible to CenCal Health members.
- **HbA1C Poor Control [>9.0%] – lower is better (HBD)**: The HbA1C Poor Control [>9.0%] (HBD) metric, where a lower rate is better, was reviewed through the quality dashboard for both SLO and SB counties. The review revealed that both counties surpassed the HPL benchmark of 30.90%. The final rates for MY2022 for SLO County were 29.51%, and SB was 28.69%. From MY2020 to MY2022, a downward trend is seen; the rate is decreasing, which is a positive outcome for this measure. It implies that members are maintaining healthy blood sugar levels, as shown by their HbA1C levels, leading to better diabetes control.
    - o Challenges and Barriers determined: Due to limited hours at local laboratories during the COVID pandemic, some members were unable to complete testing ordered by their treating physician. Staff shortages and site closures also contributed to the issue.
    - o Interventions and Remediations: CenCal Health sent out Wellness and Prevention Mailers to its members. The Education material on their website was updated for better awareness and understanding of preventative health measures. The rates and importance of preventative health were discussed during JOC and Quality collaboratives. Finally, Provider Bulletins were also sent to the CenCal Health provider network to ensure they were updated with

the latest information. Point of care testing and the opening of additional laboratories in the area aided in testing compliance.

- **Prenatal and Postpartum Care – Timeliness of Prenatal Care (PPC-Pre):** The review indicates that both SLO and SB counties have demonstrated commendable performance concerning the Timeliness of Prenatal Care (PCC-Pre) measure for MY 2022. The HPL of 91.89% aligns with CenCal Health's objective for this measure. However, it is worth noting that both SLO and SB counties were slightly off the mark in achieving the set target of the 90<sup>th</sup> percentile by 2 points or more. SLO's final rate was 88.95%, while SB county was 88.05%, which still exceeds the MPL of 85.40%. Both counties show a slight downward trend from MY 2020 to MY 2022.
  - o Challenges and Barriers determined: It has been noticed that one of the barriers is that CenCal Health members prefer to take pregnancy tests at home, which causes delays in provider-verified pregnancies. Moreover, the schedule of OB/GYNs has been affected throughout the CenCal Health provider network. Challenges with members going to urgent care for pregnancy verification, may inhibit the positive pregnancy results not reaching a member's chosen OB/GYN. Although the results may be sent to the referral provider, they fail to reach the treating physician if the CenCal Health member switches Obstetrician (OB) providers. This practice has raised concerns about maintaining complete medical records. Typically, providers perform pregnancy verification upon taking over the care of a CenCal Health member. However, the limited time between audits and feedback provides limited opportunity for improvement or intervention by the CenCal Health provider network. Therefore, CenCal Health has committed to adopting new processes that lay emphasis on earlier partnerships and constant communication with the CenCal Provider Network, as described in more detail later in this document (See the Quality Improvement and Project/Population Health and Health Education Sections).
  - o Interventions and Remediations: The Initial Health Appointment Audit tool has been enhanced to review Perinatal Services for members who are new to the plan. CenCal Health has leveraged this platform to aid in evaluating and monitoring the Timeliness of Postpartum Care metrics. The Initial Health Appointment process is described in greater detail in this document's "Initial Health Appointment Rates & Audits" section. Provider Bulletins have been disseminated to educate the CenCal Health provider network. At the same time, the CenCal health website has been updated with culturally and linguistically appropriate content suitable for CenCal Health's provider network members. The CenCal Health website is

updated with measure criteria and contact information of CenCal Health resources have been updated accordingly.

Please note that CenCal Health outlines a process to adopt, distribute, and monitor clinical practice and preventive health guidelines. These measures will be subject to a more in-depth review and analysis later in the document under the section titled "Clinical Practice and Preventive Health Guidelines: Evaluation of Effectiveness and Quality Improvement Performance Initiatives and Projects." This section will provide an extensive outline of the trends observed in the Quality Dashboard, as referenced above. However, throughout the document, one can find examples of care and quality improvement that are linked to the metrics found on the quality dashboard.

These aspects of care and quality improvement are integral to evaluating effectiveness and quality improvement performance initiatives and projects, as they provide a comprehensive understanding of the findings presented in the Quality Dashboard. Therefore, their presence in various sections of the document reinforces the importance of these metrics and how they are being used to improve the quality of care.

- **See Appendix G – Quality Dashboard**

### **C. Over/Under-Utilization Monitoring**

#### **Goal**

Annually report both over- and under-utilization of services including, but not limited to, outpatient prescription drugs to facilitate the delivery of appropriate care.

As part of CenCal Health's Quality Improvement and Health Equity Transformation Program (QIHETP), CenCal Health conducts routine monitoring and analysis of program indicators for monitoring and detecting underutilization and over-utilization of services, including, but not limited to, outpatient prescription drugs. Annually, CenCal Health staff perform a quantitative data analysis against established thresholds (Medicaid 10<sup>th</sup> and 90<sup>th</sup> percentiles) for services and procedures deemed at risk for extreme utilization in Medicaid populations, according to the National Committee for Quality Assurance (NCQA).

#### **Quantitative Analysis and Trending of Measures**

Domains monitored included:

1. Inpatient Acute Care: Bed Days, Discharges, and Average Length of Stay
2. Ambulatory Care: Emergency Department and Outpatient visits
3. Outpatient prescription drugs
4. Frequency of Selected Procedures
5. Behavioral Health, including Non-specialty Mental Health Services for adult and pediatric members. CenCal Health stratified several Behavioral Health measures,

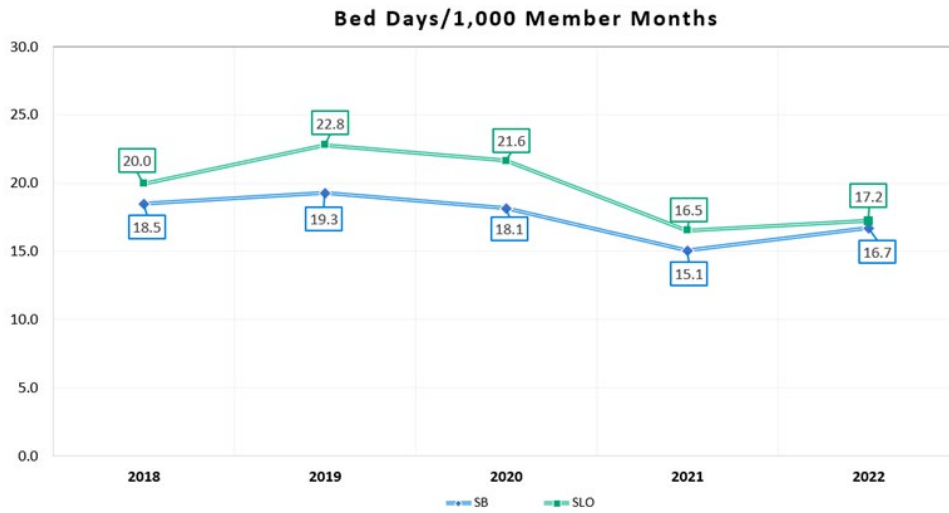
in alignment with NCQA guidelines, by race and ethnicity to support the identification and reduction of disparities.

**Physical Health**

1) Inpatient Acute Care: Bed days, discharges, and average length of stay (ALOS) utilization continues to be a Plan priority and a focus for the Health Services Division.

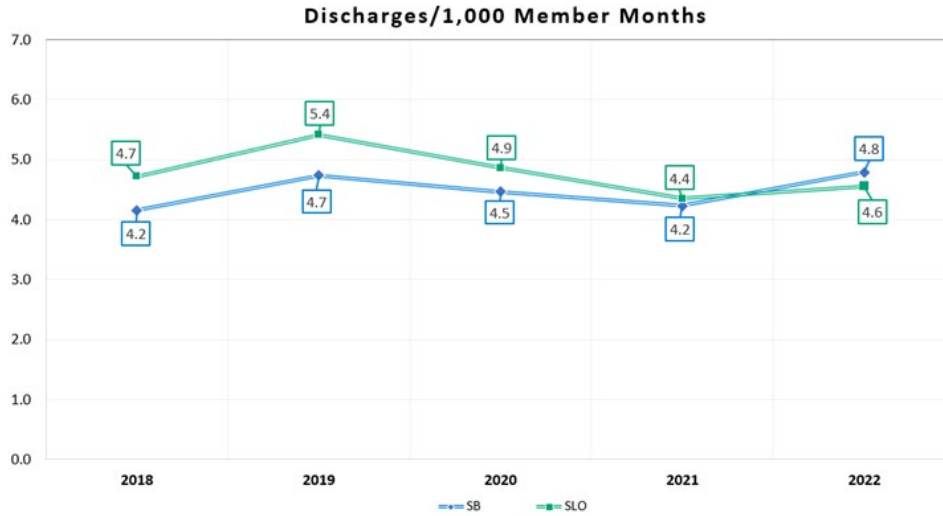
The tables and graphs below provide a five-year trended summary for bed days, discharges, and ALOS.

a. **Bed Days**: Increased slightly from 2021 to 2022 in both counties, however, utilization is within benchmarks. In 2022 there was an increase in hospitalizations starting in the summer through winter which may be attributed to COVID-19 surges.



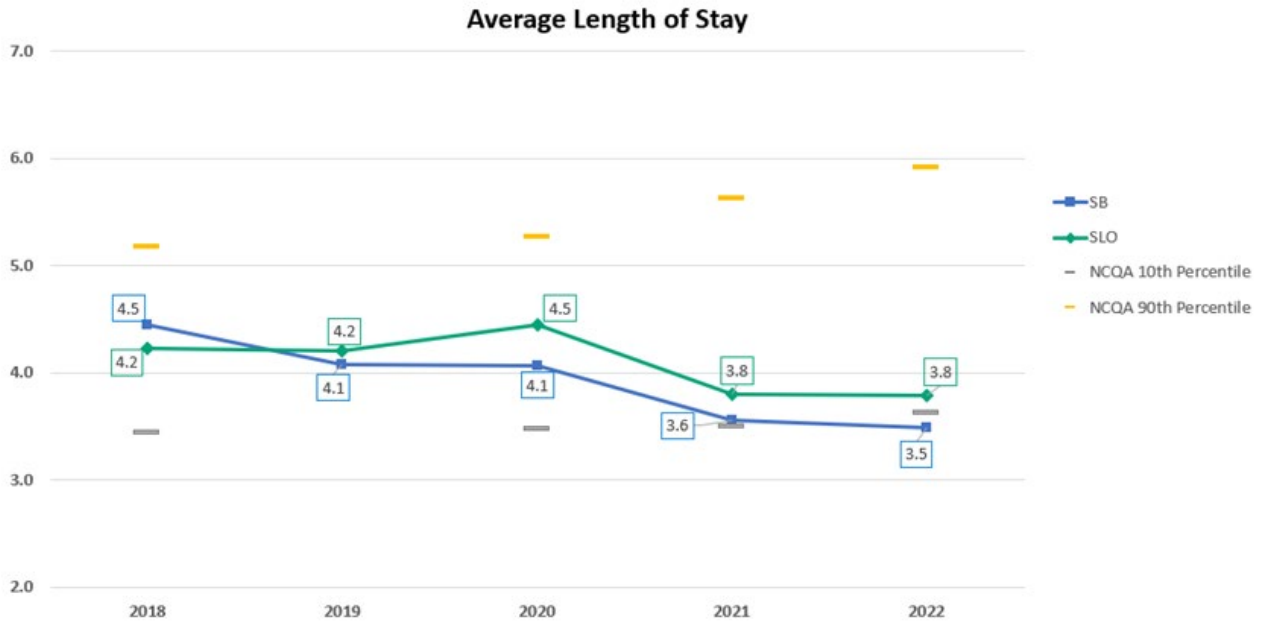
MM=Member Months	Santa Barbara		San Luis Obispo		NCQA Percentiles		
	MY	Days/1,000 MMs	Days	Days/1,000 MMs	10 <sup>th</sup>	90 <sup>th</sup>	
Bed Days	2022	25,983	16.70	10,958	17.22	16.17	42.06
	2021	21,614	15.05	9,602	16.54	15.73	43.42
	2020	24,367	18.13	11,554	21.63	16.42	48.52
	2019	25,390	19.26	12,109	22.80	NA	NA
	2018	24,658	18.48	10,956	19.96	19.38	47.37

b. **Discharges**: Despite an increase from 2021 to 2022 in both counties, utilization is within benchmarks.



MM=Member Months		Santa Barbara		San Luis Obispo		NCQA Percentiles	
Discharges	MY	Discharges	Discharges/1,000 MMs	Discharges	Discharges/1,000 MMs	10 <sup>th</sup>	90 <sup>th</sup>
	2022	7,450	4.79	2,892	4.55	3.94	7.57
	2021	6,073	4.23	2,526	4.35	3.95	8.31
	2020	5,992	4.46	2,593	4.86	4.44	9.29
	2019	6,230	4.73	2,875	5.41	NA	NA
	2018	5,535	4.15	2,592	4.72	4.97	9.54

c. **Average Length of Stay (ALOS):** Data for 2022 remained relatively unchanged from 2021. However, the ALOS in SB County (3.49 days) was below the 10<sup>th</sup> percentile.

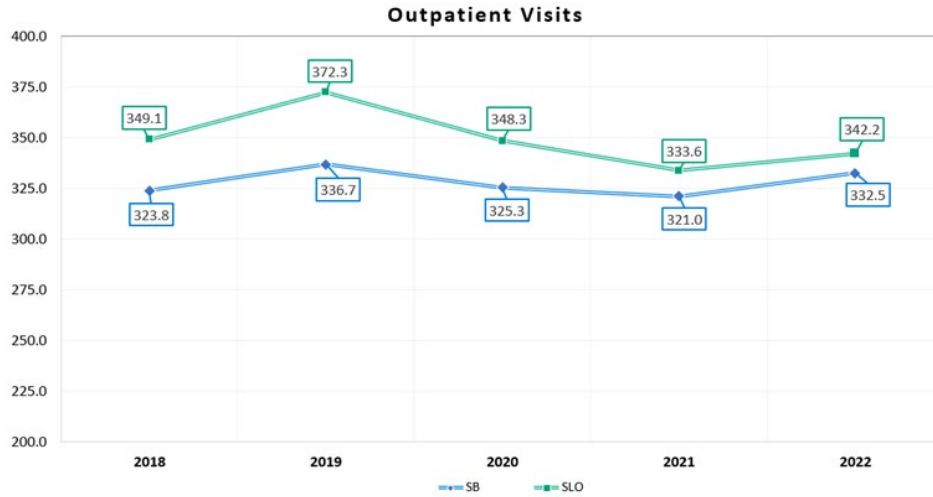


		Santa Barbara	San Luis Obispo	NCQA Percentiles	
Average Length of Stay (ALOS)	MY	ALOS	ALOS	10 <sup>th</sup>	90 <sup>th</sup>
	2022	3.49	3.79	3.63	5.91
	2021	3.56	3.80	3.50	5.63
	2020	4.07	4.45	3.48	5.27
	2019	4.08	4.21	NA	NA
	2018	4.45	4.23	3.44	5.18

2) Ambulatory Care: Outpatient and ED utilization rate

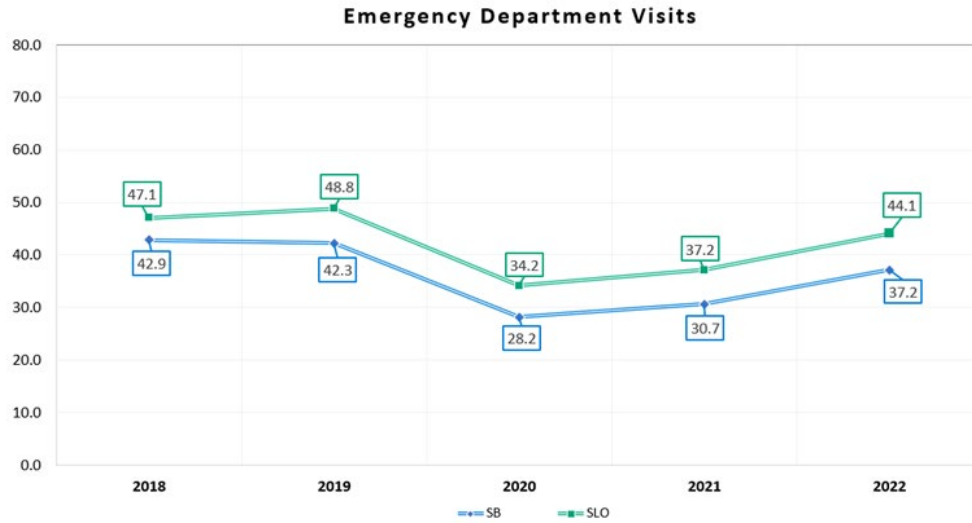
The tables and graphs below provide a five-year trended summary for Outpatient and ED visits.

- a. **Outpatient Visits:** Both counties are within benchmarks. There was a slight increase in 2022 but utilization remains below the pre-pandemic peak in 2019. This is likely due to an increase in membership enrollment due to economic hardship and primary care services being utilized more appropriately post-pandemic. Visits remain higher in SLO.



MM=Member Months		Santa Barbara		San Luis Obispo		NCQA Percentiles	
Outpatient Visits	MY	OP Visits	OP Visits/1,000 MMs	OP Visits	OP Visits/1,000 MMs	10 <sup>th</sup>	90 <sup>th</sup>
	2022	517,263	332.51	217,657	342.17	233.23	457.86
	2021	461,017	321.05	193,642	333.64	210.75	411.51
	2020	437,103	325.29	186,025	348.3	272.76	502.39
	2019	443,808	336.71	197,748	372.34	NA	NA
	2018	431,945	323.78	191,667	349.14	260.2	468.06

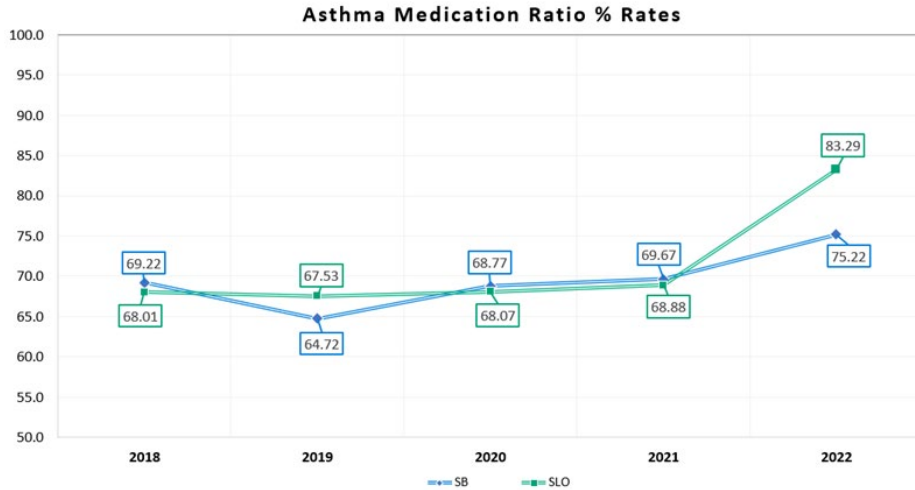
b. **ED Visits:** From 2020 to 2022, utilization has been steadily increasing but remains below the pre-pandemic peak from 2019 and are within the established thresholds. This ongoing increase is likely because members are continuing to not avoid the ED as they did in 2020 during the height of the pandemic.



MM=Member Months		Santa Barbara		San Luis Obispo		NCQA Percentiles	
Emergency Dept Visits	MY	ED Visits	ED Visits/1,000 MMs	ED Visits	ED Visits/1,000 MMs	10 <sup>th</sup>	90 <sup>th</sup>
	2022	57,827	37.17	28,032	44.07	29.19	59.14
	2021	44,018	30.65	21,575	37.17	27.5	56.18
	2020	37,876	28.19	18,254	34.18	39.37	79.71
	2019	55,696	42.26	25,930	48.82	NA	NA
	2018	57,200	42.88	25,858	47.1	43.06	82.98

3) Outpatient Prescription Drugs: Asthma Medication Ratio is a quality indicator CenCal Health reports to the DHCS annually and monitors monthly. The rate is the percentage of members aged 5-64 years who were identified as having persistent asthma and had a ratio of controller medications to total asthma medications of 0.50 or greater in the measurement year. A higher ratio indicates the member is using more preventive (controller) medications than rescue (short-term) medications to control their asthma. Historically, AMR utilization rates for both counties have been within the established thresholds. In 2022, both counties exceeded the NCQA 90<sup>th</sup> Percentile (highlighted green), indicating asthma medications are being dispensed appropriately for members with asthma.





Asthma Medication Ratio (total)	MY	Santa Barbara	San Luis Obispo	NCQA Percentiles	
		Rate (%)	Rate (%)	50 <sup>th</sup> (MPL)	90 <sup>th</sup> (HPL)
	2022	75.22	83.29	64.26	74.21
	2021	69.67	68.88	64.78	75.32
	2020	68.77	68.07	62.50	73.36
	2019	64.72	67.53	63.60	71.61
	2018	69.22	68.01	62.30	72.09

- 1) Frequency of Selected Procedures: NCQA has identified surgical procedures at risk for over and under-utilization. For MY2023, NCQA announced the retirement of the measure due to low utility and the validity was also questioned due to the number of stratifications that contribute to small sizes for individual reporting categories. As such, this will be the last year these procedures are reported.



### Back Surgery

Utilization rates for all gender/age cohorts in both SB and SLO are within benchmarks for 2022.

MY2022 Back Surgery		Santa Barbara		San Luis Obispo		NCQA Percentiles	
Gender	Age	Number of Procedures	Procedures /1,000 MMs	Number of Procedures	Procedures /1,000 MMs	10 <sup>th</sup>	90 <sup>th</sup>
Male	20-44	14	0.07	11	0.11	0.05	0.23
	45-64	39	0.37	36	0.66	0.19	0.75
Female	20-44	18	0.06	14	0.11	0.04	0.20
	45-64	49	0.40	40	0.64	0.16	0.78

### Bariatric Weight Loss

Over-utilization was demonstrated by both genders aged 0-44 in SB county while males aged 0-19 and females aged 20-44 indicated over-utilization in SLO county. Since all bariatric surgical procedures are reviewed by CenCal Health's Utilization Management and must meet established, evidence-based clinical criteria adopted by QIHEC to evaluate and confirm medical necessity, these over-utilization findings are justified and CenCal Health is therefore not concerned.

 = over-utilization / greater than NCQA 90<sup>th</sup> percentile  
 = under-utilization / below the NCQA 10<sup>th</sup> percentile

MY2022 Bariatric Surgery		Santa Barbara		San Luis Obispo		NCQA Percentiles	
Gender	Age	Number of Procedures	Procedures /1,000 MMs	Number of Procedures	Procedures /1,000 MMs	10 <sup>th</sup>	90 <sup>th</sup>
Male	0 – 19	3	0.01	2	0.01	0.00	0.00
	20-44	16	0.08	4	0.04	0.00	0.07
	45-64	6	0.06	2	0.04	0.00	0.07
Female	0 – 19	7	0.02	2	0.01	0.00	0.01
	20-44	108	0.38	46	0.36	0.04	0.32
	45-64	33	0.27	15	0.24	0.03	0.30

**Cholecystectomy**

- *Cholecystectomy – Open:* There were no open cholecystectomy procedures in 2022.
- *Cholecystectomy – Laparoscopic:* All gender/age groups are within benchmarks for 2022.

MY2022 Cholecystectomy – Laparoscopic		Santa Barbara		San Luis Obispo		NCQA Percentiles	
Gender	Age	Number of Procedures	Procedures /1,000 MMs	Number of Procedures	Procedures /1,000 MMs	10 <sup>th</sup>	90 <sup>th</sup>
Male	30-64	40	0.20	14	0.13	0.11	0.33
Female	15-44	203	0.53	52	0.32	0.26	0.68
	45-64	69	0.57	34	0.55	0.25	0.68

**Hysterectomy/Lumpectomy/Mastectomy**

*Hysterectomy – Abdominal:* Ages 15-44 under-utilized this procedure in SLO while ages 45-64 in SB also under-utilized. However, the total number of Abdominal Hysterectomies is small which reduces the statistical significance of the results and is not representative of the population. Concern for under-utilization for Abdominal Hysterectomy is mitigated when considering Vaginal Hysterectomy utilization.

 = over-utilization / greater than NCQA 90<sup>th</sup> percentile

**0.01** = under-utilization / below the NCQA 10<sup>th</sup> percentile

MY2022 Hysterectomy – Abdominal		Santa Barbara		San Luis Obispo		NCQA Percentiles	
Gender	Age	Number of Procedures	Procedures /1,000 MMs	Number of Procedures	Procedures /1,000 MMs	10 <sup>th</sup>	90 <sup>th</sup>
Female	15-44	10	<b>0.03</b>	2	<b>0.01</b>	<b>0.03</b>	<b>0.08</b>
	45-64	3	<b>0.02</b>	5	<b>0.08</b>	<b>0.06</b>	<b>0.22</b>

*Hysterectomy – Vaginal:* Utilization rates for both age groups are within benchmarks.

MY2022 Hysterectomy – Vaginal		Santa Barbara		San Luis Obispo		NCQA Percentiles	
Gender	Age	Number of Procedures	Procedures /1,000 MMs	Number of Procedures	Procedures /1,000 MMs	10 <sup>th</sup>	90 <sup>th</sup>
Female	15-44	8	<b>0.02</b>	9	<b>0.05</b>	<b>0.01</b>	<b>0.12</b>
	45-64	7	<b>0.06</b>	5	<b>0.08</b>	<b>0.03</b>	<b>0.15</b>

*Lumpectomy:* Utilization rates for both age groups are within benchmarks.

MY2022 Lumpectomy		Santa Barbara		San Luis Obispo		NCQA Percentiles	
Gender	Age	Number of Procedures	Procedures /1,000 MMs	Number of Procedures	Procedures/ 1,000 MMs	10 <sup>th</sup>	90 <sup>th</sup>
Female	15-44	19	<b>0.05</b>	12	<b>0.07</b>	<b>0.04</b>	<b>0.12</b>
	45-64	38	<b>0.31</b>	21	<b>0.34</b>	<b>0.16</b>	<b>0.42</b>

*Mastectomy:* Utilization for both age groups is within the benchmarks. The need to continue monitoring breast cancer screening utilization and ensuring members have access to specialty care remains a significant priority for CenCal Health.

MY2022 Mastectomy		Santa Barbara		San Luis Obispo		NCQA Percentiles	
Gender	Age	Number of Procedures	Procedures /1,000 MMs	Number of Procedures	Procedures/ 1,000 MMs	10 <sup>th</sup>	90 <sup>th</sup>
Female	15-44	14	<b>0.04</b>	10	<b>0.06</b>	<b>0.01</b>	<b>0.09</b>
	45-64	16	<b>0.13</b>	7	<b>0.11</b>	<b>0.07</b>	<b>0.27</b>

### Tonsillectomy

Tonsillectomies for ages 0-9 was under-utilized in SLO in 2022. Tonsillectomies do not necessitate a medical review by CenCal Health's Utilization Management prior to approval unless it is combined with an adenoidectomy. The under-utilization in 2022

underscores the need to continue monitoring this metric and ensuring members have sufficient and timely access to specialty care such as Ear, Nose and Throat specialists.

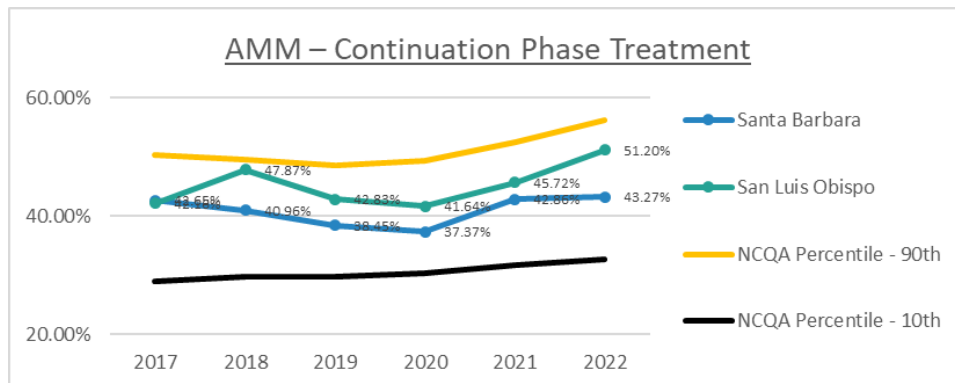
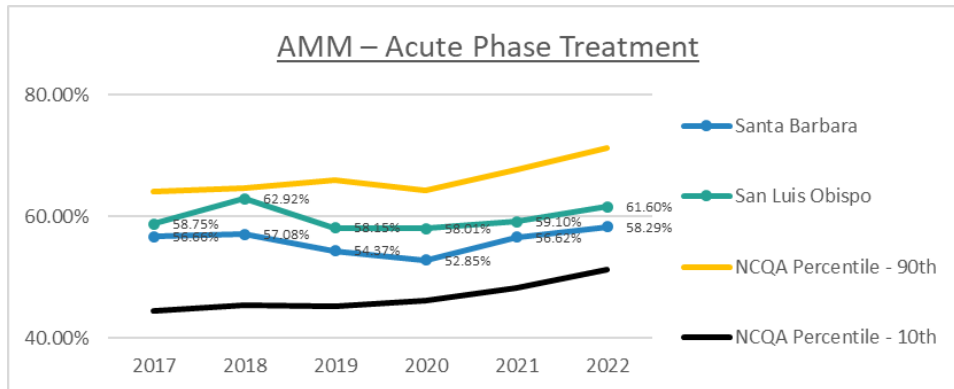
- = over-utilization / greater than NCQA 90<sup>th</sup> percentile
- = under-utilization / below the NCQA 10<sup>th</sup> percentile

MY2022 Tonsillectomy		Santa Barbara		San Luis Obispo		NCQA Percentiles	
Gender	Age	Number of Procedures	Procedures /1,000 MMs	Number of Procedures	Procedures/ 1,000 MMs	10 <sup>th</sup>	90 <sup>th</sup>
Male & Female	0 – 9	64	<b>0.16</b>	10	<b>0.07</b>	<b>0.10</b>	<b>0.52</b>
	10 – 19	36	<b>0.09</b>	10	<b>0.07</b>	<b>0.05</b>	<b>0.30</b>

**Behavioral Health**

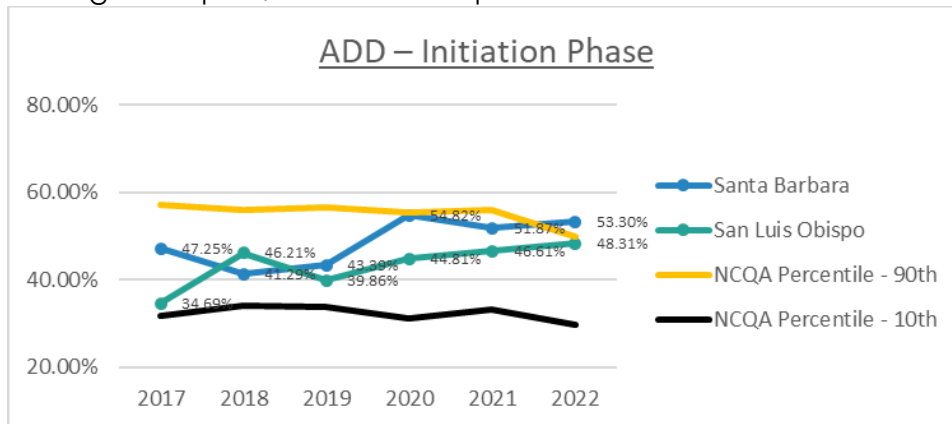
**Antidepressant Medication Management (AMM)\***

**Acute Phase (12 weeks) Treatment** and **Continuation Phase (6 months) Treatment** – Utilization increased slightly in both counties compared to prior year and met performance thresholds. Rates for the Continuation Phase Treatment are significantly higher in SLO (51.2%) compared to SB (43.27%).

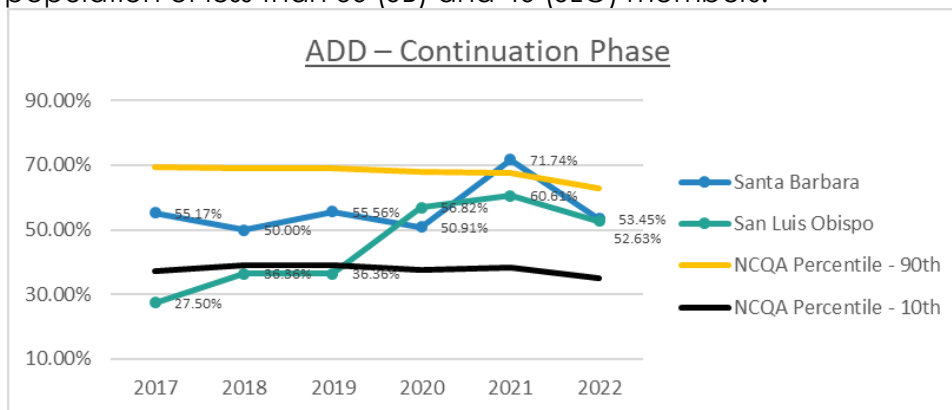


**Follow-Up Care for Children Prescribed ADHD Medication (ADD)\***

- **Initiation Phase** – Utilization continues to steadily increase. Follow-up care in SB rated among the top 10% of Medicaid plans.



- **Continuation Phase** – Utilization decreased significantly in both counties (SB by over 20-points and SLO by about 8-points), however remained within the threshold for Medicaid plans. While the rate decrease is significant, variability is likely due to a low eligible population of less than 60 (SB) and 40 (SLO) members.



**Use of Opioids at High Dosage (HDO)\***

Utilization in both counties for all age cohorts was favorable as an increased rate for this aspect of care indicates over-utilization. Both counties rated within the threshold.

MY	Santa Barbara		San Luis Obispo		DHCS Percentiles	
	Eligible Population	Rate	Eligible Population	Rate	10 <sup>th</sup>	90 <sup>th</sup>
2022	1,620	2.35	1,170	1.97	14.60	0.80

**Pharmacotherapy for Opioid Use Disorder (POD)\***

This is CenCal Health’s first year reporting this measure to DHCS. The following results highlighted green exceeded the 90<sup>th</sup> percentile.

MY	Age Category	Santa Barbara		San Luis Obispo		DHCS Percentiles	
		Eligible Population	Rate	Eligible Population	Rate	10 <sup>th</sup>	90 <sup>th</sup>
2020	18+	103	55.34	38	39.47	17.43	45.83
2021	18+	12	NA	19	NA	14.78	43.60
2022	18+	304	41.12	139	50.36	13.00	41.67

**Diabetes Screening for People with Schizophrenia or Bipolar Disorder who are Using Antipsychotic Medications (SSD)\***

A barrier to accurate reporting is the unavailability of data from County Mental Health to identify members diagnosed with Schizophrenia or Bipolar Disorder. Two Behavioral Health Integration Grant Projects (SBCPH and American Indian Health) focus on the SSD measure, which may result in an increase in performance during the upcoming years, although any achievements of those providers will likely only benefit Santa Barbara County performance.

MY	Age Category	Santa Barbara		San Luis Obispo		DHCS Percentiles	
		Eligible Population	Rate	Eligible Population	Rate	10 <sup>th</sup>	90 <sup>th</sup>
2021	18-64	500	79.80	345	77.10	69.90	82.53
2022	18-64	668	79.19	419	75.18	72.71	86.28

**Diabetes Monitoring for People with Diabetes and Schizophrenia (SMD)\***

A barrier to accurate reporting is the unavailability of data from County Mental Health to identify members diagnosed with Schizophrenia. Two Behavioral Health Integration Grant Projects (SBCPH and American Indian Health) focus on the SMD measure, which may result in an increase in performance during the upcoming years.

MY	Age Category	Santa Barbara		San Luis Obispo		DHCS Percentiles	
		Eligible Population	Rate	Eligible Population	Rate	10 <sup>th</sup>	90 <sup>th</sup>
2021	18-64	61	68.85	18	NA	54.87	75.00
2022	18-64	72	73.61	21	NA	56.04	76.95

**Follow-Up After Emergency Department Visit for Alcohol and Other Drug Abuse or Dependence (FUA)**

**7-Day Follow-Up:** Performance in both counties rated above the 90<sup>th</sup> percentile for all age cohorts (highlighted green), which is a significant improvement from the prior year.

MY	Age Category	Santa Barbara		San Luis Obispo		DHCS Percentiles	
		Eligible Population	Rate	Eligible Population	Rate	10 <sup>th</sup>	90 <sup>th</sup>
2021	Total	936	7.80	371	1.89	3.84	22.98
2022	Total	1,345	26.02	678	27.43	13.39	21.97

The below race stratification is based on MY2022 rates:

Race Category	White	Black Or African American	American Indian and Alaska Native	Asian	Native Hawaiian and Other Pacific Islander	Some Other Race <sup>[1]</sup>	Two Or More Races	Asked But No Answer
Total SB Members	640	25	12	7	0	548	0	113
SB Rate	24.69%	36.00%	25.00%	0.00%	0.00%	26.28%	0.00%	31.86%
Total SLO Members	232	5	5	6	0	372	0	58
SLO Rate	26.72%	60.00%	60.00%	0.00%	0.00%	28.49%	0.00%	20.69%

<sup>[1]</sup> Some Other Race: People whose race information has been collected but does not fit into any of the other seven race categories. This category includes people who may be Hispanic, Mulatto, Creole and Mestizo or another race not specified in the Census "Race" categories.

The below ethnicity stratification is based on MY2022 rates:

Ethnicity Category	Hispanic Or Latino	Not Hispanic or Latino	Asked But No Answer
Total SB Members	39	35	1,271
SB Rate	12.82%	42.86%	25.96%
Total SLO Members	6	12	660
SLO Rate	50.00%	50.00%	26.82%

**30-Day Follow-Up:** Performance in both counties rated above the 90<sup>th</sup> percentile for all age cohorts (highlighted green), which is a significant improvement from the prior year. This is the first year Medi-Cal plans were held to the MPL for this submeasure.

MY	Age Category	Santa Barbara		San Luis Obispo		NCQA Percentiles	
		Eligible Population	Rate	Eligible Population	Rate	10 <sup>th</sup>	90 <sup>th</sup>

<b>2021</b>	<b>Total</b>	<b>936</b>	<b>12.07</b>	<b>371</b>	<b>4.31</b>	6.02	32.60
<b>2022</b>	<b>Total</b>	<b>1,345</b>	<b>37.77</b>	<b>678</b>	<b>39.68</b>	21.24	32.38

The below race stratification is based on MY2022 rates:

Race Category	White	Black Or African American	American Indian and Alaska Native	Asian	Native Hawaiian and Other Pacific Islander	Some Other Race <sup>III</sup>	Two Or More Races	Asked But No Answer
<b>Total SB Members</b>	640	25	12	7	0	548	0	113
<b>SB Rate</b>	36.56%	44.00%	25.00%	0.00%	0.00%	39.05%	0.00%	40.71%
<b>Total SLO Members</b>	232	5	5	6	0	372	0	58
<b>SLO Rate</b>	37.50%	60.00%	60.00%	66.67%	0.00%	40.86%	0.00%	34.48%

<sup>III</sup> Some Other Race: People whose race information has been collected but does not fit into any of the other seven race categories. This category includes people who may be Hispanic, Mulatto, Creole and Mestizo or another race not specified in the Census "Race" categories.

The below ethnicity stratification is based on MY2022 rates:

Ethnicity Category	Hispanic Or Latino	Not Hispanic or Latino	Asked But No Answer
<b>Total SB Members</b>	39	35	1,271
<b>SB Rate</b>	20.51%	57.14%	37.77%
<b>Total SLO Members</b>	6	12	660
<b>SLO Rate</b>	66.67%	58.33%	39.09%

### Follow-Up After Emergency Department Visit for Mental Illness (FUM)

7-Day Follow-Up: Rates in both counties significantly improved (SB increased about 14 points and SLO increased about 32 points) from the prior year likely due to CenCal Health bringing on the behavioral benefit in-house in 2021. Despite the significant increase in SB, it rated below the 10<sup>th</sup> percentile (highlighted yellow).

MY	Age Category	Santa Barbara		San Luis Obispo		NCQA Percentiles	
		Eligible Population	Rate	Eligible Population	Rate	10 <sup>th</sup>	90 <sup>th</sup>
<b>2021</b>	<b>Total</b>	<b>721</b>	<b>19.14</b>	<b>284</b>	<b>17.25</b>	23.09	61.36



<b>2022</b>	<b>Total</b>	<b>818</b>	<b>33.62</b>	<b>350</b>	<b>49.71</b>	40.38	60.58
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The below race stratification is based on MY2022 rates.

<b>Race Category</b>	<b>White</b>	<b>Black Or African American</b>	<b>American Indian and Alaska Native</b>	<b>Asian</b>	<b>Native Hawaiian and Other Pacific Islander</b>	<b>Some Other Race<sup>[2]</sup></b>	<b>Two Or More Races</b>	<b>Asked But No Answer</b>
<b>Total SB Members</b>	423	20	4	7	0	283	0	81
<b>SB Rate</b>	34.04%	40.00%	0.00%	42.86%	0.00%	30.39%	0.00%	41.98%
<b>Total SLO Members</b>	132	3	1	3	0	183	0	28
<b>SLO Rate</b>	67.42%	33.33%	0.00%	100.00%	0.00%	64.48%	0.00%	50.00%

The below ethnicity stratification is based on MY2022 rates.

<b>Ethnicity Category</b>	<b>Hispanic Or Latino</b>	<b>Not Hispanic or Latino</b>	<b>Asked But No Answer</b>
<b>Total SB Members</b>	21	22	775
<b>SB Rate</b>	47.62%	50.00%	32.77%
<b>Total SLO Members</b>	8	12	330
<b>SLO Rate</b>	50.00%	58.33%	49.39%

30-Day Follow-Up: Performance in both counties rated below the 10<sup>th</sup> percentile (highlighted yellow), however rates significantly improved from the prior year. This is the first year Medi-Cal plans were held to the MPL for this submeasure.

<b>MY</b>	<b>Age Category</b>	<b>Santa Barbara</b>		<b>San Luis Obispo</b>		<b>NCQA Percentiles</b>	
		<b>Eligible Population</b>	<b>Rate</b>	<b>Eligible Population</b>	<b>Rate</b>	<b>10<sup>th</sup></b>	<b>90<sup>th</sup></b>
<b>2021</b>	<b>Total</b>	721	31.48	284	28.17	37.89	74.39
<b>2022</b>	<b>Total</b>	818	53.67	350	64.29	54.51	72.01

The below race stratification is based on MY2022 rates:

<b>Race Category</b>	<b>White</b>	<b>Black Or African American</b>	<b>American Indian and Alaska Native</b>	<b>Asian</b>	<b>Native Hawaiian and Other</b>	<b>Some Other Race<sup>[1]</sup></b>	<b>Two Or More Races</b>	<b>Asked But No Answer</b>
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					Pacific Islander			
<b>Total SB Members</b>	423	20	4	7	0	283	0	81
<b>SB Rate</b>	53.66%	75.00%	50.00%	42.86%	0.00%	51.24%	0.00%	58.02%
<b>Total SLO Members</b>	132	3	1	3	0	183	0	28
<b>SLO Rate</b>	67.42%	33.33%	0.00%	100.00%	0.00%	64.48%	0.00%	50.00%

*Some Other Race: People whose race information has been collected but does not fit into any of the other seven race categories. This category includes people who may be Hispanic, Mulatto, Creole and Mestizo or another race not specified in the Census "Race" categories.*

The below ethnicity stratification is based on MY2022 rates:

Ethnicity Category	Hispanic Or Latino	Not Hispanic or Latino	Asked But No Answer
<b>Total SB Members</b>	<b>21</b>	<b>22</b>	<b>775</b>
<b>SB Rate</b>	<b>76.19%</b>	<b>68.18%</b>	<b>52.65%</b>
<b>Total SLO Members</b>	<b>8</b>	<b>12</b>	<b>330</b>
<b>SLO Rate</b>	<b>50.00%</b>	<b>66.67%</b>	<b>64.55%</b>

**Depression Screening and Follow-Up for Adolescents and Adults (DSF-E)\***

For this aspect of care, providers must submit data files from their EMR including LOINC codes to indicate whether this clinically recommended service was completed. Three providers were available to submit this data to CenCal Health, which may be the result of low screening rates and higher rates for San Luis Obispo compared to Santa Barbara. This is CenCal Health’s baseline performance as national benchmarks were not established for comparison.

**Depression Screening**

MY2022 Age Category	Santa Barbara		San Luis Obispo	
	Eligible Population	Rate	Eligible Population	Rate
12-17	18,829	12.95	6,335	38.18
18-64	49,075	16.23	22,154	28.37
65+	867	14.19	241	31.54
<b>Total</b>	<b>68,771</b>	<b>15.31</b>	<b>28,730</b>	<b>30.56</b>

The below race stratification is based on MY2022 rate:

Race Category	White	Black or African American	American Indian and Alaska Native	Asian	Native Hawaiian and Other Pacific Islander	Some Other Race <sup>11</sup>	Two Or More Races	Asked But No Answer
<b>Total SB Members</b>	34,504	910	231	1,258	212	28,677	0	2,979
<b>SB Rate</b>	14.06%	12.53%	8.66%	14.15%	15.57%	17.38%	0.00%	11.65%
<b>Total SLO Members</b>	10,656	321	147	604	124	15,400	0	1,478
<b>SLO Rate</b>	24.86%	24.92%	26.53%	30.63%	29.03%	34.97%	0.00%	27.40%

<sup>11</sup> Some Other Race: People whose race information has been collected but does not fit into any of the other seven race categories. This category includes people who may be Hispanic, Mulatto, Creole and Mestizo or another race not specified in the Census "Race" categories.

The below ethnicity stratification is based on MY2022 rates:

Ethnicity Category	Hispanic or Latino	Not Hispanic or Latino	Asked But No Answer
<b>Total SB Members</b>	3,612	1,223	63,936
<b>SB Rate</b>	17.69%	15.04%	15.18%
<b>Total SLO Members</b>	447	600	27,683
<b>SLO Rate</b>	42.73%	27.00%	30.44%

### Follow-Up on Positive Depression Screening

Age Category	Santa Barbara		San Luis Obispo	
	Eligible Population	Rate	Eligible Population	Rate
12-17	221	81.90	257	71.98
18-64	741	81.78	821	86.24
65+	4	NA	2	NA
<b>Total</b>	<b>966</b>	<b>81.88</b>	<b>893</b>	<b>82.69</b>

The below race stratification is based on MY2022 rates:

Race Category	White	Black or African American	American Indian and Alaska Native	Asian	Native Hawaiian and Other Pacific Islander	Some Other Race <sup>4</sup>	Two Or More Races	Asked But No Answer
<b>Total SB Members</b>	450	14	3	9	2	449	0	39
<b>SB Rate</b>	84.00%	78.57%	100.00%	77.78%	100.00%	80.18%	0.00%	76.92%
<b>Total SLO Members</b>	407	11	6	10	4	580	0	62
<b>SLO Rate</b>	85.75%	45.45%	100.00%	80.00%	50.00%	80.69%	0.00%	88.71%

The below ethnicity stratification is based on MY2022 rates:

Ethnicity Category	Hispanic or Latino	Not Hispanic or Latino	Asked But No Answer
<b>Total SB Members</b>	54	27	885
<b>SB Rate</b>	75.93%	96.30%	81.81%
<b>Total SLO Members</b>	19	32	1,029
<b>SLO Rate</b>	89.47%	84.38%	82.51%

### Depression Remission or Response for Adolescents and Adults (DRR-E)\*

For this aspect of care, providers must submit data files from their EMR including LOINC codes to indicate whether this clinically recommended service was completed. Three providers were available to submit this data to CenCal Health, which may be the result of low screening rates and higher rates for San Luis Obispo compared to Santa Barbara. This is CenCal Health's baseline performance as national benchmarks were not established for comparison.

MY2022 DRR-E Submeasure	Santa Barbara		San Luis Obispo	
	Eligible Population	Rate	Eligible Population	Rate
Follow-Up PHQ-9 within 4–8 months after the initial elevated PHQ-9 score	116	38.79	163	59.51
Depression Remission within 4–8 months after the initial elevated PHQ-9 score	116	12.07	163	9.82
Depression Response within 4–8 months after the initial elevated PHQ-9 score	116	15.52	163	22.09

### Prenatal Depression Screening and Follow-Up (PND-E)\*

For this aspect of care, providers must submit data files from their EMR including LOINC codes to indicate whether this clinically recommended service was completed. Three providers were available to submit this data to CenCal Health, which may be the result of low screening and follow-up rates. This is CenCal Health's baseline performance as national benchmarks were not established for comparison.

MY2022 PND-E Submeasure	Santa Barbara		San Luis Obispo	
	Eligible Population	Rate	Eligible Population	Rate
Depression Screening	1,828	35.56	503	54.27
Follow-Up on Positive Screening	15	33.33	22	59.09

### Postpartum Depression Screening and Follow Up (PDS-E)\*

For this aspect of care, providers must submit data files from their EMR including LOINC codes to indicate whether this clinically recommended service was completed. Three providers were available to submit this data to CenCal Health, which may be the result of low screening rates. This is CenCal Health's baseline performance as national benchmarks were not established for comparison.

MY2022 PDS-E Submeasure	Santa Barbara		San Luis Obispo	
	Eligible Population	Rate	Eligible Population	Rate
Depression Screening	2,064	28.88	588	40.82
Follow-Up on Positive Screening	24	83.33	26	80.77

### Barrier Analysis

Utilization trends are evaluated by CenCal Health's Chief Executive Officer and Health Services and Quality Division leadership including the Chief Medical Officer, Senior Medical Director, Behavioral Health Medical Director, Quality and Population Health Officer, Medical Management Director, Behavioral Health Director, Pharmacy Director, and Quality Director.

Potential areas of concern and possible priorities for improvement identified were:

- Average Length of Stay in SB County rated below the 10<sup>th</sup> percentile, which could indicate a lower rate of members being hospitalized. CenCal Health continues to monitor this aspect of care to ensure members are receiving appropriate care.

- Follow-Up After ED Visit for Mental Illness (7-Day Follow-Up & 30-Day Follow-Up) across both counties rated below minimum performance benchmarks. CenCal Health is conducting a non-clinical performance improvement project (PIP), which focuses on addressing the data sharing limitations between hospitals and clinics. This PIP will increase timely follow-ups by notifying providers sooner when an assigned member was in the emergency department.
- In San Luis Obispo (SLO) County, tonsillectomies were underutilized for members ages 0 – 9 years old.

### **Evaluation of Effectiveness**

This goal was accomplished. The Quality Department reviewed and presented metrics to detect possible over and under-utilization and discuss significant trends to the QIHEC in August 2023, with subsequent additional follow-up completed in December 2023. As part of CenCal Health's QIHETP, staff research areas of concern, provide data for implementing interventions addressing concerns, and monitor improvement. Monitoring and reporting metrics has proven to be successful in identifying priorities for improvement. Two metrics (average length of stay and tonsillectomy) were identified as needing additional follow-up due to under-utilization. QIHEC members are involved in reviewing and evaluating research conducted and determining whether additional research is needed/warranted.

#### Average Length of Stay (ALOS):

- The Quality Department collaborated with Medical Management and Provider Services to research further whether under-utilization could be caused by members being admitted that don't meet medical necessity requirements and/or whether this could be caused by reimbursement methodology incentivizing early discharges during 2022. Member demographics were reviewed to identify potential disparities. All admissions are reviewed and audited to ensure there is a medical necessity. Additionally, all high-volume hospitals in the Santa Barbara area are reimbursed equally.

#### Tonsillectomy:

- The Quality Department collaborated with Utilization Management (Peds) and Provider Services to research further whether possible access barriers existed and/or whether prior authorization was needed for this procedure and denials occurred during 2022. Member demographics were reviewed to identify potential disparities. Prior authorization is not required for this procedure. Time & Distance (T/D) standards are met for this service area and provider specialty. Findings found that under-utilization is not a concern currently.

### **Opportunities for Improvement**

CenCal Health's Quality Team acts to correct patterns of potential or actual inappropriate underutilization or overutilization by:

- Systematically evaluating the potential concerns and possible priorities for improvement as listed below,

- Confirming priorities for improvement and identify relevant barriers to improved performance,
- Leading the design and implementation of timely interventions to resolve the identified barriers.

Additional research regarding ALOS will be conducted in 2024 to review the prevalence of readmissions amongst members with a short length of stay, along with member demographics.

### III. PATIENT SAFETY

#### Potential Quality Issues

##### Goal

Ensure timely processing of potential quality of concerns in compliance with CenCal Health policy, with quarterly reporting to CenCal Health's

CenCal Health has a systematic process to identify, investigate, and initiate corrective action in circumstances when a member's Quality of Care Concern (QOC) or Quality of Service (QOS) is verified as clinically substandard to ensure patient safety. CenCal Health holds the provider network to the standard of care which is based on evidence-based clinical guidelines and/or community standards to ensure patient safety.

A Potential Quality Issue (PQI) is when substandard quality of clinical care or service is suspected or reported by any internal or external source (including provider or member). PQI cases are classified as QOC and QOS issues. The Quality Department's Clinical Quality Team, comprised of Registered Nurses, review all PQIs to evaluate whether there may be a clinical variance from the established standard of care and the clinical appropriateness of the circumstances related to the concern. CenCal Health's method to process PQIs aims to identify and mitigate potential for future occurrences of substandard care, and to continually improve the quality of care delivered to CenCal Health members.

- The Clinical Quality Team maintains a recurring overread process to assure the identification of clinical PQIs are accurate and reliable.
- All PQIs categorized as clinical are documented in an internally developed tracking form that summarizes the medical record review and investigation prior to submission to the CMO or their physician designee.

CenCal Health's Chief Medical Officer (CMO) and/or physician designee reviews all pertinent information and determines if the QOS provided to a member was appropriate or if the quality of clinical care provided to a member deviated from standards of care. The severity/outcome of the clinical concern is evaluated and documented by the CMO and/or physician designee on a standard form to assure a systematic evaluation process. The outcome is associated with a point system. The severity levels mild, moderate, and severe QOC concerns are based on the point

system. Cases that do not have a QOC are classified as having a QOS, as having an interpersonal or administrative component, or as having no issue. CenCal Health's CMO and/or designee determine appropriate corrective action when a quality-of-service issue has been identified or when the QOC for a member is verified as clinically substandard.

PQIs may be identified through multiple sources including:

- Member Grievance System
- Utilization Management
- Case Management
- Over- and under-utilization monitoring
- Quality measurement and surveillance, including but not limited to HEDIS Reviews, Facility Site Reviews, and/or focused quality of care audits
- Fraud, Waste, and Abuse Hotline (FWA)

PQI Follow-Up

The CMO and/or physician designee provides follow-up direction to appropriate plan staff. Substandard clinical care may result in consequences requiring appropriate follow up or corrective action, up to and including provider termination and statutory reporting when required. In some instances, ongoing monitoring of providers may be required to assure that clinical practices continue to meet standards of care.

Significant issues of substandard care may be submitted to the CenCal Health's Provider Credentialing and Peer Review Committee to execute the peer review investigational procedures described above, including assessment and assignment of severity level and corrective action. The outcomes of all PQI investigations are referenced during quality considerations made at the time of each provider's re-credentialing determination at a minimum of every three years.

Confidentiality

All medical record documentation, investigations, outcomes, or allegations are held strictly confidential by CenCal Health staff, and no portion of the information related to the investigation shall be shared with anyone within or outside of CenCal Health who is not authorized to review this information.

**Quality of Care (QOC) Issue Severity Level**

<b>Severity Level</b>	<b>Description</b>
0	No Quality of Service/QOS issue identified/Member-Centered
0	No Quality of Care/QOC issue identified/Member-Centered
1	Interpersonal: Member/provider disagreement or conflict
1	Administrative: related issue, unable to verify or, verified resulting in inconvenience or dissatisfaction to the member
2	Mild clinical judgment with or without an adverse outcome
3	Moderate clinical judgment with or without an adverse outcome
4	Severe clinical judgment with or without an adverse outcome



**2023 All PQI Type Monthly Totals**

PQI Type	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	TOTAL	%
<b>All Types of PQIs</b>	31	24	24	15	16	17	13	18	26	24	18	15	<b>241</b>	N/A
<b>QOC</b>	2	4	4	0	1	1	4	4	1	4	3	2	<b>30</b>	12.45%
<b>QOS</b>	0	0	0	1	0	0	2	2	1	1	1	1	<b>9</b>	3.73%
<b>Neither QOC/QOS</b>	29	20	20	14	15	16	7	12	24	19	14	12	<b>202</b>	83.82%

**2023 PQI/QOC Quarterly Totals**

	Q1	Q2	Q3	Q4
<b>Total PQIs</b>	79	48	57	57
<b>QOCs Severity Level 2-4</b>	10	2	9	9
<b>QOC Rate</b>	12.66%	4.17%	15.79%	15.79%

In 2023, 241 PQIs were received. Of these, 12.45% (30) were deemed a QOC and 3.73% (9) were deemed a QOS. The Clinical Quality Team investigated reviewed all referrals both internal and external to the organization to ensure that the clinical care and patient safety standards were being met.

PQI Outcomes

Quality of care concerns were confirmed in 30 cases in 2023. Of these cases 19 were due to mild deviations (level 2) in standards of care, 9 were due to moderate deviations (level 3), and 2 were due to a significant deviation (level 4) in standards of care. The remaining clinical cases were classified as a quality-of-service issue, were member-centered, related to interpersonal disagreement, or did not have an identified issue. They did not deviate from accepted standards of care or result in Adverse Clinical Outcomes.

A total of 30 Corrective Action Plans (CAPs) were issued to address the QOCs or QOSs. Forty-two providers are being tracked for future PQIs, and 12 cases were referred for Peer Review.

**Barrier Analysis**

CenCal Health's Quality Team assess ways to improve the process of tracking and reporting PQIs by:

- Conducting an annual review of policies and standards operating procedures (SOPs)

- Assessing any incidents of missed deadlines, identifying barriers to timely response.
- Implementing interventions to resolve identified barriers.

Review of policies is conducted by the Quality Departments Leadership and then submitted to Quality Improvement Health Equity Committee (QIHEC) for approval.

Potential areas of concern and opportunities for improvement identified were:

- Current tracking process is manually entered by clinical improvement specialists
- Current communication amongst business units is done via email
- Reports must be manually generated

### **Evaluation of Effectiveness**

CenCal Health's systematic process to identify, investigate, and initiate corrective action in circumstances when a member's QOC or QOS is verified as clinically substandard is an effective process. Quarterly reporting occurred throughout 2023 to CenCal Health's Quality sub-committee, the Provider Credentials & Peer Review Committee (PCC), which includes a broad range of clinical practitioners, CenCal Health's Chief Medical Officer, and Senior Medical Director. Additionally, PQIs pertaining to CenCal Health's Transportation Vendor were shared and reviewed quarterly by CenCal Health's Transportation Oversight Committee. The clinical quality team processed all PQIs timely and according to CenCal Health's policy. PQIs from both internal and external sources were reviewed for a clinical variance from the established standard of care and the clinical appropriateness of the circumstances related to the concern and sent to the Medical Director for review. The process for tracking PQIs works if the clinical quality team ensures the correct information is captured on the spreadsheet. To ensure accurate accounting of tracking, CenCal Health's Clinical Quality Team of registered nurses collaborated with CenCal Health's Member Services to receive weekly reports of pending cases for completion. This is an improvement from previous years as previously there was not a robust tracking and monitoring system.

### **Opportunities for Improvement**

Though the current process for identifying, investigating, and initiating corrective action has been successful, there are opportunities for improvement throughout the process, specifically the need to implement a centralized grievance and appeals system. The current system relies on several manual processes to improve the reliability to identify, investigate, initiate corrective action, and track PQIs CenCal Health has decided to implement a software platform. This platform will eliminate several if not all the manual processes.

## **Clinical Practice and Preventive Health Guidelines**

### **Goal**

- Annually adopt and disseminate clinical practice guidelines that stem from recognized organizations that develop or promulgate evidence-based clinical practice guidelines, or are developed with involvement of board-certified Providers from appropriate specialties.

- Annually adopt and disseminate preventive health guidelines.

CenCal Health uses clinical practice and preventive health guidelines to help practitioners make decisions about appropriate health care for specific clinical circumstances, behavioral healthcare services, chronic disease, and/or preventive health. CenCal Health makes decisions for member education that are consistent with its practice guidelines. CenCal Health adopts, disseminates, and monitors the use of clinical practice guidelines and preventive health guidelines at least every two years, or more frequently if national guidelines change within the two-year period.

### **Quantitative/Qualitative Assessment**

In May 2023, at the QIHEC Q2 meeting, the preventive health guidelines were adopted by committee members that included involvement of board-certified practitioners, including CenCal Health's CMO and Liaison to the Board of Directors. In August 2023, at the QIHEC Q3 meeting the clinical care guidelines were also adopted by committee members that included involvement of board-certified practitioners, including CenCal Health's CMO and Liaison to the Board of Directors. Subsequently, the adoption of both these sets of clinical guidelines was ratified by the Board of Directors.

After committee and Board adoption, CenCal Health disseminated the clinical practice guidelines through the provider portal, and they were made available on CenCal Health's website. Additionally, providers were notified of how to access them or request information through the provider newsletter. CenCal Health distributed the preventive health guidelines through multiple channels including the provider newsletter, provider portal, member newsletter, Evidence of Coverage (EOC), and CenCal Health's website. Additionally, staff created standalone handout versions to distribute to members at community events and in ad hoc prioritized health education mailings.

Guidelines and standards of care supported by CenCal Health are selected based on contractual requirements and identified membership needs using data compiled from reliable sources (e.g., claims, utilization, pharmacy, epidemiological, HEDIS, or demographic data). CenCal Health's clinical guidelines address the provision of acute or chronic medical and behavioral health conditions and preventive health. A subset of the clinical guidelines are used as the basis for CenCal Health's Disease Management programs and Quality Improvement projects.

For those aspects of care which DHCS has not specified approved practice guidelines, CenCal Health adopts nationally recognized standards, best practices guidelines and/or recommendations from appropriate professional organizations for proven methods that are evidence based, or time-tested, research supported and accepted by peer professionals as reasonable practice.

### **Evaluation of Effectiveness**

CenCal Health maintains a successful and effective process to adopt, disseminate, and monitor clinical practice and preventive health guidelines ensuring compliance with NCQA and DHCS standards. Providers and members were notified timely of the clinical practice and preventive health guidelines through multiple channels in compliance with CenCal Health's policy.

## V. QUALITY IMPROVEMENT PERFORMANCE INITIATIVES AND PROJECTS

### A. Pay-for-Performance Program

CenCal Health launched its pay-for-performance Quality Care Incentive Program (QCIP) on March 1, 2022. QCIP is a value-based incentive program that directly rewards plan providers who deliver exceptional medical care in their community to maximize the quality of care for CenCal Health members in both product lines. Replacing five different incentive programs previously utilized, the single integrated QCIP more extensively supports PCPs to achieve excellence in quality care reflecting the National Committee for Quality Assurance (NCQA) industry-standard measurement specifications.

Throughout 2023, this incentive program encouraged increased utilization of evidence-based treatment, screening, and preventive health services. Six quality of care categories were identified for inclusion to encompass aspects of care evenly distributed amongst adult and pediatric members. These six categories include Women's Health, Pediatric Care, Behavioral Health, Respiratory Care, Cardiac Care, and Diabetes Care.

QCIP relies on consistent commitment and participation from CenCal Health's PCPs. To ensure engagement and reinforce high quality of clinical care standards, CenCal Health's Quality department engages PCPs with practice transformation through various avenues. Support provided in 2023 included:

- Facilitating in-person network wide training.
- Engaging in Quality Collaborative meetings (virtual and in person) to:
  - Provide program training, strategies to maximize data reporting including electronic data sharing, and share best practices to help PCPs and their office staff maximize service utilization consistent with preventive health and clinical practice guidelines.
- Distributing QCIP updates and payment notification letters.
- Maintaining incentive program information and resources on the CenCal Health website including QCIP training video tutorials, and Provider Portal.
- Sharing member-facing health education materials, clinical guidelines, and resources within CenCal Health.
- Ensuring accuracy of the financial payment and measurement performance information displayed on the Provider Portal.
- Trouble-shooting data discrepancies.

### Progress Monitoring

PCPs receive measurement performance information and gaps in care data monthly through a secure Provider Portal. Also available on the Provider Portal, a financial dashboard used to monitor potential earnings. Payments have been distributed quarterly.

### **Opportunity Reports**

To foster improvement in pediatric care and reduce PCPs' administrative barriers, two opportunity reports were created by CenCal Health's IT department. Located on the CenCal Health's Provider Portal within the QCIP dashboard, the first opportunity report aligns with the American Academy of Pediatrics' (AAP) Bright Futures Periodicity Schedule to identify children that have not met the clinically recommended number of Well-Child Visits. This report aids PCPs' awareness of members due for timely preventative care services including developmental screenings and timely administration of vaccines. The second opportunity report helps PCPs identify when a child is due for lead testing. The lead test opportunity report includes the child's current age and when the lead tests must be administered before the child's 3<sup>rd</sup> year of age.

All pediatric PCPs have access to both opportunity reports and quality performance reports to encourage and ensure the timely delivery of high-quality care.

### **Incentive Payment Distributions**

In 2023, CenCal Health distributed over \$12.7 million in QCIP payments to an average of 95 eligible PCPs in Santa Barbara and San Luis Obispo counties. Quarterly payment distributions reflect the following amounts:

- March 2023: 98 PCPs earned over \$3.8 million of about \$6.8 million in available funding
- June 2023: 96 PCPs earned over \$3.9 million of about \$6.9 million in available funding
- September 2023: 96 PCPs earned over \$3.9 million of about \$7 million in available funding
- December 2023: 95 PCPs earned over \$4.1 million of about \$7 million in available funding

By monitoring change in performance and incentive payment distributions, the Quality Team works to address gaps in care via focused intervention strategies between the provider and the member.

### **QCIP Updates**

Providers were notified starting in April of 2023 of the inclusion of Childhood Immunization Status-Influenza Rate as an information only measure. Additionally, providers were informed of the official retirement of HbA1C due to NCQA measurement retirement, effective August 2023. Notifications of both updates were shared with PCPs through various channels.

### **Evaluation of Effectiveness**

A quarterly data analysis of the incentivized categories of care helped the Quality team identify areas for improvement. Comparing baseline rates from March 2022 to the period ending December 2023 has been crucial in determining how CenCal Health's

Quality team can best support low-performing rates. In doing so, this helped address gaps in care through innovative thinking and intervention design. Overall, the effectiveness of QCIP improved access to equitable healthcare by increasing PCP's awareness of members due for clinically recommended services:

Members that Received Timely Treatment or Preventive Services								
Categories of Care	Baseline Mar-22	Jun-22	Sep-22	Dec-22	Mar-23	Jun-23	Sep-23	Dec-23
Behavioral Health	50.0%	50.6%	50.9%	52.4%	56.3%	63.5%	65.1%	64.7%
Diabetes Care	48.5%	49.9%	50.7%	54.5%	53.3%	53.6%	53.6%	52.9%
Pediatric Care	57.2%	57.1%	57.2%	57.2%	57.2%	57.2%	58.4%	59.1%
Respiratory Care	73.9%	78.2%	78.8%	78.3%	73.6%	70.7%	68.0%	75.1%
Women's Health	55.7%	56.1%	56.4%	56.9%	56.4%	56.3%	57.5%	58.0%
<b>Totals</b>	<b>56.4%</b>	<b>56.6%</b>	<b>56.8%</b>	<b>57.0%</b>	<b>56.8%</b>	<b>57.0%</b>	<b>58.1%</b>	<b>58.7%</b>

Note: Includes all QCIP-eligible PCPs and all aspects of care evaluated for incentive payment calculations. Diabetes Care domain includes Diabetes Retinal Exam only.

Percentage of Members that Received Timely Treatment or Preventive Services				
QCIP Categories of Care	Baseline Mar-22	Dec-23	Change	Statistically Meaningful
<b>Behavioral Health</b>				
Antidepressant Medication Management Effective Acute Phase Treatment	57.3%	72.1%	14.8%	Yes
Antidepressant Medication Management Effective Continuation Phase Treatment	42.8%	57.4%	14.6%	Yes
<b>Diabetes Care</b>				
Comprehensive Diabetes Care - Eye Exam	48.5%	52.9%	4.4%	
<b>Pediatric Care</b>				
Child and Adolescent Well-Care Visits	56.5%	58.2%	1.7%	
Immunizations for Adolescents - Combination 2	51.2%	43.4%	(7.8%)	Yes
Lead Screening in Children	59.1%	70.1%	11.0%	Yes
Well Child Visits - 2+ visits before 30th month of age	78.7%	80.6%	1.9%	
Well Child Visits - 6+ visits before 15th month of age	50.6%	62.6%	12.0%	Yes
<b>Respiratory Care</b>				
Asthma Medication Ratio	73.9%	75.1%	1.2%	
<b>Women's Health</b>				
Breast Cancer Screening	60.5%	60.9%	0.4%	
Cervical Cancer Screening	54.4%	56.2%	1.8%	
Chlamydia Screening in Women	57.3%	63.6%	6.3%	Yes

QCIP has shown remarkable success since its induction in March 2022. A positive degree of change between the 2022 baseline rate compared to the period ending December 2023, across all categories of care, indicates a level of statistical significance.

- Behavioral Health: +14.7%
- Diabetes Care: +4.4%
- Pediatric Care: +1.9%
- Respiratory Care: +1.2%
- Women's Health: +2.3%
- Total: +2.3%

The overall increase in members that received timely treatment or preventive services suggests that the Quality Care Incentive Program holds the provider network accountable for improving the quality and safety of clinical care for CenCal Health members.

### **Opportunities for Improvement**

- Implement a QCIP system change to motivate utilization improvement of flu shots for infants and HPV for adolescents.
- Collection of member's race/ ethnicity and language via claims data processed through the RSS algorithm to identify members in need of Case Management services.
- Partnerships with Community Based Organizations and provider network to support members' access to resources and health education to promote continuous improvement for all aspects of care in the program.

CenCal Health will continue the Quality Care Incentive Program and adhere to the NCQA industry-standard measurement requirements.

## **B. External Quality Review (EQR) Findings**

**Goal:** *Address EQR Recommendations and ensure timely reporting.*

Each year, Medi-Cal managed care plans are required to provide documentation of actions taken to address external quality review (EQR) recommendations from the previous year. In April 2023, Health Services Advisory Group, Inc. (HSAG), the external quality review organization for the DHCS provided its recommendations to CenCal Health from the *2021–22 Medi-Cal Managed Care External Quality Review Technical Report Volume 2* (available at: <https://www.dhcs.ca.gov/dataandstats/reports/Pages/MgdCareQualPerfEQRTR.aspx>).

CenCal performed below the minimum performance levels in measurement year 2021 for three measure rates compared to DHCS required benchmarks:

- *Chlamydia Screening in Women—Total* for San Luis Obispo County
- *Well-Child Visits in the First 15 Months—Six or More Well-Child Visits* for Santa Barbara County
- *Well-Child Visits in the First 15 Months—Six or More Well-Child Visits* for San Luis Obispo County

To address these measures where benchmarks were not met, CenCal Health implemented two Plan, Do, Study, Act (PDSA) quality improvement projects beginning 2022 and ending in 2023. CenCal Health completed the 2021-2022 EQR Recommendations Follow-Up in August 2023, with subsequent approval by HSAG with no further action needed. An analysis of actions taken to address CenCal Health-specific recommendations in the annual EQT technical report including evaluation of

the effectiveness of implemented PDSA quality improvement projects is provided in detail below:

- PDSA - Chlamydia Screening in Women (2022-2023)
- PDSA – Well-Child Visits in the First 15 Months- 6+ Visits (2022-2023)

### **C. Plan, Do, Study, Act (PDSA) (2022-2023)- Chlamydia Screening in Women**

To comply with the quality accountability requirements from the California Department of Health Care Services (DHCS), a PDSA was implemented to address Chlamydia Screening in Women as the rate fell below the Minimum Performance Level (MPL) for Measurement Year 2021.

CenCal Health selected the MCAS Chlamydia Screening in Women measure because of identified opportunities for improvement based on MY 2021 data for MY 2022. Because CenCal Health did not surpass the MY 2021 MPL in San Luis Obispo County, a high-volume, low-performing clinic in this county was selected within this region to begin an intervention. The PDSA was conducted with Community Health Centers- San Luis Obispo Casa (CHC-SLO Casa), which was identified as high-volume and low-performing for this measure.

The PDSA includes the dissemination of an automated monthly Gaps in Care report for members assigned to the partner practice due for chlamydia screening. Staff at CHC-SLO Casa use this report to conduct targeted outreach to ensure members complete their chlamydia screening in a timely manner.

The SMART Aim for the first cycle of this PDSA was by 2/28/2023, 4.44 point decrease (from 44.41% to approximately 39.97%) of 131 members identified as "Not Met" assigned to CHC-SLO Casa (San Luis Obispo County) will have completed their chlamydia screening after targeted member outreach by the provider/office staff.

At the end of PDSA Cycle #1 (11/01/2022- 2/28/2023), CenCal Health was able to reduce the "Not Met" members assigned to CHC-SLO Casa by 0.23% from the targeted decrease rate of 4.44%. The intervention was then adopted for further expansion into PDSA Cycle #2, of which the SMART Aim remained through June 30, 2023.

CenCal Health's continued intervention led to improvement for Cycle #2 (3/1/2023- 6/30/2023) period. The rate for the 'Not Met' baseline for targeted provider/provider site, CHC-SLO Casa, decreased by 7.73 percentage point which surpassed stated goal rate in the SMART Objective of 4.44% from baseline for this cycle intervention period. CenCal Health's continued adoption of the intervention included addressing a variety of barriers experienced by the partner location. The expansion included offering patients the opportunity of an in-person visit during their telehealth appointment to complete screening, include educational brochures in outreach efforts, conduct time-specific outreach efforts to best reach members, and offer after-hours appointments to accommodate patient availability.



As a result of the continued adoption of the intervention and addressing barriers, CenCal Health noted a decrease of 3.69% for targeted provider CHC-SLO Casa during the third and final cycle of the PDSA (7/1/2023-10/30/2023).

### **Evaluation of Effectiveness**

This PDSA proved highly successful, as there was an overall decrease of 16.43% points achieved by CenCal Health (2/28/2023-10/30/2023) for members assigned to CHC-SLO Casa as not meeting the measure of having a completed chlamydia screening. As a result of these efforts, CenCal Health has maintained a performance above the NCQA 75th percentile for this measure, and CHC-SLO Casa continues to show a decrease in the number of “Not Met” members that has led to performance above the NCQA 90th percentile.

### **Opportunities for Improvement**

CenCal Health's Quality Department will continue to monitor and seek to improve Chlamydia Screening in Women utilizing the interventions deemed successful through this PDSA. Ongoing monitoring of chlamydia rates among members combined with targeted outreach to the provider network will foster improvement in this measure in both counties, with the goal of achieving the NCQA 90<sup>th</sup> percentile.

## **D. Plan, Do, Study, Act (PDSA) (2022-2023)- Well-Child Visits in the First 15 Months- 6+ Visits**

To comply with the quality accountability requirements from the California Department of Health Care Services (DHCS), a PDSA was implemented to address the Well-Child Visits in the first 15 months of life (6+ visits) measures as the rate fell below the minimum performance level (MPL) for Measurement Year 2021.

To surpass the MPL (54.92) for this MCAS measure, CenCal Health's Population Health staff analyzed the rates of practitioners that failed to meet the MY2021 minimum performance level and/or had a significant gap in performance relative to the MY2021 high performance level (HPL) of 68.33%. Because CenCal Health did not surpass the MY2021 MPL in both Santa Barbara and San Luis Obispo counties, Population Health staff narrowed the focus to identify a high-volume low-performing provider that sees both members residing in Santa Barbara and San Luis Obispo counties. CenCal Health staff selected Community Health Center – Santa Maria Way (CHC-SM Way) as the ideal provider to test this intervention with.

The global aim of the PDSA focuses on a systematic change within the practitioner's workflow to increase the compliance rate of members due for a well-child visit in Santa Barbara and San Luis Obispo Counties, following targeted outreach.

To identify the members in need of a well-child appointment, CenCal Health developed data sharing of an automated monthly Gaps in Care report for members assigned to not only CHC-SM Way but all CHC locations due for a well-child visit. In addition to the Gaps in Care report available via the QCIP dashboard, practitioners also have access to an opportunity report that helps identify members who are potentially falling behind the American Academy of Pediatrics (AAP) periodicity

schedule. Both reports assist practitioners to perform outreach calls to ensure members' parent/guardian schedule and attend 6 or more well-child visit appointments before their child's 15<sup>th</sup> month of life.

The SMART Objective established during Cycle #1 (11/01/22- 2/28/23) of this PDSA was to increase the rate of "compliant members" following targeted outreach to members due for Well Child Visits in the First 15 months of Life (6+ Visits) by approximately 18.5 percentage points from a combined baseline rate of 37.24% in Santa Barbara and San Luis Obispo counties to surpass the minimum performance level of 55.72% (NCQA Quality Compass 2022 Medicaid 50<sup>th</sup> percentile).

Cycle #1 data concluded that during the three-month intervention testing period, there was fluctuation in the rate of the percentage of members behind schedule due to barriers encountered. After three months of testing, February rates showed a decrease in members behind schedule by 2.38% resulting in a combined rate of 39.64% in comparison to the baseline rate of 37.24%. The intervention was adopted for an additional three months of testing to address barriers.

Cycle #2 (3/1/23- 6/30/23) intervention testing identified and focused on addressing administrative barriers as there was a 2.84% reduction in the combined CHC rate. Although, CHC-SM Way did increase from 32.29% to 33.93%. As a result, CHC addressed administrative barriers for all CHC locations by hiring additional supporting staff to conduct outreach calls, while also addressing member barriers. Members expressed the need for after-hours appointments and the ability to answer appointment calls later in the evenings. CHC staff quickly adapted to the needs of members by offering after-hour appointments and administered three phone call attempts in the evening hours of the day. In addition, appointment reminders were mailed to members' homes if the call attempts were unsuccessful. The intervention was adopted for an additional three months of testing to continue addressing barriers.

Cycle #3 (7/1/23- 10/30/23) demonstrated the importance of additional intervention testing time. Data maintained a small but consistent increase in the number of children receiving six or more well-child visits before their 15<sup>th</sup> month of age. Data indicated a "compliant members" rate of 54.52% compared to the baseline rate of 55.72% (NCQA Quality Compass 2022 Medicaid 50% percentile).

### **Evaluation of Effectiveness**

Three cycles of intervention testing were successfully implemented. Although the global aim was not met by approximately 1.22%, the PDSA proved successful in member appointment adherence combined with outreach reminder calls performed by providers.

### **Opportunities for Improvement**

CenCal Health's Quality Department will continue to monitor the intervention beyond the final submission (10/30/2023). In collaboration with Community Health Centers, the decision was made to maintain this intervention to further meet and exceed the MPL. Improving rates of pediatric preventative health visits is a high priority for CenCal Health

in 2024. Interventions deemed successful will be implemented across the provider network as part of ongoing outreach to improve adherence to this measure.

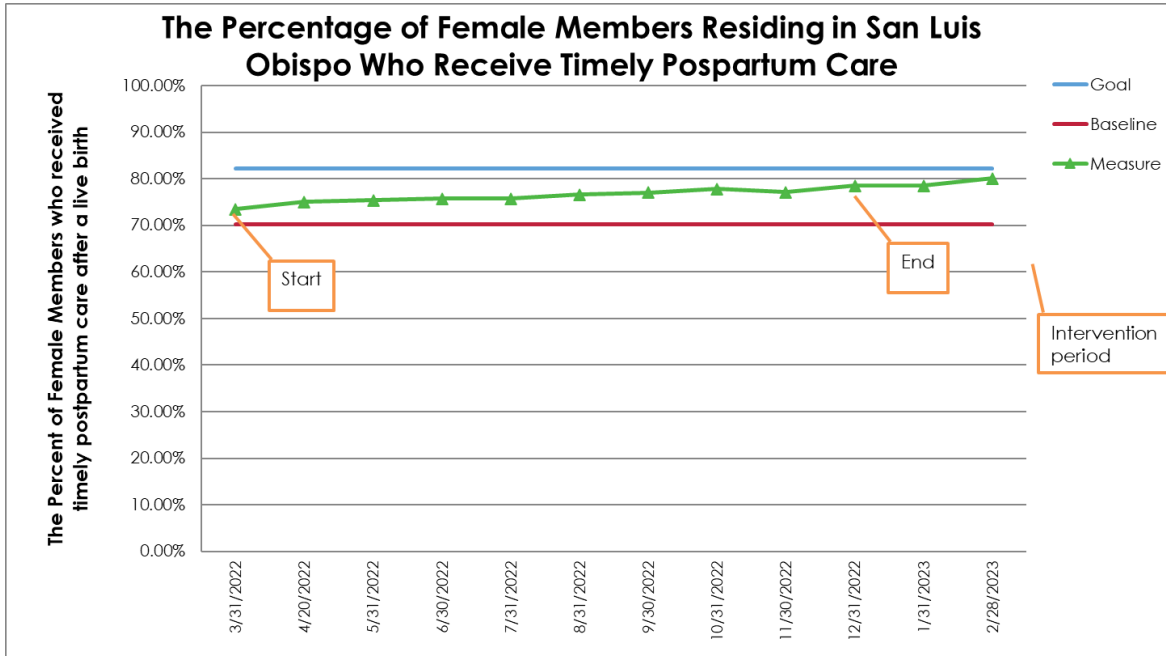
### E. Performance Improvement Projects (PIPs) – 2020-2022

In Quarter 2 of 2023, CenCal Health concluded the submissions of the 2020-2022 PIP topics to enhance quality of clinical care. These PIPs addressed:

- Health Equity focused PIP: Postpartum Care
- Well Child Visits in the First 15 Months of Life

#### 2020-2022 Health Equity focused PIP: Postpartum Care

The SMART Aim for this PIP was that by December 31st, 2022, use key driver diagram interventions to increase the percentage of receipt of a postpartum visit on or between 7-84 days after a live birth among women who reside in San Luis Obispo County from 70.21% to 82.29%.



#### Evaluation of Effectiveness

Although the intervention did not meet the SMART Aim goal of 82.29%, CenCal Health increased its administrative rate from 73.48% to 78.51% by the end of December 2022. Utilizing Social Workers for outreach efforts resulted in a slight improvement for appointment attendance each month, in addition to addressing barriers. Clinical improvement was achieved as there was an increase of over 5 percentage points by December 2022.

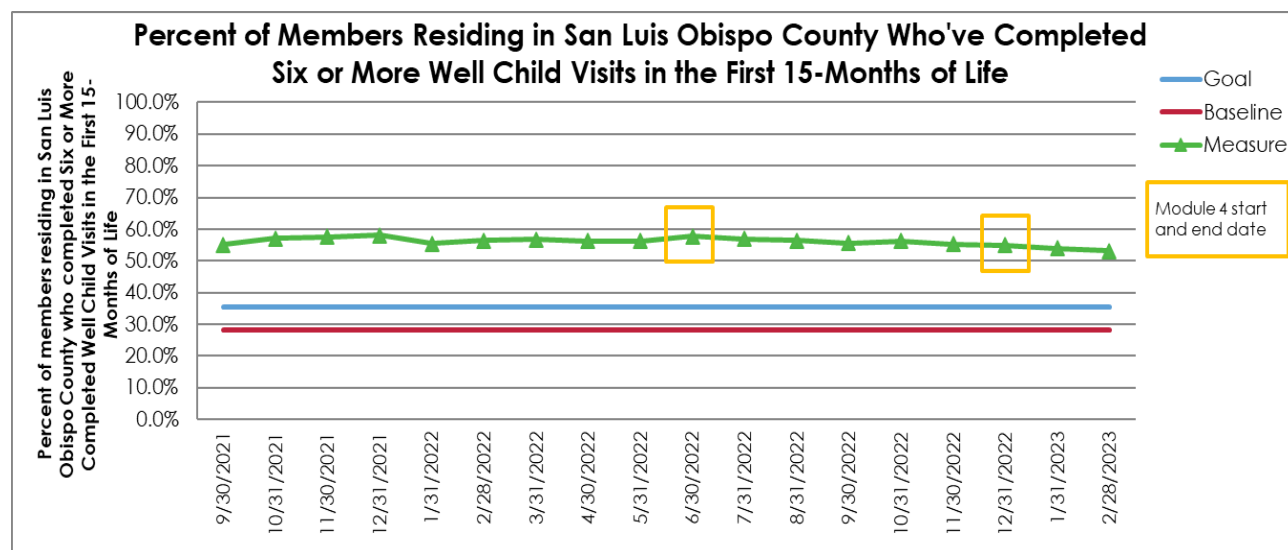
#### Opportunities for Improvement

CenCal Health's Quality Department will continue to monitor this measure and work toward accomplishing the SMART Aim goal of 82.89% by continuing to address barriers

faced by members and the provider network, with the ultimate goal of improving the quality of clinical care and service.

2020-2022 PIP: Well Child Visits in the First 15 Months of Life

The SMART Aim for this PIP was that by December 31st, 2022, use key driver diagram interventions to increase the percentage of six or more well-child visits with a PCP, on different dates of service, on or before the child's 15-month birthday among members residing in San Luis Obispo County from 28.03% to 35.28% (a 10% reduction in non-compliant members).



**Evaluation of Effectiveness**

The SMART Aim goal was met during the intervention process after addressing challenges and barriers identified during the first cycle. Clinically significant improvement was achieved shown by a 19.72 percentage point increase above the 35.28% SMART Aim percentage goal. Programmatic process improvement was achieved by creating a program and process for identifying and contacting parents and/or guardians about the importance of well-child appointments, which did not exist within CenCal Health prior to the development of this intervention. An effective process was created through this intervention by identifying children due for a well-child visit and contacting members each month to assist with scheduling.

Both PIPs were approved by DHCS on 6/12/2023, with feedback that the PIPs were methodologically sound, the SMART Aim goal statistically significant, clinically significant or programmatically significant improvement was achieved, at least one of the tested interventions could reasonably result in the demonstrated improvement, and the managed-care plan accurately summarized the key findings and conclusions.

**Opportunities for Improvement**

CenCal Health's Quality Department will continue to monitor this pediatric measure utilizing the programmatic process improvements introduced during this PIP in

collaboration with the provider network to further improve the quality and safety of clinical care.

## **F. Performance Improvement Projects (PIPs) - 2023-2026**

### [2023-2026 Clinical PIP - Well-Child Visits in the First 15 Months of Life—Six or More Well-Child Visits \(W30–6+\)](#)

CenCal Health developed this PIP to address findings from the California 2020 Health Disparities Report ([dhcs.ca.gov/Documents/MCQMD/CA2020-21-Health-Disparities-Report.pdf](https://dhcs.ca.gov/Documents/MCQMD/CA2020-21-Health-Disparities-Report.pdf)) as a requirement of managed care plans on behalf of DHCS.

The CenCal Health Quality department reviewed Healthcare Effectiveness Data Information Set (HEDIS) data for Measurement Year 2022 results for both its Medi-Cal product lines and identified a disparity amongst the Hispanic/ Latino population in comparison to other racial and ethnic groups for the W30- 6+ measure. The data showed the Hispanic/ Latino population's W30-6 measure rate of 55.39% versus 60.31% for the White population.

The goal is to increase the W30–6 measure rate for Hispanic/Latino subgroup to reduce the gap between the White subgroup by 12/31/2025. This PIP will aid in surpassing the Medicaid 50<sup>th</sup> percentile, with an aim to achieve the Medicaid 90<sup>th</sup> percentile of 67.56%.

The PIP Aim for this project is during the measurement year, CenCal Health will conduct targeted interventions leading to statistically significant improvement in the reduction of the disparity amongst the English and Spanish speaking members. Data elements will include CPT and diagnosis codes in alignment with the NCQA HEDIS Technical Specifications for the W30-6 measure, in addition to the collection of supplemental data provided by DHCS and electronic medical record data provided by CenCal Health's provider network.

It was identified that not all assigned members have race/ethnicity and language data available. This creates a challenge to appropriately categorize members accurately based on demographic information. CenCal Health will explore different avenues to capture member demographic data and incorporate race/ ethnicity and language data fields on the already created gaps in care reports. Other avenues being explored are partnering with obstetric and pediatric clinics to help educate parents/guardians on the importance of attending their child's well-child appointments. Translation services will also be needed to ensure educational materials and information shared is culturally and linguistically appropriate.

A cross-functional workgroup is being formed to initiate a barrier analysis to identify the capture of qualitative and quantitative data to plan the PIP design. Stakeholders include representatives from CenCal Health's Quality Measurement, Behavioral Health, Case Management, Member Services, Information Technology teams and a Community Based Organization.

The PIP data analysis (steps 1-6) was submitted to DHCS on 9/8/2023, with a follow-up resubmission on 12/6/2023. Next steps for this PIP include identification of the baseline rate of the numerator and denominator, a barrier analysis utilizing quality improvement tools, and intervention development. These elements are due for submission to DHCS in September 2024.

### [2023-2026 Non-Clinical PIP - Timely PCP Notifications for Members Seen in the Emergency Department for Substance Use or Mental Illness](#)

For the 2023–26 non-clinical performance improvement project, DHCS allowed managed care plans to choose from one of the following three topics:

- Option 1 - Improve the percentage of provider notifications for members with substance use disorder (SUD) / serious mental illness (SMH) diagnoses following or within 7 days of emergency department (ED) visit.
- Option 2 - Improve the percentage of referrals to Community Support programs (Sobering Centers, Day Habilitation programs) within 7 days of visiting emergency department (ED) for members with a SUD/SMH diagnosis and seen in ED for the same diagnoses.
- Option 3 - Improve the percentage of members enrolled into care management, complex care management (CCM), or enhanced care management (ECM) who have been diagnosed with SMH/SUD within 14 days of diagnoses.

CenCal Health selected the first option, “Improve the percentage of provider notifications for members diagnosed with substance use disorder (SUD) or serious mental illness (SMH) diagnoses within 7 days of an emergency department (ED) visit.” Improvement of member follow-up after an encounter with the ED for a substance use or mental health condition will ensure timely engagement with the Primary Care Practitioner (PCP) for referral and care coordination. The goal of the PCP’s care coordination is to improve member health outcomes, functional status, and overall quality of life through addressing medical, behavioral health (including substance use), and social determinants of health. Timely follow-up care is associated with a reduction in future ED use, substance use, hospital admissions and bed days. Additionally, it is linked to improved compliance with follow-up instructions.

In Quarter 3, a cross-functional workgroup of stakeholders convened to plan the PIP design. Stakeholders include representatives from CenCal Health’s Behavioral Health, Case Management, and Information Technology teams.

The PIP Aim for this project is during the measurement year, CenCal Health will conduct targeted interventions leading to statistically significant improvement in the percentage of provider notifications that occur within seven days of member ED visits for SUD/SMH diagnoses.

CenCal Health reviewed administrative data comprised of NCQA HEDIS FUA/FUM MY 2022 claims and encounters of ED visits for calendar year 2022 to identify a baseline count of eligible members with SUD/SMH diagnosis codes from its contracted partners. It was identified that there is not a current process in place where CenCal Health notifies PCPs

of ED admissions timely for members with SUD/SMH diagnoses. CenCal Health will develop a systematic process intervention to improve the timeliness of provider notification by way of a downloaded report through the Provider Portal for each measurement year. This report will include all member ED visits with a flag for those with a primary, secondary, or tertiary diagnosis of SUD/SMH being coded.

### **Evaluation of Effectiveness**

The PIP Plan Design (steps 1-6) was submitted to DHCS on 9/8/2023, with a follow-up resubmission on 12/6/2023 that was subsequently approved. Next steps for this PIP include a quantitative and qualitative data analysis once the notification system is live, barrier analysis utilizing quality improvement tools, and intervention development once barriers are identified. These elements are due for submission to DHCS in September 2024.

### **G. Initial Health Appointment Rates & Audits**

The program description provides a comprehensive overview of Initial Health Appointment (IHA) rates over the past twelve months, alongside a detailed description of the auditing process adopted by CenCal Health for conducting annual assessments. CenCal Health ensures the quality and effectiveness of care by monitoring medical records through a comprehensive audit per the guidance provided by the Department of Health Care Services (DHCS). Primary Care Providers (PCPs) are mandated to perform an Initial Health Appointment (IHA) for every newly assigned member within 120 days of assignment. The purpose of the Initial Health Appointment is to enable PCPs to comprehensively assess and manage the members' current acute, chronic, and preventive health needs. Additionally, it helps identify health needs that require coordination with appropriate community resources and other agencies.

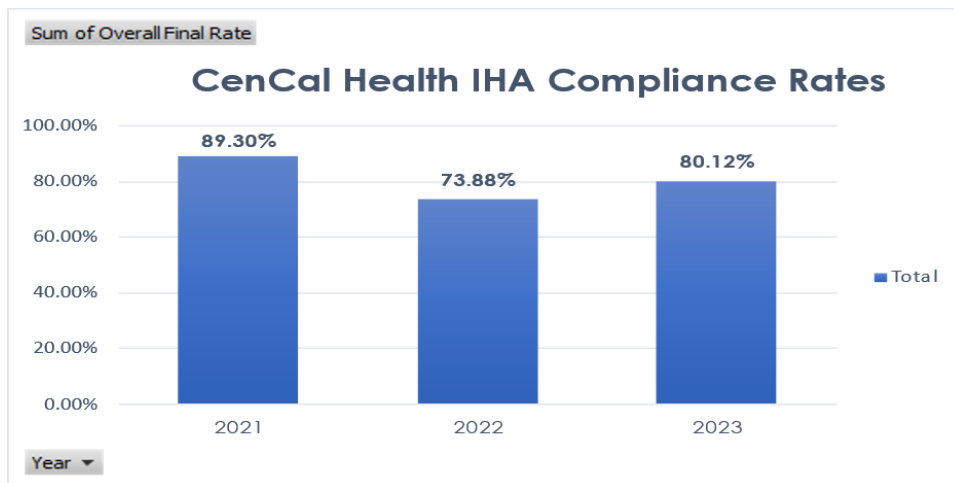
CenCal Health conducts annual IHA audits to ensure that members receive comprehensive services in a timely manner. These audits help CenCal Health identify any barriers or potential gaps in care, allowing interventions to remove those barriers and educate both members and providers. Each year, the audit randomly selects both adult and pediatric records from randomly selected provider groups. The components of the audit review the following areas and identify if they were provided to the member in a manner that is culturally and linguistically appropriate:

1. Comprehensive history of physical and behavioral health status,
2. Current physical and behavioral health examination
3. Perinatal Services (when applicable)
4. Oral health assessment and dental screening and referral for children
5. Assessment for age/gender-specific preventive screenings, services, and health education
6. Preventive screening
7. Risk Screenings (e.g., drug, alcohol, or tobacco use)
8. Health education and anticipatory guidance appropriate for age
9. Diagnosis and plan for treatment of any diseases
10. Early and Periodic Screening
  - Immunizations
  - Adverse Childhood Experiences (ACEs) screening,

- Developmental screenings (age required).
- Abnormal findings are closely monitored to ensure timely follow-up within 60 days (~2 months) from the IHA's date of service.

CenCal Health conducts an annual review of their audit tool and compares it to the requirements outlined in the most recent APL Standards from the Department of Health Care Services (DHCS) called Initial Health Appointment. The compliance scoring focuses on the inclusion of essential IHA components. The tool used by CenCal Health was internally developed and is updated annually. CenCal Health leverages a myriad of resources, including the APL and DHCS Medi-Cal Accountability Set for Health Care Delivery Systems (MCAS), in conjunction with the American Academy of Pediatrics (AAP) Bright Futures and the American College of Obstetricians and Gynecologists (ACOG), as well as data from the preceding year, to develop an all-encompassing auditing tool. This tool serves as a means of identifying the various components of care coordination and IHA requirements in a comprehensive manner.

**Findings:**



In 2021, CenCal Health conducted a random audit of two of the largest provider groups in the network, one consisting of a pediatric practice and the other consisting of an adult practice. In total, 60 patient charts were requested and reviewed. The average rate of compliance across all audited providers was found to be 89.30%.

In 2022, CenCal Health conducted a random audit on six of the largest provider groups reviewing both adult and pediatric practices. During the audit, a total of 360 charts were requested and reviewed. The average rate of compliance across all audited providers was 73.88%.

In 2023, CenCal Health randomly audited five of the largest provider groups in the network, consisting of five pediatric and four adult practices. A total of 261 charts were requested and reviewed. The total average rate of compliance across all audited providers was 80.12%. In reviewing pediatric charts, the highest areas of compliance were immunization at: 92.67%, physical exam at 98.67%, and developmental screening at 93.33%. The results of the adult audits showed a high compliance rate for physical exam at 85.83%, medical history at 89.75%, and vital signs at 92.02%



**Opportunities for Improvement and Continuous Improvement Activities:**

Although certain areas demonstrate high compliance rates, opportunities for improvement remain. CenCal Health has established collaborative partnerships with community resources and provider groups to implement strategies for addressing these areas. Below are the identified areas of opportunity, along with a comprehensive strategy for improving them. Additionally, CenCal Health recognizes barriers that pose challenges and require further interventions or collaborations which are also identified below.

Audit Finding	Intervention or Education to Aid in Improvement
Preventative and Risk Screenings and Services	<p><u>Cervical Cancer Screening:</u> Incentive program implemented by Health Promotions to identify if members receive their cervical cancer screening via PAP or HPV testing. Members are then eligible for a gift card.</p> <p><u>Lead Assessment and Testing:</u></p> <ul style="list-style-type: none"> <li>• Email blast to providers providing current compliance levels, protocols, recommendations, location of additional education, and billing information.</li> <li>• Lead training developed and completed in partnership with the local and state public health to discuss importance of testing, lead poisoning, clinical effects and management geared towards clinical staff and providers.</li> <li>• Fax blast and educational material created for clinical staff and provider facilities.</li> <li>• Providers advised on reimbursement rates and timeframes of testing requirements.</li> </ul>
Health Education and Anticipatory Guidance	<p><u>Educational Material:</u> CenCal Health website is referenced as a location to find additional health education material. Links are provided in the result presentations for the provider groups. This is maintained, updated, and added to as opportunities are identified by the Health Promotions team.</p> <p><u>Result Presentations:</u> Incorporated additional educational resources and website to find anticipatory guidance.</p> <p><u>Wellness and Prevention Mailers:</u> sent to members as outreach to schedule their IHA or preventive services.</p>
Accuracy of Health History and Current Development/Treatment /Billing	<p><u>Provider Manual Updated:</u> Available electronically through CenCal Health website. Link updated on main provider page.</p> <p><u>E-Blasts:</u> Email notifications have been sent to remind some healthcare providers to bill for developmental</p>

	<p>screening during a well-child examination. The providers have been informed that they may have missed out on potential revenue and can still submit a claim if the developmental screening was performed during the exam and the relevant documentation is available in the patient's chart. (This is to maintain the improvement seen in the IHA audit.)</p>
<p>Completion of IHA and Completeness of Documentation (such as providing test performed and timeframe or date completed)</p>	<p><u>JOC and Quality Collaboratives:</u> Inclusion of IHA requirements into Quality Collaborative and Joint Operation Committee meetings; ongoing promotion of completion of IHAs.</p> <ul style="list-style-type: none"> <li>• Distribution of preventive health guidelines to providers and members</li> <li>• Provided education and links to provider manual found on CenCal Central.</li> <li>• Additional trainings are available through CenCal Central. Additional Ad Hoc meetings can be scheduled through this collaboration. Additional resources added to collaborative meetings.</li> </ul> <p><u>Provider Bulletins</u> were strategically used to communicate overall findings and re-educate provider network on timeframes and location of additional resources.</p>

**Challenge Identified during IHA Audit:**

Limited Medical Record Review: At present, CenCal Health conducts audits on an annual basis. However, there is scope for expansion in this area. CenCal Health has identified the need for further development and is exploring options to enhance the Initial Health Appointment (IHA) audit processes for 2024.

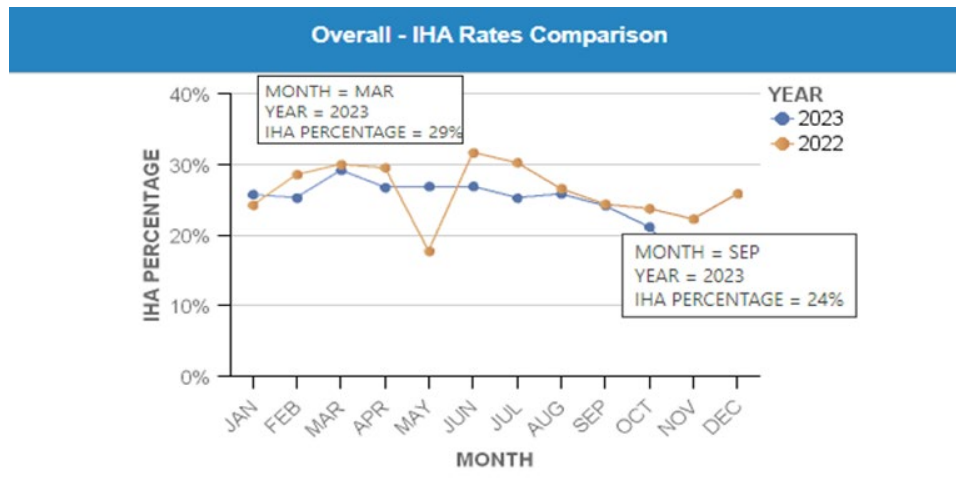
**Reporting and Monitoring:**

Reporting: The CenCal Health Quality Department staff is responsible for conveying the results and findings to the audited providers internally throughout the organization. During the results reporting, the staff provides education and emphasizes the importance of the Department of Health Care Services (DHCS) contractual requirement, which mandates the timely and comprehensive provision of an Initial Health Appointment (IHA) for all members within their first 120 days of enrollment.

Monitoring: CenCal Health monitors Initial Health Appointment (IHA) completion using a dashboard. CenCal Health staff monitors IHA completion rates by provider. Members will appear under their primary care based on what is linked to their member enrollment profile.

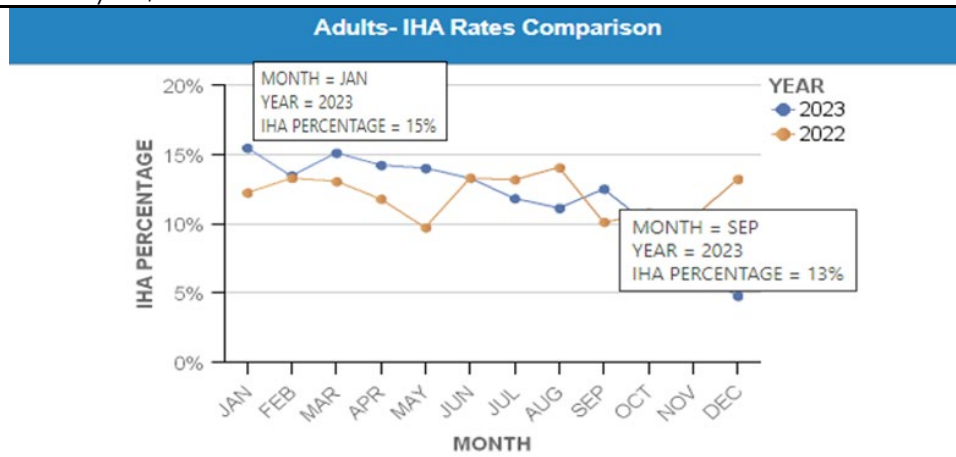
**Data Disclaimer from CenCal Health IHA Dashboard:** Please note that since this graph is real time, the rate includes members that are still in their 120-day window to complete their IHA and thus the rate appears to have declined, however claims may be still

pending at the time of the data retrieval. Reports to follow were pulled for the timeframe 01/01/2023 to 01/01/2024.



The rates shown are for the selected Plan ID: SBHI and SLOHI

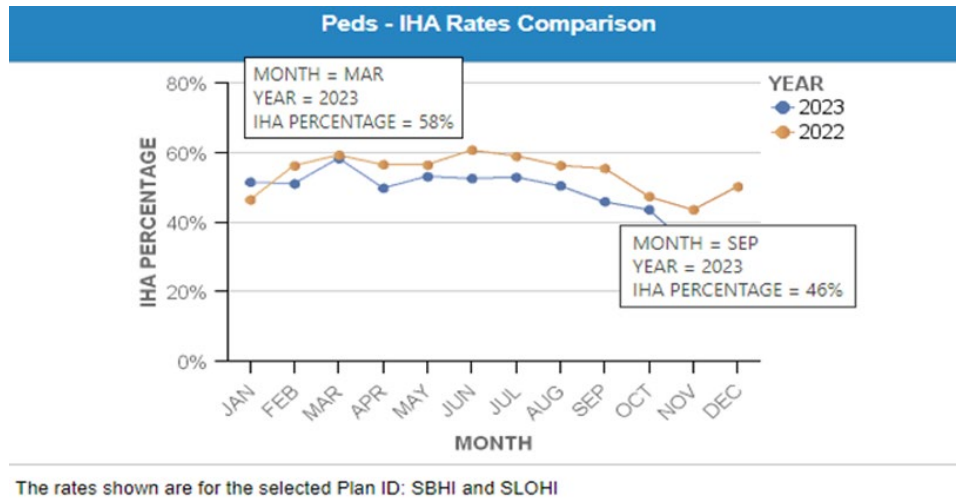
The graph displayed above compares the Overall IHA Rate Comparison Percentages for both 2022 and 2023. The orange line represents the data for 2022, while the blue line represents the data for 2023. The graph shows a peak of 29% overall compliance in March 2023. Looking at the IHA rate for September 2023, it was 24%. It is important to note that claims for October through December are still within the 120-day eligibility period; therefore, the data for these months is not included in the retrieval date of January 1<sup>st</sup>, 2024.



The rates shown are for the selected Plan ID: SBHI and SLOHI

The graph above compares the percentage of Overall Adult IHA Rate for 2022 and 2023. The orange line on the graph shows the data for 2022, while the blue line shows the data for 2023. The graph indicates that the peak overall compliance rate of 15% was achieved in January 2023. However, it is worth noting that the IHA rate for September 2023 dropped to 13%. Claims for October through December fall under

the 120-day eligibility period; hence, the data for these months is not included in the current data, retrieved on January 1st, 2024.



The graph above compares the Overall Pediatrics IHA Rates for 2022 and 2023 in terms of percentage. The orange line on the graph represents the data for 2022, while the blue line shows the data for 2023. According to the graph, the highest overall compliance rate achieved in 2023 was in March, with a rate of 58%. The IHA rate for September 2023 dropped to 46%. It is important to note that the available data does not include claims made between October and December, as they fall under the 120-day eligibility period. This data was retrieved on January 1st, 2024, when the claims were still pending.

### Opportunities for improvement

Implement a year-round monthly medical record program to further support compliance with the 2024 DHCS contract requirements (e.g., medical record documentation requirements for Initial Health Appointments, compliance with standards of care, ensuring timely 60-day follow-up of abnormal findings, documentation of refusals). This will allow for feedback to be shared continuously throughout the year to facilitate timely intervention to ensure compliance with regulatory standards and professional and clinical standards of care. Implementing ongoing medical record reviews with monthly monitoring will allow for a comprehensive and systematic approach to ensuring the highest quality of patient care. This addition will provide an effective means of tracking and documenting provider/practitioner compliance with requirements. Progress will be monitored over time to identify and mitigate any potential issues that may arise. Using this process will optimize patient outcomes and promote the delivery of safe, efficient, and effective healthcare services.

## VI. POPULATION HEALTH MANAGEMENT AND HEALTH EDUCATION

### A. Population Health Management (PHM) Overview

CenCal Health's mission is "to improve the health and well-being of the communities we serve by providing access to high-quality health services, along with education and outreach, for our members." To this end, CenCal Health maintains a comprehensive strategy for population health management that is reviewed and updated annually to ensure program goals are being met and compliance with DHCS and NCQA.

### B. PHM Strategy

**Goal:** Maintain and update a framework for a comprehensive plan to assess and meet the needs of CenCal Health's entire membership throughout the member's lifespan.

CenCal Health's PHM strategy defines how program services are delivered or offered. It provides a framework for a comprehensive plan to assess and meet the needs of the Plan's entire membership and throughout the member's lifespan. Additionally, the PHM strategy provides a structure for establishing activities that meet PHM goals. CenCal Health programs and services are designed to address the needs of the member population.

CenCal Health is committed to assessing and understanding the cause of health disparities for its members and working with internal and external stakeholders to overcome any inequalities. CenCal Health uses its Population Needs Assessment (PNA) to identify issues which can contribute to health disparities. The PHM strategy relies on the data and information from the PNA.

The PHM Framework, including its four domains, serves as the foundation for CenCal Health's PHM program. It helps demonstrate how activities across the organization work cohesively to create a comprehensive strategy that addresses the needs, preferences, and values of a population. This allows CenCal Health to be flexible in determining where to focus interventions and tailor programs and services offered based on the results. The sequential integration of the following operational domains comprises CenCal Health's PHM program:

- PHM Strategy and Population Needs Assessment
- Gathering Member Information
- Understanding Risk
- Providing Services and Supports

CenCal Health's comprehensive PHM strategy addresses four areas of focus with specific goals for identified populations, the timeframe, type of intervention (program or service), and data source. The four areas of focus are:

- Keeping members healthy
- Managing members with emerging risks
- Patient safety or outcomes across settings
- Managing members with multiple chronic illnesses

## Results

The goal was achieved. CenCal Health created the 2023 Population Health Management Strategy and Program Description which was approved by the QIHEC at the August 24<sup>th</sup>, 2023, meeting. The following table highlights the areas of focus as they relate to CenCal Health's programs and services and interventions underway in 2023 and beyond.

### Programs within Areas of Focus

<b>Keeping members healthy</b>	<p><b>Programs or services:</b> Implement a Plan Do Study Act (PDSA) with a high-volume low- performing network contracted provider; Implement a Performance Improvement Project (PIP) from 2023-2026 focused on disparity reduction (goal identified below) that includes engagement with local entities to address deficiencies; Implement a wellness and prevention initiative called the "Staying Healthy: Kids" program to educate parents of pediatric members on the importance and schedule of preventive care in a culturally and linguistically appropriate manner (as described in section VI.A).</p> <p><b>Data Source:</b> NCQA HEDIS® Measure - Well Child Visits in the First 15 Months of Life (W30-6+)1</p> <p><b>Overall Goal:</b> 67.56% (2023 NCQA Quality Compass Medicaid 90th percentile) of pediatric members receive six (6) or more well-child visits in the first 15 months of life (aggregate baseline: 54.59%, HEDIS MY2022).</p> <p><b>Disparity Goal:</b> Reduce the racial/ethnic disparity among pediatric Hispanic/Latino subgroup (aggregate baseline: 54.59%, HEDIS MY 2022) compared to White subgroup (aggregate baseline: 57.21%, HEDIS MY 2022) that receive six (6) or more well-child visits in the first 15 months of life.</p> <p><b>Population:</b> Pediatric members due for preventive visits, with focus on Hispanic/Latino subgroup.</p> <p><b>Timeframe:</b> Begin 7/1/2023; End 12/31/2026</p>
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### Opportunities for Improvement

It was identified that not all assigned members have race, ethnicity, or language data available. This creates a challenge to appropriately categorize members accurately based on demographic information. CenCal Health will explore different avenues to capture member demographic data and incorporate race, ethnicity, and language data fields into CenCal Health's gaps in care reports. A cross-functional workgroup was formed to initiate a barrier analysis to identify the capture of qualitative and quantitative data to plan the PIP design. Stakeholders include representatives from CenCal Health's Quality Measurement, Behavioral Health, Case Management, Member Services, Information Technology teams and a Community Based Organization.

<p><b>Managing members with emerging risk</b></p>	<p><b>Goal 1:</b> 36.78% (Quality Compass 2022 Medicaid HEDIS 90th percentile) of pregnant members that were screened for clinical depression (with a standard assessment instrument like the PHQ-9) while pregnant.</p> <p><b>Goal 2:</b> 27.77% (Quality Compass 2022 Medicaid HEDIS 90th percentile) of postpartum members that were screened for clinical depression (with a standard assessment instrument like the PHQ-9) after delivery.</p> <p><b>Goal 3:</b> 69.01% (Quality Compass 2022 Medicaid HEDIS 90th percentile) of pregnant members that were screened for clinical depression (with a standard assessment instrument like the PHQ-9) during pregnancy, and if screened positive, received timely follow-up care.</p> <p><b>Goal 4:</b> 82.78% (2023 NCQA Quality Compass Medicaid HEDIS 90th percentile) of postpartum members that were screened for clinical depression (with a standard assessment instrument like the PHQ-9) after delivery, and if screened positive, received timely follow-up care.</p> <p><b>Population:</b> Pregnant members and postpartum members.</p> <p><b>Timeframe:</b> Begin 7/1/2023; End 12/31/2024</p> <p><b>Programs or services:</b> CenCal Health's cross-functional Disease Management Maternal Mental Health program, including distribution of member health education literature.</p> <p><b>Data Sources:</b> HEDIS Electronic Clinical Data Set Measures – 1) Prenatal Depression Screening and Follow-Up (PND-E) and 2) Postpartum Depression Screening and Follow- Up (PDS-E)</p>
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**Opportunities for Improvement**

Opportunities for improvement include continued collaboration with Provider Relations to support the provider network in providing resources and health education literature for these topics of focus. Additionally, continued collaboration with Care Management for those members identified as needing assistance with follow-up care.

<p><b>Patient Safety</b></p>	<p><b>Goal:</b> 10% reduction of hospitalizations from Skilled Nursing Facility (SNF) due to infection and hospitalizations within partnering locations.</p> <p><b>Population:</b> Members receiving care at anyone (1) of six (6) pilot site nursing homes in Santa Barbara and San Luis Obispo counties.</p> <p><b>Timeframe:</b> Begin 7/1/2023; End 6/30/2024</p> <p><b>Programs or services:</b> Support identified SNF sites with purchasing new materials and implementing evidence-based bathing protocols; Educate partnering SNF sites on new materials and process in collaboration with Project SHIELD.</p> <p><b>Data Source:</b> Claims data of inpatient admissions from SNFs due to infection</p>
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**Opportunities for Improvement**

Opportunities for improvement include continued SNF engagement and education on the importance of infection prevention. CenCal Health has partnered with UC Irvine to utilize the training platform to further support this pilot and the partnering SNFs. CenCal Health will schedule regular check-ins with partnering SNFs to ensure engagement and timelines are kept. CenCal Health will monitor user reports from the UC Irvine training platform to ensure staff at SNFs are taking the assigned training courses. Additional details about this project are in section VI.D. "Infection Prevention Project Overview."

<p><b>Managing multiple chronic illnesses</b></p>	<p><b>Goal 1:</b> 46.76% (2023 NCQA Quality Compass Medicaid 90th percentile) of diabetic members received an annual kidney health evaluation, including a blood test for kidney function and a urine test for kidney damage.</p> <p><b>Goal 2:</b> 90% of diabetic members with one or more chronic conditions eligible for Care Management had an assessment initiated for at least one (1) factor within 30 calendar days following enrollment.</p> <p><b>Goal 3:</b> 90% of diabetic members with one or more chronic conditions eligible for Complex Care Management have completed at least one or more self-management goals to manage diabetes within 60 days of enrollment.</p> <p><b>Population:</b> Subpopulation of the general Diabetes Disease Management program population: members 18 and over with a diagnosis of diabetes who have one or more additional chronic conditions.</p> <p><b>Timeframe:</b> Begin 7/1/2023; End 6/30/2024</p> <p><b>Programs or services:</b> Care management, health education</p> <p><b>Data Source:</b> HEDIS Measure – Kidney Health Evaluation for Patients with Diabetes; CenCal Health’s Care Management tracking software.</p>
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**Opportunities for Improvement**

Opportunities for improvement include continued collaboration with Provider Relations to support the provider network by having resources available on how to refer members for Care Management services, as well as providing member health education literature. Additionally, continued collaboration with Disease Management for those members identified as needing assistance.

**D. Infection Prevention Project Overview**

**Goal**

To partner with six identified SNFs to decrease hospitalizations due to infections in those identified facilities.



As part of CalAIM, CenCal Health (CCH) is dedicated to bringing health equity to all CCH members, regardless of race or ethnicity, to focus on improving the quality and safety of care. To that end, successful infection prevention protocols will be utilized to protect an underserved, disadvantaged population from infections leading to hospitalization.

Increasing mortality rates have proven Multi-Drug Resistant Organisms (MDROs) infections are a worsening population health and public health issue. Additionally, recent analysis of CCH inpatient admissions of members from Skilled Nursing Facilities (SNFs) due to infection shows the annual cost of \$1,806,440 for 2021. Therefore, CCH has embarked on a pilot project utilizing successful protocols for the protection from infection of this vulnerable population. This pilot's objective is to decrease hospitalizations due to infections in SNFs by implementing proven infection prevention bathing techniques.

This pilot is based on Project SHIELD that was conducted from 4/17-7/19 by a UC Irvine Epidemiology team lead by Susan Huang, MD, MPH – Professor of Infectious Disease/ Director of Epidemiology and Infection Prevention for UCI Health. Dr. Huang's SHIELD study was aimed at reducing the presence of the MDROs. The results from Project SHIELD demonstrated successfully that a simple change in bathing protocol from regular liquid soap to chlorhexidine among SNF patients led to a decrease in the presence of MDROs ranging from 31-73%, with MRSA decreasing by 31%. In addition, infection-related hospital stays could be expected to decrease by about 30%.

A recent CCH data analysis used 1768 CPT billing codes, reflecting all types of infections, to identify the six facilities with the highest rates of infection requiring transfer to an inpatient setting across both counties. The data showed infection rates ranging from approximately 47% to 27% among these top six facilities, with CenCal Health membership per facility ranging from 62 to 212.

### **Evaluation of Effectiveness**

CenCal Health has completed phase one of the infection prevention nursing home pilot with the six identified SNFs, including hosting informational sessions and a training hosted lead by Susan Huang, MD, MPH – Chancellor's Professor, Division of Infectious Diseases. Memorandums of understanding have been signed by all partnering SNFs. Phase two has begun, which includes all partnering SNFs purchasing the recommended products.

### **Opportunities for Improvement**

Opportunities for improvement include continued SNF engagement and education on the importance of infection prevention. CenCal Health has partnered with UC Irvine to utilize the training platform to further support this pilot and the partnering SNFs.

Actions to implement in 2024 will be to schedule regular check-ins with partnering SNFs to ensure engagement and timelines are kept. CenCal Health will monitor user reports from the UC Irvine training platform to ensure staff at SNFs are taking the assigned training courses.

## E. PHM Key Performance Indicator (KPI) Reporting

### Goal

To ensure quarterly reporting of the five KPIs to DHCS by DHCS established deadlines.

CenCal Health must report KPIs at the plan level on a quarterly basis to DHCS, who will review a set of high-priority KPIs for more frequent, active, and real-time monitoring of program operations and effectiveness. KPIs are intended to be indicators that plans should already track internally to manage their own performance.

While CenCal Health is required to report the five KPIs to DHCS at the plan level on a quarterly basis, DHCS expects CenCal Health to calculate all the KPIs at the member-level on a monthly basis to monitor performance and have a real-time understanding of the operations and effectiveness of the PHM program.

CenCal Health will be required to stratify and report the five KPIs listed below by race, ethnicity, language, and age at the plan-level. The Quality Department completes the first three KPIs, while the Medical Management Department completes the remaining measures.

1. Percentage of members who had more ED visits than primary care visits within a 12-month period;
2. Percentage of members who had a primary care visit within a 12-month period;
3. Percentage of members with no ambulatory or preventive visit within a 12-month period;
4. Percentage of members eligible for CCM who are successfully enrolled in the CCM program; and
5. Percentage of transitions for high-risk members that had at least one interaction with their assigned care manager within 7 days post discharge.

### Barrier Analysis

No barriers have been identified.

### Evaluation of Effectiveness

The validation and reporting process has proven to be successful. The Quality Department has successfully reported each quarterly submission to DHCS by the required deadline.

## F. Risk Stratification and Segmentation (RSS)

In January 2023, CenCal Health implemented a Risk Scoring & Stratification (RSS) algorithm, which is executed monthly to compute an RSS Computed Risk Tier for each of CenCal Health's members. The RSS Computed Risk Tier outcome approximates each member's unique health risk, and the Risk Tier outcome is the product of claims-based diagnostic and reported medical events, and other non-utilization-based administrative data available to CenCal Health.

At least annually, CenCal Health assesses its RSS Algorithm to evaluate and detect potential algorithmic biases. For comparative analysis, member data are grouped based on age group, gender, racial category, language preference, and housed/homeless status. Annual fine-tuning of a plan's RSS algorithm is an industry best practice, and a Department of Health Care Services (DHCS) and National Committee for Quality Assurance (NCQA) accreditation requirement.

For each member grouping, an RSS Calculated Risk Tier outcome is compared to a Case Management (CM) Validated Risk Tier assigned by CM staff. A statistical test is applied to compare paired Risk Tier outcomes generated within the same month of performance. The Paired t-Test is applicable most often for before-and-after observations.

The formula for paired samples t-test is:

$$t = \frac{M_d - 0}{s_d / \sqrt{n}}$$

- $M_d$ : Mean difference between the samples
- $s_d$ : The standard deviation of the differences
- $n$ : The number of differences

The result is expressed by a "P Value," which quantifies the probability that you would get data as or more extreme than the observed data given that the null hypothesis is true. For the RSS Algorithm, a 95% Confidence Interval (alpha of 0.05) was chosen, and the null hypothesis is that the CM Validated Risk Tier will be no different than the RSS Computed Risk Tier.

The RSS Computed Risk Tier is the product of claims and other non-utilization administrative data available to CenCal Health. The CM Validated Risk Tier is the consequence of a person-to-person interaction between the member and CenCal Health's CM staff, which together complete a structured case management assessment.

The statistical test outcome is an indication that observed differences between the RSS Calculated Risk Tier and CM Validated Risk Tier may be the result of an RSS algorithmic bias. The statistical test outcomes are categorized as either "Not Statistically Significant," "Statistically Significant" or "Extremely Statistically Significant."

## Goal

Implemented a Risk Scoring & Stratification (RSS) algorithm to be executed monthly; and conduct at least annually and RSS bias analysis.

## Findings

The statistical tests performed for the follow-up RSS Algorithm bias analysis revealed no potential biases for the following member subpopulations.

- Hispanic Members in Case Management
- Pediatric Hispanic Members in Case Management
- All Pediatric Members in Case Management
- Spanish language

The statistical tests performed for this bias analysis did reveal potential biases for the below subpopulations. These results suggest that the CM Validated Risk Tier was statistically different than the RSS Algorithm Calculated Risk Tier. In 11 of 12 tested subpopulations, the RSS Algorithm underestimated estimated the Risk Tier in comparison to the CM Validated Risk Tier (average of 1.3 versus 1.77, based on 3 Risk Tiers of Low, Medium, High).

- All Members – Extremely Statistically significant (P value < 0.0001)
- Homeless Members – Statistically significant (P value 0.0341)
- White Members – Statistically significant (P value 0.0360)
- Adult Hispanic Members – Very Statistically significant (P value 0.0020)
- Males – Very Statistically significant (P value 0.0011)
- Females – Extremely Statistically significant (P value 0.0010)
- Adults – Extremely Statistically significant (P value < 0.0001)
- English-speaking Members – Extremely Statistically significant (P value < 0.0001)

## Evaluation of Effectiveness

The goal was achieved. As noted above, CenCal Health successfully executive the RSS monthly and completed two RSS bias analyses in 2023. RSS Algorithm risk scoring adjustments to specific RSS measures were completed to refine CenCal Health's RSS Algorithm to increase the precision of its predictive Risk Tier outcomes. Analysis of the RSS data enabled identification of 10 RSS measures, from among 76 total RSS measures, that quantitatively contributed most to the Risk Tier variances identified for subpopulations for which potential biases were Statistically or Extremely Statistically Significant.

The Quality and Medical Management Departments determined the risk point scores that correspond to these 10 RSS measures may need to be adjusted upward to refine CenCal Health's RSS Algorithm to better approximate CM Validated Risk Tiers for Members.

To evaluate the impact of the risk scoring adjustments, the same Paired t-Tests used for this analysis will be applied to each subpopulation to statistically measure the significance of differences between the RSS Calculated Risk Tier and the CM Validated Risk Tier. For remaining potential biases, if any, further risk score adjustments for select measures will be made as warranted, iteratively, to minimize remaining Risk Tier differences.

## Opportunities for Improvement

Risk point scores that correspond to the 10 RSS measures (that quantitatively contributed most to the Risk Tier variances identified for subpopulations for which potential biases were Statistically or Extremely Statistically Significant) may need to be adjusted in 2024 upward to refine CenCal Health's RSS Algorithm to better approximate CM Validated Risk Tiers for Members.

## **G. Population Needs Assessment (PNA)**

CenCal Health's annual Population Needs Assessment is a core component of the Plan's overall Population Health Management strategy, as it informs operational objectives and services offered to members.

### **Goal**

Complete an annual Population Needs Assessment utilizing the DHCS Reporting Template.

### **Results**

The 2023 Population Needs Assessment and the objectives outlined in the 2023 PNA Action Plan were approved by QIHEC in August 2023. In compliance with DHCS policy and NCQA PHM Standards, the following data sources were used and integrated in the PNA to provide a comprehensive and up-to-date assessment of the member population, identify key findings, and to plan objectives and strategies for improvement.

#### Key Findings:

- CenCal Health had 227,915 total members enrolled as of December 2022. This was an 8.4% increase from 2021.
- The percentage of adult members that reported their overall health in 2022 as being good, very good, or great was 75.3%.
- The percentage of children whose overall health was reported as good or very good by their parent/guardian was 93.68%.
- Four chronic conditions were assessed, asthma, chronic obstructive pulmonary disease, diabetes, and hypertension. The rate of hypertension has decreased 5.81% since 2020.
- CAHPS data indicates that for both adult and pediatric patients, a majority of members report the ability to access primary and urgent care timely and when necessary.
- There were no cultural and linguistic (C&L) access issues identified in 2022, with all interpreter services requested by members being appropriately coordinated by C&L staff.
- There were several disparities related to access identified on the Adult Health Survey Tool responses, with notable differences between Non-SPD members and SPD members.
- Using the DHCS Health Disparities Data set, disparities were identified related to asthma medication ratio, breast cancer screening, chlamydia screening, cervical cancer screening, pediatric developmental screening, controlling high

blood pressure, immunizations for adolescents, postpartum care, and pediatric well-child visits.

#### Action Plan

- By June 2025, increase rates for key pediatric preventive services measures to meet HEDIS 90th percentiles and DHCS threshold requirements, including Well Child Visits in the First 15 months of Life, Lead Screening, and Developmental Screening.
- By June 2025, as measured by HEDIS MY 2024, increase the percentage of hypertensive members that have a recorded blood pressure measurement from a baseline of 59.19% (HEDIS MY 2022) to 69.19%, which is the HEDIS 90th percentile for this measure.
- By September 2026, reduce the disparity between Santa Barbara and San Luis Obispo Counties for the "Follow-Up after an Emergency Department Visit for Mental Illness" measure from 10.62% to below 10%.
- By June 2025 as measured by HEDIS MY 2024, increase the percentage of members who have completed clinically recommended cervical cancer screening from a baseline of 62.16% (HEDIS MY 2022) to 66.88%, which is the HEDIS 90th percentile for this measure.

The Action Plan objectives have no results or data currently.

#### **Opportunities for Improvement**

Revise the structure of the Population Needs Assessment and Action Plan to meet DHCS and NCQA PHM requirements, including but not limited to, ensuring an assessment of data and needs for the following areas:

- Member Characteristics and Social Determinants of Health (SDOH)
- Child and Adolescent Members
- Members with Disabilities
- Needs of Members of Racial or Ethnic Groups
- Needs of Members with Limited English Proficiency

CenCal Health determined a need to restructure the report to meet NCQA Accreditation requirements. This includes a revision to the report contents and methodology to align with NCQA Accreditation standards, ensuring that the identified Action Plan objectives align with the revised PNA to meet NCQA standards, and shifting priorities as needed to focus on gaps identified in the new report.

#### **Actions Based on Opportunities**

Abandon the 2023 Action Plan objectives in lieu of addressing identified gaps in the revised NCQA-compliant PNA.

Meaningfully participate in the Community Health Assessments (CHAs)/and Community Health Improvement Plans (CHIPs) conducted by Local Health Jurisdictions (LHJs), including the adoption of at least one shared SMART objective per jurisdiction.

#### **Goal**

Work toward achieving the objectives set in the 2022 PNA Action Plan.

### **Objective 1**

PNA 2022 Action Plan objective: By January 1, 2024, increase the rate of breast cancer screening for English speaking members in both counties from a baseline of 54.39% to 63.77%, which is the HEDIS 90<sup>th</sup> percentile for this measure.

### **Results**

CenCal Health established a partnership with Dignity Health, the American Cancer Society, and San Luis Obispo County Public Health Department to collaboratively implement a two-day mobile mammography event in an underserved area with low breast cancer screening rates. However, the event was cancelled due to inability to secure a mobile mammography vendor due to financial constraints.

CenCal Health leveraged its value-based Quality Care Incentive Program (QCIP) to increase utilization of evidence-based treatment, screening, and preventive health services. QCIP encompasses aspects of care that address several aspects of care, including breast cancer screening. This pay-for-performance program aligns financial incentives to healthcare providers with excellence in clinical care for health plan members. Through the QCIP, Primary Care Providers also receive automated monthly lists of members overdue for services to aid in their outreach.

As of the period ending 9/30/23, data indicates CenCal Health's Breast Cancer Screening rate is 61.79% in Santa Barbara County and 56.51% in San Luis Obispo County.

### **Evaluation of Effectiveness**

CenCal Health did not complete the intended actions outlined in the PNA Action Plan for breast cancer screening outreach, and thus cannot evaluate the effectiveness of the results.

### **Opportunities for Improvement**

Implement routine member outreach for this aspect of care. CenCal Health has developed a comprehensive set of 12 Wellness and Prevention campaigns, of which one is focused on breast cancer screening. These campaigns utilize a direct-to-member mailing approach. These monthly campaigns will launch at the beginning of 2024, giving time for members to schedule and attend a blood pressure checkup within the year.

### **Objective 2**

PNA 2022 Action Plan Objective: By January 1, 2024, increase the percentage of hypertensive members in Santa Barbara County that have a recorded blood pressure measurement, from 58.29% to 66.79%, which is the HEDIS 90<sup>th</sup> percentile for this measure.

### **Results**

Blood pressure outreach was completed in September 2023, via direct mailing to 3,800 members. The mailer included information on the importance of getting blood pressure checked yearly by a PCP, in addition to a blood pressure log to help members track their blood pressure.

HEDIS Measurement Year 2022 data indicates that Santa Barbara County's Controlling High Blood Pressure (CBP) rate is 59.05%.

### **Evaluation of Effectiveness**

CenCal Health did not meet the goal of increasing CBP rates to 66.79%. The timing of the intervention was late in the year, which potentially did not leave enough time for members to secure appointments with their provider to obtain a blood pressure checkup.

### **Opportunities for Improvement**

Continue member outreach for this aspect of care, starting earlier in the year. CenCal Health has developed a comprehensive set of 12 Wellness and Prevention campaigns, of which one is focused on controlling high blood pressure. These campaigns utilize a direct-to-member mailing approach. While this is a similar approach to the 2023 intervention, these monthly campaigns will launch at the beginning of the year, increasing time for members to schedule and attend a blood pressure checkup within the year.

### **Objective 3**

PNA 2022 Action Plan Objective: By January 1, 2024, increase the rate of childhood developmental screening for children age 1 year in San Luis Obispo County from a baseline of 9.32% to 24.91%, which is the 2022 Statewide Aggregate Average for this measure.

### **Results**

Efforts to increase the rate of childhood developmental screening consisted of provider outreach via email blast, Provider Bulletin articles, and one-on-one provider collaborative meetings to discuss quality improvement and provide resources for this measure.

As of the period ending 09/30/23, data indicated a slight increase in developmental screening for children ages 1 year in San Luis Obispo County from the baseline of 9.32% to 10.13%.

### **Evaluation of Effectiveness**

CenCal Health did not achieve the 2022 PNA Action Plan objective of increasing developmental screening rates in children age 1 in San Luis Obispo County to 24.91%. This may indicate that passive intervention with providers is not effective in creating change for this aspect of care. Additionally, the provider billing and data limitations related to this measure are potentially impacting rates, as it was identified that there may be discrepancies in the billing practices of providers.

### **Opportunities for Improvement**

Focus on correct billing practices with providers, as data completeness for this measure is paramount to increasing rates. Additionally, there is an opportunity to routinely share reports of the amount of funding left on the table with pediatric practices for pediatric



members not screened as the state has made available supplemental funding for this clinically recommended service.

#### **Objective 4**

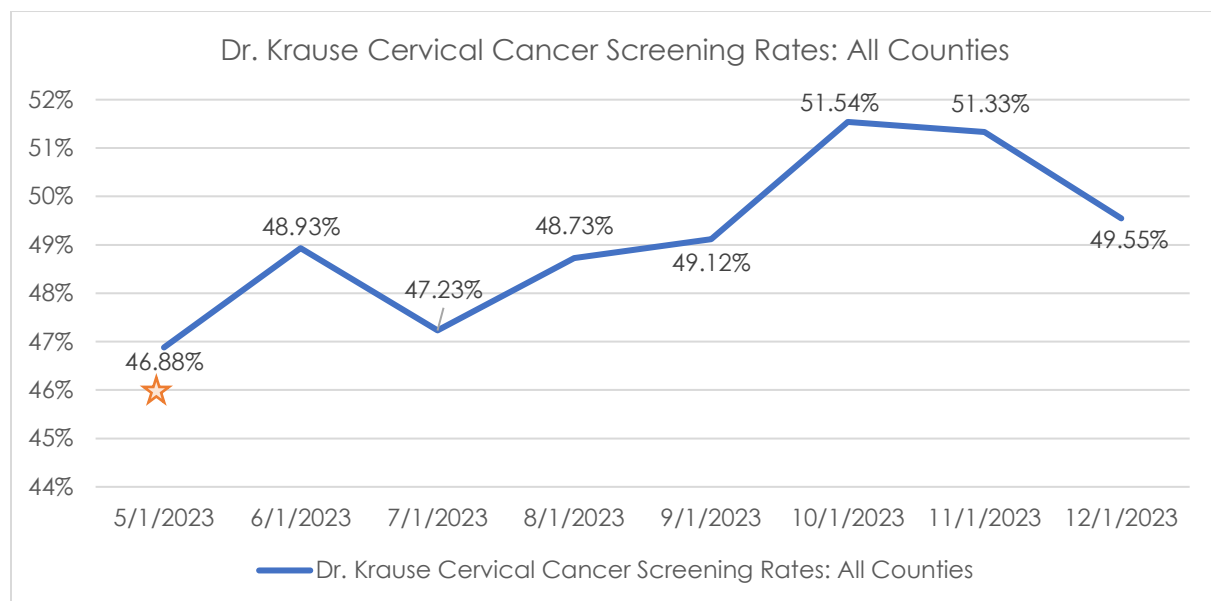
PNA 2022 Action Plan objective: By January 1, 2024, increase the percentage of members who have completed clinically recommended cervical cancer screening (CCS) from a baseline of 54.47% to 67.99%, which is the HEDIS 90th percentile for this measure.

#### **Results**

As of the period ending 9/30/23, San Luis Obispo County's CCS rate has increased to 58.50% and Santa Barbara County's rate has increased to 66.13%.

CenCal Health leveraged its value-based Quality Care Incentive Program (QCIP) to increase utilization of evidence-based treatment, screening, and preventive health services. QCIP encompasses aspects of care that address several aspects of care, including cervical cancer screening. This pay-for-performance program aligns financial incentives to healthcare providers with excellence in clinical care for health plan members. Through the QCIP, PCPs also receive automated monthly lists of members overdue for services to aid in their outreach.

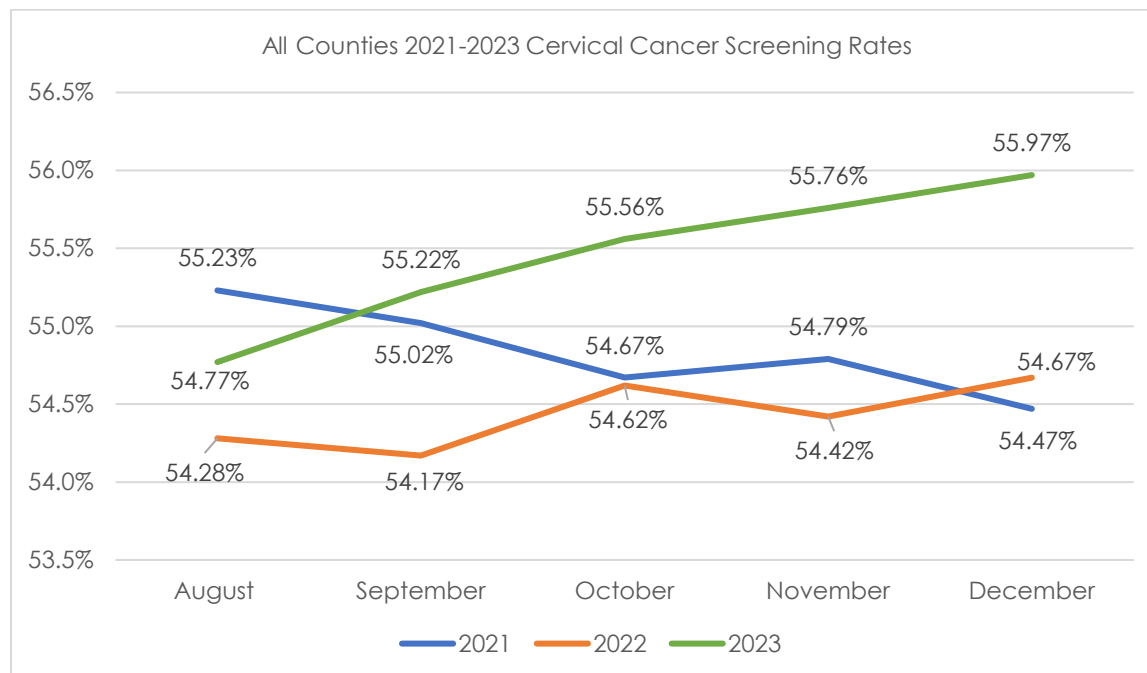
CenCal Health completed a pilot intervention in collaboration with a clinical provider, Dr. Krause. 129 outreach calls were made to members due for screening, explaining the importance of cervical cancer screening and assisting members in scheduling appointments. The intervention calls increased Dr. Krause's cervical cancer screening rate across all counties by 2.05% immediately following the intervention. Rates continued to a year-end increase of nearly 3%.



★ Start of intervention

#### Cervical Cancer Screening Incentive

CenCal Health also conducted a network-wide member incentive program, offering a \$25 gift card to members overdue for their cervical cancer screening, if screened by 12/31/2023. Monthly monitoring of the member incentive campaign took place, and 345 members from that campaign were screened from September to December of 2023.



**Evaluation of Effectiveness**

CenCal Health did not achieve a 67.99% rate for clinically recommended cervical cancer screening. However, progress in 2023 continues to trend upward as noted in the table above. The Cervical Cancer Screening Incentive has measured over 300 members being screened in the 4 months since the incentive launched. Due to claims lag that has not yet been accounted for, it is too soon to assess whether the incentive program impacted overall screening rates significantly. The slight upward trend may also be attributed to the PCP engagement in CenCal Health pay-for-performance incentive program.

**Opportunities for Improvement**

Continue member outreach for this aspect of care, starting earlier in the year. CenCal Health has developed a comprehensive set of 12 Wellness and Prevention campaigns, of which one is focused on cervical cancer screening. These campaigns utilize a direct-to-member mailing approach. While this is a similar approach to the 2023 intervention, these monthly campaigns will launch at the beginning of the year, providing more time for members to schedule and obtain screening within the year.

## H. Health Education

### Overview

CenCal Health implements and maintains a health education system that includes programs, services, functions, and resources necessary to provide health education, health promotion, and patient education for all members. The Health Education system is strategically integrated within the QIHETP to ensure health education and promotion activities and interventions support quality improvement, health equity, and PHM priorities. Member health education needs are also informed annually by the PNA, which describes member health status and seeks to identify gaps in services and health disparities.

### Objective 1

Develop interventions and/or programs for the 18 required contractual health education topics, as well as for the topics that align with the Population Health Management Strategy. These topics include managed care, preventive and primary care, obstetrical care, health education services, complementary and alternative care, tobacco use and cessation, alcohol and drug use, injury prevention, prevention of STDs, HIV/AIDS, unintended pregnancy, nutrition, weight control, physical activity, parenting, pregnancy, asthma, diabetes, and hypertension.

### Results

Through the Member Newsletter, *Health Matters/Temas de Salud*, sent to households in January, July, and September 2023, CenCal Health completed member education on the 18 required health education topics.

CenCal Health completed the annual "Breathing Better" mailing for all members with asthma to assist with self-management, medication compliance, and to encourage the completion of an Asthma Action Plan.

Through the Diabetes and Heart Disease Management programs, member education related to diabetes, hypertension, and heart failure was provided to members throughout the year.

### Evaluation of Effectiveness

CenCal Health met the DHCS requirement to offer health education interventions for the required topics through inclusion in its direct-to-household member newsletter, targeted mailings, and disease management programs.

### Opportunities for Improvement

This work plan task was largely reflective of a contract section that is no longer required in the 2024 DHCS contract, and thus CenCal Health will not be utilizing this same approach or results to inform future interventions. Rather, health education outreach has been restructured to satisfy new DHCS contract and NCQA requirements, including the provision of Wellness and Prevention programs.

### Objective 2

Coordinate health education Readability & Suitability activities for all health education and member informing materials being distributed to members.

**Results**

Completed 11 Readability & Suitability reviews for health education materials, ensuring they meet all DHCS requirements per APL 18-016.

Completed 29 Readability & Suitability reviews for interdepartmental member materials, ensuring all DHCS requirements are met for Reading Level and Appropriateness.

**Evaluation of Effectiveness**

Three CenCal Health staff are fully trained and have the required educational certification to complete Readability reviews in accordance with DHCS requirements. These staff use expertise in revisions for plain language and a readability scoring system called Readable to ensure reading level assessment accuracy. This process is effective for ensuring member materials are accessible to members.

**Opportunities for Improvement**

None identified.

**Objective 3**

Ensure education and training of contracted providers to support delivery of effective health education services for members.

**Results**

Included article in October 2023 Provider Bulletin issue to offer training to providers in the required areas.

CenCal Health conducted a network-wide training on Health Literacy and Culturally Competent Care Delivery to contracted providers in November 2023.

**Evaluation of Effectiveness**

The October 2023 Provider Bulletin issue was sent to approximately 2,557 provider contacts.

A post survey of the Health Literacy and Culturally Competent Care Delivery training to contracted providers received positive results. For the statement "The overall training met my expectations," 100% of respondents indicated they "Agree."

**Opportunities for Improvement**

Utilize various strategies, including Provider Bulletin articles, live webinars, recorded webinars, and individual/on-site training.

**Objective 4**

Provide comprehensive wellness and prevention health education campaigns to all members in accordance with DHCS guidance.

**Results**

CenCal Health planned and designed a comprehensive set of 12 Wellness and Prevention campaigns in 2023. This included a team of three qualified health educators planning and writing content, completing Readability & Suitability Reviews, and working with the Communications Department to design each mailer in a culturally and linguistically competent manner.

CenCal Health planned and created a comprehensive data report, workflow, and validation process with IT in 2023 to ensure all eligible members receive timely outreach for the campaigns they qualify for.

The 12 Wellness and Prevention campaigns that were designed include the following:

1. Breathing Better
  - a. Target Audience: All members diagnosed with Asthma
2. Stay Healthy Adults: PCP Check up
  - a. Target Audience: Members 18 or older with no PCP services in the last 12 months
3. Stay Healthy Adults: Breast Cancer Screening
  - a. Target Audience: Female members aged 50-74 due for Breast Cancer Screening
4. Stay Healthy Adults: Cervical Cancer Screening
  - a. Target Audience: Female members ages 21 to 65 due for Cervical Cancer Screening
5. Stay Healthy Adults: Colorectal Cancer Screening
  - a. Target Audience: Members ages 50-75 due for COL Screening
6. Stay Healthy Adults: Blood Pressure Campaign
  - a. Target Audience: All members diagnosed with hypertension who have not engaged with PCP or had a BP reading in the past 12 months
  - b. Frequency of mailing: Biannual (January and July)
7. Stay Healthy Kids: 0-12 Months
  - a. Target Audience: Pediatric members ages 0—12 months that are missing one or more preventive service
8. Stay Healthy Kids: 13-30 Months
  - a. Target Audience:
    - i. Pediatric members ages 13—30 months that are missing one or more preventive service
9. Stay Healthy Kids: 3-12 years old
  - a. Target Audience: All members ages 3—12 years who are missing one or more required preventive service
10. Stay Healthy Kids: 13-21 years old
  - a. Target Audience: All members ages 13--21 years who are missing one or more required preventive service
11. Healthy Pregnancy:
  - a. Target Audience: Pregnant members who are at least 12 weeks along
12. Healthy Postpartum:
  - a. Target Audience: Members who delivered in the past 12 months

## Evaluation of Effectiveness

As these newly created campaigns had not launched by 12/31/23, effectiveness has not yet been measured. Evaluation plans for each campaign have been developed and will be reported in subsequent updates to the QIHEC in 2024.

### **Opportunities for Improvement**

Implement initiatives and programs that utilize evidence-based best practices aimed at helping members set and achieve wellness goals, including the launch of the comprehensive set of 12 wellness and prevention health education campaigns (in both threshold languages, English, and Spanish) in 2024. These campaigns will ensure compliance with the 2024 DHCS contract. These campaigns will include monthly, quarterly, and biannual outreach to qualified health plan members. CenCal Health will evaluate the effectiveness of this campaign using the Medi-Cal Managed Care Accountability Set measure rates as proxy, collecting member feedback through the Community Advisory Board (CAB), tracking questions related to the campaign by members, and soliciting provider feedback. Staff will continually modify and enhance this campaign to ensure data accuracy, seamless and coordinated integration between internal departments, and timely provider notifications.

### **CONCLUSION: EVALUATION OF QIHETP EFFECTIVENESS**

CenCal Health's QIHETP was overall effective in its progress in meeting safe clinical practice goals, based on the performance in all aspects of the QIHETP as overseen by its quality committee structure.

In 2023 the QIHEC membership expanded to include additional CenCal Health leadership that included the Chief Health Equity Officer and Behavioral Health Medical Director. Additionally, the committee expanded to include expertise from a provider network hospital representative, and a health plan member. CenCal Health leadership allocated additional resources to increase internal staffing in 2023 demonstrating an unwavering commitment to advance health equity to ensure sufficient resources were dedicated to QIHETP. Within the Quality Department, the team grew with the addition of five staff (3 registered nurses, an analyst, a health educator, and a population health specialist). Additionally, resources allocated within the Information Technology Department to grow business analytics capabilities and the team grew with the addition of a newly created Business Analytics Director position (and onboarding of staff) tasked with supporting advanced technology needs. Growth has been also evident in CenCal Health's Operational, Customer Experience, and Medical Management divisions. Overall amount of staffing is sufficient with appropriate expertise dispersed throughout the organization to support the various operational functions that makeup CenCal Health's QIHETP.

CenCal Health's quality committee structure continues to include sufficient practitioner, provider, member, and CenCal Health leadership involvement. In 2023 the QIHEC membership expanded to include additional CenCal Health leadership that included the Chief Health Equity Officer and Behavioral Health Medical Director. Additionally, the committee expanded to include expertise from a provider network hospital representative, and a health plan member. The QIHEC received quarterly reports from

all the various sub-committees throughout the year, including reporting of utilization management (UM) metrics to ensure UM integration with the QIHETP. QIHEC reported its proceedings to CenCal Health's governing body. The Healthcare Operations Committee also evolved to a Customer Experience Committee and expanded its oversight to include oversight of health equity focused metrics.

Given this allocation of additional resources and enhancements to CenCal Health's quality committee structure, no changes are needed. As highlighted in this report and each sub-committee's evaluation within the appendices, based on the evaluation of adequacy of the QIHETP resources, QIHETP structure, practitioner involvement and CenCal Health leadership involvement, CenCal Health has determined that the current QIHETP is effective overall.

### **Appendix**

- Appendix A – Claims Quality Committee 2023 Evaluation
- Appendix B – Customer Experience Committee 2023 Evaluation
- Appendix C – Member Support Committee 2023 Evaluation
- Appendix D – Network Management Committee 2023 Evaluation
- Appendix E – Provider Credentials and Peer Review Committee 2023 Evaluation
- Appendix F – Utilization Management Committee 2023 Evaluation
- Appendix G – Quality Dashboard



**2023**

**Quality Improvement and Health Equity Transformation  
Program Evaluation**

**Claims Quality Committee (CQC)**

**CQC: 2/14/2024**



## Executive Summary

The Claims Quality Committee (CQC) oversees processes that affect the accuracy and regulatory compliance of claims that are processed. This CQC provides oversight of quality of service indicators as defined by the monitoring process, analysis, action, and measurement. The CQC, through monitoring quality of service indicators, will identify areas of opportunity to improve processes, implement interventions, educate providers, and improve the quality of co-operation, coordination, and communication between departments within CenCal Health.

During 2023, CenCal Health's Claims Department ensured all quality of service metrics surpassed established goals. These include:

- *Claims Monitoring Measures* (Claims Timeliness, Dispute Resolution, and Financial Accuracy Rate).
- *Provider Communication* (Phone Call Quality, Email Quality, Dispute Accuracy, Average Speed of Answer, and Percentage of Calls Answered in 30 seconds).
- *Encounter Data Quality*.

The 3-year trend also reveals a steady improvement year over year, with no noted deficiencies.

Opportunities for 2024 will be to continue Claims Monitoring and implementing appropriate Quality Improvement initiatives. These efforts include the following:

- Develop new training tools to further staff education and enhance their skills and abilities.
- Increase outreach to CenCal Health's provider community in hopes to address their concerns and assist with any billing issues or payment disputes.
- Analyze provider inquiries such as phone calls, emails, and disputes. Identify the trends and common themes and develop resource materials and outreach efforts to address these.

In summary, CQC's oversight process has proven effective in monitoring the overall performance of the Claims Department functions and ensuring metrics are being met. This oversight provides insight into the process, and to note any deficiencies so necessary corrections can be made.

## Detail

During 2023, CenCal Health's Claims Department ensured all quality of service metrics surpassed established goals. Metrics assessed include:

- *Claims Monitoring Measures* (Claims Timeliness, Dispute Resolution, and Financial Accuracy Rate).
- *Provider Communication* (Phone Call Quality, Email Quality, Dispute Accuracy, Average Speed of Answer, and Percentage of Calls Answered in 30 seconds).
- *Encounter Data Quality*.

### **Claims Timeliness and Accuracy Indicators:**

Quality of service indicators were evaluated to ensure compliance with regulatory requirements and to identify areas of improvement in processing claims for CenCal Health providers. *Claims Monitoring Measures* include Claims Timeliness, Dispute Resolution, and Financial Accuracy Rate.

Claims Monitoring				Yearly Averages		
Measure	Description	Benchmark Source	Benchmark Internal Goal	2021	2022	2023
Timely Payment of Claims	Percentage paid within 45 working days / 63 calendar days of receipt	DMHC Regulations CRC Section 1300.71	95%	99.0%	99.3%	98.9%
Acknowledgement Turnaround Times – Provider disputes	Percentage of disputes acknowledged within 15 working days	DMHC Regulations CRC Section 1300.71	95%	99.8%	100%	99.9%
Timeliness of Provider Dispute Resolution	Percentage processed within 45 working days from receipt	DMHC Regulations CRC Section 1300.71	95%	99.7%	100%	100%
Financial Accuracy Rate	Financial accuracy rate of claims processed	Industry Stretch Goal	99%	99.6%	99.8%	99.8%

CenCal Health Claims Department strives to ensure the claims payment timeliness metrics are consistently met, any disputes received are acknowledged and resolved in the regulatory required manner and that claim payments are financially accurate.

In 2023, the Claims Department not only met the benchmark goals for Claims Monitoring, but also exceeded them over the last three year trend. Key achievements as noted in the above table include:

- Surpassing the goal of 95% for ensuring *Timely Payment of Claims* by 3.9 points.
- Surpassing the goal of 95% for *Acknowledgement Turnaround Times for Provider Disputes* by 4.9 points.
- Surpassing the goal of 95% for *Timeliness of Provider Dispute Resolution* by 5 points.
- Surpassing the goal of 99% for *Financial Accuracy Rate* by 0.8 points.

Over the past few years, goals have been achieved, and improvements to work flow processes have been made yearly to sustain this trend of high performance.

### **Provider Communication**

Quality of service indicators monitored and evaluated for provider communication include quality of correspondence, provider dispute accuracy, speed to answer, and percentage of calls answered within established threshold.

Measure	Description	Benchmark Source	Benchmark	2021	2022	2023
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			<b>Internal Goal</b>			
Provider Communication: Phone call quality and timeliness	The results of the 7 measures on the CSR call audit criteria	Department Improvement Goal	<b>95%</b>	98.3%	99.2%	<b>99.0%</b>
Provider Communication: Email quality and timeliness	The results of the 4 measures on the CSR email audit criteria	Department Improvement Goal	<b>98%</b>	99.3%	99.1%	<b>99.2%</b>

For Quality Improvement Activities initiated, the goal of providing quality and timely service when corresponding with CenCal Health’s provider community, has been an accomplishment across year over year trends. There were many moving parts with these goals as more staff were onboarded to the department and/or promoted to the Customer Service and Claims Support sections of the Claims Department.

In 2023, there was a remarkably high volume of phone calls (22,197) and emails (7,866) from Providers which represents a 36% increase over the last 2 years with just 16,286 calls in 2021 and 17,951 in 2022. For these measures, there was improvement with responses by phone and email to assure that they are timely, accurate, clear, and professional. New training tools were created, and extensive training took place with staff, ensuring adequate coverage for the phone calls and emails from the Providers. The Claims Department was able to reach and exceed the identified goals for both measures. The achievements as noted in the above table include:

- Provider Communication: Phone call quality and timeliness – surpassed goal by 4 points.
- Provider Communication: Email quality and timeliness – surpassed goal by 1.2 points.

<b>Description</b>	<b>Measure</b>	<b>Benchmark Source</b>	<b>Benchmark Internal Goal</b>	<b>2021</b>	<b>2022</b>	<b>2023</b>
The results of the 9 measures on the PDR audit criteria.	Provider Communication: PDR Response accuracy and timeliness	Department Improvement Goal	98%	95.5%	99.4%	<b>98.6%</b>

The Provider Dispute Resolution Quality Improvement Activities to ensure accuracy have progressed over the past few years. With added Support Team staff, more extensive audits are being conducted for the Provider Dispute process, which creates more educational tools and training for staff. Resolution letters better describe how the claim was processed and how to resubmit corrections for processing when applicable. In doing this, we encountered a slight reduction in the volume of duplicate dispute submissions. More outreach to high volume dispute submitters was conducted to perform overviews for the payments of their claims and explain how and why the payments were correct.

Measure	Description	Benchmark Source	Benchmark Internal Goal	2021	2022	2023
Average Speed of Answer (ASA)	Average speed of answer for all calls received.	Department Improvement Goal	< 55 seconds	21	20	21
Percentage of Provider Calls Answered in 30 seconds or less	The results of calls answered in 30 seconds	Department Improvement Goal	85% or greater	N/A	N/A	91.9%

This year Claims staff continued to maintain and exceed the goal of answering the phones at an average speed of 55 seconds or less. In 2023, a new goal of answering calls in 30 seconds or less was established. Even with the high volume of calls, the training and addition of staff assisted with the surpassing the goal of 85% or greater by almost 7 points.

Enhancements were made to the phone queue for a more efficient process, and the creation of a self-service option for Third Party Billers for checking the status of claims online with CenCal Health's web portal. This new process helped to make a small decrease in the number of calls received so that staff could focus on providers with claims payment questions and billing. Progress has been made over the past few years with these activities.

**Encounter Data Quality**

Measure	Description	Benchmark Source	Benchmark Internal Goal	2021	2022	2023
Encounter Data Quality	Accuracy rate on all Encounter Data submissions to DHCS	Department Improvement Goal	99% < 1% of errors from DHCS	99.5%	98.6%	99.3%

The California Department of Health Care Services (DHCS) requires its contracted Medi-Cal managed care health plans to submit high-quality Encounter Data. Accurate and complete encounter data are critical to assessing quality, monitoring program integrity, and making financial decisions. The results of CenCal Health's Encounter Data submitted to DHCS were exceptional this year. The new data validation processes helped maintain over a 99% accuracy rate for 2023. This was a break in trend from performance in 2022, when the rate was 98.6%. CenCal Health staff continue to work on the resubmissions of the reported errors from DHCS.

In 2022, the reduction in the overall score decreased to 98.6% due to a new requirement for reporting the discharge hour. For the files submitted, there was a minor formatting issue (leading zero in the field) which caused several claims to be rejected. Once Claims staff implemented a correction process to that formatting issue, there were no subsequent rejections for this reason afterwards. In 2023, CenCal Health met its goal of <1% of errors reported back by DHCS. Claims staff continue with the process of corrections to the reported errors from DHCS and will continue refinements to improve the correction rate with the target of 100%.

### **Opportunities for Improvement**

For 2024, the Claims Department will continue with ensuring Claims Monitoring and implementing appropriate Quality Improvement initiatives. These efforts include the following:

- Develop new training tools to further staff education and enhance their skills and abilities.
- Increase outreach to CenCal Health's provider community in hopes to address their concerns and assist with any billing issues or payment disputes.
- Analyze provider inquiries such as phone calls, emails, and disputes. Identify the trends and common themes and develop resource materials and outreach efforts to address these.

There are many changes in 2024, the department looks forward to the challenges. Claims staff are committed to assisting CenCal Health's provider network to answer any calls and assure they are receiving payment for the services they are providing to CenCal Health's members.

### **Conclusion**

The oversight process of the CQC is effective to monitor the overall performance of the department and ensure quality of service metrics are met. The oversight allows insight into the process, and to note any deficiencies so necessary corrections can be made.

All the metrics overseen by CQC met standard, and the new initiatives planned for 2024 are expected to continue to improve the overall quality of service to CenCal Health's Provider Community.



**2023**

**Quality Improvement and Health Equity Transformation Program  
Evaluation**

**Customer Experience Committee (CEC)**

**Review**

**CEC:**

*2/23/2024*

**Quality Improvement and  
Health Equity Committee:**

*2/29/2024*

## Executive Summary

The Customer Experience Committee (CEC) monitored all metrics identified on the CEC 2023 Work Plan to ensure oversight of quality sub-committee reports to the CEC and to ensure the metrics monitored for the member and provider experience and the health equity stratifications were regularly reviewed and discussed at each CEC meeting to ensure satisfaction and an equitable experience for members and providers with the services provided by CenCal Health. The proceedings of each quarterly CEC meeting were reported and approved by CenCal Health's Quality Improvement and Health Equity Committee (QIHEC).

## Key highlights from the CEC 2023 Work Plan Evaluation follow below:

### Quality Sub-Committee Oversight Highlights:

- **CEC received Quarterly Reports from the following quality sub-committees in 2023 achieving the oversight responsibility goal.** Those reports came from the Member Support Committee, Network Management Committee, Claims Quality Committee, and the Benefits Committee (when applicable).

### Member Experience Highlights:

- **CEC defined the metrics for monitoring the “Member Experience” for our baseline measurement year of 2023.**
- **A slide deck was created and updated quarterly for all Member Experience Metrics and CEC received reports for each metric throughout 2023.** This provided a visual into the experience monitored.
- **The Overall Member Experience in 2023 reflects high satisfaction** after review of satisfaction survey results and the ability for CenCal Health to meet most goals that make up a positive member experience.

### Provider Experience Highlights:

- **CEC defined the metrics for monitoring the “Provider Experience” for our baseline measurement year of 2023.**
- **A slide deck was created and updated quarterly for all Provider Experience Metrics and CEC received reports for each metric throughout 2023.** This provided a visual into the experience monitored.

- **The Overall Provider Experience in 2023 reflects high satisfaction** after review of all performance indicators and the ability for CenCal Health to meet most goals that make up a positive provider experience.

#### Health Equity Highlights:

- **CEC defined the stratifications for monitoring “Health Equity” for our baseline measurement year of 2023.**
- **A slide deck was created and updated quarterly for all Health Equity Metrics and CEC received reports for each metric throughout 2023.** This provided a visual into the differences across population stratification being monitored.
- **The Health Equity data reviewed in 2023 now provides for further data to improve disparities in targeted ways** to better suit interventions for those populations in need.

#### **Key Opportunities for Improvement:**

- **Improving Member Transportation Satisfaction** – Leverage the Transportation Oversight Committee (TOC) to improve the member satisfaction survey increasing member sample size for more representative experience. The opportunity is to ensure VTS is continually improving performance, to minimize negative experience and improve member satisfaction.
- **Addressing Sustained Call Volume Increases and Impact.** Call volume triggered by new populations, new benefits, Medi-Cal renewal processes etc. Continued oversight by CEC to support staffing needs and opportunities to achieve goals.
- **Timely Access Survey Results** - Provider education and training to ensure providers know the standards for urgent and non-urgent appointments for each provider type. Pro-active notification regarding the survey process that advise providers that CenCal Health and DHCS (via a vendor) conduct TAS periodically and to always ensure appointment availability to improve member experience.
- **CenCal Health’s participation in the 2024 CAHPS-Clinician and Group 3.0 survey** is a wonderful opportunity to obtain more in-depth data for our member experience with their providers and for CenCal Health to find more targeted opportunities to use CAHPS data to support improvements.
- **Diversity, Equity and Inclusion (DEI) Training** - CenCal Health seeks to provide a DEI training for staff and the network of providers and contractors, that meets all APL requirements and that assists CenCal Health in awareness of the diversity of our staff and membership, to ensure an equitable experience for everyone.



- **Provider Satisfaction Surveys** - CenCal Health seeks to improve provider satisfaction and attendance at trainings year over year and will use the results of the 2023 Provider Satisfaction Survey to drive quality improvement of services provided to network providers.
- **PCP Requests for Member Reassignment** - CenCal Health workgroup to investigate the two private network primary care providers that are the key drivers to the significant increase in reassignment requests in 2023 and find the best solutions for these providers and those members who have been non-compliant with the provider outreach to be seen for preventive care. Other opportunities include seeking to address the two key data findings that 66% of PCP reassignment requests are women and that 84% of reassignments are adults.
- **Utilizing Health Equity Data to address disparities of inequity** - An opportunity for improvement is to implement interventions to increase engagement with primary care and care in general for disengaged members. Implement all wellness and prevention health education campaigns (note that this is already underway).

## Background

The CEC is a multidisciplinary committee that ensures quality improvement committees, via QIHETP work plans, have adequate and available resources to accomplish committee goals and objectives in line with the Mission and strategic goals of CenCal Health, including addressing disparities with a focus on Health Equity for members, and improving the Customer Experience for CenCal Health's Provider Network.

Quality sub-committee reports from the MSC, NMC, CQC and the Benefits Committee, and selected access, service and quality metrics related to member and provider satisfaction and experience, are regularly monitored by CEC.

Health Equity stratifications for members engaged and disengaged in primary care and care in general, across vulnerable populations (general population, homeless, LEP, SPD) are regularly reviewed to ensure oversight of disparities identified to assist in Plan action plans to address those needs, stratified to focus on the greatest needs, or those needs with the greatest impact on member health and well-being.

## Detail

### **Project/Program Title: Effectiveness of Oversight of Quality Sub-Committee Functions**

#### **Activity Description**

The CEC is responsible for reviewing the key performance indicator findings from the quality sub-committees, MSC, CQC, NMC and Benefits Committee. Monitor interventions to achieve timely and meaningful improvements.

**Quantitative Analysis and Trending of Quality Sub-Committee Reports**

<b>Description of Task:</b> "Oversight of the Quality Sub-Committee Report"						
<b>Goal:</b> "Monitor the quality sub-committees, MSC, CQC, NMC and Benefits Committee actions and findings through the Quality Sub-Committee Report for tracking & trending of key findings and actions taken to improve services. Review the report quarterly at each CEC."						
<b>Requirement:</b> QIHETP Requirement for CEC to be the oversight quality committee of the sub-committees, MSC, NMC, CQC and the Benefits Committee.						
Indicator Type	2023 YE Baseline	2024	2025	YOY Δ	2023 % Points below (-) or above (+) Goal	Goal Met
QOS	Reviewed all 4 quarters	N/A	N/A	N/A	0%	Yes

The table above shows CenCal Health's baseline year of 2023 for monitoring the quality sub-committee report from MSC, CQC, NMC and the Benefits Committee, and the performance toward the goal of oversight and review of this report quarterly at CEC.

The CEC received all 4 quarterly updates from the quality sub-committees; met goal.

**Qualitative Analysis for Monitoring of the Quality Sub-Committee Reports**

**Barrier Analysis**

There were no identified barriers in 2023 towards the CEC being able to review the quality sub-committee reports each quarter.

**Actions taken**

The quality sub-committee Chairs, or their designees, populated the CEC Dashboard and Memo each quarter to include the highlights and underperforming metrics with explanations for actions taken and on-going efforts to improve in the areas of lower performance.

Each committee's Chair also serves on the CEC and provided a synopsis of their sub-committees highlights each quarter as a standing agenda item for review at the CEC.

**Evaluation of Effectiveness**

The CEC effectively monitored the quality sub-committee report each quarter in 2023 and provided proper oversight of this metric toward the QIHETP's quality program design for CEC.

**Opportunities for Improvement**

No improvement opportunities were identified as this goal was fully achievable in 2023.

One potential action for 2024 consideration is to retire the CEC Operational Dashboard now that the Organizational Dashboard has been implemented which includes the top-level performance metrics reviewed by each sub-committee and across CenCal Health Departments. In-lieu of the CEC Operational Dashboard, the sub-committees would continue to provide their updates through the CEC Sub-Committee Memo, that highlights the key areas of improvement opportunities and actions taken, and general updates on what the sub-committees reviewed from their work plan quarterly updates and performance towards the Operational Dashboard metrics.

**Project/Program Title: Monitoring Member Experience Metrics**

**Activity Description**

CEC monitors key performance metrics reported in quality sub-committees and across departments related to the overall health of the “Member Experience” offered by CenCal Health to its membership. Monitoring of metrics quarterly to ensure a strong member overall experience and to provide feedback into potential interventions to achieve timely and meaningful improvements when identified.

**Quantitative Analysis and Trending of the Member Experience Metrics**

<b>Description of Task:</b> “Transportation Oversight Committee (TOC) Highlights”						
<b>Goal:</b> “CEC to monitor key findings related to access concerns of significance as reviewed at the TOC.”						
<b>Requirement:</b> TOC findings of significance related to access reporting to CEC for the Member Experience quarterly.						
Indicator Type	2023 YE Baseline	2024	2025	YOY Δ	2023 % Points below (-) or above (+) Goal	Goal Met
QOS	Reviewed all 4 quarters	N/A	N/A	N/A	0%	Yes

The table above shows CenCal Health's baseline year of 2023 for monitoring the Transportation Oversight Committee (TOC) key findings, and the performance toward the goal of monitoring key findings related to access concerns of significance.

Goal was met by CEC to review this metric quarterly at CEC in 2023.

<b>Description of Task:</b> "Behavioral Health Access Monitoring"						
<b>Goal:</b> "CEC to monitor key findings related to access concerns of significance for behavioral health services as reported by the Director of Behavioral Health."						
<b>Requirement:</b> Behavioral Health findings of significance related to access reporting to CEC for the Member Experience quarterly.						
Indicator Type	2023 YE Baseline	2024	2025	YOY Δ	2023 % Points below (-) or above (+) Goal	Goal Met
QOS	Reviewed all 4 quarters	N/A	N/A	N/A	0%	Yes

The table above shows CenCal Health's baseline year of 2023 for monitoring key findings related to access concerns of significance for behavioral health services, and the performance toward the goal of monitoring key findings related to access concerns of significance.

Goal was met by CEC to review this metric quarterly at CEC in 2023.

<b>Description of Task:</b> "Aggregate Call Volume"						
<b>Goal:</b> "CEC to monitor "Aggregate Call Volume" for tracking & trending in comparison to previous year's Mean and standard deviation away from Mean above or below to identify increases/decreases in call volume of significance. Remain "In Control" with previous year Mean (Avg) volume."						
<b>Requirement:</b> DHCS contractual requirement to monitor volume. Also, a Service Metric linking staffing needs and potential in-service of staff.						
Indicator Type	2021 YE Baseline PTMPY	2022 YE PTMPY	2023 YE PTMPY	YOY Δ	2023 % Points below (-) or above (+) Goal	Goal Met
QOS	533.95	434.05	459.50	-14%	6%	Yes

The table above shows CenCal Health's 3-year trend for Call Volume performance toward the goal of remaining in-control with the Mean/average monthly call volume from the previous year. The data shows a significant drop in PTMPY call volume of 19%

from the baseline year of 2021 to 2022, with a significant increase in volume experienced in 2023, a 6% increase in PTMPY in 2023. The results indicate a 14% decrease in overall performance for our 3-year comparison in terms of PTMPY; however, there was a significant increase in membership in the denominator of this metric, severely impacting PTMPY totals. Aggregate call volume totals for the 3-year comparison above are as follows: 2021 = 108,500; 2022 = 95,271; and 2023 = 106,596. While PTMPY reduced 14% from baseline year 2021 to 2023 because of significant membership increases over this time, the aggregate volume reduced by only 1.8%.

Goal was met as CEC reviewed call volume and received updates to the increase in call volume experienced each quarter in 2023.

<b>Description of Task: "Calls Volume by Type"</b>						
<b>Goal:</b> "CEC monitors Call Volume by Type" for tracking & trending to identify increases/decreases in call volume types of significance."						
<b>Requirement:</b> Department of Health Care Services contractual requirement to monitor call volume by type.						
Indicator Type	2023 YE Baseline	2024	2025	YOY Δ	2023 % Points below (-) or above (+) Goal	Goal Met
QOS	93,413	N/A	N/A	N/A	N/A (Directly related to changes in volume YOY)	Yes

The table above shows the Baseline year of 2023 trend for calls coded in aggregate toward the goal of monitoring call volume by type for tracking and trending. Prior metrics are available but were not part of CEC oversight prior to 2023. Caution in viewing differences YOY going forward as coding numbers are directly affected by total call volume and thus not accurately comparable rates.

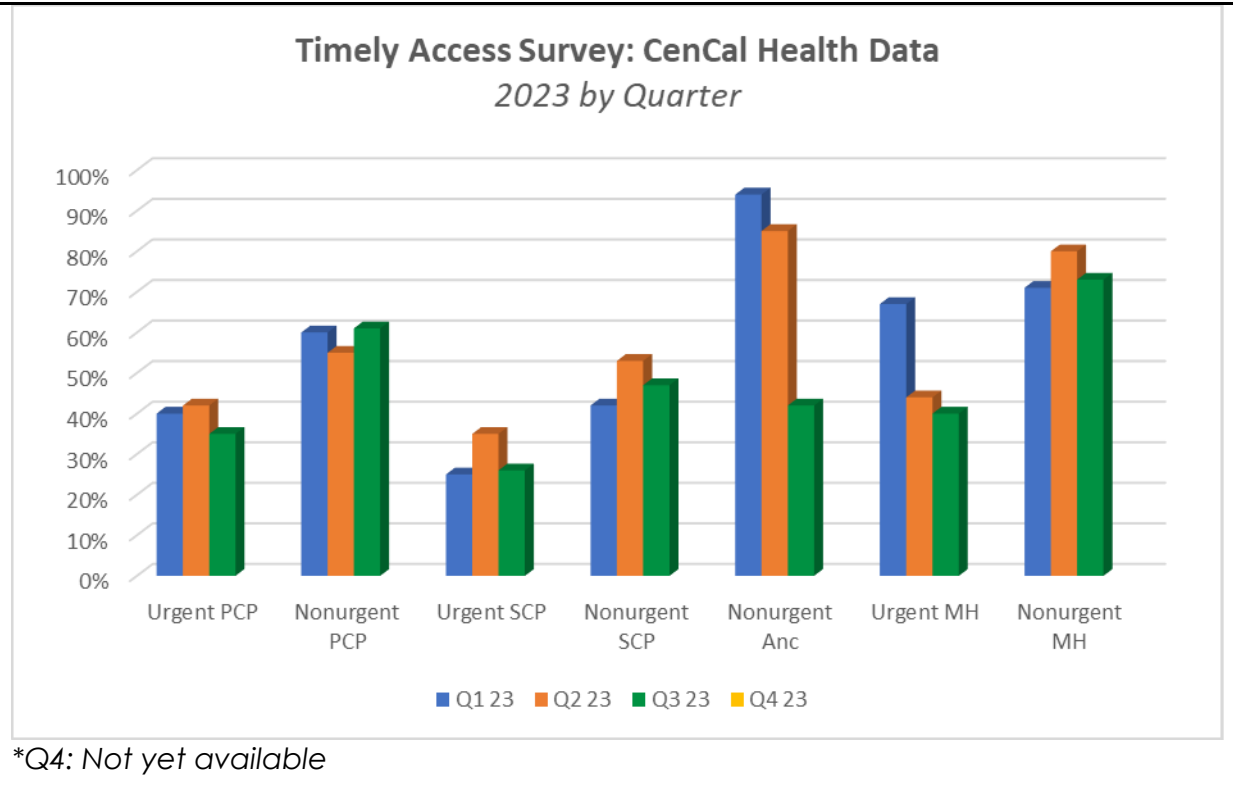
Top 5 call types, and top 5, member portal requests were reviewed quarterly for awareness and to monitor totals. The additional metric for calls coded performance was also reviewed quarterly at CEC in 2023, and the rate was 95% of calls answered were coded in 2023. This will be the best measurement for YOY comparison.

Goal was met as CEC reviewed call types and received updates to the changes in types experienced each quarter in 2023.

<b>Description of Task: "Timely Access Survey (TAS) Results"</b>
<b>Goal:</b> "CEC to monitor the Provider Service Department reporting of the Timely Access Survey Results and the goal to exceed QMRT (Quarterly Monitoring Report

Template) state benchmarks for provider appointment availability by 5% for all the measurements.”

**Requirement:** Perform quarterly appointment availability surveys mirroring DHCS methodology. Assess for outliers and noncompliant providers. Timely completion of QMRT comparing DHCS & CCH findings. Resume CAP (Corrective Action Plan) process for non-compliant providers. Design & implement process to more effectively ensure provider information is current and accurate.



The table above shows the results that CEC monitored 2023 survey findings for the Timely Access Survey toward the goal of monitoring the results to ensure the network offers our membership timely appointments.

Key findings:

- CCH typically exceeds statewide average for Ancillary appts, but Q3 negative gap of 38 percentage points.
  - Lower than statewide average for all appt types in Q3
- Largest gaps in:
- urgent PCP (19 percentage points)
  - nonurgent PCP (16 percentage points)
  - urgent specialty (13 percentage points)

- PCPs not meeting standards typically part of multi-site groups, including safety net providers, primarily in SLO
- Large multi-site group in SB had greatest # of PCP sites that met standards

Goal was met as CEC reviewed each quarterly survey results available. Q4 not available until early 2024.

<p><b>Description of Task: “Geo-Access &amp; Provider Ratio Reports. Physician to Member Ratios and Time &amp; Distance Highlights”</b></p> <p><b>Goals:</b></p> <p><b>Provider to Member Ratio Standards:</b>  “Physician to Member Ratio = 1:2,000”  “PCP to Member Ratio = 1:1,200”</p> <p><b>Time or Distance Standards:</b>  “PCPs = Within 10 miles or 30 minutes”  “Hospitals = Within 15 miles or 30 minutes”  “Core Specialists = Within 45 miles or 75 minutes”</p> <p><b>Requirement:</b> Perform quarterly assessments of network compliance with time and distance (T/D) standards using geo-mapping processes comparable to those used by DHCS. Assess for outliers and trends. Identify recruitment opportunities. Collaborate with providers and other partners to address gaps.</p> <p>Assess PCP and Physician to Member Ratios to ensure adequate network availability.</p>				
<p><b>PCP to Member Ratio</b> (Requirement is 1 PCP:1,200 Members).  SB = 1:757  SLO = 1:870</p>				
<p><b>Physician to Member Ratio</b> (Requirement is 1 Physician: 2000 Members).  SB 1:165  SLO 1:136</p>				
<p><b>Time or Distance Compliance</b> (Requirement is % of Zip Codes meeting standards).</p>				
Type	Standard	SB	SLO	Gaps
PCPs	10 miles or 30 mins	100%	99%	SLO Adults & Peds: 93453 ( <i>Santa Margarita</i> ), 93461 ( <i>Shandon</i> )

Hospitals	15 miles or 30 mins	96%	93%	SB: 93254 (New Cuyama) SLO: 93452 (San Simeon), 93453 (Santa Margarita), 93461 (Shandon)
Core Specialists	45 miles or 75 mins	100%	99%	SLO Peds, Infectious Disease: 93452 (San Simeon)

The table above shows the results that CEC monitored (Baseline year of 2023) for the Time and Distance Standards and for Provider to Member Ratios toward the goal of monitoring the results to ensure the network offers our membership timely appointments and within the required time and distance standards.

CEC successfully monitored these metrics in 2023. Goal was met for CEC's oversight and for all time and distance metrics (under CenCal Health's control) and provider to member ratios.

<b>Description of Task: "Call Center Member Satisfaction Survey"</b>							
<b>Goal:</b> "Receive scores of 95% or higher to the questions on this phone survey"							
<ul style="list-style-type: none"> <li>• Phone survey question #1: "Was the Member Services Representative helpful and friendly? Yes or No"</li> <li>• Phone survey question #2: "Do you feel the MSR helped you as much as they could at this time? Yes or No"</li> </ul>							
<b>Requirement:</b> Internal goal to compliment CAHPS Surveys with immediate feedback of satisfaction for providers and members for call center interactions. Two question satisfaction survey available for every incoming call at conclusion of the interaction with CenCal Health's Member Services Call Center.							
Indicator Type	Question Number	2021 YE Baseline	2022 YE	2023 YE	YOY Δ	2023 % Points below (-) or above (+) Goal	Goal Met
QOS	Question 1	99%	99%	99%	0%	4%	Yes
QOS	Question 2	98%	98%	98%	0%	3%	Yes

The table above shows CenCal Health's 3-year trend for member satisfaction with the call center experience and performance toward the goals of scoring 95% or better to each question asked on the survey. The data shows high member satisfaction among those completing the survey, with no variation across our 3-year evaluation period.



CEC successfully met this goal to monitor performance each quarter in 2023.

<p><b>Description of Task: “Annual Transportation Satisfaction Survey – Transportation Vendor Performance”</b>  <b>Goal:</b> “Monitor VTS’s “Transportation Satisfaction Survey” results annually.”  <b>Requirement:</b> Internal goal to monitor member satisfaction with the transportation vendor’s processes for scheduling, driver behavior, call center interaction and timeliness standards for appointment drop-off and pick-up times. Once a year, Ventura Transit will share the results with CenCal Health at our Joint Operations Committee.</p>						
Indicator Type	2021 YE Baseline	2022 YE	2023 YE	YOY Δ	2023 % Points below (-) or above (+) Goal	Goal Met
QOS	N/A	Completed (reviewed 2021)	Completed (reviewed in JOC instead in Mar. 2023)	N/A	N/A	N/A

The table above shows CenCal Health's 2-year trend for annual monitoring by the MSC of the VTS Transportation Satisfaction Survey each year. This was presented at the Joint Operations Committee (JOC) in March 2023 between CenCal Health and Ventura Transit Systems. This was not presented to MSC or CEC as the JOC took over this review. This metric will be removed from the MSC oversight for the MSC 2024 Work Plan as CenCal Health formed a Transportation Oversight Committee (TOC) to monitor all vendor performance metrics going forward. CEC will receive the report from the TOC report in 2024 and moving forward.

Results presented were from 122 members surveyed from December 2022 through February 2023. A series of questions to gather satisfaction on call center interaction during scheduling, driver pick up and drop off times, vehicle cleanliness, timeliness of arrival and return home and overall satisfaction with services, were asked. Scores ranged from 83% - 99% satisfied, with an overall experience rating average of 8 of 10 possible.

<p><b>Description of Task: “Consumer Assessment of Healthcare Providers &amp; Systems (CAHPS) Satisfaction Survey”</b>  <b>Goal:</b> “CEC to review the Member Services CAHPS analysis reporting and overseen by the MSC annually (when applicable) for CAHPS Performance comparison to previous year scores, Medi-Cal Managed Care Averages and NCQA National Benchmarks and remain a top performing plan in California and above the 75th – 90th percentile of Medi-Cal Managed Care Plans nationally.”</p>
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**Requirement:** CenCal Health Member Services to analyze performance scores received by membership in comparison to previous year scores, Medi-Cal Managed Care Averages and NCQA National Benchmarks with goals to improve yearly.

<b>Comparison Domain</b>	<b>2019 Score</b>	<b>2021 Score</b>	<b>2023 Score</b>	<b>Plan Rank in 2023 <u>24</u> MCPs</b>	<b>2023 NCQA Comparable Percentile</b>
Adult: Overall Rating of Health Plan	77.2%	76.8%	<b>78.3%</b>	<b>4<sup>th</sup></b>	<b>50<sup>th</sup></b>
Adult: Overall Rating of Health Care	75.2%	75.1%	<b>76.1%</b>	<b>7<sup>th</sup></b>	<b>50<sup>th</sup></b>
Adult: Overall Rating of Personal Doctor	82.3%	77.7%	<b>83.8%</b>	<b>4<sup>th</sup></b>	<b>50<sup>th</sup></b>
Adult: Overall Rating of Specialist	82.9%	78.2%	<b>87.3%</b>	<b>4<sup>th</sup></b>	<b>50<sup>th</sup></b>
Adult: How Well Doctors Communicate	90.6%	89.1%	<b>90.7%</b>	<b>14<sup>th</sup></b>	<b>50<sup>th</sup></b>
Adult: Getting Needed Care	80.8%	83.1%	<b>78.4%</b>	<b>7<sup>th</sup></b>	<b>50<sup>th</sup></b>
Adult: Getting Care Quickly	73.6%	80.9%	<b>80.6%</b>	<b>2<sup>nd</sup></b>	<b>50<sup>th</sup></b>
Adult: Customer Service	91.8%	N/A	<b>91.9%</b>	<b>1<sup>st</sup></b>	<b>50<sup>th</sup></b>
Child: Overall Rating of Health Plan	85.1%	90.6%	<b>84.9%</b>	<b>4<sup>th</sup></b>	<b>50<sup>th</sup></b>
Child: Overall Rating of Health Care	86.3%	88.1%	<b>81.3%</b>	<b>14<sup>th</sup></b>	<b>Statistically significantly below the 50<sup>th</sup></b>
Child: Overall Rating of Personal Doctor	90.9%	92.4%	<b>85.2%</b>	<b>16<sup>th</sup></b>	<b>Statistically significantly below the 50<sup>th</sup></b>
Child: Overall Rating of Specialist	78.3%	N/A	<b>N/A</b>	<b>N/A</b>	<b>N/A</b>
Child: How Well Doctors Communicate	90.5%	92.7%	<b>92.9%</b>	<b>10<sup>th</sup></b>	<b>50<sup>th</sup></b>
Child: Getting Needed Care	81.5%	84.6%	<b>80.1%</b>	<b>8<sup>th</sup></b>	<b>50<sup>th</sup></b>
Child: Getting Care Quickly	84.3%	85.0%	<b>86.0%</b>	<b>2<sup>nd</sup></b>	<b>50<sup>th</sup></b>
Child: Customer Service	91.4%	88.3%	<b>N/A</b>	<b>N/A</b>	<b>N/A</b>
<i>*N/A - Fewer than 100 respondents considered not statistically significant and not reported.</i>					

The table above shows CenCal Health's 3-year trend for annual monitoring by the CEC of the CAHPS Satisfaction Survey Results. The 2023 results were posted to the DHCS website for the first time on January 11, 2024. Therefore, CEC will not be able to fully analyze the 2023 results until 2024 CEC meetings.

Preliminary review of the 2023 CAHPS results reflect that:

- CenCal Health was a Top 10 performing plan in 11 of 14 comparison categories where CenCal Health had 100 respondents or more. There were two comparisons with fewer than 100 respondents and therefore marked "N/A."
- CenCal Health ranked tied for #1 in Customer Service on the Adult Survey in 2023, this following being ranked #1 in Customer Service in 2022 on the Child Survey (N/A for the Child in 2023).
- CenCal Health also ranked #2 in CA on both the Adult and Child Surveys in "Getting Care Quickly".
- CenCal Health also ranked #4 in CA on both the Adult and Child Surveys for "Overall Rating of Health Plan."
- Adults ranked their "Personal Doctor" at 4<sup>th</sup> overall and their "Specialist Seen Most Often" also at 4<sup>th</sup> overall.
- For "Getting Needed Care," Adults ranked CenCal Health 7<sup>th</sup> overall and on the Child Survey, 8<sup>th</sup> overall.
- CenCal Health had two comparisons that scored statistically significantly below the NCQA 50<sup>th</sup> percentile, both on the Child Survey. Those comparisons were for "Overall Rating of Health Care" and "Overall Rating of Personal Doctor."

Even with high plan rankings in CA, all are comparable with only the NCQA 50<sup>th</sup> percentile nationally. Very few CA Medi-Cal Managed Care Plans received scores near the 90<sup>th</sup> percentile in any comparison category. Most compared to the NCQA 50<sup>th</sup> percentile.

<b>Description of Task: "Aggregate Interpreter Service Utilization"</b>						
<b>Goal:</b> "CEC to monitor "Aggregate Interpreter Services" as reported to MSC for secured face-to-face, Video Remote Interpreting or Certified Language International voice-only services. Remain "In Control" with previous year Mean (Avg) volume."						
<b>Requirement:</b> The Department of Health Care Services contractual requirements for C&L Program Requirements to assist Limited English Proficient (LEP) populations and following all APL requirements.						
Indicator Type	2021 YE Baseline PTMPY	2022 YE PTMPY	2023 YE PTMPY	YOY Δ	2023 % Points below (-) or above (+) Goal	Goal Met
QOS	1.59	1.75	2.69	69%	54%	No

The table above shows CenCal Health's 3-year trend for Interpreter Service performance toward the goal of remaining in-control with the Mean/average monthly call volume from the previous year. The data shows a slight increase in PTMPY interpreter services accessed of 10% from the baseline year of 2021 to 2022, with a significant increase in performance experienced in 2023, a 54% increase in PTMPY in 2023 from 2022. The results reported to CEC in 2023 indicate a 69% increase in overall performance for our 3-year comparison in terms of PTMPY. Aggregate interpreter service totals for the 3-year comparison above are as follows: 2021 = 3,871; 2022 = 4,612; and 2023 = 7,492. While PTMPY increased 69% from baseline year 2021 to 2023, the aggregate volume increased by 94%. The PTMPY was impacted by significantly higher member months in the denominator of the percent change equation in 2023.

Additional interpreter access data:

Video Remote Interpreter (VRI) Requests (374): VRI requests averaged 44/month and was a significant increase when compared to 2022's average of 3/month.

- 91% of the video interpreters used were for Spanish translations.

Certified Languages International (CLI) Voice-only Requests (6,937): CLI requests averaged 621/month and was a significant increase when compared to 2022's average of 372/month.

- Spanish interpretation was 92% of the CLI voice-only requests. On average, CenCal Staff utilized Spanish CLI services 237/month, a significant increase compared to the average monthly volume in 2022 (73/month in 2022).

Face to Face Interpreter Requests were 181: Most in 2023 were ASL and Mixteco.

CEC successfully met this goal to monitor performance each quarter in 2023.

**Description of Task: "Diversity, Equity & Inclusion (DEI) Training and Cultural Competency, Sensitivity and Health Equity Training."**

**Goals:**

**Diversity, Equity & Inclusion Training:**

"Develop DEI Training curriculum."

**Cultural Competency, Sensitivity and Health Equity Training:**

"Complete re-deign of training to meet new DHCS 2024 Contract Requirements and ensure all CenCal Health staff complete the annual training."

**Requirement:** Ensure all staff and providers receive annual C&L and Health Equity Training. Develop DEI training for staff, providers, and contractor network by 2024 to meet NCQA accreditation readiness.

The description above indicates two trainings in development in 2023 and CenCal Health's goals for each revision/development to be achieved.

The CEC met both goals to receive updates each quarter on the development procedures for both trainings and to ensure any annual training required was completed.

Additionally, the newly re-designed Cultural Competency, Sensitivity and Health Equity Training was completed and all-staff took the training in December 2023. Provider training was completed on November 16, 2023.

**Description of Task: "Member PCP Re-Selections"**

**Goal:** "CEC to monitor stratifications of the population for those requesting a new PCP to determine if disparities exist."

**Requirement:** Regular monitoring of PCP re-selection reasons by member stratifications for race, age, gender differences to determine potential disparities among segments of the population.

Q4 2023 Race Group	Admin	Mbr Pref	Mbr Dissat	Total	%
Hispanic	1,424	868	126	2,418	47%
Not Provided	728	324	32	1,084	21%
White	551	468	55	1,074	21%
Other	193	158	13	364	7%
Asian/Pacific Islander	68	33	3	104	2%
Black	20	17	4	41	1%
Alaskan Native/ American Indian	4	6	0	10	<1%
Hawaiian	1	0	0	1	<1%
<b>Total</b>	<b>2,989</b>	<b>1,874</b>	<b>233</b>	<b>5,096</b>	
%	59%	37%	5%		

Q4 2023 Age Group	Admin	Mbr Pref	Mbr Dissat	Total	%
0-17	1,594	585	95	2,274	45%
18+	1,395	1,289	138	2,822	55%
<b>Total</b>	<b>2,989</b>	<b>1,874</b>	<b>233</b>	<b>5,096</b>	

Q4 2023 Gender	Admin	Mbr Pref	Mbr Dissat	Total	%
Female	1,655	1,088	143	2,886	57%
Male	1,334	786	90	2,210	43%
<b>Total</b>	<b>2,989</b>	<b>1,874</b>	<b>233</b>	<b>5,096</b>	

The table above shows CenCal Health's 4th Quarter 2023 results for Member PCP Re-Selection totals toward the goal of stratifying selections by race, age, gender and type of selection reason. The data was consistent for the other quarters of 2023 in review at CEC quarterly.

CEC met goal of monitoring the member re-selection reasons to ensure equity among adults and children and across gender and race breakouts. The data indicates female change PCP more often on average 57% to 43%. Adults change PCPs more frequently than children at 55% to 45%. Hispanics change PCPs at a rate of 41% of the total re-selections made.

### **Qualitative Analysis for Member Experience Metrics**

#### **Barrier Analysis**

##### TOC Highlights

There were no identified barriers towards the CEC being able to review the TOC key findings related to access concerns each quarter in 2023. Concerns were raised during March 2023 regarding transportation to Dialysis services and issues accessing call center services through VTS.

##### Behavioral Health Access

There were no identified barriers towards the CEC being able to review the Behavioral Health key findings related to access concerns each quarter in 2023.

##### Member Call Volume

Significant increases in monthly call volume in 2023 (897 additional calls/month) over 2022 volume, without an increase in call center staffing levels in 2023, was the key barrier to ASA and Calls Waiting in Queue Over 10 Minutes performance and these metrics' inability to meet performance standards. All other phone system metrics, although meeting goals, were impacted as well because of this volume and particularly, extended call handle times.

The increased volume was compounded by extended average handle times up to 6.09 minutes per call, up from 4.20 minutes the previous year. The increase in AHT was caused by Medi-Cal reinstating the Medi-Cal Renewal Process starting July 1, 2023, after three years of paused negative redetermination actions during the COVID PHE. Additionally, CenCal Health's implementation of a Member Portal in April 2023, generating more call volume for eligibility and renewal status questions and about account member portal access and account troubleshooting.

Significant increase in member mailings in 2023 were another force driving call volume to Member Services, particularly for the annual Health Risk Assessments (HRA) mailed to

every member in 2023, and member confusion on whether the HRA was part of the required Medi-Cal Renewal Packet information to be returned.

#### Timely Access Survey Results

Small sample sizes mean rates are easily skewed & trends are not reliable. Data issues negatively impact sample sizes (phone #s, practitioner/ appointment type not at location). Groups cite staffing shortages & difficulty recruiting. Including telehealth appointments only slight improvement.

#### Physician to Member Ratios and Time & Distance Standards

Limitations to provider availability in rural locales such as San Simeon, Santa Margarita, New Cuyama and Shandon. No hospital in range of several zip codes (San Simeon, Santa Margarita, New Cuyama and Shandon) to meet the time and distance standards.

#### Member Satisfaction Survey Results

##### CAHPS

The CEC could not review the 2023 CAHPS results in 2023 as the Department of Health Care Services, through external quality review organization, Health Services Advisory Group, did not post the CAHPS Statewide All-Plan Comparison Report to the DHCS website until January 11, 2024. Scores were provided into the 2023 Work Plan Evaluation to complete a 3-year quantitative analysis for the common comparison domains.

Another barrier identified in review of the NCQA benchmark comparison to 2023 scores and in review of all Medi-Cal Managed Care Plans in California, is that all CA Plans are comparable to the NCQA 50<sup>th</sup> percentile in almost all comparison ratings and composites, even for the best performing CA Plans in each comparison, of which CenCal Health was in the Top 10 in many. The challenge is to understand why CA Plans do not rank higher in NCQA National comparisons.

#### Transportation Survey

Limited members participating in the Ventura Transit Systems-led survey. The timeliness of results provided does not allow for immediate actionable improvement.

#### Call Center Survey

No barriers identified, however growing member participation in survey completion would improve the significance of results received.

#### Interpreter Services

A significant barrier to remaining consistent with previous year average utilization occurred. CenCal Health's Behavioral Health Team lost several Spanish-speaking staff members and needed to rely solely on our vendor relationships for providing Spanish interpretation for day-to-day, call center interaction for a period of months that included most of 2023. Spanish interpretation made up 92% of CLI (our language line service) requests in 2023. Another barrier faced in 2023 was the growing need for Mixteco Interpretation, with less availability of interpreters due to a shortage of available face-to-face and phone-only Mixteco interpreters.

#### DEI and C&L Competency, Sensitivity and Health Equity Training

One barrier to development of CenCal Health's DEI Training is the lack of common curriculum already developed to follow for structure. A new DEI APL was recently released by DHCS to provide guidance on the requirements to be included.

#### PCP Member Re-Selections

Some of the barriers to reducing member re-selections are any breakdown in the quality, access, or services offered by CenCal Health PCPs, causing member to want to find another provider. With that said, the population's understanding of the health care delivery system, and allowable timeliness standards for appointments, often contributes to misunderstanding of appointment availability and scheduling practices that often are still within timeliness standards.

### **Actions Taken**

#### TOC Highlights

CenCal Health made VTS aware of the concerns for dialysis trips and with the call center access issues in a letter dated March 17, 2023, to which VTS responded with a remediation plan on March 31, 2023. Subsequent monitoring continues with no notable recurrences of the same stated access issues.

#### Behavioral Health Access

Out-of-network requests were regularly monitored to ensure availability in-network. The out-of-network referrals remained in low numbers, and most are for pediatrics who receive 90% of their care from Childrens Hospital LA, City of Hope, or UCLA. To support continuity, CenCal Health authorizes for their mental health also at the facility they are connected to for medical care. Standing meeting with Provider Services and Behavioral Health to provide overview of member requests/needs for specialists and identify highly requested or highly impacted specialties.

#### Member Call Volume

Throughout 2023, Member Services implemented various actions to address the increased call volume and extended handled times. Call Center staff lunches were



spread out across longer hours (11:30am-2:00pm) to ensure fewer staff off-queue at any given time. Additionally, back-up Member Services staff (Supervisors, Health Navigators, Trainer, and Grievance and Appeals) assisted in the queue during peak call volume periods throughout the year.

The Member Services leadership team closely monitored these increases in volume, monitoring call tracking and reporting on call volume increases for the reasons above to the Member Support Committee as documented in the MSC Minutes for each quarterly MSC meeting and then shared at the CEC quarterly for oversight of the actions of MSC.

#### Timely Access Survey Results

Proposed collaborative efforts to be undertaken by the Provider Services and Provider Relations Departments to improve Timely Access include:

- Provider education and training:
  - Ensure providers know the standards for urgent and nonurgent appointments for each provider type
  - Include as part of New Provider Orientation Training (NPO), ongoing training, Provider Manual
  - Remind providers to notify CenCal Health of demographic & roster information changes as needed
- Proactive notification regarding the survey process:
  - Advise providers that CenCal Health and DHCS (via a vendor) conduct TAS periodically
  - Share survey script & objectives to ensure accurate & relevant responses
  - Notification to occur via Provider Bulletin articles, training, etc.
- Follow-up surveys conducted by CenCal Health staff:
  - Target same providers/provider types, especially those not meeting standards
  - Share results, reiterate standards, re-survey

#### Physician to Member Ratios and Time & Distance Standards

Remain vigilant to new provider availability in rural locales such as San Simeon, Santa Margarita, New Cuyama and Shandon. Active recruitment will occur should new providers move into these locales.

#### Member Satisfaction Survey Results

##### CAHPS

CenCal Health established a new organizational tactic in 2023 to enhance the member experience through the CAHPS survey analysis and seeks to find opportunities to improve. CenCal Health's Director of Member Services worked with CAHPS vendor, Press-Ganey to establish a contract to perform a CAHPS-Clinical Group 3.0 survey for CenCal Health in 2024. CAHPS-CG will allow for more detailed analysis of our members' experience with

their specific providers of service and will allow for targeted data results to share with the provider network for more actionable findings. CenCal Health will also participate in the DHCS, HSAG-led, CAHPS 5.0 survey in 2024 for further CAHPS results that will be used to enhance the member experience.

#### Transportation Survey

CenCal Health formed a Transportation Oversight Committee (TOC) in 2023 in order to improve oversight of the transportation broker's performance towards regulatory and contractual requirements. The oversight for completion of the annual member satisfaction transportation survey will shift from the Member Support Committee to the TOC in 2024 with a report to CEC of the survey responses.

#### Call Center Survey

This survey is a simple survey in design and no plans for changes for 2024. CenCal Health is participating in two CAHPS surveys in 2024 for member experience feedback.

#### Interpreter Services

The Behavioral Health Call Center team hired two new Spanish-speaking representatives to improve in-house performance towards providing Spanish interpretation at the time of calls, and less reliability on CLI to complete the communication.

An additional action taken in 2023 included the completion of two new face-to-face interpreter contracts for Spanish interpreters added to CenCal Health individual contractor network.

CenCal Health's Cultural & Linguistic Services Manager also worked closely with CLI and MICOP to troubleshoot Mixteco interpretation availability as this is a challenge to secure with the correct dialects on demand.

#### DEI and C&L Competency, Sensitivity and Health Equity Training

CenCal Health's new "Cultural Competency, Sensitivity and Health Equity Training" was revised for 2024 Contract Readiness by CenCal Health's Cultural and Linguistic Services Manager. Revisions were to refresh content and to address missing components of the new DHCS 2024 Contract for C&L Training.

The Community Advisory Board (CAB) reviewed and approved the draft training on 10/26/23 with only the recommendation to not abbreviate Cultural and Linguistics with "C&L" out of concern that it loses its full and meaning when abbreviated.

Annual Provider Training for the updated content – Held November 16, 2023.

All-Staff completed the new Cultural Competency, Sensitivity and Health Equity Training by 12/31/23.

#### PCP Member Re-Selections

At the time of each member re-selection to a new PCP, the Member Services team (or the Member Portal prompt), seeks to understand the member's request for re-selection to quantify re-selection reasons and identify opportunities to improve or opportunities to educate members on appropriate standards of care. Population understanding of the health care delivery system, and allowable timeliness standards for appointments, often reduces misunderstanding of appointment availability and scheduling practices that often are still within timeliness standards.

#### ***Evaluation of Effectiveness***

##### TOC Highlights

CenCal Health addressed the concerns timely and VTS remedied the concerns quickly as well and subsequent monitoring continues with no notable recurrences of the same stated access issues. The steps taken to notify VTS in writing of corrective actions needed prior to a full correction plan enabled quick action and remediation prior to becoming a larger concern.

#### Behavioral Health Access

Quarterly monitor of out-of-network requests and the open access policy in place for members to self-refer for mental health care have allowed CenCal Health to closely monitor access to the network and ensure there are no access concerns of significance to address from 2023 results.

#### Member Call Volume

The Member Services actions taken in 2023 to extend lunch periods with fewer staff out at a given time and back up assistance proved to help ASA, abandon rates and calls waiting in queue. However, the call volume is too great at current staffing levels at multiple times throughout the year to meet performance metrics regularly. 900 additional calls per month (448 daily call volume average), indicates a clear need to increase staffing. Additionally, an Erlang Call Center Calculator was used by the Director of Member Services which indicates at the current call volume trends and current AHT of our 2023 and early 2024 experience, that Member Services should have a team of 15 MSRs (currently 12).

#### Timely Access Survey Results

2023 was the baseline measurement year with proposed changes identified and set to be implemented. Evaluation of effectiveness to occur as data results are monitored moving forward.

#### Physician to Member Ratios and Time & Distance Standards

Active assessment of provider resources occurs regularly by Provider Services should new providers move into the rural locales that cannot meet time and distance standards.

#### Member Satisfaction Survey Results

##### CAHPS

CenCal Health's work to establish a new organizational tactic in 2023 to "enhance the member experience through CAHPS" enabled the efforts to fund and participate in future CAHPS-Clinician and Group (CAHPS-CG) surveying of our membership and allows for more useful data to be used for targeted provider interventions to improve the experience.

#### Transportation Survey

TOC oversight can improve distribution and member participation in the transportation satisfaction survey performed by VTS as TOC meets monthly instead of quarterly and is a direct monitoring committee of our transportation broker.

#### Call Center Survey

No new actions taken for this survey in 2024.

#### Interpreter Services

The Behavioral Health Call Center team hiring two new Spanish-speaking representatives reduced additional interpreter needs from vendor services at CLI late in 2023.

CenCal Health secured better coverage for face-to-face interpreters needs for Spanish complex appointments with the additional two contracts created in 2023.

CenCal Health's Cultural & Linguistic Services Manager working closely with CLI and MICOP to troubleshoot Mixteco interpretation availability is assisting in mitigation of repeat issues and in finding solutions for reasonable request lead time to secure interpreters.

## DEI and C&L Competency, Sensitivity and Health Equity Training

CenCal Health's new "Cultural Competency, Sensitivity and Health Equity Training" was revised for 2024 Contract Readiness by CenCal Health's Cultural and Linguistic Services Manager and the revisions ensure the missing components of the new DHCS 2024 Contract for C&L Training were addressed.

The CAB review of the draft training on 10/26/23 ensured member and family engagement into the development and overall approval of this training.

## PCP Member Re-Selections

CEC is now reviewing re-selection data through the lens of gender, age, and race differences. The data is also reviewed by provider and those that relate to access concerns are captured as "exempt" grievances and reported to the Network Management Committee to monitor rates in PTMPY comparisons to normalize data for deciding on improvement opportunities with network providers. The rate of member dissatisfaction reasons for changing PCPs is extremely low even for high volume providers all at 1/1,000 members or lower.

## ***Opportunities for Improvement***

### TOC Highlights

CenCal Health continues to improve oversight capabilities at the TOC through requesting enhancement of data reports shared by VTS for monthly monitoring of key performance metrics. The requests for improved data from VTS are to provide more detailed information on denials, no-show, cancelled and missed trips to ensure VTS is continually monitoring these metrics to improve performance towards factors that are caused by the transportation broker, to minimize these events and improve member satisfaction.

### Behavioral Health Access

Ongoing recruitment of network providers and specialties to provide more options for members and to ensure timely appointment availability is an opportunity to expand the network to meet growing community needs for mental health services.

### Member Call Volume

Call volume will likely remain elevated in 2024 as Medi-Cal members will have annual renewals to complete with limited access to call centers at the local Department of Social Services (DSS) offices. January 2024 call volume is significantly higher averaging 645 calls/day due to Medi-Cal Expansion and an increase of 15,776 members effective 1/1/24. Additional regulatory requirements to correspond with members more

effectively on additional benefits will also continue, including a requirement for sending approval letters for all authorization decisions (800+ a day).

Member Services cannot succeed towards goals at these call volume levels and current staffing levels. CenCal Health's Director of Member Services took action due to sustained call volume increases since July 2023: Requesting 5 new call center staff (3 MSRs, 1 Elig Rep and 1 NMT Transportation Liaison to assist with elevated and sustained call volume. This action was submitted through the MS Department Assessment Process and was completed after thorough discussion throughout the year by Member Services Leadership.

This intervention is designed to fully address the short-staffing issue directly affecting ability to meet performance goals, and will account better for unscheduled absences and the various peaks of call volume triggered by new populations, new benefits, new Medi-Cal renewal processes etc. Continued monitoring of the metrics above will be performed by Member Services and through the MSC with oversight by CEC.

#### Timely Access Survey Results

Provider education and training to ensure providers know the standards for urgent and non-urgent appointments for each provider type. Pro-active notification regarding the survey process that advise providers that CenCal Health and DHCS (via a vendor) conduct TAS periodically and to always ensure appointment availability.

#### Physician to Member Ratios and Time & Distance Standards

Remain vigilant to new provider availability in rural locales such as San Simeon, Santa Margarita, New Cuyama and Shandon. Active recruitment will occur should new providers move into these locales. Seeking to assist current network providers to expand service into remote areas of need and provide financial support if available to bring new physicians to their networks.

#### Member Satisfaction Survey Results

##### CAHPS

CenCal Health's participation in the 2024 CAHPS-Clinician and Group 3.0 survey is a wonderful opportunity to obtain more in-depth data for our member experience with their providers and for CenCal Health to find more targeted opportunities to use CAHPS data to support improvements.

#### Transportation Survey

TOC oversight of this survey going forward can request a larger sample size and more timely analysis of annual results.

## Call Center Survey

Opportunities exist to gain more member participation with survey completion at the completion of their calls to Member Services.

## Interpreter Services

CenCal Health will continue efforts to secure timely and readily available Mixteco interpreters working closely with CLI and MICOP through the C&L Services Manager to schedule members in advance and improve member satisfaction with readily available services. There is an opportunity to explore additional Mixteco contracts with Herencia Indigena among other independent contractors. Pricing was a barrier two years ago with the other known agencies previously, however this is an opportunity to revisit again a few years later, and as needs are rising.

Member Services will also look to recruit more bilingual Spanish-speaking and writing staff to assist the Call Center in fewer needs to outsource for interpreting and translation assistance. The goal is to recruit a few additional team members to CenCal Health's internal Translation Team, who performs most of the Spanish materials translation.

## DEI and C&L Competency, Sensitivity and Health Equity Training

CenCal Health seeks to provide a DEI training for staff and the network of providers and contractors, that meets all APL requirements and that assists CenCal Health in awareness of the diversity of our staff and membership, to ensure an equitable experience for everyone.

## PCP Member Re-Selections

Seeking to address the two key data findings that 53% of reselections are women and that 41% of re-selections are Hispanics making a change. Looking into the causes associated with these two demographics causing the elevated percentages to total.

## **Project/Program Title: Monitoring Provider Experience Metrics**

### **Activity Description**

CEC monitors key performance metrics reported in quality sub-committees and across departments related to the overall health of the "Provider Experience" offered by CenCal Health to its Provider Network. Monitoring of metrics quarterly to ensure a strong provider overall experience and to provide feedback into potential interventions to achieve timely and meaningful improvements when identified.

### **Quantitative Analysis and Trending of the Provider Experience Metrics**

**Description of Task:** "Timeliness of Initial Credentialing"

**Goal:** "90% of new providers credentialed within 90 days."

**Requirement:** Monitor credentialing team adherence to SLAs (service level agreements) monthly/quarterly. Complete development and implementation of shared onboarding tracker to improve communication and collaboration between teams and increase efficiency throughout the onboarding process.

Indicator Type	2023 YE Baseline	2024	2025	YOY Δ	2023 % Points below (-) or above (+) Goal	Goal Met
QOS	94.4%	N/A	N/A	N/A	0%	Yes

The table above shows CenCal Health's baseline year of 2023 for monitoring the Timeliness of Initial Credentialing performance toward the goal of performing initial credentialing within 90 days for 90% of new providers to the network.

Goal was met by review of this metric quarterly at CEC in 2023.

**Description of Task:** "Provider Satisfaction Surveys and Attendance"

**Goal:** "CEC to monitor the Provider Satisfaction Survey and the Provider Seminar Satisfaction Survey results presented to the Network Management Committee."

**Requirement:** Monitor provider satisfaction and seminar survey results to improve satisfaction in the delivery of service that CenCal Health provides to its network.

Provider Satisfaction Survey:

CenCal Health contracted with Press Ganey to conduct the 2023 Annual Provider Satisfaction Survey. The Survey concluded in December and received roughly a 17% response rate. Results for 2023 to be analyzed and shared in 2024.

Provider Seminar Satisfaction and Attendance:

FINAL DETAILS		PROVIDER TRAINING EXPERIENCE HIGHLIGHTS
2023 Total Network Virtual Training Events (YTD)	32	CenCal Health held 28 virtual events and 4 in-person engagement events. This is one more event than the previous year which all consisted of virtual training events.
2022 Total Network Virtual Training Events	31	
2021 Total Network Virtual Training Events	20	
2023 Total Attendees (YTD)	834	This calendar year we had 10 more attendees attend our provider network engagement sessions than the previous year.
2022 Total Attendees	824	
2021 Total Attendees	551	
2023 Overall Satisfaction (YTD)	91%	CenCal Health received a 2% higher increase rate in overall satisfaction under the "I found this training experience useful." Post training survey evaluation question. Please see a list of all other evaluation questions asked with the overall satisfaction calculations.
2022 Overall Satisfaction	89%	
2021 Overall Satisfaction	84%	



The number of trainings offered in 2023 exceeded those in previous years, with an increase of 1 in 2023. In comparing 2023 to 2022, the total number of attendees increased by 10, and provider satisfaction improved by 2 percentage points to 91%.

Goal met by CEC to review Provider Satisfaction Survey results, and provider attendance results for trainings offered, for 2023.

<b>Description of Task: "Provider Services Average Speed to Answer (ASA) to Goal"</b>						
<b>Goal:</b> "Answer 85% of Call Answered Within 30 Seconds"						
<b>Requirement:</b> Internal Goal based on industry standards for performance monitoring of call center timeliness to answer.						
Indicator Type	2023 YE Baseline	2024 YE	2025 YE	YOY Δ	2023 % Points below (-) or above (+) Goal	Goal Met
QOS	83%	N/A	N/A	N/A	N/A	No

The table above shows CenCal Health's Provider Relations Call Team Baseline year 2023 ASA performance toward the goal of answering 85% of calls within 30 seconds. The data shows the goal was missed by only 2% at 83% of calls answered in 30 seconds or less.

<b>Description of Task: "Provider Services Abandon Rate to Goal"</b>						
<b>Goal:</b> "Abandon 5% or Less of Aggregate Call Volume"						
<b>Requirement:</b> Internal Goal based on industry standards for performance ensuring call volume is abandoned as minimally as possible.						
Indicator Type	2023 YE Baseline	2024 YE	2025 YE	YOY Δ	2023 % Points below (-) or above (+) Goal	Goal Met
QOS	4%	N/A	N/A	N/A	N/A	Yes

The table above shows CenCal Health's Provider Services Call Team Baseline year 2023 Abandon Rate performance toward the goal of abandoning 5% or less of provider calls to Provider Services. The data shows the goal was exceeded by 1% at a 4% abandon rate.

<b>Description of Task: "Timeliness of New Provider Orientations"</b>							
Indicator Type	Goal	2023 YE Baseline	2024 YE	2025 YE	YOY Δ	2023 % Points below (-) or above (+) Goal	Goal Met

QOS	(Offered in 10 Days)	99%	N/A	N/A	N/A	N/A	Yes
<b>Indicator Type</b>	<b>Goal</b>	<b>2023 YE Baseline</b>	<b>2024 YE</b>	<b>2025 YE</b>	<b>YOY Δ</b>	<b>2023 % Points below (-) or above (+) Goal</b>	<b>Goal Met</b>
QOS	(Completed in 30 Days)	99%	N/A	N/A	N/A	N/A	Yes

The table above shows CenCal Health's Provider Services Team goals and performance toward goal for providing new provider orientations timely. Baseline year 2023 reporting to CEC. The data shows the goal was met for CEC to monitor this metric quarterly.

In Q1, one NPO was not offered timely and one was not returned timely by the provider. The goals for both metrics were met the remaining quarters at 100%.

<p><b>Description of Task: "Claims Customer Service Metrics"</b></p> <p><b>Goal:</b> "CEC to monitor Claims Department metrics related to provider satisfaction and a positive Provider Experience for call center interaction, payment timeliness and dispute resolution."</p> <p><b>Requirement:</b> CEC to oversee those key claims-related metrics to ensure a positive provider experience with CenCal Health payment processes.</p>
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<b>Claims Customer Service</b>					
Measurement	Goal	Q1 2023	Q2 2023	Q3 2023	Q4 2023
Total Call Volume	N/A	5,622	5,611	5,930	5,930
Call Abandonment Rate	< 2.5%	0.6%	0.6%	0.7%	0.7%
Avg. Speed of Answer (ASA)	< 55 sec.	17	20	22	22
% of Calls Answered in 30 Sec.	85%	92.2%	91.4%	88.9%	90.5%

Measurement	Goal	Q1 2023	Q2 2023	Q3 2023	Q4 2023
Claims Paid TAT (45 days)	95%	98.9%	99.8%	99.7%	99.8%
Dispute Acknowledgment TAT (15 work days)	95%	99.1%	100%	99.9%	100%
Dispute Resolution TAT (45 work days)	95%	100%	99.9%	100%	100%
Financial Accuracy Rate	99%	99.8%	99.8%	99.7%	99.0%

Measurement	Goal	Q1 2023	Q2 2023	Q3 2023	Q4 2023
Email Quality	98%	99.5%	99.6%	98.7%	99.5%
Provider Dispute Resolution Quality	98%	99.1%	98.7%	98.4%	98.8%
Website Claims Status	N/A in 2023. Developing metric for 2024				
Provider Portal Usage	N/A in 2023. Developing metric for 2024				

The table above shows CenCal Health's Claims Department goals and performance toward goals for providing high-quality provider satisfaction with call center interactions, payment timeliness and dispute resolution. Baseline year 2023 reporting to CEC.

The data shows that all measurements reflect performance above goals ensuring provider satisfaction was achieved.

CEC met goals to monitor the Claims Customer Service metrics to ensure provider satisfaction was achievable for their claims experience with CenCal Health.

**Description of Task: "Provider Requests for Member Primary Care Reassignment"**

**Goal:** "CEC to monitor stratifications of the population for those where a PCP requested a member is reassigned to a new PCP."

**Requirement:** Regular monitoring of PCP requests for member reassignment reasons by member stratifications for race, age, gender differences to determine potential disparities among segments of the population.

Q4 2023 Race Group	Mbr no show 3 or more appt	Non-compliant with treatment	Mbr abusive/Threatening	Exceeds age for this Ped.	Mbr Lying/Stealing	No longer needs Ped. Care	Total	%
Not Provided	13	11	6	3	0	0	33	32%
Hispanic	10	14	2	6	0	1	33	32%
White	11	6	8	1	1	0	27	26%
Other	3	4	1	0	0	0	8	8%
Asian/Pacific Islander	0	1	0	0	0	0	1	1%
Black	1	0	0	0	0	0	1	1%
<b>Total</b>	<b>38</b>	<b>36</b>	<b>17</b>	<b>10</b>	<b>1</b>	<b>1</b>	<b>103</b>	
%	37%	35%	17%	10%	1%	1%		

Q4 2023 Age Group	Mbr no show 3 or more appt	Non-compliant with treatment	Mbr abusive/Threatening	Exceeds age for this Ped.	Mbr Lying/Stealing	No longer needs Ped. Care	Total	%
0-17	7	7	0	1	0	1	16	16%
18+	31	29	17	9	1	0	87	84%
<b>Total</b>	<b>38</b>	<b>36</b>	<b>17</b>	<b>10</b>	<b>1</b>	<b>1</b>	<b>103</b>	

Q4 2023 Gender	Mbr no show 3 or more appt	Non-compliant with treatment	Mbr abusive/Threatening	Exceeds age for this Ped.	Mbr Lying/Stealing	No longer needs Ped. Care	Total	%
Female	24	25	12	5	1	1	68	66%
Male	14	11	5	5	0	0	35	34%
<b>Total</b>	<b>38</b>	<b>36</b>	<b>17</b>	<b>10</b>	<b>1</b>	<b>1</b>	<b>103</b>	

The table above shows CenCal Health's 4th Quarter 2023 results for PCP Requests for Member Reassignment totals toward the goal of stratifying selections by race, age, gender and type of selection reason. The data was consistent for the other quarters of 2023 in review at CEC quarterly.

CEC met goal of monitoring the PCP reassignment request reasons to ensure equity among adults and children and across gender and race breakouts. The data indicates

PCPs request reassignment more often for females on average 66% to 34% male. PCPs request reassignment of adults significantly more frequently than children at 84% to 16% children.

## **Qualitative Analysis for Provider Experience Metrics**

### **Barrier Analysis**

#### Timeliness of Initial Credentialing

Provider Services staff identified that the date used in the query was the date the provider was effective in the network, which was not always the date the provider's initial credentialing was approved. Other factors impacting the effective date include contracting and enrollment delays and incomplete applications. The credentialing team was also addressing an internal corrective action plan to clear a recredentialing backlog, which significantly increased their workload in Q 4 2022 and Q1 2023.

#### Provider Satisfaction Surveys and Attendance

Provider participation in completing satisfaction surveys in volume to provider more accurate results that are sometimes skewed from lower response rates. Provider and staff availability to complete surveys with busy schedules.

#### Average Speed to Answer and Abandon Rate for Provider Call Volume

Having enough Provider Relations staff available at all hours of the business day to assist in answering call volume timely.

#### Claims Customer Service Metrics

Analysis reported to CEC in 2023 found that the top three providers filing disputes continue to be Tenet (18%), Foothill Surgery Center (Sansum) (12%), and Sansum Clinic (11%). An ongoing issue with Tenet has been their use of a 3<sup>rd</sup> party biller that tends to submit the same disputes multiple times.

#### PCP Requests for Member Reassignment

Private PCPs can request reassignment for members whenever they believe relationships are damaged, members are non-compliant with treatment, no-show to 3 or more appointments or for interpersonal and behavioral issues. FQHCs have more stringent requirements for requesting reassignment but may still request reassignment for the above as well. Member behavior is often the largest contributing factor to a PCP requesting reassignment, and getting members to change behaviors is often exceedingly difficult in these situations.

### **Actions Taken**

### Timeliness of Initial Credentialing

Corrected the date used for the query to the actual credentialing approval date. The development of an onboarding tracker now enables all teams to monitor the concurrent processes comprising onboarding (recruitment, contracting, credentialing, enrollment, Facility Site Reviews (FSR) (PCPs only), and data configuration) for a more efficient process.

### Provider Satisfaction Surveys and Attendance

CenCal Health contracted with Press Ganey to conduct the 2023 Annual Provider Satisfaction Survey. The Survey concluded in December and received roughly a 17% response rate. Results for 2023 to be analyzed and shared in 2024. CenCal Health performed 32 network trainings, with 382 participants and satisfaction survey opportunities added following each training.

### Average Speed to Answer and Abandon Rate for Provider Call Volume

Provider Relations created a queue environment for staff available at all business hours to help answer call volume timely to alleviate if a particular representative was not readily available. Closer monitoring of ASA and abandon rates also occurred and began being reported to NMC and CEC.

### Claims Customer Service Metrics

To address the ongoing issue with Tenet's 3<sup>rd</sup> party biller that tends to submit the same disputes multiple times, meetings were established and seem to help temporarily and are held periodically. There was also recently a meeting with Sansum to explore the barriers and possible remedies.

### PCP Requests for Member Reassignment

CenCal Health reviewed PCP reassignment requests in 2023 at the MSC and Network Management Committee quarterly meetings in 2023 and discussed the increases in reassignment requests by two network providers that are the key drivers to the significant increase in reassignment requests in 2023. Beginning early 2024, a workgroup will convene to analyze these reassignments closely and discuss potential solutions.

## ***Evaluation of Effectiveness***

### Timeliness of Initial Credentialing

Due to process improvement efforts, the date used for the query is now the actual credentialing approval date. The development of an onboarding tracker now enables all teams to monitor the concurrent processes comprising onboarding (recruitment, contracting, credentialing, enrollment, FSR (PCPs only), and data configuration) for a more efficient process.

### Provider Satisfaction Surveys and Attendance

CenCal Health concluded the Provider Satisfaction Survey in December 2023 and received roughly a 17% response rate. Results for 2023 to be analyzed and shared in 2024. CenCal Health received an aggregate 91% satisfaction rating to the 32 Provider Trainings provided, attended by 382 providers in aggregate.

### Average Speed to Answer and Abandon Rate for Provider Call Volume

Provider Relations improved service offering in their phone responsiveness by switching to a queue environment for callers to have better opportunity to reach an available live staff member regularly. Close monitoring of ASA and abandon rates through reporting to NMC and CEC allows for improvement and strategies to address peak volume hours the best possible.

### Claims Customer Service Metrics

Tracking the Claims Customer Service Metrics had helped to identify outlier providers/billers who may benefit from a collaborative meeting with CenCal Health's team, though provider staff turnover often contributes to the recurrence of issues, requiring on-going periodic meetings.

### PCP Requests for Member Reassignment

CenCal Health's review of PCP reassignment requests in 2023 discovered the increases in reassignment requests by two network providers that are the key drivers to the significant increase in reassignment requests in 2023. This monitoring generated the need to form a small workgroup to analyze reassignments more closely and to talk about solutions to reduce these for the favor of members and providers.

## ***Opportunities for improvement***

### Timeliness of Initial Credentialing

Find ways to get closer to 100% initial credentialing of new providers within 90 days.

### Provider Satisfaction Surveys

CenCal Health seeks to improve provider satisfaction and attendance at trainings year over year and will use the results of the Provider Satisfaction Survey to drive quality improvement of services provided to network providers.

### Average Speed to Answer and Abandon Rate for Provider Call Volume

Provider Relations looks to improve performance over the goal of 85% in 2024.

## Claims Customer Service Metrics

Seeking any other potential solutions to address provider staff turnover that often contributes to the recurrence of issues, requiring on-going periodic meetings.

## PCP Requests for Member Reassignment

CenCal Health workgroup to investigate the two private network primary care providers that are the key drivers to the significant increase in reassignment requests in 2023 and find the best solutions for these providers and those members who have been non-compliant with the provider outreach to be seen for preventive care. Other opportunities include seeking to address the two key data findings that 66% of PCP reassignment requests are women and that 84% of reassignments are adults. Looking into the causes associated with these two demographics causing the elevated percentages to total.

## **Project/Program Title: Monitoring Health Equity Metrics**

### **Activity Description**

CEC monitors key stratifications of vulnerable populations related to the overall "Health Equity" of health care delivery provided to membership. The goal in 2023 was to define the stratifications and review the fundings at each quarterly CEC meeting to begin to identify any at-risk segments of these populations due to lack of engagement in primary care or care in general.

CenCal Health staff leveraged its Risk Stratification and Segmentation (RSS) Data to gather and compile the stratifications. This will support the identification of timely and meaningful interventions needed to ensure an equitable health care experience across populations when identified. The key stratifications that CEC monitored in 2023, presented in the tables below, include:

- "Disengaged" from Primary Care
  - General Population
  - Homeless Population: identified via social determinants of health claims data
  - Limited English Proficient (LEP) Population
  - Seniors and Persons with Disability (SPD) Population
- "Disengaged" from Care Entirely
  - General Population
  - Homeless Population: identified via social determinants of health claims data
  - Limited English Proficient (LEP) Population
  - Seniors and Persons with Disability (SPD) Population

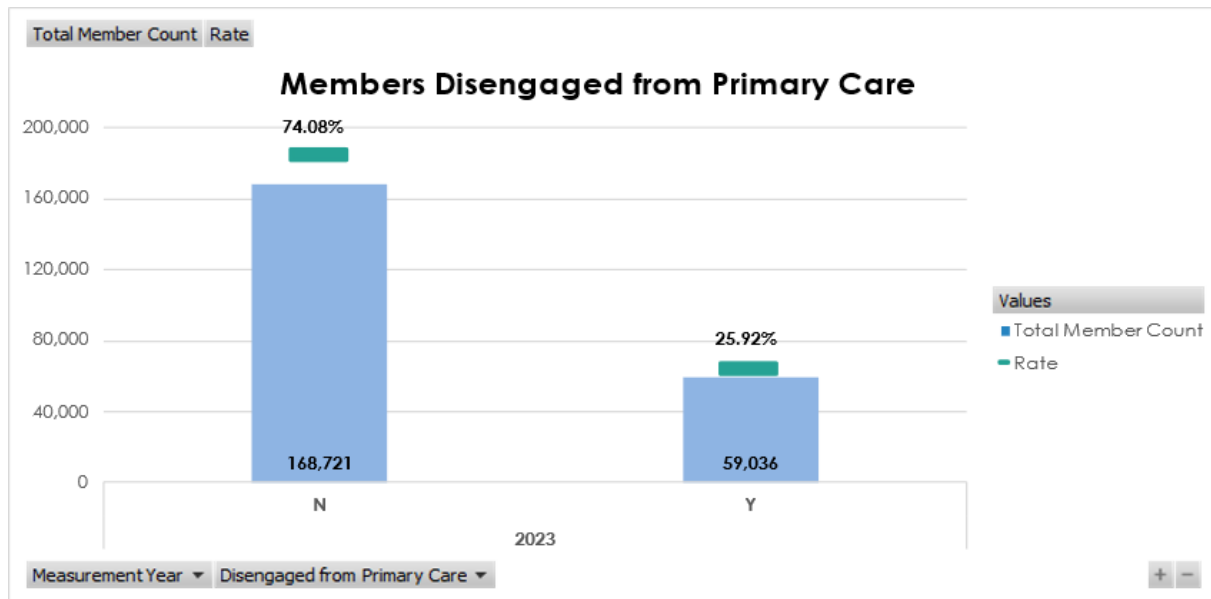
These populations were further stratified by age, gender, race, and ethnicity.



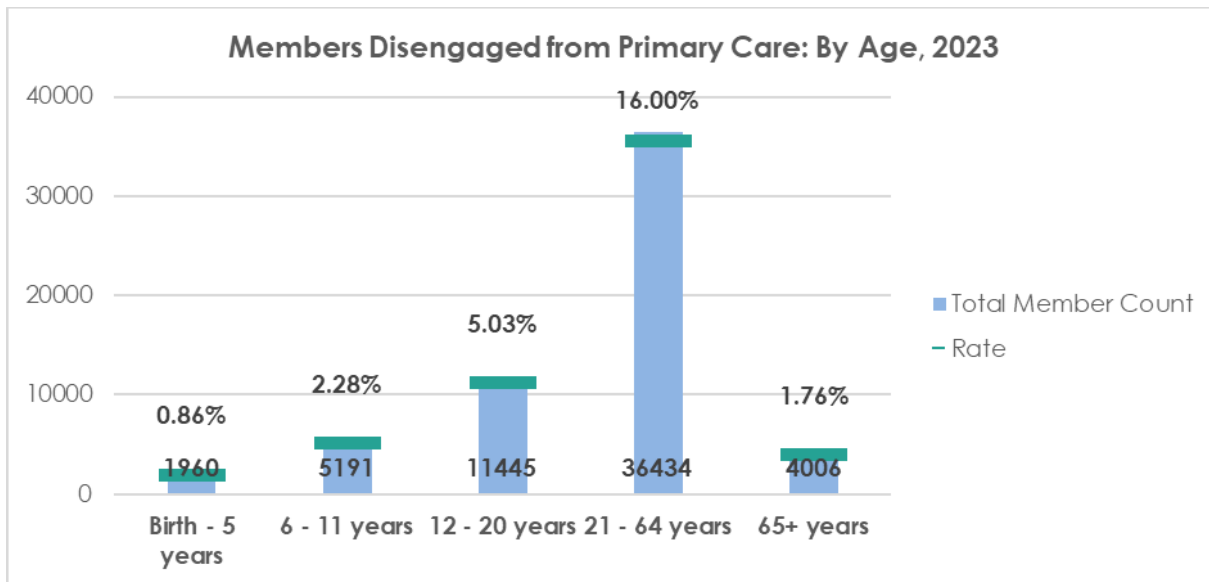
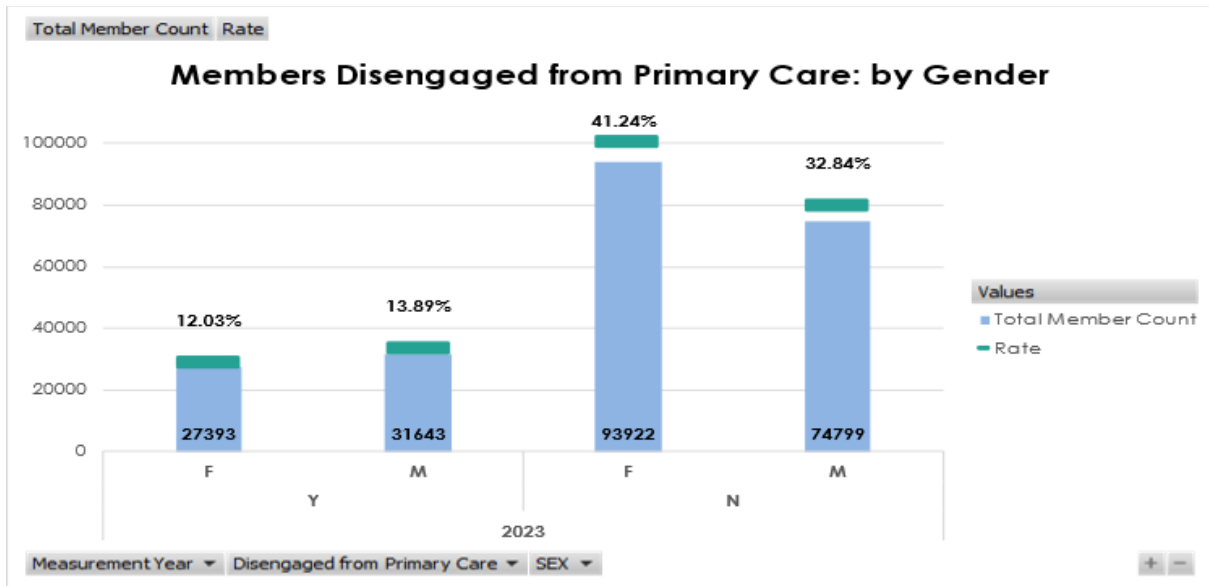
**Quantitative Analysis and Trending of the Health Equity Metrics**

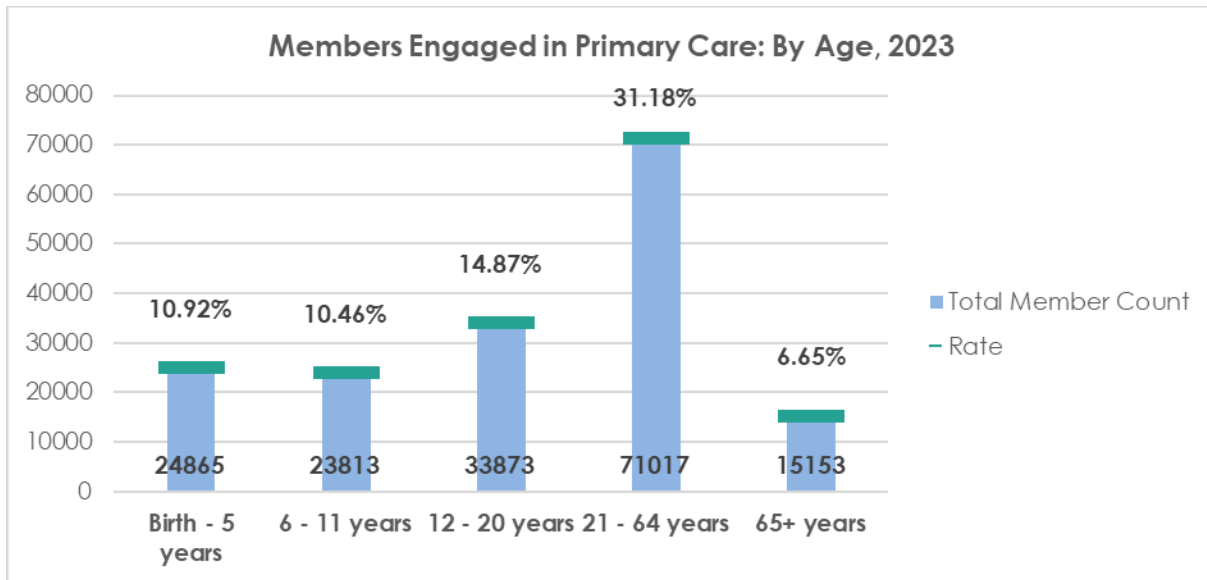
**“Disengaged” from Primary Care - “General Population”**

	Membership Total	Rate
Disengaged from Primary Care	59,036	<b>25.92%</b>
Engaged in Primary Care	168,721	<b>74.08%</b>

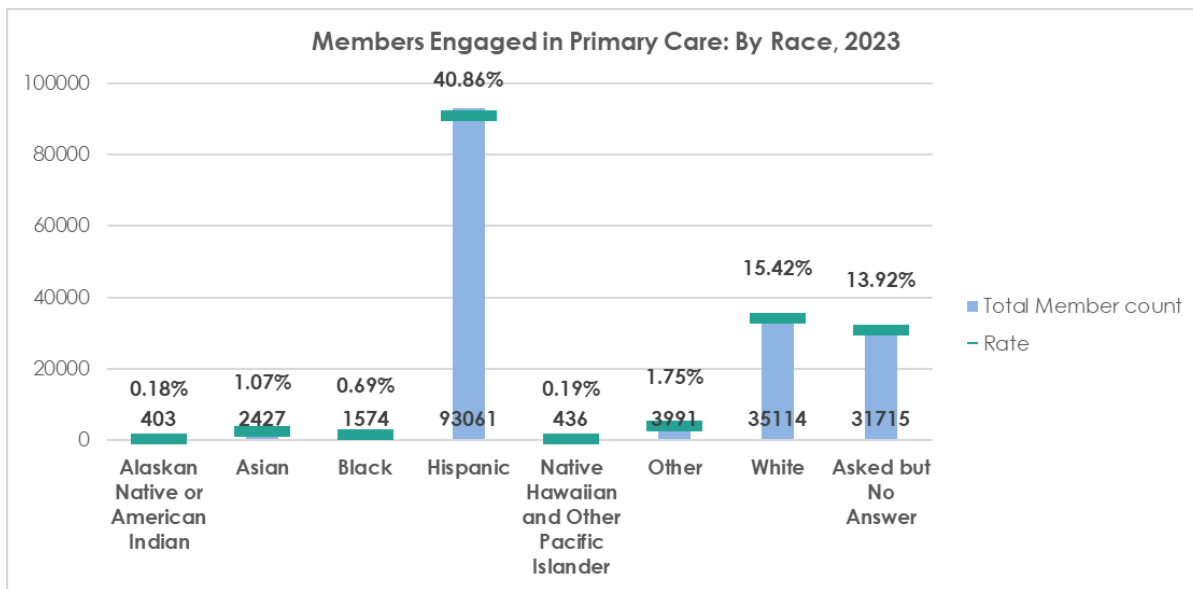
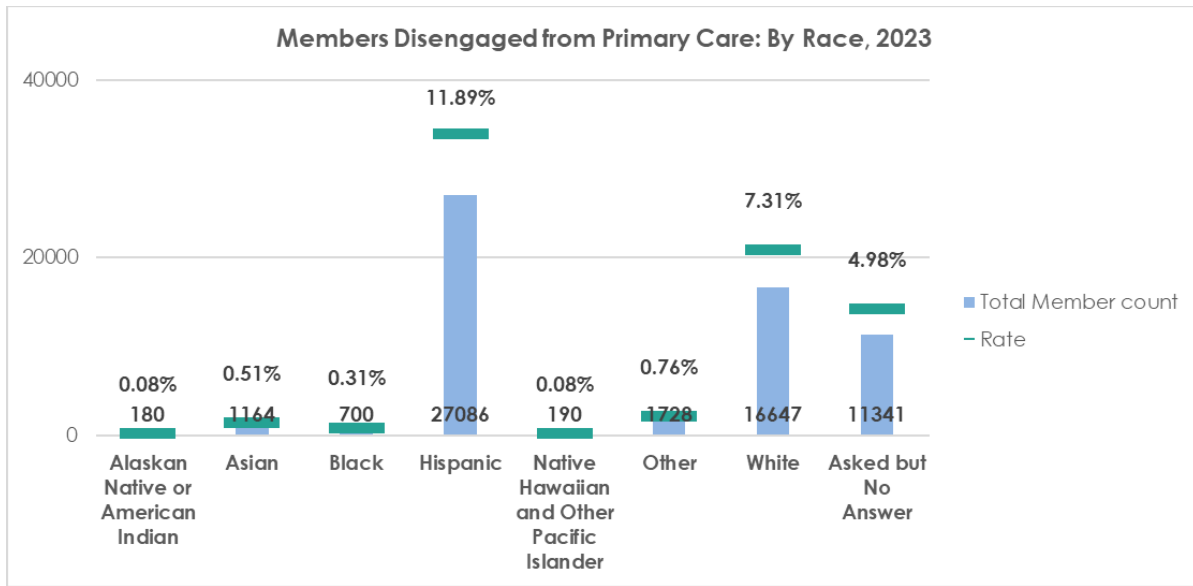


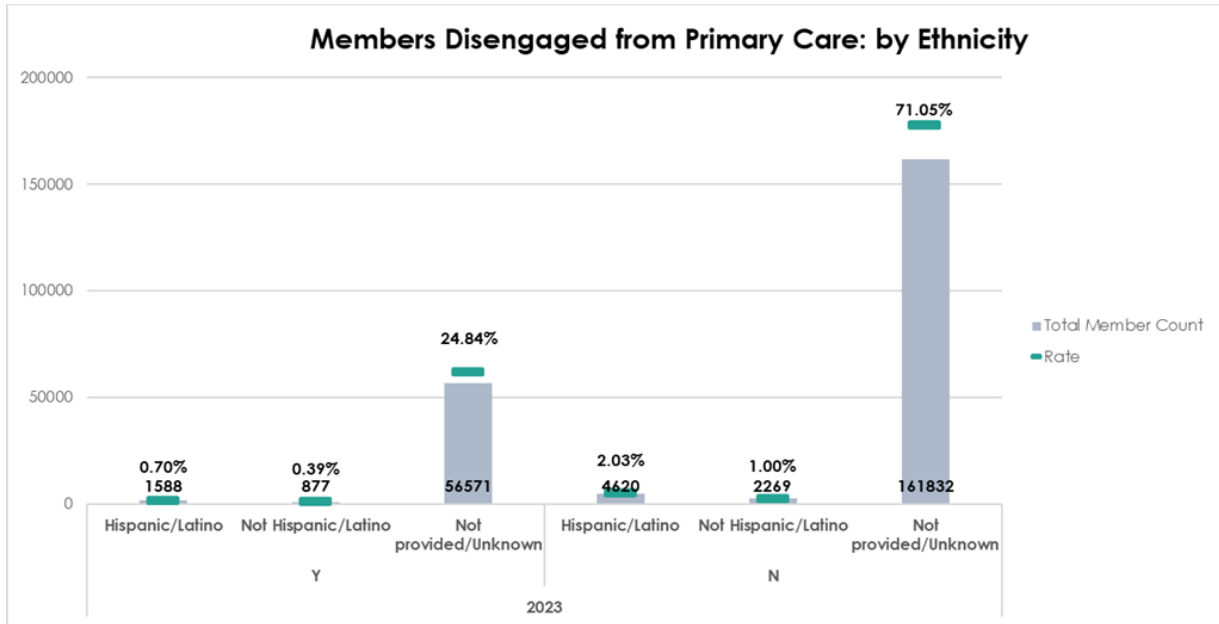
Stratification	Disengaged from PCP		Engaged with PCP	
<b>Gender</b>				
Female	27,393	12.03%	93,922	41.24%
Male	31,643	13.89%	74,799	32.84%
<b>Age Group</b>				
Birth – 5 years	1,960	0.86%	24,865	10.92%
6 – 11 years	5,191	2.28%	23,813	10.46%
12 – 20 years	11,445	5.03%	33,873	14.87%
21 – 64 years	36,434	16.00%	71,017	31.18%
65+ years	4,006	1.76%	15,153	6.65%





Stratification	Disengaged from PCP		Engaged with PCP	
	Count	Rate	Count	Rate
<b>Racial Category</b>				
American Indian and Alaska Native	180	0.08%	403	0.18%
Asian	1,164	0.51%	2,427	1.07%
Black or African American	700	0.31%	1,574	0.69%
Hispanic	27,086	11.89%	93,061	40.86%
Native Hawaiian and Other Pacific Islander	190	0.08%	436	0.19%
Some Other Race	1,728	0.76%	3,991	1.75%
White	16,647	7.31%	35,114	15.42%
Asked but No Answer	11,341	4.98%	31,715	13.92%
<b>Ethnicity Category</b>				
Hispanic or Latino	1,588	0.70%	4,619	2.03%
Not Hispanic or Latino	877	0.39%	2,269	1.00%
Not Provided/Unknown	56,571	24.84%	161,832	71.05%

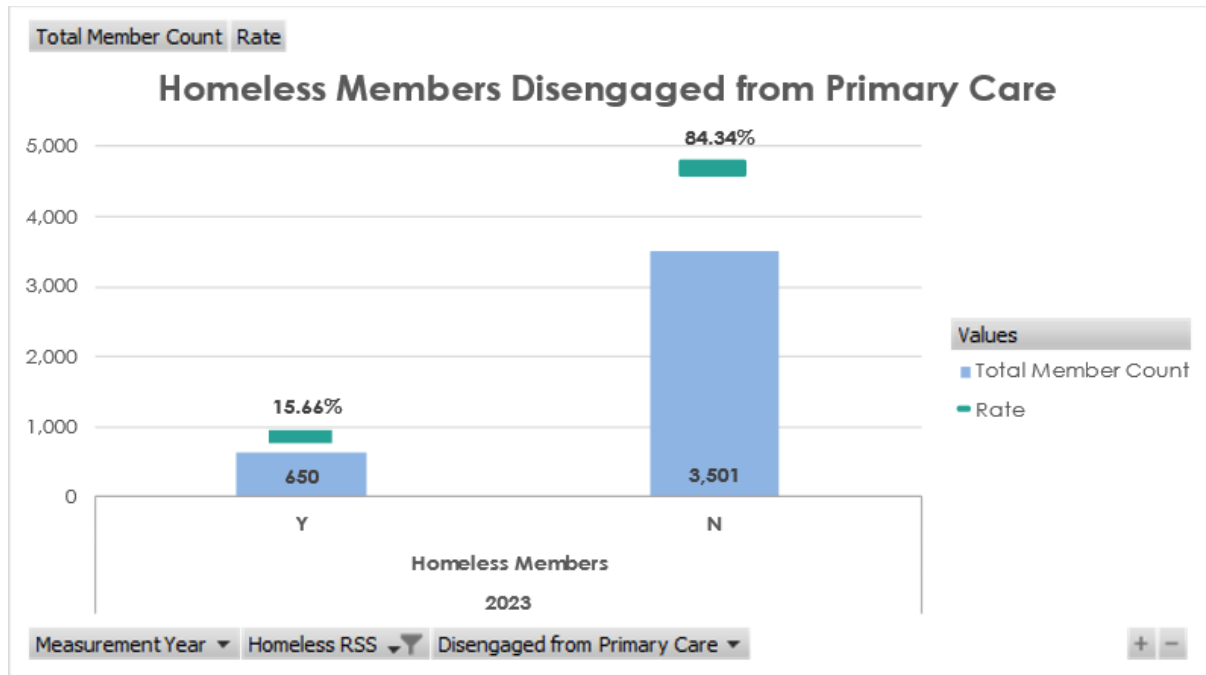




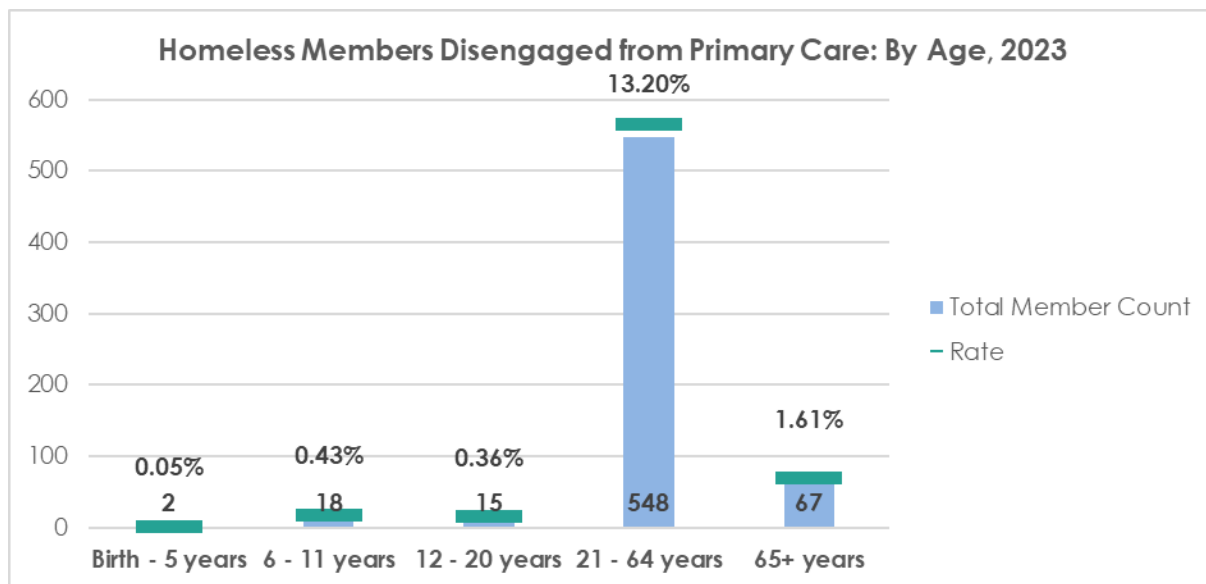
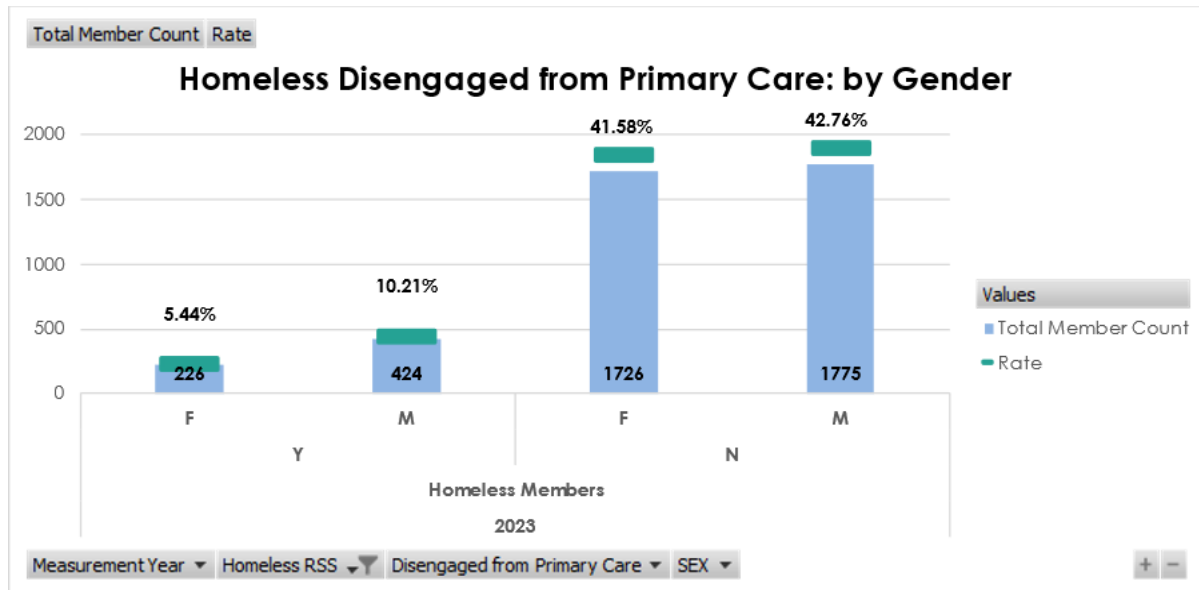
**“Disengaged” from Primary Care - “Homeless Population”**

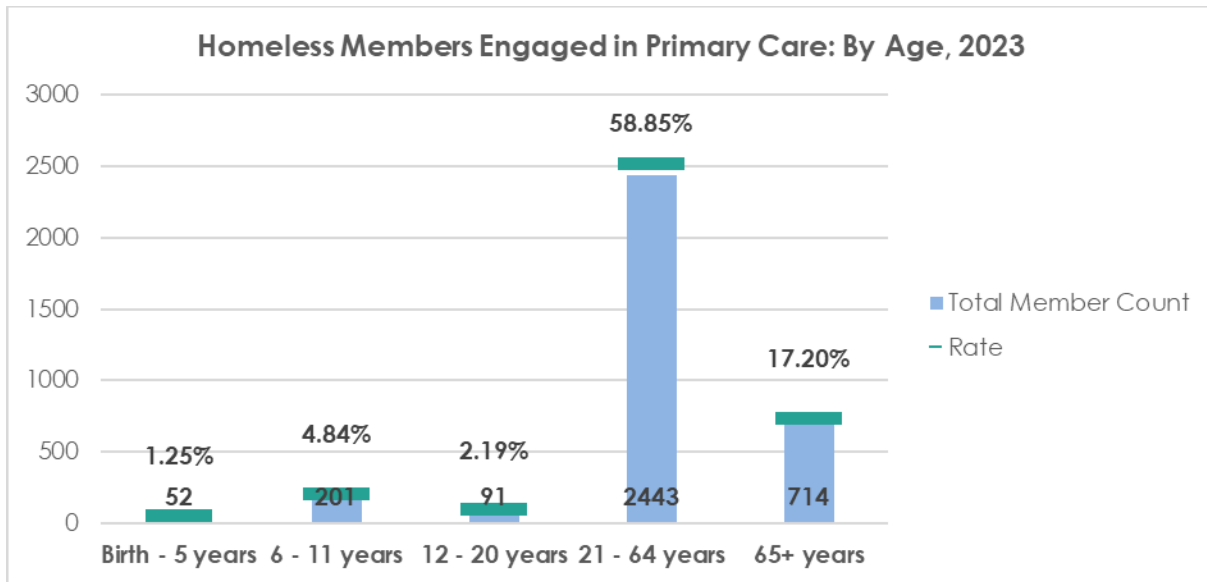
**\*Based on social driver of health codes**

	Homeless* Membership Total	Rate
Disengaged from Primary Care	650	15.66%
Engaged in Primary Care	3,501	84.34%



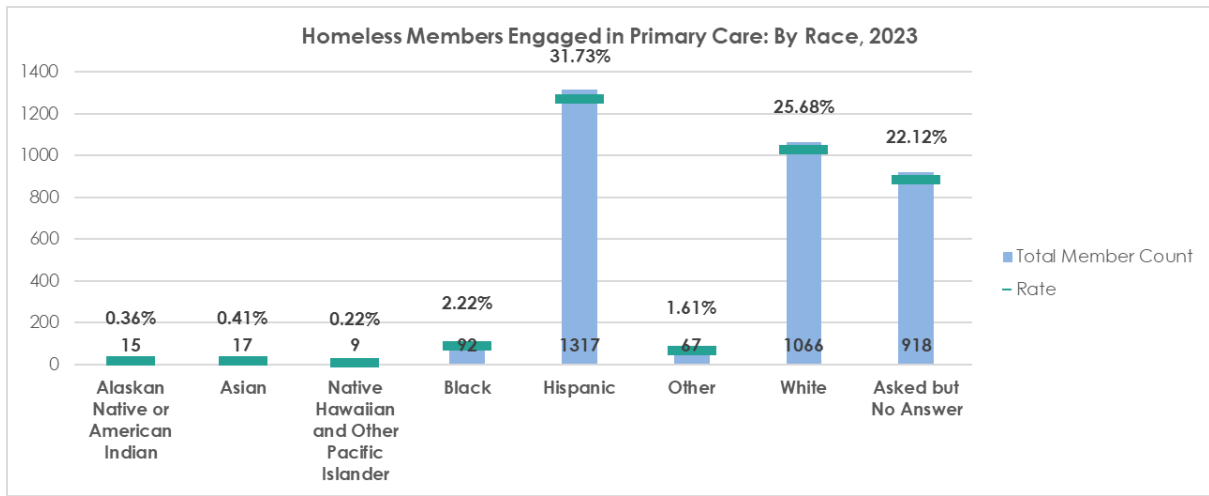
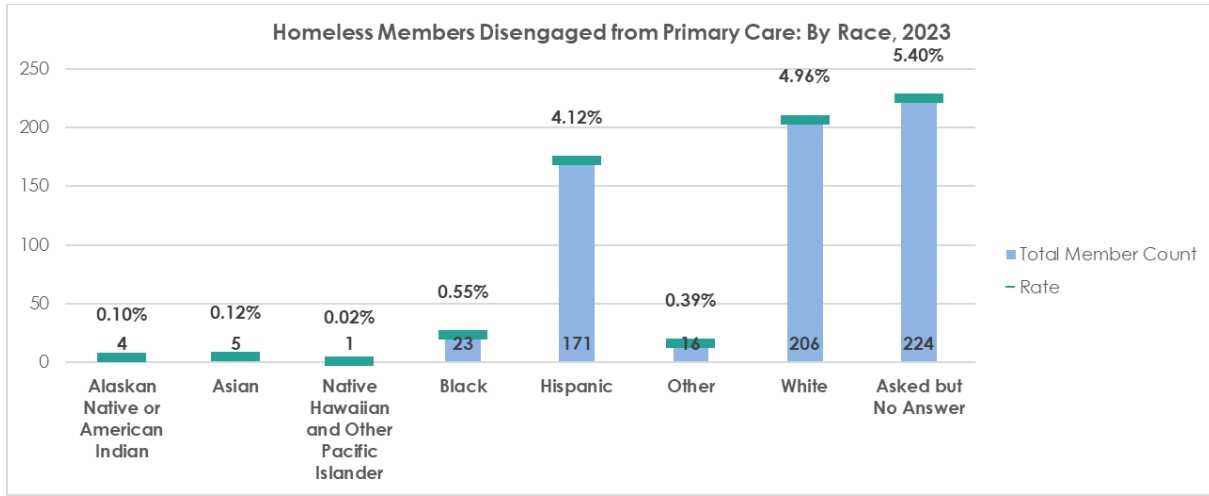
Stratification	Disengaged from PCP		Engaged with PCP	
<b>Gender</b>				
Female	226	5.44%	1,726	41.58%
Male	424	10.21%	1,775	42.76%
<b>Age Group</b>				
Birth – 5 years	2	0.05%	52	1.25%
6 – 11 years	18	0.43%	201	4.84%
12 – 20 years	15	0.36%	91	2.19%
21 – 64 years	548	13.20%	2,443	58.85%
65+ years	67	1.61%	714	17.20%

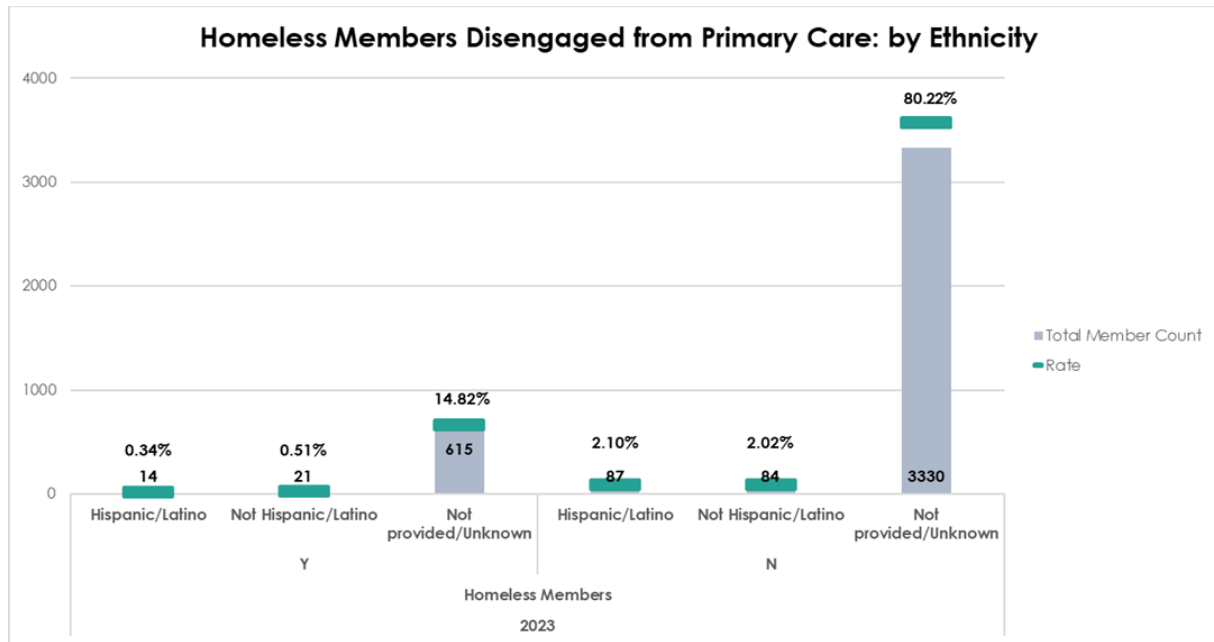




Stratification	Disengaged from PCP		Engaged with PCP	
	Count	Rate	Count	Rate
<b>Racial Category</b>				
American Indian and Alaska Native	4	0.10%	15	0.36%
Asian	5	0.12%	17	0.41%
Black or African American	23	0.55%	92	2.22%
Hispanic	171	4.12%	1,317	31.73%
Native Hawaiian and Other Pacific Islander	1	0.02%	9	0.22%
Some Other Race	16	0.39%	67	1.61%
White	206	4.96%	1,066	25.68%
Asked but No Answer	224	5.40%	918	22.12%
<b>Ethnicity Category</b>				
Hispanic or Latino	14	0.34%	87	2.10%
Not Hispanic or Latino	21	0.51%	84	2.02%
Not Provided/Unknown	615	14.82%	3,330	80.22%

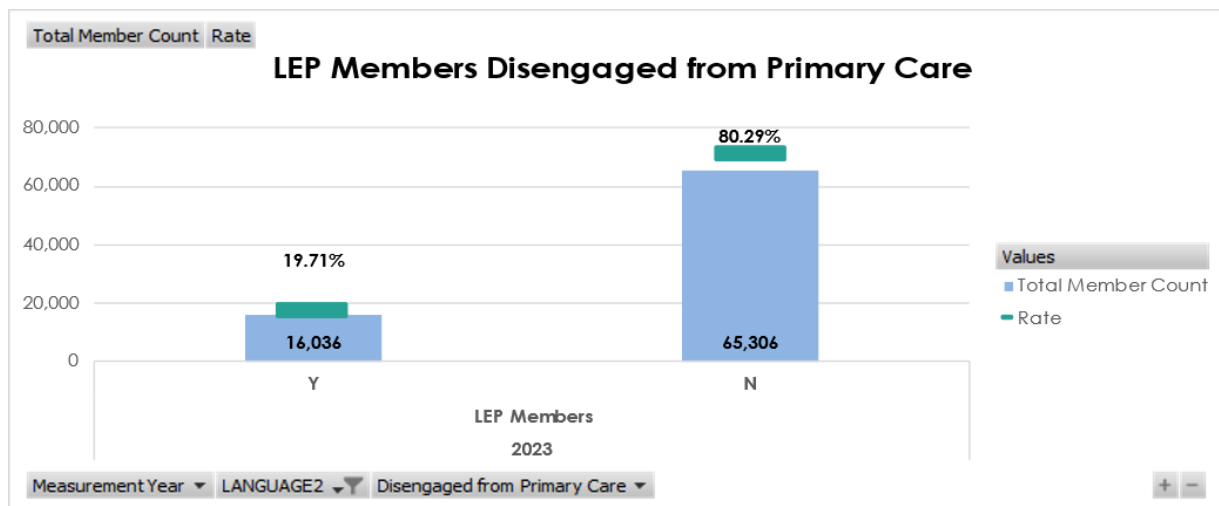






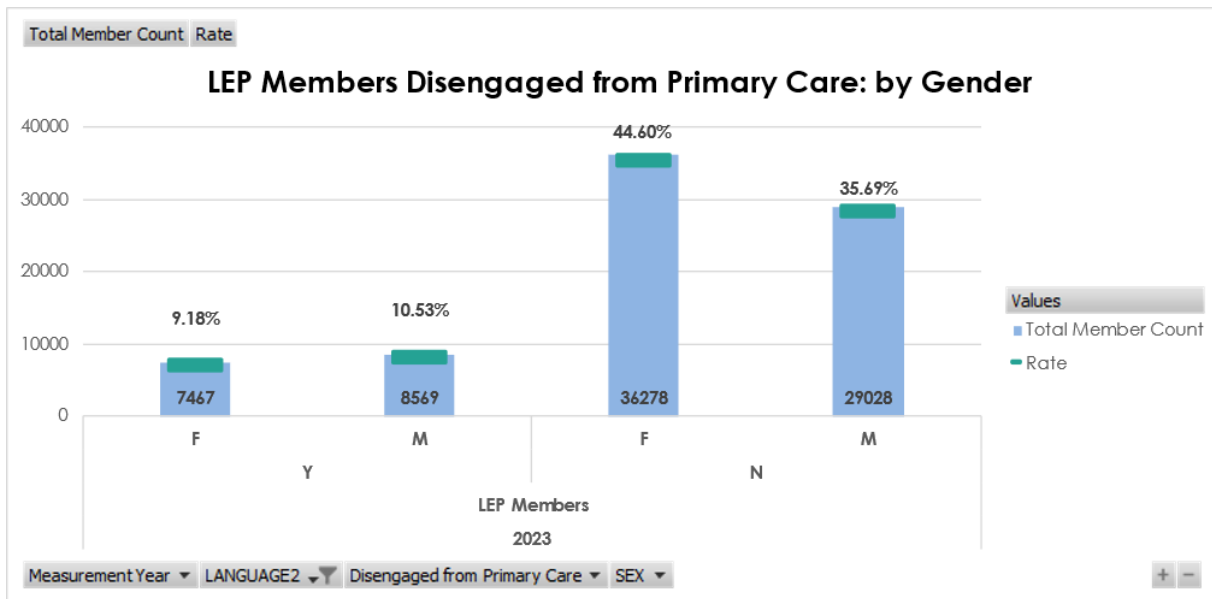
### “Disengaged” from Primary Care - “Limited English Proficient (LEP) Population”

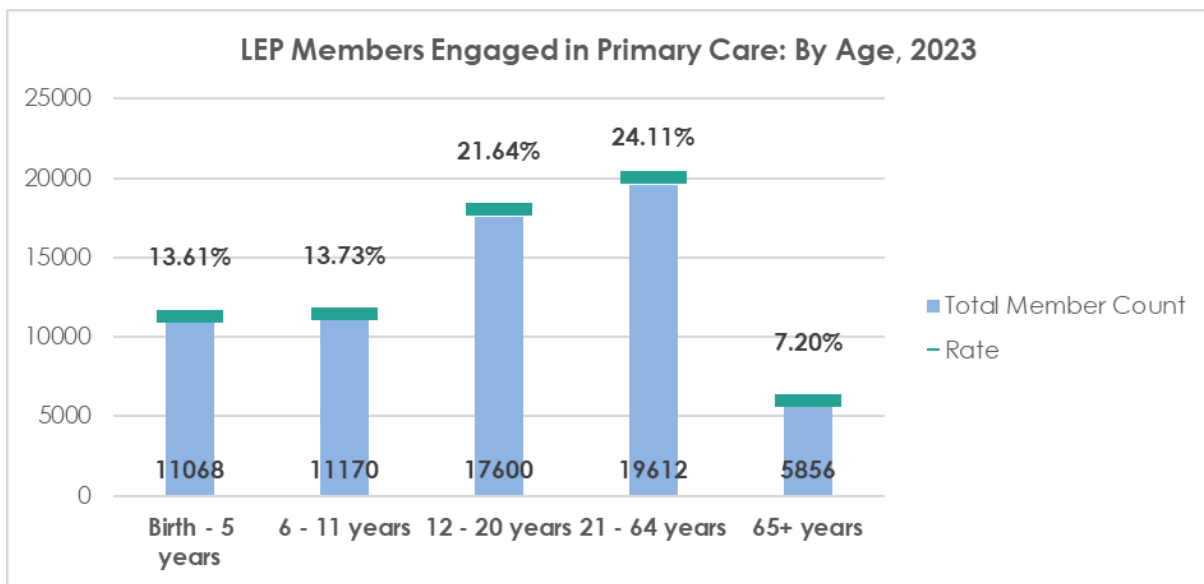
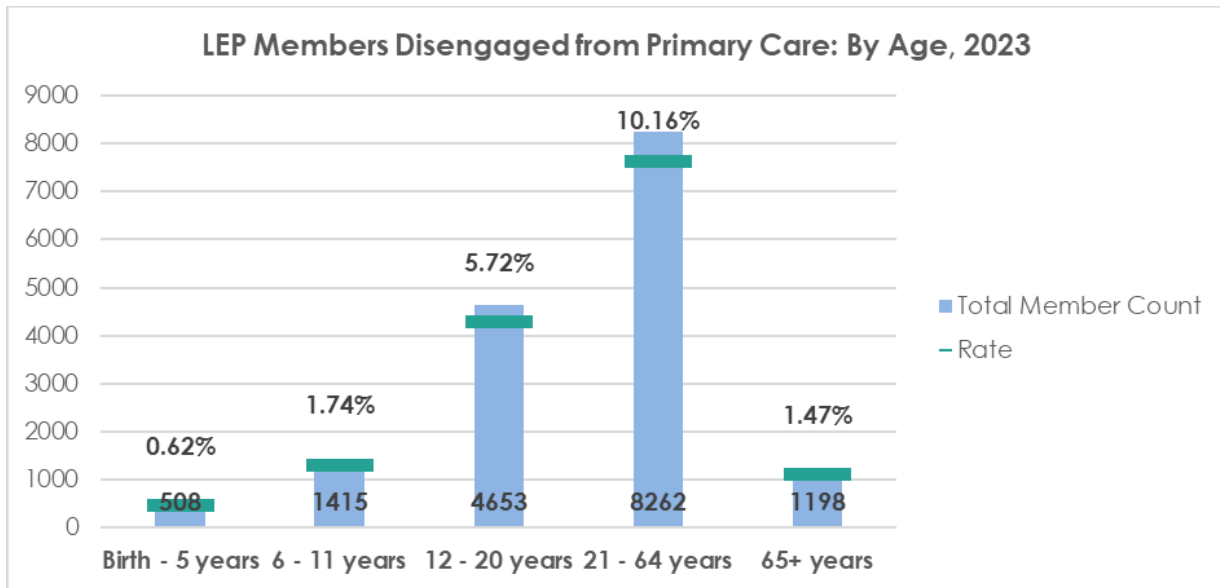
	Membership Total	Rate
LEP Members Disengaged from Primary Care	16,036	19.71%
LEP Members Engaged in Primary Care	65,306	80.29%



Stratification	Disengaged from PCP	Engaged with PCP
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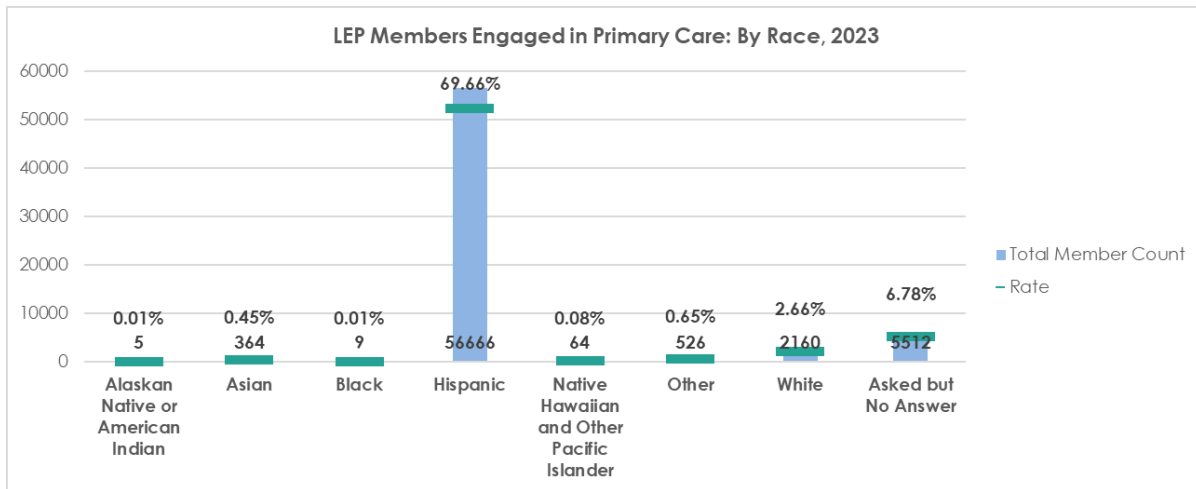
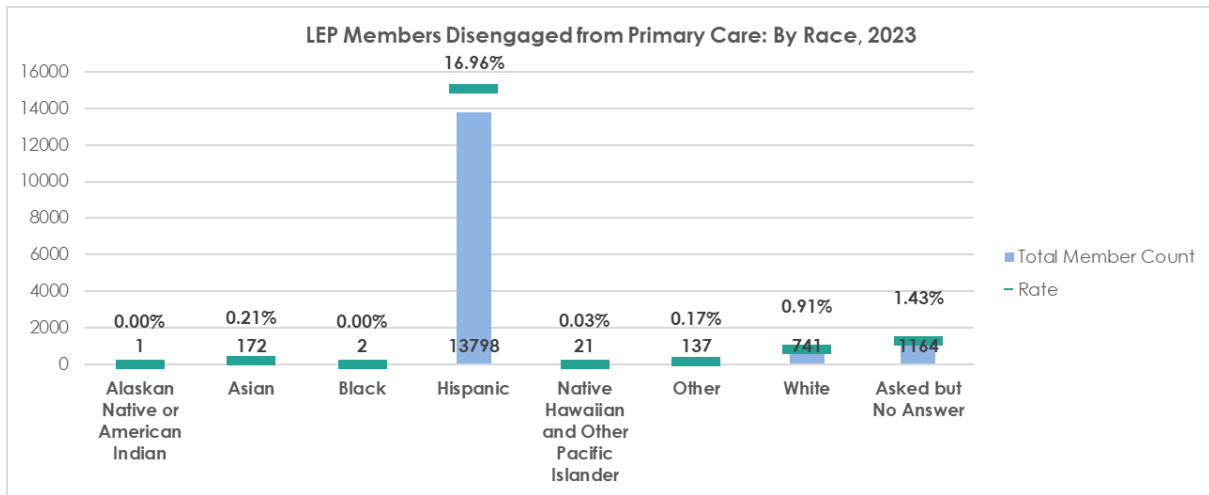
Gender				
Female	7,467	9.18%	36,278	44.60%
Male	8,569	10.53%	29,028	35.69%
Age Group				
Birth – 5 years	508	0.62%	11,068	13.61%
6 – 11 years	1,415	1.74%	11,170	13.73%
12 – 20 years	4,653	5.72%	17,600	21.64%
21 – 64 years	8,262	10.16%	19,612	24.11%
65+ years	1,198	1.47%	5,856	7.20%

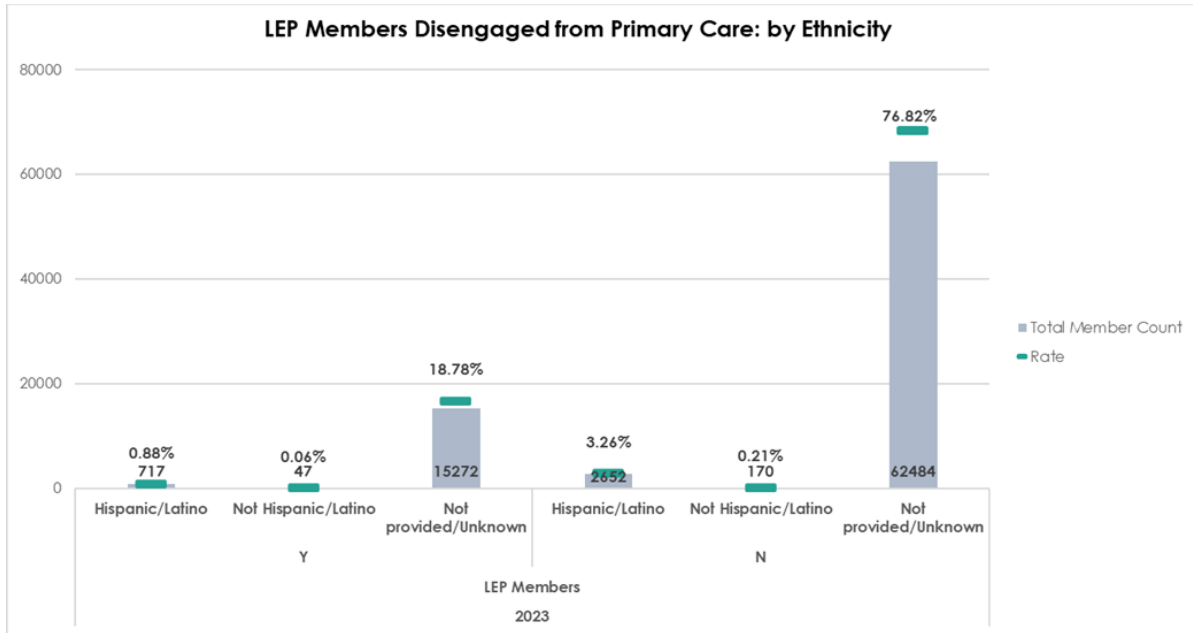




Stratification	Disengaged from PCP		Engaged with PCP	
	Count	Rate	Count	Rate
<b>Racial Category</b>				
American Indian and Alaska Native	1	0.00%	5	0.01%
Asian	172	0.21%	364	0.45%
Black or African American	2	0.00%	9	0.01%
Hispanic	13,798	16.96%	56,666	69.66%
Native Hawaiian and Other Pacific Islander	21	0.03%	64	0.08%
Some Other Race	137	0.17%	526	0.65%

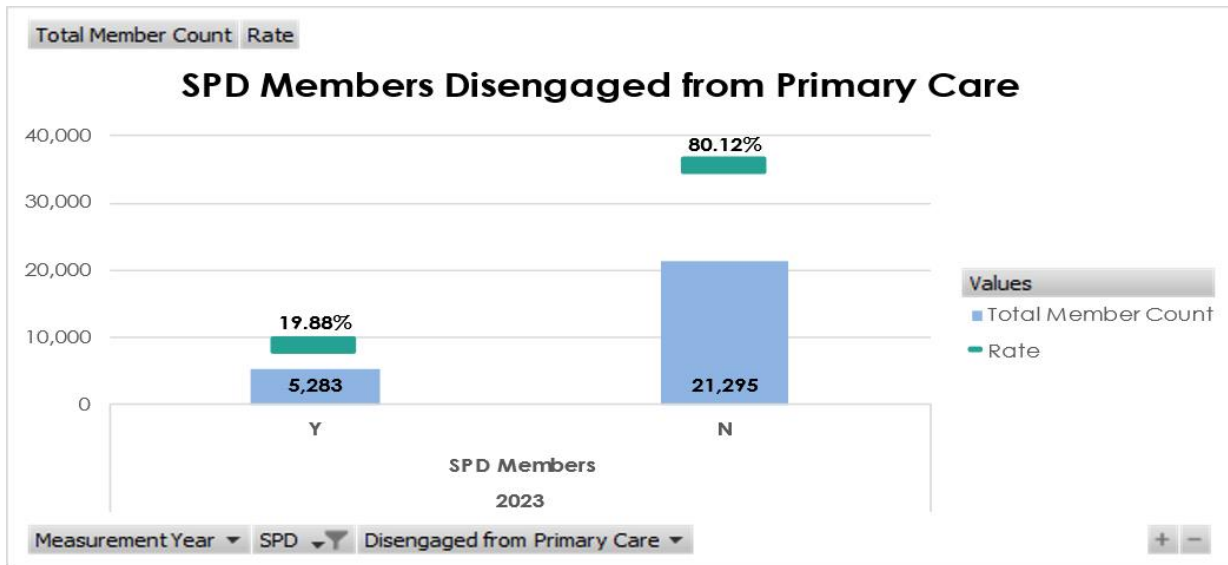
White	741	0.91%	2,160	2.66%
Asked but No Answer	1,164	1.43%	5,512	6.78%
<b>Ethnicity Category</b>				
Hispanic or Latino	717	0.88%	2,652	3.26%
Not Hispanic or Latino	47	0.06%	170	0.21%
Not Provided/Unknown	15,272	18.78%	62,484	76.82%



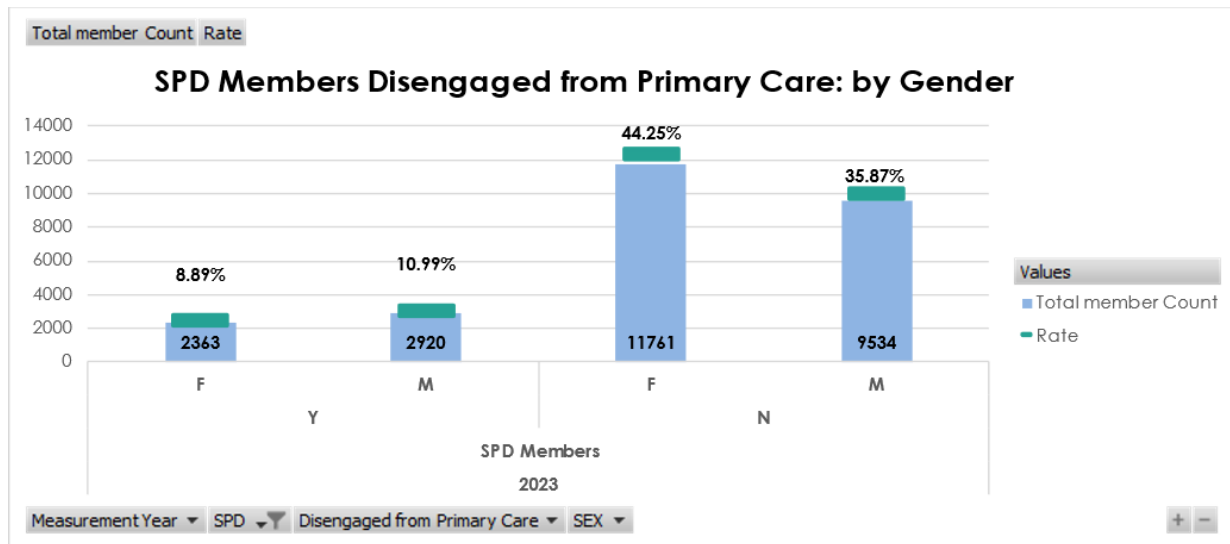


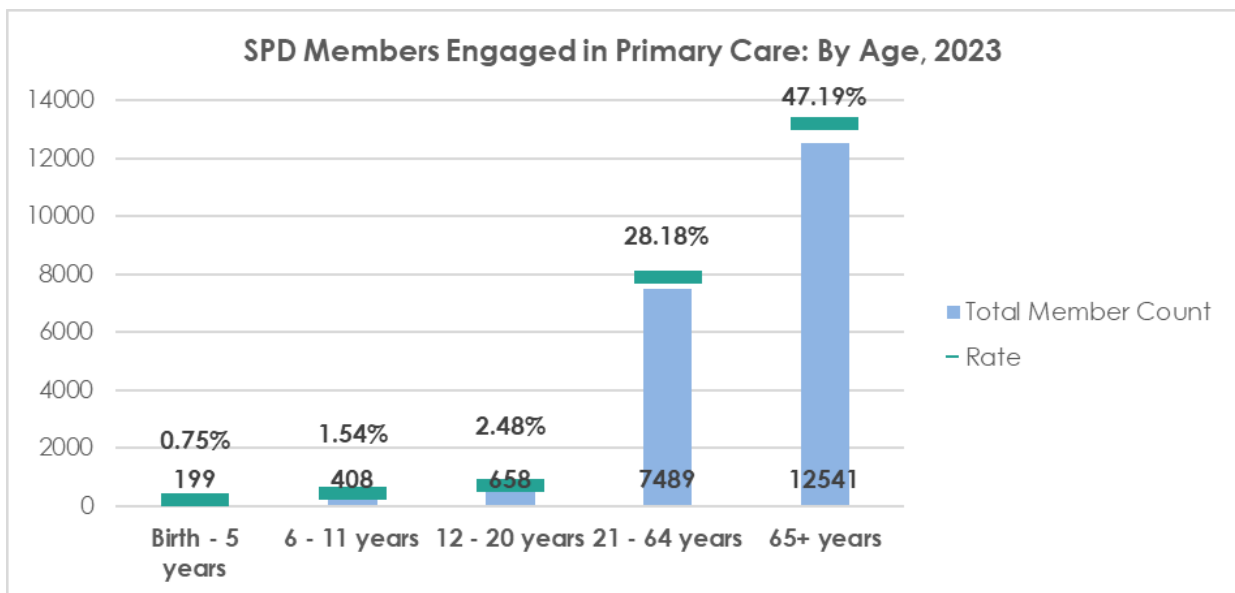
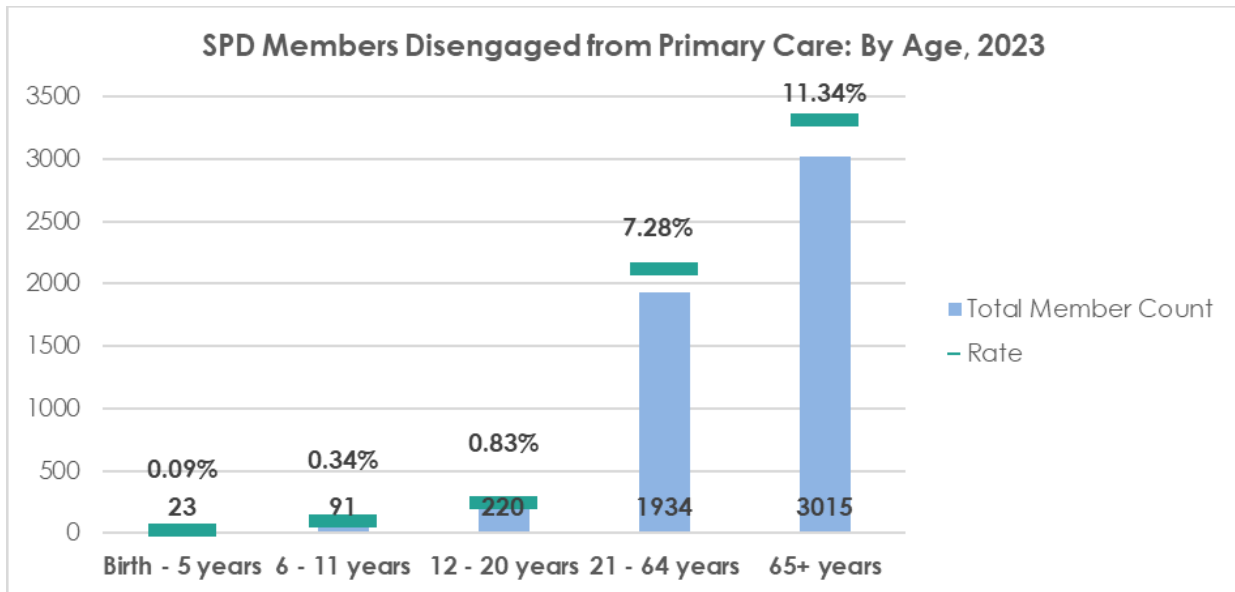
### “Disengaged” from Primary Care - “SPD Population”

	Membership Total	Rate
SPD Members Disengaged from Primary Care	5,283	19.88%
SPD Members Engaged in Primary Care	21,295	80.12%



Stratification	Disengaged from PCP		Not Disengaged from PCP	
<b>Gender</b>				
Female	2,363	8.89%	11,761	44.25%
Male	2,920	10.99%	9,534	35.87%
<b>Age Group</b>				
Birth – 5 years	23	0.09%	199	0.75%
6 – 11 years	91	0.34%	408	1.54%
12 – 20 years	220	0.83%	658	2.48%
21 – 64 years	1,934	7.28%	7,489	28.18%
65+ years	3,015	11.34%	12,541	47.19%

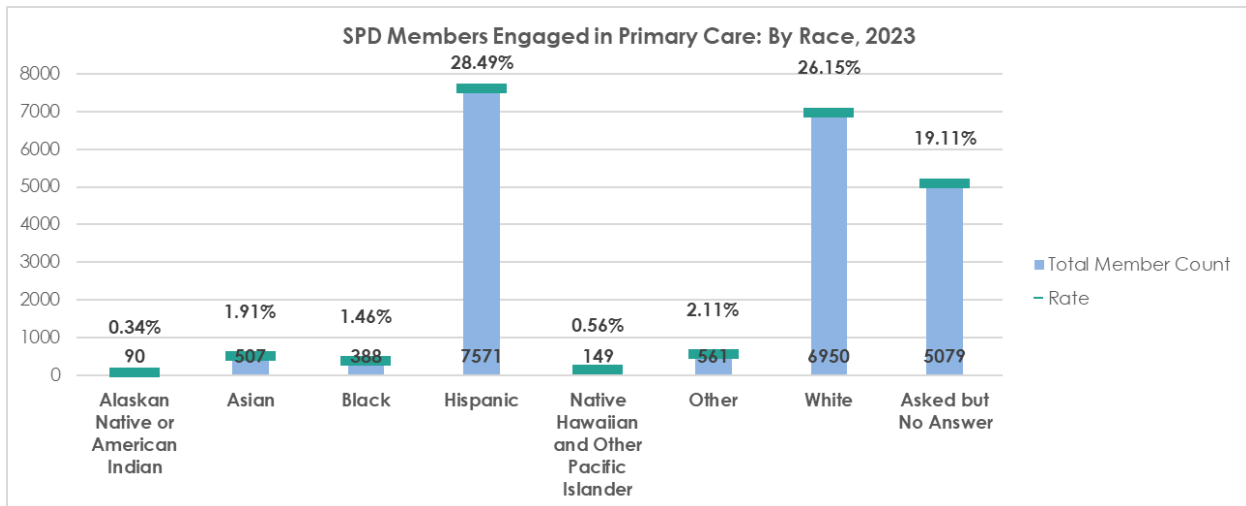
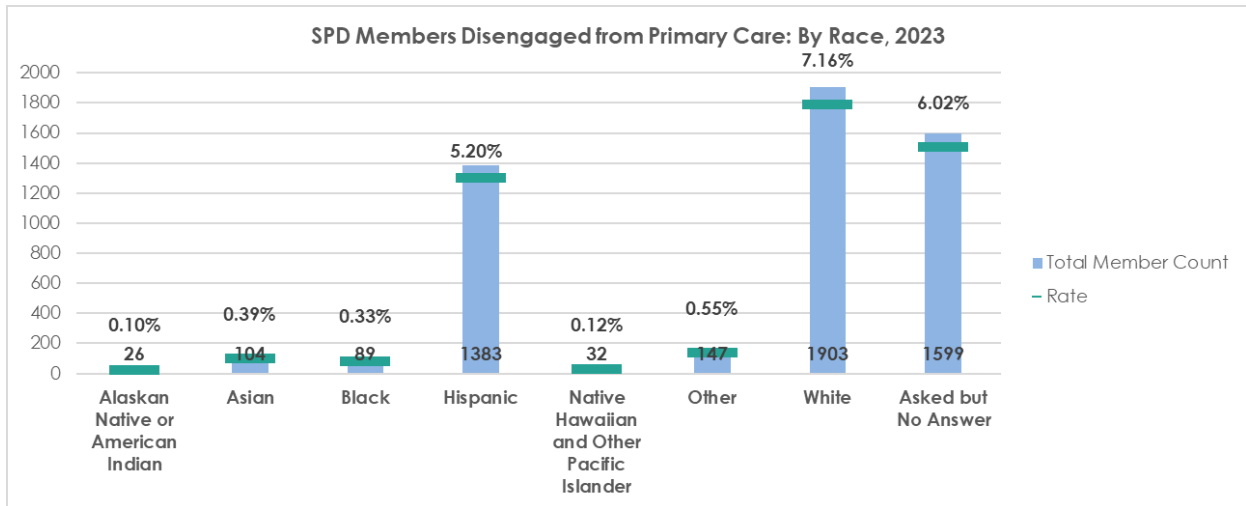


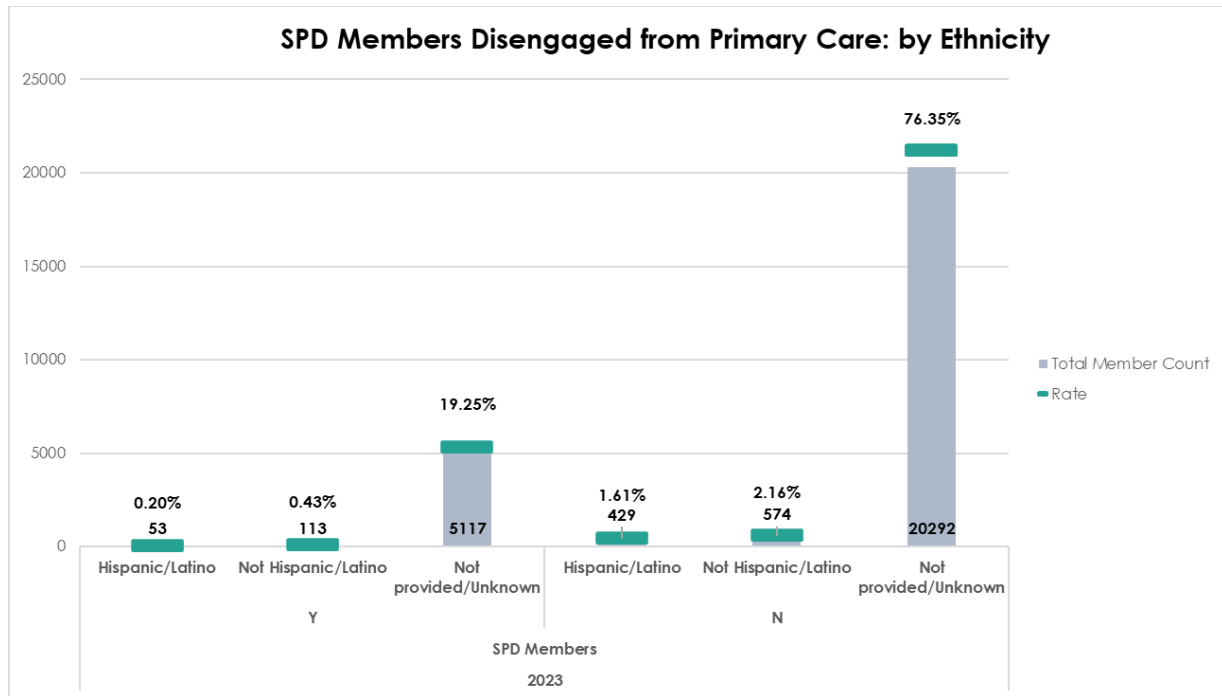


Stratification	Disengaged from PCP		Not Disengaged from PCP	
	Count	Rate	Count	Rate
<b>Racial Category</b>				
American Indian and Alaska Native	26	0.10%	90	0.34%
Asian	104	0.39%	507	1.91%
Black or African American	89	0.33%	388	1.46%
Hispanic	1,383	5.20%	7571	28.49%
Native Hawaiian and Other Pacific Islander	32	0.12%	149	0.56%



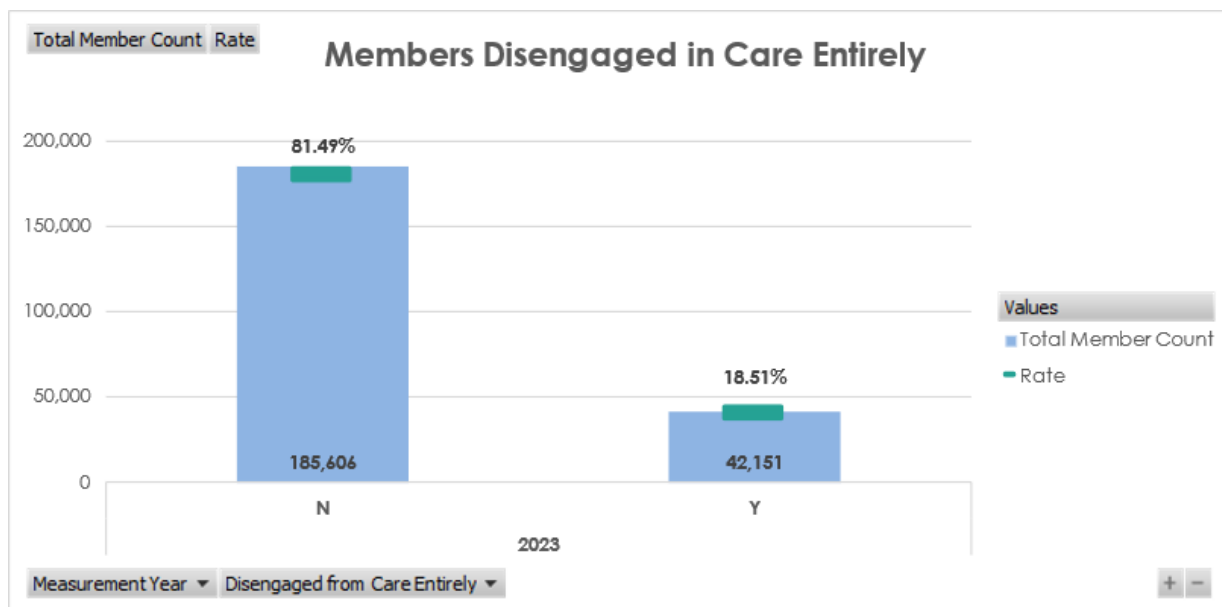
Some Other Race	147	0.55%	561	2.11%
White	1,903	7.16%	6950	26.15%
Asked but No Answer	1,599	6.02%	5079	19.11%
<b>Ethnicity Category</b>				
Hispanic or Latino	53	0.20%	429	1.61%
Not Hispanic or Latino	113	0.43%	574	2.16%
Not Provided/Unknown	5,117	19.25%	20,292	76.35%



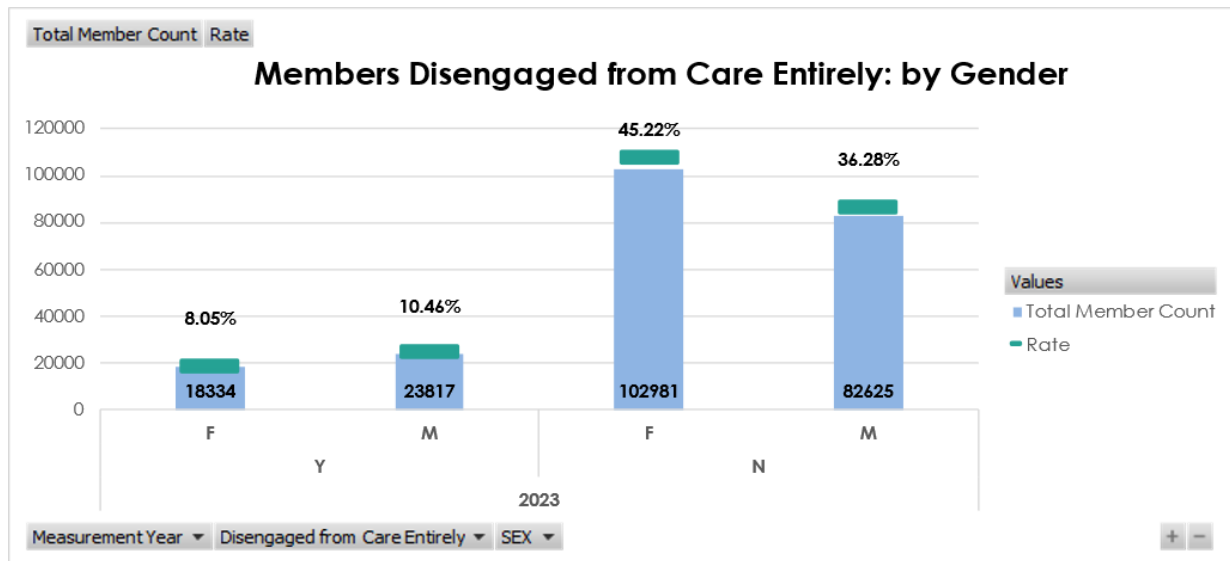


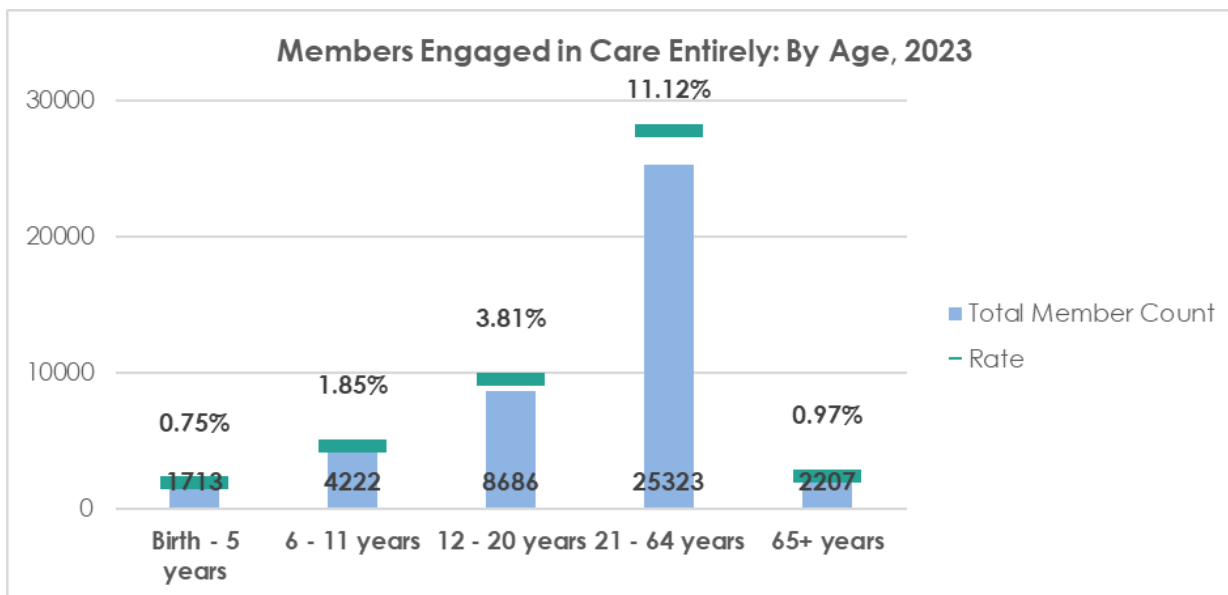
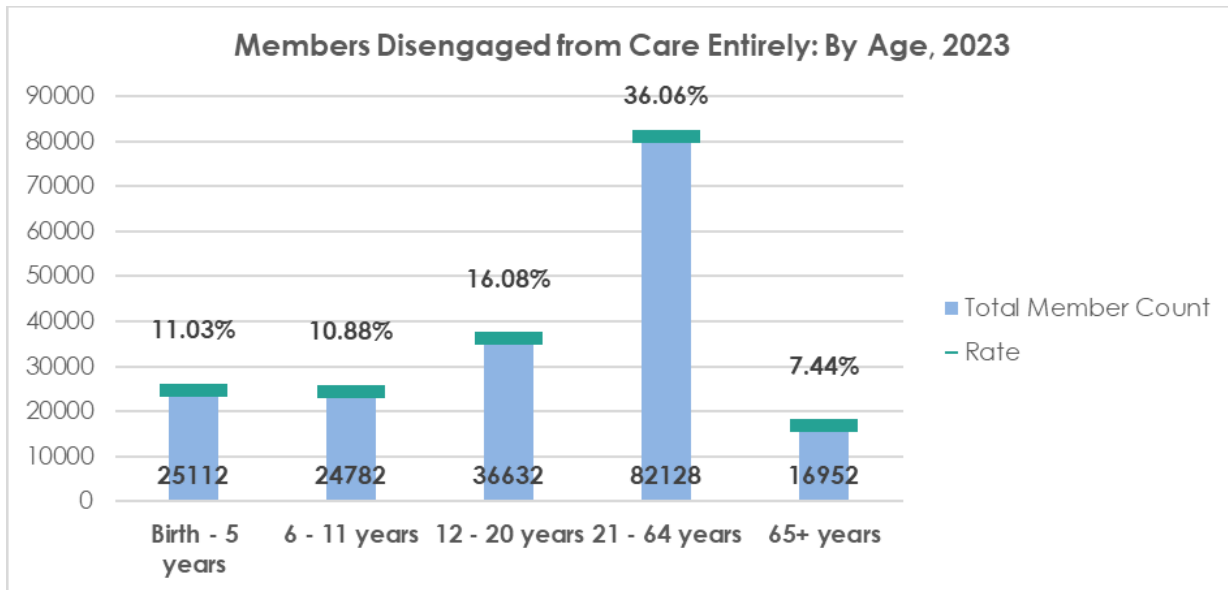
### “Disengaged” from Care Entirely - “General Population”

	Membership Total	Rate
Members Disengaged from Care Entirely	42,151	18.51%
Members Engaged in Care Entirely	185,606	81.49%



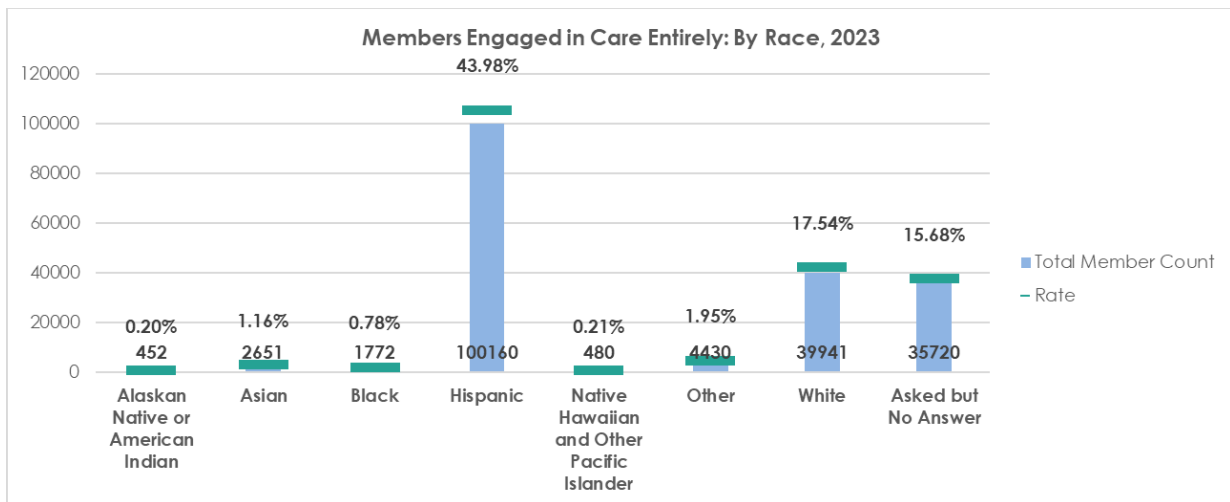
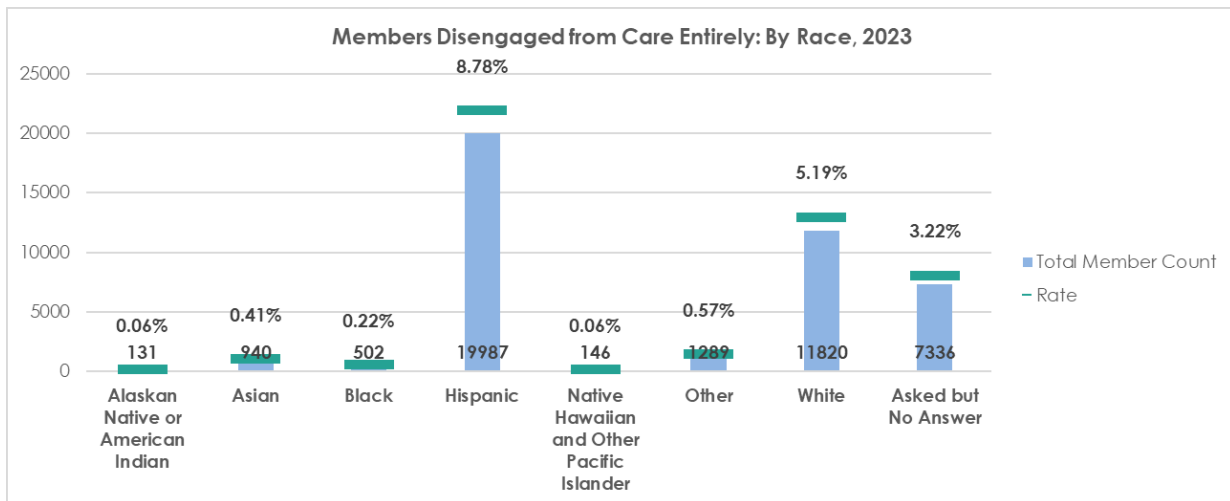
Stratification	Disengaged from Care		Engaged in Care	
<b>Gender</b>				
Female	18,334	8.05%	102,981	45.22%
Male	23,817	10.46%	82,625	36.28%
<b>Age Group</b>				
Birth – 5 years	1,713	0.75%	25,112	11.03%
6 – 11 years	4,222	1.85%	24,782	10.88%
12 – 20 years	8,686	3.81%	36,632	16.08%
21 – 64 years	25,323	11.12%	82,128	36.06%
65+ years	2,207	0.97%	16,952	7.44%

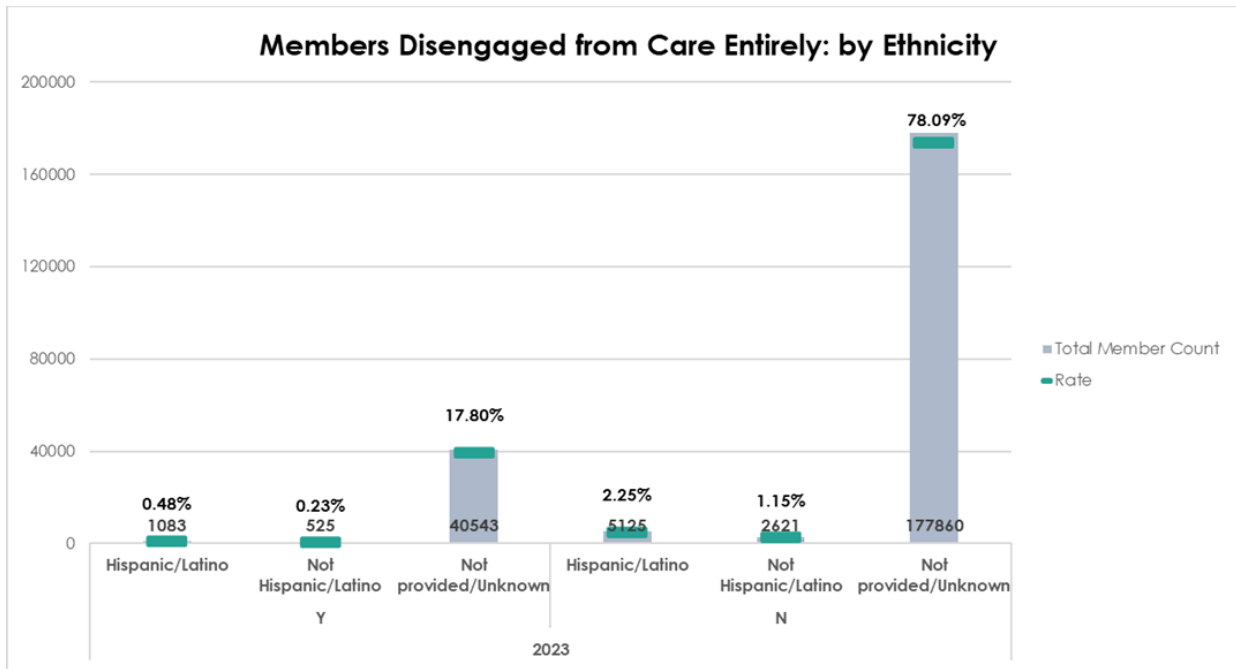




Stratification	Disengaged from Care		Engaged in Care	
	Count	Rate	Count	Rate
<b>Racial Category</b>				
American Indian and Alaska Native	131	0.06%	452	0.20%
Asian	940	0.41%	2,651	1.16%
Black or African American	502	0.22%	1,772	0.78%
Hispanic	19,987	8.78%	100,160	43.98%
Native Hawaiian and Other Pacific Islander	146	0.06%	480	0.21%

Some Other Race	1,289	0.57%	4,430	1.95%
White	11,820	5.19%	39,941	17.54%
Asked but No Answer	7,336	3.22%	35,720	15.68%
<b>Ethnicity Category</b>				
Hispanic or Latino	1,083	0.48%	5,125	2.25%
Not Hispanic or Latino	525	0.23%	2,621	1.15%
Not Provided/Unknown	40,543	17.80%	177,860	78.09%

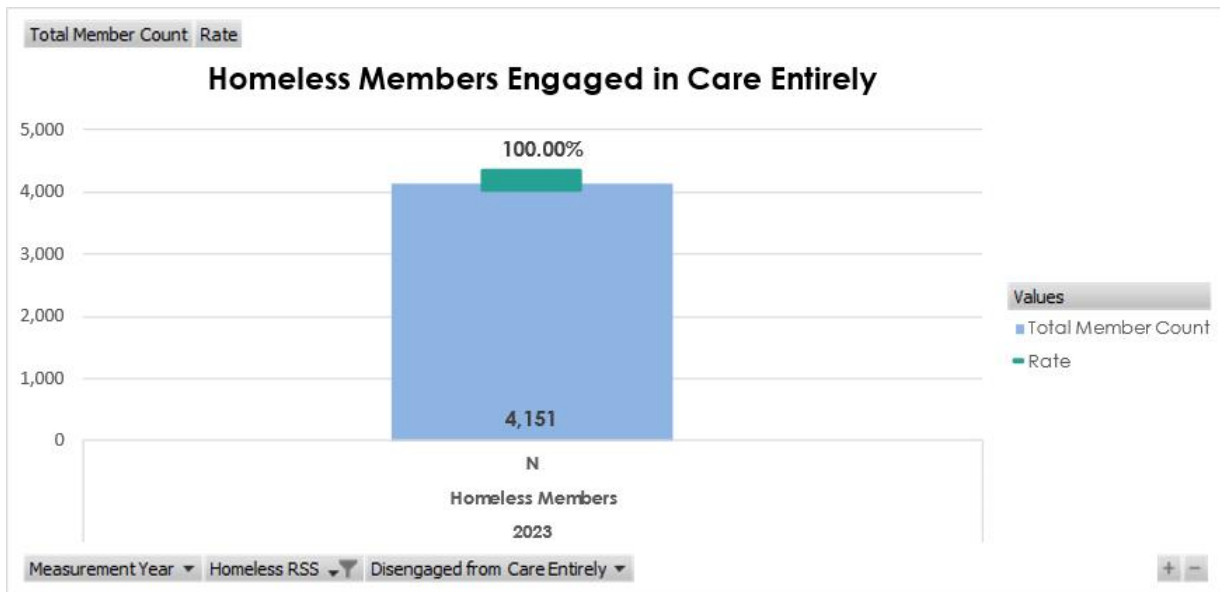




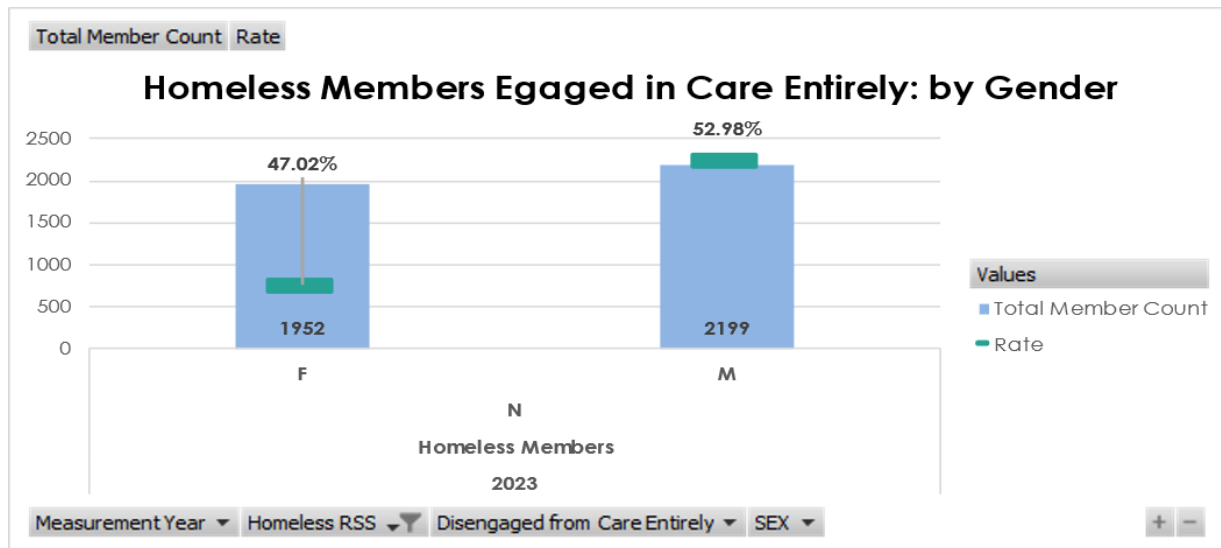
**“Disengaged” from Care Entirely - “Homeless Population”**

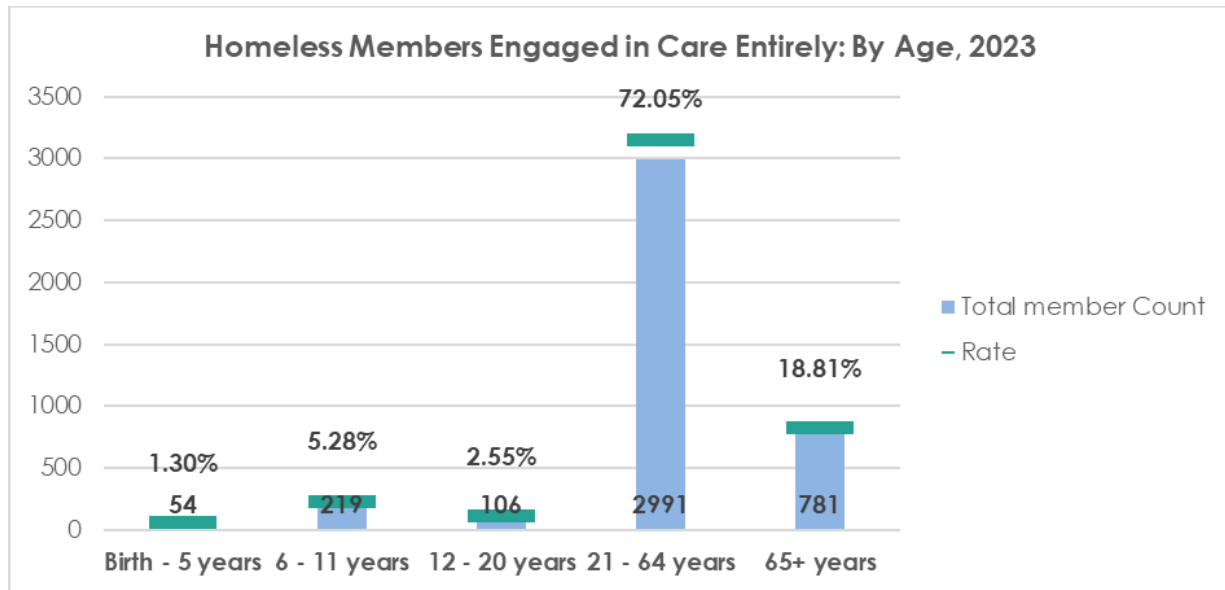
*\*Data based on social driver of health codes. Thus, rate of disengagement is 0%.*

	Membership Total
Homeless Engaged in Care Entirely	4,151



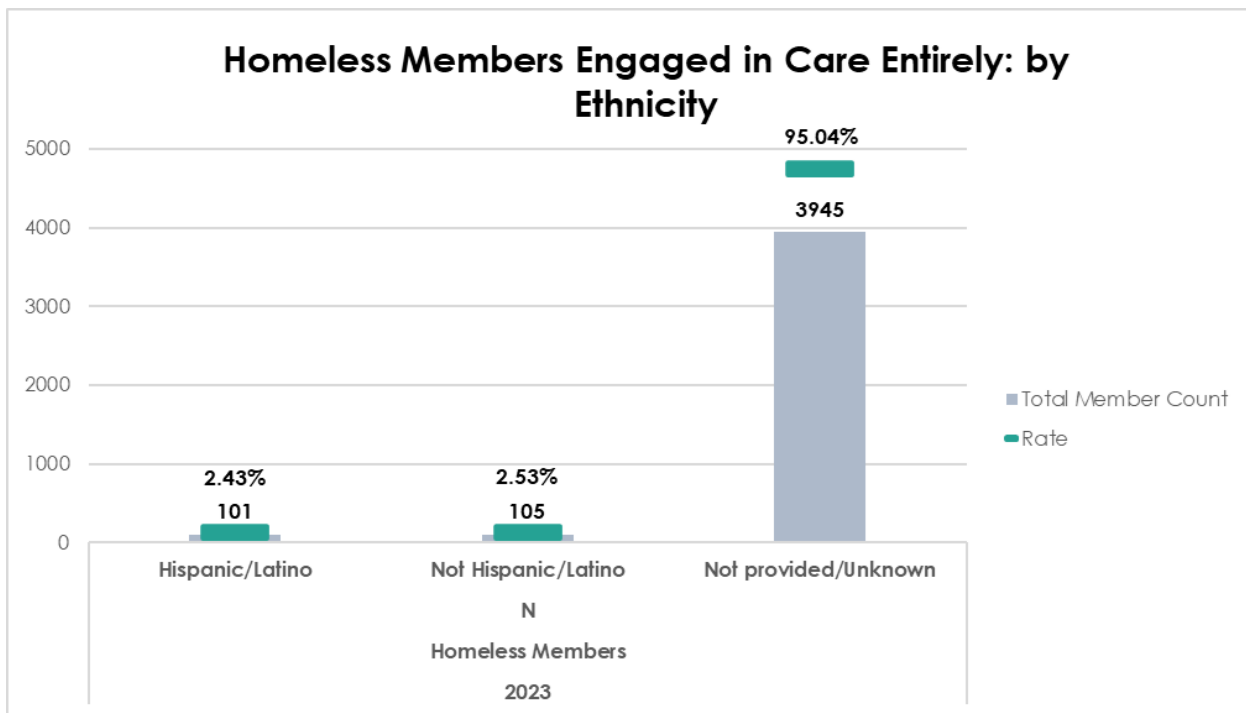
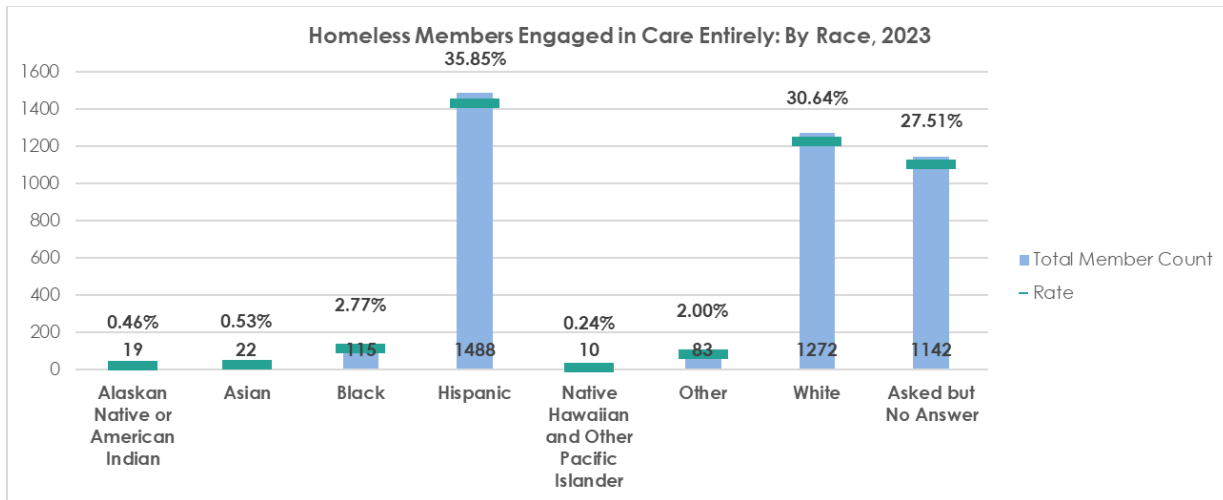
Stratification	Engaged in Care	
<b>Gender</b>		
Female	1,952	47.02%
Male	2,199	52.98%
<b>Age Group</b>		
Birth – 5 years	54	1.30%
6 – 11 years	219	5.28%
12 – 20 years	106	2.55%
21 – 64 years	2,991	72.05%
65+ years	781	18.81%





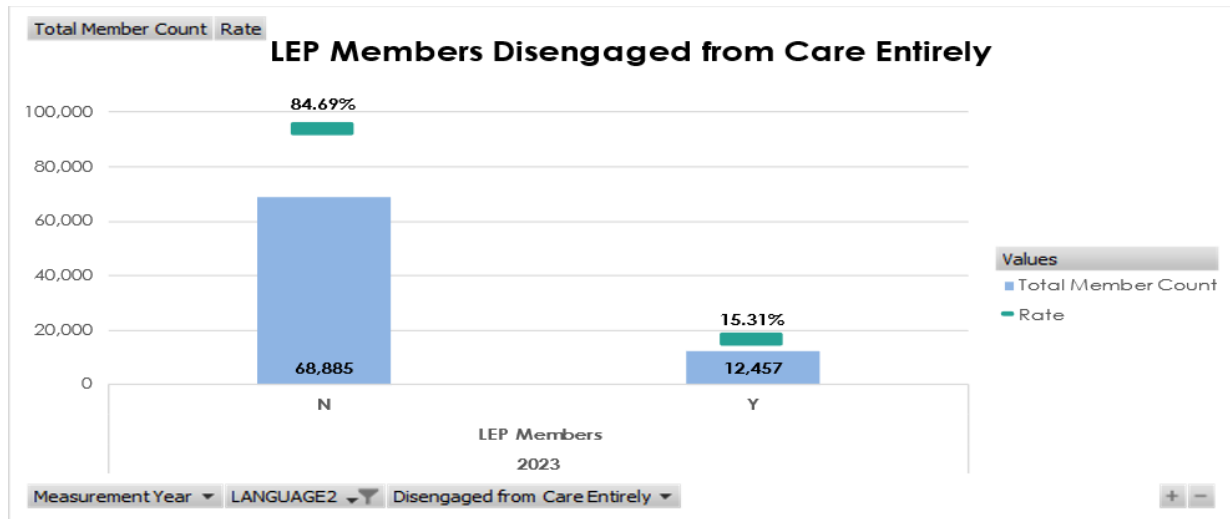
Stratification	Engaged in Care	
	Total Member Count	Rate
<b>Racial Category</b>		
American Indian and Alaska Native	19	0.46%
Asian	22	0.53%
Black or African American	115	2.77%
Hispanic	1,488	35.85%
Native Hawaiian and Other Pacific Islander	10	0.24%
Some Other Race	83	2.00%
White	1,272	30.64%
Asked but No Answer	1142	27.51%
<b>Ethnicity Category</b>		
Hispanic or Latino	101	2.43%
Not Hispanic or Latino	105	2.53%
Not Provided/Unknown	3,945	95.04%



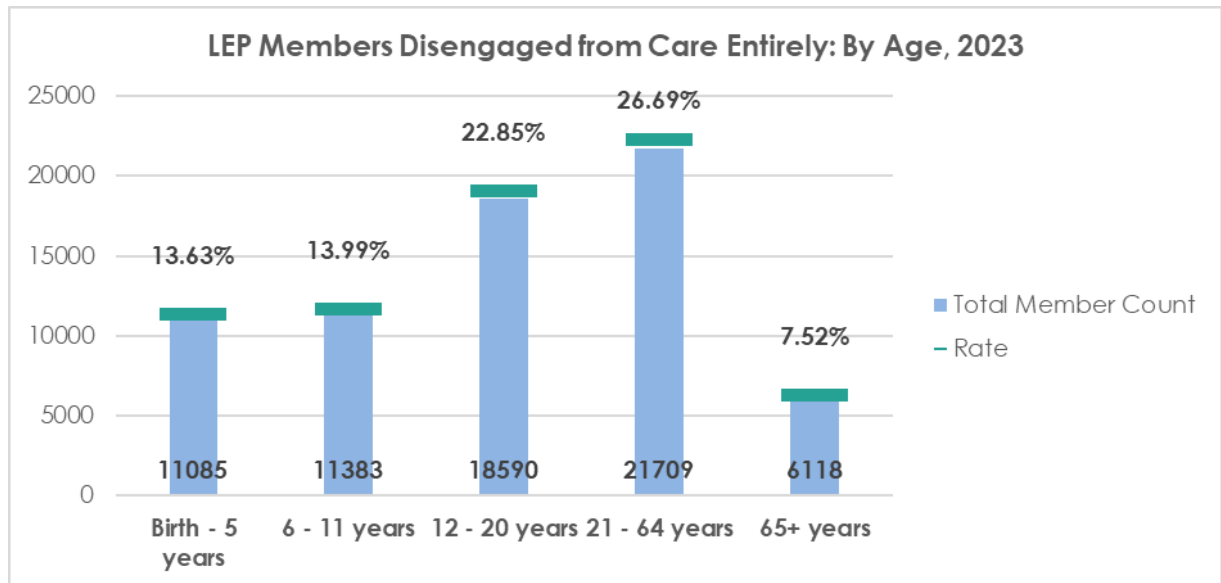
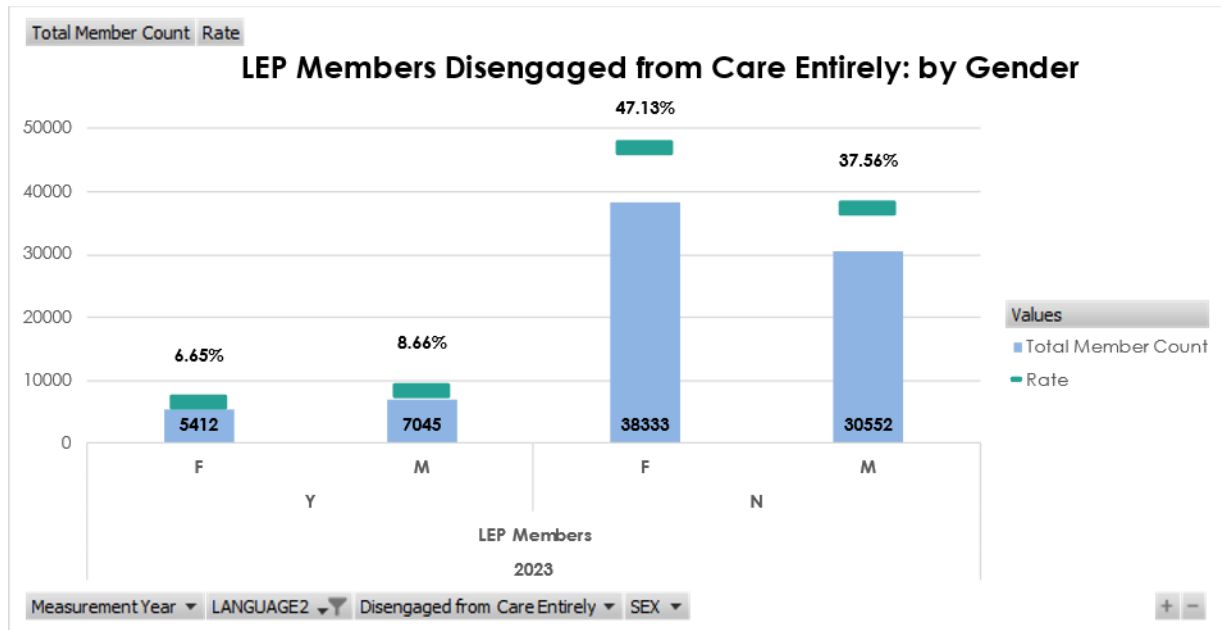


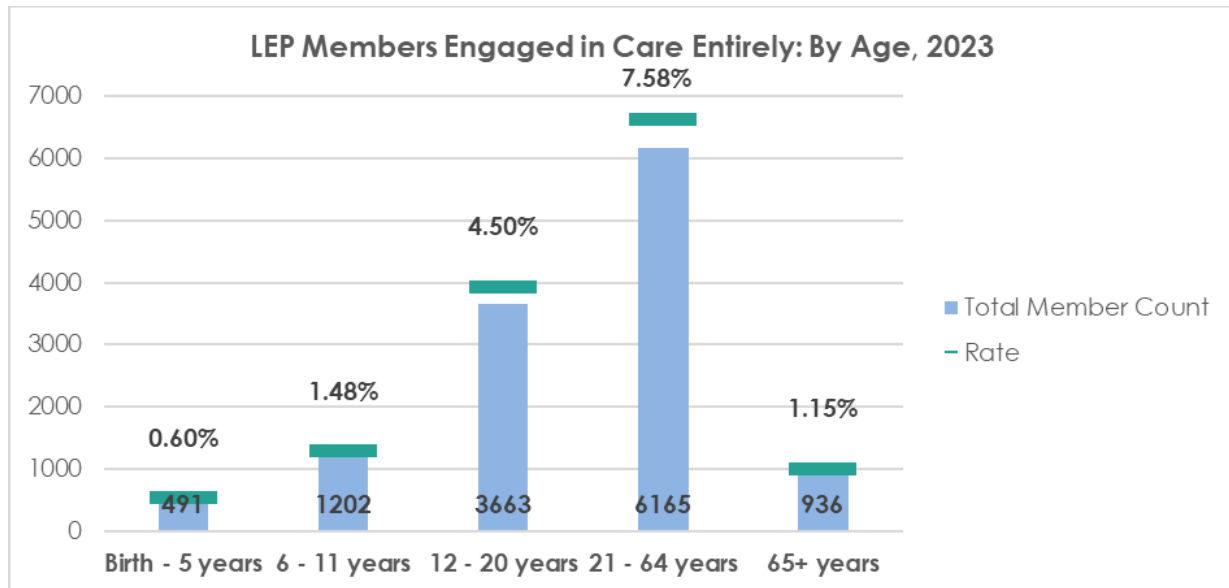
### “Disengaged” from Care Entirely - “Limited English Proficient” (LEP) Population”

	Membership Total	Rate
LEP Members Disengaged from Care Entirely	12,457	15.31%
LEP Members Engaged in Care Entirely	68,885	84.69%

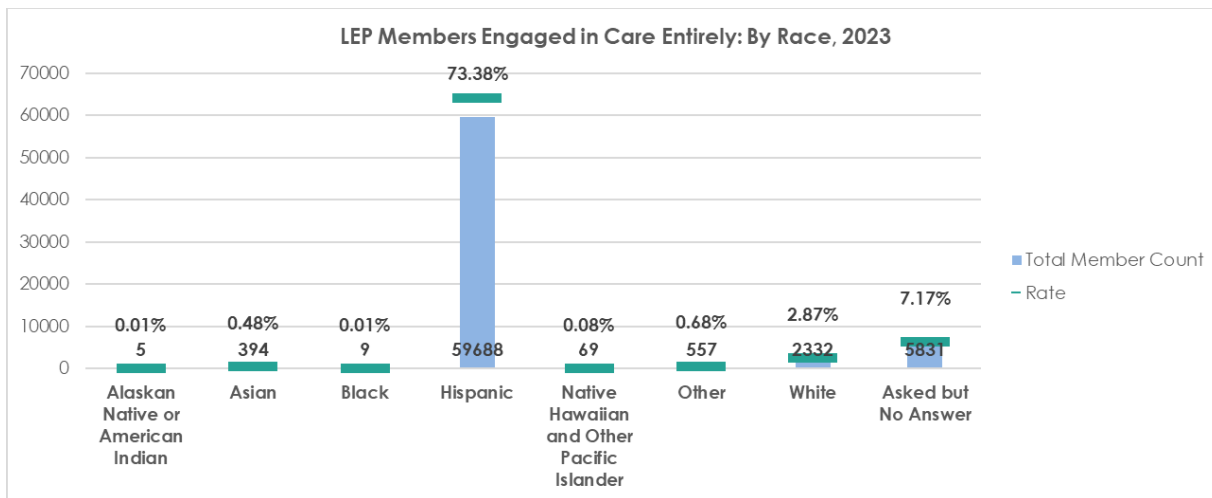
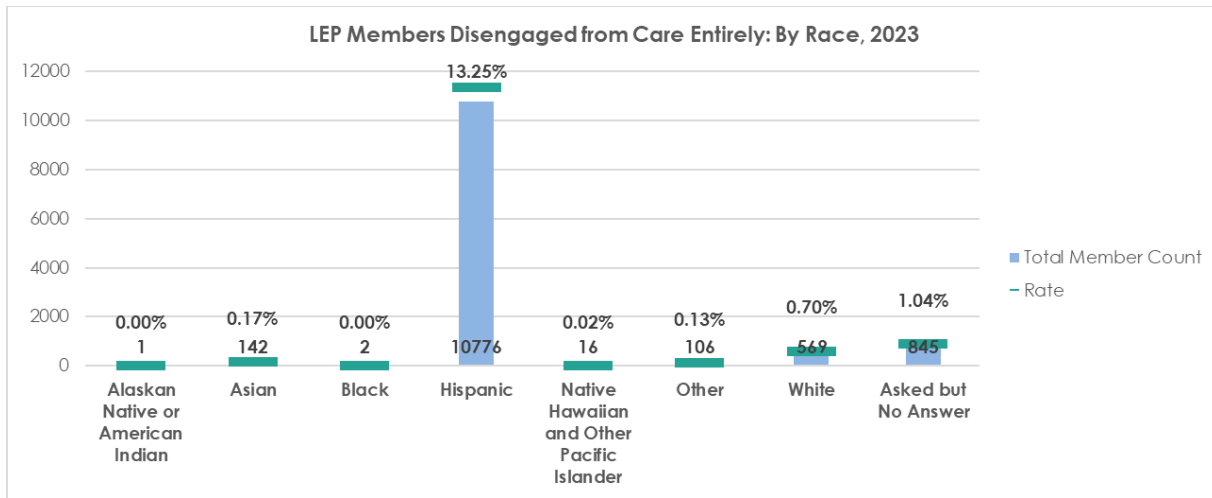


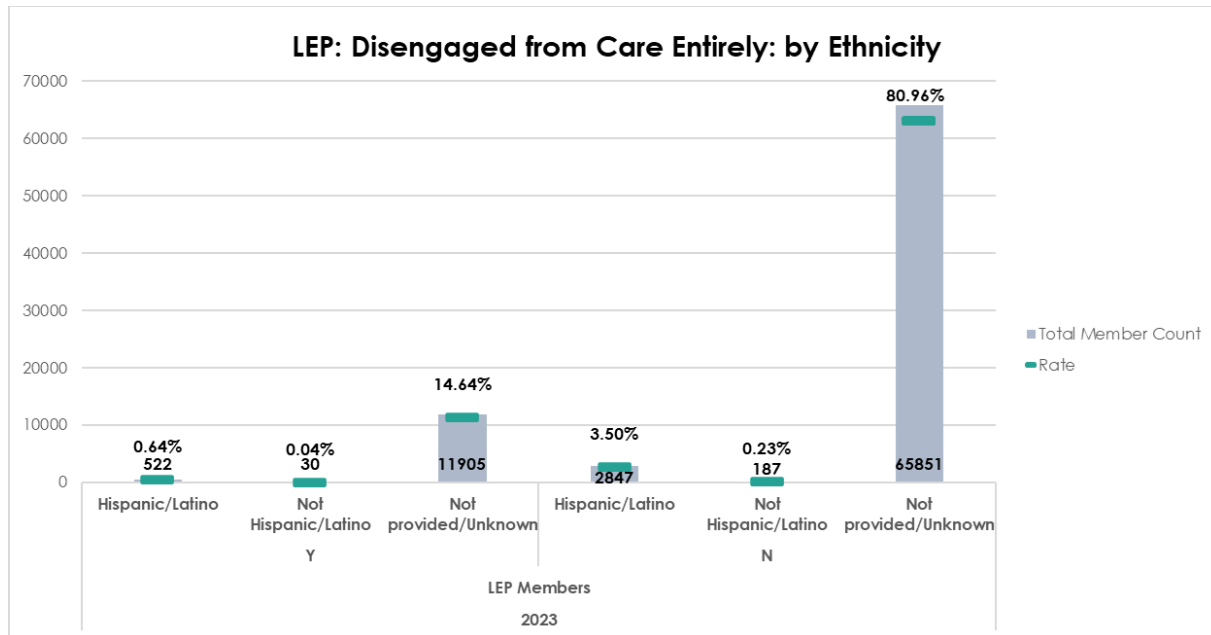
Stratification	Disengaged from Care		Engaged in Care	
<b>Gender</b>				
Female	5,412	6.65%	38,333	47.13%
Male	7,045	8.66%	30,552	37.56%
<b>Age Group</b>				
Birth – 5 years	491	0.60%	11,085	13.63%
6 – 11 years	1,202	1.48%	11,383	13.99%
12 – 20 years	3,663	4.50%	18,590	22.85%
21 – 64 years	6,165	7.58%	21,709	26.69%
65+ years	936	1.15%	6,118	7.52%





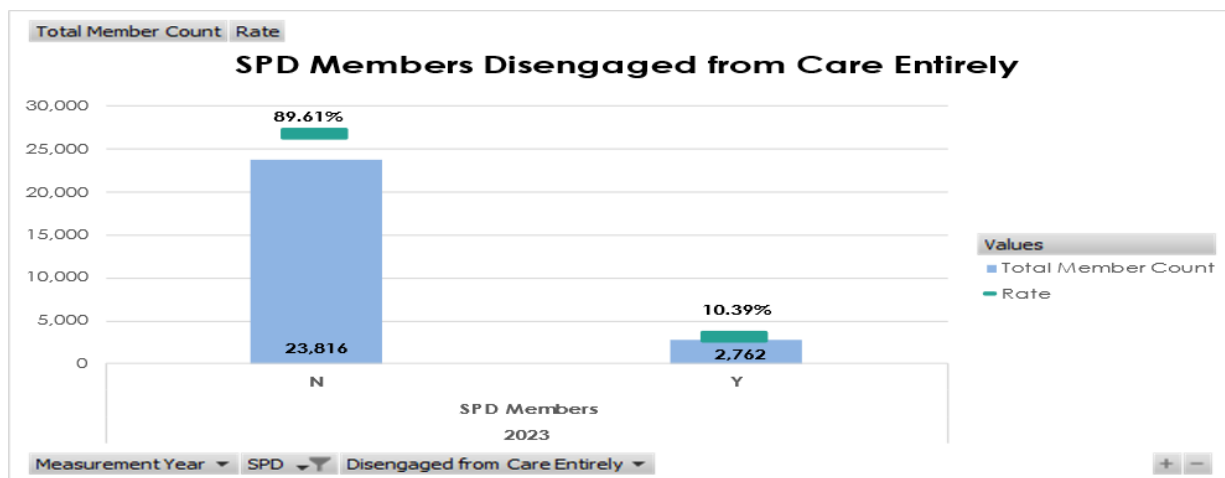
Stratification	Disengaged from Care		Engaged in Care	
	Count	Rate	Count	Rate
<b>Racial Category</b>				
American Indian and Alaska Native	1	0.00%	5	0.01%
Asian	142	0.17%	394	0.48%
Black or African American	2	0.00%	9	0.01%
Hispanic	10,776	13.25%	59,688	73.38%
Native Hawaiian and Other Pacific Islander	16	0.02%	69	0.08%
Some Other Race	106	0.13%	557	0.68%
White	569	0.70%	2,332	2.87%
Asked but No Answer	845	1.04%	5,831	7.17%
<b>Ethnicity Category</b>				
Hispanic or Latino	522	0.64%	2,847	3.50%
Not Hispanic or Latino	30	0.04%	187	0.23%
Not Provided/Unknown	11,905	14.64%	65,851	80.96%





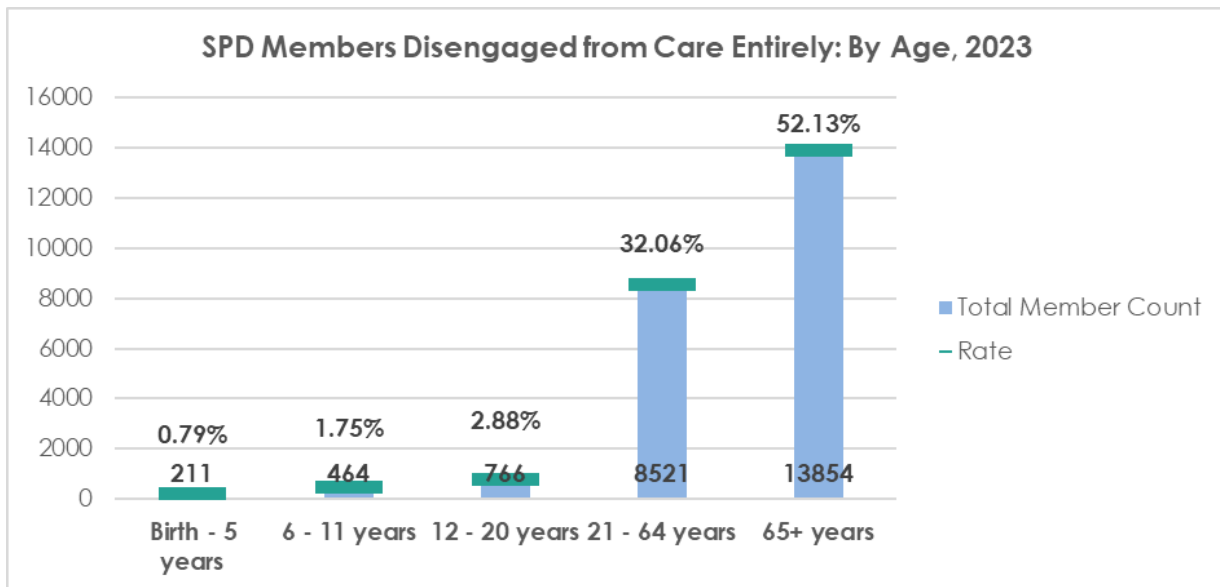
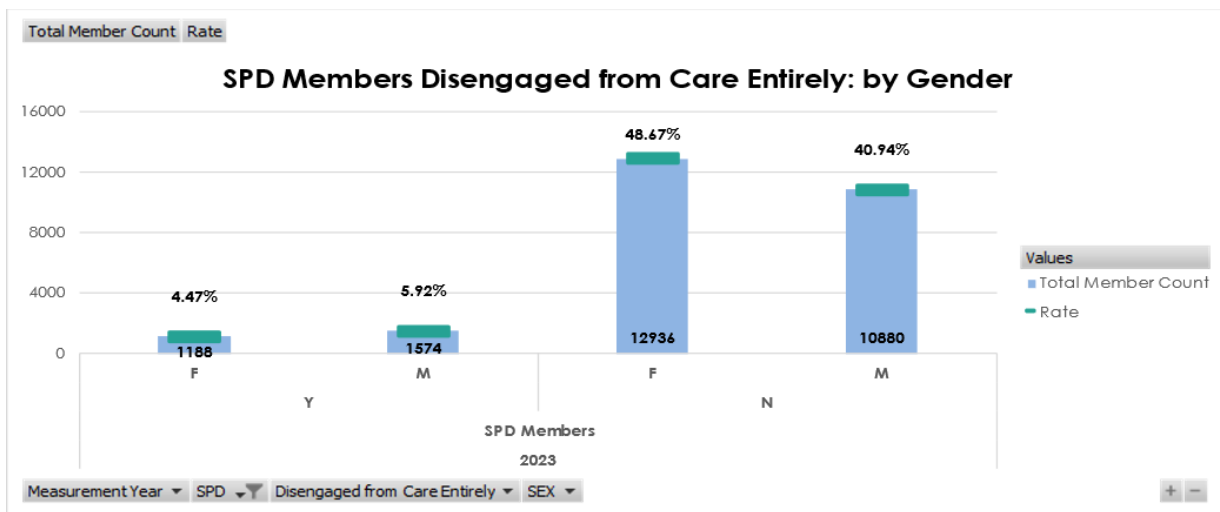
### “Disengaged” from Care Entirely - “SPD Population”

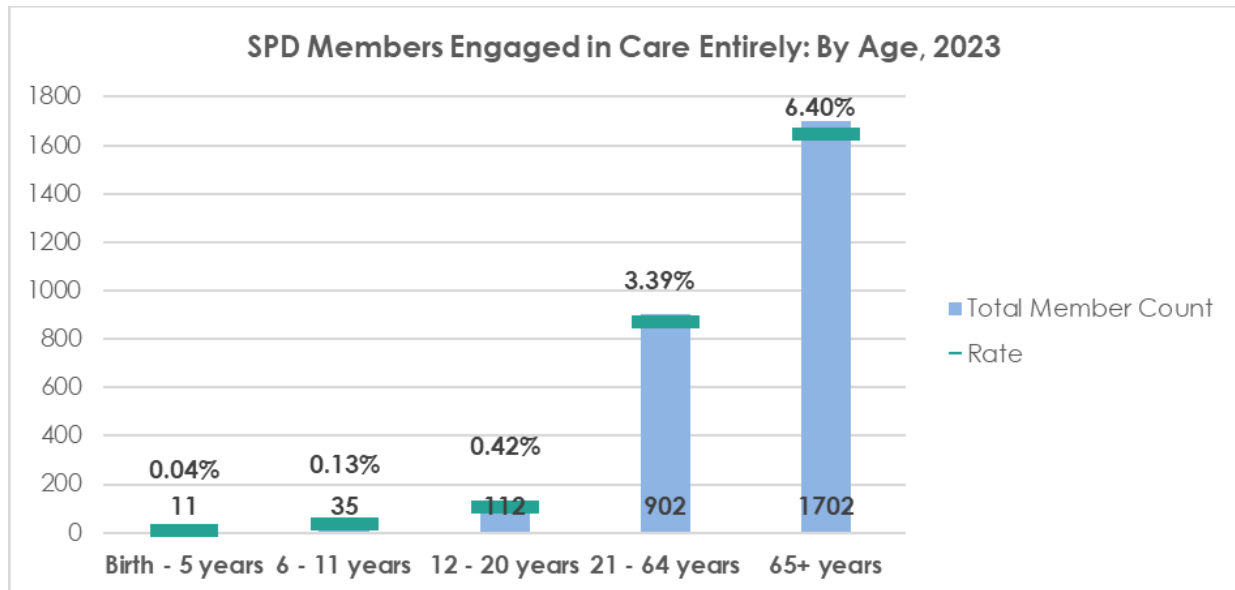
	Membership Total	Rate
SPD Members Disengaged from Care Entirely	2,762	10.39%
SPD Members Engaged in Care Entirely	23,816	89.61%



Stratification	Disengaged from Care		Engaged in Care	
Gender				

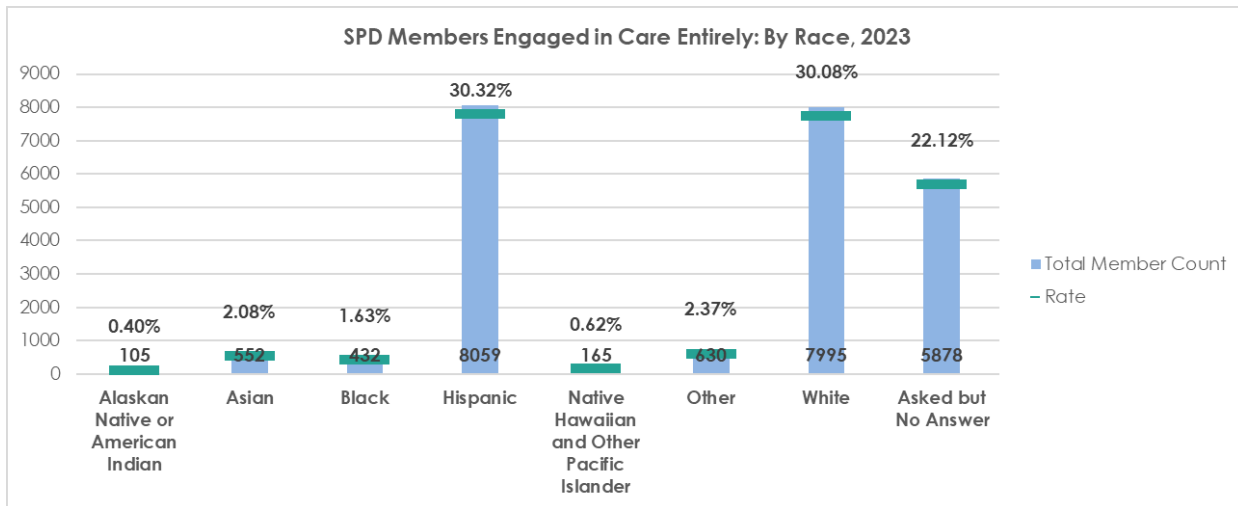
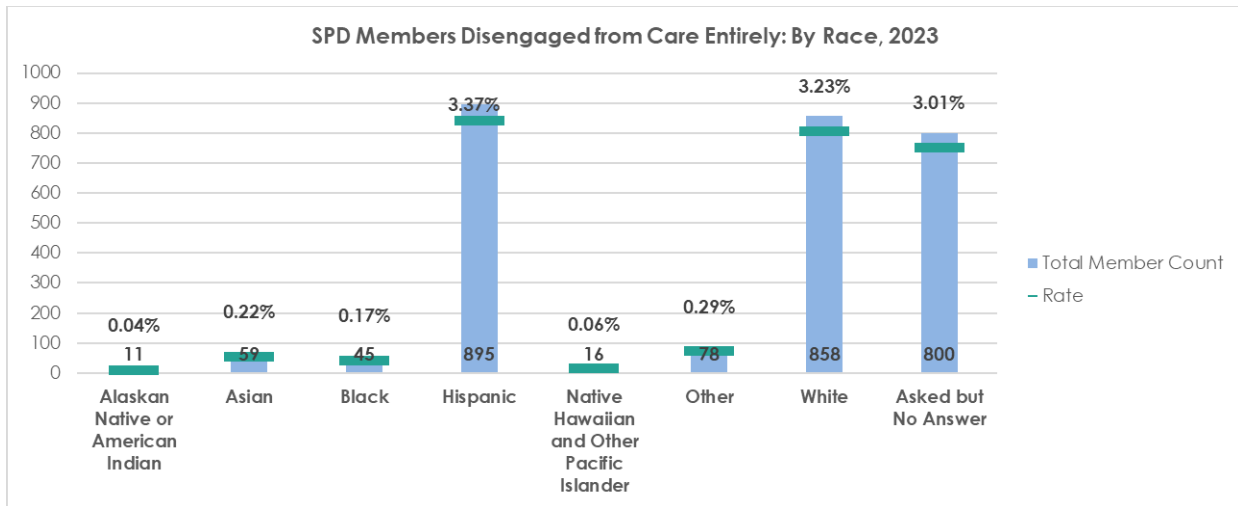
Female	1,188	4.47%	12,936	48.67%
Male	1,574	5.92%	10,880	40.94%
<b>Age Group</b>				
Birth – 5 years	11	0.04%	211	0.79%
6 – 11 years	35	0.13%	464	1.75%
12 – 20 years	112	0.42%	766	2.88%
21 – 64 years	902	3.39%	8,521	32.06%
65+ years	1702	6.40%	13854	52.13%

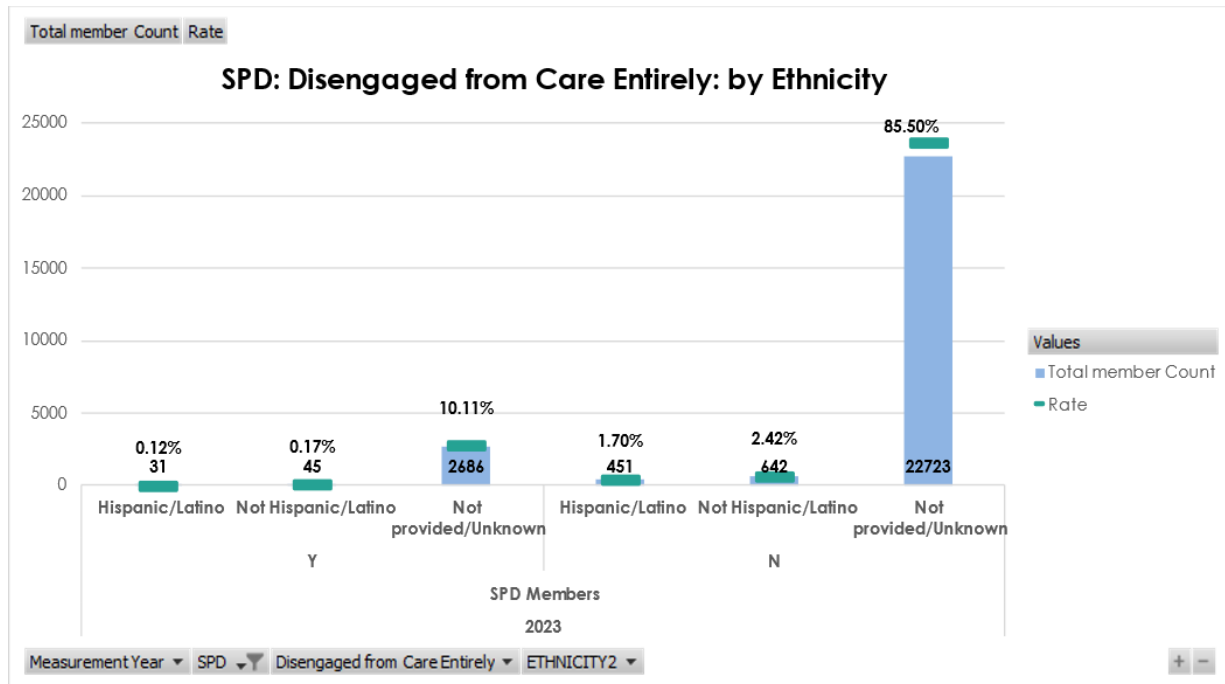




Stratification	Disengaged from Care		Engaged in Care	
	Count	Rate	Count	Rate
<b>Racial Category</b>				
American Indian and Alaska Native	11	0.04%	105	0.40%
Asian	59	0.22%	552	2.08%
Black or African American	45	0.17%	432	1.63%
Hispanic	895	3.37%	8,059	30.32%
Native Hawaiian and Other Pacific Islander	16	0.06%	165	0.62%
Some Other Race	78	0.29%	630	2.37%
White	858	3.23%	7,995	30.08%
Asked but No Answer	800	3.01%	5,878	22.12%
<b>Ethnicity Category</b>				
Hispanic or Latino	31	0.12%	451	1.70%
Not Hispanic or Latino	45	0.17%	642	2.42%
Not Provided/Unknown	2,686	10.11%	22,723	85.50%







**Qualitative Analysis for Health Equity Metrics**

**Barrier Analysis**

Since CenCal Health's RSS was implemented in 2023, the current barrier is that CenCal Health does not have more than one year's worth of this data. Additionally, the process to monitor the information is a manual process, which creates a strain on resources and hinders the ability to implement timely interventions.

**Actions Taken**

At this time, no actions have been taken to remedy the barriers identified. However, an intervention, specifically focused on disengaged members, is currently underway to implement wellness and prevention health education campaigns monthly. These campaigns are targeted to be operational starting January 2024.

**Evaluation of Effectiveness**

CenCal Health was effective in meeting its goal to implement a process to gather and compile the data and report results to the CEC quarterly.

**Opportunities for improvement**

An opportunity for improvement is to collaborate with CenCal Health's IT Department to automate the compilation of data and graphs. An additional opportunity for improvement is to implement interventions to increase engagement. An intervention, specifically focused on disengaged members, is currently underway to implement wellness and prevention health education campaigns monthly. These campaigns are targeted to be operational starting January 2024.

## **Conclusion**

The CEC successfully determined and monitored all metrics included on the CEC 2023 Work Plan.

2023 was a year of significant transformation for this oversight committee with a new Charter and new objectives to expand from a committee that typically only oversaw the quality sub-committees, NMC, CQC and MSC, to a committee that now oversees these sub-committees and also now the full Member, Provider and Health Equity Experience.

The CEC members determined the metrics to be observed quarterly in early 2023 that contribute to the Member and Provider Satisfaction Experience, and regularly reported on performance and overall health of the member and provider experience.

Additionally, the CEC, through significant efforts made by the Population Health and Quality Teams to report on population stratifications, sought out disparities in Health Equity among CenCal Health's member population for members engaged and disengaged in care. The focus was to look at stratifications by race, age, ethnicity etc. for the general population in comparison to vulnerable populations such as SPD, LEP and Homelessness.

The CEC has significant work to carry forward into 2024 related to on-going oversight of these metrics and the quality sub-committee key findings for improvement.

Addressing health disparities that are identified through data and now being analyzed regularly at CEC, will be the next positive actions that CEC will take towards reducing disparities that exist for CenCal Health's membership.

CEC will continue to monitor all the metrics included on the 2024 CEC Work Plan to identify potential opportunities to improve the Member, Provider and Health Equity Experience.



**2023**

**Quality Improvement and Health Equity Transformation  
Program Evaluation**

**Member Support Committee (MSC)**

**Approval Date:**

## Executive Summary

The Member Support Committee (MSC) monitored all metrics identified on the MSC 2023 Work Plan for compliance toward regulatory or internal goals and for effectiveness of interventions that were designed to address barriers identified from the 2022 MSC Work Plan Evaluation.

### Key highlights from the 2023 Work Plan Evaluation follow below:

#### Call Center Highlights:

- **Member Services (MS) Phone Queue Aggregate Call Volume** in 2023 increased significantly from 2022 with a total call volume of 106,596 up from 95,271, a 12% volume increase, with a normalized 6% per thousand members per year (PTMPY) increase. The average in 2022 of 7,939 calls/month, increased to an average in 2023 of 8,883/month. The Medi-Cal Renewal Process beginning in July 2023, Health Risk Assessments (HRA) Annual Mailing for all members and implementation of the new Member Portal in April 2023 were key drivers of increased volume in 2023.
- Behavioral Health Call Center volume decreased by 18% PTMPY and 14% in aggregate from last year as members have learned about the open access to call and schedule services directly with providers for mental health needs.
- **Average Speed to Answer (ASA), Calls Waiting in Queue 10 Minutes or Longer, and Abandon Rates were impacted by volume increases and longer handle times experienced.** With Member Services staffed to handle the call volume from 2022 averages and experiencing a 900+ monthly average of calls above the rates in 2022, in addition to AHT increasing from 4.20 minutes/call to 6.09/call in 2023, the ASA monthly goal of answering 85% of calls within 30 seconds was unachievable and reflected performance at 79%. The Abandon Rate goal of 5% or less was still exceeded at 3.4%. There were 175 calls waiting in queue over 10 minutes before answer in 2023, missing the goal of zero (0).

Behavioral Health Call Center ASA goal was 92% and abandon rate was 2%. Only 15,000+ calls in 2023 for the Behavioral Health Call Center.

- **Call Tracking System:** Staff coded 95% of aggregate calls in 2023 meeting goal and the Behavioral Health Call Center tracked 98% of calls, exceeding goal.
- **1<sup>st</sup> Call resolution performance** was 93% of calls resolved at the time of call/same day for 2023 (goal is 90%), while only 3% of members called back within 72 hours for the same reason (goal is 5% or less).

#### Grievance & Appeals (G&A) System Highlights:

- **CenCal Health's G&A Process received zero (0) findings** on the 2023 Department of Health Care Services (DHCS) Medical Audit.
- **New Aggregate G&A Metric developed in Quarter 1 of 2023.** Aggregate tracking goal changed for performance toward the goal of meeting or exceeding the Statewide G&A State Benchmark Rate from the previous year of 2.7 PTMPM. The data for CenCal Health for 2023 shows a significantly lower PTMPM of 0.84 PTMPM from the State Benchmark Rate. Prior year rates were analyzed differently for the distinct types of grievances and appeals, and the Aggregate Rate consisted of standard and expedited grievances and appeals, with declined grievances and exempt grievances monitored under separate metrics. The metric changed as part of the Organizational Dashboard creation.
- **Standard/Expedited grievances/appeals volume** was 607. 75% were various grievances and 25% of volume were appeals. CenCal Health experienced a 23% increase in volume from 492 in 2022, related to an increase in quality of care grievances and appeals filed, with no trends of significance against any provider(s) or for appealed services.
- **Grievance & Appeals Resolution Times** did not meet the 100% compliance goal for standard grievances and appeals to be resolved within 30 days, with only one standard grievance not meeting goal, but following protocol to advise member of status for closure.
- **Appeal Trends for 2023:** 151 Appeals received. This was a 20% increase from 2022 (126 appeals) with a few minor trends reflected through increases of speech therapy, durable medical equipment, and behavioral health appeals.
- **Exempt Grievance Findings:** There were 835 "exempt" grievances in 2023. The "exempt" grievance category allows for separation of member dissatisfaction from standard call inquiries where a member does not want to file a formal grievance. All were for members who requested primary care physician (PCP) re-selections for dissatisfaction related to access, demeanor or office environment. This reflects only a 0.30 PTMPM dissatisfaction from this data.

#### Cultural & Language Access Program Highlights:

- **Access to Interpreter Services:** Voice-only interpreter services through Certified Languages International (CLI) per month increased significantly in 2023 from 2022 with a monthly average of 621 (previous 372 monthly average). Approximately 92% of these services were for Spanish. This increase in requests was due to short-staffing in the Behavioral Health Call Center of Spanish-speaking representatives, coupled with extensive marketing of availability of interpreter services in member materials. There was a significant increase in requests for Video Remote Interpreting (VRI) with 374 total services in 2023 (up from 39 in 2022, and only 2 in

2021 when services were first made available). There were 181 face-to-face interpreters scheduled with the majority for American Sign Language and for Mixteco speakers.

- **New All-Staff and Provider training on Cultural Competency, Sensitivity and Health Equity** developed and completed by all CenCal Health staff and at a Provider Training in October 2023.
- Member Services and Population Health staff leveraged CenCal Health's **New Member Portal and Membership/Eligibility Screens to begin to capture self-reported, member Sexual Orientation, Gender Identity (SOGI) and Ethnicity data.** The Portal allows for self-entry of these data by members, and Member Services Representatives (MSR) can now gather during calls when members offer the data.
- **Spanish In-person interpretation provided in 2023 at CenCal Health's Community Advisory Board (CAB), including full materials translation for the CAB meetings.** CAB membership includes Limited English Proficient (LEP) representation and CenCal Health is dedicated to Health Equity in helping LEP members participate equally in CAB meetings.

Member Satisfaction (Member Experience) Highlights:

- **CAHPS 2023**
  - **CenCal Health tied for #1 in Customer Service on the Adult Survey in 2023, following being ranked #1 in Customer Service in 2022 on the Child Survey** (N/A for the Child Survey in 2023 with fewer than 100 respondents).
  - **CenCal Health ranked #2 in CA on both the Adult and Child Surveys in 2023 in "Getting Care Quickly"**
  - **CenCal Health ranked #4 in CA on both the Adult and Child Surveys for "Overall Rating of Health Plan."**
  - Adults ranked their **"Personal Doctor" at 4<sup>th</sup> overall** and their **"Specialist Seen Most Often" also at 4<sup>th</sup> overall.**
  - Additionally, for **"Getting Needed Care," Adults ranked CenCal Health 7<sup>th</sup> overall** and on the **Child Survey, 8<sup>th</sup> overall.**
- **Member Services Phone Queue Customer Satisfaction Survey:** The survey resulted in 9,184 members completing the survey in 2023, an 11% response rate from all member queue calls eligible for the survey (member volume only). This is a two-question survey about the member's experience with the MSR on the call. The MS Team received top-tier satisfaction performance scores of 99% and 98%. Member Services received 569 compliments by voicemail from this survey for excellent service delivered in 2023.

- **New Member Welcome Automated Calls through TeleVox** continued in 2023 as did the two follow-up calls to all new members 14 days and 21 days after their initial New Member Welcome Call, encouraging members to return their HRA Surveys that were included in their New Member Welcome Packet.
- **Health Navigator New Member Outreach Campaign:** CenCal Health's Health Navigators also complete personal new member welcome call outreach for those members that have not selected a PCP and attempts are made to reach 65% of these members for additional new member outreach connection. The Navigators reached out to 65% of these members, providing successful orientation to an additional 40% of new members.
- **Targeted satisfaction surveys for members utilizing Ventura Transit services.** Results presented were from 122 members surveyed from December 2022 through February 2023. A series of questions to gather satisfaction on call center interaction during scheduling, driver pick up and drop off times, vehicle cleanliness, timeliness of arrival and return home and overall satisfaction with services, were asked. Scores ranged from 83% - 99% satisfied, with an overall experience rating average of 8 of 10 possible.
- **Aggregate Member Billing Volume and Turnaround Times** continue to see positive results. Aggregate Member Billing Issue totals for the 3-year comparison are as follows: 2021 = 912; 2022 = 802; and 2023 = 825. The G&A Team in Member Services processing member billing issues focused education and outreach efforts on high volume providers who bill CenCal Health membership most often, and educated members on actions that cause billing issues like forgetting to present insurance cards. 99% of contracted provider billing issues were resolved in 45 days and all billing issues received resolved in 120 days.
- **The Population Needs Assessment (PNA) was completed and monitored by the MSC.** Quarterly updates provided throughout 2023 for progress towards identified populations of focus and work plan strategies.

#### **Key Opportunities for Improvement:**

- Address staffing shortage in Member Services in consideration of the significantly increased call volume and average handle time increases ongoing for the last 6 months of 2023 and extending into 2024 with the new expansion population CenCal Health received. This will improve average speed to answer, abandon rate, call coding, first call resolution and other call center metric performance.
- Implement change strategy, including staff hiring and systems integration of call tracking and the Grievance & Appeals System, for the grievance classification



intake process to better align with classifying all expressions of dissatisfaction as grievances and to ensure processing every dissatisfaction as a grievance.

- New CenCal Health participation in the CAHPS-Clinical Groups (CAHPS-CG) Survey to improve member experience with providers and to help providers identify opportunities to assist members better.
- Continue to find new Mixteco interpreting service solutions and improve the available resources in the counties served.

**Background**

The MSC oversees those processes that assist CenCal Health's members in navigating CenCal Health's system to ensure that members are confident that they will receive the appropriate care from providers and excellent service from the health plan. This committee provides oversight of access, quality of service, and quality of care indicators, impacting membership and their ability to receive healthcare appropriately and timely. Through monitoring of appropriate indicators, MSC will identify areas of opportunity to improve processes. The MSC is also responsible for initiating review and providing recommendations for CenCal Health's performance on the Consumer Assessment of Health Care Providers and Systems (CAHPS) Survey annually. MSC also reviews and provides input as needed, on state-mandated Performance Improvement Projects (PIPs) as appropriate to this committee's Charter and any quality improvement activities within the scope of this committee and its Member Materials/Cultural & Language Access Program.

**Detail**

**Project/Program Title: Phone System Access & Service Performance Indicators**

**Activity Description**

The MSC is responsible to review access and service indicators related to CenCal Health's Member phone system to ensure compliance with contractual requirements and identify opportunities for member satisfaction and improvement related to the Member Services Department daily responsibilities. MSC evaluates access to the Plan through monitoring of access indicators such as telephone measures including average speed to answer and abandon rates and service indicators such as call volume, first call resolution performance and call tracking results.

**Quantitative Analysis & Trends for Member Phone System Access & Service Metrics**

**Description of Task: "Aggregate Call Volume"**  
**Goal:** "Monitor 'Aggregate Call Volume' for tracking & trending in comparison to previous year's mean and standard deviation away from mean above or below to identify increases/decreases in call volume of significance. Remain 'in control' with previous year mean (avg) volume."

<b>Requirement:</b> DHCS contractual requirement to monitor volume. Also, a service metric linking staffing needs and potential in-service of staff.						
Indicator Type	2021 YE Baseline PTMPY	2022 YE PTMPY	2023 YE PTMPY	YOY Δ	2023 % Points below (-) or above (+) Goal	Goal Met
QOS	533.95	434.05	459.50	-14%	6%	Yes

The table above shows CenCal Health’s 3-year trend for Call Volume performance toward the goal of remaining in-control with the mean/average monthly call volume from the previous year. The data shows a significant drop in PTMPY call volume of 19% from the baseline year of 2021 to 2022, with a significant increase in performance experienced in 2023, a 6% increase in PTMPY in 2023. The results indicate a 14% decrease in overall performance for 3-year comparison in terms of PTMPY; however, there was a significant increase in membership in the denominator of this metric, severely impacting PTMPY totals. Aggregate call volume totals for the 3-year comparison above are as follows: 2021 = 108,500; 2022 = 95,271; and 2023 = 106,596. While PTMPY reduced 14% from baseline year 2021 to 2023, the aggregate volume reduced by only 1.8%.

<b>Description of Task: “Aggregate Behavioral Health Call Center Call Volume”</b>						
<b>Goal:</b> “Monitor ‘Aggregate Call Volume’ for tracking & trending in comparison to previous year’s mean and standard deviation away from mean above or below to identify increases/decreases in call volume of significance. Remain ‘in control’ with previous year mean (avg) volume.”						
<b>Requirement:</b> DHCS contractual requirement to monitor volume. Also, a service metric linking staffing needs and potential in-service of staff.						
Indicator Type	2021 YE Baseline PTMPY	2022 YE PTMPY	2023 YE PTMPY	YOY Δ	2023 % Points below (-) or above (+) Goal	Goal Met
QOS	N/A	81.32	66.40	-18%	-18%	Yes

The table above shows CenCal Health’s 2-year trend for Behavioral Health Call Volume performance toward the goal of remaining in-control with the mean/average monthly call volume from the previous year. CenCal Health brought the mild to moderate behavioral health benefit in-house effective January 1, 2022. However, there was a significant increase in membership in the denominator of this metric, severely impacting PTMPY totals. Aggregate BH call volume totals for the 2-year comparison above are as follows: 2022 = 17,872; and 2023 = 15,404. While PTMPY reduced 18% from baseline year 2022 to 2023, the aggregate volume reduced by 14%.

<b>Description of Task: “Average Speed to Answer (ASA) to Goal”</b>						
<b>Goal:</b> “Answer 85% of calls answered within 30 seconds”						

<b>Requirement:</b> Internal goal based on industry standards for performance monitoring of call center timeliness to answer.						
Indicator Type	2021 YE Baseline	2022 YE	2023 YE	YOY Δ	2023 % Points below (-) or above (+) Goal	Goal Met
QOS	78%	87%	79%	1%	- 6%	No

The table above shows CenCal Health's 3-year trend for ASA performance toward the goal of answering 85% of calls within 30 seconds. The data shows a 9% improvement from the baseline year of 2021 to 2022, with a significant decrease (8%) in performance experienced in 2023. The results indicate a 1% increase in overall performance for 3-year comparison. The 2023 year-end results did not meet the goal of 85% by 6%.

<b>Description of Task: "Abandon Rate to Goal"</b>						
<b>Goal:</b> "Abandon 5% or less of aggregate call volume"						
<b>Requirement:</b> Internal goal based on industry standards for performance ensuring call volume is abandoned as minimally as possible.						
Indicator Type	2021 YE Baseline	2022 YE	2023 YE	YOY Δ	2023 % Points below (-) or above (+) Goal	Goal Met
QOS	3%	2%	3.4%	-0.4%	+1.6%	Yes

The table above shows CenCal Health's 3-year trend for abandon rate performance toward the goal of abandoning 5% or less of aggregate call volume. The data shows a 1% improvement from the baseline year of 2021 to 2022, with a 1.4% decrease in performance experienced in 2023. The results indicate a 0.4% decrease in overall performance for 3-year comparison; still exceeding the goal however by 1.6%.

<b>Description of Task: "Calls Waiting in Queue Over 10 Minutes"</b>						
<b>Goal:</b> "Zero (0) calls waiting in queue over 10 minutes before answer"						
<b>Requirement:</b> Internal goal based 2024 DHCS Contract.						
Indicator Type	2021 YE Baseline	2022 YE	2023 YE	YOY Δ	2023 % Points below (-) or above (+) Goal	Goal Met
QOS	305 calls <0.003%	94 calls <0.001%	175 calls <0.002%	<0.001%	<0.001%	No

The table above shows CenCal Health's 3-year trend for Calls Waiting in Queue Over 10 Minutes performance toward the goal of zero (0) calls. The data shows a .002% improvement from the baseline year of 2021 to 2022, with a .001% decrease in performance experienced in 2023. The results indicate a .001% increase in overall performance for 3-year comparison; not meeting goal by .001%.

<b>Description of Task: "Calls Volume by Type"</b>
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<b>Goal:</b> "Monitor call volume by type for tracking & trending to identify increases/decreases in call volume types of significance."						
<b>Requirement:</b> Department of Health Care Services contractual requirement to monitor call volume by type.						
Indicator Type	2021 YE Baseline	2022 YE	2023 YE	YOY Δ	2023 % Points below (-) or above (+) Goal	Goal Met
QOS	104,464	93,198	93,413	N/A	N/A (Directly related to changes in volume YOY)	Yes

The table above shows CenCal Health's 3-year trend for calls coded in aggregate toward the goal of monitoring call volume by type for tracking and trending which can only be done if calls coding is occurring. The data shows a 10.5% decrease in overall performance for 3-year comparison. Caution in viewing differences YOY as coding numbers are directly affected by total call volume and thus not accurately comparable rates.

<b>Description of Task: "Call Tracking Coding Rate"</b>						
<b>Goal:</b> "Zero (0) calls waiting in queue over 10 minutes before answer"						
<b>Requirement:</b> Internal goal based 2024 DHCS Contract.						
Indicator Type	2021 YE Baseline	2022 YE	2023 YE	YOY Δ	2023 % Points below (-) or above (+) Goal	Goal Met
QOS	97%	97%	95%	-2%	0%	Yes

The table above shows CenCal Health's 3-year trend for calls coded performance toward the goal of 95% of calls to be coded. The data shows an even rate of success from the baseline year of 2021 to 2022, with a 2% decrease in performance experienced in 2023. The results indicate a 2% decrease in overall performance for 3-year comparison; however, it still meets the goal at 95%.

<b>Description of Task: "1st Call Resolution to Goal"</b>						
<b>Goal:</b> "Resolve 90% of aggregate calls by conclusion of call or same day"						
<b>Requirement:</b> Internal goal to contribute to member satisfaction with resolving issues timely at the time of service.						
Indicator Type	2021 YE Baseline	2022 YE	2023 YE	YOY Δ	2023 % Points below (-) or above (+) Goal	Goal Met
QOS	N/A	95%	93%	-2%	3%	Yes

The table above shows CenCal Health's 2-year trend for 1st Call Resolution performance toward the goal of 90% of calls to be resolved at time of call or same day.

The data shows a slight 2% decrease in 2023 from the baseline year of 2022 (N/A in 2021). The results indicate a 2% decrease in overall performance for 2-year comparison; however, it still exceeds the goal at 93%.

<b>Description of Task: "Percentage of Call Resolved with Member Call Backs within 72 Hours for Same Issue"</b>						
<b>Goal:</b> "Less than 5% of members needing to call back for same Issue within 72 hours"						
<b>Requirement:</b> Internal goal to contribute to member satisfaction with resolving issues timely at the time of service.						
Indicator Type	2021 YE Baseline	2022 YE	2023 YE	YOY Δ	2023 % Points below (-) or above (+) Goal	Goal Met
QOS	N/A	4%	3%	1%	2%	Yes

The table above shows CenCal Health's 2-year trend for 1st Call Resolution performance toward the goal for percentage of Call Resolved with Member Call Backs within 72 Hours for Same Issue of 5% or less. The data shows a slight 1% increase in 2023 performance from the baseline year of 2022 (N/A in 2021). The results indicate the percentage dropped by 1%, which is a positive experience in this metric as a reducing percentage is success in overall performance for 2-year comparison; and exceeds the goal at 3%.

**Qualitative Analysis for Member Phone System Access & Service Metrics**

*Barrier Analysis*

Significant increases in monthly call volume in 2023 (897 additional calls/month) over 2022 volume, without an increase in call center staffing levels in 2023, was the key barrier to ASA and Calls Waiting in Queue Over 10 Minutes performance and these metrics' inability to meet performance standards. All other phone system metrics, although meeting goals, were impacted as well because of this volume and particularly, extended call handle times.

The increased volume was compounded by extended average handle times up to 6.09 minutes per call, up from 4.20 minutes the previous year. The increase in AHT was caused by Medi-Cal reinstating the Medi-Cal Renewal Process starting July 1, 2023, after three years of paused negative redetermination actions during the COVID-19 public health emergency. Additionally, CenCal Health's implementation of a Member Portal in April 2023 generated more call volume for eligibility and renewal status questions and about account member portal access and account troubleshooting.

Significant increase in member mailings in 2023 were another force driving call volume to Member Services, particularly for the annual Health Risk Assessments mailed to every



member in 2023, and member confusion on whether the HRA was part of the required Medi-Cal Renewal Packet information to be returned.

#### *Actions Taken*

Throughout 2023, Member Services implemented various actions to address the increased call volume and extended handled times. Call Center staff lunches were spread out across longer hours (11:30am-2:00pm) to ensure fewer staff off-queue at any given time. Additionally, back-up Member Services staff (Supervisors, Health Navigators, Trainer, and Grievance and Appeals) assisted in the queue during peak call volume periods throughout the year.

The Member Services leadership team closely monitored these increases in volume, monitoring call tracking and reporting on call volume increases for the reasons above to the Member Support Committee as documented in the MSC Minutes for each quarterly MSC meeting.

#### *Evaluation of Effectiveness*

The Member Services actions taken in 2023 to extend lunch periods with fewer staff out at a given time and back up assistance proved to help ASA, abandon rates and calls waiting in queue. However, the call volume is too great at current staffing levels at multiple times throughout the year to meet performance metrics regularly. 900 additional calls per month (448 daily call volume average), indicates a clear need to increase staffing. Additionally, an Erlang Call Center Calculator was used by the Director of Member Services which indicates at the current call volume trends and current AHT of the 2023 and early 2024 experience, that Member Services should have a team of 15 MSRs (currently 12).

#### **Opportunities for Improvement**

Call volume will likely remain elevated in 2024 as Medi-Cal members will have annual renewals to complete with limited access to call centers at the local Department of Social Services (DSS) offices. January 2024 call volume is significantly higher averaging 645 calls/day due to Medi-Cal Expansion and an increase of 15,776 members effective 1/1/24. Additional regulatory requirements to correspond with members more effectively on additional benefits will also continue, including a requirement for sending approval letters for all authorization decisions (800+ a day).

Member Services cannot succeed towards goals at these call volume levels and current staffing levels. CenCal Health's Director of Member Services took action due to sustained call volume increases since July 2023: Requesting 5 new call center staff (3



MSRs, 1 Eligibility Representative and 1 NMT Transportation Liaison to assist with elevated and sustained call volume. This action was submitted through the MS Department Assessment Process and was completed after thorough discussion throughout the year by Member Services leadership.

This intervention is designed to fully address the short-staffing issue directly affecting ability to meet performance goals, and will account better for unscheduled absences and the various peaks of call volume triggered by new populations, new benefits, new Medi-Cal renewal processes, etc. Continued monitoring of the metrics above will be performed by Member Services and through the MSC.

**Project/Program Title: Grievance & Appeals System Access & Service Performance Indicators**

**Activity Description**

The MSC is responsible to review access and service indicators related to CenCal Health's Member Grievance & Appeals System and Process to ensure compliance with contractual requirements and identify opportunities for member satisfaction and improvement related to member dissatisfaction. MSC evaluates satisfaction with the Plan and provider through monitoring of access-related grievances and service indicators such as aggregate grievance and appeal volume, exempt grievance volume, turnaround times for grievance and appeal resolution and appeal trends.

**Quantitative Analysis & Trends for Member Grievance & Appeal Access & Service Metrics**

<b>Description of Task: "Aggregate Member Grievance &amp; Appeals"</b>						
<b>Goal:</b> "Meet or exceed the Grievance & Appeals PTMPM state benchmark rate of 2.7 PTMPM"						
<b>Requirement:</b> The Department of Health Care Services contractual requirement to monitor and address member grievances and appeals as outlined by contract and following all APL requirements.						
Indicator Type	2021 YE Baseline PTMPM	2022 YE PTMPM	2023 YE PTMPM (last 3 Qtrs)	YOY Δ	2023 % Points below (-) or above (+) Goal	Goal Met
QOS	N/A	N/A	0.84	N/A	69% below	Yes

The table above shows CenCal Health's new G&A aggregate tracking goal changed in Quarter 1 2023 for performance toward the goal of meeting or exceeding the Statewide G&A State Benchmark Rate from the previous year of 2.7 PTMPM. The data for CenCal Health's last 3 quarters of 2023 shows a significantly lower PTMPM call volume of 69% from the State Benchmark Rate (all data available).

Prior year rates were analyzed differently for the distinct types of grievances and appeals and the aggregate rate in 2021 and 2022 did not include member declined grievances and exempt grievances, therefore no rates were available to compare rates to. The goal also changed as part of the Organizational Dashboard creation as aggregate G&A rates were monitored strictly for comparison to previous year averages and not to the Statewide Benchmark, until the creation of CenCal Health's Organizational Dashboard.

<b>Description of Task: "Exempt Member Grievance &amp; Appeals"</b>						
<b>Goal:</b> "Monitor "Exempt Grievances" filed for tracking & trending in comparison to previous year's totals to identify increases/decreases in exempt grievance volumes of significance. Remain 'in control' with previous year volume or lower."						
<b>Requirement:</b> The Department of Health Care Services contractual requirement to monitor and address member exempt grievances outlined by contract and following all APL requirements.						
Indicator Type	2021 YE Baseline	2022 YE	2023 YE	YOY Δ	2023 % Points below (-) or above (+) Goal	Goal Met
QOS	873	859	835	N/A	4% below	Yes

The table above shows CenCal Health's 3-year trend for Exempt Grievance Volume and performance toward the goal of monitoring "Exempt Grievances" for tracking & trending in comparison to previous year's totals to identify increases/decreases in exempt grievance volumes of significance and to remain "in control" with previous year volume or lower. The data shows a slight 1.6% decrease from the baseline year of 2021 to 2022, with a 2.7% decrease in performance experienced in 2023. The results indicate a 4% overall decrease in exempt grievance volume for 3-year comparison; exceeding the goal by the reduced volume experienced.

<b>Description of Task: "Access-Related Standard and Expedited Member Grievance &amp; Appeals"</b>						
<b>Goal:</b> "Monitor Access-related Grievances filed for tracking & trending in comparison to previous year's mean and standard deviation away from mean above or below to identify increases/decreases in volumes of significance. Remain 'in control' with previous year mean (avg) volume."						
<b>Requirement:</b> The Department of Health Care Services Contract and DHCS APL 21-011 Requirements.						



Indicator Type	2021 YE Baseline PTMPY	2022 YE PTMPY	2023 YE PTMPY	YOY Δ	2023 % Points below (-) or above (+) Goal	Goal Met
QOS	0.15	0.33	0.27	-80%	18%	Yes

The table above shows CenCal Health's 3-year trend for Access Grievance Volume and performance toward the goal of monitoring "Standard and Expedited Access Grievances" for tracking & trending in comparison to previous year's totals to identify increases/decreases in access grievance volume of significance and to remain "In Control" with previous year volume or lower. The data shows a significant 120% increase from the baseline year of 2021 to 2022, directly related to CenCal Health's in-house transition of the Behavioral Health benefit for mild to moderate services, with an 18% decrease in PTMPY for access grievances experienced in 2023, also directly related to decreased in behavioral health grievance volume and reductions in transportation grievance volume as well related to access concerns. The results indicate a 4% overall decrease in exempt grievance volume for 3-year comparison; exceeding the goal by the reduced volume experienced.

**Description of Task: "Access-Related Exempt Member Grievance & Appeals"**

**Goal:** "Monitor access-related Exempt Grievances filed for tracking & trending in comparison to previous year's mean and standard deviation away from mean above or below to identify increases/decreases in volumes of significance. Remain 'in control' with previous year mean (avg) volume."

**Requirement:** The Department of Health Care Services Contract and DHCS APL 21-011 Requirements.

Indicator Type	2021 YE Baseline PTMPY	2022 YE PTMPY	2023 YE PTMPY	YOY Δ	2023 % Points below (-) or above (+) Goal	Goal Met
QOS	2.23	2.57	2.05	-8%	20%	Yes

The table above shows CenCal Health's 3-year trend for Exempt Access Grievance Volume and performance toward the goal of monitoring "Exempt Access Grievances" for tracking & trending in comparison to previous year's totals to identify increases/decreases in access grievance volume of significance and to remain "in control" with previous year volume or lower. The data shows a 15% increase from the baseline year of 2021 to 2022, with a 20% decrease in PTMPY for exempt access grievances experienced in 2023, related to reductions in PCP re-selections for access concerns. The results indicate an 8% overall decrease in exempt access grievance volume for 3-year comparison; exceeding the goal by the reduced volume experienced since the previous year.

**Description of Task: "Turnaround Times for Member Grievance & Appeals"**

**Goal:** "Resolve 100% of Grievances & Appeals within APL allowable timeframes."

- "Standard Appeals & Grievances = 30 days"
- "Expedited Appeals & Grievances = 72 Hours"
- "Exempt Grievances = Next Business Day"

**Requirement:** The Department of Health Care Services Contract and DHCS APL 21-011 requirements for timely resolution of member grievances and appeals of various types and urgency.

Indicator Type	2021 YE Baseline	2022 YE	2023 YE	YOY Δ	2023 % Points below (-) or above (+) Goal	Goal Met
QOS	100%	99.8%	99.8%	-0.2%	0.2% below	No

The table above shows CenCal Health's 3-year trend for Exempt Grievance Volume and performance toward the goals of resolving 100% of Grievances & Appeals within APL 21-011 allowable time limits. The data shows a slight 0.2% decrease from the baseline year of 2021 to 2022, with no additional rate of decrease in performance experienced in 2023. The results indicate a 0.2% overall decrease in performance to goal for 3-year comparison; goal not met in 2023 with one grievance requiring additional time to resolve outside of the allowable 30-day time limit.

**Qualitative Analysis for Member Grievance & Appeals System Access & Service Metrics**

*Barrier Analysis*

Any breakdown in the quality, access, or services offered by CenCal Health or the Plan's provider network have potential to cause increases in grievances and appeal volume.

Other factors that cause barriers to decreasing G&A volume are new and existing member understanding of the health care delivery system and covered benefits and services and whether expectations align with standard practices in health care.

Standard and Expedited G&A volume rose from 492 in 2022 to 607 in 2023, directly related to increased potential quality of care grievances filed and a significant increase in new membership. No trends of significance among the increase in quality of care cases filed. Barriers like those above exist and impact ability to eliminate grievance volume.

Outside of what observation of individual grievance cases addressed to improve member satisfaction with CenCal Health and its provider network, the grievance intake process was identified internally as a potential focus for re-design, to ensure compliance with classification of all member expressions of dissatisfaction.

### *Actions Taken*

A CenCal Health G&A Audit Remediation Workgroup was convened and met regularly in 2023 to review the G&A intake process to find best practices and transform the future intake process to include removing the M from asking if a member wants to file a grievance and instead automatically filing the dissatisfaction as a grievance. The workgroup was comprised of the Chief Medical Officer (CMO), Medical Directors, Chief Compliance Officer, Quality and Population Health Officer, Director of Member Services, G&A Manager, and more interdisciplinary team members of CenCal Health, in addition to a small consultant team from Health Management Associates (HMA)). The newly designed processes will include sending each dissatisfaction to the G&A Team to triage standard and expedited grievances and appeals, exempts, and those with not enough information, to determine the proper processing for each dissatisfaction to be investigated.

This group originally convened to address 2022 Medical Audit findings related to quality of care and quality of service letters requiring more clear and concise explanations in resolution to members. The workgroup then helped draft a new template letter and split the G&A policy and procedure (P&P) into a series of P&Ps for better clarity of processes.

### *Evaluation of Effectiveness*

CenCal Health received zero (0) findings related to its processing of member grievances and appeals as part of the 2023 DHCS Medical Audit, representing a significant achievement for 2023.

### ***Opportunities for Improvement***

Future G&A intake plans include removing the MSR from asking if a member wants to file a grievance and instead automatically filing the dissatisfaction and send to the G&A Team to triage standard and expedited grievances and appeals, exempts and those with not enough information, to determine the process each dissatisfaction will be assigned. Process, staffing, and technical needs are being finalized for a new future intake state effective April 1, 2024, at the latest.

This new intake process will allow CenCal Health to more closely align with the intent of APL 21-011 and the classification of any member dissatisfaction expressed as a grievance as well as processing all expressions of dissatisfaction as a grievance following the requirements for letters and standard processing, even when a member expressly declines to participate in the G&A Process.



On-going actions into 2024: Actively recruiting staffing and building technical integration of the HIS Call Tracking System, and the Grievance and Appeals Tracking System (COGS). Start date goal for official new intake process is March 1, 2024, latest April 1, 2024.

**Project/Program Title: Cultural & Language Access & Service Performance Indicators**  
**Activity Description**

The MSC is responsible for reviewing access and service indicators related to CenCal Health's Cultural & Language Access Program, ensuring compliance with contractual requirements and identifying opportunities for improvement. Such improvements include interpreting, translating, and alternative format needs of the Limited English Proficient (LEP) population, with a focus on cultural sensitivity and health equity for all members. MSC reviews metrics related to monitoring and delivery of interpreter services and overall Population Health and demographics of CenCal Health members through monitoring of the annual Population Needs Assessment.

**Quantitative Analysis & Trends for Cultural & Language Access & Service Metrics**

<b>Description of Task: "Aggregate Interpreter Service Utilization"</b>						
<b>Goal:</b> "Monitor "Aggregate Interpreter Services" secured for face-to-face, Video Remote Interpreting or Certified Language International voice-only services. Remain 'in control' with previous year mean (avg) volume."						
<b>Requirement:</b> The Department of Health Care Services contractual requirements for C&L Program Requirements to assist Limited English Proficient (LEP) populations and following all APL requirements.						
Indicator Type	2021 YE Baseline PTMPY	2022 YE PTMPY	2023 YE PTMPY	YOY Δ	2023 % Points below (-) or above (+) Goal	Goal Met
QOS	1.59	1.75	2.69	69%	54%	No

The table above shows CenCal Health's 3-year trend for Interpreter Service performance toward the goal of remaining in-control with the mean/average monthly call volume from the previous year. The data shows a slight increase in PTMPY interpreter services accessed of 10% from the baseline year of 2021 to 2022, with a significant increase in performance experienced in 2023, a 54% increase in PTMPY in 2023 from 2022. The results indicate a 69% increase in overall performance for 3-year comparison in terms of PTMPY. Aggregate interpreter service totals for the 3-year comparison above are as follows: 2021 = 3,871; 2022 = 4,612; and 2023 = 7,492. While PTMPY increased 69% from baseline year 2021 to 2023, the aggregate volume

increased by 94%. The PTMPY was impacted by significantly higher member months in the denominator of the percent change equation in 2023.

Additional interpreter access data:

Video Remote Interpreter (VRI) Requests (374): VRI requests averaged 44/month and was a significant increase when compared to 2022's average of 3/month.

- 91% of the video interpreters used were for Spanish translations.

Certified Languages International (CLI) Voice-only Requests (6,937): CLI requests averaged 621/month and was a significant increase when compared to 2022's average of 372/month.

- Spanish interpretation was 92% of the CLI voice-only requests. On average, CenCal Staff utilized Spanish CLI services 237/month, a significant increase compared to the average monthly volume in 2022 (73/month in 2022).

Face to Face Interpreter Requests were 181: Most were ASL and Mixteco.

<b>Description of Task: "Population Needs Assessment"</b>						
<b>Goal:</b> "Monitor CenCal Health's "Population Needs Assessment" findings and action plans, for PNA findings through the standing agenda report from CenCal Health's Health Promotion Educator(s)."						
<b>Requirement:</b> The Department of Health Care Services' previous contractual requirement was to conduct a PNA at least annually. CenCal Health must use the PNA to identify population-level health and social needs, including health disparities, and to provide and maintain culturally competent and linguistically appropriate services and translations. CenCal Health must implement health equity, health education, and continuous Quality Improvement (QI) programs and services, and determine relevant subpopulations for focused, person-centered interventions.						
Indicator Type	2021 YE Baseline	2022 YE	2023 YE	YOY Δ	2023 % Points below (-) or above (+) Goal	Goal Met
QOS	Completed	Completed	Completed	N/A	N/A	Yes

The table above shows CenCal Health's 3-year trend for annual monitoring by the MSC of CenCal Health's Population Needs Assessment Report and Action Plan each year.

**Qualitative Analysis for Cultural & Language Access & Service Metrics**

*Barrier Analysis*



CenCal Health's 2023 PNA was approved by the Quality Improvement and Health Equity Committee (QIHEC) in August 2023. Subsequently, CenCal Health has begun to restructure the report to meet National Committee for Quality Assurance (NCQA) Accreditation requirements. CenCal Health's Population Health staff within the Quality Department have been working to overhaul the report contents and methodology to align with NCQA Accreditation standards. This means CenCal Health will no longer implement strategies outlined in the approved PNA Action Plan but will instead address gaps as identified in the newly restructured PNA. This overhaul is not final and will continue into 2024.

For Interpreter Services, a significant barrier to remaining consistent with previous year average utilization occurred. CenCal Health's Behavioral Health Team lost several Spanish-speaking staff members and needed to rely solely on vendor relationships for providing Spanish interpretation for day-to-day, call center interaction for a period of months that included most of 2023. Spanish interpretation made up 92% of CLI (CenCal Health's language line service) requests in 2023.

A third barrier faced in 2023 for Cultural and Language Access was the growing need for Mixteco interpretation, with less availability of interpreters due to a shortage of available face-to-face interpreters in both counties.

A fourth barrier faced was/is the ability to obtain member sexual orientation, gender identity (SOGI) and member ethnicity data.

#### *Actions Taken*

Member Services hired a Cultural & Linguistics Services Manager on April 10, 2023, to oversee the day-to-day management of the C&L Program offerings to CenCal Health membership and to ensure proper training of all CenCal Health staff on cultural competency, sensitivity and health equity to meet DHCS and NCQA contractual standards. This was previously a C&L Coordinator role that needed to adapt to meet the growing importance and more significant interpreting, translation, and the cultural needs of the communities served.

CenCal Health signed a contract amendment with a Mixteco interpreting vendor service, MICOP, to enhance face-to-face availability and over-the-phone access to improve Mixteco access. CenCal Health's C&L Services Manager also improved process with CLI for their Mixteco scheduling, through communication with CLI staff to determine how much lead time is sufficient to secure Mixteco interpretation due to limited availability in contracted interpreters under CLI in 2023. CLI has since contracted with a few additional interpreters in hopes of improving access in 2024 and continues recruitment.



CenCal Health signed two new Spanish Face-to-Face Independent Interpreters to contracts for complex appointment Spanish face-to-face interpretation needs.

CenCal Health's Behavioral Health Call Center hired two new Spanish-speaking Call Center Representatives late in the year of 2023 to handle more day-to-day call volume internally using qualified staff within the Call Center.

For the collection of SOGI and ethnicity data, CenCal Health went live with a new, secure Member Portal in April 2023 that provides the ability for a member to populate their SOGI and ethnicity information directly through their portal account. An additional enhancement made to the HIS Membership/Eligibility Screen allows for MSRs to gather the member preferences for SOGI and ethnicity as well.

CenCal Health's Community Advisory Board (CAB) and the MSC were given the opportunity to provide input on the PNA process at the first meetings of 2023 meeting, January 12, 2023 (CAB) and February 9, 2023 (MSC) and an opportunity to provide input on the Action Plan objectives at the summer meetings, July 13, 2023 (CAB) and August 10, 2023 (MSC).

CenCal Health's Quality Improvement and Health Equity Committee (QIHEC) approved the PNA and Action Plan at the August 24, 2023 QIHEC Meeting. Revision of the PNA to ensure compliance with NCQA Accreditation standards and emerging regulatory requirements are underway. It will be presented back to the CAB and MSC as development/revision is completed.

### *Evaluation of Effectiveness*

CenCal Health has expanded access to meet membership's various needs for interpretation, translation of materials and to provide alternative format selections (braille, large print, data, and audio CD) upon request. These contracts include CLI, MICOP, AvantPage, Big Language Solutions and individual face-to-face contracts with ASL and two (2) new Spanish interpreters. With these expansions, CenCal Health is better equipped to handle all member needs.

In 2023, CenCal Health hired a Cultural & Linguistics Services Manager to improve oversight of these various C&L Program needs and to develop a new curriculum for CenCal Health's all-plan staff training on Cultural Competency, Sensitivity, and Health Equity. The training was revised to include Health Equity scenarios and to touch upon Diversity, Equity, and Inclusion (DEI). All staff completed this course by December 31, 2023. This was a key hiring for the Member Services Department and for CenCal Health to ensure that all regulatory requirements are met. This staff's expertise will also be a key contributor to the 2024 development of a separate DEI Training.



The tools established to gather member demographic updates, particularly for ethnicity and SOGI data, are now in place to enable CenCal Health to gather these metrics through self-reporting options, making the asks CenCal Health requests of members to gather this information less intrusive.

### ***Opportunities for Improvement***

CenCal Health will continue efforts to secure timely and readily available Mixteco interpreters working closely with CLI and MICOP through the C&L Services Manager to schedule members in advance and improve member satisfaction with readily available services. There is an opportunity to explore additional Mixteco contracts with Herencia Indigena among other independent contractors. Pricing was a barrier two years ago with the other known agencies previously, however this is an opportunity to revisit again a few years later, and as needs are rising.

Member Services will also look to recruit more bilingual Spanish- speaking and writing staff to assist the Call Center in fewer needs to outsource for interpreting and translation assistance. The goal is to recruit a few additional team members to CenCal Health's internal Translation Team, who performs most of the Spanish materials translation.

Member Services and Population Health staff can help gather more SOGI and ethnicity data for membership to better serve their needs. The tools are in place, and now the process of gathering the information respectfully and with success, building a database is the next challenge.

On-going actions into 2024: Revision of the PNA to meet the barrier of not meeting NCQA standards are underway and will be presented back to the CAB and MSC.

### **Project/Program Title: Quality & Service Performance Indicators for Member Satisfaction**

#### ***Activity Description***

The MSC is responsible for reviewing quality and service indicators related to CenCal Health's performance towards member satisfaction with the Plan services and the provider network. MSC review service metrics related to monitoring PCP selections and PCP requests for member reassignment reasons in addition to providers billing members for services and how quickly Member Services resolved these issues to improve member satisfaction. Additional metrics monitored for member satisfaction include review and analysis of Customer Satisfaction Survey Results (CAHPS, phone service, transportation).

#### ***Quantitative Analysis & Trends for Quality & Service Metrics for Member Satisfaction***

**Description of Task: "Call Center Member Satisfaction Survey"**

**Goal: "Receive scores of 95% or higher to the questions on this phone survey"**



- Phone survey question #1: "Was the Member Services Representative helpful and friendly? Yes or No"
- Phone survey question #2: "Do you feel the MSR helped you as much as they could at this time? Yes or No"

**Requirement:** Internal goal to compliment CAHPS Surveys with immediate feedback of satisfaction for providers and members for call center interactions. Two question satisfaction survey available for every incoming call at conclusion of the interaction with CenCal Health's Member Services Call Center.

Indicator Type	Question Number	2021 YE Baseline	2022 YE	2023 YE	YOY Δ	2023 % Points below (-) or above (+) Goal	Goal Met
QOS	Question 1	99%	99%	99%	0%	4%	Yes
QOS	Question 2	98%	98%	98%	0%	3%	Yes

The table above shows CenCal Health's 3-year trend for member satisfaction with the call center experience and performance toward the goals of scoring 95% or better to each question asked on the survey. The data shows high member satisfaction among those completing the survey, with no variation across 3-year evaluation period.

**Description of Task: "Annual Transportation Satisfaction Survey – Transportation Vendor Performance"**

**Goal:** "Monitor VTS's 'Transportation Satisfaction Survey' results annually."

**Requirement:** Internal goal to monitor member satisfaction with the transportation vendor's processes for scheduling, driver behavior, call center interaction and timeliness standards for appointment drop-off and pick-up times. Once a year, Ventura Transit will share the results with CenCal Health at the Joint Operations Committee.

Indicator Type	2021 YE Baseline	2022 YE	2023 YE	YOY Δ	2023 % Points below (-) or above (+) Goal	Goal Met
QOS	N/A	Completed (reviewed 2021)	Completed (reviewed in JOC instead in Mar. 2023)	N/A	N/A	N/A

The table above shows CenCal Health's 2-year trend for annual monitoring by the MSC of the VTS Transportation Satisfaction Survey each year. This was presented at the Joint Operations Committee (JOC) in March 2023 between CenCal Health and Ventura Transit Systems. This was not presented to MSC as the JOC took over this review. This metric will be removed from the MSC oversight for the MSC 2024 Work Plan as CenCal



Health formed a Transportation Oversight Committee (TOC) to monitor all vendor performance metrics going forward.

Results presented were from 122 members surveyed from December 2022 through February 2023. A series of questions to gather satisfaction on call center interaction during scheduling, driver pick up and drop off times, vehicle cleanliness, timeliness of arrival and return home and overall satisfaction with services, were asked. Scores ranged from 83% - 99% satisfied, with an overall experience rating average of 8 of 10 possible.

<b>Description of Task: “Consumer Assessment of Healthcare Providers &amp; Systems (CAHPS) Satisfaction Survey”</b>					
<b>Goal:</b> “Complete annual (when applicable) analysis for CAHPS Performance comparison to previous year scores, Medi-Cal Managed Care Averages and NCQA National Benchmarks and remain a top performing plan in California and above the 75th – 90th percentile of Medi-Cal Managed Care Plans nationally.”					
<b>Requirement:</b> CenCal Health Member Services to analyze performance scores received by membership in comparison to previous year scores, Medi-Cal Managed Care Averages and NCQA National Benchmarks with goals to improve yearly.					
<b>Comparison Domain</b>	<b>2019 Score</b>	<b>2021 Score</b>	<b>2023 Score</b>	<b>Plan Rank in 2023 24 MCPs</b>	<b>2023 NCQA Comparable Percentile</b>
Adult: Overall Rating of Health Plan	77.2%	76.8%	<b>78.3%</b>	<b>4<sup>th</sup></b>	<b>50<sup>th</sup></b>
Adult: Overall Rating of Health Care	75.2%	75.1%	<b>76.1%</b>	<b>7<sup>th</sup></b>	<b>50<sup>th</sup></b>
Adult: Overall Rating of Personal Doctor	82.3%	77.7%	<b>83.8%</b>	<b>4<sup>th</sup></b>	<b>50<sup>th</sup></b>
Adult: Overall Rating of Specialist	82.9%	78.2%	<b>87.3%</b>	<b>4<sup>th</sup></b>	<b>50<sup>th</sup></b>
Adult: How Well Doctors Communicate	90.6%	89.1%	<b>90.7%</b>	<b>14<sup>th</sup></b>	<b>50<sup>th</sup></b>
Adult: Getting Needed Care	80.8%	83.1%	<b>78.4%</b>	<b>7<sup>th</sup></b>	<b>50<sup>th</sup></b>
Adult: Getting Care Quickly	73.6%	80.9%	<b>80.6%</b>	<b>2<sup>nd</sup></b>	<b>50<sup>th</sup></b>
Adult: Customer Service	91.8%	N/A	<b>91.9%</b>	<b>1<sup>st</sup></b>	<b>50<sup>th</sup></b>
Child: Overall Rating of Health Plan	85.1%	90.6%	<b>84.9%</b>	<b>4<sup>th</sup></b>	<b>50<sup>th</sup></b>
Child: Overall Rating of Health Care	86.3%	88.1%	<b>81.3%</b>	<b>14<sup>th</sup></b>	<b>Statistically significantly below the 50<sup>th</sup></b>
Child: Overall Rating of Personal Doctor	90.9%	92.4%	<b>85.2%</b>	<b>16<sup>th</sup></b>	<b>Statistically significantly below the 50<sup>th</sup></b>
Child: Overall Rating of Specialist	78.3%	N/A	<b>N/A</b>	<b>N/A</b>	<b>N/A</b>

Child: How Well Doctors Communicate	90.5%	92.7%	<b>92.9%</b>	<b>10<sup>th</sup></b>	<b>50<sup>th</sup></b>
Child: Getting Needed Care	81.5%	84.6%	<b>80.1%</b>	<b>8<sup>th</sup></b>	<b>50<sup>th</sup></b>
Child: Getting Care Quickly	84.3%	85.0%	<b>86.0%</b>	<b>2<sup>nd</sup></b>	<b>50<sup>th</sup></b>
Child: Customer Service	91.4%	88.3%	<b>N/A</b>	<b>N/A</b>	<b>N/A</b>
<i>*N/A - Fewer than 100 respondents considered not statistically significant and not reported.</i>					

The table above shows CenCal Health's 3-year trend for annual monitoring by the MSC of the CAHPS Satisfaction Survey Results. The 2023 results were posted to the DHCS website for the first time on January 11, 2024. Therefore, MSC will not be able to fully analyze the 2023 results until 2024 MSC meetings.

Preliminary review of the 2023 CAHPS results reflect that:

- CenCal Health was a Top 10 performing plan in 11 of 14 comparison categories where CenCal Health had 100 respondents or more. There were two comparisons with fewer than 100 respondents and therefore marked “N/A.”
- CenCal Health ranked tied for #1 in Customer Service on the Adult Survey in 2023, this following being ranked #1 in Customer Service in 2022 on the Child Survey (N/A for the Child in 2023).
- CenCal Health also ranked #2 in CA on both the Adult and Child Surveys in “Getting Care Quickly”.
- CenCal Health also ranked #4 in CA on both the Adult and Child Surveys for “Overall Rating of Health Plan.”
- Adults ranked their “Personal Doctor” at 4<sup>th</sup> overall and their “Specialist Seen Most Often” also at 4<sup>th</sup> overall.
- For “Getting Needed Care,” Adults ranked CenCal Health 7<sup>th</sup> overall and on the Child Survey, 8<sup>th</sup> overall.
- CenCal Health had two comparisons that scored statistically significantly below the NCQA 50<sup>th</sup> percentile, both on the Child Survey. Those comparisons were for “Overall Rating of Health Care” and “Overall Rating of Personal Doctor.”

Even with high plan rankings in CA, all are comparable with only the NCQA 50<sup>th</sup> percentile nationally. Very few CA Medi-Cal Managed Care Plans received scores near the 90<sup>th</sup> percentile in any comparison category. Most compared to the NCQA 50<sup>th</sup> percentile.

<p><b>Description of Task: “Aggregate Member Billing Issue &amp; Resolution Timeliness Monitoring”</b></p> <p><b>Goals:</b></p> <ol style="list-style-type: none"> <li>1. “Monitor CenCal Health's ‘Member Billing Receipts and Turnaround Times for Resolution’ to assist members in investigating bills received from contracted and non-contracted providers. Remain in control with previous year's mean and experience.”</li> <li>2. “Resolve 75% of Contract Provider Billing Issues within 45 Days.”</li> </ol>
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3. "Resolve 100% of ALL Billing Issues within 120 Days."

**Requirement:** Medi-Cal providers cannot bill, balance bill or otherwise attempt to collect payment for services provided to a Medi-Cal beneficiary unless member was made aware prior to receipt of the service that the service is not a Medi-Cal benefit or unless the member has a Share of Cost before benefit coverage officially begins. CenCal Health assists with research of member billing concerns.

Indicator Type	Goal Number	2021 YE Baseline PTMPY	2022 YE PTMPY	2023 YE PTMPY	YOY Δ	2023 % Points below (-) or above (+) Goal	Goal Met
QOS	#1	4.48	3.65	3.56	-21%	2%	Yes
Indicator Type	Goal Number	2021 YE Baseline % Resolved	2022 YE % Resolved	2023 YE % Resolved	YOY Δ	2023 % Points below (-) or above (+) Goal	Goal Met
QOS	#2	95%	99%	99%	4%	4%	Yes
QOS	#3	99%	100%	100%	1%	5%	Yes

The table above shows CenCal Health's 3-year trend for Member Billing Receipts and Resolution performance toward the goal of remaining in-control with the mean/average monthly billing issues filed from the previous year while resolving issues in timeframes established for contracted providers and overall issues. The data shows a significant decrease in PTMPY Billing Issue Receipts of 19% from the baseline year of 2021 to 2022, with another smaller decrease in PTMPY experienced in 2023, a 2% decrease in PTMPY in 2023 from 2022. The results indicate a 21% decrease in overall Member Billing Issues filed by members for the 3-year comparison in terms of PTMPY.

Aggregate Member Billing Issue totals for the 3-year comparison above are as follows: 2021 = 912; 2022 = 802; and 2023 = 825. While PTMPY decreased 21% from baseline year 2021 to 2023, the aggregate volume decreased by 10%. The PTMPY was impacted by significantly higher member months in the denominator of the percent change equation in 2023.

Additional goals for this metric for resolution timeframes were exceeded from the numbers reporting in the table above. The data shows a slight increase in performance to resolving contracted provider, Member Billing Issues by 4% from the baseline year of 2021 to 2023, with a 1% performance increase from 2021 to 2023, and as of 2023, a top-line performance of 100% of Member Billing Issues resolved within 120 days for all providers (contracted and non-contracted).

**Description of Task: “Member PCP Re-Selection Reasons & PCP Requests for Member Reassignment Monitoring”**

**Goals:**

1. “Monitor “Aggregate Member PCP Re-Selection Reasons” for tracking & trending each quarter to identify trends in re-selection reasons of significance and for trends against providers. Monitoring allows for identification of trends related to member satisfaction, understanding healthcare delivery system & potential barriers and for quality improvement opportunities for dissatisfaction-related concerns. Remain in control with previous year averages.”
2. “Monitor “Aggregate PCP Requests for Member Re-Assignment” filed for tracking & trending each quarter to identify trends in PCP re-assignment requests of significance and for trends by providers. Monitoring allows for identification of trends related to errors in assignment or changes to practice capabilities to serve members and/or related to member behaviors and compliance, to improve provider satisfaction. Remain in control with previous year averages.”

**Requirements:** The Department of Health Care Services contractual requirement for ensuring PCP assignment and ability to change primary care providers upon member’s request.

PCPs can request reassignment for administrative reasons/limitations such as capacity, age restrictions etc. and for member behavior/compliance reasons when unable to establish care or positive relationships and when following CenCal Health protocols for requesting reassignment.

Indicator Type	Goal Number	2021 YE Baseline Re-Selections	2022 YE Re-Selections	2023 YE Re-Selections	YOY Δ	2023 % Points below (-) or above (+) Goal	Goal Met
QOS	#1	24,313	23,320	23,802	-2%	-2%	Yes
Indicator Type	Goal Number	2021 YE Baseline PCP Re-Assigns	2022 YE PCP Re-Assigns	2023 YE PCP Re-Assigns	YOY Δ	2023 % Points below (-) or above (+) Goal	Goal Met
QOS	#2	238	424	825	247%	95%	No

The table above shows CenCal Health's 3-year trend for Goal #1 for Member PCP Re-Selection Reasons and performance toward the goal of remaining in-control with the mean/average monthly billing issues filed from the previous year. The results indicate a 2% decrease in overall PCP Re-Selections filed by members for 3-year comparison. This

goal was exceeded with the slight reduction overall re-selections sought and is made more impressive because the membership count monthly on average for 2021 was 219,771 and was 231,984 in 2023. More members, with fewer total re-selections was a combination for goal achievability.

Goal #2 for PCP Requests for Member Reassignments was not met. The data shows a significant increase in PCP Requests for Member Reassignments by 247% from the baseline year of 2021 to 2023. The barrier to meeting the goal was related to a few larger private PCP practices requesting mass reassignments of assigned members who were non-compliant with scheduling appointments to initiate care or for preventive care.

### **Qualitative Analysis for Quality & Service Metrics for Member Satisfaction**

#### *Barrier Analysis*

##### CAHPS

The Member Support Committee could not review the 2023 CAHPS results in 2023 as the Department of Health Care Services, through their External Quality Review Organization, Health Services Advisory Group, did not post the CAHPS Statewide All-Plan Comparison Report to the DHCS website until January 11, 2024. Scores were provided into the 2023 Work Plan Evaluation to complete a 3-year quantitative analysis for the common comparison domains.

Another barrier identified in review of the NCQA benchmark comparison to 2023 scores and in review of all Medi-Cal Managed Care Plans in California, is that all CA plans are comparable to the NCQA 50<sup>th</sup> percentile in almost all comparison ratings and composites, even for the best performing CA plans in each comparison, of which CenCal Health was in the top 10 in many. The challenge is to understand why CA plans do not rank higher in NCQA national comparisons.

##### Member Billing

Billing groups and provider awareness of members having Medi-Cal insurance and the knowledge not to bill a Medi-Cal beneficiary for services provided. The turnover of staff at the billing provider sites becomes a challenge to ensuring consistency in ceasing billing to CenCal Health members.

Other barriers include member lack of providing insurance information at time of service or in follow-up to receipt of a bill.

##### PCP Selections and Reassignments



Some of the barriers to reducing member re-selections are any breakdown in the quality, access, or services offered by CenCal Health PCPs, causing member to want to find another provider. With that said, the population's understanding of the health care delivery system, and allowable timeliness standards for appointments, often contributes to misunderstanding of appointment availability and scheduling practices that often are still within timeliness standards.

Private PCPs can request reassignment for members whenever they believe relationships are damaged, members are non-compliant with treatment, no-show to 3 or more appointments or for interpersonal and behavioral issues. FQHCs have more stringent requirements for requesting reassignment.

### *Actions Taken*

#### CAHPS

CenCal Health established a new organizational tactic in 2023 to enhance the member experience through the CAHPS survey analysis and seeks to find opportunities to improve. CenCal Health's Director of Member Services worked with CAHPS vendor, Press-Ganey to establish a contract to perform a CAHPS-Clinical Group 3.0 survey for CenCal Health in 2024. CAHPS-CG will allow for more detailed analysis of members' experience with their specific providers of service and will allow for targeted data results to share with the provider network for more actionable findings. CenCal Health will also participate in the DHCS, HSAG-led, CAHPS 5.0 survey in 2024 for further CAHPS results that will be used to enhance the member experience.

#### Member Billing

Ongoing outreach in 2023 to high-volume billing providers to address each individual member billing issue that was investigated will continue for 2024.

#### PCP Member Re-Selections and PCP Requests for Reassignments

CenCal Health reviewed Member PCP Re-Selection reasons quarterly at MSC and reported those related to access to the NMC quarterly. Additionally, one of CenCal Health's largest PCP groups, Community Health Centers of the Central Coast, requests quarterly reports midway through 2023 from Member Services to monitor member selections away from their practices to determine if there are any reasons to target for improvement. Even the top volume providers with the most re-selections away from their practices maintain a PTMPY total of 1 re-selection or fewer.

CenCal Health reviewed PCP reassignment requests in 2023 at the MSC and Network Management Committee quarterly meetings in 2023 and discussed the increases in reassignment requests by two network providers that are the key drivers to the significant increase in reassignment requests in 2023. Beginning early 2024, a workgroup will convene to analyze these reassignments closely and discuss potential solutions.



## *Evaluation of Effectiveness*

### CAHPS

CenCal Health's work to establish a new organizational tactic in 2023 to enhance the member experience through the CAHPS enabled the efforts to fund and participate in future CAHPS-CG surveying of membership and allows for more useful data that can be used for targeted interventions to improve the experience.

### Member Billing

CenCal Health was able to reduce the PTMPY volume of member billing issues in 2023 by 2% from 2022 because of the efforts of the Member Billing staff in Member Services working closely with billing providers to mitigate repeat billing experiences.

### PCP Member Re-Selections and PCP Requests for Reassignments

CenCal Health's monitoring of Member PCP Re-Selection reasons quarterly prompted one of CenCal Health's largest PCP groups, Community Health Centers of the Central Coast, to request reports to monitor member selections away from their practices to determine if there are any reasons to target for improvement.

CenCal Health's review of PCP reassignment requests in 2023 discovered the increases in reassignment requests by two network providers that are the key drivers to the significant increase in reassignment requests in 2023. This monitoring generated the need to form a small workgroup to analyze reassignments more closely and to talk about solutions to reduce these for the favor of members and providers.

## ***Opportunities for Improvement***

### CAHPS

CenCal Health's participation in the 2024 CAHPS-Clinical Group 3.0 survey is a wonderful opportunity to obtain more in-depth data for the member experience with their providers and for CenCal Health to find more targeted opportunities to use CAHPS data to support improvements.

### Member Billing

Ongoing efforts in 2024 to reduce member billing through education of billing providers and members on protocols for members to follow to avoid receiving bills, and for provider awareness that CenCal Health coverage is Medi-Cal coverage and members should not be billed in most circumstances.

### PCP Member Re-Selections and PCP Requests for Reassignments

CenCal Health will continue to monitor Member PCP Re-Selection reasons quarterly at MSC and report those related to access to the NMC quarterly. Attempts to be made to





identify and mitigate those issues related to selections made for member dissatisfaction: access, interpersonal reasons, etc.

CenCal Health workgroup to investigate the two private network PCPs that are the key drivers to the significant increase in reassignment requests in 2023 and find the best solutions for these providers and those members who have been non-compliant with the provider outreach to be seen for preventive care.

## **Conclusion**

The MSC successfully monitored all metrics included on the MSC 2023 Work Plan. 2023 was a year of significant Medi-Cal actions impacting members and generating higher volume of calls and correspondence with Member Services and CenCal Health generally.

The Medi-Cal Renewal Process and the changing landscape of Medi-Cal benefits and services highlighted through the CalAIM strategy generated more member contacts to the Member Services and Behavioral Health Call Centers.

CenCal Health also improved the Member Experience in April 2023 with the creation of a new Member Portal, offering secure account access to adult members with growing participation to over 10,500 member accounts, which allows electronic access to make changes and see benefit information for the same types of reasons they call to Member Services about.

Member satisfaction with CenCal Health was expressed through the various satisfaction surveys completed by CenCal Health membership in 2023. The CAHPS results, Member Phone Queue Survey and the Transportation Survey administered by the Ventura Transit System reflect very positive member satisfaction with the health plan and the provider network.

CenCal Health has significant work to carry forward into 2024. Related to the member experience, CenCal Health will participate in an additional CAHPS-Clinical Group Survey. CenCal Health's Grievance & Appeals Team will be adapting the grievance and appeals intake process in 2024 to align process more closely with the intent of the APL and G&A standards of practice. Member Services will also address struggling performance in call center metrics due to the substantial increases in call volume and correspondence coming to CenCal Health from its membership. Addressing staffing needs and system enhancements are some of the positive actions to be taken, and MSC will continue to monitor all the metrics included in the 2024 MSC Work Plan for compliance and to identify potential opportunities for improvement.

**CenCal Health**

**2023**

**Quality Improvement and Health Equity Transformation Program**

**Evaluation**

**Network Management Committee (NMC)**

**NMC: February 13, 2024**

## Executive Summary

The Network Management Committee (NMC) is responsible for overseeing and managing CenCal Health's provider network. The committee is responsible for ensuring the satisfaction of the provider network, and its delivery of high-quality, cost-effective healthcare services to CenCal Health members.

### Key highlights from the 2023 workplan evaluation follow below:

*Please note that many metrics have been revised slightly and those in italics are the ones currently monitored via the Organizational Dashboard.*

### Service/Satisfaction Metrics

- **Process PCP Requests for Member Reassignment**

- Process requests timely
- # of requests (PTMPMCY) to remain within control limits

Requests were processed timely each month (by the 9<sup>th</sup>) and the number of requests for the reason "Member No Shows" continued to be one of the most frequent reasons for a PCP to request member reassignment (year-end total was 92, compared to 59 in 2022). However, the greatest increase was in the reason category "Member Non-compliant with Treatment", with a year-end total of 231, compared to 84 in 2022. This was attributed to 2 PCPs who began requesting reassignment of large numbers of members who were not responsive to recall efforts, or otherwise lost to follow-up. A multi-departmental workgroup was formed in December to explore more effective approaches for these members.

- **Conduct a Provider Satisfaction and Needs Assessment Survey**

- *% of surveyed providers who are satisfied with CenCal Health*

In an effort to standardize the Provider Satisfaction Survey Process to enable comparison to other health plans, CenCal Health engaged Press Ganey to perform the 2023 survey. This vendor uses the same methodology and set of questions across plans, with a few "custom" questions chosen by each plan. The vendor collaborated with plan staff to determine a provider sample and conducted outreach using various methods over a period of time. That time period was extended 2 weeks based on feedback from the Provider Advisory Board, with additional outreach performed by plan staff. We are currently awaiting the results from the vendor.

- **Monitor PSR Phone Metrics**

- Call abandonment rate: *% of calls to Provider Relations abandoned*
- ASA within 30 seconds: *% of calls to Provider Relations answered within 30 seconds*

These phone metrics were new in 2023 and are intended to focus on Provider Relations staff responsiveness to providers to assist with questions and provide

support. Changes were made to the phone queue to increase call center coverage. The goals for these metrics were achieved each quarter, with the exception of ASA in Q3.

- **Timeliness of new provider credentialing**
  - *% of new providers credentialed within 90 days*

There were historically metrics for staff service level agreements for timeliness of initiating applications within 10 days once received, and timeliness of application processing (ready for approval) within 60 days of receipt. In Q1, the goals for both of these measures were increased from 90% to 98%. In the interest of monitoring the timeliness of the process end-to-end, a metric was developed for the Organizational Dashboard to measure initial applications approved within 90 days. The goal for this metric was met consistently Qs 2-4.

### **Quality Improvement Activities**

- **New Provider Orientations**
  - 100% offered within 10 days of effective date with CenCal Health: *orientations for all newly contracted providers initiated within 10 business days*
  - 100% completed within 30 days of effective date: *orientations for all newly contracted providers completed within 30 business days*

In Q1, one NPO was not offered timely and one was not returned timely by the provider. Through efforts to improve tracking, the goals for both metrics were met the remaining quarters at 100%

- **Timeliness of provider recredentialing**
  - 100% are recredentialed within 36 months of the last approval date: *providers due for recredentialing are approved by due date (every 36 months)*

Similar to initial credentialing, metrics for recredentialing focused on staff service level agreements for timeliness of application initiation and timeliness of application processing. When the goals were increased from 90% to 98%, they were met 50% of the time for quarters 1 through 3. Timeliness of approval by the due date met goal every quarter in 2023.

- **Ensure accuracy of provider directory data and provider data entry**
  - 90% accuracy of provider data prior to publication in the provider directory, in a sample audited by staff
  - 90% accuracy of provider data entry into the provider subsystem by staff, in a sample audited by staff

These metrics met goals each quarter except for Directory Accuracy in Q1, at 87%.

- **Perform FSRs/MRRs in accordance with DHCS requirements**
  - Complete DHCS-required IRR within 5% of DHCS Nurse Evaluator
  - Complete FSR/MRR for all PCP sites prior to member assignment and every 3 years or sooner if the office moves or there is a relevant QOC issue
  - CAP provided same day or within 1 business day of review
  - CAPs closed within required timelines
  - *% of FSR/MRRs completed timely*
  - *% of FSR/MRRs in good health*

The goals for completion of IRR and timeliness of CAP provision and closure were met throughout 2023 but were discontinued in favor of those measuring timeliness of periodic FSR/MRR every 3 years, and the percent of providers achieving an exempt passing score (not requiring a CAP). Qs 1, 2, & 4 all had one MRR with a CAP. All periodic FSR/MRRs were completed timely, and all initial FSRs were completed prior to member assignment.

### **Access Metrics**

- **Monitor Access to PCPs**
  - PCPs located within 30 minutes or 10 miles of a member's residence (met for 95% of members)
  - Analyze separately by county
  - Maintain contractual ratios of PCPs: members and physician extenders: supervising physicians
  - *% of in-network zip codes that meet DHCS time or distance standards for PCPs*
  - *PCP-to-Member Ratio SLO*
  - *PCP-to-Member Ratio SB*
  - *Physician-to-Member Ratio SLO*
  - *Physician-to-Member Ratio SB*

As with many NMC metrics, the ones for monitoring access to PCPs were reworded slightly for the Organizational Dashboard but are essentially the same metric. The time and distance (T/D) metric met the goal of 95% throughout 2023, with the same known outliers in a few remote portions of zip codes in CenCal Health's service area. Ratios of PCPs to members and physicians to members are always well within the requirements and are now being monitored separately by county.

- **Monitor Access to Specialists**
  - Specialists to be located within 45 miles or 75 minutes of members' residences (met for 95% of members)
  - Analyze separately by county
  - *% of in-network zip codes that meet DHCS time or distance standards for Core Specialists*

The metric monitoring access to specialists was also reworded and is now being measured separately by county. In aggregate, the T/D standards were met each quarter in 2023, but with a few known outliers, as with PCPs.

- **Monitor for adequate facilities, personnel, and emergency services**
  - Adequate to provide covered services to members
  - Adequate to provide emergency services 24/7 w/ one or more physicians and nurses at all times
  - Minimum 1 hospital meeting this criterion per county or area of county
  - *Hospitals to be located within 15 miles or 30 minutes of members' residences*

The metrics around facilities, personnel and emergency services were based on prior regulatory requirements and have always been met since CenCal Health is contracted with all acute care hospitals in its service area and all provide emergency services meeting these standards. We continue to measure T/D with a few known outliers in remote areas.

- **Monitor timely access for all appointment types as required:**
  - *PCPs have an urgent appointment available within 48 hours of the request at a rate 5% or greater than the state benchmark*
  - *PCPs have a non-urgent appointment available within 10 business days of the request at a rate 5% or greater than the state benchmark*
  - *Core specialists have an urgent appointment available within 72 hours of the request at a rate 5% or greater than the state benchmark*
  - *Core specialists have a non-urgent appointment available within 15 business days of the request at a rate 5% or greater than the state benchmark*
  - *Non-physician mental health providers have an urgent appointment available within 48 hours of the request at a rate 5% or greater than the state benchmark*
  - *Non-physician mental health providers have a non-urgent appointment available within 10 business days of the request at a rate 5% or greater than the state benchmark*
  - *Ancillary providers have an appointment available within 15 business days of the request at a rate 5% or greater than the state benchmark*
  - *For minimum of 90% of practices, waiting time in office, from scheduled time of appointment until patient is seen by provider, not to exceed 30 minutes*

Compliance with timely access standards has been measured for many years as per the current All Plan Letter on Annual Network Certification. Plan staff have historically conducted quarterly appointment availability surveys that mirror the methodology used by DHCS, and presented a comparison of those results each quarter. With the development of the Organizational Dashboard, the focus has shifted to comparing DHCS' results in surveying CenCal Health's providers to the

statewide averages of all plans' results. The goals for each metric are recalculated each quarter based on the previous quarter's statewide averages.

- **Monitor access to interpretation services**
  - % of PCP office staff aware of and able to access interpretation services
  - % of specialist office staff aware of and able to access interpretation services
  - % of mental health office staff aware of and able to access interpretation services
  - % of ancillary office staff aware of and able to access interpretation services

These metrics were added to NMC's workplan in Q3 of 2023 and are part of the Organizational Dashboard. Goals for all were met in Q3 & Q4.

### **Key Opportunities for Improvement**

- Identify a more effective approach to engage members whose assigned PCPs have been unable to recall them, rather than those PCPs requesting member reassignment. A cross-functional workgroup is exploring ways to collaborate with PCPs and for PCPs to report these members to CenCal Health.
- Continue to support PCPs through the FSR/MRR survey process as most are being surveyed against the new standards and tools for the first time since implementation. CAPs will likely be unavoidable particularly for the MRR portion as new requirements for preventive care may not have been addressed in medical records in the look back period.
- Using data analysis and through collaboration with multiple departments and provider and community partners, create and implement a Network Development Plan to address actionable gaps identified through time and distance studies. These include PCPs in a few remote areas and pediatric infectious disease specialists in northern San Luis Obispo County.
- A Network Development Plan should also consider findings from quarterly timely access studies, as CenCal Health is trending lower than the statewide average in many appointment types. The two primary reasons are practitioner shortages and data issues; the latter will require new ways to collect current provider data as well as considering how reporting (such as the 274 file) is derived from provider data that is configured to pay claims.

### **Background**

NMC monitors access to and availability of a robust network of providers adequate to deliver high-quality medical care that meets the ethnic, cultural, and linguistic needs of our members. This includes assessment of geographic distribution of practitioners and hospitals, the capacity of primary care practices, and the timely provision of urgent and nonurgent care. Population Health activities and member grievances related to

access are also considered. NMC provides oversight and direction to network development efforts to include innovative technologies, services, and benefits, while promoting collaborative opportunities with provider and community partners. NMC ensures that network providers receive training, tools, and support to enable them to work effectively with the plan and as Medi-Cal providers. The variety, frequency, and timeliness of provider training and new provider orientations are tracked, and provider attendance and satisfaction are measured. As a cross-departmental committee, NMC evaluates the customer service offered to providers from various outward-facing departments by monitoring call centers metrics and through an annual provider satisfaction and needs assessment survey.

## Detail

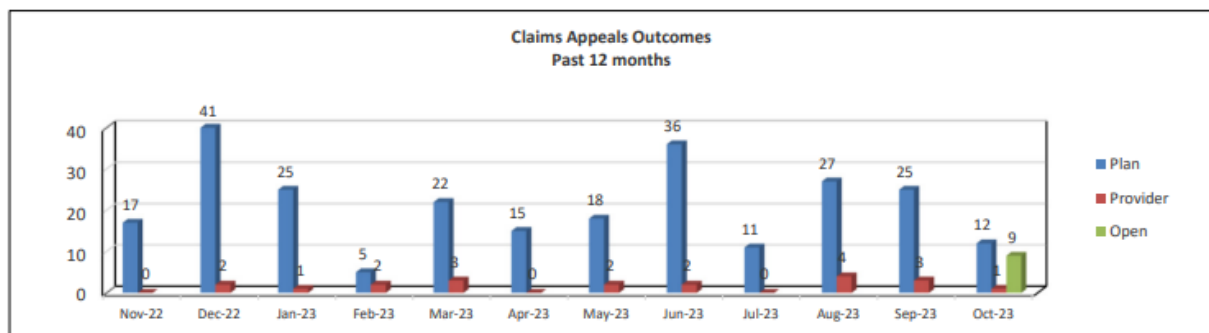
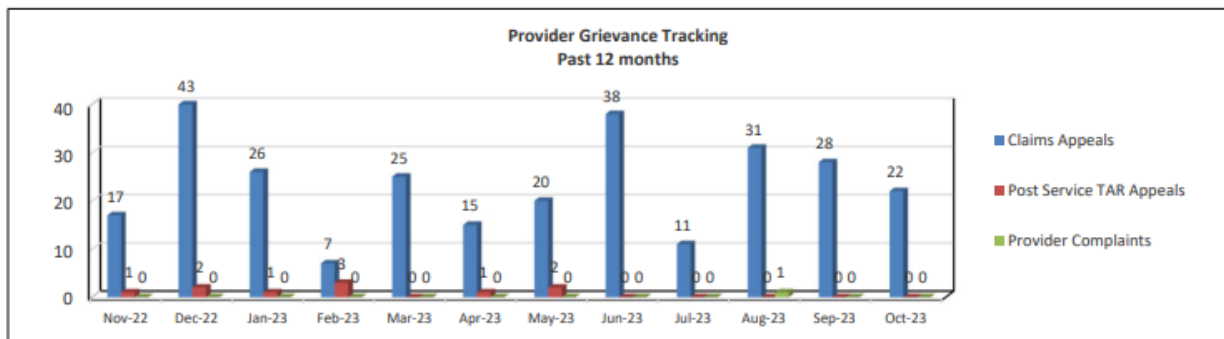
### SERVICE/SATISFACTION METRICS:

#### *Activity Description:*

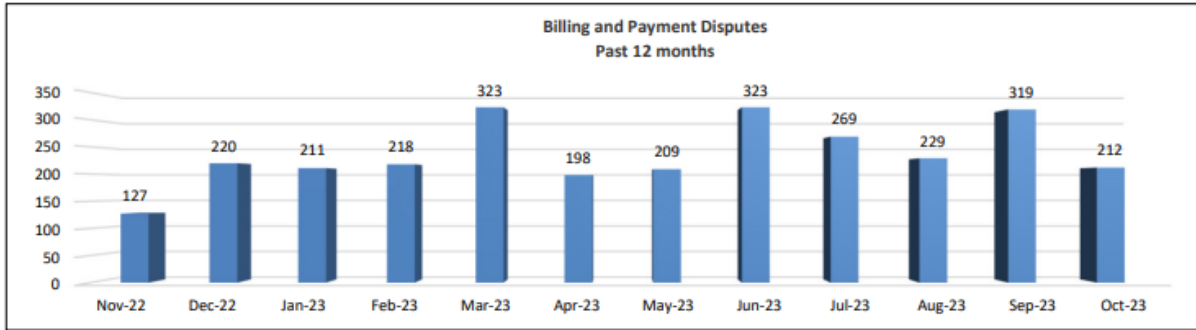
**Quarterly tracking of Provider Grievances to identify trends: Claims Appeals, Post Service TAR Appeals, Provider Grievances (including timeliness of Provider Grievance Resolution)**

NMC was tracking this overview of Provider Grievances in a rolling 12-month report, including claims appeals, post service TAR appeals and provider operational grievances.

#### *Quantitative Analysis and Trending of Measures*







Over the past 12 months and historically, the number of provider operational grievances is quite low, typically less than 5 per year. The timeliness of provider grievance resolution was only tracked on the NMC dashboard due to the low volume. Likewise, post service TAR appeals average less than 10 per year. Claims appeals have been ranging between approximately 10 and 40. Claims appeals outcomes are almost always in favor of the plan, indicating an effective claims adjudication process. Billing and payment disputes ranged between 127 and 323 per month.

The Claims Service Correspondence Metrics report includes more detailed and complete data regarding claims appeals and disputes, as depicted below:

Dispute Receipts																
Task Metrics	Jan-22	Feb-22	Mar-22	Qtr 1 2022	Apr-22	May-22	Jun-22	Qtr 2 2022	Jul-22	Aug-22	Sep-22	Qtr 3 2022	Oct-22	Nov-22	Dec-22	Qtr 4 2022
Disputes	171	215	205	591	243	198	234	675	237	227	167	631	210	149	227	586
Task Metrics	Jan-23	Feb-23	Mar-23	Qtr 1 2023	Apr-23	May-23	Jun-23	Qtr 2 2023	Jul-23	Aug-23	Sep-23	Qtr 3 2023	Oct-23	Nov-23	Dec-23	Qtr 4 2023
Disputes	220	288	377	885	229	242	326	797	285	254	328	867	241	265	254	760
Appeal Receipts																
Task Metrics	Jan-22	Feb-22	Mar-22	Qtr 1 2022	Apr-22	May-22	Jun-22	Qtr 2 2022	Jul-22	Aug-22	Sep-22	Qtr 3 2022	Oct-22	Nov-22	Dec-22	Qtr 4 2022
Appeals	30	17	31	78	19	29	29	77	30	29	17	76	19	18	20	57
Task Metrics	Jan-23	Feb-23	Mar-23	Qtr 1 2023	Apr-23	May-23	Jun-23	Qtr 2 2023	Jul-23	Aug-23	Sep-23	Qtr 3 2023	Oct-23	Nov-23	Dec-23	Qtr 4 2023
Appeals	19	8	15	42	13	23	38	74	20	27	35	82	23	32	33	88

## Qualitative Analysis

### Barrier Analysis

The decision was made to discontinue the summary report because each of these types of provider grievances are reported elsewhere and in more depth. The Claims report depicts the 2-year trend, and notes that the top three providers filing disputes continue to be Tenet (18%), Foothill Surgery Center (Sansum) (12%), and Sansum Clinic (11%). An ongoing issue with Tenet has been their use of a 3rd party biller that tends to submit the same disputes multiple times. Meetings with them seem to help temporarily and are held periodically. There was also recently a meeting with Sansum to explore the barriers and possible remedies.

### Evaluation of Effectiveness

Tracking the Claims Service Correspondence Metrics helps identify outliers who may benefit from a collaborative meeting, though provider staff turnover often contributes to the recurrence of issues, requiring periodic meetings.

### Activity Description:

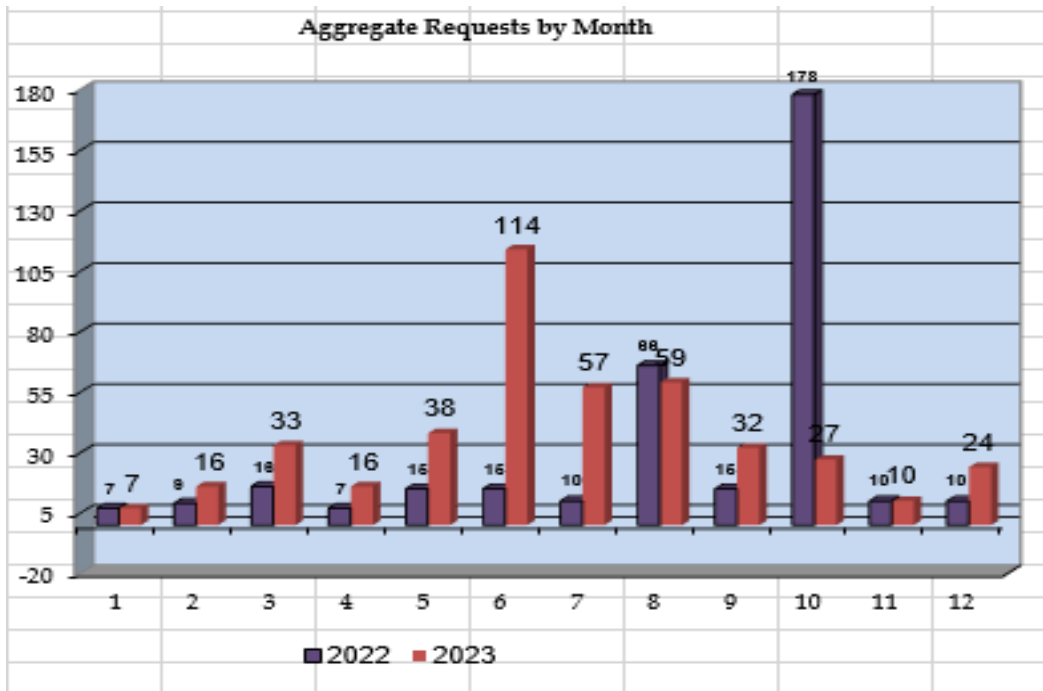
**Process PCP Requests for Member Reassignment: Process Requests Timely (by the 9th of each month), and # of requests (PTMPYCM) will remain within control limits**

The PCP Request for Member Reassignment process was developed to provide an avenue for PCPs to request that assigned members be removed from their case management for behavior deemed disruptive to the office or when there was a breakdown in the patient: practitioner relationship. Typically, the greatest volume of requests by reason are "Member No Shows" and "Member Noncompliant with Treatment Plan".

### Quantitative Analysis and Trending of Measures

The number of requests was less stable month to month throughout 2023 as compared to 2022 with several spikes, particularly mid-year. A shift was noted with an increase of requests for member noncompliance with treatment, and an increase overall in the total number of requests: 433 year-end 2023, compared to 358 year-end 2022.

	Totals				
	Q1	Q2	Q3	Q4	Year End
2022	32	37	91	198	358
2023	56	168	148	61	433



### Qualitative Analysis

#### Barrier Analysis

Analysis revealed that 2 providers submitted most requests (274 and 106, respectively), to remove members from their case management list who were not amenable to recall efforts or were lost to follow-up. This trend is partially due to PCPs' concern with the impact on their performance in quality incentive programs when they are unable to engage members for preventive care. Another factor is members who have relocated or are no longer eligible and will fall off their lists as Medi-Cal redetermination occurs.

#### Evaluation of Effectiveness

A cross-functional workgroup was formed in December and determined an initial intervention should include provider education about the reassignment process and the potential impact to performance in quality initiatives. This is planned for Q1 2024.

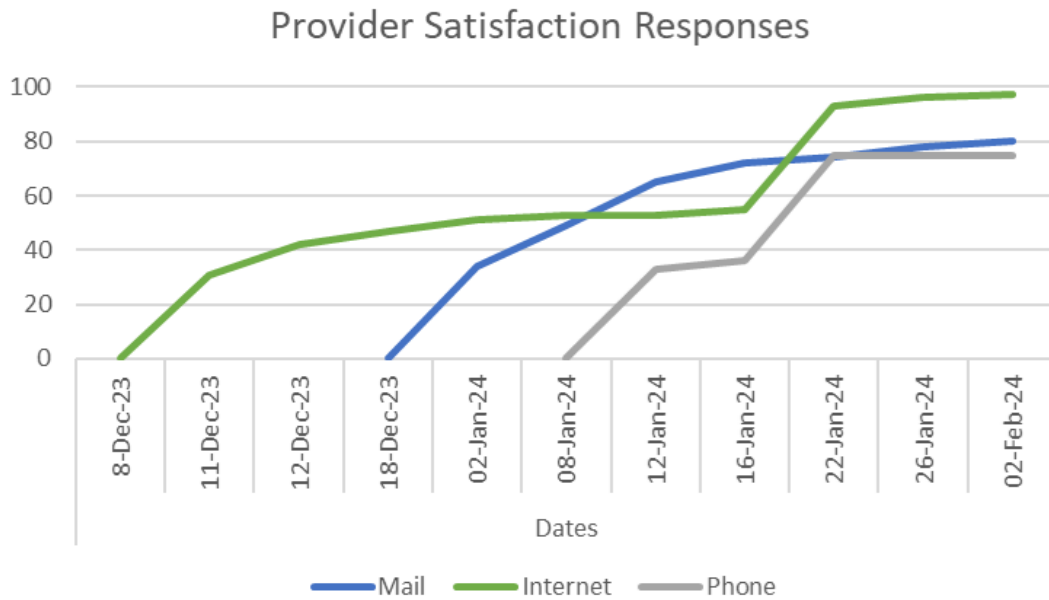
#### Activity Description:

#### **Conduct a Provider Satisfaction and Needs Assessment Survey: % of surveyed providers who are satisfied with CenCal Health**

Provider Services traditionally conducts a provider satisfaction survey annually to understand what processes are working well and how providers might be better supported. This survey had been performed internally by staff in the past, but a change in methodology was pursued in 2023 to enable comparison across other health plans.

#### Quantitative Analysis and Trending of Measures

After extending the timeframe for the survey by 2 weeks and conducting additional outreach by CenCal Health staff, the final response rate was 16.9, an increase over the rate at the original end date of 0.8 percentage points. Survey results are currently pending.



### Qualitative Analysis

CenCal Health engaged a vendor used by other plans, Press Ganey, who employs standardized questions with a few “custom” questions from which each plan can choose.

### Barrier Analysis

Results pending

### Evaluation of Effectiveness

Results pending

### Activity Description:

#### Monitor PSR Phone Metrics:

- **% of calls to Provider Relations abandoned,**
- **% of calls to Provider Relations answered within 30 seconds**

Phone metrics were added in 2023 to track provider access to the Provider Relations department. These are important aspects of customer services offered to providers and a key driver for provider satisfaction. NMC is monitoring the number of calls by month, the call abandonment rate, and the average speed to answer (ASA).

## Quantitative Analysis and Trending of Measures

### Provider Services Call Queue Metrics

	Goals	Jan.	Feb.	Mar.	Q1 2023	Apr.	May	Jun.	Q2 2023	Jul.	Aug.	Sept.	Q3 2023	Oct.	Nov.	Dec.	Q4 2023
Total Calls		620	743	801	2164	647	784	668	2099	712	837	640	2189	771	707	661	2139
Call Abandonment Rate	<5%	4.60%	3.30%	5.10%	4.30%	4.60%	4.50%	5.30%	4.80%	5.10%	4.30%	2.60%	4.00%	2.50%	3.20%	4.30%	3.30%
Avg. Speed of Answer	<30 sec	20 sec	18 sec	30 sec	23 sec	30 sec	27 sec	28 sec	28 sec	32 sec	25 sec	20 sec	26 sec	23 sec	23 sec	22 sec	23 sec
% of calls answered w/in 30 sec	> 85%	86.10%	87.20%	77.70%	83.70%	78.40%	79.60%	81.80%	79.90%	76.90%	84.50%	87.40%	83.70%	85.00%	82.80%	84.40%	84.10%

Call volume ranged from 620 to 837 per month in 2023. The goal for call abandonment rate is <5%, which was met each month except March, June, and July. The goal for ASA is <30 seconds, and this was met every month except July at 32 seconds, but March was at 30 seconds.

### Qualitative Analysis

#### Barrier Analysis

A trend was identified that the increase in call volume in Q4 was attributed to a higher than usual number of calls from members, third party billers and provider contract status inquiries. These misdirected calls suggest an opportunity to review how calls are directed by the phone tree and by other departments.

#### Evaluation of Effectiveness

The Provider Relations department has changed how the call center is staffed, including adding an assistant who can triage calls and emails. The Provider Services Representatives have also adjusted schedules to balance time on the phone queue with time spent out in the field. As a result, outcomes in Q4 exceeded those in previous quarters.

### Activity Description:

#### Timeliness of new provider credentialing: % of new providers credentialed within 90 days

NMC tracks the % of new providers whose initial credentialing was approved within 90 days, as an important factor in efficiently onboarding new providers. This supports network development and improves provider satisfaction.

## Quantitative Analysis and Trending of Measures

% of new providers credentialed within 90 days	↑	85.5%	90.0%	2022-Q4	Q422	98.0%	
% of new providers credentialed within 90 days	↑	85.5%	90.0%	2023-Q1	Q123	86.1%	
% of new providers credentialed within 90 days	↑	85.5%	90.0%	2023-Q2	Q223	91.5%	
% of new providers credentialed within 90 days	↑	85.5%	90.0%	2023-Q3	Q323	100.0%	
% of new providers credentialed within 90 days	↑	85.5%	90.0%	2023-Q4	Q423	100.0%	

The goal was met every quarter except for Q1 2023, when the rate was 86.1%. In Qs 3 and 4 the team achieved 100%.

### Qualitative Analysis

### Barrier Analysis

Staff identified that the date used in the query was the date the provider was effective in the network, which was not always the date the provider's initial credentialing was approved. Other factors impacting the effective date include contracting and enrollment delays and incomplete applications. The credentialing team was also addressing an internal corrective action plan to clear a recredentialing backlog, which significantly increased their workload in Q 4 2022 and Q1 2023.

### Evaluation of Effectiveness

As a result of process improvement efforts, the date used for the query is now the actual credentialing approval date. The development of an onboarding tracker now enables all teams to monitor the concurrent processes comprising onboarding (recruitment, contracting, credentialing, enrollment, FSR (PCPs only), and data configuration) for a more efficient process.

## QUALITY IMPROVEMENT ACTIVITIES:

### Activity Description:

#### **Assess attendee understanding and retention of material, and overall provider satisfaction with seminars: Survey seminar attendees (metric TBD)**

The Provider Relations department offers various provider training opportunities in different formats (virtual, roundtable, webinar...) and on a variety of topics. NMC tracks the number and type of training, the number of attendees, and provider satisfaction with training.

### Quantitative Analysis and Trending of Measures

FINAL DETAILS		PROVIDER TRAINING EXPERIENCE HIGHLIGHTS	
2023 Total Network Virtual Training Events (YTD)	32	CenCal Health held 28 virtual events and 4 in-person engagement events. This is one more event that the previous year which all consisted of virtual training events.	
2022 Total Network Virtual Training Events	31		
2021 Total Network Virtual Training Events	20		
2023 Total Attendees (YTD)	834	This calendar year we had 10 more attendees attend our provider network engagement sessions than the previous year.	
2022 Total Attendees	824		
2021 Total Attendees	551		
2023 Overall Satisfaction (YTD)	91%	CenCal Health received a 2% higher increase rate in overall satisfaction under the "I found this training experience useful." Post training survey evaluation question. Please see a list of all other evaluation questions asked with the overall satisfaction calculations.	
2022 Overall Satisfaction	89%		
2021 Overall Satisfaction	84%		

The number of trainings offered in 2023 exceeded those in previous years, with an increase of 1 in 2023. In comparing 2023 to 2022, the total number of attendees increased by 10, and provider satisfaction improved by 2 percentage points

### Qualitative Analysis

#### Barrier Analysis

The public health emergency altered how provider training was offered in previous years. Where in-person seminars were the norm previously, all training had to be changed to a virtual format. Over the past few years, a library of webinars was developed to support independent learning, which could also address earlier issues cited by providers, such as the inability to travel and be away from the office for seminars. Virtual training could be accessed by providers anywhere, eliminating the need to offer the same training in different parts of the service area.

#### *Evaluation of Effectiveness*

The improvement of all three metrics suggests the strategies have been effective, particularly the provider satisfaction score.

#### **Activity Description:**

##### **Track # of PSR provider visits and assess provider satisfaction with visits:**

- **Develop goals weighted per PSR (20/month per PSR),**
- **90% provider satisfaction**

In person visits by Provider Services Representatives are an important way to support providers and to increase provider satisfaction. NMC monitors the number of PSR visits and their satisfaction with those visits, however both measures have been under revision periodically to ensure they are meaningful.

#### **Quantitative Analysis and Trending of Measures**

There were 222 PSR visits in Q2, but the metric was under review and the method to gauge provider satisfaction with visits was also under development. In Q3, there were 175 PSR visits, based on weekly metrics, but overall metrics for PSR visits continued to be under development. By Q4, NMC was phasing out the NMC dashboard and focusing on the Operational Dashboard.

#### **Qualitative Analysis**

##### *Barrier Analysis*

Discussion continues at the department level to determine the most meaningful goals and metrics for effective PSR visits. The PSRs have been working to find the right balance between staffing the call center and time spent in the field visiting providers.

#### *Evaluation of Effectiveness*

Analysis is ongoing

#### **Activity Description:**

##### **New provider orientations:**

- **Orientations for all newly contracted providers initiated within 10 business days,**

- **Orientations for all newly contracted providers completed within 30 business days**

New provider orientations (NPOs) are required for all plans through the DHCS contract, and plan compliance with these requirements is monitored as part of the DHCS annual medical audit.

### Quantitative Analysis and Trending of Measures

Orientations for all newly contracted providers completed within 30 business days	↑	95.0%	100.0%	2022-Q4	Q422	97.2%	
Orientations for all newly contracted providers completed within 30 business days	↑	95.0%	100.0%	2023-Q1	Q123	95.0%	
Orientations for all newly contracted providers completed within 30 business days	↑	95.0%	100.0%	2023-Q2	Q223	100.0%	
Orientations for all newly contracted providers completed within 30 business days	↑	95.0%	100.0%	2023-Q3	Q323	100.0%	
Orientations for all newly contracted providers completed within 30 business days	↑	95.0%	100.0%	2023-Q4	Q423	100.0%	
Orientations for all newly contracted providers initiated within 10 business days	↑	95.0%	100.0%	2022-Q4	Q422	100.0%	
Orientations for all newly contracted providers initiated within 10 business days	↑	95.0%	100.0%	2023-Q1	Q123	97.5%	
Orientations for all newly contracted providers initiated within 10 business days	↑	95.0%	100.0%	2023-Q2	Q223	100.0%	
Orientations for all newly contracted providers initiated within 10 business days	↑	95.0%	100.0%	2023-Q3	Q323	100.0%	
Orientations for all newly contracted providers initiated within 10 business days	↑	95.0%	100.0%	2023-Q4	Q423	100.0%	

Goals for NPOs being offered within 10 days of a provider becoming effective in CenCal Health's provider network, and for completion of NPOs within 30 days of the effective date were met each quarter in 2023 except Q1, which scored 97.5% and 95%, respectively.

### Qualitative Analysis

#### Barrier Analysis

In Q1, one NPO was not offered timely, and one was not returned timely by the provider. With improved tracking mechanisms, most notably the onboarding tracker, it is easier to ensure this critical orientation is completed efficiently. Another process improvement was the addition of an NPO attestation to the onboarding packet, which helps ensure providers return it with the credentialing application

#### Evaluation of Effectiveness

The consistency in which these goals were met for the remainder of 2023 indicate current processes are effective.

#### Activity Description:

#### **Timeliness of provider recredentialing: Providers due for recredentialing approved by due date (every 36 months)**

The timeliness of recredentialing all providers within 36 months is a DHCS and a National Committee for Quality Assurance (NCQA) requirement. This metric will be key in demonstrating compliance with NCQA standards when CenCal Health undergoes survey in Q4 2024.

### Quantitative Analysis and Trending of Measures



Providers due for re-credentialing approved by due date (every 36 mos.)	↑	95.0%	100.0%	2022-Q4	Q422	26.8%	
Providers due for re-credentialing approved by due date (every 36 mos.)	↑	95.0%	100.0%	2023-Q1	Q123	64.0%	
Providers due for re-credentialing approved by due date (every 36 mos.)	↑	95.0%	100.0%	2023-Q2	Q223	100.0%	
Providers due for re-credentialing approved by due date (every 36 mos.)	↑	95.0%	100.0%	2023-Q3	Q323	100.0%	
Providers due for re-credentialing approved by due date (every 36 mos.)	↑	95.0%	100.0%	2023-Q4	Q423	100.0%	

Performance for this measure began quite below goal in late 2022, with significant improvement by Q1 2023, and is now consistently achieving 100%.

## Qualitative Analysis

### Barrier Analysis

In Q4 2022, the credentialing team began addressing an internal CAP to clear a large recredentialing backlog, which is reflected in the low scores at that time. Through concentrated and systematic effort, all providers were brought current in their credentialing cycle. The team has adjusted its alpha split of providers and will employ a recredentialing by DOB methodology in 2024. When large influxes of providers occur, such as when adding a new benefit or provider type (e.g. bringing an entire behavioral health network in-house), the impact to credentialing is immediate and then cyclical, as credentialing must be repeated at least every three years. Shifting to recredentialing by DOB helps to spread providers evenly throughout the year, although it requires recredentialing some early.

### Evaluation of Effectiveness

The credentialing team is now consistently meeting the recredentialing timeliness goal of 100%, indicating successful completion of the CAP. The effectiveness of shifting to recredentialing by DOB will be evaluated throughout 2024.

### Activity Description:

#### **Provider Enrollment: 100% of providers are enrolled as Medi-Cal providers within 120 days of the date made effective in CenCal Health's network**

Ensuring providers are enrolled as Medi-Cal providers is a contractual requirement for CenCal Health and falls under the purview of Provider Services. While the process is well established, a process improvement opportunity was recognized with the goal to enhance the provider onboarding process. As part of the onboarding process, a provider must either be confirmed as an enrolled Medi-Cal provider or must provide proof that they have submitted an application for enrollment. Per the current APL on provider credentialing/recredentialing and enrollment/screening, Plans may admit providers into their networks for up to 120 days while their enrollment application is pending. An onboarding tracker was developed in the second half of 2023 to ensure the concurrent onboarding subprocesses (recruitment, credentialing, contracting, enrollment, FSR (PCPs only) and data configuration and entry, are coordinated and efficient. A metric to track enrollment status and timely completion is under development, to be implemented in Q2 2024.

### Quantitative Analysis and Trending of Measures

Pending development of a metric

### **Qualitative Analysis**

#### *Barrier Analysis*

Pending development of a metric

#### *Evaluation of Effectiveness*

Pending development of a metric

### **Activity Description:**

#### **Ensure accuracy of provider directory data and provider data entry:**

- **90% accuracy of provider data prior to publication in the directory (in a sample audited by staff),**
- **90% accuracy of provider data entered into the provider subsystem by staff (in a sample audited by staff)**

The accuracy of provider data in the provider directory is vital to members seeking an appropriate provider to meet medical, behavioral, cultural and linguistic needs, and aids in PCPs issuing referrals. Accurate data entry into Caradigm ensures providers are paid correctly and supports reporting and other needs.

### **Quantitative Analysis and Trending of Measures**

Metrics for Directory and Data Entry accuracy both met goal in Q2 2023 at 93% and 92%, respectively and in Q3, both met goal at 95% and 93% respectively.

### **Qualitative Analysis**

#### *Barrier Analysis*

These two metrics were traditionally reported on the NMC dashboard, prior to the shift to focus on those metrics on the Operational Dashboard. These metrics continue to be monitored at the department level.

#### *Evaluation of Effectiveness*

The monitoring of these two metrics ensures the integrity of provider data and helps detect staff training needs.

### **Activity Description:**

#### **Perform FSRs/MRRs in compliance with DHCS requirements:**

- **% of FSR/MRRs Completed Timely,**
- **% of FSR/MRRs in Good Health**

The FSR/MRR process is contractually required by DHCS to assess the safety and effectiveness of primary care sites. New standards and survey tools were implemented

by DHCS mid-2023, and primary care sites are now being audited against new standards for the first time.

### Quantitative Analysis and Trending of Measures

% of Facility Site and Medical Record Reviews Completed Timely	↑	95.0%	100.0%	2022-Q4	Q422	100.0%	
% of Facility Site and Medical Record Reviews Completed Timely	↑	95.0%	100.0%	2023-Q1	Q123	100.0%	
% of Facility Site and Medical Record Reviews Completed Timely	↑	95.0%	100.0%	2023-Q2	Q223	100.0%	
% of Facility Site and Medical Record Reviews Completed Timely	↑	95.0%	100.0%	2023-Q3	Q323	100.0%	
% of Facility Site and Medical Record Reviews Completed Timely	↑	95.0%	100.0%	2023-Q4	Q423	100.0%	
% of Facility Site and Medical Record Reviews in Good Health	↑	90.0%	95.0%	2022-Q4	Q422	100.0%	
% of Facility Site and Medical Record Reviews in Good Health	↑	90.0%	95.0%	2023-Q1	Q123	93.3%	
% of Facility Site and Medical Record Reviews in Good Health	↑	90.0%	95.0%	2023-Q2	Q223	85.7%	
% of Facility Site and Medical Record Reviews in Good Health	↑	90.0%	95.0%	2023-Q3	Q323	100.0%	
% of Facility Site and Medical Record Reviews in Good Health	↑	90.0%	95.0%	2023-Q4	Q423	88.0%	

With the shift to the measures on the Operational Dashboard, the focus for the FSR/MRR process is now on timeliness of periodic surveys, and the percentage of sites that achieve an exempt passing score with no CAP required. The scores on the MRR portion are reflected in the scores for Qs 2 & 4, which did not meet the goals at 85.7% and 88%, respectively.

### Qualitative Analysis

#### Barrier Analysis

The changes in the standards and survey tools were most significant in the MMR portion, with a much greater emphasis on preventive care and screenings. Unless a PCP was an early adopter of an EHR system that had these measures built in, it is very likely the medical records in the look-back period will not contain them, resulting in lower scores.

#### Evaluation of Effectiveness

CenCal Health's site review nurse continues to educate and support PCP sites to enable them to meet DHCS FSR/MRR standards.

### ACCESS METRICS:

#### Activity Description:

##### Monitor Access to PCPs:

- **% of in-network zip codes that meet DHCS time or distance standards for PCPs,**
- **PCP-to-Member Ratio SLO,**
- **PCP-to-Member Ratio SB,**
- **Physician-to-Member Ratio SLO,**
- **Physician-to-Member Ratio SB**

Compliance with standards for time or distance (T/D) to primary care sites, and ratios for PCPs: members and physicians: members are required of all plans by DHCS. NMC monitors CenCal Health's compliance rates quarterly to evaluate network needs.

## Quantitative Analysis and Trending of Measures

% of in-area zip codes that meet DHCS time or distance standards for PCPs	↑	90.3%	95.0%	2022-Q4	2022	97.4%	
% of in-area zip codes that meet DHCS time or distance standards for PCPs	↑	90.3%	95.0%	2023-Q1	2022	97.4%	
% of in-area zip codes that meet DHCS time or distance standards for PCPs	↑	90.3%	95.0%	2023-Q2	Q123	97.4%	
% of in-area zip codes that meet DHCS time or distance standards for PCPs	↑	90.3%	95.0%	2023-Q3	Q223	97.4%	
% of in-area zip codes that meet DHCS time or distance standards for PCPs	↑	90.3%	95.0%	2023-Q4	Q323	99.0%	
PCP-to-Member Ratio	↓	1:2000	1:2000	2022-Q4	Q422	1:739	
PCP-to-Member Ratio San Luis Obispo	↓	1:2000	1:1900	2023-Q1	Q123	1:881	
PCP-to-Member Ratio San Luis Obispo	↓	1:2000	1:1900	2023-Q2	Q223	1:873	
PCP-to-Member Ratio San Luis Obispo	↓	1:2000	1:1900	2023-Q3	Q323	1:860	
PCP-to-Member Ratio San Luis Obispo	↓	1:2000	1:1900	2023-Q4	Q423	1:881	
PCP-to-Member Ratio Santa Barbara	↓	1:2000	1:1900	2023-Q1	Q123	1:767	
PCP-to-Member Ratio Santa Barbara	↓	1:2000	1:1900	2023-Q2	Q223	1:775	
PCP-to-Member Ratio Santa Barbara	↓	1:2000	1:1900	2023-Q3	Q323	1:757	
PCP-to-Member Ratio Santa Barbara	↓	1:2000	1:1900	2023-Q4	Q423	1:768	
Physician-to-Member Ratio	↓	1:1200	1:1200	2022-Q4	Q422	1:48	
Physician-to-Member Ratio San Luis Obispo	↓	1:1200	1:1140	2023-Q1	Q123	1:355	
Physician-to-Member Ratio San Luis Obispo	↓	1:1200	1:1140	2023-Q2	Q223	1:128	
Physician-to-Member Ratio San Luis Obispo	↓	1:1200	1:1140	2023-Q3	Q323	1:139	
Physician-to-Member Ratio San Luis Obispo	↓	1:1200	1:1140	2023-Q4	Q423	1:135	
Physician-to-Member Ratio Santa Barbara	↓	1:1200	1:1140	2023-Q1	Q123	1:171	
Physician-to-Member Ratio Santa Barbara	↓	1:1200	1:1140	2023-Q2	Q223	1:142	
Physician-to-Member Ratio Santa Barbara	↓	1:1200	1:1140	2023-Q3	Q323	1:167	
Physician-to-Member Ratio Santa Barbara	↓	1:1200	1:1140	2023-Q4	Q423	1:166	

CenCal Health has consistently met the required ratios for PCPs: members and physicians: members by a wide margin for many years. The PCP: member ratio averages around 1: 770 in Santa Barbara County and 1:870 in San Luis Obispo County, where the requirement is 1:2000. The standard for physician: member is 1:1200 and is also easily met at an average of 1:160 in Santa Barbara County and 1:130 in San Luis Obispo County. The T/D standards are also met consistently every quarter at 97.4% or better.

## Qualitative Analysis

### Barrier Analysis

For PCPs, there are two zip codes in San Luis Obispo County that include extremely remote areas where there are no services: Santa Margarita and Shandon. This applies to both adults and pediatrics, which are measured separately. These are known gaps and CenCal Health has approved alternate access standards in place.

### Evaluation of Effectiveness

CenCal Health has collaborated in the past with provider partners to explore ways to improve access to primary care in remote areas. Ideas that may be reconsidered include mobile units and intermittent clinics. Telehealth is available but DHCS limits the reliance on telehealth to <15% per zip code. Staff will continue these efforts and evaluate effectiveness through a Network Development Plan in 2024.

### Activity Description:

**Monitor Access to Specialists: % of in-network zip codes that meet DHCS time or distance standards for Core Specialists**

Compliance with standards for time or distance (T/D) to 16 core specialty types for both adults and pediatrics is required of all plans by DHCS. NMC monitors CenCal Health's compliance rates quarterly to evaluate network needs.

**Quantitative Analysis and Trending of Measures**

% of in-area zip codes that meet DHCS time or distance standards for Core Specialties	↑	90.3%	95.0%	2022-Q4	2022	99.4%	
% of in-area zip codes that meet DHCS time or distance standards for Core Specialties	↑	90.3%	95.0%	2023-Q1	2022	99.4%	
% of in-area zip codes that meet DHCS time or distance standards for Core Specialties	↑	90.3%	95.0%	2023-Q2	Q123	99.4%	
% of in-area zip codes that meet DHCS time or distance standards for Core Specialties	↑	90.3%	95.0%	2023-Q3	Q223	99.9%	
% of in-area zip codes that meet DHCS time or distance standards for Core Specialties	↑	90.3%	95.0%	2023-Q4	Q323	99.0%	

CenCal Health consistently met goals for T/D to 16 core specialty types throughout 2023 at 99.4%.

**Qualitative Analysis**

*Barrier Analysis*

For core specialists, there is one zip code in San Luis Obispo County that includes an extremely remote area where there are no services: San Simeon, specifically for pediatric infectious disease. This is a known gap and CenCal Health has an approved alternate access standard in place. There are portions of other zip codes that fall outside T/D parameters, however the use of telehealth in those areas is within DHCS limits.

*Evaluation of Effectiveness*

CenCal Health has collaborated in the past with provider partners to explore ways to improve access to specialty care in remote areas. Methods currently in use include part-time clinics staffed by pediatric subspecialists from ChildNet (the medical groups affiliated with Valley Childrens Hospital in Madera) at locations in San Luis Obispo County. Unfortunately, that group has declined to staff a pediatric infectious disease specialist due to the low volume of services needed. Telehealth is available but DHCS limits the reliance on telehealth. Staff will continue these efforts and evaluate effectiveness through a Network Development Plan in 2024.

**Activity Description:**

**Monitor for adequate facilities, personnel, and emergency services:**

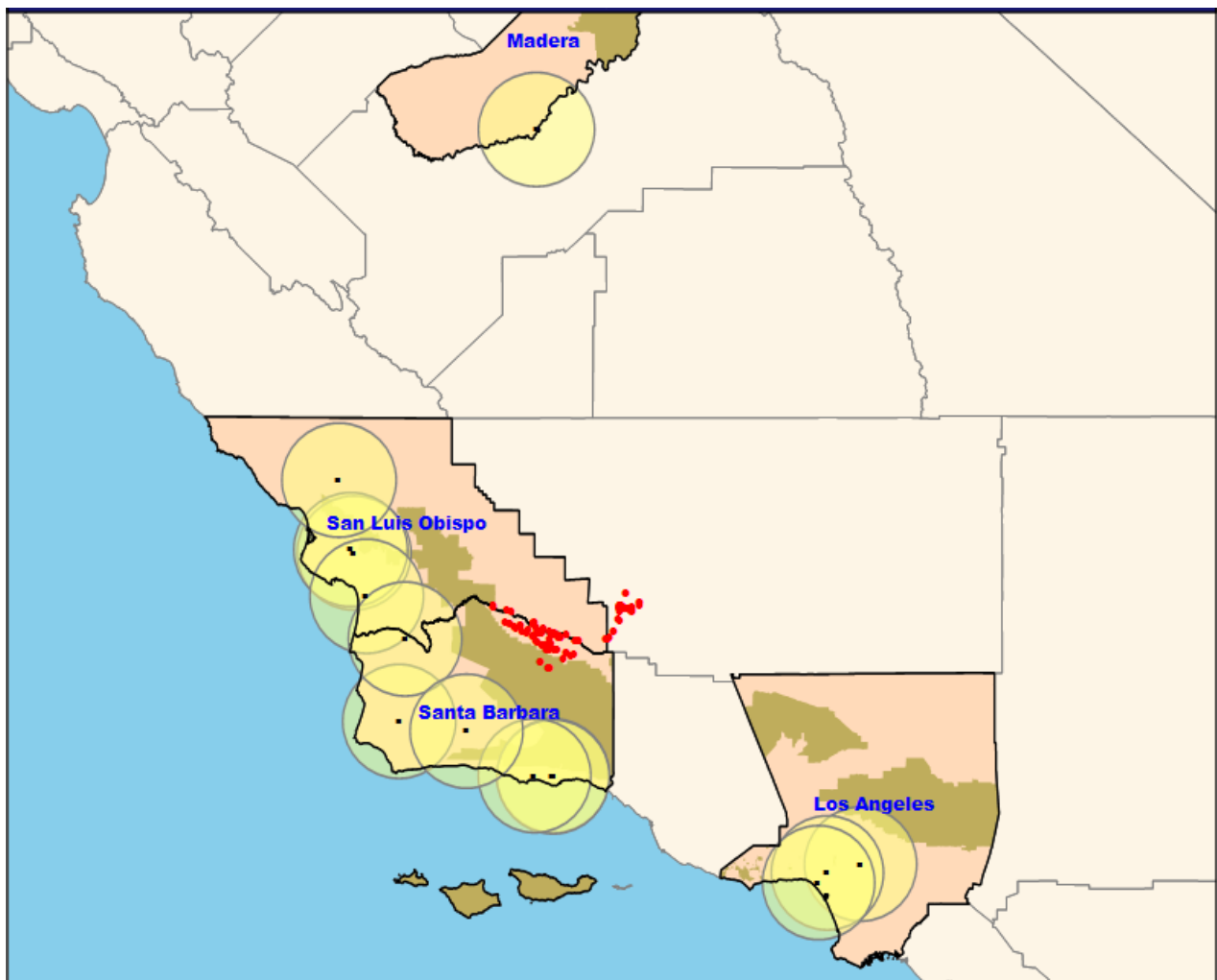
- **Adequate to provide covered services to members,**
- **Adequate to provide emergency services 24/7 w/ one or more physicians and nurses at all times,**
- **Minimum 1 hospital meeting this criterion per county or area of county,**

- **Hospitals to be located within 15 miles or 30 minutes of members' residences**

Compliance with standards for time or distance (T/D) to hospitals is required of all plans by DHCS. NMC monitors CenCal Health's compliance rates quarterly to evaluate network needs. All hospitals in CenCal Health's service area are in network and all are adequately staffed 24/7, including for emergency services.

### **Quantitative Analysis and Trending of Measures**

For hospitals, there is one zip code in Santa Barbara County (New Cuyama) and three in San Luis Obispo County (San Simeon, Santa Margarita, and Shandon) that include extremely remote areas where there are no services. This is a known gap and CenCal Health has approved alternate access standards in place.



### **Qualitative Analysis** *Barrier Analysis*

Unless a new hospital is built, CenCal Health has no way to meet the T/D standard for hospitals and instead supports members by ensuring transportation is available as needed.

*Evaluation of Effectiveness*

Based on the lack of member complaints, access to hospitals does not seem to be a significant issue. CenCal Health will continue to work with transportation providers and vendors to ensure ready access to hospital and tertiary center care.

**Activity Description:**

**Cultural & Linguistic Requirements: Network meets ethnic, cultural and threshold linguistic needs on a continuous basis**

CenCal Health collects language ability at the practitioner level to publish in its directory, focusing on our threshold language, Spanish.

*Quantitative Analysis and Trending of Measures*

	SB PCPs	SB PCPs %	SLO PCPs	SLO PCPs %	Total	Total %
<b>Spoken Language</b>						
English					294	100%
Spanish					73	29%

*Qualitative Analysis*

*Barrier Analysis*

While CenCal Health collects language data from practitioners, not all provide it. There is also an opportunity to expand data collection to include race and ethnicity to support health equity. Ways to accomplish that include through roster collection at regular intervals and through the data attestation process. These processes will be developed throughout 2024.

*Evaluation of Effectiveness*

Pending process development.

**Activity Description:**

**Monitor timely access for all appointment types as required:**

- **PCPs have an urgent appointment available within 48 hours of the request at a rate 5% or greater than the state benchmark**
- **PCPs have a non-urgent appointment available within 10 business days of the request at a rate 5% or greater than the state benchmark**
- **Core specialists have an urgent appointment available within 72 hours of the request at a rate 5% or greater than the state benchmark**
- **Core specialists have a non-urgent appointment available within 15 business days of the request at a rate 5% or greater than the state benchmark**

- **Non-physician mental health providers have an urgent appointment available within 48 hours of the request at a rate 5% or greater than the state benchmark**
- **Non-physician mental health providers have a non-urgent appointment available within 10 business days of the request at a rate 5% or greater than the state benchmark**
- **Ancillary providers have an appointment available within 15 business days of the request at a rate 5% or greater than the state benchmark**
- **For minimum of 90% of practices, waiting time in office, from scheduled time of appointment until patient is seen by provider, not to exceed 30 minutes**

Timely access to urgent and non-urgent appointments is key to ensuring members can obtain care when needed to optimize their physical and mental health. DHCS conducts quarterly timely access surveys (TAS) of all plans and disseminates reports quarterly for plan response.

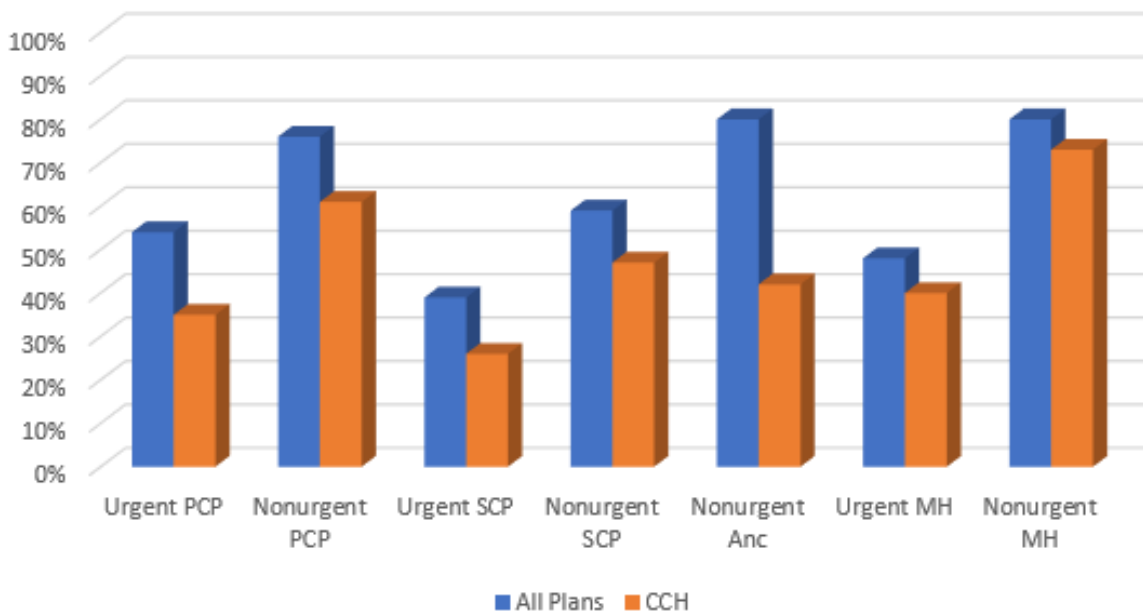
### Quantitative Analysis and Trending of Measures

Access to non-urgent ancillary service appointments within 15 business days	↑	83.3%	87.5%	2022-Q4	Q322	100.0%	Green
Access to non-urgent ancillary service appointments within 15 business days	↑	81.9%	86.0%	2023-Q1	Q422	88.0%	Green
Access to non-urgent ancillary service appointments within 15 business days	↑	84.6%	88.8%	2023-Q2	Q123	93.7%	Green
Access to non-urgent ancillary service appointments within 15 business days	↑	80.3%	84.5%	2023-Q3	Q223	85.0%	Green
Access to non-urgent ancillary service appointments within 15 business days	↑	79.6%	79.6%	2023-Q4	Q323	41.7%	Red
Access to non-urgent mental health appointment within 10 business days	↑	76.3%	80.1%	2022-Q4	Q322	93.3%	Green
Access to non-urgent mental health appointment within 10 business days	↑	78.3%	82.2%	2023-Q1	Q422	100.0%	Green
Access to non-urgent mental health appointment within 10 business days	↑	80.3%	84.3%	2023-Q2	Q123	71.4%	Red
Access to non-urgent mental health appointment within 10 business days	↑	80.3%	84.5%	2023-Q3	Q223	80.0%	Red
Access to non-urgent mental health appointment within 10 business days	↑	80.2%	80.2%	2023-Q4	Q323	72.7%	Red
Access to non-urgent PCP appointments within 10 business days	↑	71.8%	75.4%	2022-Q4	Q322	52.0%	Red
Access to non-urgent PCP appointments within 10 business days	↑	82.1%	86.2%	2023-Q1	Q422	60.4%	Red
Access to non-urgent PCP appointments within 10 business days	↑	78.0%	81.9%	2023-Q2	Q123	60.4%	Red
Access to non-urgent PCP appointments within 10 business days	↑	74.5%	78.4%	2023-Q3	Q223	55.2%	Red
Access to non-urgent PCP appointments within 10 business days	↑	76.2%	76.2%	2023-Q4	Q323	61.2%	Red
Access to non-urgent specialist appointment within 15 business days	↑	59.0%	62.0%	2022-Q4	Q322	61.5%	Yellow
Access to non-urgent specialist appointment within 15 business days	↑	60.1%	63.1%	2023-Q1	Q422	42.8%	Red
Access to non-urgent specialist appointment within 15 business days	↑	61.8%	64.9%	2023-Q2	Q123	42.3%	Red
Access to non-urgent specialist appointment within 15 business days	↑	57.8%	60.8%	2023-Q3	Q223	52.8%	Red
Access to non-urgent specialist appointment within 15 business days	↑	58.5%	58.5%	2023-Q4	Q323	47.3%	Red
Access to urgent mental health appointment within 96 hours	↑	54.7%	57.4%	2022-Q4	Q322	73.3%	Green
Access to urgent mental health appointment within 96 hours	↑	62.1%	65.2%	2023-Q1	Q422	90.9%	Green
Access to urgent mental health appointment within 96 hours	↑	62.1%	65.2%	2023-Q2	Q123	66.7%	Green
Access to urgent mental health appointment within 96 hours	↑	58.3%	61.4%	2023-Q3	Q223	44.4%	Red
Access to urgent mental health appointment within 96 hours	↑	62.4%	58.0%	2023-Q4	Q323	40.0%	Red
Access to urgent PCP appointments within 48 hours	↑	49.1%	51.6%	2022-Q4	Q322	38.0%	Red
Access to urgent PCP appointments within 48 hours	↑	58.6%	61.5%	2023-Q1	Q422	34.9%	Red
Access to urgent PCP appointments within 48 hours	↑	55.6%	58.4%	2023-Q2	Q123	40.0%	Red
Access to urgent PCP appointments within 48 hours	↑	49.9%	52.5%	2023-Q3	Q223	41.7%	Red
Access to urgent PCP appointments within 48 hours	↑	53.7%	53.7%	2023-Q4	Q323	35.4%	Red
Access to urgent specialist appointment within 96 hours	↑	39.9%	41.9%	2023-Q1	Q422	11.9%	Red
Access to urgent specialist appointment within 96 hours	↑	47.1%	49.5%	2023-Q2	Q123	25.0%	Red
Access to urgent specialist appointment within 96 hours	↑	41.7%	43.9%	2023-Q3	Q223	34.8%	Red
Access to urgent specialist appointment within 96 hours	↑	38.8%	38.8%	2023-Q4	Q323	25.5%	Red
Access to urgent specialist appointments within 96 hours	↑	36.3%	38.1%	2022-Q4	Q322	51.9%	Green

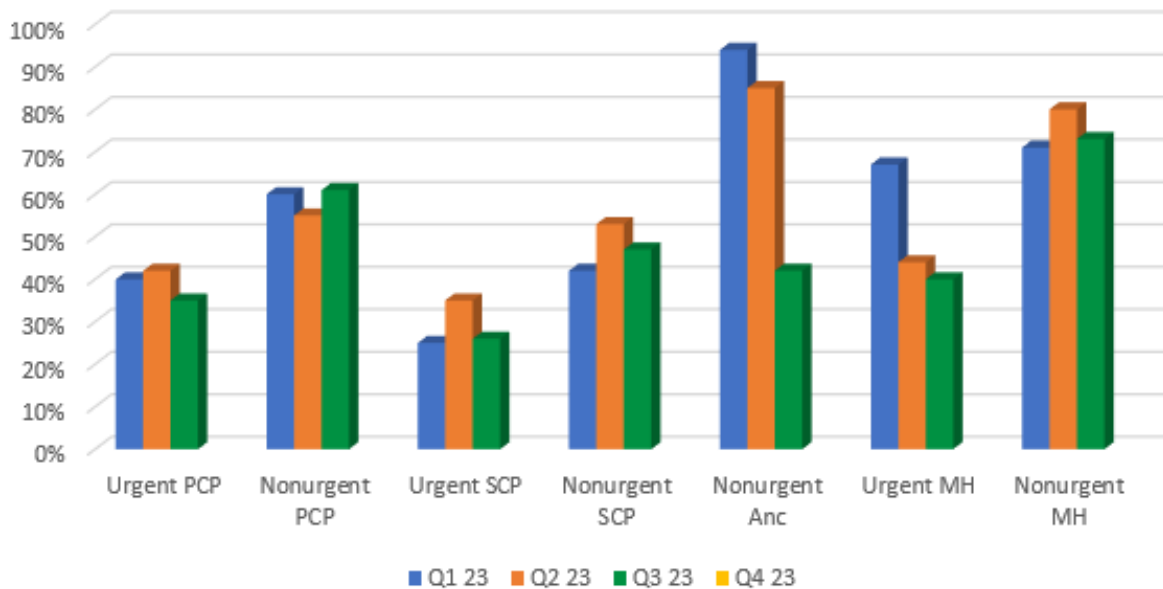


According to DHCS TAS results (depicted in the far-right column), access to ancillary appointments tends to meet the goal, ranging from 85% to 100%, except for Q4 2023 at 41.7%. Compliance with standards for timeliness of urgent and non-urgent appointments for non-physician mental health appointments varies widely. Urgent appointments range from 40% to 73.3%, and non-urgent appointments range from 71.4% to 100%. For specialists, urgent appointment availability has been poor, ranging from 11.9% to 34.8%. Non-urgent specialist appointment access is somewhat better at 42.3% to 52.8%. Access to urgent PCP appointments ranged from 34.9% to 41.7%, and from 55.2% to 61.2% for non-urgent appointments. For comparison, the statewide averages are in the first column of numbers.

**Timely Access Survey: Q3 2023 Data**  
*Statewide All Plan Average vs. CenCal Health*



## Timely Access Survey: CenCal Health Data 2023 by Quarter



### Qualitative Analysis

#### Barrier Analysis

The reasons CenCal Health is not currently meeting Timely Access Standards for some provider and appointment types fall primarily into 2 categories: data issues that lead to small sample sizes and sampled providers not meeting standards. For example, in Q3, DHCS data indicates that nearly 33% (202) of 607 sampled providers did not meet criteria to be included in the survey. Of those: 39.4% were no longer providing services at the sampled location, 8.5% do not provide the services requested, 27.2% had an incorrect phone number and 10.2% refused to participate in the survey. These findings are very similar to those from Q2 and can have several causes. Practitioners sometimes change group affiliation or practice sites, or are surveyed at sites where they practice infrequently rather than their primary practice site, which may lead to longer wait times at the surveyed site, or where they don't practice at all but may be linked to a site where they supervise a non-physician medical practitioner (NPMP) or provide coverage rarely. Where practitioners were excluded for the reason "does not provide the services requested", staff noted several examples where a practitioner was surveyed for primary care appointments but is affiliated only with a hospitalist group and is not a PCP.

Of those surveyed in Q3, DHCS collected appointment data from 29.3% overall of those sampled, compared to 34.5% in Q2. Of note, DHCS' success rate in collecting appointment times from non-physician mental health providers was only 5.3% in Q3, representing 11 practitioners. This has been consistent, quarter over quarter. Such small sample sizes are not statistically significant. One ongoing challenge with these providers is they are often solo practitioners with no office staff to answer the phone while they

are in sessions with members. Another factor contributing to smaller sample sizes is practitioners sampled twice, once for each LOB.

Some groups are citing practitioner shortages and difficulty recruiting new staff due to the high cost of living in our service area, as the reason for changing their access status to Established Patients Only. These shortages are undoubtedly impacting appointment availability as well.

Anecdotally, some specialists do not distinguish between urgent and non-urgent appointments; rather they provide the first available appointment, which likely explains discrepancies between the number of providers from whom data was collected by DHCS for non-urgent vs. urgent appointments. In some cases, the first available appointment met the standard for non-urgent appointments but exceeded that for urgent by a day or two.

### *Evaluation of Effectiveness*

CenCal Health staff continue to collect and scrub provider data upon initial onboarding and on an ongoing basis. The effort to collect current and accurate provider data on an ongoing basis will be a focus for process improvement over the next several quarters. This may include revamping roster and attestation processes, and possibly using the Provider Portal or some other means to collect and verify data proactively. Staff also continue to explore ways to expand access including collaboration with contracted providers to strategize recruitment to meet member needs, as well as other options such as telehealth. Network access and availability will be monitored on an ongoing basis to evaluate the effectiveness of current and future interventions.

### *Activity Description:*

#### **Monitor access to interpretation services:**

- **% of PCP office staff aware of and able to access interpretation services**
- **% of specialist office staff aware of and able to access interpretation services**
- **% of mental health office staff aware of and able to access interpretation services**
- **% of ancillary office staff aware of and able to access interpretation services**

Network provider awareness of and ability to access interpreter services is monitored as part of the quarterly TAS conducted by DHCS. These measures ensure that provider offices can assist members in their preferred language.

### *Quantitative Analysis and Trending of Measures*

% of PCP office staff aware of and able to access interpretation services	↑	92.3%	97.2%	2023-Q1	Q422	97.2%	
% of PCP office staff aware of and able to access interpretation services	↑	92.2%	97.0%	2023-Q2	Q123	98.5%	
% of PCP office staff aware of and able to access interpretation services	↑	92.2%	97.0%	2023-Q3	Q223	97.6%	
% of PCP office staff aware of and able to access interpretation services	↑	93.2%	98.1%	2023-Q4	Q323	97.0%	
% of Specialist office staff aware of and able to access interpretation services	↑	90.2%	94.9%	2023-Q1	Q422	93.0%	
% of Specialist office staff aware of and able to access interpretation services	↑	90.6%	95.4%	2023-Q2	Q123	94.0%	
% of specialist office staff aware of and able to access interpretation services	↑	92.2%	97.1%	2023-Q3	Q223	97.7%	
% of specialist office staff aware of and able to access interpretation services	↑	92.2%	97.1%	2023-Q4	Q323	96.4%	
% of Mental Health office staff aware of and able to access interpretation services	↑	89.7%	94.4%	2023-Q1	Q422	100.0%	
% of Mental Health office staff aware of and able to access interpretation services	↑	89.1%	93.8%	2023-Q2	Q123	88.9%	
% of Mental Health office staff aware of and able to access interpretation services	↑	87.7%	92.3%	2023-Q3	Q223	95.7%	
% of Mental Health office staff aware of and able to access interpretation services	↑	87.7%	92.3%	2023-Q3	Q223	95.7%	
% of Mental Health office staff aware of and able to access interpretation services	↑	91.7%	96.5%	2023-Q4	Q323	85.0%	
% of Ancillary office staff aware of and able to access interpretation services	↑	91.3%	96.1%	2023-Q1	Q422	89.5%	
% of Ancillary office staff aware of and able to access interpretation services	↑	90.7%	95.5%	2023-Q2	Q123	92.0%	
% of ancillary office staff aware of and able to access interpretation services	↑	91.5%	96.3%	2023-Q3	Q223	90.0%	
% of ancillary office staff aware of and able to access interpretation services	↑	92.8%	97.7%	2023-Q4	Q323	100.0%	

These metrics were just added to NMC's purview in Q3 as part of the development of the Organizational Dashboard. PCP offices are the most knowledgeable about accessing interpreter services, meeting the goal 3 of 4 quarters. Mental health practices met goal 50% of the time, and specialists were near goal in the yellow zone, meeting the goal only in Q3. Ancillary offices were the least knowledgeable when surveyed, meeting the goal in Q4, nearly meeting goal Q 2, and below goal Qs 1 & 3.

## Qualitative Analysis

### Barrier Analysis

Formal barrier analysis has not yet been performed for these measures, but one likely reason PCP offices scored higher is that a similar question is asked through the FSR survey. Cultural and linguistic training and other materials are available on CenCal Health's website, and an initial intervention should include providing education and training to providers.

### Evaluation of Effectiveness

To be monitored quarterly, and new interventions will be evaluated for effectiveness.

## Opportunities for Improvement

### Service/Satisfaction

#### **PCP Reassignment Requests**

Redesigning the process by which PCPs may request to remove disruptive members from their practice is not only a provider satisfaction issue, but also potentially a quality and member experience one. Our goal should be to connect members to a medical home that can meet their unique needs. A recent situation with a medically fragile member highlighted the need to pull in other resources, such as Case Management and Population Health, and new services/benefits such as Community Health Workers and Enhanced Care Management. The new cross-functional workgroup is exploring

these and other possible options. Monitoring the reasons & volume of reassignment requests will be one way to evaluate effectiveness of these interventions.

### ***Provider Satisfaction and Needs Assessment Survey***

While actual survey results are still pending for the 2023 survey, one area to be evaluated for improvement is methodology with the goal to decrease provider abrasion and increase the response rate. Staff recently convened to discuss what went well in the survey process and what could be improved. One issue causing provider abrasion and limiting the response rate is the lack of email addresses at the practitioner level. Are clinicians the right target for questions about authorizations and claim submittal? One large group expressed a preference to coordinate any surveys through their quality department rather than individual (busy) department managers or clinicians. Would this approach deviate from the methodology and render plan to plan comparisons less meaningful?

### **Quality Improvement**

#### ***PSR Visits***

This metric has undergone many iterations and continues to be a challenge for the team as they balance the need to visit providers to provide hands-on training and support, with the need to staff the call center. This recently formed department has vacant positions to fill and will be considering this and other metrics in 2024.

#### ***Provider Enrollment***

Ensuring providers are enrolled as Medi-Cal provider within 120 days of becoming effective in the network is a contractual requirement that warrants monitoring. The development of an Onboarding Tracker provides a way to track providers' enrollment status in order to support them and ensure timely completion. A metric will be crafted and implemented by Q2 2024, and effectiveness will be measured as a rate of timely enrollment.

#### ***Accuracy of Directory Data/Accuracy of Data Entry***

While both of these metrics consistently meet goals, there are opportunities to improve and expand data completeness. CenCal Health must develop a formal data attestation process, and at minimum needs to collect race and ethnicity data at the practitioner level. Provider data for reporting purposes is currently from a database designed to pay claims and is based on provider-level rather than practitioner-level data. This impacts downstream processes such as assessing network adequacy. We also need to design data collection and configuration processes to prepare to build and support a network for a D-SNP line of business. Metrics and goals will need to be developed to monitor these new data requirements.

#### ***FSR/MRR Surveys "In Good Health"***

With the roll-out of the new FSR/MRR standards and survey tools, we can expect a higher percentage of PCP sites to receive CAPs or even to fail, especially the MRR portion. There is a much greater emphasis on preventive care and screenings, which

may not have been addressed in medical records in the look back period. CenCal Health's nurse reviewer trains PCP sites on new standards and provides tools to assist them, and also guides them through effective CAP closure. There may be an opportunity for PCPs to preemptively incorporate new medical record standards and receive partial credit if some records pass, or at least be prepared to respond to CAPs. We will continue to monitor this metric to evaluate effectiveness.

## **Access**

### ***Cultural and Linguistic Requirements***

There is an opportunity to expand our efforts to ensure our provider network can meet our members' cultural, ethnic, and linguistic needs. Overlaying member data will likely inform where there are gaps in the network, and the efforts to collect more complete and current data at the practitioner level as described under data accuracy will be key to supporting member choice. Aligning member and practitioner data on an ongoing basis and assessing member satisfaction are ways to evaluate the effectiveness of these interventions.

### ***Timely Access***

This is a complex but critical measurement of network adequacy. Improved data collection and reporting at the practitioner level should help ensure larger sample sizes are successfully surveyed, and that practitioners are surveyed at the correct location for the correct appointment types. Network analysis and development plans should identify network gaps and potential recruitment targets and strategies. Ongoing collaboration internally and with provider and community partners will be needed to address recruitment barriers such as the high cost of living in our service area, and to find innovative solutions. The effectiveness of these actions will continue to be assessed through DHCS' quarterly TAS process.

### ***Awareness of Interpreter Services***

This metric is another facet of ensuring that members have access to health care services that meet their needs. Initial interventions will consist of provider training and education undertaken by the Provider Relations department. The effectiveness of these interventions will be readily apparent through DHCS' quarterly TAS process.

## **Conclusion**

The NMC is a well-established committee that has continued to monitor key aspects of service and satisfaction, quality improvement, and access as relates to providers and the provider network. CenCal Health has experienced many transformational processes in the recent past, including bringing mental and behavioral health in-house, implementation of many new services and provider types, assessing and deploying 2024 contract readiness, and embarking on preparation for NCQA accreditation, as examples. Through this annual workplan evaluation and development of a new workplan for the coming year, NMC has adjusted its focus accordingly. As a result of

ongoing refinement, it has a robust set of metrics to assist in monitoring the successful navigation of new and existing challenges, and is pivoting to focus on actionable items through the engagement of committee members from all functional areas.



**2023**  
**Quality Improvement and Health Equity Transformation**  
**Program Evaluation**

**Provider Credentialing and Peer Review Committee (PCC)**





## **Executive Summary**

The metrics and goals for CenCal Health's Provider Credentialing and Peer Review Committee (PCC) have been designed to align with Department of Health Care Services (DHCS) requirements and National Committee for Quality Assurance (NCQA) Standards for the Accreditation of Health Plans.

These metrics reflect key components of the credentialing process where the goals are 100%. CenCal Health has a well-established credentialing process and consistently performs at that level to ensure a high standard of clinical care and safety for CenCal Health's membership.

A positive improvement in 2023 was the creation and implementation of a quarterly Potential Quality Issue (PQI) report. There is an opportunity moving forward to track and trend PQIs, including those that are confirmed Quality of Care (QOC) concerns, to identify providers who may be outliers, and barriers or challenges that may impact patient safety or quality of care overall.

## **Background**

The PCC provides guidance and peer input into CenCal Health's provider peer review and credentialing process by reviewing and approving initial and recredentialing applications. This includes assessing clinical competency, professional conduct and any clinical complaints or quality of care concerns, which may result in remediation or corrective action if warranted. CenCal Health staff collect and verify aspects of provider/practitioner credentials such as licensure, education and training, and board certification, as well as potentially adverse information such as malpractice cases, licensure actions, and PQIs. The Chief Medical Officer (CMO) or Medical Director designee(s) oversees the credentialing process with support from the General Counsel as needed. The CMO/Medical Director designee also chairs the PCC, or a chairperson may be elected from among the voting members by the voting members. PCC members include licensed practitioners in CenCal Health's network and the CMO/Medical Director designee(s), who are the only voting members. Additional CenCal Health staff who assist the PCC may include the Provider Services Director and credentialing and quality staff as non-voting members. The PCC's decisions are final and are based on provider/practitioner qualifications, and to develop and maintain a robust provider network to meet members' needs while ensuring safe, equitable and high-quality care.



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**Detail**

**Project/Program Title: Monitoring of PCC Metrics**

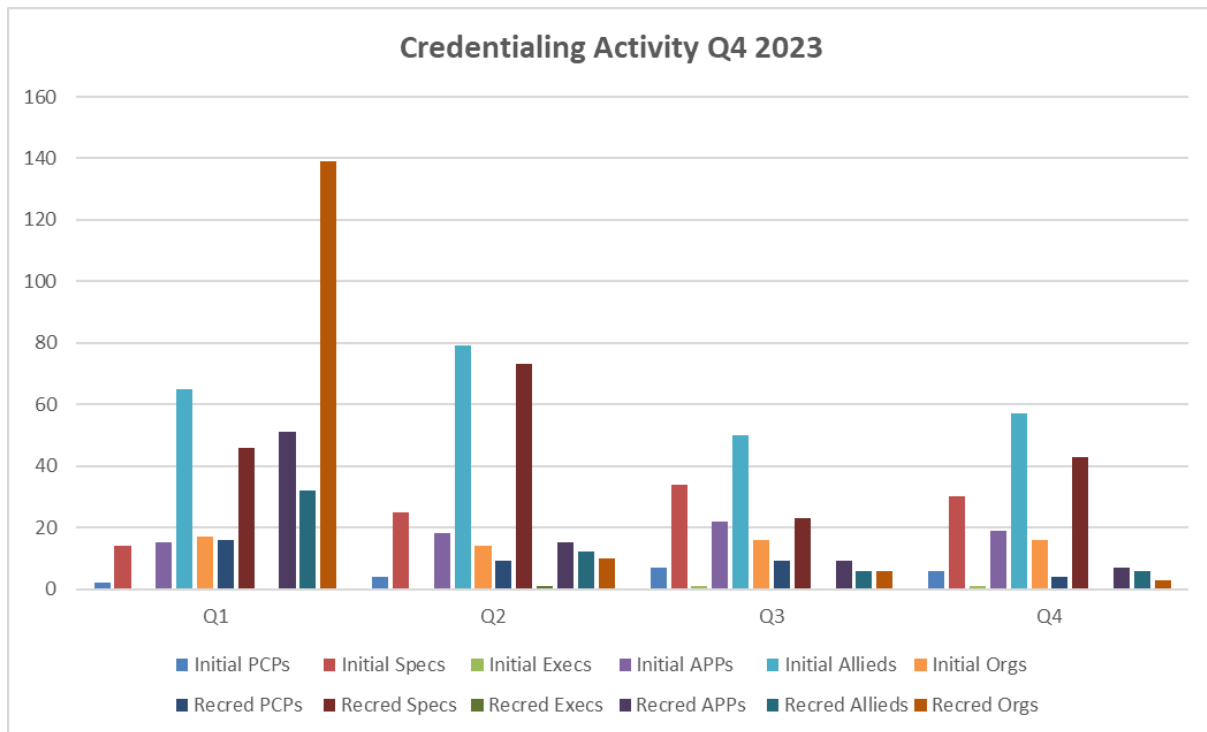
**Activity Description**

PCC-related metrics are monitored at least quarterly to ensure quality and safety of clinical care. This monitoring includes review of progress toward identified goals and opportunities.

**Quantitative Analysis and Trending of Measures**

There was a total of 1,032 providers approved for initial or recredentialing in 2023. Please see below for details:

	Initial PCPs	Initial Specs	Initial Execs	Initial APPs	Initial Allieds	Initial Orgs	Recred PCPs	Recred Specs	Recred Execs	Recred APPs	Recred Allieds	Recred Orgs	
Q1	2	14	0	15	65	17	16	46	0	51	32	139	397
Q2	4	25	0	18	79	14	9	73	1	15	12	10	260
Q3	7	34	1	22	50	16	9	23	0	9	6	6	183
Q4	6	30	1	19	57	16	4	43	0	7	6	3	192



Metric	Goal	MY2021	MY2022	MY2023	Goal Met?
<b>Monitoring of Medicare/Medicaid Sanctions</b> <ul style="list-style-type: none"> <li>• % of providers with OIG performed at initial and recredentialing</li> <li>• % of months in which screening processes are performed</li> </ul>	100%	100%	100%	100%	Yes
	100%	100%	100%	100%	Yes
<b>Monitoring of sanctions and limitations on licensure</b> <ul style="list-style-type: none"> <li>• % of providers with licensing board query at initial and recredentialing</li> </ul>	100%	100%	100%	100%	Yes
<b>Monitoring of member complaints representing PQIs</b> <ul style="list-style-type: none"> <li>• % of member complaints reviewed for PQIs</li> </ul>	100%	New in 2023	New in 2023	100%	Yes
<b>Monitoring of adverse events</b> <ul style="list-style-type: none"> <li>• % of QOC concerns brought to PCC when warranted</li> <li>• % of initial and recredentialing files with an NPDB/CinBAD query performed timely</li> </ul>	100%	100%	100%	100%	Yes
	100%	100%	100%	100%	Yes
<b>Monitoring of complaints</b> <ul style="list-style-type: none"> <li>• % of member complaints forwarded for review according to established PCC criteria</li> <li>• % of recredentialing files where member complaint data was reviewed</li> </ul>	100%	100%	100%	Metrics retired in 2023	N/A
	100%	N/A	N/A		N/A
<b>Timeliness of provider notification of credentialing decisions</b> <ul style="list-style-type: none"> <li>• % of providers notified of credentialing decision in writing within 60 days</li> </ul>	100%	100%	100%	100%	Yes
<b>Timeliness of verifications</b> <ul style="list-style-type: none"> <li>• % of verifications performed timely</li> </ul>	100%	100%	100%	100%	Yes
<b>Provider terminations for quality issues</b> <ul style="list-style-type: none"> <li>• % of providers denied for quality reasons who were terminated from the network</li> </ul>	100%	100%	100%	100%	Yes
<b>Incidence of fair hearings because of adverse credentialing actions</b> <ul style="list-style-type: none"> <li>• % of providers afforded the right to a fair hearing in the event of an adverse credentialing action</li> </ul>	100%	100%	100%	100%	Yes

As reflected in the table above, all the following metrics achieved 100% compliance in measurement years 2021-2023:

- Monitoring of Medicare/Medicaid sanctions.



- Monitoring of sanctions and limitations on licensure.
- Monitoring of member complaints representing PQIs.
- Monitoring of adverse events.
- Monitoring of complaints.
- Timeliness of provider notification of credentialing decisions.
- Timeliness of verifications.
- Provider terminations for quality issues.
- Incidence of fair hearings as a result of adverse credentialing actions.

Quarterly updates were provided throughout 2023 to PCC to ensure effective oversight and to elicit peer input into CenCal Health's provider peer review and credentialing process. The committee's quarterly reviews included assessing clinical competency, professional conduct, and any clinical complaints or QOC concerns. Note that the metric, Monitoring of Complaints, was retired in 2023 as outlined in the Barrier Analysis, below.

### **Qualitative Analysis**

#### *Barrier Analysis*

The goals for all PCC metrics were met in 2023, however there was a significant improvement in the process for receiving member complaint data and folding it into the credentialing process. Previously, reports of all member complaints were generated for providers due for recredentialing each quarter, and these were individually reviewed to assess for trends or volume that met criteria for PCC review. Member complaints with PQIs followed a separate path to the clinical staff and only those with confirmed QOC concerns were brought to PCC on an ad hoc basis by the CMO or Medical Director designees for credentialing. This bifurcated path made it difficult to draw a direct line from a member complaint all the way to peer review.

The individual practitioner-specific non-clinical member complaint reports were phased out due to difficulties in producing the reports, which were compounded by the transition to paperless files during the public health emergency when all staff began working remotely. This allowed the focus to be on complaints with a clinical component, and those with PQIs continued to be brought to PCC on an ad hoc basis at the CMO's discretion.

The Quality department's team that oversees the investigation of quality of care concerns developed a quarterly PQI report that has become a regular agenda item beginning with the January 2023 PCC meeting. The report evolved throughout 2023 with input from committee members and now includes:

- a description of the process to receive, investigate and report PQIs.
- a breakdown by month of outcomes by QOC Severity Level and whether a CAP or referral to PCC occurred.



- the number of member grievances by month that were determined to not have a clinical QOC component.
- a breakdown by month of clinical vs. behavioral health QOCs.
- and the trends by quarter of number of QOCs and QOC outcomes.

Upon confirmation as part of the NCQA Readiness Workgroup activities that the requirements for the CR standards are focused on PQIs and QOCs, the PCC metrics were revised to reflect that.

To ensure the integrity of the overall credentialing process, the remaining PCC metrics track:

- the completion of all verifications, including those related to sanctions and exclusions.
- the timeliness of functions such as performing verification of credentials as relates to the approval date, and notification to the practitioner of the decision date.
- and the completeness and accuracy of all credentials files.

As per industry standards and NCQA requirements, all documents and verifications must be date stamped and initialed by the preparer. The methodology prevents alteration of documents by unauthorized persons, and system controls are in place to maintain the security of the credentialing software and database.

Every initial and recredentialing file is assembled and prepared by a Credentialing Specialist, and reviewed by at least one, and usually two additional staff to ensure the file is complete and all documents and verifications are current at the time of the credentialing decision. The CMO/Medical Director designee is the final reviewer, whose signature indicates approval. If a file requires review by the PCC, it is held until the next meeting, where a decision is rendered by the voting clinician members after thoughtful discussion.

#### *Evaluation of Effectiveness*

With the exception of the clarification and revision of the member complaint and PQI metrics, these processes and metrics have been in place for many years. These processes and timeframes are inherent to the credentialing process and are effective in ensuring that credentialing data is complete, verified timely in relation to the credentialing decision, includes quality of care data and that providers are notified of decisions timely.

#### *Opportunities for Improvement*

The addition of a comprehensive PQI report presents an opportunity to track PQI data over time to monitor for trends and outliers, and for systemic issues that may present barriers to the provision of safe, high-quality care.



## **Conclusion**

CenCal Health has a systematic process to assure the provision of high-quality and appropriate patient care by validating the qualifications and capabilities of its provider/practitioner network. CenCal Health's PCC monitors metrics effectively to ensure credentialing data is complete, verified timely in relation to credentialing decisions, includes quality of care data, and that providers are informed of credentialing decisions in a timely manner.



**2023**

**Quality Improvement and Health Equity Transformation Program  
Evaluation**

**Utilization Management Committee (UMC)**

**Approval Dates**

**UMC: 2/12/2024**

**QIHEC: 2/29/2024**

**BOD: 3/20/2024**





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## **Executive Summary**

CenCal Health's Utilization Management (UM) Program is designed to promote the delivery of high quality, medically necessary, and cost-efficient health care for our members. The program is under the clinical direction of the CMO, and the operational administrative direction is provided by the Health Services Officer (HSO). CenCal Health develops, implements, and improves its UM Program as needed or at minimum annually to ensure appropriate processes remain current and appropriate. CenCal Health's evaluation includes review of:

- The program structure.
- The program scope, processes and information sources are used to determine benefit coverage and medical necessity.
- The level of involvement of the senior-level physician and designated behavioral healthcare practitioner in the UM program.
- Member and practitioner experience data.

CenCal Health believes that the UM Program remains current and appropriate. No revisions are needed to the UM Program.

## **Background**

Utilization Management is performed to promote an effective and efficient medical health care delivery system. The UM program is designed to evaluate the medical appropriateness of medical services provided by participating physicians, other practitioners, facility providers and other ancillary providers. The goal is to promote appropriate utilization for medical necessity utilizing uniform application of authorization criteria to assure consistent processing of authorization requests and coordination of medical and health plan.

Utilization Management and Case Management work collaboratively with Member and Provider Services to ensure that CenCal Health member's needs are appropriately addressed taking into consideration the local delivery system while considering the need of individual members. UM determinations also consider the unique, including cultural, needs of the member and capacity and capabilities of the medical delivery system.

Heart Disease Management Program: CenCal Health's Heart Disease Management (DM) program focuses on improving or maintaining the health of populations with specific heart conditions. Members eligible for Heart DM program enrollment are provided with education and self-care tools to effectively manage their conditions. CenCal Health's Heart Disease Management program strives to address members' health needs at all points along the continuum of care, including the community setting, by increasing member awareness of their disease, identification of community educational resources, participation in self-care activities, and engagement with target interventions. The goal is to maintain or improve physical and psychosocial well-being and reduce future complications associated with the disease.



Diabetes Management Program: CenCal Health's Disease Management (DM) program: DM services are provided for members who are determined to be at high risk for readmission for hospitalizations and ED visits. Members eligible for the diabetes program are provided with enhanced diabetes education and self-management tools to learn to care for their diabetes and prevent future complications. The main goals of the diabetes program are to maintain or improve the physical and psychosocial well-being of the member, reduce complications of diabetes, and reduce rehospitalizations and/or ED admissions.

## **2023 Work Plan Task - Utilization Management and Behavioral Health Program Descriptions**

### **Activity Description**

Both CenCal Health's Utilization Management (UM) and Behavioral Health Program Descriptions describe how medically necessary and quality health care services are delivered to members in a coordinated, comprehensive, and culturally and linguistically appropriate manner. CenCal Health's UM Program and Behavioral Health Program ensure that:

- Medical decision making is not influenced by financial considerations.
- Does not reward practitioners or other stakeholders for issuing denials of coverage.
- Does not encourage decisions that result in under-utilization.

CenCal Health's UM Program Description is reviewed, evaluated, and presented annually for approval by CenCal Health's governing body, the Board of Directors. The UM Program defines the structure within which utilization management activities are conducted and establishes processes for systematically coordinating, managing, and monitoring these processes to achieve positive member outcomes.

CenCal Health's Behavioral Health Program is a system integrated with CenCal Health's Quality Improvement and Health Equity Transformation Program (QIHETP) to promote the continuous monitoring and evaluation of care and services provided to members. The program is designed to identify patterns of utilization and ensure efficient use of resources.

### **Care Management Program**

CenCal Health's Care Management (CM) Program is a comprehensive, Member-centered program that consists of Complex Care Management (CCM), Basic Care Management, Transitional Care Services (TCS), and other Care Coordination activities. CM services include general CM, which primarily works with the adult population, Pediatric-Whole Child Model (PWCM), Disease Management (DM), and Enhanced Care Management (ECM). These programs work collaboratively to support Members through the continuum of CM services.



The CM Program was developed to help CenCal Health's Members appropriately use health care services and/or gain access to State programs, community-based resources, and long-term services and supports. Facilitating access to such services allows Members to maintain independence at home, live in the least restrictive environment, and maximize their well-being.

The goal of the CM Program is to support Members who need individualized guidance, education, and/or extensive coordination of their health care needs while optimizing value, and to achieve desirable outcomes for all stakeholders. As a component of the overall Health Services operations, these various CM Programs work collaboratively with CenCal Health's Utilization Management Program.

### **Disease Management Programs**

CenCal Health offers evidence-based Disease Management Programs (DMPs) and services in line with National Committee for Quality Assurance (NCQA) requirements. Using a proactive, multidisciplinary, and systematic approach, CenCal Health's DMPs include the primary care provider as the primary manager of the Member's care supported by plan staff and specialists. These DMPs incorporate health education interventions, identify Members for engagement, and seek to close care gaps for Members participating in the interventions to improve health equity and reduce health disparities. All programs provide a comprehensive, ongoing, and coordinated approach to achieve desired health outcomes.

At minimum, the programs and services address the following health conditions:

- Asthma
- Cardiovascular disease
- Diabetes
- Depression
- Maternal mental health

CenCal Health's DMPs have components that are like Care Management services including the general goal of improving long-term medical treatment. Through tailored interventions specific to the needs of each Member that empower behavior change and actions, DMPs and services connect with CenCal Health's Population Needs Assessment (PNA) and Population Health Management (PHM) Strategy, and other community programs to help Members:

- Improve self-management support skills.
- Improve adherence to treatment plans.
- Minimize symptoms associated with chronic condition.
- Prevent future complications or the development of accompanying conditions related to chronic disease.

CenCal Health's UM, Behavioral Health, Case Management and Disease Management Programs are system integrated with CenCal Health's Quality Improvement and Health



Equity Transformation Program (QIHETP) to promote the continuous monitoring and evaluation of care and services provided to members. The program is designed to identify patterns of utilization and ensure efficient use of resources. Case Management and Disease Management programs also connect with CenCal Health's Population Needs Assessment (PNA) and Population Health Management (PHM) Strategy.

### **Activity Description**

Utilization Management completed an annual review of the UM Program Description and completed updates that aligned with:

- Updates with 2023 Department of Health Care Services (DHCS) All Plan Letters and 2024 contract requirements
- Integration of the UM Program with the Health Equity Transformation Program (QIHETP) and the Quality Improvement Health Equity Committee (QIHEC)
- Usage of Clinical Criteria and Provision of Criteria
- UM Decisions and notification definitions and timeframes

Updates to the 2023 UM Workplan included:

- PHM, NCQA and 2024 Contract tasks
- Whole Child Model Program Description

Behavioral Health completed an annual review of the program description and completed revisions that aligned with:

- Updates with 2023 Department of Health Care Services (DHCS) All Plan Letters including but not limited to:
  - APL 23-010 Responsibilities for Behavioral Health Treatment for Members Under the Age of 21
- DHCS 2024 Contract including, but not limited to:
  - Closed loop referrals requirements on care coordination.
  - Over and Underutilization monitoring.
  - Inclusion of the Quality Improvement Health Equity Committee and Program as part of the program structure and evaluation process.
- Quality Program document updates including, but not limited to:
  - Updates of behavioral health program staff
  - Updates to expand on the responsibility parties in the utilization review process
  - Utilization Management Program updates

Case Management completed an annual review of the CM Program Description in alignment with DHCS Care Management and Care Coordination 2024 DHCS Contract which included:

- Population Health Management Requirements
  - NCQA Standards for Complex Case Management
  - Risk Stratification and Segmentation process for all CenCal Health Members
  - Transitional Care Services for High-Risk Members



- Coordination of Care for Children with Special Health Care Needs
- Enhanced Care Management Program
- Responsibility of identifying and referring Members to Community Support Services

**Quantitative Analysis and Trending of Measures**

Annual review and approval of the UM, BH and Case Management Programs were completed and presented to the Utilization Management Committee timely and then approved at the QIHEC.

	Program Description Review Date	UMC Approval Date	QIHEC Approval Date
<b>2022 All Medical Management Program Description</b>	January 2022	May 9, 2022	August 25, 2022
<b>2023 All Medical Management Program Descriptions</b>	January 2023	February 10, 2023	March 2, 2023

**Qualitative Analysis**

Ongoing work continues with integration of the NCQA accreditation requirements within the UM program in alignment with DHCS Contract requirements. UM Program will be updated as applicable as this process continues.

**Evaluation of Effectiveness**

All Medical Management Program Descriptions (UM, BH, CM, DM) were updated, completed, and approved at UMC and QIHEC Committee's timely reflective of current operations.

**Opportunity for Improvement**

Evaluation of alignment of current objectives with the 2024 Department of Health Care Services Contract and NCQA requirements as CenCal Health moves towards NCQA accreditation for 2026.

**2023 Work Plan Task - Adoption of UM Criteria**

**Activity Description**

Annual review was conducted of the Clinical Criteria utilized to make Utilization Management Decisions to ensure that CenCal Health applies objective and evidence-



based criteria and includes the local delivery system into account when determining the medical appropriateness of requested services. The clinical criteria was approved by QIHEC in 2023. The UM Policy and Procedure, MM-UM22 Clinical Criteria for UM Decisions, was reviewed, revised and approved by DHCS, the UMC and QIHEC committees.

### **Quantitative Analysis and Trending of Measures**

Clinical criteria approved by QIHEC, and related policies and processes implemented.

### **Qualitative Analysis**

Clinical criteria approved by QIHEC, and related policies and processes implemented.

### **Evaluation of Effectiveness**

Current process is effective in implementing clinical guidelines for the UM department to utilize

### **Opportunity for Improvement**

N/A

## **2023 Work Plan Task - Conduct Annual IRR Study of UM Physicians and Nurses**

### **Activity Description**

CenCal Health Utilization Management Clinical Reviewers were evaluated on the consistent and appropriate application of nationally recognized guidelines, using approved criteria for physical and behavioral health criteria on an annual basis.

All licensed clinical review staff including Medical Directors, UM Nurses, Behavior Health Reviewers and Appeal Nurse Reviewers are given the IRR Cases Studies testing. The value of the IRR process is to monitor, measure and evaluate the agreement in decision-making among Clinical Reviewers. The goal is to identify differing opinions or misunderstanding of staff, ability to identify quality of care issues, standardization opportunities and educational opportunities.

Clinical Reviewers are required to pass IRR with a score of  $\geq 90\%$ . Results are shared with their leaders, and if an individual does not pass IRR, additional training and action plans will be developed as appropriate. An overall IRR report is created and reported annually to the Utilization Management Committee (UMC) and the Quality Improvement Committee (QIC).

### **Quantitative Analysis and Trending of Measures**

IRR was conducted in 2022 and 2023 with all participants passing or exceeding the goal.

MCG®		2022		2023		
Non-Behavioral Health	# of staff	# Met Goal (>=90%)	Average	# of staff	# Met Goal (>=90%)	Average
Medical Director	2	2	99.5%	5	5	97.8%
Adult RN Reviewer	15	15	98.9%	11	11	98.4%
Pediatric RN Reviewer	5	5	99.4%	5	5	97.6%
Appeals RN Reviewer	5	5	99.6%	5	5	97.0%
<b>Total</b>	<b>27</b>	<b>27</b>	<b>99.6%</b>	<b>26</b>	<b>26</b>	<b>97.7%</b>
Behavioral Health	# of staff	# Met Goal (>=90%)	Average	# of staff	# Met Goal (>=90%)	Average
Medical Director	1	1	100.0%	1	1	100.0%
BH Clinical Reviewers	2	2	95.0%	3	3	100.0%
<b>Total</b>	<b>3</b>	<b>4</b>	<b>97.5%</b>	<b>4</b>	<b>4</b>	<b>100.0%</b>

### Qualitative Analysis

Training is conducted annually and upon hire to ensure consistency in medical necessity determinations and appropriate referrals to Medical Directors and all clinical staff must complete an IRR on an annual basis.

### Evaluation of Effectiveness

The training and process is effective for all clinical staff to successfully pass the annual IRR testing.

### Opportunity for Improvement

No new opportunities for improvement identified, will continue annual IRR review and testing, will continue annual IRR review and testing.

### [2023 Work Plan Task - Review and Monitor Authorization Timeliness Reports](#)

#### Activity Description

The Utilization Management Department follows the Prior Authorization requirements for timely notification in accordance with the 2024 DHCS contract and Health & Safety code 1367.01.

Authorization Type	Timely Determination Time
Pre-Service	5 business days
Pre-Service urgent	72 hours
Post-Service	30 calendar days





UM TAT Compliance threshold is 95%. Inventory and timeliness and timelines of referrals is reviewed daily by the leadership team and shared with the teams through morning huddles. These huddles serve to review current inventory and review of staffing assignments to ensure compliance. In addition, overtime was utilized to maintain turnaround times.

During 2023, the following measures were taken to ensure / increase compliance with regulatory requirements.

- Cross training for referral processing
- Increased inventory to twice a day to remain cognizant of pending due date
- Workflows were further evaluated and adjusted to meet the needs and
- Hired temporary staff until open positions were filled.

**Quantitative Analysis and Trending of Measures**

Turnaround times are measured by looking at Peds and Adult UM teams and reported separately. In review of the Peds UM data, the staffing vacancy was greater in the first quarter of 2023, but by 2nd quarter additional staff was in place, shown by meeting threshold compliance starting 2nd quarter and has been maintained. Similarly, the adult UM team was impacted by staffing vacancies throughout the year. See below for detailed quarterly compliance metrics for TAT.

PEDS UM				
Category	Average TAT			
Pre-Service	Q1	Q2	Q3	Q4
2022	99%	98.3%	99.2%	99.0%
2023	96.6%	98.6%	99.8%	99.8%
Urgent Pre-Service	Q1	Q2	Q3	Q4
2022	97.3%	98.3%	97.3%	99.0%
2023	89.7%	96.1%	98.5%	97.3%
Post-Service	Q1	Q2	Q3	Q4
2022	99.7%	100.0%	100.0%	100.0%
2023	94.9%	98.0%	99.7%	100.0%
ADULT UM				
Category	Average TAT			
Pre-Service	Q1	Q2	Q3	Q4
2022	97.6%	99.3%	91.6%	97.0%
2023	99.0%	97.3%	99.7%	99.7%
Urgent Pre-Service	Q1	Q2	Q3	Q4
2022	96.3%	97.6%	93.0%	92.7%



	<b>2023</b>	91.7%	92.7%	93.2%	94.6%
<b>Post-Service</b>		<b>Q1</b>	<b>Q2</b>	<b>Q3</b>	<b>Q4</b>
	<b>2022</b>	99.6%	99.6%	99.0%	99.3%
	<b>2023</b>	96.0%	97.6%	98.6%	98.6%

In the review of out-of-compliance referrals, an increase in the number of urgent referrals was identified impacting turnaround times. System updates were completed to the portal requesting providers to attest to the urgency of the referral before submission and provider bulletins were sent to providers to define what constituted an urgent referral.

**Qualitative Analysis**

Barriers affecting compliance turnaround time continue to occur with non-contracted providers. UM continues to monitor compliance trends and Provider Services is involved in outreach to providers for education on referral submission guidelines and contracting with non-contracting providers.

**Evaluation of Effectiveness**

Compliance with TAT has improved throughout 2023 by the measures taken to increase compliance.

**Opportunity for Improvement**

Evaluate opportunities for system enhancements at the point of data entry by providers in submission of a pre-service request.

Continue the work with Provider Services on educating providers on the definition of urgent to assist in appropriate submissions of pre-service urgent requests.  
Continue daily operational activities

**2023 Work Plan Task - Pre-Service Appeal Monitoring and Outcomes**

**Activity Description**

The UMC is responsible to review CenCal Health's Pre-Service Appeals and Trends as included in the Member Grievance & Appeals System to ensure compliance with contractual requirements and identify opportunities for reducing appeal volume. UMC monitors total pre-service appeal volume, types, and review outcomes.

### Quantitative Analysis & Trends for Pre-Service Member Appeals

<b>Description of Task: "Aggregate Pre-Service Appeals"</b>						
<b>Goal:</b> "Monitor Pre-Service Appeals in Aggregate and PTMPM Comparisons and Trends quarterly at UMC. Remain in control with previous year Mean."						
<b>Requirement:</b> The Department of Health Care Services contractual requirement to monitor and address member grievances and appeals as outlined by Contract and following all APL requirements.						
Indicator Type	2021 YE Baseline PTMPM	2022 YE PTMPM	2023 YE PTMPM	YOY Δ	2023 % Points below (-) or above (+) Goal	Goal Met
QOS	0.08	0.05	0.05	-0.03%	0%	Yes
Indicator Type	2021 YE Baseline Total	2022 YE Total	2023 YE Total	YOY Δ	2023 % Points below (-) or above (+) Goal	Goal Met
QOS	185	126	151	-18%	20%	Yes

The table above shows CenCal Health's pre-service appeal aggregate and PTMPM tracking goals for performance toward the goal of remaining in control with the previous year's Mean. The data shows a slight drop in PTMPM of 0.03% from the baseline year of 2021 to 2023, with a 0% increase or decrease in performance experienced in 2023 for the PTMPM comparison. The results indicate an 18% decrease in overall pre-service appeals in aggregate volume filed for our 3-year comparison; however, there was a 20% increase in 2023 from 2022, offset though by increased membership each month as reflected in the flat PTMPM comparison. Aggregate call volume totals for the 3-year comparison above are as follows: 2021 = 185; 2022 = 126; and 2023 = 151. While PTMPY reduced 0.03% from baseline year 2021 to 2023, the aggregate volume reduced by 18%.

### Qualitative Analysis for 2023 Pre-Service Appeals

Of the 121 TAR appeals:

- Outpatient Services (47) - Highest in TAR appeal volume, outpatient appeals were for various service types. The most appealed services were Speech Therapy (11), Laser treatment (6).
- Durable Medical Equipment (DME) (36) - The most appealed services were Speech therapy (12), foot orthotics (6), and cubby beds (4).
- Radiology Benefits Manager (RBM Denials) (14) – No trends.
- Behavioral Health (10) – Most appealed services were Psych testing (5), ABA service (3), Neuro testing (2).
- Inpatient/SNF (5) – Skilled Nursing (3).
- Physical Therapy (4) – PT appeals averaged 1/quarter in 2023.
- Genetic Testing (3) - No trends.
- Private Duty Nurse (2) - No trends.

Of the 30 Referral (RAF) appeals:

- Most RAF appeals (22) were to out of county facilities which made up 73% of all RAF appeals in 2023. UCLA and Cedars Sinai were two small trends.
- (4) total DME RAF appeals in 2023 with no trends.
- (3) total Speech Therapy RAF appeals in 2023 with no trends.
- 1 Continuity of Care RAF appeal for Behavioral Health Services.

In 2023, 40% of appeals were overturned and 60% were upheld in aggregate in 2023. 82% of appeals that were overturned, were overturned based on additional information provided upon appeal, not present for the initial review.

### **Evaluation of Effectiveness**

UMC's monitoring of trends each quarter allow the clinical physician reviewers to observe trends from quarter to quarter and in comparison, to previous year quarterly averages to ensure rates are in line with standard totals and to determine if there are specific elevations in appeal types to address.

Monitoring outcomes also allows reviewers to observe the total percentage of appeals overturned based on additional information vs. Disagreements in review opinions.

No identified significant changes in 2023 identified from this review each quarter in UMC.

### **Opportunity for Improvement**

CenCal Health received zero (0) findings for pre-service appeal processing and case file reviews during the 2023 DHCS Medical Audit. Regardless, CenCal Health is seeking to improve appeal letter explanation to meet NCQA standards and to better align with APL 21-011 and the requirement to include "clear and concise" explanation to member grievances and appeals.

A workgroup will be formed in early 2024 to address how to improve clarity and readability for simplifying appeal letter language. This is an effort to improve member satisfaction with the appeals process and to improve member understanding of determinations made by clinical reviewers.

### **2023 Work Plan Task - Conduct Annual UM Satisfaction Survey**

#### **Activity Description**

DHCS performs the CAHPS 5.0 Survey every two years, moving to annually. UMC receives a report provided to the MSC for CenCal Health's performance in the 4 Overall Ratings and 4 Composite domains compared to the Medi-Cal averages and NCQA benchmarks.

#### **Quantitative Analysis and Trending of CAHPS Measures**

**Description of Task: “Consumer Assessment of Healthcare Providers & Systems (CAHPS) Satisfaction Survey”**

**Goal:** “Complete annual (when applicable) analysis for CAHPS Performance comparison to previous year scores, Medi-Cal Managed Care Averages and NCQA National Benchmarks and remain a top performing plan in California and above the 75th – 90th percentile of Medi-Cal Managed Care Plans nationally.”

**Requirement:** CenCal Health Member Services to analyze performance scores received by membership in comparison to previous year scores, Medi-Cal Managed Care Averages and NCQA National Benchmarks with goals to improve yearly.

Comparison Domain	2019 Score	2021 Score	2023 Score	Plan Rank in 2023 <u>24</u> MCPs	2023 NCQA Comparable Percentile
Adult: Overall Rating of Health Plan	77.2%	76.8%	<b>78.3%</b>	4 <sup>th</sup>	50 <sup>th</sup>
Adult: Overall Rating of Health Care	75.2%	75.1%	<b>76.1%</b>	7 <sup>th</sup>	50 <sup>th</sup>
Adult: Overall Rating of Personal Doctor	82.3%	77.7%	<b>83.8%</b>	4 <sup>th</sup>	50 <sup>th</sup>
Adult: Overall Rating of Specialist	82.9%	78.2%	<b>87.3%</b>	4 <sup>th</sup>	50 <sup>th</sup>
Adult: How Well Doctors Communicate	90.6%	89.1%	<b>90.7%</b>	14 <sup>th</sup>	50 <sup>th</sup>
Adult: Getting Needed Care	80.8%	83.1%	<b>78.4%</b>	7 <sup>th</sup>	50 <sup>th</sup>
Adult: Getting Care Quickly	73.6%	80.9%	<b>80.6%</b>	2 <sup>nd</sup>	50 <sup>th</sup>
Adult: Customer Service	91.8%	N/A	<b>91.9%</b>	1 <sup>st</sup>	50 <sup>th</sup>
Child: Overall Rating of Health Plan	85.1%	90.6%	<b>84.9%</b>	4 <sup>th</sup>	50 <sup>th</sup>
Child: Overall Rating of Health Care	86.3%	88.1%	<b>81.3%</b>	14 <sup>th</sup>	Statistically significantly below the 50 <sup>th</sup>
Child: Overall Rating of Personal Doctor	90.9%	92.4%	<b>85.2%</b>	16 <sup>th</sup>	Statistically significantly below the 50 <sup>th</sup>
Child: Overall Rating of Specialist	78.3%	N/A	<b>N/A</b>	N/A	N/A
Child: How Well Doctors Communicate	90.5%	92.7%	<b>92.9%</b>	10 <sup>th</sup>	50 <sup>th</sup>
Child: Getting Needed Care	81.5%	84.6%	<b>80.1%</b>	8 <sup>th</sup>	50 <sup>th</sup>
Child: Getting Care Quickly	84.3%	85.0%	<b>86.0%</b>	2 <sup>nd</sup>	50 <sup>th</sup>
Child: Customer Service	91.4%	88.3%	<b>N/A</b>	N/A	N/A

\*N/A - Fewer than 100 respondents considered not statistically significant and not reported.



The table above shows CenCal Health's 3-year trend for annual monitoring by the UMC of the CAHPS Satisfaction Survey Results. The 2023 results were posted to the DHCS website for the first time on January 11, 2024. Therefore, UMC will not be able to fully analyze the 2023 results until 2024 UMC meetings.

Preliminary review of the 2023 CAHPS results reflect that:

- CenCal Health was a Top 10 performing plan in 11 of 14 comparison categories where CenCal Health had 100 respondents or more. There were two comparisons with fewer than 100 respondents and therefore marked "N/A."
- CenCal Health ranked tied for #1 in Customer Service on the Adult Survey in 2023, this following being ranked #1 in Customer Service in 2022 on the Child Survey (N/A for the Child in 2023).
- CenCal Health also ranked #2 in CA on both the Adult and Child Surveys in "Getting Care Quickly".
- CenCal Health also ranked #4 in CA on both the Adult and Child Surveys for "Overall Rating of Health Plan."
- Adults ranked their "Personal Doctor" at 4<sup>th</sup> overall and their "Specialist Seen Most Often" also at 4<sup>th</sup> overall.
- For "Getting Needed Care," Adults ranked CenCal Health 7<sup>th</sup> overall and on the Child Survey, 8<sup>th</sup> overall.
- CenCal Health had two comparisons that scored statistically significantly below the NCQA 50<sup>th</sup> percentile, both on the Child Survey. Those comparisons were for "Overall Rating of Health Care" and "Overall Rating of Personal Doctor."

Even with high plan rankings in CA, all are comparable with only the NCQA 50<sup>th</sup> percentile nationally. Very few CA Medi-Cal Managed Care Plans received scores near the 90<sup>th</sup> percentile in any comparison category. Most compared to the NCQA 50<sup>th</sup> percentile.

### **Qualitative Analysis for CAHPS Monitoring**

The Utilization Committee could not review the 2023 CAHPS results in 2023 as the Department of Health Care Services, through external quality review organization, Health Services Advisory Group, did not post the CAHPS Statewide All-Plan Comparison Report to the DHCS website until January 11, 2024. Scores were provided into the 2023 Work Plan Evaluation to complete a 3-year quantitative analysis for the common comparison domains.

Another barrier identified in review of the NCQA benchmark comparison to 2023 scores and in review of all Medi-Cal Managed Care Plans in California, is that all CA Plans are comparable to the NCQA 50<sup>th</sup> percentile in almost all comparison ratings and composites, even for the best performing CA Plans in each comparison, of which CenCal Health was in the Top 10 in many. The challenge is to understand why CA Plans do not rank higher in NCQA National comparisons.

### **Actions Taken**



CenCal Health established a new organizational tactic in 2023 to enhance the member experience through the CAHPS survey analysis and seeks to find opportunities to improve. CenCal Health's Director of Member Services worked with CAHPS vendor, Press-Ganey to establish a contract to perform a CAHPS-Clinical Group 3.0 survey for CenCal Health in 2024. CAHPS-CG will allow for more detailed analysis of our members' experience with their specific providers of service and will allow for targeted data results to share with the provider network for more actionable findings. CenCal Health will also participate in the DHCS, HSAG-led, CAHPS 5.0 survey in 2024 for further CAHPS results that will be used to enhance the member experience.

### **Evaluation of Effectiveness**

CenCal Health's work to establish a new organizational tactic in 2023 to enhance the member experience through the CAHPS enabled the efforts to fund and participate in future CAHPS-CG surveying of our membership and allows for more useful data that can be used for targeted interventions to improve the experience.

### **Opportunity for Improvement**

CenCal Health's participation in the 2024 CAHPS-Clinical Group 3.0 survey is a wonderful opportunity to obtain more in-depth data for our member experience with their providers and for CenCal Health to find more targeted opportunities to use CAHPS data to support improvements.

### **2023 Work Plan Task - Reduce processing time of completing One Time Authorizations (OTA)**

#### **Activity Description - Develop new processes to shorten timeframes to execute OTA**

Weekly meetings were implemented between UM and Provider Services to review outstanding referrals that were awaiting OTA agreements. This allowed open communication to identify trends in providers that required OTA's to review network adequacy and potential outreach to provider for contracting possibilities.

#### **Quantitative Analysis and Trending of Measures**

During the early stages of the meetings, there were an average of 8-10 OON authorization requests received daily that required an OTA. As the OTA process was streamlined and provider contacts were established, the number of OON authorizations decreased, which allowed for the discontinuation of the meetings.

UM implemented a process change which involved:

- UM Nurse reviews the authorization for medical necessity and approves if meeting criteria.
- UM Nurse sends the request to PS Contracts who will start the OTA process.
- The auth does not stay pending in the authorization queues thereby improving UM timelines for OTA requests.



### **Qualitative Analysis**

The barriers included non-streamlined process for handoff between provider contracting and UM department. Out of network providers who refuse to contract with CenCal Health.

### **Evaluation of Effectiveness**

The streamlined process was effective as evidenced by the decrease in OON authorization requests.

### **Opportunity for Improvement**

Identify contracting opportunities with OON providers.

Complete Contract renewals for Long Term Care and Skilled Facilities and expand network of contracted providers

### **2023 Work Plan Task - Care Coordination with California Children's Service (CCS)**

#### **Eligible Members**

#### **Activity Description**

Continue to work with the county agencies and providers to improve CCS member Care Coordination.

### **Quantitative Analysis and Trending of Measures**

A risk stratification process (RSS) and Health Risk Assessment (HRA) process is in place for CCS members. High-risk members are followed by care managers for care coordination and support. CCS members were included in Population Health Management's RSS initiative which resulted in high-risk CCS members being identified and offered comprehensive care management services.

Monthly collaborative meetings continue to take place between CenCal Health and CCS Santa Barbara and San Luis Obispo Counties.

Complex case conferences for CCS members are conducted weekly. Attendees include the CCS and Whole Child Model (WCM) Medical Director, Pediatric Nurse Care Managers and Social Workers.

### **Qualitative Analysis**

CenCal Health and CCS Counties do not have a shared UM and CM platform which poses a challenge with data sharing. Referral processes and care coordination procedures remain cumbersome and time consuming.

The complex nature of CCS conditions requires more time for care management and coordination, hence full staffing is always crucial.

### **Evaluation of Effectiveness**





There was an increase in CCS cases enrolled in case management in 2023 compared to 2022 which showed complex cases being effectively identified resulting to an increase and improvement of the coordination activities.

CCS Enrollment	2022	2023
Total enrolled in active case management	1,624	1,775
Total newly opened cases	700	930

### Opportunity for Improvement

Data sharing mechanism between CenCal Health and CCS Counties to allow a streamlined approach to care coordination.

### 2023 Work Plan Task - Increase Enrollment in Heart Disease Management Program

#### Activity Description

Increase enrollment in Heart Disease Management Program

- Identify and enroll high-risk members in the Heart Disease Program
- Develop and perform targeted interventions for members with Heart-Disease
- Perform Disease Management activities to support continuity of care, care coordination and member self-management

#### Quantitative Analysis and Trending of Measures

The Heart Disease Management Program is tailored to meet the requirements of high-risk Members identified who have a primary diagnosed CHF, AMI, or CAD related inpatient stay or outpatient Emergency Department visits in past 30-90 days. Various sources for member identification include data reports, referrals, Risk Stratification, HRA, and clinical rounds.

In review of annual Heart Disease identification data for 2022 compared to 2023, there was an 8% decrease in members identified for the program and a 4% decrease in Members enrolled.

Members	2022	2023
Identified	453	417
% Enrolled	34%	30%

#### Qualitative Analysis

In further review of data, the top two primary reasons that impacted a decrease in enrollment for 2023, include being unable to reach member/s following identification and member decline to opt into program once contact/education on program has been made.



### **Evaluation of Effectiveness**

Members enrolled in the program had a decrease in ED visits and Re-hospitalizations.

### **Opportunity for Improvement**

The primary referral source for the Heart Disease Management Program has been data reports, to increase identification and member engagement plan may include;

- Increased education via Provider Services and the Disease Management Team on referral process and program to our Provider Network
- Increase member education via member newsletter on Disease Management available program
- Increase access to additional data sharing platforms, such as Homeless Management Information System (HMIS), to allow for more up to date member contact information to reduce likelihood of being unable to reach a member at time of initial attempts to contact

### **2023 Work Plan Task - Increase Enrollment in Diabetes Disease Management Program**

#### **Activity Description:** Increase enrollment in Diabetes Program

- Identify and enroll high-risk members in the Diabetes DM program
- Develop and perform targeted interventions for members with DM
- Perform DM activities to support continuity of care, care coordination and member self-management

#### **Quantitative Analysis and Trending of Measures**

The Diabetes Disease Management Program is tailored to meet the requirements of high-risk Members identified who have >1 diabetes diagnosis related to an inpatient stay or outpatient Emergency Department visits in past 30-90 days.

<b>2022</b>	<b>2023</b>
Identified 284	Identified 279
Enrolled 34%	Enrolled 43%

#### **Qualitative Analysis**

In review of annual Diabetes Disease identification data for 2022 compared to 2023, there was a 2% decrease in members identified for the program, however there was a 9% increase in Member enrollment.

### **Evaluation of Effectiveness**

Increased enrollment of members attributed to the following factors:



- increased referrals by providers and hospital staff (residents, case managers),
- re-education regarding disease management program and resources, and interdepartmental referrals (Pediatric case managers, UM).

In addition, CenCal Health saw a decrease in ED visits in 2023 by 76%, and a decrease in re-hospitalizations of 75% for members enrolled in the Diabetes program. PCP visits were increased 103% for enrolled members in the program in 2023.

### **Opportunity for Improvement**

The primary referral source for the Diabetes Disease Management Program has been claims data reports. The increase and identification of member engagement plan may include;

- Increased education via Provider Services and the Disease Management Team on referral process and program to our Provider Network
- Increase member education via member newsletter on available Disease Management programs
- Increase access to additional data sharing platforms, such as Homeless Management Information System (HMIS), to allow for more up to date member contact information to reduce likelihood of being unable to reach a member at time of initial attempts to contact

### **2023 Work Plan Tasks - Mitigate Deficiencies Identified During NCQA Readiness Activities**

**Activity Description:** Senior Leadership Team approved a pause in NCQA readiness for UM to continue 2024 contract readiness and implementation and prepare for DHCS audit. Per DHCS 2024 contract CenCal Health must be NCQA accredited 1/1/2026.

### **Quantitative Analysis and Trending of Measures**

UM has continued in 2024 to participate in the NCQA readiness and mock audits while working on mitigating any findings from the audit. This process is ongoing and is in progress.



### **Qualitative Analysis**

As policies and procedures have been approved by DHCS for 2024 contract implementation are in place, the updates and requirements for any policy updates will require DHCS approval. NCQA requirements differ from DHCS requirements in some of the DHCS templated letters that will require submission to DHCS for further evaluation for requested changes requested for NCQA alignment. This is also a process in progress.

### **Evaluation of Effectiveness**

The process is ongoing.

### **Opportunity for Improvement**

Continue review and participation in NCQA readiness and evaluation of process changes. Identification of education and reporting changes needed to meet NCQA requirements.

### **2023 Work Plan Task - Implement PHM Requirements**

#### **Activity Description**

Develop and implement Risk Stratification Model. Coordination and collaboration with PHM took place mid-year 2022, and the RSS was completed in the first quarter of 2023.

#### **Quantitative Analysis and Trending of Measures**

In January 2023, CenCal Health successfully implemented the Risk Stratification and Segmentation (RSS) Tool. This comprehensive tool integrates various data sources, including but not limited to inpatient records, authorizations, claims, social determinants of health (SDOH) indicators, substance use disorder (SUD) information, and Health Risk Assessments (HRA results). The RSS results are used to categorize Members into high, medium, and low-risk segments based on their health and social complexities. The information also informs the development of various Population Health Management (PHM) strategies to meet the diverse needs of all CenCal Health Members.

RSS breakdown, as of October 2023.

<b>Risk Stratification Segmentation Metric</b>	<b>Number of Members</b>	<b>Percentage of Membership</b>
<b>Adult - High Tier</b>	272	0.12%
<b>Pediatric - High Tier</b>	317	0.14%
<b>Adult - Medium Tier</b>	786	0.34%
<b>Pediatric - Medium Tier</b>	894	0.39%



<b>Adult - Low Tier</b>	120607	52.28%
<b>Pediatric - Low Tier</b>	73128	31.70%

### **Qualitative Analysis**

As part of the PHM strategy for High-Risk Members, the CenCal Health Care Management Department engages in targeted outreach efforts. Upon identifying Members as high-risk, our Care Management team initiates outreach and engagement activities, aiming to enroll these Members into Care Management services. The objective is to promptly address immediate care coordination needs and proactively mitigate the worsening of conditions and social determinants of health.

The RSS report is sent monthly to Care Management via email, triggering outreach efforts. The Care Management staff utilizes the report and an RSS indicator tool, which provides detailed information on the Member's specific high-risk needs for more effective care management outreach.

### **Evaluation of Effectiveness**

At least annually CenCal Health assesses its Risk Scoring & Stratification (RSS) Algorithm to evaluate and detect potential biases. The Calculated Risk Tier outcome is compared to the Case Management (CM) Validated Risk Tier assigned and maintained by CM staff. In December 2023, adjustments were made to the RSS score based on the statistical test performed by Quality that reveal potential biases for certain sub populations.

### **Opportunity for Improvement**

Following initial implementation, additional feedback resulted in improvements to the RSS data reporting tool, the creation of the RSS indicator tool, and additional staff training. Continued focus for improvement includes reporting key performance indicators such as outreach outcomes and compliance requirements.

### **[2023 Work Plan - Track 2024 DHCS Contract Amendments](#)**

#### **Activity Description**

Track development of new policies and process related to the 2024 contract amendment.

#### **Quantitative Analysis and Trending of Measures**

Smartsheet Tracking documentation allowed for effective communication of what was deliverable, due dates and areas for comments to allow everyone visibility to the work in progress. It was also a resource available for review for other departments where there was shared responsibility.



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**Qualitative Analysis**

The Health Services Leadership team met at minimum of 4 times a week to review, track and monitor progress of 2024 contract implementation.

**Evaluation of Effectiveness**

The Operations Manager and liaison team in coordination with the Health Services Leadership, lead the successful implementation of contract implementation.

**Opportunity for Improvement**

We will continue the same process for implementation of other projects as it was proven to be an effective tool and tracking mechanism

**2023 Work Plan Task - Behavioral Health Turn Around Time**

**Activity Description**

Care Coordination Requests from the Mental Health Provider (MHP)

The Behavioral Health Department ensures to close referrals within 10 business days of the referral request date- 100% of time. The activities involved in this metric included outreaching to members, engaging member and providers in the care coordination process, and obtaining an appointment with an in-network provider (initial mental health assessment) within 10 business days in alignment with timely access standards for mental health specialists.

**Quantitative Analysis**

*2022 Turn Around Time: Care Coordination Requests from the MHP*

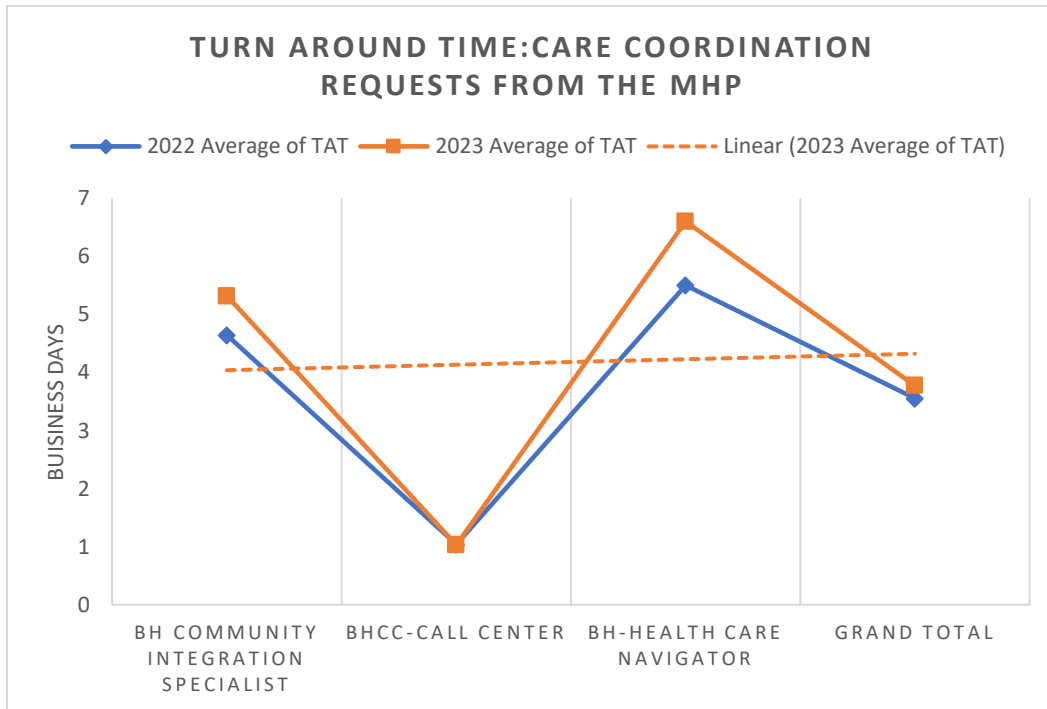
BH Team	Average of TAT
BH Community Integration Specialist	4.641509434
BHCC-Call Center	1.040540541
BH-Health Care Navigator	5.5
<b>Grand Total</b>	<b>3.550925926</b>

*2023 Data Turn Around Time: Care Coordination Requests from the MHP*

BH Team	Average of TAT
BH Community Integration Specialist	5.317624882
BHCC-Call Center	1.029411765
BH-Health Care Navigator	6.6
<b>Grand Total</b>	<b>3.7742891</b>

### Qualitative Analysis

Data indicates that the Behavioral Health Department continues to maintain an aggregate turnaround time goal of 10 business days. The trend between the years 2022 and 2023 indicates a minimal increase of 0.2, which does not support a statistically significant difference as measured in business day units.



### Evaluation for Effectiveness

Behavioral Health data indicates that at the team and department performance level, there have been non-significant differences in team performance overall. All teams and the department continue to meet turnaround times. The Behavioral Health Navigator team demonstrated a +1 business day increase which may be attributed to staffing changes (staff vacancy of 1 position December 2022-June 2023). Overall, the Navigator turnaround time is well below the threshold of 10 business days.

### Opportunity for Improvement

Teams are meeting their turnaround time and will continue to maintain procedures and processes to support maintenance.

### [2023 Work Plan Tasks - Behavioral Health UM Turnaround Time](#)

#### Activity Description





The Behavioral Health Department ensures the utilization review turnaround time goal for referrals is at 100% compliance for the following authorization types to ensure quality of service and access:

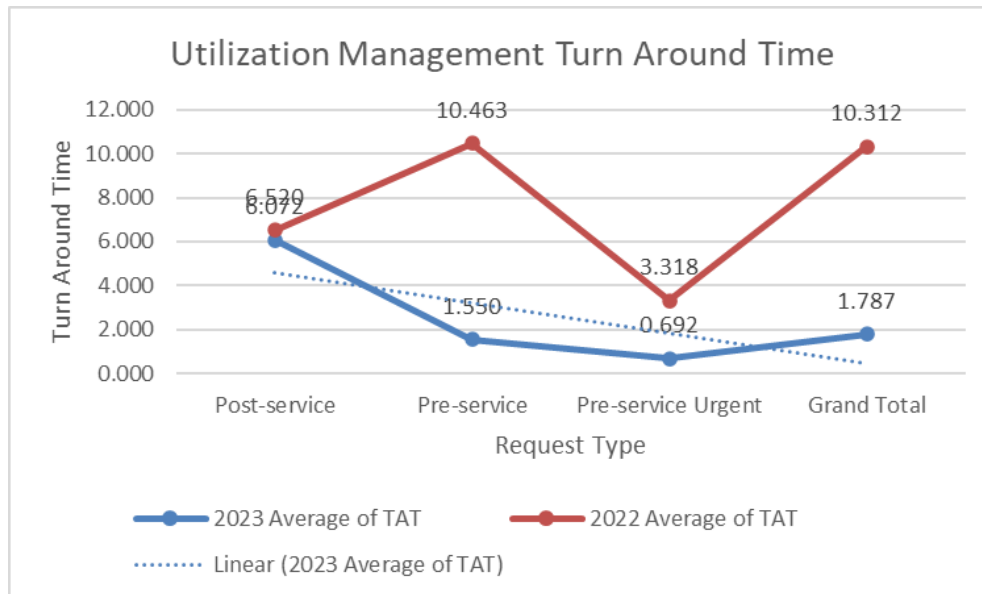
Authorization Type	Timely Determination Time
Pre-Service	Within 5 business days
Post-Service	Within 30 calendar days
Pre-Service urgent	Within 72 hours

### Quantitative Analysis

Average of TAT (Business Days)	
2022 BH UM TAT	Average of TAT
Post-service	6.520
Pre-service	10.463
Pre-service Urgent	3.318

Average of TAT (Business Days)	
2023 BH UM TAT	Average of TAT
Post-service	6.072
Pre-service	1.550
Pre-service Urgent	0.692

The yearly comparison shows a decrease in the average turnaround time for behavioral health utilization review from 2022 to 2023. Specifically, a significant decrease was for pre-service authorizations. In 2022, the average turnaround time for pre-service was 10.5 days (approximately). This decreased to 1.6 days in 2023. The post-service turnaround time was at 6.5 days in 2022, thus remained consistent at 6.1 days in 2023. Pre-service urgent referrals turnaround time was at 3.3 days, approximately 81 hours in 2022, and this decreased to 0.69 days in 2023.



### Qualitative Analysis

A workgroup comprised of the following Kristin Jones, Master Trainer, Dr. Seleste Bowers, Behavioral Health Director, Clara Santana, Clinical Support Associate, and Darren Xanthos participated in a rapid improvement meeting in June of 2022 and identified the following root causes:

- In January 2022, CenCal Health received a data transfer from the former Managed Behavioral Health Organization (MBHO) delegate that resulted in 980+ authorizations. Subsequently, analysis determined these were member requests and outreach occurred to the member between February and May 2022 to determine the request and resolve.
- Provider education of utilization review process (forms, servicing provider and minimum required elements)
- Non-standardized intake process

The following interventions were implemented to reduce the average turnaround time:

- June 2023 a designated queue to move authorizations ready for review
- June 2022 a standardized intake and utilization review process
- July 2022-March 2023 – a series of Provider education meetings and trainings

### Evaluation of Effectiveness

2023 data indicates and supports the effectiveness of the interventions implemented. The Behavioral Health department is within compliance with all turnaround times.

### Opportunities for Improvement

Teams are meeting their turnaround time and will continue to maintain procedures and processes to support maintenance.



## **Evaluation of the Program Structure Conclusion**

CenCal Health's Utilization Management (UM) Program is designed to promote the delivery of high quality, medically necessary, and cost-efficient health care for our members. CenCal Health develops, implements, and improves its UM Program as needed or at minimum annually to ensure appropriate processes are used to review and approve the provision of Medically Necessary Covered Services for its Members. This includes Case Management, Enhanced Case Management and Community Support Programs.

CenCal Health's Enhanced Case Management program is part of the Populations of Focus as part of the CalAim Multilayers initiatives. ECM is designed to address the clinical and non-clinical needs of the highest-need Members through intensive whole person care coordination of care. Members enrolled in ECM are assigned a Lead Care Manager who will meet the member wherever they are (e.g., Street, Shelter, Skilled Nursing Facility) and who will coordinate care and services among the physical, behavioral, dental, developmental, and social services delivery systems, making it easier for Members to get the right care at the right time.

Along with the ECM Program, CenCal Health provides Community Supports (CS) which serves to provide medically appropriate and cost-effective alternatives to traditional medical services. CS services are designed to help avert or substitute traditional medical services and settings, including hospital or nursing facility admissions, discharge delays, and emergency department use when provided to eligible members.

CenCal Health's UM Program is a system integrated with CenCal Health's Quality Improvement and Health Equity Transformation Program (QIHETP) to promote the continuous monitoring and evaluation of care and services provided to members. The program is designed to identify patterns of utilization and ensure efficient use of resources.

CenCal Health believes that the UM Program remains current and appropriate. In review of the UM Program and workplan evaluation we have updated the clinical criteria utilized for medical necessity determinations and achieved turnaround timeline compliance. This was further demonstrated by the 2023 DHCS audit in which there were no findings.

The contributions of the Senior Medical Director and the Behavioral Health Medical Director are active participants in the UM program, scope and processes utilized in the program development and day-to-day operations.

Reporting to the CMO, the Senior Medical Director provides medical leadership and assists the CMO in ensuring medical quality and adherence to professional and ethical medical standards by the plan and its network of providers. Provide oversight and management of all clinical activities for CenCal members. Emphasis will be on clinical



quality, operational efficiency, and strategic planning for quality, utilization, and care management programs. Provide Physician/Clinical leadership for Utilization Management and Quality; Case Management leadership and consultation; external provider relations including education and outreach and program development. Additionally, the position will provide senior clinical leadership to the appeals, grievances, and quality of care concerns processes.

The Senior Medical Director's responsibilities may include but is not limited to conducting Monthly UM Inter-departmental workgroup meetings, conducting case rounds and UM reviews, conducting/attending Hospital and Medical Group JOC's, and acting as Chair at various meetings such as Quality Improvement and Health Equity Committee (QIHEC) Peer Review Credentialing Committee, attendance at P&T Committee, Provider Advisory Board Meeting and is a voting member of the QIHEC and Utilization Management Committee.

The Behavioral Health Medical Director oversees the processes within the BH Program. The Medical Director assures the effectiveness of decision making in all areas of preauthorization, concurrent, and retrospective reviews; and as necessary develops and applies consistent, medical appropriateness standards to selected procedures.

The Behavioral Health Practitioner (Medical Director) sits on the QIHEC committee and provides valuable feedback on member care, service delivery, utilization review processes, and benefits. Additionally, the Behavioral Health Practitioner provides consultation member cases where there is a Behavioral Health component. The Behavioral Health Practitioner is responsible for reviewing grievances, identifying Quality of Care concerns and improvement opportunities.

Further demonstration of the UM program structure, scope and process being current and appropriate is seen in the 2023 CAHPS results noted below.

### **CAHPS 2023**

- CenCal Health tied for #1 in Customer Service on the Adult Survey in 2023, following being ranked #1 in Customer Service in 2022 on the Child Survey (N/A for the Child Survey in 2023 with fewer than 100 respondents).
- CenCal Health ranked #2 in CA on both the Adult and Child Surveys in 2023 in "Getting Care Quickly"
- CenCal Health ranked #4 in CA on both the Adult and Child Surveys for "Overall Rating of Health Plan."
- Adults ranked their "Personal Doctor" at 4<sup>th</sup> overall and their "Specialist Seen Most Often" also at 4<sup>th</sup> overall.
- Additionally, for "Getting Needed Care," Adults ranked CenCal Health 7<sup>th</sup> overall and on the Child Survey, 8<sup>th</sup> overall.



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DHCS Managed Care Accountability Set (Claims-only)	Description	MY 2022 Benchmarks		MY 2020 Rates	MY 2021 Rates	MY 2022 Rates
		NCQA 50th Percentile	NCQA 90th Percentile			
<b>(AAB) Avoidance of Antibiotic Treatment for Acute Bronchitis/Bronchiolitis</b>						
AAB	Percentage of episodes for members 3 months of age and older with a diagnosis of acute bronchitis/bronchiolitis that did not result in an antibiotic dispensing event.	54.70	70.79	61.47	63.37	67.98
<b>(AAP) Adults' Access to Preventive/Ambulatory Health Services</b>						
AAP	Percentage of members 20 years of age and older who had an ambulatory or preventive care visit during the measurement year.	76.50	84.53	70.49	70.60	68.91
<b>(ADD) Follow-Up Care for Children Prescribed ADHD Medication</b>						
ADD (Initiation Phase)	Percentage of children 6-12 years of age and newly prescribed ADHD medication who had at least 3 follow-up care visits within a 10-month period, with 1 follow-up visit occurring within 30 days of being dispensed first ADHD medication.	39.78	50.00	54.82	51.87	53.30
ADD (Continuation and Maintenance Phase)		51.78	62.96	50.91	71.74	53.45
<b>(AIS-E) Adult Immunization Status - ECDS</b>						
AIS-E (Influenza)	Percentage of members 19 years of age and older who received: • <b>Influenza</b> - an influenza vaccine on or between July 1 of the year prior to the Measurement Period and June 30 of the Measurement Period.	NA	NA	22.07	21.44	18.36
AIS-E (Tdap)	• <b>Tdap</b> - at least one Td vaccine or one Tdap vaccine between nine years prior to the start of the Measurement Period and the end of the Measurement Period.	NA	NA	37.45	35.57	34.12
AIS-E (Zoster)	• <b>Zoster</b> - at least one dose of the herpes zoster live vaccine or two doses of the herpes zoster recombinant vaccine at least 28 days apart, any time on or after the member's 50th birthday and before or during the Measurement Period.	NA	NA	11.21	12.99	16.84
<b>(AMB - ED) Ambulatory Care: ED Visits</b>						
AMB (ED)	Utilization of ambulatory care in ED visits [All ages]	45.64	59.14	28.19	30.65	37.17
<b>(AMM) Antidepressant Medication Management</b>						
AMM (Acute Treatment)	Percentage of members 18+ years of age who were treated with antidepressants, had a diagnosis of major depression and remained on an antidepressant medication. • <b>Acute</b> : members who remained on an antidepressant for at least 84-days.	60.44	71.26	52.85	56.62	58.29
AMM (Continuation Treatment)	• <b>Continuation</b> : members who remained on an antidepressant for at least 180-days.	42.96	56.24	37.37	42.86	43.27
<b>(AMR) Asthma Medication Ratio</b>						
AMR	Percentage of members 5-64 years of age who were identified as having persistent asthma and had a ratio of controller medications to total asthma medications of 0.50 or greater in the past year.	64.26	74.21	68.77	69.67	75.22
<b>(APM) Metabolic Monitoring for Children and Adolescents on Antipsychotics</b>						
APM (BC)	Percentage of children/adolescents 1-17 years of age who had 2 or more antipsychotic prescriptions and received blood glucose and cholesterol testing (BC).	34.30	51.69	26.04	NA	26.05
<b>(APP) Use of First-Line Psychosocial Care for Children and Adolescents on Antipsychotics</b>						
APP	Percentage of children/adolescents 1-17 years of age who had a new prescription for an antipsychotic medication and had documentation of psychosocial care as first-line treatment.	62.18	75.59	NA	NA	53.91
<b>(BPD) Blood Pressure Control (&lt;140/90) for Patients With Diabetes</b>						
BPD	Percentage of members 18-75 years of age with diabetes (type 1 and type 2) whose most recent Blood Pressure within past year was <140/90 mm Hg.	60.83	72.75	7.87	11.05	12.9
<b>(BCS) Breast Cancer Screening</b>						
BCS	Percentage of women 50-74 years of age who had at least one mammogram to screen for breast cancer during the past 2 years.	50.95	61.27	60.46	59.85	61.85
BCSE (ECDS)		50.95	61.27	60.33	59.77	61.72
<b>(CHL) Chlamydia Screening In Women</b>						
CHL	Percentage of women 16-24 years of age who were identified as sexually active and had at least one test for chlamydia in past year.	55.32	67.84	58.59	58.04	62.52

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		NCQA 50th Percentile	NCQA 90th Percentile			
<b>(COL-E) Colorectal Cancer Screening</b>						
COL	Percentage of members 50–75 years of age who had appropriate screening for colorectal cancer.	36.63	NA	NA	NA	44.64
COL-E (ECDS)		36.63	NA	NA	NA	44.64
<b>(CWP) Appropriate Testing for Pharyngitis</b>						
CWP	Percentage of episodes for members 3+ years of age where member was diagnosed with pharyngitis, dispensed an antibiotic and received a group A streptococcus (strep) test for the episode.	70.63	79.40	69.40	69.39	67.71
<b>(EED) Eye Exam for Patients With Diabetes</b>						
EED	Percentage of members 18–75 years of age with diabetes (type 1 and type 2) who had a retinal or dilated eye exam within past year, or had a negative retinal or dilated eye exam in year prior to measurement year, or has a history of bilateral eye enucleation any time through Dec 31 of measurement year.	51.09	63.75	50.82	48.52	54.36
<b>(HBD) HbA1c Control (&lt;8.0%) for Patients With Diabetes</b>						
HBD	Percentage of members 18–75 years of age with diabetes (type 1 and type 2) whose most recent HbA1c within past year was <8.0%	50.12	58.39	56.07	48.52	61.20
<b>(IET) Initiation and Engagement of Substance Use Disorder Treatment</b>						
IET (Engagement of SUD Treatment)	Percentage of adolescent/adult members with a new episode of Alcohol or Other Drug Abuse or Dependence (AOD) who initiated treatment and engaged in ongoing AOD treatment within 34 days of the initiation visit.	14.03	22.12	NA	NA	6.95
<b>(LBP) Use of Imaging Studies for Low Back Pain</b>						
LBP	Percentage of members with a primary diagnosis of low back pain who did not have an imaging study (plain X-ray, MRI, CT scan) within 28 days of diagnosis.	74.52	81.24	76.69	79.94	76.32
<b>(PCR) Plan All-Cause Readmission</b>						
PCR (Observed Readmission) <b>Lower is better</b>	For members 18–64 years of age, the number of acute inpatient and observation stays during the measurement year that were followed by an unplanned acute readmission for any diagnosis within 30 days and the predicted probability of an acute readmission.	9.10	NA	8.89	9.22	9.31
<b>(SSD) Diabetes Screening for People with Schizophrenia or Bipolar Disorder who are using Antipsychotic Medications</b>						
SSD	Percentage of members 18–64 years of age with schizophrenia, schizoaffective disorder or bipolar disorder, who were dispensed an antipsychotic medication and had a diabetes screening test during the measurement year.	79.36	86.28	83.23	79.80	79.19
<b>(WCV) Child and Adolescent Well-Care Visits</b>						
WCV	Percentage of members 3–21 years of age who had at least one comprehensive well-care visit with a PCP or an OB/GYN practitioner during the measurement year.	48.93	62.70	58.07	57.85	56.66
<b>(W30) Well Child Visits in the 1st 30 Months of Life</b>						
W30 (6+ Visits)	Well-Child Visits in the First 15 Months: Children who turned 15 Months old during the measurement year (6+ Visits).	55.72	67.56	48.22	49.21	55.87
W30 (2+ Visits)	Well-Child Visits for Age 15 Months - 30 Months: Children who turned 30 Months old during the measurement year (2+ Visits).	65.83	78.07	84.59	80.05	79.70
<b>(FUA) Follow-Up After Emergency Department Visit for Alcohol and Other Drug Abuse or Dependence</b>						
FUA (7 days)	Percentage of ED visits for members 13+ years of age with a principal diagnosis of alcohol or other drug abuse or dependence, who had a follow-up visit for alcohol or other drug abuse or dependence within 7 and 30 days of the ED visit.	13.39	21.97	NA	7.80	26.02
FUA (30 days)		21.24	32.38	NA	12.07	37.77
<b>(FUM) Follow-Up After Emergency Department Visit for Mental Illness</b>						
FUM (7 days)	Percentage of ED visits for members 6+ years of age with principal diagnosis of mental illness or intentional self-harm, who had a follow-up visit for mental illness within 7 and 30 days of the ED visit.	40.38	60.58	NA	19.14	33.62
FUM (30 days)		54.51	72.01	NA	31.48	53.67
<b>(FUH) Follow-Up After Hospitalization for Mental Illness</b>						
FUH (7 days)	Percentage of discharges among members 6+ years of age who were hospitalized for treatment of selected Mental Illness or Intentional Self-Harm diagnoses and who had a follow-up visit with a mental health provider within 7 days after discharge.	37.98	54.55	NA	NA	23.91

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		NCQA 50th Percentile	NCQA 90th Percentile			
<b>(FUI) Follow-Up After High-Intensity Care for Substance Use Disorder</b>						
FUI (7 days)	Percentage of acute inpatient hospitalizations, residential treatment or detoxification visits among members 13+ years of age having a diagnosis of Substance Use Disorder that resulted in a follow-up visit or service for Substance Use Disorder within 7 days after the visit or discharge.	28.91	49.39	NA	NA	17.89
<b>(DRR-E) Depression Remission or Response for Adolescents and Adults - ECDS</b>						
DRR-E (Follow-up PHQ-9)	Percentage of members 12 years of age and older with a diagnosis of depression and an elevated PHQ-9 score, who had evidence of response or remission within 4–8 months of the elevated score.	NA	NA	**	**	38.79
DRR-E (Remission)	<ul style="list-style-type: none"> <li><b>Follow-Up PHQ-9:</b> Percentage of members who have a follow-up PHQ-9 score documented within 4–8 months after the initial elevated PHQ-9 score.</li> <li><b>Depression Remission:</b> Percentage of members who achieved remission within 4–8 months after the initial elevated PHQ-9 score.</li> </ul>	NA	NA	**	**	12.07
DRR-E (Response)	<ul style="list-style-type: none"> <li><b>Depression Response:</b> Percentage of members who showed response within 4–8 months after the initial elevated PHQ-9 score.</li> </ul>	NA	NA	**	**	15.52
<b>(DSF-E) Depression Screening and Follow-Up for Adolescents and Adults - EDCS</b>						
DSF-E (Screening)	Percentage of members 12 years of age and older who were screened for clinical depression using a standardized instrument and, if screened positive, received follow-up care.	NA	NA	2.95	0.15	15.31
DSF-E (Follow-Up on Positive Screen)	<ul style="list-style-type: none"> <li><b>Depression Screening:</b> Percentage of members who were screened for clinical depression using a standardized instrument.</li> <li><b>Follow-Up on Positive Screen:</b> Percentage of members who received follow-up care within 30 days of a positive depression screen finding.</li> </ul>	NA	NA	63.04	**	81.88
<b>(PDS-E) Postpartum Depression Screening and Follow Up - ECDS</b>						
PDS-E (Screening)	Percentage of deliveries in which members were screened for clinical depression during the postpartum period, and if screened positive, received follow-up care.	NA	NA	0.06	0.05	28.88
PDS-E (Follow-Up on Positive Screen)	<ul style="list-style-type: none"> <li><b>Depression Screening:</b> Percentage of deliveries in which members were screened for clinical depression using a standardized instrument during the postpartum period.</li> <li><b>Follow-Up on Positive Screen:</b> Percentage of deliveries in which members received follow-up care within 30 days of a positive depression screen finding.</li> </ul>	NA	NA	**	**	83.33
<b>(PND-E) Prenatal Depression Screening and Follow Up - ECDS</b>						
PND-E (Screening)	Percentage of deliveries in which members were screened for clinical depression while pregnant and, if screened positive, received follow-up care.	NA	NA	0.14	0.06	35.56
PND-E (Follow-Up on Positive Screen)	<ul style="list-style-type: none"> <li><b>Depression Screening:</b> Percentage of deliveries in which members were screened for clinical depression during pregnancy using a standardized instrument.</li> <li><b>Follow-Up on Positive Screen:</b> Percentage of deliveries in which members received follow-up care within 30 days of a positive depression screen finding.</li> </ul>	NA	NA	**	**	33.33
<b>(POD) Pharmacotherapy for Opioid Use Disorder</b>						
POD	Percentage of members 16+ years of age with a diagnosis of Opioid Use Disorder and new Opioid Use Disorder pharmacotherapy events and Opioid Use Disorder pharmacotherapy for 180+ days (6 months).	28.50	41.67	55.34	**	41.12
<b>(PRS-E) Prenatal Immunization Status - ECDS</b>						
PRS-E (Combination)	Percentage of deliveries in the Measurement Period in which women had received Influenza (on or between July 1 of year prior to measurement year and delivery date) and Tdap (during pregnancy) vaccines.	19.93	39.12	NA	46.20	38.03
<b>(KED) Kidney Health Evaluation for Patients With Diabetes</b>						
KED	Percentage of members 18–85 years of age with diabetes (type 1 and type 2) who received a kidney health evaluation, defined by an estimated glomerular filtration rate (eGFR) and a urine albumin-creatinine ratio (uACR), during the measurement year.	31.89	46.76	45.26	45.03	41.11
<b>(DEV-CH) Developmental Screening in the First Three Years of Life</b>						
DEV-CH (Combination)		31.75	NA	33.36	45.65	40.57
DEV-CH (1 year old)	Percentage of children screened for risk of developmental, behavioral, and social delays using a standardized screening tool in the 12 months preceding or on their 1st, 2nd, or 3rd birthday.	28.55	NA	NA	NA	33.23
DEV-CH (2 year old)		36.27	NA	NA	NA	42.39
DEV-CH (3 year old)		28.83	NA	NA	NA	43.89



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<b>(TFL-CH) Topical Fluoride for Children</b>						
TFL-CH (Rate 1)	Percentage of enrolled children ages 1 through 20 who received at least two topical fluoride applications within the measurement year	6.85	NA	NA	NA	23.20
TFL-CH (Rate 2)	<ul style="list-style-type: none"> <li>•<b>Rate 1:</b> Dental or Oral health services</li> <li>•<b>Rate 2:</b> Dental services</li> <li>•<b>Rate 3:</b> Oral health services</li> </ul>	4.02	NA	NA	NA	17.03
TFL-CH (Rate 3)		0.75	NA	NA	NA	5.07
<b>(CCW-MMEC) All Women</b>						
CCW-MMEC (15-20)	Percentage of women at risk of unintended pregnancy that received: Most or Moderately Effective Contraception.	14.64	NA	16.90	15.64	15.16
CCW-MMEC (21-44)	<ul style="list-style-type: none"> <li>•<b>Ages 15-20</b></li> <li>•<b>Ages 21-44</b></li> </ul>	21.59	NA	28.32	28.29	26.66
<b>(CCP-MMEC60) Postpartum Women</b>						
CCP-MMEC60 (15-20)	Percentage of women who had a live birth that received: Most or Moderately Effective Contraception provided within 60 days of delivery.	34.01	NA	38.43	30.13	35.97
CCP-MMEC60 (21-44)	<ul style="list-style-type: none"> <li>•<b>Ages 15-20</b></li> <li>•<b>Ages 21-44</b></li> </ul>	33.20	NA	36.40	35.39	37.42
<b>(WCC) Weight Assessment and Counseling for Nutrition and Physical Activity for Children</b>						
WCC (BMI Percentile)	Percentage of children/adolescents 3-17 years of age having an outpatient visit with a PCP or OB/GYN and had evidence of <u>BMI percentile</u> documentation within past year.	79.68	88.31	80.54	29.23	40.35
<b>(URI) Appropriate Treatment for Upper Respiratory Infection</b>						
URI	Percentage of episodes for members 3 months of age and older with a diagnosis of upper respiratory infection (URI) that did not result in an antibiotic dispensing event.	90.32	96.23	93.53	95.19	94.91
<b>(PCE) Pharmacotherapy Management of COPD Exacerbation</b>						
PCE (Bronchodilator)	Percentage of COPD exacerbations for members 40+ years of age who had an acute inpatient discharge or ED visit on or between Jan 1–Nov 30 of measurement year and was dispensed: <ul style="list-style-type: none"> <li>•<b>Bronchodilator</b> within 30 days of COPD exacerbation event.</li> <li>•<b>Systemic Corticosteroid</b> within 14 days of COPD exacerbation event.</li> </ul>	85.71	91.22	76.79	63.93	80.39
PCE (Systemic Corticosteroid)		71.60	82.81	55.36	52.46	72.55
<b>(SPD) Statin Therapy for Patients With Diabetes</b>						
SPD (Received Statin Therapy)	Percentage of members 40–75 years of age during measurement year with diabetes and not having clinical atherosclerotic cardiovascular disease (ASCVD) who: <ul style="list-style-type: none"> <li>•<b>Received Statin Therapy:</b> were dispensed at least one statin medication of any intensity during past year.</li> <li>•<b>Statin Adherence 80%:</b> remained on a statin medication of any intensity for ≥ 80% of treatment period.</li> </ul>	66.23	72.92	65.85	67.30	66.38
SPD (Statin Adherence 80%)		66.38	77.40	62.54	58.71	72.54
<b>(SPC) Statin Therapy for Patients With Cardiovascular Disease</b>						
SPC (Received Statin Therapy)	Percentage of males 21–75 years of age and females 40–75 years of age during the measurement year, having clinical atherosclerotic cardiovascular disease (ASCVD) and who: <ul style="list-style-type: none"> <li>•<b>Received Statin Therapy:</b> were dispensed at least one high-intensity or moderate-intensity statin medication during the measurement year.</li> <li>•<b>Statin Adherence 80%:</b> remained on a high-intensity or moderate-intensity statin medication for ≥ 80% of treatment period.</li> </ul>	80.83	85.91	81.86	81.52	86.79
SPC (Statin Adherence 80%)		70.00	81.25	71.86	68.02	76.96
<b>(SAA) Adherence to Antipsychotic Medications for Individuals With Schizophrenia</b>						
SAA	Percentage of members 18+ years of age with Schizophrenia or Schizoaffective disorder who were dispensed and remained on an antipsychotic medication for ≥ 80% of treatment period.	61.59	72.94	79.52	70.00	67.74

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DHCS Managed Care Accountability Set (Claims-only)	Description	MY 2022 Benchmarks		MY 2020 Rates	MY 2021 Rates	MY 2022 Rates
		NCQA 50th Percentile	NCQA 90th Percentile			
<b>Other than the Final Rate for Measurement Year (MY) 2022, quarterly measurement updates below are <u>projected</u> rates that include an estimated medical record rate lift.</b>						
DHCS Managed Care Accountability Set (claims data + medical record review)	Description	NCQA 50th Percentile	NCQA 90th Percentile	MY 2020 Rates	MY 2021 Rates	MY 2022 Rates
<b>(CCS) Cervical Cancer Screening</b>						
CCS	Percentage of women 21-64 years of age who were screened for cervical cancer using following criteria: - 21-64 years of age who had cervical cytology performed within the last 3 years. - 30-64 years of age who had cervical high-risk human papillomavirus (hrHPV) testing performed within the last 5 years. - 30-64 years of age who had cervical cytology/high-risk human papillomavirus (hrHPV) cotesting within the last 5 years.	57.64	66.88	62.53	59.54	66.08
<b>(HBD) HbA1c Poor Control (&gt;9.0%) for Patients With Diabetes</b>						
HBD [Poor A1c control (> 9.0%)] <i>lower rate is better</i>	Percentage of members 18-75 years of age with diabetes (type 1 and type 2) whose most recent HbA1c in the past year was >9.0%, or is missing, or was not done.	39.90	30.90	33.44	32.35	28.69
<b>(CBP) Controlling High Blood Pressure</b>						
CBP	Percentage of members 18-85 years of age with a hypertension (HTN) diagnosis and whose BP was adequately controlled (<140/90 mm Hg) in the past year. If no BP is recorded within the past year, it is assumed they are "not controlled".	59.85	69.19	59.61	58.29	59.35
<b>(CIS) Childhood Immunization Status</b>						
CIS (Combo 10)	Percentage of children 2 years of age that had:	34.79	49.76	51.58	52.19	45.26
Dtap/DT (4 doses)	- 4 Dtap/DT,	69.71	79.68	85.16	83.33	82.48
IPV - Polio (3 doses)	- 3 IPV,	85.64	91.54	93.67	94.26	93.67
MMR (1 dose)	- 1 MMR,	83.62	89.54	92.70	93.44	91.00
HIB (3 doses)	- 3 HIB,	83.94	90.73	90.51	90.71	91.73
Hep B (3 doses)	- 3 HepB,	86.86	92.09	93.19	93.99	93.92
VZV (1 dose)	- 1 VZV,	83.45	89.04	91.97	93.72	90.51
Pneumococcal (4 doses)	- 4 Pneumococcal (PCV),	71.17	80.66	80.29	79.23	79.81
Hep A (1 dose)	- 2 or 3 Rotavirus, and	80.54	86.80	88.08	89.89	85.89
Rotavirus (2 or 3 doses)	- 2 Influenza vaccines	69.59	78.47	76.89	80.87	74.70
Influenza (2 doses)	by their 2nd birthday (Combo 10).	47.20	63.61	67.88	63.66	61.80
<b>(IMA) Immunizations for Adolescents</b>						
IMA: Combo 2	Percentage of adolescents 13 years of age who received:	35.04	48.42	60.93	51.32	51.34
Meningococcal (1 dose)	- 1 Tdap,	80.78	89.29	90.91	87.89	85.57
Tdap (1 dose)	- 1 MCV, and	85.18	91.48	93.61	90.53	95.11
HPV (2 or 3 doses)	- 2 or 3 HPV vaccines	36.50	51.20	64.62	54.47	51.83
<b>(PPC) Prenatal and Postpartum Care</b>						
PPC 1: Timeliness of Prenatal Care	Percentage of live birth deliveries with a prenatal care visit in first trimester on or before enrollment start date or within 42 days of enrollment.	85.40	91.89	94.40	90.83	88.05
PPC 2: Postpartum Care	Percentage of live birth deliveries with a postpartum visit on or between 7 and 84 days post delivery.	77.37	84.18	93.19	93.33	91.82
<b>(LSC) Lead Screening for Children</b>						
LSC	Percentage of children 2 years of age who had one or more capillary or venous lead blood test for lead poisoning by their 2nd birthday.	63.99	79.57	67.15	60.55	62.29

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<b>(AAB) Avoidance of Antibiotic Treatment for Acute Bronchitis/Bronchiolitis</b>						
AAB	Percentage of episodes for members 3 months of age and older with a diagnosis of acute bronchitis/bronchiolitis that did not result in an antibiotic dispensing event.	54.70	70.79	51.93	50.91	72.19
<b>(AAP) Adults' Access to Preventive/Ambulatory Health Services</b>						
AAP	Percentage of members 20 years of age and older who had an ambulatory or preventive care visit.	76.50	84.53	72.70	70.40	68.16
<b>(ADD) Follow-Up Care for Children Prescribed ADHD Medication</b>						
ADD (Initiation Phase)	Percentage of children 6-12 years of age and newly prescribed ADHD medication who had at least 3 follow-up care visits within a 10-month period, with 1 follow-up visit occurring within 30 days of being dispensed first ADHD medication.	39.78	50.00	44.81	46.61	48.31
ADD (Continuation and Maintenance Phase)		51.78	62.96	56.82	60.61	52.63
<b>(AISE) Adult Immunization Status - EDCS</b>						
AISE (Influenza)	Percentage of members 19 years of age and older who received: • <b>Influenza</b> - an influenza vaccine on or between July 1 of the year prior to the Measurement Period and June 30 of the Measurement Period.	NA	NA	23.57	19.44	15.50
AISE (Tdap)	• <b>Tdap</b> - at least one Td vaccine or one Tdap vaccine between nine years prior to the start of the Measurement Period and the end of the Measurement Period.	NA	NA	35.51	32.34	30.10
AISE (Zoster)	• <b>Zoster</b> - at least one dose of the herpes zoster live vaccine or two doses of the herpes zoster recombinant vaccine at least 28 days apart, any time on or after the member's 50th birthday and before or during the Measurement Period.	NA	NA	7.35	9.09	14.28
<b>(AMB - ED) Ambulatory Care: ED Visits</b>						
AMB (ED)	Utilization of ambulatory care in ED visits [All ages]	45.64	59.14	34.18	37.17	44.07
<b>(AMM) Antidepressant Medication Management</b>						
AMM (Acute Treatment)	Percentage of members 18+ years of age who were treated with antidepressants, had a diagnosis of major depression and remained on an antidepressant medication. • <b>Acute</b> : members who remained on an antidepressant for at least 84-days.	60.44	71.26	58.01	59.1	61.60
AMM (Continuation Treatment)	• <b>Continuation</b> : members who remained on an antidepressant for at least 180-days.	42.96	56.24	41.64	45.72	51.20
<b>(AMR) Asthma Medication Ratio</b>						
AMR	Percentage of members 5-64 years of age who were identified as having persistent asthma and had a ratio of controller medications to total asthma medications of 0.50 or greater in the past year.	64.26	74.21	68.07	68.88	83.29
<b>(APM) Metabolic Monitoring for Children and Adolescents on Antipsychotics</b>						
APM (BC)	Percentage of children/adolescents 1-17 years of age who had 2 or more antipsychotic prescriptions and received blood glucose and cholesterol testing (BC).	34.30	51.69	44.58	**	40.70
<b>(APP) Use of First-Line Psychosocial Care for Children and Adolescents on Antipsychotics</b>						
APP	Percentage of children/adolescents 1-17 years of age who had a new prescription for an antipsychotic medication and had documentation of psychosocial care as first-line treatment.	62.18	75.59	NA	NA	69.16
<b>(BPD) Blood Pressure Control (&lt;140/90) for Patients With Diabetes</b>						
BPD	Percentage of members 18-75 years of age with diabetes (type 1 and type 2) whose most recent Blood Pressure within past year was <140/90 mm Hg.	60.83	72.75	0.29	0.49	9.63
<b>(BCSE) Breast Cancer Screening</b>						
BCS	Percentage of women 50-74 years of age who had at least one mammogram to screen for breast cancer during the past 2 years.	50.95	61.27	59.61	59.01	58.43
BCSE (ECDS)		50.95	61.27	59.49	58.91	58.37
<b>(CHL) Chlamydia Screening In Women</b>						
CHL	Percentage of women 16-24 years of age who were identified as sexually active and had at least one test for chlamydia in past year	55.32	67.84	55.99	53.85	62.01

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<b>(COL-E) Colorectal Cancer Screening</b>						
COL	Percentage of members 50–75 years of age who had appropriate screening for colorectal cancer.	36.63	NA	NA	NA	42.44
COL-E (ECDS)		36.63	NA	NA	NA	42.44
<b>(CWP) Appropriate Testing for Pharyngitis</b>						
CWP	Percentage of episodes for members 3+ years of age where member was diagnosed with pharyngitis, dispensed an antibiotic and received a group A streptococcus (strep) test for the episode.	70.63	79.40	79.75	75.56	77.25
<b>(EED) Eye Exam for Patients With Diabetes</b>						
EED	Percentage of members 18–75 years of age with diabetes (type 1 and type 2) who had a retinal or dilated eye exam within past year, or had a negative retinal or dilated eye exam in year prior to measurement year, or has a history of bilateral eye enucleation any time through Dec 31 of measurement year.	51.09	63.75	54.39	48.51	55.95
<b>(HBD) HbA1c Control (&lt;8.0%) for Patients With Diabetes</b>						
HBD	Percentage of members 18–75 years of age with diabetes (type 1 and type 2) whose most recent HbA1c within past year was < 8.0%	50.12	58.39	52.92	15.91	59.84
<b>(IET) Initiation and Engagement of Substance Use Disorder Treatment</b>						
IET (Engagement of SUD Treatment)	Percentage of adolescent/adult members with a new episode of Alcohol or Other Drug Abuse or Dependence (AOD) who initiated treatment and engaged in ongoing AOD treatment within 34 days of the initiation visit.	14.03	22.12	NA	NA	7.96
<b>(LBP) Use of Imaging Studies for Low Back Pain</b>						
LBP	Percentage of members with a primary diagnosis of low back pain who did not have an imaging study (plain X-ray, MRI, CT scan) within 28 days of diagnosis.	74.52	81.24	78.80	73.70	75.31
<b>(PCR) Plan All-Cause Readmission</b>						
PCR (Observed Readmission) <b>Lower is better</b>	For members 18-64 years of age, the number of acute inpatient and observation stays during the measurement year that were followed by an unplanned acute readmission for any diagnosis within 30 days and the predicted probability of an acute readmission.	9.10	NA	8.51	9.08	8.18
<b>(SSD) Diabetes Screening for People with Schizophrenia or Bipolar Disorder who are using Antipsychotic Medications</b>						
SSD	Percentage of members 18–64 years of age with schizophrenia, schizoaffective disorder or bipolar disorder, who were dispensed an antipsychotic medication and had a diabetes screening test during the measurement year.	79.36	86.28	78.93	77.10	75.18
<b>(WCV) Child and Adolescent Well-Care Visits</b>						
WCV	Percentage of members 3–21 years of age who had at least one comprehensive well-care visit with a PCP or an OB/GYN practitioner during the measurement year.	48.93	62.70	60.95	57.44	55.85
<b>(W30) Well Child Visits in the 1st 30 Months of Life</b>						
W30 (6+ Visits)	Well-Child Visits in the First 15 Months: Children who turned 15 Months old during the measurement year (6+ Visits)	55.72	67.56	41.42	54.84	56.79
W30 (2+ Visits)	Well-Child Visits for Age 15 Months - 30 Months: Children who turned 30 Months old during the measurement year (2+ Visits)	65.83	78.07	78.02	72.86	75.03
<b>(FUA) Follow-Up After Emergency Department Visit for Alcohol and Other Drug Abuse or Dependence</b>						
FUA (7 days)	Percentage of ED visits for members 13+ years of age with a principal diagnosis of alcohol or other drug abuse or dependence, who had a follow-up visit for alcohol or other drug abuse or dependence within 7 and 30 days of the ED visit.	13.39	21.97	NA	1.89	27.43
FUA (30 days)		21.24	32.38	NA	4.31	39.68
<b>(FUM) Follow-Up After Emergency Department Visit for Mental Illness</b>						
FUM (7 days)	Percentage of ED visits for members 6+ years of age with principal diagnosis of mental illness or intentional self-harm, who had a follow-up visit for mental illness within 7 and 30 days of the ED visit.	40.38	60.58	NA	17.25	49.71
FUM (30 days)		54.51	72.01	NA	28.17	64.29
<b>(FUH) Follow-Up After Hospitalization for Mental Illness</b>						
FUH (7 days)	Percentage of discharges among members 6+ years of age who were hospitalized for treatment of selected Mental Illness or Intentional Self-Harm diagnoses and who had a follow-up visit with a mental health provider within 7 days after discharge.	37.98	54.55	NA	NA	**

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<b>(FUI) Follow-Up After High-Intensity Care for Substance Use Disorder</b>						
FUI (7 days)	Percentage of acute inpatient hospitalizations, residential treatment or detoxification visits among members 13+ years of age having a diagnosis of Substance Use Disorder that resulted in a follow-up visit or service for Substance Use Disorder within 7 days after the visit or discharge.	28.91	49.39	NA	NA	12.31
<b>(DRR-E) Depression Remission or Response for Adolescents and Adults-</b>						
DRR-E (Follow-up PHQ-9)	Percentage of members 12 years of age and older with a diagnosis of depression and an elevated PHQ-9 score, who had evidence of response or remission within 4-8 months of the elevated score. <ul style="list-style-type: none"> <li><b>Follow-Up PHQ-9:</b> The percentage of members who have a follow-up PHQ-9 score documented within 4-8 months after the initial elevated PHQ-9 score.</li> </ul>	NA	NA	**	**	59.51
DRR-E (Remission)	<ul style="list-style-type: none"> <li><b>Depression Remission:</b> The percentage of members who achieved remission within 4-8 months after the initial elevated PHQ-9 score.</li> </ul>	NA	NA	**	**	9.82
DRR-E (Response)	<ul style="list-style-type: none"> <li><b>Depression Response:</b> The percentage of members who showed response within 4-8 months after the initial elevated PHQ-9 score.</li> </ul>	NA	NA	**	**	22.09
<b>(DSF-E) Depression Screening and Follow-Up for Adolescents and Adults</b>						
DSF-E (Screening)	Percentage of members 12 years of age and older who were screened for clinical depression using a standardized instrument and, if screened positive, received follow-up care. <ul style="list-style-type: none"> <li><b>Depression Screening:</b> The percentage of members who were screened for clinical depression using a standardized instrument.</li> </ul>	NA	NA	0.21	0.00	30.56
DSF-E (Follow-Up on Positive Screen)	<ul style="list-style-type: none"> <li><b>Follow-Up on Positive Screen:</b> The percentage of members who received follow-up care within 30 days of a positive depression screen finding.</li> </ul>	NA	NA	**	**	82.69
<b>(PDS-E) Postpartum Depression Screening and Follow Up</b>						
PDS-E (Screening)	Percentage of deliveries in which members were screened for clinical depression during the postpartum period, and if screened positive, received follow-up care. <ul style="list-style-type: none"> <li><b>Depression Screening:</b> The percentage of deliveries in which members were screened for clinical depression using a standardized instrument during the postpartum period.</li> </ul>	NA	NA	0.00	0.00	40.82
PDS-E (Follow-Up on Positive Screen)	<ul style="list-style-type: none"> <li><b>Follow-Up on Positive Screen:</b> The percentage of deliveries in which members received follow-up care within 30 days of a positive depression screen finding.</li> </ul>	NA	NA	**	**	80.77
<b>(PND-E) Prenatal Depression Screening and Follow Up (Screening)</b>						
PND-E (Screening)	Percentage of deliveries in which members were screened for clinical depression while pregnant and, if screened positive, received follow-up care. <ul style="list-style-type: none"> <li><b>Depression Screening:</b> The percentage of deliveries in which members were screened for clinical depression during pregnancy using a standardized instrument.</li> </ul>	NA	NA	0.00	0.00	54.27
PND-E (Follow-Up on Positive Screen)	<ul style="list-style-type: none"> <li><b>Follow-Up on Positive Screen:</b> The percentage of deliveries in which members received follow-up care within 30 days of a positive depression screen finding.</li> </ul>	NA	NA	**	**	59.09
<b>(POD) Pharmacotherapy for Opioid Use Disorder</b>						
POD	Percentage of members 16+ years of age with a diagnosis of Opioid Use Disorder and new Opioid Use Disorder pharmacotherapy events and Opioid Use Disorder pharmacotherapy for 180+ days (6 months).	28.50	41.67	39.47	**	50.36
<b>(PRS-E) Prenatal Immunization Status - Combination</b>						
PRS-E (Combination)	Percentage of deliveries in the Measurement Period in which women had received influenza (on or between July 1 of year prior to measurement year and delivery date) and Tdap (during pregnancy) vaccines.	19.93	39.12	NA	42.80	40.56
<b>(KED) Kidney Health Evaluation for Patients With Diabetes</b>						
KED	Percentage of members 18-85 years of age with diabetes (type 1 and type 2) who received a kidney health evaluation, defined by an estimated glomerular filtration rate (eGFR) and a urine albumin-creatinine ratio (uACR), during the measurement year.	31.89	46.76	32.50	24.77	26.23
<b>(DEV-CH) Developmental Screening in the First Three Years of Life</b>						
DEV-CH (Combination)		31.75	NA	14.60	26.65	18.98
DEV-CH (1 year old)	Percentage of children screened for risk of developmental, behavioral, and social delays using a standardized screening tool in the 12 months preceding or on their 1st, 2nd, or 3rd birthday.	28.55	NA	NA	NA	6.23
DEV-CH (2 year old)		36.27	NA	NA	NA	20.82
DEV-CH (3 year old)		28.83	NA	NA	NA	23.57

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<b>(TFL-CH) Topical Fluoride for Children</b>						
TFL-CH (Rate 1)	Percentage of enrolled children ages 1 through 20 who received at least two topical fluoride applications within the measurement year	6.85	NA	NA	NA	18.52
TFL-CH (Rate 2)	<ul style="list-style-type: none"> <li>•<u>Rate 1</u>: Dental or Oral health services</li> <li>•<u>Rate 2</u>: Dental services</li> </ul>	4.02	NA	NA	NA	14.81
TFL-CH (Rate 3)	<ul style="list-style-type: none"> <li>•<u>Rate 3</u>: Oral health services</li> </ul>	0.75	NA	NA	NA	2.85
<b>(CCW-MMEC) All Women</b>						
CCW-MMEC (15-20)	Percentage of women at risk of unintended pregnancy that received: Most or Moderately Effective Contraception.	14.64	NA	25.08	23.52	22.62
CCW-MMEC (21-44)	<ul style="list-style-type: none"> <li>•<u>Ages 15-20</u></li> <li>•<u>Ages 21-44</u></li> </ul>	21.59	NA	28.01	27.14	26.59
<b>(CCP-MMEC60) Postpartum Women</b>						
CCP-MMEC60 (15-20)	Percentage of women who had a live birth that received: Most or Moderately Effective Contraception provided within 60 days of delivery.	34.01	NA	39.13	33.33	24.39
CCP-MMEC60 (21-44)	<ul style="list-style-type: none"> <li>•<u>Ages 15-20</u></li> <li>•<u>Ages 21-44</u></li> </ul>	33.20	NA	33.58	30.54	31.19
<b>(WCC) Weight Assessment and Counseling for Nutrition and Physical Activity for Children</b>						
WCC (BMI Percentile)	Percentage of children/adolescents 3 -17 years of age having an outpatient visit with a PCP or OB/GYN and had evidence of <u>BMI percentile</u> documentation within past year.	79.68	88.31	91.97	42.30	77.73
<b>(URI) Appropriate Treatment for Upper Respiratory Infection</b>						
URI	Percentage of episodes for members 3 months of age and older with a diagnosis of upper respiratory infection (URI) that did not result in an antibiotic dispensing event.	90.32	96.23	94.75	95.91	95.90
<b>(PCE) Pharmacotherapy Management of COPD Exacerbation</b>						
PCE (Bronchodilator)	Percentage of COPD exacerbations for members 40+ years of age who had an acute inpatient discharge or ED visit on or between Jan 1–Nov 30 of measurement year and was dispensed: <ul style="list-style-type: none"> <li>•<u>Bronchodilator</u> within 30 days of COPD exacerbation event.</li> </ul>	85.71	91.22	91.3	78.33	84.52
PCE (Systemic Corticosteroid)	<ul style="list-style-type: none"> <li>•<u>Systemic Corticosteroid</u> within 14 days of COPD exacerbation event.</li> </ul>	71.60	82.81	68.12	75.00	72.62
<b>(SPD) Statin Therapy for Patients With Diabetes</b>						
SPD (Received Statin Therapy)	Percentage of members 40–75 years of age during measurement year with diabetes and not having clinical atherosclerotic cardiovascular disease (ASCVD) who: <ul style="list-style-type: none"> <li>•<u>Received Statin Therapy</u>; were dispensed at least one statin medication of any intensity during past year.</li> </ul>	66.23	72.92	58.35	58.29	58.65
SPD (Statin Adherence 80%)	<ul style="list-style-type: none"> <li>•<u>Statin Adherence 80%</u>; remained on a statin medication of any intensity for ≥ 80% of treatment period.</li> </ul>	66.38	77.40	69.37	64.66	70.50
<b>(SPC) Statin Therapy for Patients With Cardiovascular Disease</b>						
SPC (Received Statin Therapy)	Percentage of males 21–75 years of age and females 40–75 years of age during the measurement year, having clinical atherosclerotic cardiovascular disease (ASCVD) and who: <ul style="list-style-type: none"> <li>•<u>Received Statin Therapy</u>; were dispensed at least one high-intensity or moderate-intensity statin medication during the measurement year.</li> </ul>	80.83	85.91	87.50	85.04	79.87
SPC (Statin Adherence 80%)	<ul style="list-style-type: none"> <li>•<u>Statin Adherence 80%</u>; remained on a high-intensity or moderate- intensity statin medication for ≥ 80% of treatment period.</li> </ul>	70.00	81.25	72.27	70.37	76.42
<b>(SAA) Adherence to Antipsychotic Medications for Individuals With Schizophrenia</b>						
SAA	Percentage of members 18+ years of age with Schizophrenia or Schizoaffective disorder who were dispensed and remained on an antipsychotic medication for ≥ 80% of treatment period.	61.59	72.94	83.33	74.47	71.93

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<b>(HBD) HbA1c Poor Control (&gt;9.0%) for Patients With Diabetes</b>						
HBD [Poor A1c control (> 9.0%)] <i>lower rate is better</i>	Percentage of members 18-75 years of age with diabetes (type 1 and type 2) whose most recent HbA1c in the past year was >9.0%, or is missing, or was not done.	39.90	30.90	33.44	32.35	29.51
<b>(CBP) Controlling High Blood Pressure</b>						
CBP	Percentage of members 18-85 years of age with a hypertension (HTN) diagnosis and whose BP was adequately controlled (<140/90 mm Hg) in the past year. If no BP is recorded within the past year, it is assumed they are "not controlled".	59.85	69.19	62.53	58.29	59.02
<b>(CIS) Childhood Immunization Status</b>						
CIS (Combo 10)	Percentage of children 2 years of age that had:	34.79	49.76	50.36	52.19	43.07
Dtap/DT (4 doses)	- 4 DtaP/DT,	69.71	79.68	79.56	83.33	76.64
IPV - Polio (3 doses)	- 3 IPV,	85.64	91.54	90.75	94.26	88.81
MMR (1 dose)	- 1 MMR,	83.62	89.54	90.27	93.44	88.56
HIB (3 doses)	- 3 HIB,	83.94	90.73	87.10	90.71	85.64
Hep B (3 doses)	- 3 HepB,	86.86	92.09	89.78	93.99	89.05
VZV (1 dose)	- 1 VZV,	83.45	89.04	88.81	93.72	88.81
Pneumococcal (4 doses)	- 4 Pneumococcal (PCV),	71.17	80.66	76.64	79.23	75.43
Hep A (1 dose)	- 1 HepA,	80.54	86.80	84.91	89.89	85.16
Rotavirus (2 or 3 doses)	- 2 or 3 Rotavirus, and	69.59	78.47	74.70	80.87	76.16
Influenza (2 doses)	- 2 Influenza vaccines by their 2nd birthday. (Combo 10).	47.20	63.61	61.07	63.66	51.82
<b>(IMA) Immunizations for Adolescents</b>						
IMA: Combo 2	Percentage of adolescents 13 years of age who received:	35.04	48.42	45.26	51.32	39.42
Meningococcal (1 dose)	- 1 Tdap,	80.78	89.29	83.21	87.89	79.08
Tdap (1 dose)	- 1 MCV, and	85.18	91.48	87.35	90.53	88.08
HPV (2 or 3 doses)	- 2 or 3 HPV vaccines by their thirteenth birthday.	36.50	51.20	52.31	54.47	43.07
<b>(PPC) Prenatal and Postpartum Care</b>						
PPC 1: Timeliness of Prenatal Care	Percentage of live birth deliveries with a prenatal care visit in first trimester on or before enrollment start date or within 42 days of enrollment.	85.40	91.89	92.21	90.83	88.95
PPC 2: Timeliness of Postpartum Care	Percentage of live birth deliveries with a postpartum visit on or between 7 and 84 days post delivery.	77.37	84.18	87.59	93.33	90.70
<b>(LSC) Lead Screening for Children</b>						
LSC	Percentage of children 2 years of age who had one or more capillary or venous lead blood test for lead poisoning by their second birthday.	63.99	79.57	55.21	49.54	50.36