



Quality Improvement
Annual Evaluation 2023

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Section 1: Summary of Overall Effectiveness of QI Program

Health Net annually assesses the overall effectiveness of its Quality Improvement (QI) Program at improving network-wide clinical and service practices. In 2023, Health Net retained its National Committee for Quality Assurance (NCQA) Health Plan Accreditation (HPA). The “Accredited” status applied to the following lines of business: Commercial HMO/POS; Commercial PPO; Marketplace (Exchanges) HMO/HSP; Marketplace (Exchanges) PPO; Medicare HMO; and Medi-Cal. Health Equity Accreditation (HEA) and HEA Plus was also retained for Commercial HMO/POS; Commercial PPO; Marketplace (Exchanges) HMO; Marketplace (Exchanges) PPO; Medicare HMO; and Medi-Cal. The 2023 Health Plan Ratings (HPRs) for Commercial HMO/POS, Medi-Cal and Medicare HMO was 3.5 stars. For Commercial PPO/EPO, the HPR was 3 stars.

Health Net continually strives to incorporate a culture of quality across the organization and conducts operations to improve member service and satisfaction. This philosophy also extends across the provider network to improve provider quality outcomes, as evidenced by the plan’s Healthcare Effectiveness Data and Information Set (HEDIS[®]) and Consumer Assessment of Healthcare Providers and Systems (CAHPS[®]) rates. The QI Department is a centralized team organized by subject matter Program Owners and Drivers (PODs) across lines of business (LOBs) and collaborates with a dedicated analytics team.

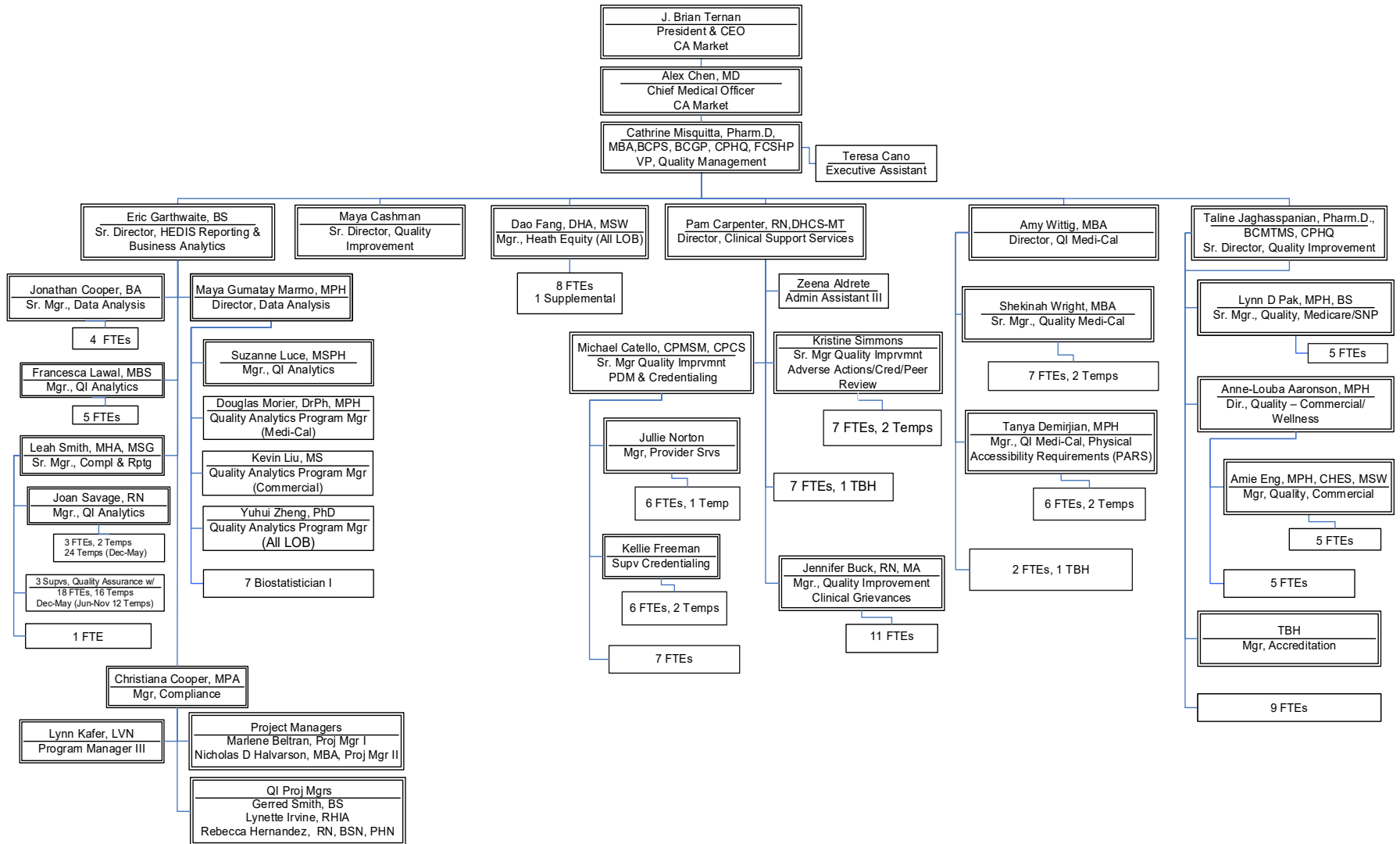
The Health Equity team provides oversight, implementation, and operational support to the Health Equity strategy. The Health Equity team supports departments throughout the organization and managed five core areas: Language Services, Health Literacy, Cultural Competency, Health Equity and Disparities, and Social Needs and Social Risks. Health Net has adopted the Culturally and Linguistically Appropriate Services (CLAS) Standards. The CLAS standards represent 15 different standards that served as the foundation for the development of the Health Equity team’s strategic plans. To ensure that Health Net was continually striving to be responsive to our membership, Health Net conducted data analysis, and designed and implemented services to meet the needs of members. Internally, Health Net surveyed new employees to determine staff diversity in cultural and linguistics, and supported and trained bilingual associates. In 2023, Health Net completed health care bilingual certification for 289 staff members. Externally, Health Net conducted a biennial Geo Access report, which used member zip code data and correlated it with member language preference. This data was further overlaid with provider network language capabilities and a gap analysis was conducted to target network expansion. The Health Net Human Resources Department and the Diversity and Inclusion team was responsible for the overall coordination to ensure a diverse leadership and workforce.

Health Net disparity projects included a Los Angeles County Neighborhood Initiative Project to improve pediatric HEDIS measures and reduce health disparities; Improving HbA1c Management in Latino members in Los Angeles; Improving prenatal and postpartum rates for African American members in South Los Angeles County; Improving Well Child Visits through a Neighborhood Networks project targeting the African American population in San Diego County. There were three equity-focused Quality Monitoring Improvement Programs (QMIPs) on Improving pediatric measures CIS-10, W30-15, and W30-30 for Black/African members in Sacramento County, Improving Pediatric Measure for Los Angeles County, and Improving Breast Cancer Screening and Connecting Members to Community Resources.

Adequacy of QI Program Resources

In 2023, Health Net's Quality Management Department, led by a Vice President, remained a centralized, interdisciplinary team working to support members in a coordinated manner, resulting in focused efforts to improve HEDIS and CAHPS performance across product lines. Participating Provider Groups (PPGs) could access HEDIS report cards and performance reports (Cozeva analytics provider platform), highlighting their performance on key measures compared to national benchmarks, as well as care gap reports including member and practitioner-level information for PPGs to determine actionable approaches to close care gaps. Five departments comprised Quality Management, each with a separate leadership structure: 1) Quality Improvement, for Commercial and Medicare; Quality Improvement for Medi-Cal, including Health Education; 2) Credentialing/Clinical Quality of Care/Potential Quality Issues/Facility Site Review; 3) Program Accreditation and CAHPS, 4) Health Equity, and 5) HEDIS. The Quality Improvement Analytics team supported data needs across all Quality Management teams and departments.

Chart 1.2. Quality Management Department Staff



Quality Improvement Department

Three Directors led the Quality Improvement Department: A Senior Director of QI for the Commercial and Medicare teams; a Commercial/Exchange Director for the QI and Wellness teams; and a Medi-Cal Director for the QI and Health Education teams. All three Directors led management teams with a focus on each of the lines of business.

The Director leading the Commercial/Exchange QI and Wellness efforts had a team that consisted of one Quality Improvement Manager; one Program Manager; two Senior Health Education Specialists; and one Program Manager II. The QI Manager had a team of four Senior Quality Improvement Specialists and one Health Educator. This team managed all regulatory and purchaser requirements for Commercial and Marketplace products. The Commercial team implemented initiatives to meet the requirements of large purchasers, including adhering to the Covered California quality requirements and improving Quality Rating System (QRS) ratings; implementing new initiatives to meet the Covered California Quality Transformation Initiative (QTI) goals; implementing a QI Program (QIP) for a large employer-group; and meeting performance guarantees for CalPERS and other purchasers.

Under the direction of the Medi-Cal QI Director, the Medi-Cal QI team included a Sr. QI Manager, a QI Manager, and a Health Education Manager (for most of the year), and three Program Managers. The two QI Managers oversaw a team of Senior QI Specialists, QI Specialists, and Project Managers, ensuring compliance to all required activities. One of the QI Managers who had oversight of the Physical Accessibility Review Survey (PARS) for high volume specialists, ancillary and Community-Based Adult Services (CBAS) providers, oversaw three PARS reviewers (QI Specialists). The Health Education Manager oversaw a team implementing health education programs, compliance activities and comprised of Senior Health Education Specialists, Health Education Specialists, and Training Coordinators.

Under the leadership of the Senior Director of QI for Commercial and Medicare teams, the team consisted of a QI Manager, one Senior Quality Improvement Manager, three Program Manager IIIs, one Program Manager II, one Senior Quality Improvement Specialist, one Senior Health Education Specialist, and two Quality Improvement Specialists. The Senior Quality Improvement Manager collaborated with Program Managers and cross-functional partners to develop a comprehensive and coordinated approach to meeting compliance to Centers for Medicare & Medicaid Services (CMS), NCQA, and Department of Health Care Services (DHCS) regulatory requirements and improving Star ratings quality performance for the Medicare Advantage Plans, inclusive of Special Needs Plans (SNPs).

The Program Managers drove long term strategy for their topical areas to address health education and quality outcomes improvement. In 2023, resources were assessed to identify improved ways to deliver quality and health education programs and projects. With regulatory requirements changing and the plan preparing for accreditation, new approaches were warranted. To gain efficiency across the QI teams, PODs were established that became responsible for leading each program/measure strategy across all lines of business. Although line of business specific Directors and Managers

remained, the Program Managers, the POD teams, including the Health Education team were integrated to drive strategy by measure or area of focus.

Program Accreditation Team

The QI Sr. Director led the Program Accreditation team. The Program Accreditation team included a Senior Compliance Administrator, two Compliance Specialists, and a Compliance Analyst. This department managed the QI committees and sub-committees, led activities to ensure ongoing organization-wide compliance with requirements of accrediting bodies for the California Market, including the Health Plan Accreditation, Health Equity Accreditation, Health Equity Accreditation Plus, and external and internal audit readiness. At year end, in review of staff resources and support, the Sr. Compliance Administrator position was promoted to Manager of Program Accreditation to help lead NCQA accreditation work and action plans.

CAHPS Team

The QI Sr. Director also led the CAHPS team that included two Program Manager IIIs focused on implementing the CAHPS member experience survey. The team also led improvement strategies including root cause analysis of member pain points, CAHPS exposure and training, mock CAHPS implementation, and improvement initiatives in partnership with operations and provider-facing teams.

Health Equity Team

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

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

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

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

requirements and was applicable to all Medi-Cal Managed Care plans. The FSR department also conducted provider education, provider outreach, and other QI activities. The Director provided regular updates of FSR/MRR/PARS activity via reports to the Health Net Community Solutions (HNCS) QIHE Committee twice a year. These evaluation reports identified overarching areas of noncompliance by sections and selected elements, reported at the county level with year-over-year (YOY) comparison. This detailed analysis allowed for monitoring and identification of improvement opportunities. The FSR department collaborated with the Regional Medical Directors and Credentialing, Provider Network, Clinical Grievances, Health Education, Cultural & Linguistic Services, and Provider Relations departments to implement process improvements.

HEDIS Department

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

The HEDIS team also had a QI Director of Data Analysis and a Manager of Health Care Analysis. The QI Director of Data Analysis oversaw the Analytics team within the department and was responsible for ensuring the production of detailed reporting and analytics for all lines of business. The QI Research and Analysis (QIRA) team reported to the Manager and was responsible for providing data and analytical support for QI projects. Additional staff were hired in 2023 resulting in a total of seven analysts (six Biostatistician I and one Biostatistician II) on the QIRA team. Additionally, there were three Quality Analytics Program Managers (QAPMs), focused solely on Medicare, Commercial, and Medi-Cal lines of business (LOBs), respectively, and a fourth QAPM who handled all LOBs. All four QAPMs and the QIRA Manager reported directly to the QI Director of Data Analysis.

For a detailed description of each Quality Management department and function, refer to the 2023 HNCA Quality Improvement Program Description.

QI Committee Structure

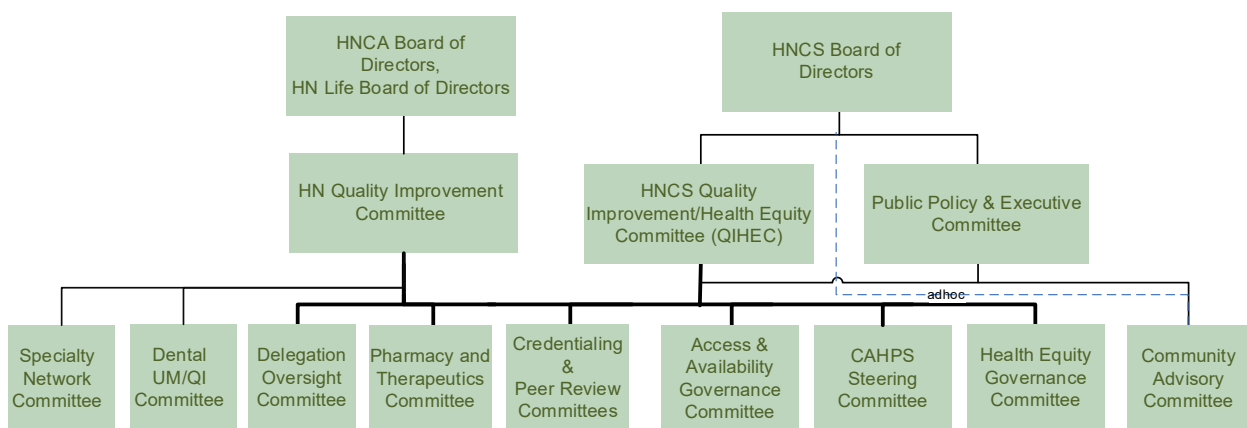
Two Health Net committees successfully supported Health Net's QI Program in 2023: the Health Net Quality Improvement Committee (HNQIC) for Commercial/Exchanges and Medicare, and the Health Net Community Solutions Quality Improvement/Health Equity Committee (HNCS QIHEC) for Medi-Cal and Medicare Dual Eligible Special Needs Plan (D-SNP). Health Equity served as a key function of the HNCS QIHEC in an effort to prioritize efforts towards health disparities, social risks, social determinants of health (SDoH), and community needs. Health Equity was added as a key function of the HNQIC for 2024. These committees oversaw the QI Program, provided feedback, decision support, and recommendations for the QI Program throughout the year. These committees received regular reports of program key findings and initiatives. Additionally, in 2023 the Quality Governance Committee was established, chaired by

the Sr. Director of Quality Improvement. The key objectives of the Governance Committee was to: establish a company-wide vision and strategy for HEDIS and CAHPS improvement; inform stakeholders of performance; collaborate with operational leaders on needed improvements; communicate any compliance concerns and risks; and discuss best practices for interventions.

The Access and Availability Governance Committee continued to provide strategic direction, guidance, and oversight to the Access & Availability Workgroup to meet defined workgroup goals, and the mission statement of providing members access to comprehensive, quality care services, with an ability to obtain the right care at the right time. The Access and Availability Governance Committee presented updates in the second and fourth quarters. Additionally, Population Health Management (PHM) was further incorporated into the Committee structure to support risk stratification, segmentation, and tiering; assessment and screening processes; and analytics and reporting functions in an effort to ensure a comprehensive set of services based on member needs and preferences across the continuum of care.

Health Net subcommittees also successfully supported Health Net’s QI Program, as demonstrated in the organizational chart below. Please refer to the 2023 Quality Improvement Program Description for more information on the sub-committees.

Health Net Quality Improvement Committee Organizational Chart



Note: The Dental UM/QI Committee only reports up to the HNCA Board of Directors (BOD).

Practitioner Participation and Leadership Involvement in the QI Program

The committee structures for HNQIC and HNCS QIHEC ensured that external and internal physicians with various specialties participated in the planning, design, implementation, and review of the QI Program. Five external physicians participated in the HNQIC and seven in the HNCS QIHEC. Additionally, two external physicians were participants of the Credentialing and Peer Review Committee. External physician specialties included pediatrics, behavioral health, internal and family medicine, and emergency medicine. Additional participants included representatives from MHN Services (Health Net’s behavioral health division), Centene Pharmacy Services, Credentialing, Health Equity, Peer Review, Provider Network Management, Customer Service Operations, Medicare Population Health & Clinical Operations Shared Services, and Medical Management including Utilization Management, Case Management, and

Medical Directors. A Health Net Medical Director chaired both committees and invited external practitioners to participate. Practitioner-involvement in 2023 included: reviewing and approving the 2022 QI Work Plan Evaluation, 2023 QI Work Plan and Annual Evaluation, and goals of the SNP/MMP Models of Care. Practitioners also discussed opportunities for improvement based on Reporting Year (RY) 2023 HEDIS results, the Annual SNP/MMP Model of Care Evaluation, Health Outcomes Survey (HOS) results, and CAHPS performance.

Section 2: Goals and Quality Indicators by Line of Business

The Quality Improvement 2023 Work Plan included nine categories pertaining to each line of business. To determine Health Net’s success in achieving specified goals, the plan calculated the number and percentage of activities completed and objectives met per category (**Tables 2.1 and 2.2**) and outlined RY 2023 performance by line of business against the goals in the Appendix.

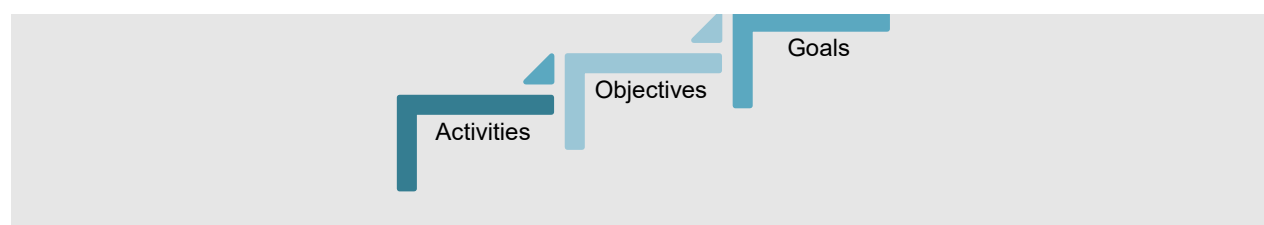


Table 2.1. Activities Completed by LOB. Refer to 2023 QI Year End Work Plan Evaluation Quality Improvement Tracking System (QITS) activities log.

SECTION	ACTIVITIES COMPLETED				TOTAL
	Medicare	Commercial	Exchanges	Medi-Cal	
I. BEHAVIORAL HEALTH	5/5 100%	10/10 100%	6/6 100%	10/10 100%	31/31 100%
II. CHRONIC CONDITIONS	17/25 68.00%	15/22 68.19%	12/19 63.16%	8/8 100%	52/74 70.27%
III. HOSPITAL QUALITY	5/5 100%	25/25 100%	21/21 100%	14/14 100%	65/65 100%
IV. MATERNAL HEALTH	N/A	2/2 100%	4/4 100%	8/9 88.89%	14/15 93.33%
V. MEMBER ENGAGEMENT AND EXPERIENCE	25/27 92.59%	10/10 100%	10/10 100%	21/22 95.45%	66/69 84.62%
VI. PEDIATRIC	1/1 100%	17/19 89.47%	20/21 95.24%	21/31 67.64%	59/72 81.94%
VII. PHARMACY	14/14 100%	13/13 100%	10/10 100%	9/11 81.82%	46/48 95.83%
VIII. PREVENTIVE HEALTH	9/12 75.00%	15/24 57.14%	12/14 84.62%	9/11 81.82%	45/61 73.77%
IX. PROVIDER ENGAGEMENT AND COMMUNICATION	N/A	N/A	N/A	5/5 100%	5/5 100%
TOTAL	76/89 85.39%	107/125 85.60%	95/105 90.48%	105/121 86.78%	383/440 87.05%

Table 2.2 Objectives Met by LOB. Refer to the 2023 QI Year End Work Plan Evaluation.

SECTION	OBJECTIVES MET				TOTAL
	Medicare	Commercial	Exchanges	Medi-Cal	
I. BEHAVIORAL HEALTH	0/3 0%	7/20 35.00%	4/10 40.00%	0/4 0%	11/37 29.73%
II. CHRONIC CONDITIONS	12/28 42.86%	5/13 38.46%	2/10 20.00%	19/26 73.08%	38/77 49.35%
III. HOSPITAL QUALITY	10/12 83.33%	10/12 83.33%	10/12 83.33%	10/12 83.33%	40/48 83.33%
IV. MATERNAL HEALTH	N/A	3/4 75.00%	3/4 75.00%	7/14 50.00%	13/22 59.09%
V. MEMBER ENGAGEMENT AND EXPERIENCE	11/45 24.44%	4/18 22.22%	7/20 35.00%	5/11 45.45%	27/94 28.72%
VI. PEDIATRIC	N/A	1/8 12.50%	1/6 16.67%	7/35 20.00%	9/49 18.37%
VII. PHARMACY	6/13 46.15%	4/12 33.33%	1/6 16.67%	2/7 28.57%	13/38 34.21%
VIII. PREVENTIVE HEALTH	3/4 75.00%	13/18 72.22%	1/2 50.00%	14/28 50.00%	31/52 59.62%
IX. PROVIDER ENGAGEMENT AND COMMUNICATION	2/2 100%	2/2 100%	2/2 100%	2/2 100%	8/8 100%
TOTAL	44/107 41.12%	49/107 45.79%	31/72 43.06%	66/139 47.48%	190/425 44.71%

As shown in **Table 2.1**, 87.05% of the total 2023 activities across all lines of business were completed as planned, compared to 93.09% in 2022. In 2023, the Quality Improvement department shifted its focus to provider engagement combined with direct care gap closure, thereby eliminating or reducing lower impact activities. As a result, this had an impact on the completion rates. Additionally, Health Net met 44.71% of the total year objectives across all lines of business (**Table 2.2**), decreasing from 54.03% in 2022.

Goals Met For All Health Net Lines of Business

Table 2.3 provides the performance goals across all Health Net lines of business. Quality goals varied by line of business and according to regulatory and accreditation standards which can change annually. These goals were the overall percentiles/Star ratings that Health Net sought to achieve. In contrast, the objectives provided in **Table 2.2** were tied to how much of the goals were accomplished within the year, which could include meeting directional improvement (e.g., improved performance year-over-year, shown in **Chart 2.3**).

Table 2.3. Performance Goals

LOB	Standard	Goal
Medicare	CMS Star rating system from 1-5 Stars	4-5 Stars
	HEDIS	75 th Percentile

	CAHPS	Year-over-year (YOY) improvement, targeting rates to support 4 Star Performance
Commercial	Office of the Patient Advocate (OPA) from 1-5 Stars*	4-5 Stars
	CAHPS	YOY improvement, targeting 25th percentile
	HEDIS/CAHPS	75 th Percentile
Exchanges	QRS from 1-5 Stars*	4-5 Stars {66 th percentile for Quality Transformation Initiative (QTI)}
	HEDIS	75 th Percentile
	CAHPS	YOY improvement, targeting rates to support 3 Star Summary Indicator (QRS)
Medi-Cal	DHCS Managed Care Accountability Set (MCAS) Measures	50 th Percentile
	HEDIS	75 th Percentile
	CAHPS	YOY improvement, targeting 25th percentile

*Star ratings available at the composite and not individual measure level.

The health plan Medicare performance rates were based on meeting the Stars and/or the 75th percentile goals. Commercial and Exchanges performances were tied to meeting the 75th percentile for all measures, translating to at least 4 stars (or the 66th percentile for the QTI measures). For Medi-Cal performance, rates must exceed the 50th percentile for MCAS measures as set by DHCS, or the 75th percentile for all other measures. The Appendix details measure-level progress toward goals.

CAHPS goals were based on contribution to the Quality Rating Programs. The goal for Medicare CAHPS was contribution to a 4-star overall rating. The goal for Commercial/ Exchanges and Medi-Cal was year-over-year improvement with the ultimate goal of the 25th percentile.

Table 2.4. Performance Goals for Provider Surveys

<i>Survey Type</i>	<i>Plan Goals</i>
<i>Provider Appointment Availability Survey (PAAS)</i>	70% Percentage rate or YOY directional improvement
<i>PAAS Behavioral Health</i>	70% Percentage rate or YOY directional improvement
<i>Provider Satisfaction Survey (PSS)</i>	YOY improvement
<i>PSS (Behavioral Health)</i>	YOY improvement
<i>Provider After-Hours Availability Survey (PAHAS)</i>	90% Percentage rate or YOY directional improvement
<i>Telephone Access Survey</i>	90% Percentage rate or YOY directional improvement

The performance goals for provider surveys were based on internal goals as shown in **Table 2.4**.

Refer to the Appendix, **Tables A.2 and A.3**, for the summary of goal attainment by category for RY 2023.

As the tables demonstrate, there is progress needed to reach the goals set for each line of business as seen in the objectives outcomes (**Table 2.2**).

Goals Met By Health Net Lines of Business

Medicare

For CMS Star Rating Year (RY) 2024, Health Net obtained an overall 3-Star Rating for both Medicare contracts H0562 and H3561. It is important to highlight that the new PPO contract, H7360, did not receive an overall rating because there was not enough available data for reporting. Despite increases observed in improvement ratings, the lack of reward factor earned contributed a huge role in where Health Net contracts landed.

CAHPS measures were 4-weight measures. The Quality Department was dedicated to improving CAHPS and plan administration measures through various initiatives including, but not limited to, root cause analysis of member pain points, including appeals, grievances, call drivers, Complaints Tracking Modules (CTMs), and management of the CAHPS Action Plan, utilized to build initiatives and identify areas of opportunity with Health Net's business partners. In addition to the analysis of the regulatory CAHPS survey, the team implemented and analyzed mock CAHPS survey results with an emphasis on Provider Group performance.

Measures that achieved a 4-Star or 5-Star for both contracts included:

Breast Cancer Screening, Colorectal Cancer Screening, Monitoring Physical Activity, Diabetes Care - Eye Exam, Diabetes Care - Blood Sugar Controlled, Controlling Blood Pressure, Improving Bladder Control, Members Choosing to Leave the Plan (Part C and Part D), Plan Makes Timely Decisions about Appeals, Call-Center – Foreign Language Interpreter and TTY Availability (Part C and Part D), Drug Plan Quality Improvement, Medication Therapy Management Program Completion Rate for Comprehensive Medication Review, and Statin Use in Persons with Diabetes. Among the fifteen measures, two are triple-weighted; five are quadruple-weighted measures, and one is a quintuple-weighted measure.

Measures requiring additional effort with a 3-Star or less for one or both contracts were:

Annual Flu Vaccine, Special Needs Plan (SNP) Care Management, Care for Older Adults-Medication Review and Pain Assessment, Osteoporosis Management in Women who had a Fracture, Reducing the Risk of Falling, Medication Reconciliation Post-Discharge, Plan All-Cause Readmissions, Statin Therapy for Patients with Cardiovascular Disease, Transitions of Care, Follow-up after Emergency Department Visit for People with Multiple Chronic Conditions, Getting Needed Care, Getting Appointments and Care Quickly, Customer Service, Rating of Health Care Quality, Rating of Health Plan, Care Coordination, Complaints about the Health Plan, Health Plan Quality Improvement, Review Appeals Decisions, Complaints about the Drug Plan, Rating of Drug Plan, Getting Needed Prescription Drugs and Medication Adherence (diabetes, statins, antihypertensive medications). Among the twenty-seven measures, three were triple-weighted measures, eleven were quadruple-weighted measures, and one was a quintuple-weighted measure.

The H0562 Dual Eligible Special Needs Plan (D-SNP) and Chronic Condition Special Needs Plan (C-SNP) Models of Care were submitted for renewal in 2023 and received a passing score of 98.8%. In addition, the Model of Care narrative for H3561 D-SNP was updated to reflect the latest care coordination state requirements as outlined in the CalAIM DSNP Policy Guide.

Commercial – On- and Off-Exchanges

Commercial HMO/POS and PPO/EPO renewed NCQA “Accredited” status in 2022. Health Net Commercial HMO/HSP has an overall 3.5 star rating, with 4 stars on Prevention and Equity, 3 stars on Treatment, and 2 stars on Patient Experience. Commercial PPO/EPO has an overall 3 star rating, with 3 stars on Prevention and Equity, 2.5 stars on Treatment, and insufficient data for a Star rating on Patient Experience. Kaiser (Northern and Southern California), Sharp Health Plan, Sutter Health Plus, and Western Health Advantage – all integrated plans – were the only Commercial plans to score 4.5 stars, along with PreferredOne Administrative Service.

The HMO 2023-2024 OPA Report Card, Health Net’s score remained at 3 out of 5 Stars on the *Quality of Medical Care* summary composite. Kaiser in Northern and Southern California were the only plans rated Excellent (5 Stars), while Sharp Health Plan was the only HMO plan rated Very Good (4 Stars). Health Net was one of seven HMO plans rated Good (3 Stars). On the *Patients Rate Their Experience* composite, Health Net HMO was one of seven plans rated Fair (2 Stars). Although this was a drop for Health Net from 3 Stars in 2022-23, no plan scored Excellent, and only one plan scored Very Good: Sharp Health Plan. Health Net attained 4 Stars in the Treating Adults, Maternity Care, Diabetes Care (up from 3 Stars), and Preventive screenings domains. Targeted clinical areas, defined as falling below 4 Stars, are Appropriate Use of Tests, Treatments and Procedures (3 Stars); Asthma and Lung Disease Care (2 stars); Behavioral and Mental Health Care (2 Stars); Heart Care (3 Stars); and Treating Children (3 Stars, up from 2 stars). For the member experience domains, all three areas remained below the 4 Star goal: Getting Care Easily (1 Star); Satisfaction with Plan Services (2 Stars); and Satisfaction with Plan Doctors (2 Stars, down from 3 Stars).

On the PPO 2023-2024 OPA Report Card, Health Net received 3 Stars (Good) on *Quality of Medical Care*, up from 2 Stars. Four California PPO plans were rated as Good, including Health Net, and two as Fair (2 Stars). On the *Patients Rate Their Experience* composite, Health Net PPO scored 1 Star (down from 2 Stars). Two plans scored 2 Stars, and three plans scored 1 Star. Within the *Quality of Medical Care* domain, Health Net PPO attained the 4 Star goal on the Appropriate Use of Tests, Treatments, and Procedures clinical composite. All other composites were at 3 Stars or below, including Diabetes Care (2 Stars, down from 3 Stars); Heart Care (2 Stars); Maternity Care (3 Stars), Behavioral and Mental Health Care (2 Stars down from 3 Stars); Preventive Screenings (3 Stars); Treating Adults (3 Stars); and Treating Children (3 Stars, up from 2 Stars). Within the *Patients Rate Their Experience* domain, Health Net PPO was rated 1 star (down from 4 Stars) on Satisfaction with Plan Services; and 1 star on Getting Care Easily. Overall, Health Net performed stronger on clinical care, while patient experience remains an opportunity for improvement across the board. There were too few patients in the sample to report scores for the Asthma and Lung Disease Care and Satisfaction with Plan Doctors. The HMO 2023-2024 OPA Report Card, Health Net’s score remained at 3 out of 5 Stars on the *Quality of Medical Care* summary composite. Kaiser in Northern and Southern California were the only plans rated Excellent (5 Stars), while Sharp Health Plan was the only HMO plan rated Very Good (4 Stars). Health Net was one of seven HMO plans rated Good (3 Stars). On the

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The Covered California QRS is the Star rating system for Exchange products and included both HEDIS and CAHPS measures based on Measurement Year (MY) 2022 results. The quality ratings were on a scale of 1 to 5 and compared health plan results to about 200 health plans nationwide. These composite score ratings served as a resource for Californians as they shop for health coverage on the Marketplace.

QRS Rating Definitions:

Overall Rating: This score is a summary of all quality scores. To be included the health plan must have at least two of the three component scores, including *Getting the Right Care* as one of those scores.

Getting the Right Care: This score is based on a review of more than 30 aspects of health care quality (such as controlled hypertension and receiving the correct prescriptions) on patients' medical charts and billing records for a randomly selected member sample from each health plan.

Members' Care Experience: This score is based on surveys of member satisfaction with (a) Their health care and doctors and (b) Ease of getting appointments and services.

Plan Services for Members: This score is based on (a) survey results reporting members' experiences getting help and information from the health plan's customer service staff and (b) a sample of plan members' records to see if patients received unnecessary care (avoiding harm and waste).

Health Net Ambetter HMO's *Overall* summary rating for 2024 (based on MY 2022 data) increased from 2 to 3 (out of 5 Stars) and was one of eight HMO plans with a 3 Star rating. Kaiser Permanente was the only plan to score 5 Stars on the summary rating. Health Net Ambetter HMO remained at 3 Stars for *Getting the Right Care* and remained at 2 Stars for *Plan Services for Members*. Due to the small CAHPS sample size, Health Net was one of three HMO plans without enough data to receive a Star rating for *Members' Care Experience*.

Health Net Ambetter PPO's *Overall* summary rating increased to 3 Stars. *Getting the Right Care* also increased from 2 to 3 Stars and remained at 3 Stars for *Plan Services for Members*. The *Members' Care Experience* was not reported due to the small CAHPS sample size.

The Health Net QI team participated in Covered California Plan Management Advisory Group Meetings and continued to implement activities to meet contract requirements on decreasing Nulliparous, Term, Singleton, Vertex (NTSV) C-Section rates, and Hospital-Acquired Conditions, and overall hospital quality. Health Net continued to be actively involved in key California collaboratives to ensure care delivery met the Quadruple Aim goals of improved population health, better patient experience, decreased costs, and improved provider satisfaction. Involvement in such collaboratives remained beneficial in supporting QI requirements and sustaining improvements for the Exchanges membership. In 2023, Health Net continued spearheading the multi-plan collaborative with L.A. Care and Molina, and new plans Blue Shield of California and Elevance Health, focused on poor performing hospitals in Los Angeles County to drive improvements on key quality metrics.

Collaborative participation included:

- California Quality Collaborative (CQC), with Cathi Misquitta on the Steering Committee;
- The Leapfrog Group, with Barbara Wentworth, Program Manager III, appointed to a Co-Chair position on the Partners Advisory Committee beginning in December 2018, was extended to a sixth year for 2024; and
- Integrated Healthcare Association (IHA) Align. Measure. Perform. (AMP) Program.

To create a more structured pathway to strengthen provider engagement across product lines, the Quality Evaluate Data to Generate Excellence (EDGE) process was expanded to include Commercial/Marketplace members at the end of Q1 2023. Quality EDGE provides funding for eligible tools and resources to help providers close targeted care gaps. In partnership with the Provider Engagement and Medical Affairs teams, Health Net's provider network was approached with targeted HEDIS measures needing improvement and/or gap closure. Educational webinars about the measures, best practices tools (such as tip sheets), barrier identification and candid Q&A to discuss and share practical tips were held throughout 2023, focusing on targeted HEDIS measures.

Medi-Cal

For RY 2023, HNCS achieved 37% of MCAS measures above the Minimum Performance Level (MPL).

To exceed the MPL, HNCS carried out numerous targeted programs to close care gaps, including support for member incentives through Quality EDGE (Evaluating Data to Generate Excellence) funding, One Stop Clinics, and mobile mammography events. The team continued to prioritize interventions along the strategic tracks noted in **Chart 2.1**. Critical interventions that addressed data and targeted analysis, member supportive and direct care services, provider engagement and compliance, all worked cohesively to support goal achievement.

In addition, the team collaborated with the Medical Affairs and Provider Engagement Teams to continue to implement Quality EDGE (See **Chart 2.2**). Quality EDGE was a systematic 5 step change management process that integrated quality improvement tools, focused measure sets and provider engagement strategic assessments to drive providers to rapid improvements in HEDIS outcomes. The Mission of Quality EDGE was to outperform all market competitors on quality metrics by providing unparalleled consultative services, innovative programs and actionable reports while improving health equity. The Vision: We are the partner of choice,

collaborating internally and with our providers to deliver the highest quality of care in the most vulnerable population. The team collaborated to identify the following goals for 2023:

1. Meet 60% of original (MY 2022) 12 MCAS measures that are held to the MPL over 50th percentile
2. 25% of new MCAS measures that are held to the MPL and have benchmarks over the 50th percentile. Complete and deploy action plans for priority providers (specific targets in development).
3. Continually measure, evaluate, and improve processes to ensure efficacy of Quality EDGE and full engagement among the staff.
4. Improve results for “voice of the provider” (specific target in development).

Chart 2.1 2023 Quality Management Strategic Tracks

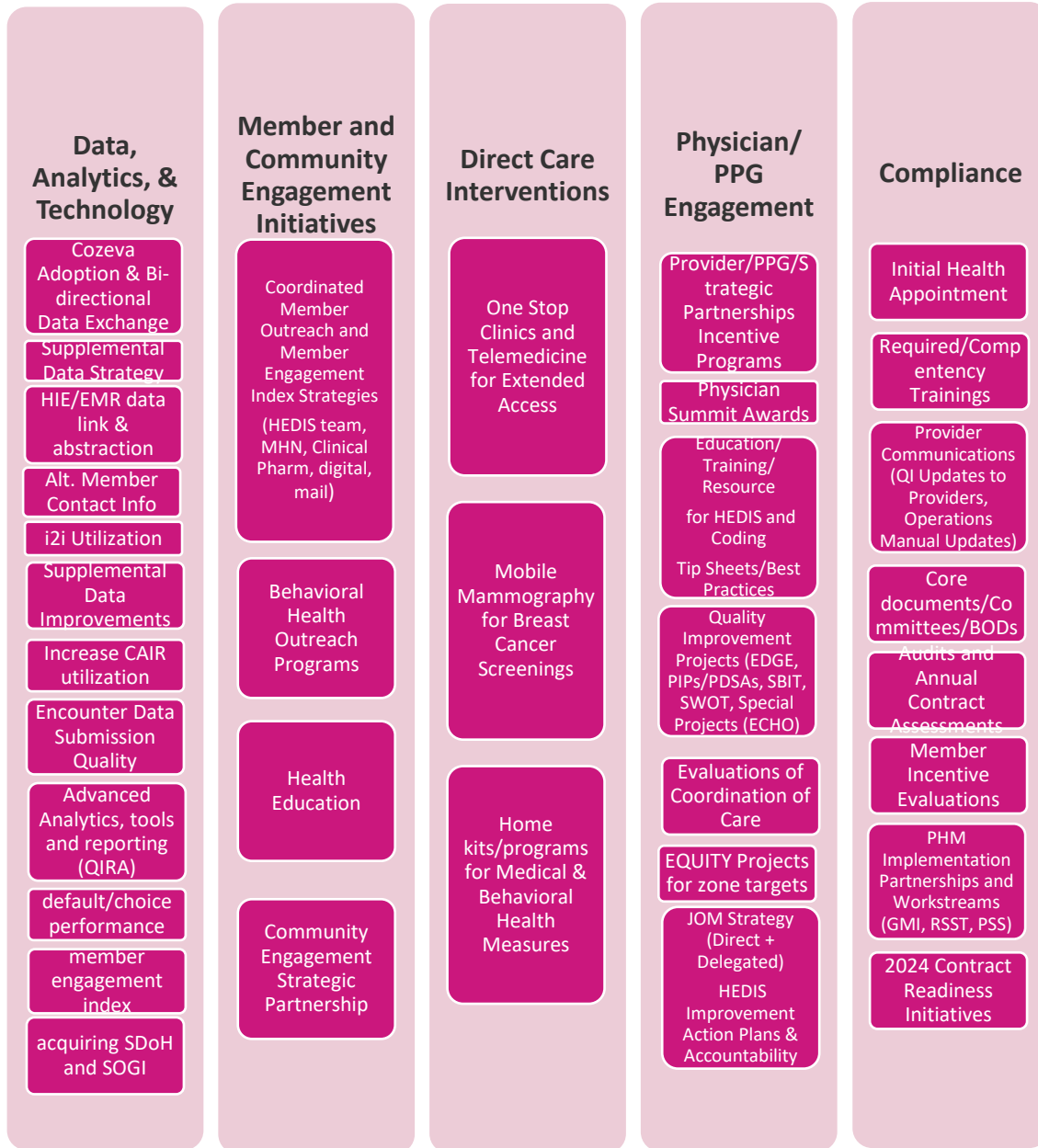


Chart 2.2 Quality EDGE 5 Step Process

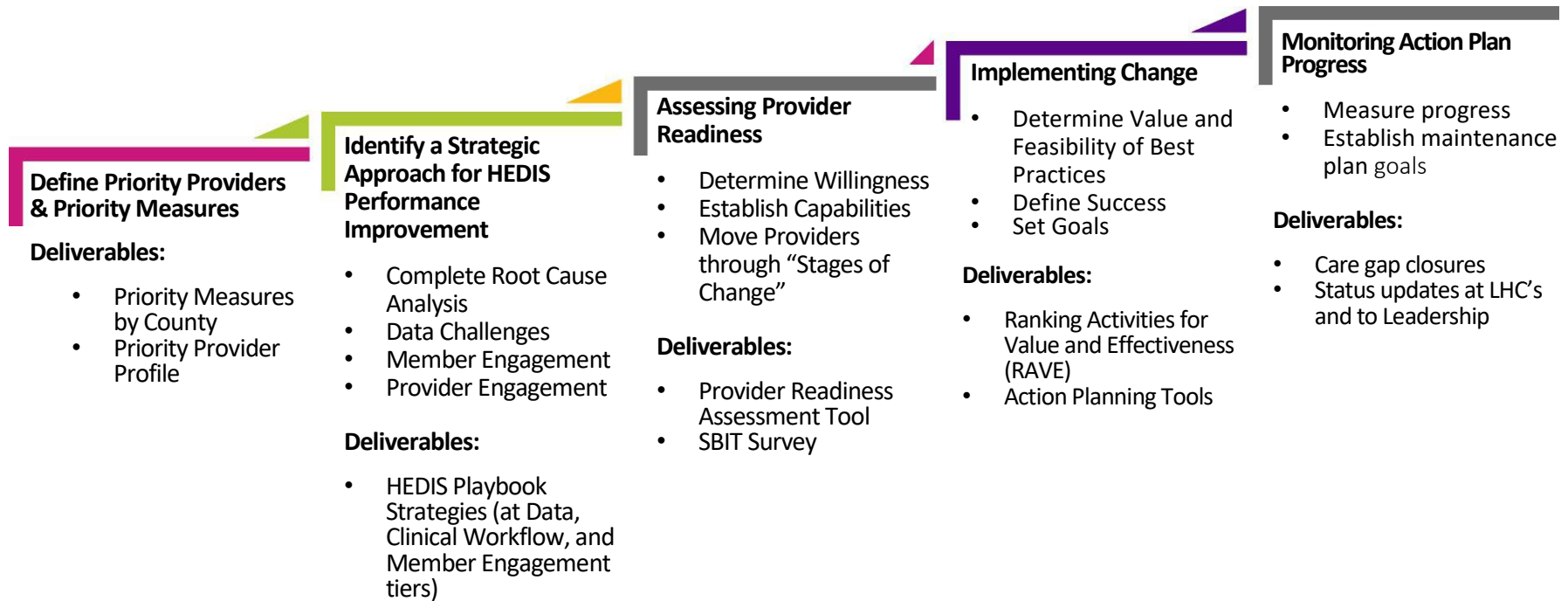


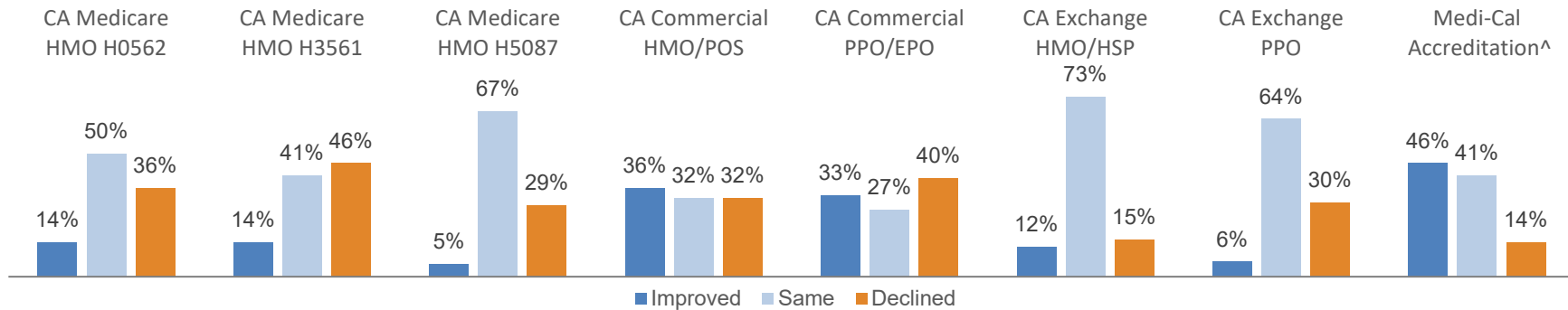
Chart 2.3. Year-over-Year Performance Change Summary – Overall Changes

Health Net based the year-over-year comparison on percentile improvement; highlighting the percent of total measures per product line that improved, remain unchanged, or declined from the prior reporting year. The percentile benchmarks referenced were 25th, 50th, 75th, and 90th percentiles.

Note: RY 2023 data was compared against RY 2023 NCQA Quality Compass benchmarks; and RY 2022 data was compared against RY 2022 NCQA Quality Compass benchmarks.

RY2022-RY2023 Overall Performance Changes Summary

% of measures Improved/Same/Declined



[^] Administrative rates only

Barriers to achieving goals and objectives (across all LOBs).

Quality of Care Measures

- Data integrity issues affected Shared Services ability to pull lead lists for timely inclusion in Corporate Quality campaigns.
- Inability to leverage Shared Services in-home vendors for direct care gap closure interventions for QTI improvement due to lengthy internal review process of member communications.
- CA Admit, Discharge, Transfer (ADT) data not integrated into Care Management clinical documentation systems to trigger timely outreach and supplement care gap closure for care coordination measures.
- Low dual x-ray absorptiometry (DEXA) screening completion rates by in-home vendor directly affected Osteoporosis Management (OMW) rates.
- Changes with Medicare member reward program limiting to members in specific H-Contracts, offering different amounts compared to the prior year, and requiring self-attestation and claims before rewards got paid (exception Flu – self attestation only), risking member abrasion.
- The system used to identify and complete automated targeted medication reviews was paused from April to September 2023.
- CA member roster file and attribution issues impacted provider group's utilization of RxEffect and engagement with members on medication adherence.
- Low Cozeva adoption among provider offices with small panel sizes. May be considered too time intensive to request supplemental data files from offices with low panel sizes.
- Lack of visibility into impact of Shared Services initiatives that directly contribute to care gap closures.
- Launch of Medicare Partnership for Quality (P4Q) provider incentive program in Cozeva delayed due to extended build and enhancement timeline.
- Care gap closures of time-sensitive HEDIS measures were negatively impacted by unable-to-reach rate.
- Low uptake in Quality EDGE requests for Commercial/Marketplace after launch at the end of Q1.
- Persistent barrier remained in sharing information related to substance use admissions/hospitalizations without documented member consent, rendering ADT data unable to identify members with ED visit for substance use.

Member Experience/CAHPS

- Impacts of the COVID-19 pandemic was still being seen with members' access to care:
 - Members' making up for delayed care.
 - High staff turnover rates making it hard for clinics.
 - Limited appointment availability.
- Operational issues that impacted member experience/CAHPS:
 - Prior authorization delays for care.
 - PCP and specialist referral delays.

Provider Access and Availability Surveys

- Providers may not have sufficient tools and guidance to address member satisfaction with access.
- Providers not complying with timely appointments standards.
- Understanding barriers that practices have in meeting timely access to better assist providers.
- Members not having access to or information for urgent care services.
- Specialty access issues in certain geographies.
- Provider practices may be closed to new patients, leading to access issues.
- Ineligibility rates from Provider Access and Availability Surveys, and non-response both contribute to target sample sizes not being met and have an impact on compliance rates.
- It is important to note that in both MY 2021 and MY 2022, the DMHC PAAS was conducted during the COVID-19 pandemic and therefore provides a challenge in the accurate assessment of trends/patterns in timely appointment access.

Section 3: Overall Effectiveness of QI Work Plan Initiatives

3-1. Wellness/Preventive Health

Improve Preventive Health for Commercial, Medi-Cal, and Medicare Members

In 2023, QI focused on preventive health and wellness, encouraging members to stay up to date on the recommended cancer screenings, immunizations, and regular well visits to stay healthy, as well as to detect and treat illness early, and to receive an annual flu shot. The pandemic may have had a lingering effect on utilization of preventive services, evidenced by the stagnant performance between RY 2022 and RY 2023 for breast cancer, cervical cancer, and colorectal cancer screenings. Breast Cancer Screening measure (BCS) and Colorectal Cancer Screening measures will transition to Electronic Clinical Data System (ECDS) reporting in Measurement Year (MY) 2023 and 2024, respectively. QI ensured to educate providers on the changes to ensure providers are clinically equipped for this electronic transition. QI's goal is to identify and address screening care gaps, disparities, and inequitable care to strengthen Health Net's ability to facilitate care gap closure for their member in a data driven and inclusive manner.

QI's approach remains to utilize digital tools to provide members with resources to make informed healthcare decisions. For example, the American Cancer Society (ACS) co-branded mailer included a QR code to request a FIT Kit and continued funding for targeted social media posts. Health Net continued to mail educational resources (e.g., Screening education and appointment reminders with a health equity lens, ACS *Colorectal Cancer Screening* mailer, Flu Shot mailer). For future outreaches, it will continue to be critical to tie-in educational resources from other measures (ex. depression screenings, vaccinations, etc.), so members can turn to a single resource when ready to schedule a doctor visit. Health Net will continue to expand its emphasis on direct care gap closure and provider engagement, along with using data available to identify target audiences for tailored and inclusive outreach. For example, Health Net will explore different ways to identify disparities in preventive screening compliance rates such as collaboration with community-based organizations that address member's social needs to facilitate care gap closure for preventive screening measures. This will enable Health Net to provide tools and resources that can meet members where they are.

Below is an overview of six highlighted preventive health interventions under the 2023 Quality Improvement Work Plan, Section I: *Breast Cancer Screening, Cervical Cancer Screening, Colorectal Cancer Screening, Flu Vaccinations for Adults Ages 18-64*, Pediatric care (well child visits, immunizations, and weight assessments and counseling), and Chlamydia Screening in women (CHL).

Breast Cancer Screening, Colorectal Cancer Screening, Cervical Cancer Screening, and Chlamydia Screening in Women:

As an ongoing effort for continuous quality improvement, Quality reviewed Provider Engagement (PE) action plans and provided feedback to clinics on barriers and programs for Breast Cancer Screening, Colorectal Cancer Screening, Cervical Cancer Screening, and Chlamydia Screening in Women. In May 2023, boosted social media content was posted on Health Net's Social Media platform, Facebook, for National Women's Check-Up Day (5/8), National Women's Health Week (5/14-5/20) with a focus on CCS, BCS, CHL, COL. There were 40,722 post engagements, 328,440 impressions, 211,204 reaches, 2,627 link clicks, 2 post comments, 73 post reactions, 5 post shares, and 6 post saves. Members with multiple gaps for breast cancer screening, colorectal cancer screening, cervical cancer screening, and chlamydia screening were included in the multi-gap call outreach to address barriers to care and facilitate care gap closure.

Breast Cancer Screening (BCS): Medicare, Medi-Cal, Commercial/Marketplace

- Breast Cancer is the leading cause of cancer related mortality and is the second most common cancer among women in the United States. In 2023, Quality partnered with the Medical Affairs, Health Equity, Population Health, and HEDIS teams to improve the Plan's performance on the breast cancer screening measure. As breast cancer screening requires an in person visit for the member, Quality prioritized cross functional collaboration and multi-modal outreach programs to influence member behavior. Additionally, member behaviors are influenced by structural barriers to care such as access. Hence, Quality partnered with multiple mobile mammography vendors in 2023 along with radiology facilities to schedule members for their mammograms and eliminate access as a barrier to care. Below are the activities that Quality implemented in 2023 to improve breast cancer screening performance across lines of business.
- Mobile Mammography
 - As of 12/31/2023, Health Net hosted 45 mobile mammography events with vendor Alinea from March to December for members in collaboration with PPGs and provider clinics.
 - As of 12/31/2023, Health Net hosted 41 mobile mammography events with vendor Pacific Coast from May to December for members in collaboration with PPGs and provider clinics.
 - Provider clinics who had high care gap closure and low no show rate reported telephonic outreach with multiple attempts along with member point of care incentives as best practices for a successful mobile mammography event. Provider clinics who had high no show rate reported that Alinea's maximum booking amount for a single time slot for scheduling served as a barrier to how many members could be scheduled for the events.
 - In 2024, Quality aims to enhance the mobile mammography process by executing contracts across all lines of business with Pacific Coast due to higher provider satisfaction with the clinic and an opportunity to partner with multiple vendors to schedule more events. Quality will also work closely with mobile mammography

vendors to ensure that the mobile mammography vendors are providing line of business specific reporting of care gaps closed during events.

- Mammography Incentive Program: In 2023, Health Net implemented the radiology incentive program to incentivize radiology facilities \$50 for each care gap closed for Health Net members across lines of business from July 2023 to December 31, 2023. The program included two separate processes. Medicare H5087 contract opted into the direct partnership with radiology facilities which allowed for a smoother process to collecting the outcomes report and measuring performance of the program and processing payment. The other lines of business and contracts worked in collaboration with PPGs to incentivize their contracted radiology facilities which had a low opt-in rate. The Radiology Facilities that opted into the second program did not provide an outcomes tracker to assess impact/performance because many did not have the staffing and/or resources to implement the program, highlighting the administrative burden. Hence, many radiology facilities opted out of the program towards the end of the program. In 2024, Quality's goal is to attribute members to radiology facilities and work directly in collaboration with radiology facilities to identify, address, and alleviate their burden to providing care to our members. Additionally, our goal was to ensure that the PE team is receiving and monitoring the outcomes trackers sent by radiology facilities or PPGs at a regular cadence throughout the course of program implementation.
- Members who were non-compliant for the breast cancer screening measure were included in the multi-gap calls for all lines of business. The multi-gap outreach in 2023 had a race and ethnicity flag to prioritize appropriate racial/ethnic groups. In 2024, the multi-gap call outreach script will be further enhanced to collect Asian American subgroup level data to further disaggregate the member data within this group to address the unique disparities and provide inclusive, tailored, and appropriate care.
- As Breast Cancer Screening transitions to the ECDS measure in measurement year 2023, Quality developed educational content for Medical Affairs team and provider groups to ensure providers are equipped for this electronic transition.

Breast Cancer Screening (BCS)

For RY 2023:

- 75th percentile goal **not met** for Commercial HMO/POS and PPO/EPO
- 75th percentile goal **not met** for Exchanges HMO/HSP, PPO, and EPO
- 4-5 Star and 75th percentile goals **met** for Medicare H0562 and H3561
- 50th percentile goal **not met** for Medi-Cal Accreditation but **met** directional improvement goal with a 4.76% increase.

Reference Appendix, Table A.5

For RY 2023, the rates for all product lines experienced a directional improvement from the prior year. While neither Commercial nor Exchange reached the NCQA Quality Compass National 75th percentile benchmark, both products met the workplan objective of meeting or exceeding directional improvement of 1-5% from the prior year. Two of the Medicare product lines met a >2% directional improvement. The Medi-Cal Accreditation rate reached a >4% directional improvement. The directional improvements are shown below for all product lines.

Table 3.1. Product Lines and Percentage Improvement Over Prior Year Rates for BCS (RY 2022– RY 2023)

<i>Product</i>	<i>BCS Directional improvement over MY 2021 rates</i>
CA Commercial HMO/POS	5.39%
CA Commercial EPO/PPO	3.39%
CA Exchange HMO/HSP	4.72%
CA Exchange EPO	1.96%
CA Exchange PPO	4.60%
CA Medicare HMO H3561	2.33%
CA Medicare HMO H0562	2.67%
WellCare CA Medicare H5087	Less than 1%
Medi-Cal Accreditation	4.76%

Chart 3.1. Trends in Breast Cancer Screening (BCS) Commercial (RY 2021 - RY 2023)

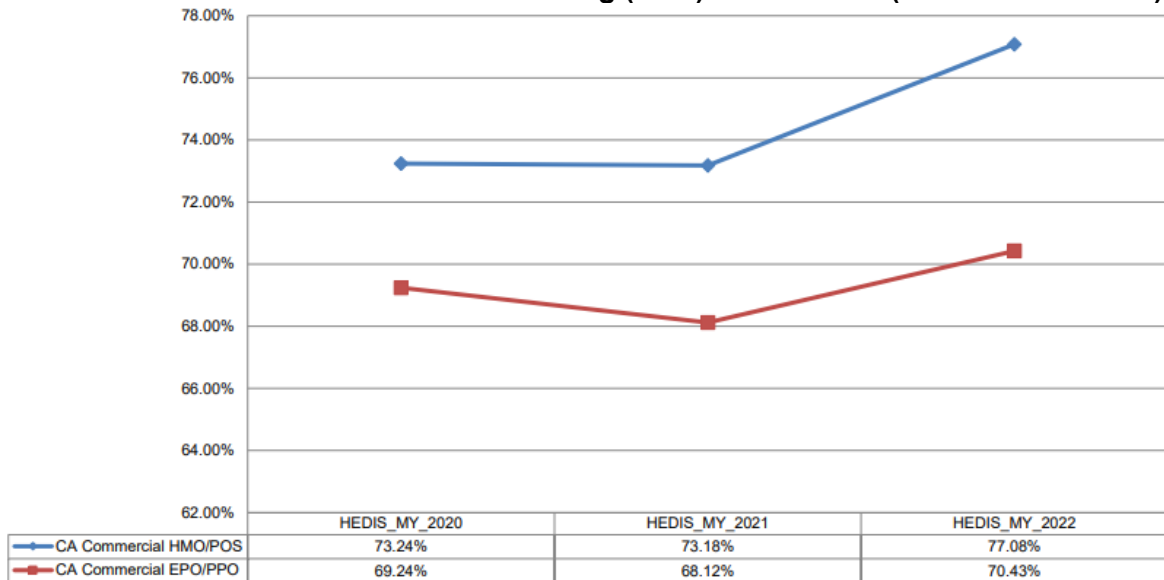


Chart 3.2. Trends in Breast Cancer Screening (BCS) Exchanges (RY 2021 - RY 2023)

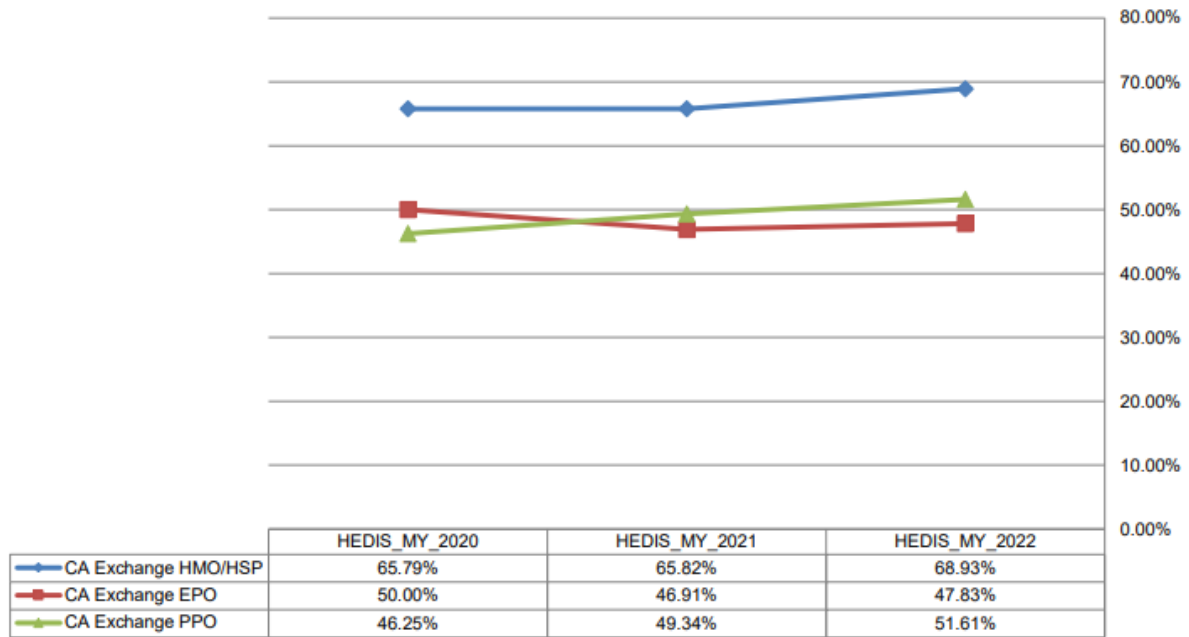


Chart 3.3. Trends in Breast Cancer Screening (BCS) Medicare (RY 2021 - RY 2023)

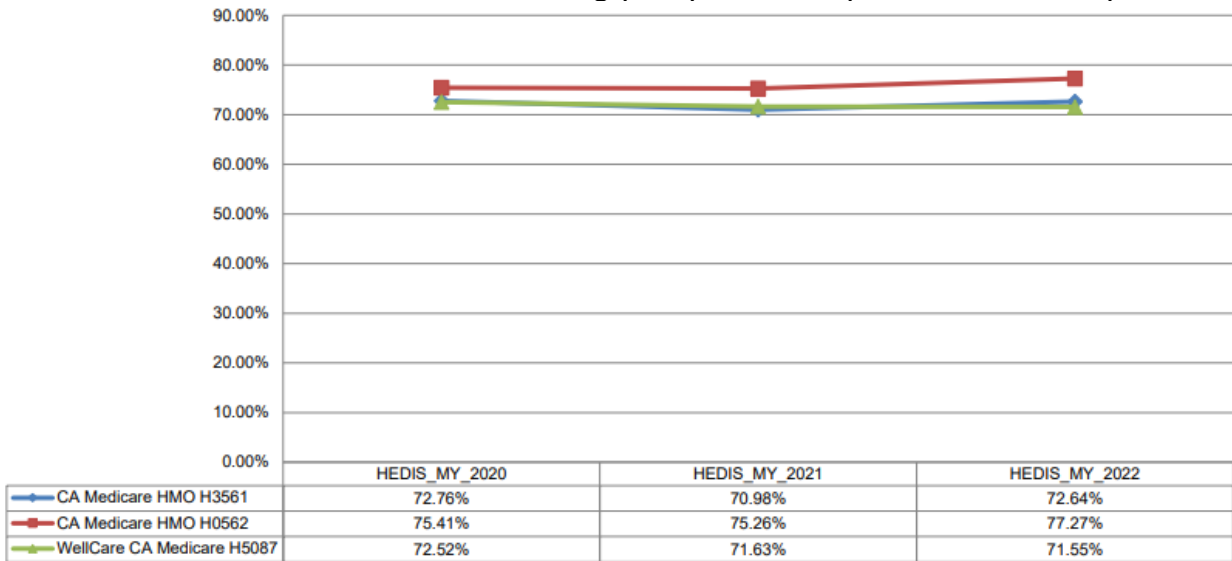
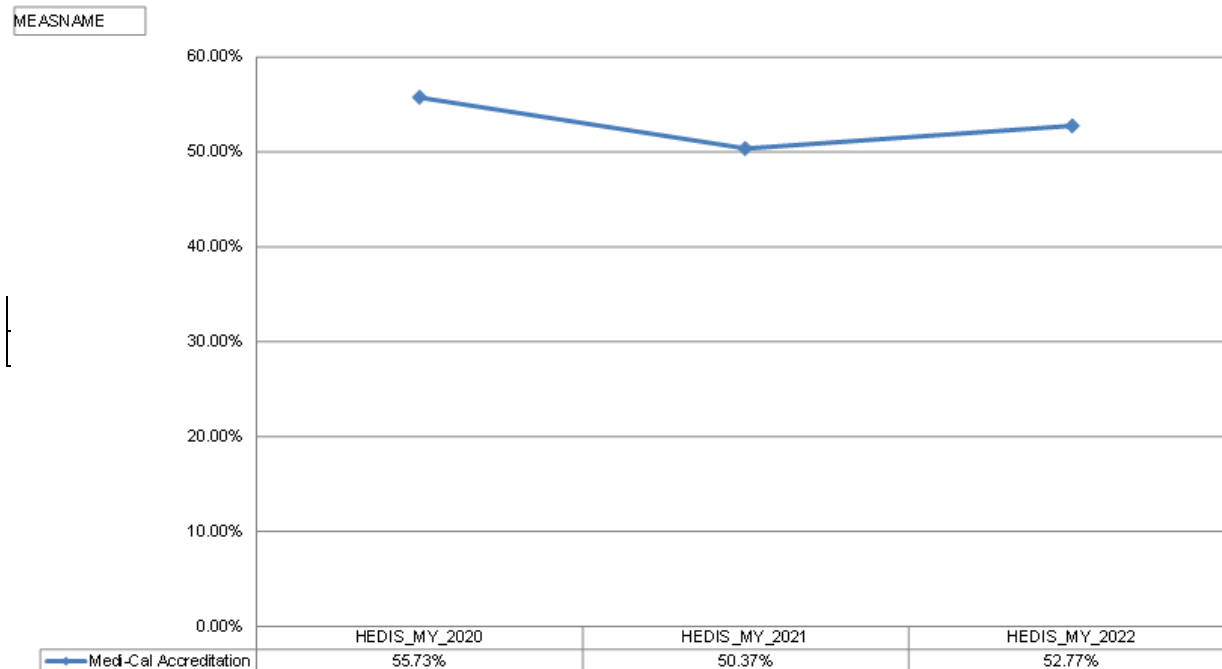


Chart 3.4. Trends in Breast Cancer Screening (BCS) Medi-Cal Accreditation (RY 2021 - RY 2023)



Colorectal Cancer Screening (COL)

For RY 2023:

- 75th percentile goal **not met** for Commercial HMO/POS, PPO/EPO
- 75th percentile goal **not met** for Exchanges HMO/HSP, PPO, and EPO
- 4-5 Star and 75th percentile goals **met** for Medicare H0562 and H3561
- 50th percentile goal **not met** for Medi-Cal Accreditation

Reference Appendix, Table A.5

Colorectal Cancer Screening – Medicare, Commercial and Marketplace

- Colorectal cancer is the third leading cause of death from cancer in the United States. Colorectal Cancer Screening (COL) could be completed through a colonoscopy or in-home options such as Cologuard and Fit kits to expand patient access. The 2023 COL campaign was multifaceted, including: Colorectal Cancer Screening disparities member education and open care gap reminder emails with a health equity lens (race/ethnicity – Black, Hispanic, Asian American, and all other non-compliant members) and QR code to order fit kits; the American Cancer Society (ACS) co-branded COL email/mailer and promotion of Fit kits to members with a QR code; boosted social media post on Health Net’s Facebook networking site to promote colorectal cancer screenings; HEDIS live calls offering members COL Fit kits to close care gaps; and subsequent distribution to members, conducted via a vendor. In Q4 of 2023, Quality collaborated with Exact Sciences to mail Cologuard kits to non-compliant Medicare members. As reported by PPGs, members are more likely to complete a Cologuard in-home test than a Fit kit test. There was a slight delay in the mailing of the Cologuard kits due to internal barriers to identifying fax data to provide to Exact Sciences. This process has been refined and set

up for 2024. In 2024, Quality will collaborate with Exact Sciences to send Cologuard kits to members across all line of business. There will be multi-modal outreach by Exact Sciences via mailing, phone outreach, and email outreach. The collateral will be updated by Quality to have a health equity focus for a more tailored approach. Providers will be guided to adopt Cozeva utilization to track and monitor in-home kit mailings to avoid member abrasion and duplication of efforts. Additionally, Quality collaborated with the vendor Cognizant to conduct live follow-up calls to Marketplace members to complete their in-home screenings and mail the kits back to Health Net. Members who were non-compliant for the colorectal cancer screening measure were included in the multi-gap calls for all lines of business. The multi-gap outreach in 2023 had a race and ethnicity flag to prioritize appropriate racial/ethnic groups. In 2024, the multi-gap call outreach script is being enhanced to collect Asian American sub-group level data to further disaggregate member data within this group to address the unique disparities and provide inclusive, tailored, and appropriate care.

- As Colorectal Cancer Screening will transition to ECDS measure in measurement year 2024, Quality developed educational content for the Medical Affairs and Provider Engagement departments to ensure providers are equipped for this electronic transition.
- Through the Disparity Leadership Program (DLP), Health Net partnered with Northern Valley Indian Health (NIVIH) to close care gaps for COL and blood pressure (CBP) screenings. Through the Population Health Analytics team, Health Net identified 562 members at NIVIH with COL and CBP care gaps. Since NIVIH serves mostly the American Indian population, there were two scheduled Talking Circles in August in the Willows Clinic and Grind Stone Reservation which were culturally appropriate. In addition to the Talking Circles, COL in-home Fit kits were distributed to members at the Talking Circles.
- During National Men's Health Month in June, a social media post with a focus on Colorectal Cancer was posted with 3,579 post engagements, 180,958 impressions, 120,202 reaches, 589 link clicks, 60 post comments, 2,761 post reactions, 169 post shares, and 0 post saves.

For RY 2023, the rates for California Commercial and Exchange product lines did not reach the NCQA Quality Compass National 75th percentile benchmark. The Medicare HMO products met their goal. The Medi-Cal Accreditation rate did not meet the 50th percentile goal. The Colorectal rates cannot be trended because new age bands were included in the data for MY 2022.

Cervical Cancer Screening Ages 21-64 (CCS)

For RY 2023:

- 75th percentile goal **not met** for Commercial HMO/POS, PPO/EPO
- 75th percentile goal **not met** for Exchanges HMO/HSP, PPO, and EPO
- QRS benchmark of 55.92% (MY 2018 50th percentile) **met** for Exchanges HMO/HSP, PPO, and EPO
- Not reported for Medicare H0562 and H3561
- 50th percentile goal **met** for Medi-Cal Accreditation

Reference Appendix, Table A.5

Members who had multiple gaps, including cervical cancer screening, were outreached to schedule their appointments and address other barriers related to closing their care gaps. To support provider education on the cervical cancer screening measure, tip sheets were developed for providers and posted on the Provider Library. Members reported lack of childcare and transportation as a barrier to completing care. In 2024, Quality aims to identify members

who are on contraceptive use for a more targeted approach. Additionally, to address cultural and knowledge barriers, Quality will explore collaboration opportunities with community-based organizations such as community health workers for advocacy, health education, appointment scheduling and transportation needs.

For RY 2023, the Cervical Cancer Screening rates for both Commercial and Exchange product lines experienced directional improvement from the prior year. While the Commercial products did not reach the NCQA Quality Compass National 75th percentile benchmark, Commercial PPO did meet the workplan objective of meeting or exceeding directional improvement of 1-5% from the prior year. The Exchange HMO and PPO products reached the MY 2018 50th percentile (55.92%), the QRS benchmark. All Exchange products experienced directional improvement from the prior year. The Medi-Cal Accreditation rate met the NCQA Quality Compass National 50th percentile benchmark and also met the directional improvement target of 1-5% over the prior year.

Table 3.2. Product Lines and Percentage Improvement Over Prior Year Rates for CCS (RY 2022 – RY 2023)

<i>Product</i>	<i>CCS Directional improvement over MY 2021 rates</i>
CA Commercial HMO/POS	Less than 1%
CA Commercial EPO/PPO	6.72%
CA Exchange HMO/HSP	12.12%
CA Exchange EPO	2.32%
CA Exchange PPO	16.90%
Medi-Cal Accreditation	4.31%

Chart 3.5. Trends in Cervical Cancer Screening (CCS) Commercial (Hybrid) (RY 2021 - RY 2023)

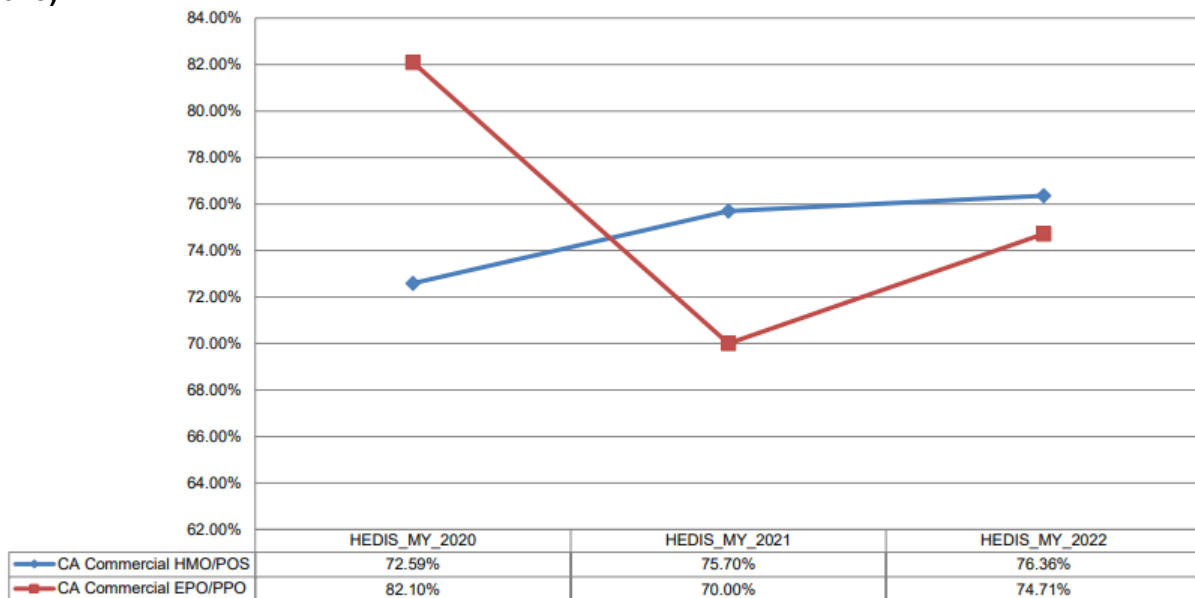


Chart 3.6. Trends in Cervical Cancer Screening (CCS) Exchange (Hybrid) (RY 2021 - RY 2023)

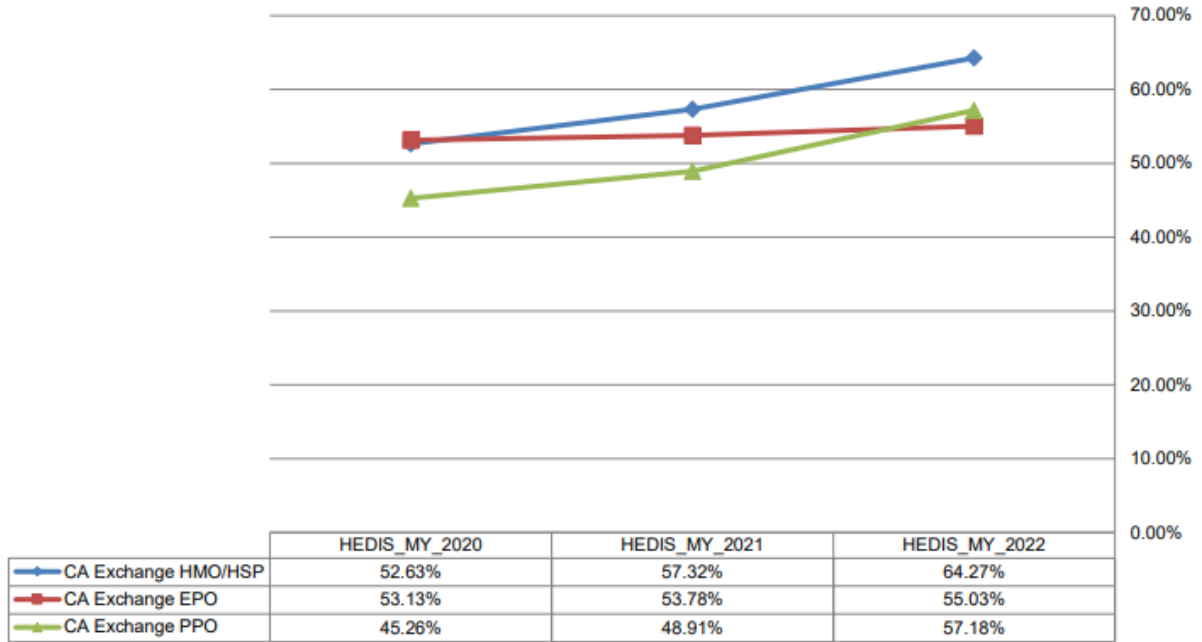
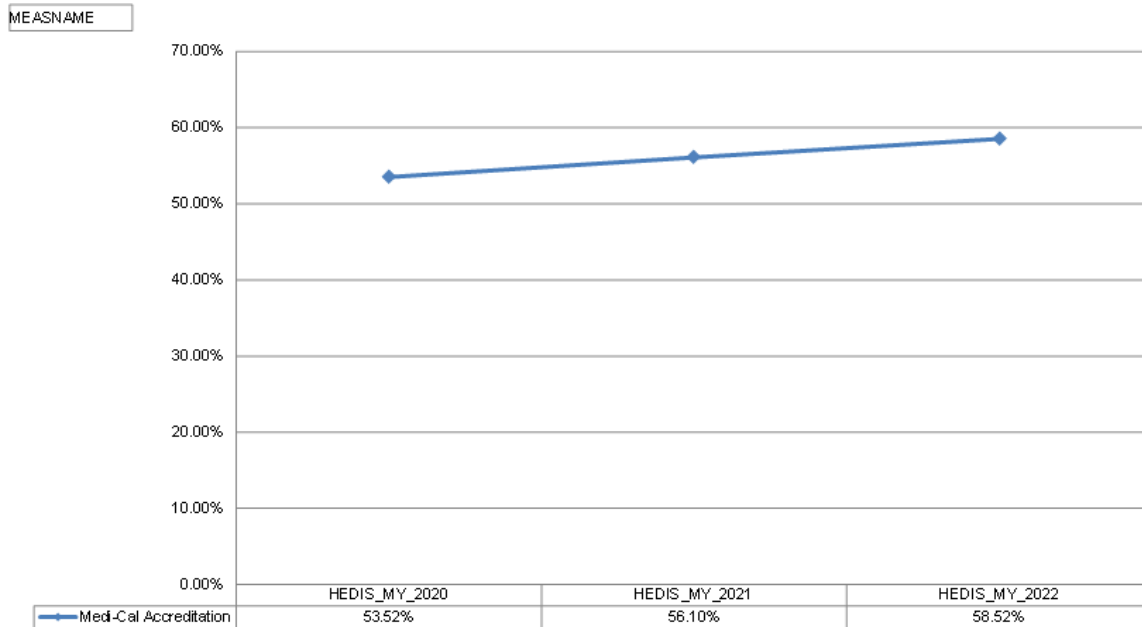


Chart 3.7. Trends in Cervical Cancer Screening (CCS) Medi-Cal Accreditation (Hybrid) (RY 2021 - RY 2023)



Chlamydia Cancer Screening in Women 16-24 (CHL)

For RY 2023:

- 50th percentile goal **met** for Commercial HMO/POS, PPO/EPO
- 50th percentile goal **met** for Exchanges HMO/HSP, PPO, and EPO
- QRS benchmark of 47.33% (MY 2018 50th percentile) **met** for Exchanges HMO/HSP
- Not reported for Medicare H0562 and H3561
- 50th percentile goal **met** for Medi-Cal Accreditation

To increase provider education on the chlamydia screening measure, tip sheets were developed for providers and posted on the Provider Library. In 2023, Quality met with multiple at-home screening vendors for CHL such as Everly and LetsGetChecked but NCQA did not accept the self-swab kits as HEDIS care closure compliant. In December 2023, the FDA cleared its first at-home test for chlamydia - the Simple 2 test by LetsGetChecked. Quality will collaborate with LetsGetChecked in 2024 to strategize sending in-home kits to members non-complaint on the CHL measure. Due to the sensitivity around the measure, Quality will focus on the opt-in program. This measure will also be tracked and monitored closely on Cozeva to ensure providers are adopting Cozeva to avoid member abrasion and duplication of efforts.

For RY 2023, the Chlamydia Cancer Screening rates for all Commercial product lines met the Quality Compass 50th percentile performance guarantee benchmark. In addition, the Commercial EPO/PPO product line had a 4.24 percentage increase, reaching the workplan objective of meeting or exceeding directional improvement of 1-5% from the prior year. For the Exchange products lines, both the Exchange HMO/HSP and PPO products reached the MY 2018 50th percentile (47.33%), the QRS benchmark, although neither had directional improvement. The Medi-Cal Accreditation rate exceeded the Quality Compass 50th percentile goal. The Medicare products were not reported for this measure.

Chart 3.8. Trends in Chlamydia Cancer Screening (CHL) Commercial (Admin) (RY 2021 - RY 2023)

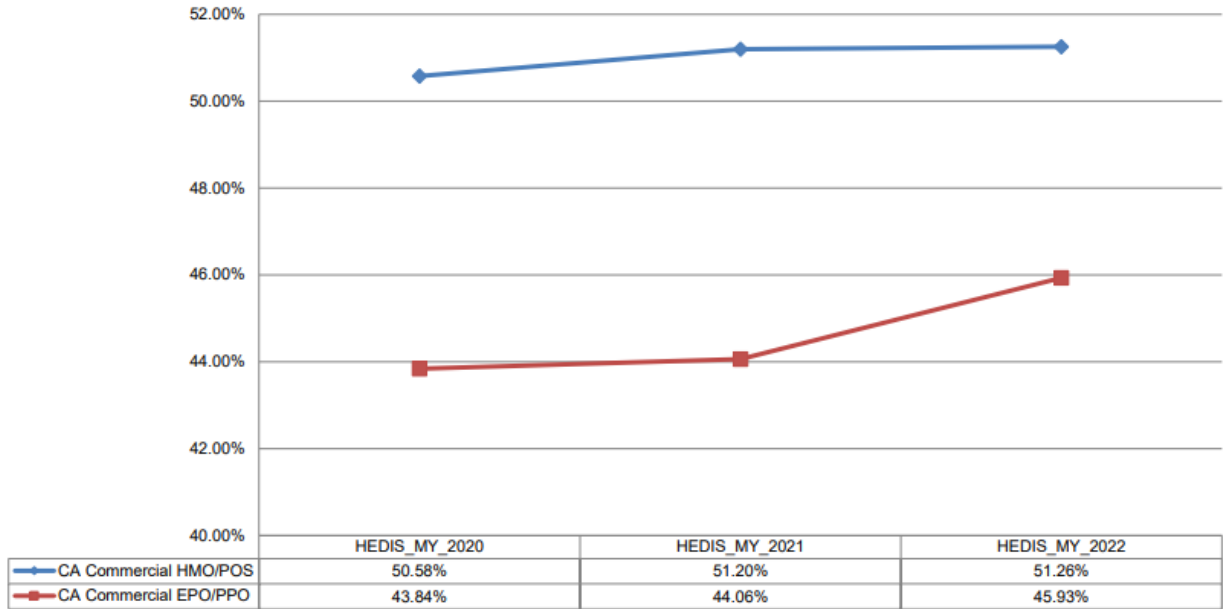


Chart 3.9. Trends in Chlamydia Cancer Screening (CHL) Exchange (Admin) (RY 2021 - RY 2023)

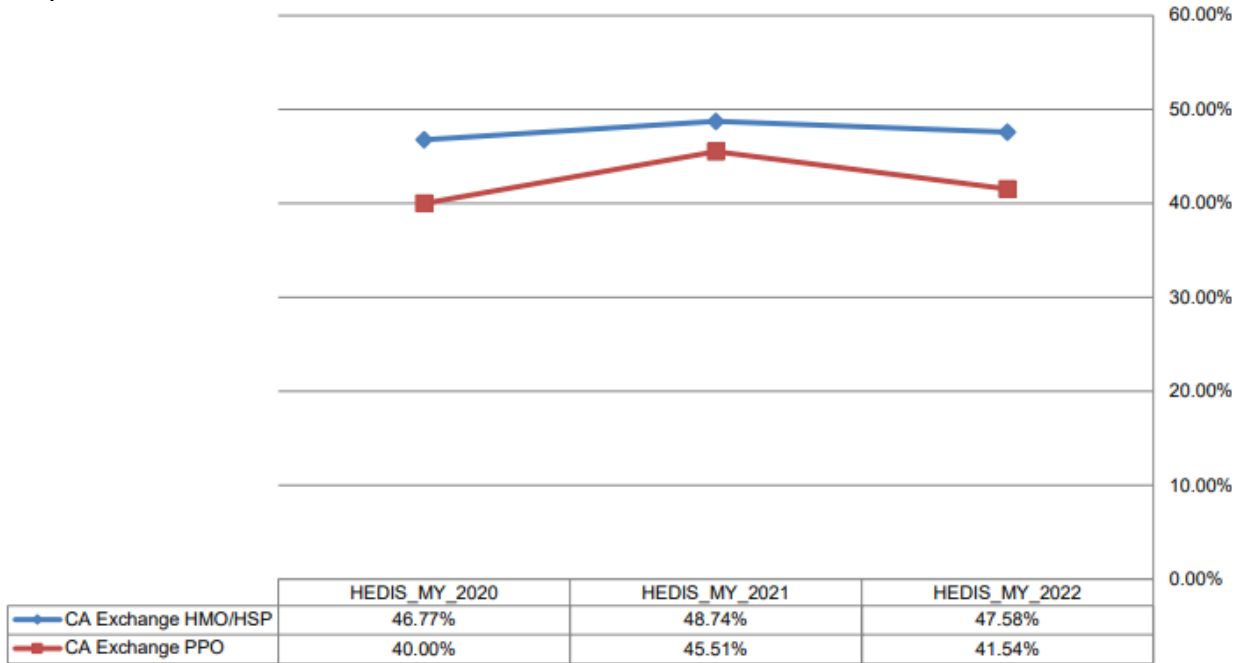
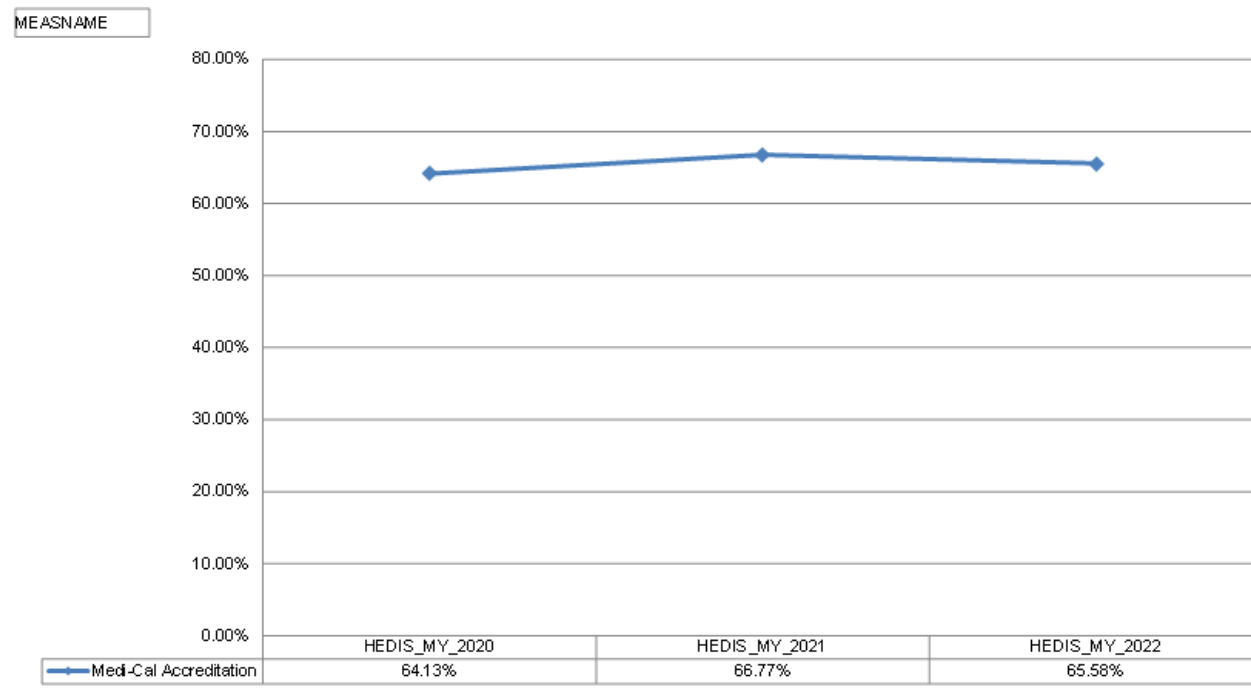


Chart 3.10. Trends in Chlamydia Cancer Screening (CHL) Medi-Cal Accreditation (Admin) (RY 2021 - RY 2023)



Flu Vaccination for Adults Ages 18-64 (FVA)

For RY 2023:

- 50th percentile goal **met** for Commercial HMO/POS, PPO/EPO.
- MY 2018 50th percentile (43%) QRS benchmark met for Exchange PPO and HMO/HSP
- 4-5 Star and 75th percentile goal **met** for Medicare H0562
- 4-5 Star and 75th percentile goal **not met** for Medicare H3561

Reference Appendix, Table A.55

Health Net participated in Centene’s Fluvention® campaign across all lines to business, to ensure members received the influenza vaccine for the 2023-2024 flu season. From October 2023 through early 2024, members without a flu shot claim on file received at least one of the following outreaches: short, automated Proactive Outreach Manager (POM) calls, emails, on-hold call center messaging and website alerts. In addition to the Centene’s Fluvention campaign, Health Net continued to promote the Kinsa Seasonal Illness Alert campaign. The campaign notified registered members about outbreaks in their area, including the flu. The campaign also provided actionable insights on how to stay healthy during the outbreak in their area. The primary audience were women, ages 30-75, with underlying conditions: heart disease, diabetes, hyperlipidemia, hypertension, rheumatoid arthritis, as well as pregnancy.

Commercial and Exchanges

Health Net’s Flu Vaccination (FVA) CAHPS scores improved for Commercial PPO/EPO and improved for Exchange PPO product lines, and the plan will continue to aim for the Quality Compass (QC) 75th percentile goal. This sustained improvement likely occurred from a robust Fluvention campaign promoting flu vaccination, efforts to promote community flu clinics to

members, and incorporating flu vaccine messaging into various educational outreaches. The Commercial HMO/POS product line saw a lower rate compared to the prior year and did not meet the 75th percentile. The Exchange PPO product line demonstrated directional improvement compared to the prior year. Exchange HMO product line saw a lower rate compared to RY 2022 and did not meet the 75th percentile. It remains critical to continue outreach efforts to ensure new members are educated on the importance of keeping up with an annual flu vaccine.

All Commercial (group & IFP) members will continue to have the option to obtain flu shots through participating retail pharmacies at no cost.

Medicare

Overall, for FVA, the activities were adequate to address barriers, and objectives have been feasible. The Medicare H0562 product did decrease its CAHPS Annual Flu Vaccine Question (Yes Response) by 2% to 75% yet obtained a 4 Star rating, while the Medicare H3561 product decrease by 10% to 64% rate and 2 Star rating. For H3561, accessibility to a flu vaccine may be a barrier with this population and will be explored in 2024. Regarding flu vaccination education, QI takes an all-encompassing approach, and puts flu vaccine-positive messaging in numerous member touchpoints, ranging from emails, text alerts and social media. Health Net will also expand flu vaccination clinics to work with more community-based organizations (CBOs) and PPGs to meet more members where they are.

Improve Immunizations & Well-Child Visits Among the Pediatric Population

For RY 2023:

Childhood Immunization Status – Combo 10

- 50th percentile goal **not met** for Commercial HMO/POS and PPO/EPO
- Commercial HMO/POS **met** directional improvement goal with a 2.55% rate increase.
- 66th percentile goal **not met** for Commercial Exchange HMO/HSP and PPO
- 50th percentile goal **not met** for Medi-Cal Accreditation

Childhood Immunization Status – Combo 3

- 50th percentile goal **met** for Commercial HMO/POS
- Exchange HMO/HSP, PPO and EPO for Combo 3 not reported
- 50th percentile goal **not met** for Medi-Cal Accreditation but **met** directional improvement goal with a 3.78% increase.

Reference Appendix, Tables A.8

Commercial and Exchanges

For RY 2023, the Childhood Immunization Status Combo 10 (CIS-10) rates for the Commercial HMO/POS product trended upward, meeting the directional improvement goal with a 2.55 percentage increase. For the Exchange products lines, none met the 66th QC percentile, the QTI benchmark. The Medi-Cal Accreditation rate for CIS-10 did not meet the Quality Compass 50th percentile goal, nor directional improvement.

For the Childhood Immunization Status Combo 3 (CIS-3), rates for both Commercial HMO/POS and EPO/PPO met the 50th QC percentile. The CIS-3 rates for the Exchange products were not reported, although both product lines (HMO/HSP and PPO) trended upward. The Medi-Cal Accreditation rate for CIS-3 did not meet the Quality Compass 50th percentile goal but did reach directional improvement of 1-5% over the prior year with a 3.78% increase.

QI initiatives include a multi-modal approach to address childhood immunizations in conjunction with well-child visits care gaps. Examples include: Family Unit HEDIS live calls to assist parents in scheduling well-child and immunizations visits; targeted Concierge calls to members with no evidence of immunizations or well-care visits; Collaboration with Health Net’s Health Equity department to complete focus groups in targeted regions in California, including Los Angeles, San Joaquin and Stanislaus counties; and partnered with doula and community health workers to visit provider offices to promote cultural competency.

Chart 3.11. Trends in Childhood Immunization Status – Combination 10 (CIS-10) Commercial (Hybrid) (RY 2021 - RY 2023)

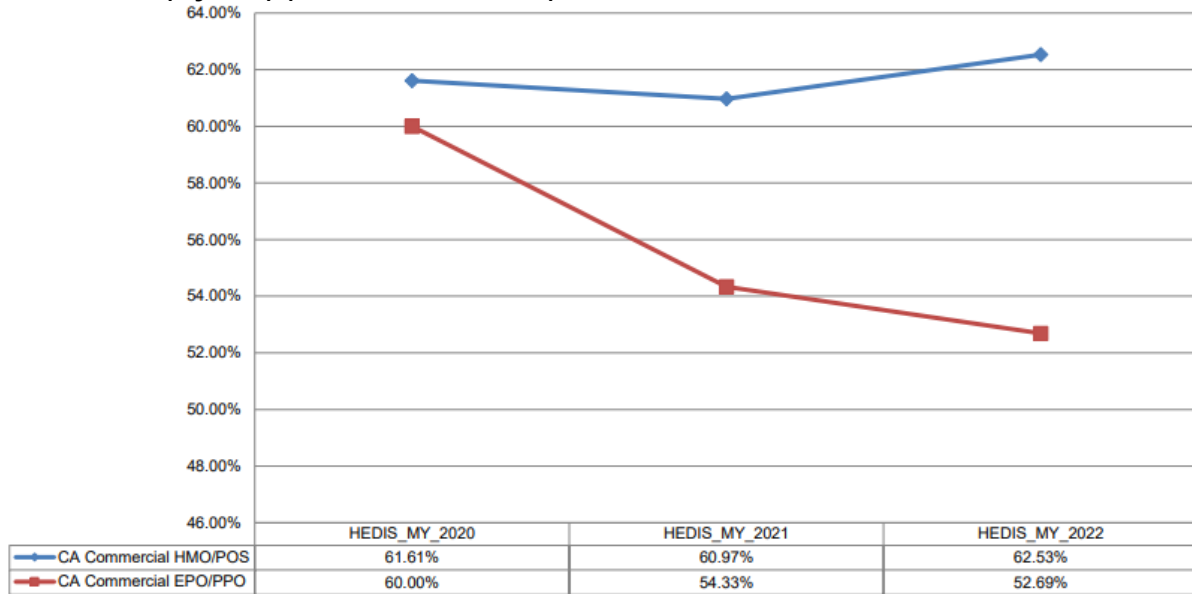


Chart 3.12. Trends in Childhood Immunization Status – Combination 10 (CIS-10) Exchanges (Hybrid) (RY 2021 – RY 2023)

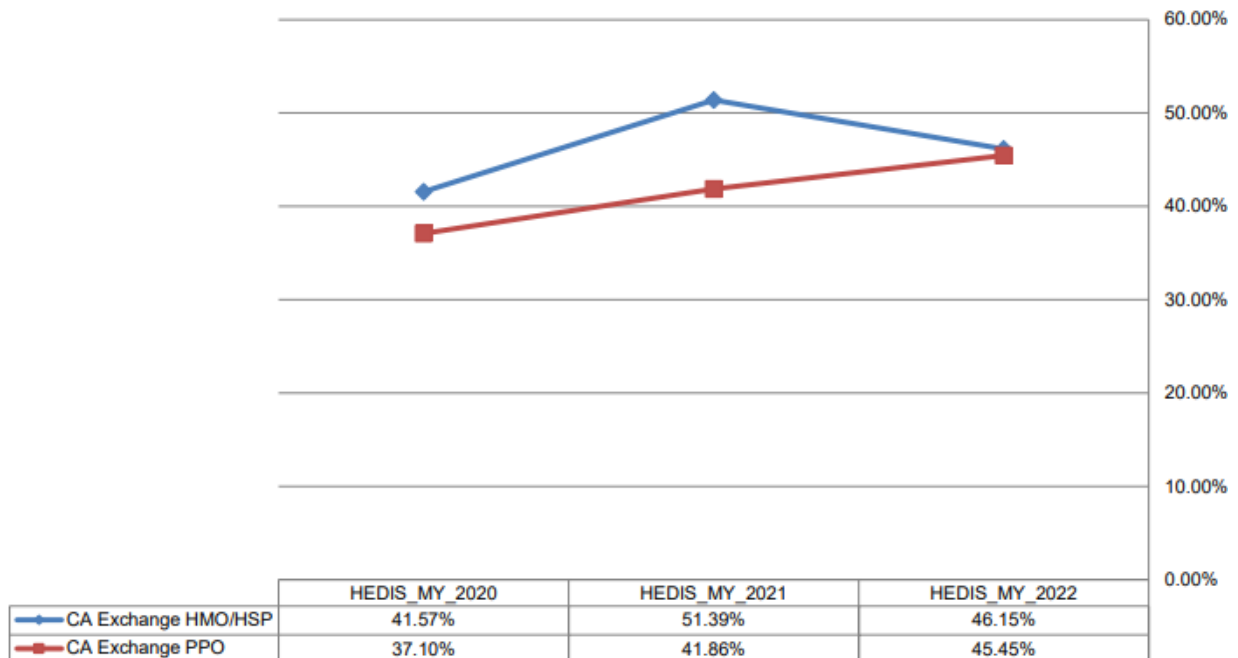


Chart 3.13. Trends in Childhood Immunization Status – Combination 10 (CIS-10) Medi-Cal Accreditation (Admin) (RY 2021 – RY 2023)

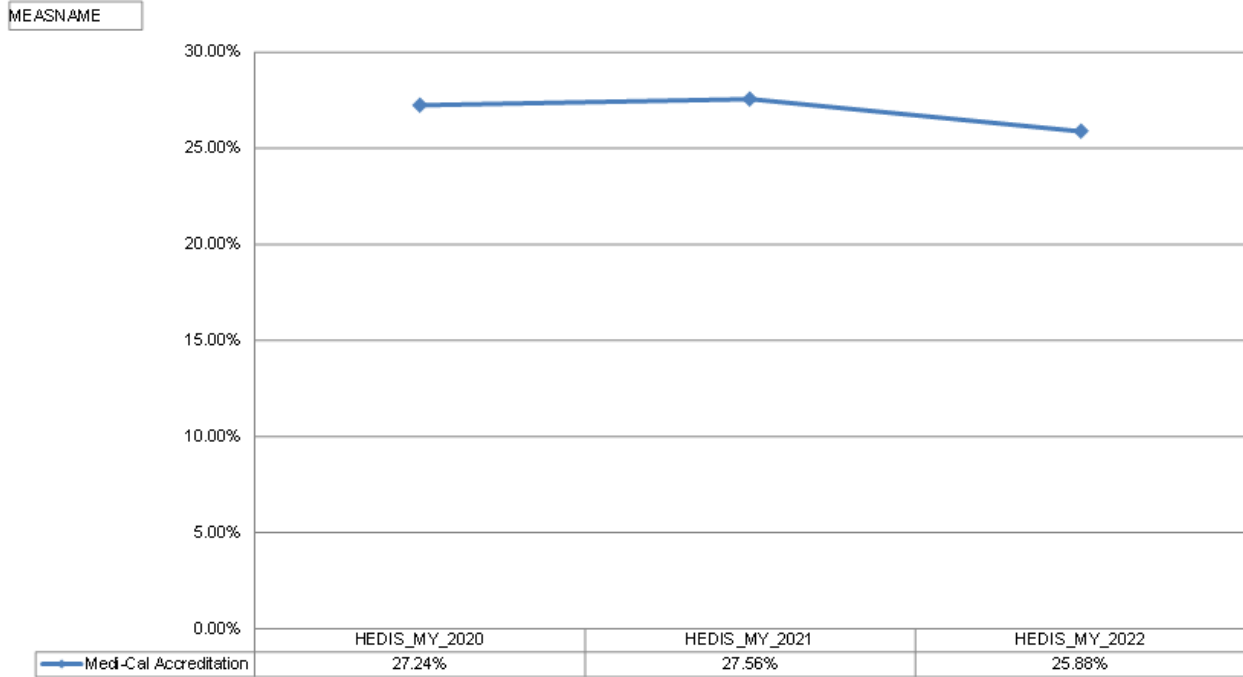


Chart 3.14. Trends in Childhood Immunization Status – Combination 3 (CIS-3) Commercial (Hybrid) (RY 2021 - RY 2023)

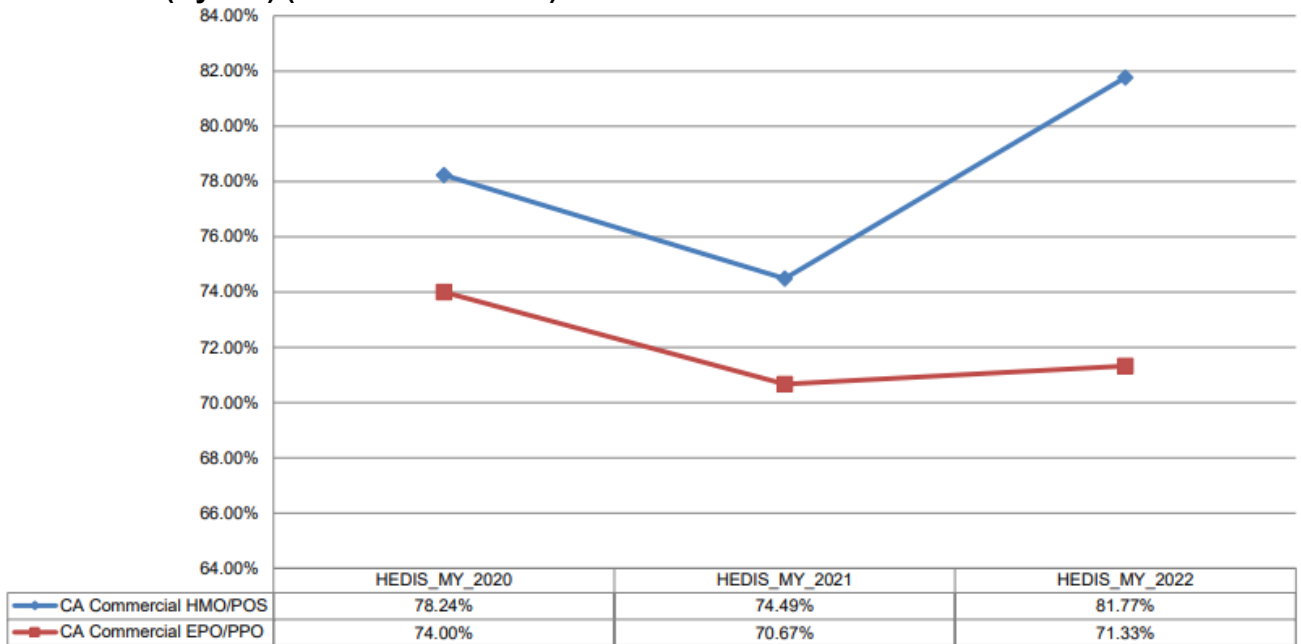


Chart 3.15. Trends in Childhood Immunization Status – Combination 3 (CIS-3) Exchanges (Hybrid) (RY 2021 - RY 2023)

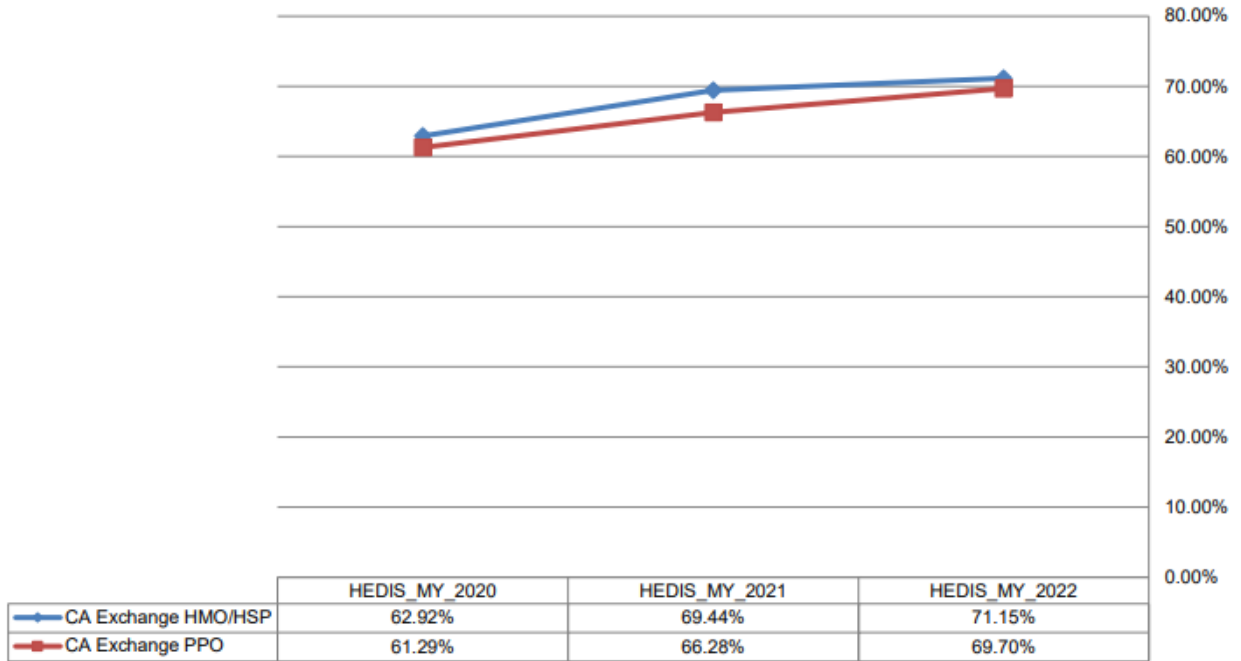
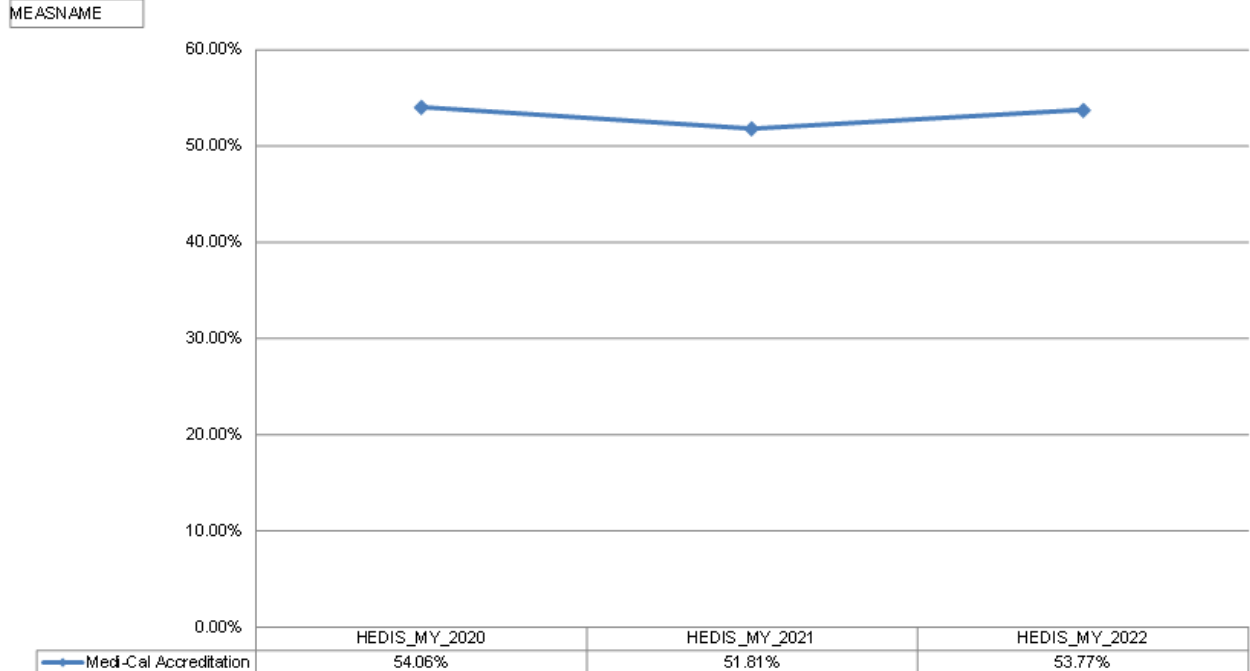


Chart 3.16. Trends in Childhood Immunization Status – Combination 3 (CIS-3) Medi-Cal Accreditation (Admin) (RY 2021 - RY 2023)



Immunizations for Adolescents – Combination 2 (IMA-2):

- 50th percentile goal **met** for Commercial HMO/POS (reached 75th percentile)
- 50th percentile goal **not met** for Commercial PPO/EPO
- MY 2018 50th percentile (22.97%) QRS benchmark met for Exchange HMO
- 50th Percentile goal met for Medi-Cal Accreditation

Reference Appendix, Tables A.8

For RY 2023, the Immunizations for Adolescents – Combo 2 (IMA-2) rates for both Commercial product lines reached the workplan objective of meeting or exceeding directional improvement of 1-5% from the prior year. In addition, the Commercial HMO product line met the Quality Compass 75th percentile, surpassing the 50th percentile goal. The Exchange HMO rate reached the MY 2018 50th percentile (22.97%), the QRS benchmark. Neither Exchange rate, HMO or PPO, had directional improvement. Exchange EPO was not reported due to small membership. The Medi-Cal Accreditation rate met goal by reaching the Quality Compass 50th percentile. Health Net will continue to seek directional improvement in RY 2024.

QI implemented a multi-modal approach to address IMA-2 care gaps, including Family Unit HEDIS live calls to assist parents in scheduling well visits and immunizations visits; member newsletter articles on the importance of Well Child Visits and the HPV vaccine; short, pre-recorded outreach calls with immunization reminders; social media messaging to pediatric and maternal targets; and partnered with the American Cancer Society to train Health Net provider-facing staff on the research and resources available to promote and educate about the HPV vaccination.

Chart 3.17. Trends in Immunizations for Adolescents – Combination 2 (IMA-2) Commercial (Hybrid) (RY 2021 - RY 2023)

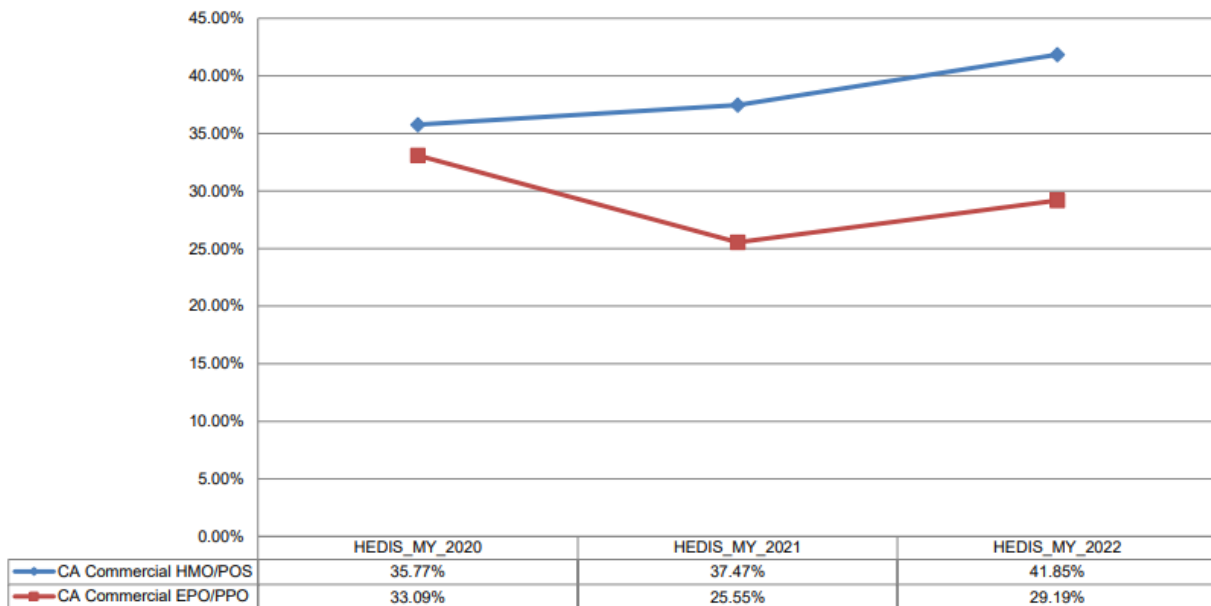


Chart 3.18. Trends in Immunizations for Adolescents – Combination 2 (IMA-2) Exchanges (Hybrid) (RY 2021 - RY 2023)

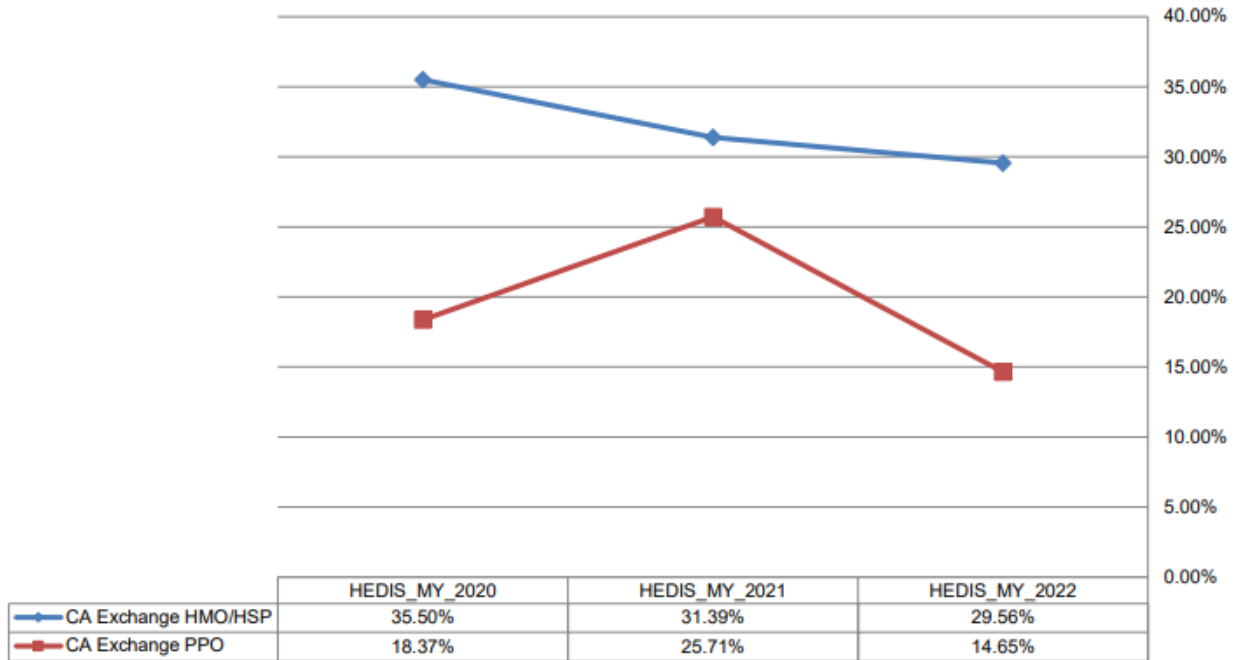
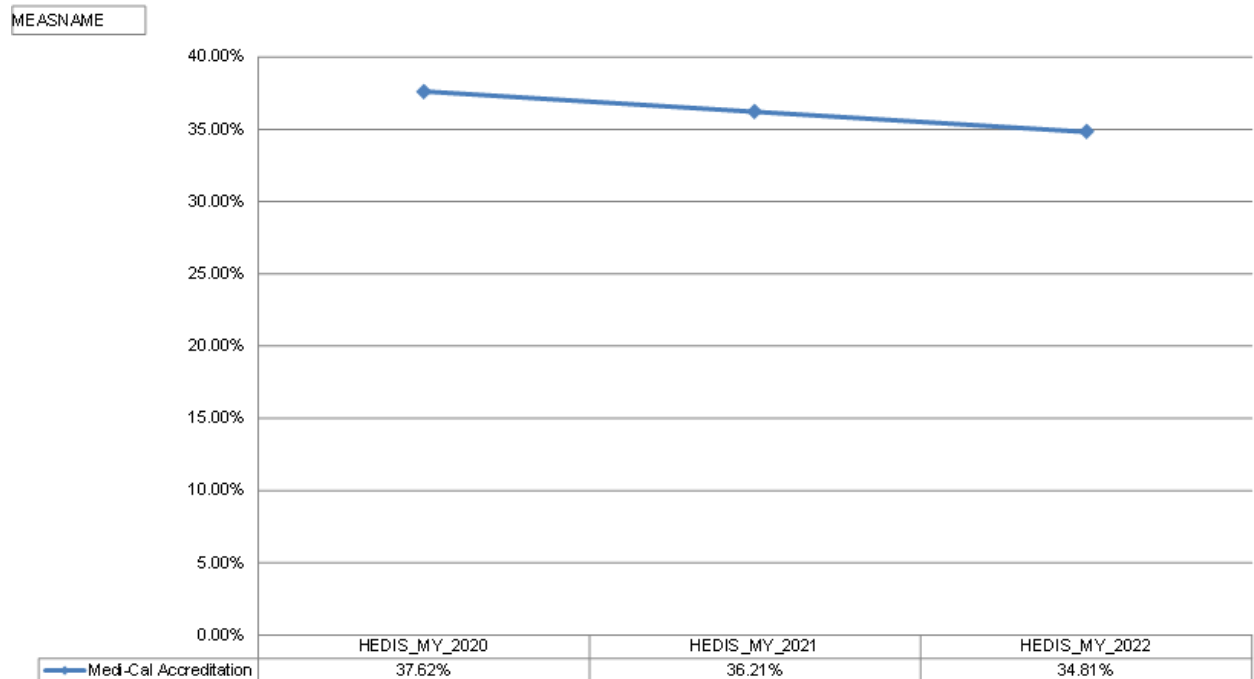


Chart 3.19. Trends in Immunizations for Adolescents – Combination 2 (IMA-2) Medi-Cal Accreditation (Admin) (RY 2021 - RY 2023)



Weight Assessment and Counseling for BMI, Nutrition, and Physical Activity (WCC)

Weight Assessment and Counseling – BMI Percentile

- 50th percentile goal **not met** for Commercial HMO/POS
- 50th percentile goal **met** for Commercial PPO/EPO
- MY 2018 25th percentile (58.64%) **met** for Exchanges HMO/HSP and PPO

Weight Assessment and Counseling – Counseling for Nutrition

- 50th percentile goal **not met** for Commercial HMO/POS and PPO/EPO
- MY 2018 25th percentile (58.64%) **met** for Exchanges HMO/HSP and PPO

Weight Assessment and Counseling – Counseling for Physical Activity

- 50th percentile goal **not met** for Commercial HMO/POS and PPO/EPO
- MY 2018 25th percentile (58.64%) **met** for Exchanges HMO/HSP
- MY 2018 25th percentile (58.64%) **not met** for PPO Exchange

Reference Appendix, Table A.8

For RY 2023, for the Commercial products for Weight Assessment and Counseling for BMI, Nutrition, and Physical Activity for Children and Adolescents, only the Commercial PPO/EPO for BMI met the 50th percentile goal. All of the Exchange products reached the MY 2018 25th percentile (58.64%), the QRS benchmark, with the exception of Counseling for Physical Activity. However, all reported rates had a downward trend. The Exchange EPO rates were not reported.

3-2. Chronic Care / Disease Management

Chronic care and disease management initiatives offer opportunities to collaborate with other departments, such as Pharmacy, Case Management, Health Education, Wellness, Health Equity, Medical Management and Population Health Management, as well as external wellness and disease management vendors. These multifaceted initiatives comprise a variety of activities and interventions that reinforce positive health behaviors and influence members to adopt healthful habits and better manage their chronic conditions.

Below is an overview of the QI Chronic Care/Disease Management initiatives under the 2023 Quality Improvement Work Plan, Section II.

Improve Osteoporosis Management (OMW) for Members with Osteoporotic Fractures

Medicare

Osteoporosis screening was often viewed as low priority and overlooked, as indicated by the number of members refusing the service or indicating that they were not interested at the time despite having suffered a fracture recently. Activities such as the additional outreach utilizing CSR team for PCP outreach for unable to reach (UTR) members were beneficial in closing care gaps for members. Invalid numbers and lack of member response to outreaches continued to be problematic and further contributed to limitations in osteoporosis screening and appropriate treatment. Targeted orthopedic outreach expanded the scope of provider awareness of bone mineral density (BMD) screening, and further approaches will be examined for 2024, including leveraging portable bone density device at high-volume, low performing provider groups.

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Leveraging partnerships with vendors and identifying a bone health champion at the health plan and PPG levels to address challenges to fracture prevention and treatment adherence.

Improve Comprehensive Diabetes Care (CDC)

Medicare

The COVID-19 pandemic continues to amplify existing inequities, including access to care for vulnerable populations that are geographically remote, individuals without internet or limited technological capabilities, and racial/ethnic disparities. Activities, like the availability of in-home A1c kits and live calls to address specific gaps or access to care issues, were adequate to address the barriers. However, vendor delays and a lengthy corporate approval process impacted timely implementation of multi-modal outreaches to address barriers that persisted, especially among older adults with limited English proficiency. Vendor challenges in 2023 due to an internal re-organization impacted member targeted approaches for improving screening rates and closing the diabetes care gaps, including the pairing of diabetes eye exam with in-home BMD screening.

Lesson learned highlight the need for members to self-manage their condition effectively to minimize disruptions in the delivery of care. Collaborative partnerships with PPGs to promote the American Diabetes Association's (ADA) Diabetes Food Hub and other resources, address inequities to diabetes care and prevention across racial/ethnic groups, and leverage care gap data along with identified SDoH factors are necessary to impact targeted strategies across LOBs.

Pilot Commercial Quality Improvement Project: Health Equity

Commercial

RY 2023 was the first year to implement this new pilot quality improvement program (QIP), using a disparity lens to address three HEDIS measures targeted for improvement:

- Child and Adolescent Well Care Visits (WCV) age 3-17, focusing on parents of African American and Hispanic members,
- Colorectal Cancer Screening (COL), focusing on African American and Hispanic members aged 45 and older, and
- Hemoglobin A1c Control for Patients with Diabetes, focusing on adult Hispanic members with diabetes.

Member data was reviewed to identify non-compliant member populations in the underserved community. Seven counties were selected: Los Angeles, Merced, Riverside, Sacramento, San Diego, San Francisco and Santa Barbara.

Partnerships were developed with stakeholders critical to successful communication and treatment with and for members. One example intervention is a provider training webinar offered to educate providers on addressing social determinants of health, language assistance cultural competency, social needs and food insecurity. Through this process Health Net identified provider-level barriers which included 1) the need for culturally competent care, 2) the importance of including the patient in decision making, 3) the challenge of addressing social needs conflicts, 4) a lack of provider recommendation, 5) a lack of a relationship with their provider, and 6) the need for bilingual care. The webinar is posted to the Health Net Provider Portal for those who could not attend.

Health Net's Health Equity department conducted a barrier analysis with input from focus groups, key informant interviews and a literature search. The information collected included barriers to care experienced by each membership population for the HEDIS measures being addressed (COL, HBP, and WCV). The barrier analysis also helped to provide best practices to the providers. Common findings across all three measures were the need for more knowledge about their condition; the opportunity to clarify misunderstandings with culturally sensitive information; the need to be included in medical decision making; addressing food insecurity; and the need to integrate cultural competency into patient care and communication.

For RY 2023, child and adolescent well care visits among Black and Hispanic members in this targeted population remain lower (statistically significant), compared to Asian/Pacific Islander members in the same population. This underscored the continued need to address the gap in annual child and adolescent well-care visits among Black and Hispanic members. Colorectal cancer screenings remained lower (statistically significant) in the Asian-American and Hispanic members in this targeted population. Note the disparity among Asian Americans was not found in RY 2023. Lastly, there remained a lower rate of A1c control among Hispanic members in this targeted population. Improving Hemoglobin A1c (HbA1c) control remained a priority. Next steps include continuing to apply the health equity barrier findings to the 2024 workplan and deploying interventions to help improve the health of our members.

To create a more structured pathway to strengthen provider engagement across product lines, the Quality Evaluate Data to Generate Excellence (EDGE) process was expanded to include Commercial/Marketplace members in 2023. Quality EDGE provided funding for eligible tools and resources to help providers close targeted care gaps. In partnership with the Provider Engagement and Medical Affairs teams, Health Net's provider network was approached with targeted HEDIS measures needing improvement and/or gap closure. Educational webinars about the measures, best practices tools (such as tip sheets), barrier identification and candid Q&A to discuss and share practical tips were held throughout 2023, focusing on targeted HEDIS measures.

Improve Chronic Care and Disease Management – Hypertension, Diabetes, Cardiovascular Disease

Commercial

Many of the activities implemented in 2023 focused on driving member engagement and self-management through programs like Better Choices Better Health (BCBH) that had a 43.1% completion rate for 2023, an increase from prior year of 37.7%. Also, most of the measures demonstrated directional improvement suggesting these programs may have promoted the desired behaviors. It was necessary to complement member focused activities with provider collaborations to bolster initiatives through targeted member care and timely data transfer. Research has shown that advice from a provider to change lifestyle habits can result in positive health behavior change. In addition, several of these measures depend on the use of CPT II codes {DRE, A1c, and blood pressure (BP)}.

In 2023, a Corporate-led initiative mailed Care Kits to almost 19,000 Marketplace members comprising the entire the CBP denominator, plus those non-complaint on BPD and PDC-ACE/ARBs. The kits included a digital blood pressure cuff, educational resources around exercise, healthy eating, and stress control, and a pill box. Based on a member survey that went to the first round of recipients, almost three-fourths of respondents found the blood pressure (BP) cuffs useful, 77% found the materials to be very/extremely helpful, and 75%

somewhat/strongly agreed it helped them monitor and control their BP. At the end of Q4, Customer Service Representatives (CSRs) were assigned to call members to capture their BP readings, fax their results to the member's PCP, and upload the data into Cozeva. In one month, 3,997 members were attempted to be reached, with a total of 932 members were reached (23%). Of those, a BP reading was collected on 15% (N=143), of which 70% (100/143) were faxed to providers and uploaded into Cozeva (the remaining 43 the CSRs were unable to confirm the PCP information).

Health Net also launched an OutcomesMTM pilot for Marketplace for CBP and HBD. OutcomesMTM is a program centered around pharmacists performing blood pressure checks and A1c tests and ensured the member's condition was under control by the end of the year. For CBP, 17% of those outreached had controlled BP (N=458) and 9% for A1c (N=156). This program will continue in 2024.

To continue reaching for the 75th percentile, Health Net will be developing interventions with additional provider focused initiatives. In addition, the QI department will be working more closely across lines of business to leverage member and provider intervention strategies and tools.

Medicare

Initiatives informing members about their over the counter (OTC) benefits for accessing blood pressure monitors and promotion of self-measured blood pressure (SMBP), along with a follow-up call by Concierge teams, addressed knowledge gap barriers as well as accessibility issues. Fax transmissions of BP readings (<140/90) were successfully captured via an Excel tracker (approved by HEDIS auditor) and talking points on a script instructed the Concierge team to inquire if members had digital BP cuffs at home, instructed members how to record BP readings when controlled, and if BP readings were uncontrolled connected members with their PCPs for appropriate hypertension management.

Findings from an online CBP survey showed that members found the information posted to the member portal to be helpful.

Collaboration with the American Heart Association (AHA) on the Check Change Control initiative provided a multifaceted approach to blood pressure control by encouraging SMBP and healthy lifestyle choices, while it empowered members to know and better manage their blood pressure. Furthermore, by partnering with PPGs, Health Net reinforced messaging around prevention and early detection of hypertension, and increased awareness at individual and community-level, especially among vulnerable populations at higher risk.

3-3. Behavioral Health

RY 2023 (MY 2022) performance goals for the behavioral health (BH) outcomes were to improve continuity of care in behavioral health for all members by aligning activities with DHCS and DMHC goals in the following measures: Antidepressant Medication Management; Follow up after Hospitalization/ED Visit; and Depression Screening across products lines in the CA Market.

- Commercial: achieve directional improvement toward the National Quality Compass 75th percentile for the AMM, FUA, FUM and FUH measures. Program objectives included achieving improvement within the Commercial HMO and PPO product lines for AMM.

- Marketplace/Exchange: increase BH rates included in the QRS Star Rating and meet the Quality Transformation Initiative (QTI) for the AMM, DSF and FUH measures. Program objectives included achieving improvement within the Marketplace HMO and PPO product lines for AMM, as well as directional improvement in the QRS for the Coordination of Care (COC) report.
- Medicare: achieve directional improvement in FUM to exceed the SNP goal of 30-day follow up for members over 10% of target (FUM30 for H0562, H3561, and H5087).
- Medi-Cal: achieve directional improvement or meet/exceed the Minimum Performance Level (MPL) for the Managed Care Accountability Set (MCAS) measures FUA and FUM. Program objectives included directional improvement in the number of reporting units that meet the 50th Percentile within the Medi-Cal product line for AMM, FUA, FUM, DSF-E and DRR-E.

Improve Behavioral Health (Mental Health and Substance Use) Outcomes

Overall, all activities were on-track or completed based on the December Quality Improvement Tracking System (QITS). As summarized below, some initiatives were discontinued.

Across the CA Market, there was variation in achieving the program objectives. For Medi-Cal, 83% (5/6) quality measures demonstrated directional improvement. For Commercial, 35% (7/20) quality measures demonstrated directional improvement or achieved the corresponding benchmark. For Marketplace, 60% (6/10) quality measures demonstrated directional improvement, including HMO/HSP exceeding the MY 2018 QRS benchmark for AMM- Acute and FUH-7. For Medicare, FUM-30 day was the focus for all H-contracts (H0562, H3561, and H5087) with an internal benchmark for achieving directional improvement. No Medicare H-contract achieved its performance/program objective of directional improvement as all three H-contracts' RY 2023 (MY 2022) performance demonstrated a decline in performance from the prior year, RY 2022 (MY 2021).

Similar to 2022, although Health Net saw directional improvement in several quality metrics, performance increases in quality compass benchmarks were exceeding the pace of Health Net's directional improvement. While actions may be addressing barriers, further barrier analysis is recommended to identify actions that may contribute to larger improvements, resulting in achieving the 50th Quality Compass benchmarks. Additionally, similar to 2022, opportunities remain in addressing timely and ongoing treatment for substance use and promoting behavioral health screenings and timely follow-up for members that screen positive for mental health needs (e.g., depression). Almost all interventions and programs will continue in 2024, with modifications. Lastly, lessons learned from 2023 pertain to monitoring each outreach team's capacity to support additional live calls. In 2022, the decision was made to discontinue AMM outreach calls across the CA Market to support FUA/FUM Medi-Cal performance. These quality measures will remain a priority in 2024 and the plan will need to continue to monitor priorities across the CA Market. For example, given the lack of directional improvement observed among the Medicare H-contracts, and the addition of the Health Outcome Survey question, the plan will examine how to support Medicare performance. Ultimately, partnerships with clinical outreach teams will remain critical to supporting performance improvement as their teams can support outreach efforts across the CA Market for various measures.

Antidepressant Medication Management (AMM)

In Q3 the Pharmacy and MHN live outreach calls for AMM were discontinued due to recurring technical issues and decision to focus on addressing Medi-Cal FUA and FUM performance. No additional calls were made after the mid-year update.

- **Commercial EPO/PPO**
For RY 2023, the rate of 71.73% for AMM - Acute Phase of Treatment was below the goal of 77.72% by approximately 6 percentage points. However, the rate of 61.99% for AMM - Continuation Phase of Treatment met the goal of 61.71%. While RY 2023 performance did not meet the goal, performance rates for both Acute and Continuation showed directional improvement.
- **Commercial HMO/POS**
For RY 2023, the rate of 71.15% for AMM - Acute Phase of Treatment was below the goal of 76.98% and the rate of 56.75% for AMM - Continuation Phase of Treatment was also below the goal of 59.95%. While RY 2023 performance did not meet the goal, both Acute and Continuation performance rates increased, showing directional improvement compared to RY 2022.
- **Marketplace HMO/HSP**
For RY 2023, the rate of 69.73% for AMM - Acute Phase of Treatment was below the goal of 76.98%. Similarly, the rate of 52.08% for AMM - Continuation Phase of Treatment also fell below the goal of 59.95%. While RY 2023 performance did not meet the goal, both Acute and Continuation performance rates showed directional improvement in comparison to RY 2022.
- **Marketplace PPO**
For RY 2023, the rate of 66.58% for AMM - Acute Phase of Treatment fell below the 77.22% performance goal. Likewise, the rate of 49.49% for AMM - Continuation Phase of Treatment which also fell below the 61.71% performance goal, therefore suggesting there was an opportunity to improve performance for both treatment phases.
- **Medi-Cal**
For RY 2023, the rate of 54.82% for AMM - Acute Phase of Treatment was just below the goal of 60.44% and the rate of 37.71% for AMM - Continuation Phase of Treatment also fell short of the 42.96% goal. While RY 2023 performance did not meet the goal, both Acute and Continuation performance rates showed directional improvement, leading Health Net to conclude there was still an opportunity to increase performance with AMM.

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

- **Commercial EPO/PPO**
For RY 2023, the plan saw improvement in both phases with a rate of 41.66% for ADD - Initiation Phase and a rate of 33.33% for ADD - Continuation & Maintenance Phase. Results exceeded the performance goals of 36.25% and 44.80% respectively.
- **Commercial HMO/POS**
For RY 2023, the rate of 40.93% for the ADD - Initiation Phase exceeded the goal of 35.95%, just as the rate of 47.86% for the ADD - Continuation & Maintenance Phase surpassed the goal of 45.57%.
- **Marketplace HMO/HSP**
Due to a small membership denominator (less than 30), rates for ADD – Initiation Phase and ADD – Continuation & Maintenance Phase were not reported for RY 2023.

- Marketplace PPO
Due to a small membership denominator (less than 30), rates for ADD – Initiation Phase and ADD – Continuation & Maintenance Phase were not reported for RY 2023.
- Medi-Cal
For RY 2023, the rate of 40.88% for ADD – Initiation Phase exceeded the goal of 39.78%, whereas the ADD – Continuation & Maintenance Phase rate of 47.75% fell below the goal of 51.78%. While RY 2023 performance did not meet the goal, both Initiation and Continuation & Maintenance performance rates showed directional improvement in comparison to RY 2022.

Follow-Up After Hospitalization for Mental Illness (FUH) for Discharges for Members 6 Years of Age and Older

MHN Clinical Operations case managers (CMs) continued to utilize daily MHN discharge reports to continue phone outreach for all members discharged from an inpatient psychiatric stay. From Q3-Q4, MHN achieved a 29% reach rate and engaged with 210 members out of an eligible population of 717 members. Those who connected with an MHN Clinical Operations CM reflect eligible members across the CA market who accepted referrals and also accepted at least one intervention (such as education, follow-up calls, MHN 24/7 phone number, myStrength, etc.) In Q3 2023, results of the live calls were approved for supplemental data use to identify compliant members who support evidence of FUH care gap closure.

Follow-Up After Emergency Department Visit for Mental Illness (FUM) for ED Visits for Members 6 Years of Age and Older and Follow-Up After Emergency Department Visit for Substance Use Disorder (FUA) for ED Visits for Members 6 Years of Age and Older

MHN Clinical Operations CMs continued to utilize custom ADT reports to continue with routine phone member outreach to members visiting the emergency department (ED) for a mental illness. From Q3-Q4, MHN achieved a 24.60% reach rate and engaged 108 members out of an eligible population of 439 members. MHN Clinical Operations CMs also continued to utilize custom ADT reports to continue with routine phone member outreach to members visiting the emergency department (ED) for substance abuse. From Q3-Q4, MHN achieved a 22.3% reach rate and engaged 189 members out of an eligible population of 845 members. Those who connected with a CM reflect eligible members across the CA market who accepted referrals and accepted at least one intervention (such as education, follow-up calls, MHN 24/7 phone number, myStrength, etc.).

In Q3 2023, results of the live calls were approved for supplemental data use to identify compliant members who support evidence of FUM/FUA care gap closure. Overall, the MHN Clinical Operations CMs engaged 297 members during FUA/FUM live calls during Q3-Q4.

In Q2-Q3, Health Net Quality administered FUA/FUM surveys to providers in order to identify resources they needed from the plan to address FUA/FUM performance. A total of 32 Health Net provider surveys were administered and completed in Los Angeles County and six provider surveys were completed in Sacramento County. Based on the final survey results, the main areas of support which Health Net providers requested were: (a) timely hospital notifications, (b) timely member transportation and (c) mental health provider referral information.

Additionally, in Q3 2023 the plan disseminated a PPG webinar to educate providers about the FUA/FUM best practices which yielded 190 registrants and 142 attendees.

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

The plan continued using the PHQ9 screening tool and myStrength to screen and identify members with depression. In Q2 2023 Health Net Quality implemented a myStrength member email campaign targeting Medi-Cal members in Los Angeles and Sacramento counties. A total of 72,422 emails were sent to English and Spanish speaking members, yielding an engagement rate of 17%. Case Management also partnered with our vendor Sharecare, who referred 347 members based on the PHQ2 results for the DSF/PHQ9 depression screenings, as of December 2023.

- **Commercial HMO/POS**
For measuring the percent of myStrength participants that had a positive depression screening score on the PHQ9 (PHQ9 \geq 10) between August – December 2022, the rate of 57.00% did not meet the goal of 72.80%. The goal is based on the percentage of myStrength participants that had a positive depression screening score on the PHQ9 (PHQ9 \geq 10) in calendar year 2020, across the CA Market.
- **Marketplace HMO/HSP**
For measuring the percent of myStrength participants that had a positive depression screening score on the PHQ9 (PHQ9 \geq 10) between August – December 2022, the rate of 55.24% did not meet the goal of 79.01%, given that a lower percentage is better. The goal is based on the percentage of myStrength participants that had a positive depression screening score on the PHQ9 (PHQ9 \geq 10) in calendar year 2020, across the CA Market.
- **Marketplace PPO**
For measuring the percent of myStrength participants that had a positive depression screening score on the PHQ9 (PHQ9 \geq 10) between August – December 2022, the rate of 66.67% did meet the goal of 45.45%, given that a lower percentage is better. The goal is based on the percentage of myStrength participants that had a positive depression screening score on the PHQ9 (PHQ9 \geq 10) in calendar year 2020, across the CA Market. However, the small population size for Marketplace PPO yielded big changes with small differences.
- **Medi-Cal**
For measuring the percent of myStrength participants that had a positive depression screening score on the PHQ9 (PHQ9 \geq 10) between August-December 2022, the rate of 48.15% did not meet the goal of 86.31%, given that a lower percentage is better. The goal is based on the percentage of myStrength participants who had a positive depression screening score on the PHQ9 (PHQ9 \geq 10) in the calendar 2022, across the CA Market.

3-4. Continuity and Coordination of Care

The interventions highlighted by this section indicated the plan's efforts to improve care coordination/continuity, and medication adherence for Medicare members in need of support.

Improve Transition of Care

Oversight of Transitions of Care- Medication Reconciliation Post-Discharge (TRC-MRP) processes have strengthened accountability of the measure across departments and Shared Services. Monitoring monthly trends, reviewing data submission standards, and using findings

to drive improvement activities has helped to ensure compliance with process workflows and gap closure requirements. Moreover, the TRC-MRP PPG strategy continued to foster engagement and focused discussion on tailored action plans to address barriers and drive improvement.

For MY 2023, the weight of the TRC-MRP accountability shifted to Shared Services as all our SNP members will be internally managed. As part of the SNP Model of Care, the Care Manager was the primary point of contact for transitions of care. Given this, it was important for the market to coordinate with Shared Services on prospective TRC-MRP activities to avoid duplication and maximize efforts.

At the market level, Health Net successfully updated and uploaded the TRC provider tip sheet to HN's Provider Portal for providers to utilize as a resource to ensure proper documentation and capture for all sub measures when seeing members.

Improve Part D Medication Adherence

Overall, 45% (5/11) of objectives were met, which represent an increase of 35% compared to the prior year. Given that planned pharmacy interventions implemented by Shared Services was not yielding the expected impact on the respective measure performance, the accountability shifted to the market to explore alternative approaches. As a result, additional staff were trained to conduct member and provider outreach to address medication adherence and more timely Part D reporting and trending was made available to provider groups to enhance prioritization of member outreach. For 2024, it is essential to reassess the effectiveness of these strategies and make necessary modifications to address the desired outcomes.

3-5. Access, Availability, Satisfaction, and Service

Improve Satisfaction with Quality of Care

CAHPS activities conducted in 2023 focused on supporting provider/PPG's, identifying member pain point areas, and collaborating with internal departments with the goal to improve member experience throughout the care journey. Final Medicare Star Ratings resulted in the following: H0562: 3 Star, H3561: 3 Star. Final QRS Scoring (Plan Year 2022) for CAHPS measures were non-reportable due to the low response rate.

Member CAHPS Survey

During CAHPS fielding, the CAHPS Team partnered with the Corporate CAHPS Team and SPH Analytics (the NCQA-approved CAHPS survey vendor) to administer the survey. Final results were shared with leadership, as well as cascaded out to all stakeholder departments within the organization. The CAHPS Team also conducted an off-cycle Mock CAHPS Survey as a way to get a pulse on member experience throughout the year. This also allowed the opportunity to capture results and tie them back to the member's PPG. Results from the Mock CAHPS Survey are a critical tool to shaping future CAHPS improvement initiatives that can be tailored to a specific PPG's strengths and weaknesses within member experience.

For 2024 the CAHPS Team will continue to collaborate with stakeholder teams to improve operational processes, which will in turn have a positive impact on member experience. To improve response rates for the regulatory CAHPS survey, the CAHPS team will need to work

with other departments across the organization to prevent member abrasion. Results from the Mock CAHPS survey will also help drive improvement efforts at the plan level and with high volume, low performing PPGs.

Improve Provider Access, Availability, Satisfaction and Service

Provider Appointment Availability Survey

Health Net was required to follow and monitor timely access standards set by regulators. DMHC required Commercial HMO/POS, Individual Family Plan (IFP), and Medi-Cal health plans to follow their Provider Appointment Availability Survey (PAAS) Methodology set for each measurement year. DMHC developed the PAAS survey tools for plans, which contained the survey script to be used with the PAAS methodology.

Activities:

In MY 2022, Health Net administered the DMHC PAAS to a randomly selected sample of in-network PCPs, specialists, and ancillary providers. The DMHC PAAS was also administered to Managed Health Network (MHNs) psychiatrists and non-physician mental health providers who provide behavioral health services to Health Net members. The surveys were conducted via fax, telephone, and/or email between September through December 2022. Health Net participated in the 'shared services model' with multiple health plans, using a single vendor to administer the DMHC PAAS.

Additionally, Health Net administered a separate Provider Appointment Availability Survey to capture appointment access among a wider group of PCPs and specialists, to monitor appointment access standards and fulfill reporting requirements (NCQA). The PCPs and specialists were a random sample of in-network contracted specialists.

Appendix Tables A.15 and A.16 display combined results from the DMHC PAAS and the additional Health Net PAAS for PCPs and Specialists. Results specific to specialty types are also displayed.

- Commercial HMO/POS
 - Results for both DMHC/Health Net PCPs and specialists indicate that neither group met the 70% performance goal for Urgent Care Appointments, however Non-Urgent Appointments performance goal was met for PCPs. Due to low response rates, understaffed offices with inadequate training, and an overload of surveys throughout the year, both rates exhibited statistically significant drops from the prior year.
 - High-Impact specialists (Oncology) did not meet the 70% performance goal for Urgent Care Appointments. However, Oncologists met and exceeded the 70% goal for Non-Urgent Appointments.
- Commercial IFP
 - Both DMHC and HN PCP data show that PCPs fell short of the 70% performance target for Urgent Care Appointments.
 - PCP Non-Urgent Appointments achieved the performance objective.
 - Results for Specialists surveyed indicate that specialists did not meet the 70% performance goal for Urgent Care Appointments and Non-Urgent Appointments due to low response rates.

- High-Impact specialists (Oncology) did not meet the 70% performance goal for Urgent Care Appointments. However, Oncologists, met and exceeded the 70% goal for Non-Urgent Appointments.
- Behavioral Health (Commercial HMO/POS, IFP and Medi-Cal):
 - Psychiatrists and nonphysician mental health providers did not meet the 70% performance goals for Urgent Care Appointments, however non-physician mental health providers did meet the goal for Non-Urgent Appointments.

In 2023, to help providers enhance the patient experience and improve access and service to members, the Plan offered resources such as the “Improve Health Outcomes - A Guide for Providers.” The guide provided details on Quality Improvement Activities, Performance Measures, and Online Resources for Health Care. It also included tip sheets on areas such as Timely Appointment Access, Improving Patient Care and Quality of Life, and Breast Cancer Screenings. The guide was sent to newly contracted providers as part of their onboarding package as well as contracted providers as part of the Timely Appointment Access Corrective Action Plan process. The Appointment Access tip sheet that is included in the Improve Health Outcomes Guide covers timely access standards for scheduling various types of appointments and is available by region and line of business. This assists providers in making sure the appointments scheduled meet appointment access standards, as well as Health Net’s policies and procedures. The plan also held provider training webinars from May to November 2023. The training materials emphasized timely access standards, CAP processes, survey guidelines and timeliness.

MHN is working to focus on recruitment efforts, especially in rural counties, as well as expand the scope and use of telemedicine providers. MHN will also continue with its annual timely access notifications to providers via its newsletters.

Provider Satisfaction Survey - Satisfaction with Timely Access Regulations

Health Net and MHN separately conducted annual provider satisfaction surveys, which included questions related to access and availability to solicit from physicians and mental health care providers (both MDs and Non-MDs) their perspective on service and access metrics related to the DMHC Timely Access Regulations. **Appendix Table A.17** presents results from the non-behavioral (medical) Health Net Provider Satisfaction Survey conducted for Health Net contracted physicians. **Appendix Table A.18** presents results from the MHN Provider Satisfaction Survey conducted for behavioral health care providers contracted with MHN.

Telephone Access Survey

To monitor telephone access and service, the Medi-Cal Telephone Access Survey was administered in 2022. A random sample of PCPs were selected and contacted to assess performance for two metrics: (1) Appropriate answer time: percent provider offices were able to answer phone calls within 60 seconds, and (2) ability to call back patients: percent providers call members back for non-urgent issues within one business day. Due to the COVID-19 pandemic, the survey was conducted as an annual survey in December 2021 rather than a quarterly survey as in the prior survey year. **Appendix Table A.19** displays results for MY 2022.

In MY 2022, both measures exceeded the 90% performance goal.

Health Net Provider After-Hours Availability Survey

Health Net's Provider After-Hours Availability survey (PAHAS) was fielded by telephone through a contracted vendor for Commercial HMO/POS, Commercial Exchange contracted PCPs. The survey collected responses based on two metrics used to measure performance for Access to After-Hours Care:

- Appropriate After-Hours Emergency Instructions: Percent of providers that give clear and appropriate instructions for emergency issues.
- Ability to contact on-call physician after-hours: Percent of providers that can be contacted within 30 minutes for urgent issues.

Results are displayed in **Appendix Tables A.20 and A.21**.

For Commercial HMO/POS and Exchange/IFP, the 90% goal for the measure *After-Hours Emergency Instructions* was met and showed a statistically slight decrease for both compared to the previous year. Additionally, a statistically significant increase was noted for *Ability to Contact Physician After-Hours*, although the performance goal of 90% was not met.

In 2023, Health Net continued to implement a corrective action plan for any provider group that did not meet the 90% After-Hours standards in one or both metrics.

Ongoing efforts and opportunities for 2024 include:

- For Provider Appointment Availability and After-Hours Survey results, implement a Plan generated Corrective Action Plan. Issue CAPs which outline metrics and standards not met by providers.
 - Encourage non-compliant providers to attend the provider training webinar and complete an attestation of participation and attendance.
 - Enhance CAPs to ask providers what barriers they experienced in the measurement year that affected timely access to appointments.
- Conduct quarterly outreaches to PPGs to obtain updated information on contracting with urgent care centers, reflected in the online directories.
- Send Provider Updates to alert providers of upcoming appointment and after-hours surveys (in 3rd Quarter of every year), provide results of surveys (in 2nd/3rd quarter of every year), include recommendations, tips and tools for improving after-hours access.
- Provider Network Management (PNM) quarterly and annual analysis of PCP and Specialist open practices to identify the percentage of PCPs open to new members and the percentage of specialty care practitioners open to referrals.
- Quarterly geo-access analysis to identify access issues in specific geographic areas and increase contracting efforts. In addition, Health Net continues to explore telehealth options to expand member access.
- Each year, post completion of the annual Provider Appointment Availability Survey, lists of ineligible providers are sent to the Plan's Provider Data Integrity unit to research each provider and take action to correct discrepancies in the Plan's provider data. MHN Services (MHNS) ensured the behavioral health providers that are deemed ineligible from the PAAS survey vendor are extracted and forwarded to MHNS's Provider Relations unit for research, outreach, and data correction. Additionally, the Plan has ongoing initiatives to improve provider data quality: use of a provider data validation vendor to ensure accurate demographic data, and quarterly outreach to providers and provider directory-self audits. The Plan has taken steps to notify providers of their obligation to report changes in their demographic information and that the Plan be notified of changes in active status.

- The Plan and MHNS reminds all PAAS eligible providers on a quarterly or annual basis as applicable the importance of and provider obligation to respond to the PAAS.
- The Appeals & Grievances department initiated a focused workgroup to address and evaluate the root cause of provider prior authorization issues and determine activities for improvement.

3-6. Quality and Safety of Care

Hospital Quality/Patient Safety

This initiative aimed to drive improvements on priority hospital quality metrics, with particular focus on patient safety, especially hospital-acquired infections, and maternal health, especially low-risk, first birth C-section rates. Health Net met 10 out of 12 objectives in 2023, to conduct enhanced outreach and engage poor performing hospitals, and to drive improvements in hospital-acquired infection and C-section rate performance. Health Net engaged and obtained status updates on struggling metrics from over 75% of hospitals identified as repeat poor performers, and in the process highlighted expectations on key areas of care. For the network overall, directional improvement on hospital-acquired infections has been achieved in this post-pandemic period, a positive development. Hospital-acquired infection standardized infection ratios improved with respect to hospitals meeting both the 1.0 or lower target and reduction of outliers (SIR>2.0) for CAUTI, CLABSI, and MRSA, while C.Difficile continued to perform well on both meeting the target and avoiding outliers. SSI-Colon experienced a slight decrease in hospitals meeting the target and an increase in those with outliers. This infection did not experience the declines that the other three infection types reflected nationally as well, according to The Leapfrog Group. Overall, the findings were encouraging; however, continued progress is needed to reduce the risk to patients of preventable complications.

Low-risk, first-birth C-section rate performance has also improved among network facilities that provide maternity services, but progress has been limited. Health Net engaged hospitals directly, as well as conducted member-facing outreach to encourage informed hospital choice, birth planning, and provider discussions around birth planning to support vaginal delivery. Hospital outreach highlighted the importance of equity across subgroups and the availability of tools through the California Maternal Quality Care Collaborative to stratify rates by race and ethnicity. Health Net is also working to raise awareness with hospitals and with members about the growing coverage of and interest in doula care.

Continued engagement to drive excellence and to raise performance among the lowest-performing facilities is called for, as well as collaboration across stakeholders to convey mutual expectations to hospitals and to help connect facilities to the resources and technical guidance they may need to improve. Health Net has been a leader among health plans on hospital quality and was featured on a panel of experts to address expectations in patient safety at The Leapfrog Group's Annual Meeting in Washington, DC, in December 2023. Health Net will continue to work with other State and national stakeholders to advance the mutual objective of raising the safety and effectiveness of hospital care.

Demonstrate Improvement in HEDIS Rates for DHCS MCAS Priority Measures and/or Measures Below the Minimum Performance Level (MPL)

DHCS Regulatory Projects (PIPs, SWOTs, PDSAs, QMIPs)

The DHCS implemented a new PIP process in 2023. Health Services Advisory Group (HSAG) provided a 2023-2026 PIP Overview Training to Managed Care Organizations on April 26, 2023.

- Clinical PIP: Well-Child Visits in the First 30 Months of Life – 0-15 months – Six or More Well-Child Visits (W30-6+)
 - Health Net identified 520 Black or African American members in the W30-6+ denominator in MY 2021 with a rate of 30.19%. This target population was approved by HSAG/DHCS as having an adequate denominator for the PIP.
 - Steps 1 – 6 of the PIP process were submitted to HSAG/DHCS on September 8, 2023, and minor revisions were resubmitted on November 11 2023. Health Net received 100% validation in January 2024.
 - The PIP had two AIM statements:
 - Do targeted interventions lead to statistically significant improvement in the percentage of Black or African American children 15 months of age in Fresno County that had six or more well-child visits during the remeasurement year.
 - Do targeted interventions lead to statistically significant improvement in the percentage of Black or African American children who complete three or more infant well-care visits within 120 days of life in Fresno County during the remeasurement year.
- Non-Clinical PIP: Improve the percentage of provider notifications for members with SUD/SMH diagnoses following or within 7 days of an emergency department (ED) visit.
 - Steps 1 – 6 of the PIP process were submitted to HSAG/DHCS on September 8, 2023, and minor revisions were resubmitted on December 18, 2023. Steps 1-6 are currently under review by HSAG.
 - The indicator for the non-clinical PIP was as follows: “The percentage of providers who view the provider notifications in Cozeva within 7 days for their member’s ED visit with a SUD/SMH primary diagnosis.” (based on Cozeva’s “Hospital Activity Dashboard” and adopting Cozeva) for members who had an ED visit for SUD/SMH. Cozeva was one of the analytics and reporting platforms that can communicate ADT data from facilities in a timely manner. Consequently, ensuring providers are utilizing the correct reports within Cozeva indicates that providers are being notified timely about the PIP population; this indicator tracks and confirms providers are being notified timely. The next steps include implementing steps 7 and 8 to highlight the planning of interventions.
- Quality Monitoring Improvement Program (QMIP): The California Department of Health Care Services (DHCS) implemented a new PIP process in 2023.
- Family Unit Live Call Outreach:
 - Overall, Family unit outreach demonstrated positive directional improvement, with month-to-month reach rate improvements displaying each cohort effectiveness in assisting members with scheduling appointments with one phone call for multiple family members with addressing multiple care gaps. The barriers and opportunity for improvement included hiring additional staffing to manage larger call volumes. All interventions and programs will continue in 2024, with modifications. The Medi-Cal overall call reach rate was 23% and the Exchange/Commercial call reach rate was 39%.

- W30-15 Infant Well Care Affinity Group:
 - Provider partners in San Joaquin and Stanislaus Counties distributed 33 Newborn Checklists to pregnant Health Net members in 2022. Health Net identified a significant data gap between what the providers reported for completed infant well care visits and the data received by Health Net. Providers reported 79% of Health Net deliveries completed two infant well care visits and 55% completed three infant well care visits. Health Net data identified 39% of deliveries completed two infant well care visits and 32% completed three infant well care visits.
 - Member Connections outreach to Black or African American postpartum members in San Joaquin and Stanislaus Counties had an average 50% reach rate with 55% of members reached finding the outreach helpful. MemberConnections staffing bandwidth did not allow for continuation of the outreach.
 - The Population Health team began outreach to postpartum members (many while still in the hospital post-delivery) to assist members with scheduling a postpartum appointment, an infant well care appointment and enroll members in the First Year of Life Program. An average of 47% of members already had infant well care visits scheduled and 89% of members reached enrolled in the First Year of Life Program.

Pediatric Initiatives

In Reporting Year 2023, there were six pediatric HEDIS measures that were part of the Medi-Cal MCAS that were held to the MPL: CIS-10, LSC, IMA-2, W30-15, W30-30, and WCV. A summary of Medi-Cal HEDIS performance for the pediatric measures for RY 2023 was:

- CIS-10: One of seven HN Medi-Cal counties exceeded the MPL of the 50th percentile. Six Counties were below the MPL.
- LSC: No counties met the MPL.
- IMA-2: Four of seven counties met the MPL.
- W30-15: One of seven counties met the MPL.
- W30-30: No counties met the MPL.
- WCV: One of seven counties met the MPL.

CIS-10 is a Quality Transformation Initiative (QTI) measure for Exchange. The final RY 2023 CIS-10 performance for CIS-10 Exchange HMO and PPO did not meet the 66th percentile. The Exchange HMO met the 50th percentile and the PPO met the 25th percentile.

IMA-2, W30-15 and WCC were measures that must exceed the 25th percentile for Exchange. In RY 2023, IMA-2 Exchange HMO met the 50th percentile and PPO was below the 25th percentile. W30-15 Exchange HMO and PPO were less than the 10th percentile. WCC – BMI, Nutrition and Physical Activity met the 25th percentile for HMO. For Exchange PPO, BMI and Nutrition met the 25th percentile, but Physical Activity was below the 25th percentile.

There were several projects to improve pediatric, adolescent and dental HEDIS measures in 2023.

- The Health Net Dental Director trained 55 Medi-Cal medical office staff to apply fluoride varnish in October 2023.
- The Neighborhood Initiative with WIN LA in South Central Los Angeles completed focus groups with residents to identify community barriers and strengths for completing immunizations and well care visits for infants for Black or African American families.
- Community Health Detailing project was implemented with CBOs, using Community Health Workers (CHWs) and doulas in LA County to visit provider offices promoting

cultural competency to improve infant well care visits. The project ends in February 2024.

- The HEDIS team implemented concierge calls to Exchange members turning 4 months of age with no evidence of immunizations or well-care visits. The reach rate was 30%.
- The HEDIS closed 12 of 40 CIS-10 care gaps by investigating data gaps and chasing after missing vaccine data.
- Family Unit HEDIS outreach calls: CIS-10 and WCV were anchor measures for Medi-Cal. There was an overall Medi-Cal Family Unit HEDIS outreach calls reach rate of 23%.
- The FEHB CAP activities were completed for W30 (15).
- Lead Care II Analyzers: QI provided funding for Point of Care (POC) lead analyzers and a year's supply of test kits to providers who submitted a QI EDGE fund request. QI tracking the performance of those who received a lead analyzer to monitor their performance over time. Health Net is working towards purchasing the equipment directly from a vendor. Fourteen Health Net Medi-Cal providers, many with multiple sites, received lead analyzers and test kits.
- All quarterly lead reporting and the DHCS annual lead report was completed.
- POM messaging for CIS-10 and W30 was sent to Exchange and Commercial members quarterly.
- Completed monthly POM messaging to all Exchange and Commercial members for WCV.
- Completed the barrier analysis and began implementation of activities targeting Black and Hispanic members 3-17 for WCV for a Commercial QIP. Activities included the Family Unit HEDIS outreach calls, the automated monthly POM messaging and a microsite update with WCV and culturally relevant materials.
- Health Education made live calls to members who live in close proximity to school-based immunization events that offered the HPV vaccine. Health Education conducted outreach for nine school-based immunization events, reaching 59 (15%) of the members attempted. One member had an HPV vaccine the same day as the school-based immunization event.
- The American Cancer Society trained Provider Engagement and Clinical Program Managers on 12/12/2023 on the research and resources to share with providers to encourage providers to start the HPV vaccine series at 9 years of age.
- QI implemented a multi-modal campaign for HPV initiation and SMS reminder for 2nd HPV dose for Commercial and Exchange.

Perinatal Health Initiatives

In RY 2023, there were two perinatal HEDIS measures that were part of the Medi-Cal MCAS that were held to the MPL: Prenatal and Postpartum Care (PPC-pre and PPC-post). Three of the seven counties met the 50th percentile MPL for timely prenatal care (PPC-pre). Four of the seven counties met the MPL for postpartum care (PPC-post).

Both Exchange HMO and PPO exceeded the 50th percentile for PPC-pre. Exchange HMO exceeded the 50th percentile for PPC-post and PPO exceeded the 10th percentile.

All Performance Guarantees for PPC-pre and PPC-post Commercial were met at the 50th percentile, except for Commercial Performance Guarantee that required the health plan to meet the 75th percentile for PPC-pre.

Health Net engaged in several activities to improve prenatal and postpartum care. Start Smart for your Baby (SSFB) is the Health Net prenatal program administered by Population Health for

all lines of business. Members enrolled in SSFB are more likely to complete postpartum visits, so QI referred targeted members to SSFB, including Black or African American pregnancies in specific Medi-Cal Counties and all Exchange members. The referrals were sent monthly.

Member focused interventions include a postpartum email campaign to Medi-Cal members that was completed in Quarter 3 of 2023 and outreach calls from the Population Health team to Medi-Cal members as soon as they were identified as having the baby. The overall average reach rate for the postpartum outreach calls was 83%, with 40% of the members reached reported that they already had a postpartum appointment scheduled.

A maternal health equity project in LA County was completed in 2023. A barrier analysis identified social and health literacy barriers. Members were referred to SSFB and the health plan engaged with a CBO to support their work in Black maternal health. Health Net sponsored a reproductive justice training for providers. Health Net also sent a Provider Update to Exchange obstetricians (OB) providers with maternal health equity resources.

Health Net Medi-Cal developed a Confirmation of Pregnancy Provider incentive for Medi-Cal PCPs, which was launched in Q3 of 2023. QI trained Provider Engagement and sent a Provider Update. Nine Confirmation of Pregnancy Forms were received in 2023. Six forms were completed correctly.

Improve Fall Prevention Management for Medicare Members

Activities addressed some of the barriers associated with fall risk. The provider tip sheet on the relationship between fall risk and urinary incontinence encouraged providers to ask their patients routinely if they have fallen in the past year, feel unsteady when standing or walking, and if they worry about falling. Most patients were not aware that bladder control issues can make them twice as likely to fall. This approach incorporated the Centers for Disease Control and Prevention (CDC) evidence-based STEADI (Stopping Elderly Accidents, Deaths & Injuries) initiative to help reduce fall risk among older adults into clinical practice. Fear of falling, along with other SDoH factors like loneliness and lack of companionship increased among older adults impact physical activity and mobility and increase fall risk. Future interventions should focus on breaking the cycle of falls and fear of falling, promoting increased physical activity and mobility, educating members on their modifiable risk factors, and improving access and adherence to falls prevention strategies by removing any stigma associated with falling so that older adults can get the necessary help they need to promote healthy and active aging.

Initiative: Covered California Quality Transformation Initiative (QTI)

While measures did not meet the 66th or 75th percentiles for MY 2022 (RY 2023), Health Net observed directional improvement in some of the objectives, and based on the GlidePath projections is expected to meet the 66th percentile for four of the eight indicators for MY 2023. Health Net partnered with Corporate to deploy initiatives throughout the year around CIS-10, COL, CBP and HBD for Marketplace, including:

- Launched OutcomesMTM, a pharmacy-based program with pharmacists performing blood pressure checks and A1c tests and ensuring the member's condition is under control by the end of the year.
- Sent Blood Pressure Care Kits to almost 19,000 members: everyone in the CBP denominator, plus those non-complaint on BPD and PDC-ACE/ARBs. The kits include a digital blood pressure cuff, educational resources around exercise, healthy eating, and

stress control, and a pill box. Pivoted CSRs to call members to capture blood pressure reading, and faxed results to PCP and entered into Cozeva.

- Mailed FIT and A1c kits to all non-compliant members at the end of Q4. As an enhancement, contracted with an external vendor to conduct follow-up calls to answer questions and encourage kit completion and return.
- Conducted multiple live calls, including to providers and parents of those turning two years old in Q4 missing one or two vaccines in the CIS-10 series; calling parents at birth to confirm HepB vaccine was administered at birth and to emphasize the importance of the first well-child visit; large family household calls; multiple-gap live calls; and calls to low volume providers (defined as less than 100 assigned members) to encourage Cozeva uptake.

3-7. Quality EDGE

Quality EDGE (Evaluating Data to Generate Excellence)

The EDGE Fund support has been an exceptional program. Health Net has gathered a total of 297 requests for 2023 to date across all lines of business.

- Internal processes regarding Quality EDGE support requests were updated to be inclusive of all lines of business (LOB) with the integration of the Medicare and Commercial LOBs. Commercial/Marketplace was fully integrated into the Quality EDGE process by the end of Q1 2023.
- For 2024, QI will continue to partner with the Provider Engagement and Medical Affairs teams to enhance training for Quality EDGE to include adult learning principles to be accessible in an on-demand format.

Section 4: QI Reporting

4.1 Safety Monitoring of Potential Quality of Care Issues (PQIs)

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

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

As shown in Table 4.1, Health Net received and closed 186 PQIs in 2022. The cases were completed within the 90-day turnaround time. In 2023, Health Net received and closed 87PQIs, a decline in cases from 2022. The decrease in cases from 2022 to 2023 can be attributed to

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removing the Medicare PQIs from the number of total cases received. All cases were completed within the 90-day turnaround time. The following table shows the breakdown of leveling for cases.

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

Table 4.1 2022-2023 PQI Cases

<i>PQI Level</i>	<i>2022</i>	<i>2023</i>
<i>Level 0</i>	108	40
<i>Level 1</i>	5	1
<i>Level 2</i>	63	34
<i>Level 3</i>	1	2
<i>Level 4</i>	9	10
Total Cases	332	87

Chart 4.1 2022 PQI Leveling

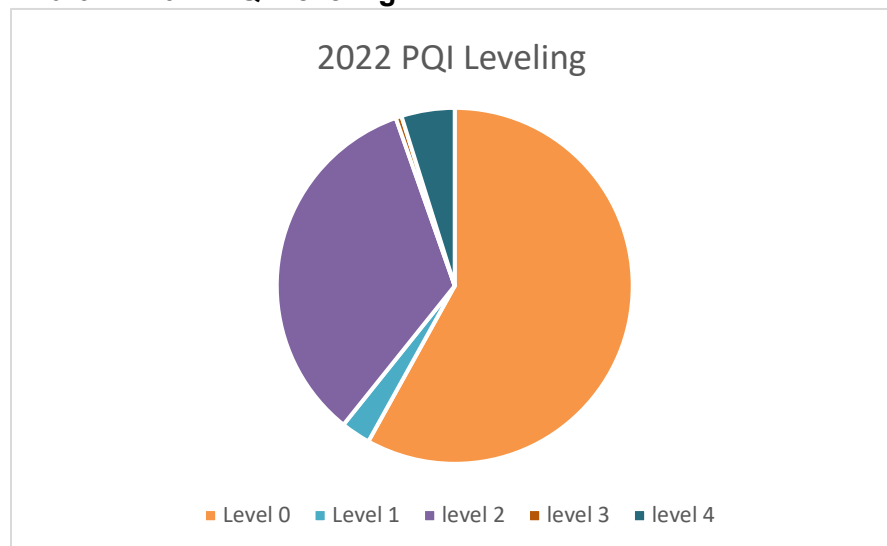
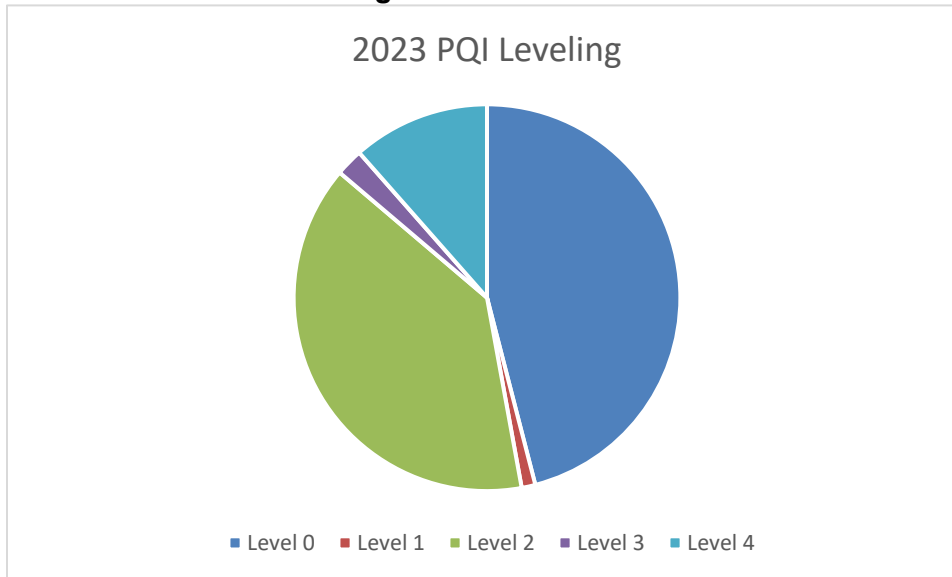


Chart 4.2 2023 PQI Leveling



4.2 Vendor Oversight

Vendor Oversight

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

2023 Delegated Vendor Auditing and Monitoring Activities

- Scorecard evaluations were conducted on ASH, TurningPoint, NIA and MHN in which determination notifications provided to members were reviewed.
- Annual audits were conducted for MHN, NIA, Envolve Vision, TurningPoint, ModivCare and ASH.
- Joint Oversight Committees (JOCs) were held quarterly in which performance metrics for all delegated vendor services was reviewed.
- Quarterly scorecard evaluations of ModivCare were conducted which included reviews of provider enrollment, PCS form and minor consent processes and verification that appropriate transportation level of service was provided.
- Vendor Oversight Committee (VOC) monthly meetings were held to analyze transportation data and trends to identify opportunities to improve member satisfaction and compliance.

Delegated Vendor Auditing and Monitoring Summary

- Delegated Utilization Management (UM) – American Specialty Health (ASH), TurningPoint, National Imaging Associates (NIA) and MHN were delegated for UM.
 - The TurningPoint annual audit resulted in a corrective action for UM – Same State Licensed Reviewer, Pend Process, Denial Letter Template, Postmark Requirements and Translation requirements. The NIA and MHN annual audit demonstrated compliance/no findings. The ASH annual audit has not been finalized.

- Delegated Credentialing – American Specialty Health (ASH), Envolve Vision (ENV) and MHN were delegated for Credentialing.
 - The ENV and MHN audit demonstrated compliance with no findings. The ASH audit has not been finalized. See below for transportation program.
- Delegated Specialty Services – The ENV audit demonstrated compliance/no findings. The remaining annual audits have not been finalized.
- Transportation Program – The quarterly scorecard evaluations of ModivCare resulted in non-compliance with the PCS form process. ModivCare has an existing corrective action for this requirement and an active remediation plan. The annual audit has not been finalized.

2024 Delegated Vendor Auditing and Monitoring Plan

For 2024, Health Net continues to perform monitoring via scorecard evaluations, quarterly JOCs, monthly ModivCare VOCs and perform annual audits of delegated services.

Table 4.1. 2024 Proposed Audit & Monitoring Schedule

<i>Delegated Vendor</i>	<i>Description of Services</i>	<i>Medicare</i>	<i>Medi-Cal</i>	<i>Commercial</i>	<i>Proposed Audit & Monitoring Schedule</i>
<i>National Imaging Associates (NIA)</i>	Advanced Radiology Services		X	X	Annual Audit: July Scorecard reviews (UM): January & May
<i>American Specialty Health (ASH)</i>	Acupuncture & Chiropractic Network	X	X	X	Annual Audit: June Scorecard review (UM): February
<i>Liberty Dental</i>	Dental Benefits Manager		X		Annual Audit: June Scorecard reviews (UM): April & November
<i>Dental Benefit Providers (DBP)</i>	Dental Benefits Manager	X		X	Annual Audit: August
<i>eviCore</i>	Sleep study and radiation therapy-oncology			X	Annual Audit: May Scorecard review (UM): January
<i>ModivCare</i>	Transportation Services: Non-Medical & Non-Emergency (NMT & NEMT)		X	X	Annual Audit: June Scorecard reviews January, April, July & October
<i>Access to Care</i>	Transportation Services NEMT, NMT	X			Annual Audit: May
<i>TurningPoint Healthcare Solutions</i>	Musculoskeletal Surgical, Cardiac Procedures and Ear Nose and Throat Utilization Management	X	X	X	Annual Audit: May Scorecard reviews (UM): February & October
<i>MHN</i>	Outpatient behavioral/mental health programs	X	X	X	Annual Audit: May
<i>CVS/Caremark</i>	Pharmacy Benefit Manager	X		X	Annual Audit: May

<i>Envolv Benefit Options (Envolv Vision)</i>	Vision Benefits Manager (Optometry & Ophthalmology)	X	X	X	Annual Audit: April
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Section 5: Summary of Key Accomplishments

2023 was a productive year for Health Net’s Quality Improvement Program. The following is a brief summary of some the key QI interventions and accomplishments for this period.

Quality Indicators and Ratings

- Health Net obtained an overall 3-Star Rating for both Medicare contracts H0562 and H3561 for Star Rating Year 2024.
- Met 25-2-2 Exclusion Policy requirements for Covered California, for both Ambetter HMO and PPO.
- Improved by one star for both Ambetter HMO and PPO QRS Global Rating (from 2 to 3 stars). On Clinical Quality Management, increased from 2 to 3 stars for PPO.

Regulatory/Accreditation Requirements and Submissions

- Maintained NCQA Health Plan Accreditation through 2025.
- Maintained Health Equity Accreditation through 2024 and HEA Plus through 2025.
- The H0562 DSNP and CSNP Models of Care were submitted for renewal in 2023 and received a passing score of 98.8%.
- Submitted D-SNP Models of Care to DHCS accounting for the new care coordination requirements outlined in the D-SNP Policy. Off-cycle MOC submissions submitted to CMS to reflect changes.
- Completed annual update submissions for our Medicare Chronic Care Improvement Programs to CMS for all applicable Medicare products.
- Documentation and reporting of the annual SNP and MMP MOC evaluations and progress towards goals.
- Completed Medi-Cal DHCS Regulatory Reports: Two Performance Improvement Projects (PIP).
- Completed submission for new cohort of DHCS Performance Improvement Projects. Required: Clinical PIP and Non-Clinical PIP.

Quality Improvement Initiatives

- MHN Live Calls were approved as a supplemental data source to support the HEDIS Follow-Up After Hospitalization after Mental Illness (FUH) 7-day measure
 - In MY 2023, of the 1598 members in the eligible population for FUH7, 548 were engaged by the MHN Live Calls; a reach rate of 34.3%.
 - MHN live calls were also be used as a supplemental data source to support FUA (Follow-up After ED Visit for Alcohol and Other Drug Abuse Dependence) and FUM (Follow-Up after ED Visit for Mental Health) metrics across the CA Market.
- Launched a large-scale Quality Improvement Project (QIP) around health equity for a large purchaser.

- Launched updated MyHealthPays member incentive to align with QTI measures. Provided \$100 per QTI screening for childhood immunizations, colorectal cancer screenings, and blood pressure screening for a total of \$422 maximum reward.
- Participated in the American Cancer Society's HPV Quality Improvement Learning Collaborative and trained Provider Engagement on the latest ACS resources for providers to start the HPV vaccine at nine years of age.
- Participated in the Diabetes Disparity project in collaboration with a provider group to provide tailored educational information to Latino diabetic members. Outreach was conducted among members with outstanding A1c tests to attend a One Stop Clinic for A1c testing at the end of 2023. Diabetes management education and educational materials (English and Spanish) were provided following testing. Of the 68 members with outstanding A1c tests contacted to attend the One Stop Clinic date, 12 members were scheduled and 7 of those 12 attended and completed A1c (and blood pressure control) tests. Social media outreach campaigns were also deployed in the last quarter of 2023 providing resources on diabetes management. Four posts were provided with resources on diet, exercise, and blood glucose levels. The campaigns were created in Spanish and English and designed to track member interface. Outcomes are being analyzed for the boosted social media campaigns.
- For Commercial/Marketplace, sent over 1.25 million emails with an average 54% read rate.
- Launched targeted initiatives for Covered CA Quality Transformation Initiative (QTI) :
 - Partnered with OutcomesMTM from July to December to close controlling blood pressure (CBP) and blood sugar control (HBD) care gaps in the pharmacy setting:
 - CBP: 10,763 total tips, with 2,752 receiving outreaches, and 458 having controlled BPs (17%).
 - HBD: 7,131 total tips, with a total of 1,719 receiving outreaches, and 156 having A1c <8% (9%).
 - Sent Care Kits to entire CBP denominator for Marketplace, plus non-compliant members on BPD and PDC-ACE/ARBs (N=18,747) in November and December.
 - Conducted member survey (N=562). Key findings include: 73% used blood pressure cuff; 77% found the materials very/extremely helpful; and 75% somewhat/strongly agreed it helped them monitor and control BP.
 - Pivoted CSRs to call members to capture blood pressure reading, and fax results to PCP from November to December. Reached 23% of members and collected latest BP reading on 4% of members (N=143).
 - Identified 40 members turning 2 years between October to December that could still complete CIS-10 series. Pivoted one CSR to first call provider to resolve data. If immunizations were not completed, CSR then called parents to help with scheduling appointment at pediatrician's office or CVS Minute Clinic.
 - Closed 30% of these care gaps (N=12). Among 23% of the potential gaps (N=9), parents were unable to reach or refused the flu vaccine(s).
 - Launched live call campaign to follow-up with members receiving an in-home A1c and/or FIT kit.
- Launched a social needs screening (SNS) survey for food insecurity via Sharecare, to support the new SNS measure.
- For Medicare, Part D Scorecards along with complete member-level care gap adherence data were generated on a weekly basis and shared with the respective provider groups.

- Call concierge team conducted medication adherence calls to members at-risk of non-adherence to educate and identify barriers.
- Launched the Medicare Partnership for Quality (P4Q) Program in Cozeva in September offering incentives to PCPs for closing care gaps (16 measures) with the potential to earn a 50% bonus increase by achieving an aggregate Star Rating of 4.0 or higher across HEDIS and Pharmacy measures.
- Developed a stop gap process to share comprehensive CA ADT data with Shared Services enabling timely transitions of care member outreach.
- Collaborated with the American Heart Association (AHA) on implementation of the Check Change Control Program that included a large SMS campaign to 22,880 Commercial and Marketplace members with overall engagement rate of 10%, email campaign to 4,412 Medicare members with a read rate of 37% and four in-person bilingual Connect Session held at the Community Resource Center in East LA averaging 16 participants per session.
- Conducted OMW outreach to providers and members that yielded 65 supplemental hits toward care gap closure.
- Rapidly implemented Medicare Q4 year-end push initiatives to drive performance improvement, including but not limited to, reprioritized member and provider outreach by various call concierge teams, partnerships with new vendors to address hard-to-engage populations, capture of member-reported digital BP readings for care gap closure, as well as upload of supporting documentation into Cozeva for targeted measures.

Quality Improvement Department and Program

- Completed integration of Commercial/Marketplace line-of-business into Quality EDGE.
- Kicked off the launch of the Health Net employee wellness program Healthy Living@Health Net. There were 13 Well-being champions who reached 323 team members with monthly well-being content. Two Healthy Pathways challenges were launched, one hydration with 53 participants and one on sleep with 24 participants. Four custom webinars were held on the topics of Healthy eating, Sleep, Mindful Meditation and Mental health at the holidays. “Let’s Walk” a virtual walking program was launched with 48 registered participants. The SharePoint site had 112 unique visitors with 3,320 site visits.
- Monthly Wellness Webinar series continued to have high attendance. In 2023, there were on average 508 individuals who registered for the webinars and 283 participants that attended. In December, began offering a sign language interpreter for the monthly wellness webinar series.
- Launched new Quality Governance Committee, chaired by the Senior Director of Quality Improvement.

Section 6: Annual QI Program Changes

Based on this evaluation, Health Net’s Quality Management department effectively met safe clinical practice goals, had adequate resources, and a strong QI Committee structure, which included productive practitioner participation and effective leadership. To ensure more alignment across all lines of business, Quality Management will continue as a centralized department, serving multiple business functions, and will continue to leverage Corporate Centene materials, activities, and reporting along with its internal processes. In 2023, we fully executed the Program Owners and Drivers (POD) structure to:

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- Gain efficiencies across various teams and lines of business.
- Streamline operations and reduce duplication within and across teams/programs.
- Improve the design and grouping of programs to achieve strategic outcomes/goals.
- Foster collaboration and align teams.
- Create more opportunities for innovation and growth.
- Share best practices across lines of business

Each POD was overseen by a manager/director, led by a Program Manager III, and included a Quality Improvement Specialist/Program Manager II and Health Education/Wellness lead. Leads from the Health Equity and QIRA teams served as consultants, with additional SMEs and consultants brought in as needed. Each POD will focus on one of the following areas:

- Behavioral Health
- Chronic Conditions
- Hospital Quality/Overuse
- Pharmacy
- Pediatrics/Maternal/Women's Health
- Member Engagement
- Preventive Health
- Provider Engagement.

This approach will continue to strengthen Health Net's standardized approach to quality improvement.

Section 7: Appendix

Based on the results of the 2023 QI Annual Evaluation, the following continue to be areas of focus for improvement across all lines of business for 2024:

Table A.1. Opportunities for 2024 by Category

Adult Health Opportunities	Maternal Health Opportunities
<p>Chronic Care</p> <ul style="list-style-type: none"> Asthma Medication Ratio (AMR) ●●●● Beta Blocker after a Heart Attack (PBH) ●●●● Diabetic Eye Exam (CDC-DRE) ●●●● Diabetic HbA1c Testing (CDC-HT) ●●●● Controlling Blood Pressure (CBP) ●●●● Management of Osteoporosis (OMW) ● <p>Preventive Care Opportunities</p> <ul style="list-style-type: none"> Breast Cancer Screening (BCS) ●●●● Flu Vaccination (CAHPS) ●●●● Cervical Cancer Screening (CCS) ●●●● Colorectal Cancer Screening (COL) ●●●● 	<ul style="list-style-type: none"> Improve Timelines of Women Receiving Care (PPC) <ul style="list-style-type: none"> Prenatal Care (within 1st trimester or 42 days of new health plan) ●●●● Postpartum Care (21-56 days) ●●
Child/Adolescent Health Opportunities	
<ul style="list-style-type: none"> Children Under 2 Years Completing Immunizations (CIS-10) ●●●● Child and Adolescent Well-Care Visits for 3-18 Years of Age (WCV) ●●●● Improve Immunization Status for Adolescents (IMA-2) ●●●● Weight Assessment and Counseling (WCC) ●●●● 	
Behavioral Health Opportunities	
<ul style="list-style-type: none"> Antidepressant Medication Management – Acute Phase (AMM) ●●●● Antidepressant Medication Management – Continuation Phase (AMM) ●●●● Follow-Up After Hospitalization – 7 Days (FUH) ●●●● Follow-Up After Hospitalization – 30 Days (FUH) ●●●● Initiation of Alcohol and Other Drug Dependence Treatment (IET) ●●●● Engagement of Alcohol and Other Drug Dependence Treatment (IET) ●●●● Follow-Up for Children Prescribed ADHD Medication – Initiation (ADD) ●●●● Follow-Up for Children Prescribed ADHD Medication – Continuation and Maintenance (ADD) ●●●● 	
Member Experience – CAHPS Opportunities	Provider Surveys Opportunities
<ul style="list-style-type: none"> Getting Care Quickly ●●●● Getting Needed Care ●●●● Rating of Quality of Care ●●●● Rating of Care Coordination ●●●● Customer Service ●● 	<p>PAAS</p> <ul style="list-style-type: none"> Non-Urgent and Urgent Care Appointments for PCPS and Specialists (non-BH) ●●●● Non-Urgent and Urgent Care Services with Specialists (BH and non-BH) ●●●● <p>PAHAS</p> <ul style="list-style-type: none"> Ability to contact on-call physician after-hours within 30 minutes ●●●● <p>PSS</p> <ul style="list-style-type: none"> All measures for non-behavioral health responders. ●●●●

Medicare	●
Commercial	●
Exchanges	●
Medi-Cal	●

Table A.2. Summary of Outcomes by Category - Medicare, Commercial, Exchanges (RY 2023)

Category	Medicare		Commercial		Exchanges		Total	
	N	%	N	%	N	%	N	%
Adult Chronic Care	9/14	64.29%	2/16	12.5%	2/10	12.5%	13/40	32.50%
Adult Preventive Care and Utilization	6/10	60.00%	0/12	0%	0/12	0%	6/34	17.65%
Adult Survey (CAHPS)	1/9	11.11%	3/10	30%	2/8	25%	6/27	22.22%
Provider Surveys	N/A	N/A	28/48	58.33%	N/A	N/A	28/48	58.33%
Older Adults	7/13	53.85%	N/A	N/A	N/A	N/A	7/13	53.85%
Maternal and Child Care	N/A	N/A	1/14	7.14%	0/14	0%	1/28	3.57%
Behavioral Health	2/12	16.67%	0/16	0%	2/12	16.67%	4/40	10%
Total	25/58	43.10%	34/116	29.31%	6/56	10.71%	65/230	28.26%

Table A.3. Summary of Outcomes by Category - Medi-Cal (RY 2023)

Category	Medi-Cal	
	N	%
Adult Chronic Care	1/7	14.29%
Adult Preventive Care and Utilization	1/5	20%
Adult Member Survey (CAHPS)	3/9	33%
Provider Surveys	8/8	100%
Maternal and Child Care	3/6	50%
Behavioral Health	0/4	0%
Total	16/39	41.03%

Note: Quality of Care HEDIS metrics are based on Accreditation plan level rates.

Table A.4. Progress to RY 2023 Goals – Adult Chronic Care Outcomes (HEDIS)

MEASURE	Medicare				Commercial				Exchanges				Medi-Cal			
	CA HMO	Goal Met	CA HMO H3561	Goal Met	CA HMO	Goal Met	CA PPO	Goal Met	CA EX HMO/HSP	Goal Met	CA EX PPO	Goal Met	CA EX EPO	Goal Met	CA MCL	Goal Met
Asthma Medication Ratio	N/A		N/A		76.57%		82.16%		70.68%		68.22%		N/R		57.31%	
COPD – Corticosteroid	67.17%		66.67%		79.66%		50.00%		N/R		N/R		N/R		61.53%	
COPD – Bronchodilator	81.93%		80.95%		84.75%		50.00%		N/R		N/R		N/R		86.49%	
Beta Blocker after Heart Attack	91.84%	✓	81.25%		79.39%		60.00%		N/R		N/R		N/R		67.45%	
Diabetes – Eye Exam	83.70%	✓	77.86%	✓	60.58%		39.42%		49.15%		26.04%		N/R		55.47%	
Diabetes – Kidney Monitoring	63.96%	✓	63.76%	✓	59.49%	✓	41.82%		57.15%	✓	48.34%	✓	N/R		47.40%	
Diabetes – Blood Sugar Control	82%	✓	82%	✓	64.96%		63.99%	✓	60.12%		55.72%		N/R		N/A	
Controlled Blood Pressure	74.21%	✓	73.97%	✓	61.31%		47.20%		61.01%		58.05%		N/R		62.47%	✓

N/A – Not Applicable
 NR – Not reported due to small denominator

^Administrative rate only

Table A.5. Progress to RY 2023 Goals – Adult Preventive Care and Utilization Outcomes (HEDIS)

MEASURE	Medicare				Commercial				Exchanges				Medicaid			
	CA HMO	Goal Met	CA HMO H3561	Goal Met	CA HMO	Goal Met	CA PPO	Goal Met	CA EX HMO/HSP	Goal Met	CA EX PPO	Goal Met	CA EX EPO	Goal Met	CA MCL	Goal Met
Breast Cancer Screening	77.20%	✓	72.57%	✓	77.08%		70.43%		68.93%		51.61%		N/R		52.77%	
Colorectal Cancer Screening	74.70%	✓	71.53%	✓	58.15%		54.26%		53.04%		39.90%		N/R		32.29%	
Cervical Cancer Screening	N/A		N/A		76.36%		74.71%		64.27%		57.18%		N/R		58.52%	✓
Flu Vaccine	75%	✓	64%		59.22%		55.30%		44.90%		49.0%		N/R		16.54	
Low Back Pain	N/A		N/A		77.29%		76.86%		76.83%		70.83%		N/R		75.69%	
Avoid Antibiotics for Bronchitis	28.40%		29.55%		45.03%		51.62%		35.54%		36.82%		N/R		49.64%	
Prevent Readmission	11%		10%	✓	**		**		**		**		N/R		N/A	

N/A – Not Applicable
 NR – Not reported due to small denominator
 **Observed to expected ratio
 ^Administrative rate only

Table A.6. Progress to RY 2023 Goals – Adult Survey Outcomes (CAHPS)

MEASURE	Medicare				Commercial				Exchanges				Medicaid			
	CA HMO	Goal Met	CA HMO H3561	Goal Met	CA HMO	Goal Met	CA PPO	Goal Met	CA EX HMO/HSP	Goal Met	CA EX PPO	Goal Met			CA MCL	Goal Met
Getting Needed Care	76%		76%		73.9%		69.9%	✓	62.9%		59.8%				75.3%	

Getting Care Quickly	75%	✓	72%		71.7%		68.6%		63.1%		55.6%				75.3%	✓
Care Coordination	82%		NR		78.2%		84.1%	✓	74.7%		73.7%				85.7%	✓
Rating of Health Care	85%		81%		48.6%		46.7%		73.5%	✓	74.7%	✓			49.5%	✓
Customer Service	87%		87%		76.3%		70.6%	✓	N/A		N/A				88.1%	✓

N/A – Not Applicable
NR – Not reported due to small denominator
^Administrative rate only

Table A.7. Progress to RY 2023 Goals – Older Adult Outcomes (HEDIS)

MEASURE	Medicare			
	CA HMO	Goal Met	CA HMO H3561	Goal Met
Fall Risk Management	56%		71%	✓
Urinary Incontinence Management	47%	✓	NR	
Monitoring Physical Activity	55%	✓	59%	✓
Medication Reconciliation Post-Discharge	70.32%	✓	65.94%	
Management of Osteoporosis	56.16%	✓	48.21%	
Older Adults – Assess Functional Status	N/A		N/A	
Older Adults – Assess Pain	89%		84%	
Older Adults – Medication Review	97%	✓	92%	

N/A – Not Applicable
NR – Not reported due to small denominator

Table A.8. Progress to RY 2023 Goals – Maternal and Child Health Outcomes (HEDIS)

MEASURE	Commercial				Exchanges						Medi Cal	
	CA HMO	Goal Met	CA PPO	Goal Met	CA EX HMO/ HSP	Goal Met	CA EX PPO	Goal Met	CA EX EPO	Goal Met	CA MCL	Goal Met
Prenatal Care	93.15%		84.40%		90.37%		86.45%		N/R		^86.74%	
Postpartum Care	90.41%		84.40%		81.85%		71.03%		N/R		78.85%	✓
Childhood Immunization Status – Combo 2	N/R		N/R		N/R		N/R		N/R		N/A	
Childhood Immunization Status – Combo 3	81.77%		71.33%		N/R		N/R		N/R		53.68%	
Childhood Immunization Status – Combo 10	55.97%		36.56%		46.15%		45.45%		N/R		25.83%	
Immunizations for Adolescents – Combo 2 (IMA-2)	41.85%	✓	29.19%		29.56%		14.65%		NR		34.721%	✓
Weight Assessment and Counseling – BMI Percentile	73.18%		72.86%		70.10%		67.49%		N/R		88.19%	✓
Weight Assessment and Counseling – Counseling for Nutrition	64.58%		N/R		63.66%		59.31%		N/R		N/A	
Weight Assessment and Counseling – Counseling for Physical Activity	57.81%		N/R		61.08%		56.33%		N/R		N/A	

N/A – Not Applicable
 NR – Not reported due to small denominator
 ^Administrative rate only

Table A-9. Progress to RY 2023 Goals – Behavioral Health Outcomes (HEDIS)

MEASURE	Medicare				Commercial				Exchanges				Medi-Cal			
	CA HMO	Goal Met	CA HMO H3561	Goal Met	CA HMO	Goal Met	CA PPO	Goal Met	CA EX HMO/HSP	Goal Met	CA EX PPO	Goal Met	CA EX EPO	Goal Met	CA MCL	Goal Met
Antidepressant Management – Acute Phase	80.08%		80.51%		71.15%		71.73%		69.73%		66.58%		N/R		54.82%	
Antidepressant Management – Continuation Phase	60.33%		58.67%		56.75%		61.99%		52.08%		49.49%		N/R		37.71%	
Follow-Up After Hospitalization for Mental Illness – 7 days	37.50%	✓	27.72%		48.01%		40.38%		42.28%		32.11%		N/R		N/A	
Follow-Up After Hospitalization for Mental Illness – 30 days	53.47%	✓	41.58%		69.22%		64.42%		69.80%		61.47%		N/R		N/A	
Initiation of Alcohol and Other Drug Treatment	13.03%		18.05%		28.55%		34.05%		33.97%		42.92%	✓	N/R		N/A	
Engagement of Alcohol and Other Drug Treatment	1.13%		1.68%		11.09%		12.21%		11.62%		18.40%	✓	N/R		N/A	
Follow-Up for Children on ADHD Medication – Initiation	N/A		N/A		40.94%		41.67%		N/R		N/R		N/R		40.88%	
Follow-Up for Children on ADHD Medication – Continuation and Maintenance	N/A		N/A		47.86%		33.33%		N/R		N/R		N/R		47.75%	

N/A – Not Applicable
 NR – Not reported due to small denominator
 ^Administrative rate only

Table A-10. Medicare RY 2023 CAHPS Survey Summary

MEASURE		CA Medicare H0562					CA Medicare H3561				
		2022 CMS Final		2023 CMS Final			2022 CMS Final		2023 CMS Final		
		Score	Star	Score*	Diff.	Star**	Score	Star	Score*	Diff.	Star**
C03	Annual Flu Vaccine	77	4	75	-2	4	74	3	64	-10	2
C22	Getting Needed Care	81	3	76	-5	2	78	2	76	-2	2
C23	Getting Care Quickly	74	2	75	1	2	72	1	72	0	2
C24	Customer Service	87	1	87	0	1	84	1	87	3	1
C25	Rating of Health Plan	85	2	85	0	2	86	2	82	-4	1
C26	Rating of Health Care Quality	85	3	85	0	2	82	1	81	-1	1
C27	Care Coordination	84	2	82	-2	1	81	1	N/A	N/A	N/A
D07	Rating of Drug Plan	85	2	85	0	3	85	2	85	0	2
D08	Getting Needed Prescription Drugs	88	2	88	0	2	85	1	86	1	1

* 2022 and 2023 scores are case-mix adjusted mean scores provided by CMS.

** 2022 and 2023 star ratings are final provided by CMS.

Table A.11. Commercial HMO/POS RY 2023 CAHPS Survey Summary

Commercial HMO/POS	2022 Final		2023 Final	
	Rate	Percentile	Rate	Percentile*
Getting Needed Care	76.2%	<5th	73.9%	<5th
Getting Care Quickly	74.1%	5th	71.7%	<5th
How Well Doctors Communicate	94.2%	10th	89.6%	<5th
Customer Service	80.8%	<5th	76.3%	<5th
Claims Processing	76.9%	<5th	79.6%	<5th
Care Coordination	85.0%	50th	78.2%	10th
Rating of Health Care Quality	77.4%	25th	48.6%	<5th
Rating of Personal Doctor	83.1%	25th	63.5%	<5th
Rating of Specialist	81.2%	10th	66.4%	<5th
Rating of Health Plan	65.7%	25th	41.7%	<5th

<i>Annual Flu Vaccine</i>	66.2%	75th	59.2%	50th
<i>Advising Smokers and Tobacco Users to Quit</i>	61.4%	75th	73.3%	75th
<i>Discussing Cessation Medications</i>	36.8%	75th	46.7%	75th
<i>Discussing Cessation Strategies</i>	33.3%	75th	46.7%	75th

*2023 Percentile is based on final top box rate against 2023 National Quality Compass percentile cut points (non-PPO and PPO). All the 4 Overall Rating measures are rates of the top 8, 9, 10 categories. The QC HMO and PPO benchmark for the smoking measures was not reported/provided by NCQA due to low response rates across plans.

Table A.12. Commercial PPO/EPO RY 2023 CAHPS Survey Summary

Commercial PPO/EPO	2022 Final		2023 Final	
	Rate	Percentile	Rate	Percentile*
<i>Getting Needed Care</i>	69.8%	<5th	69.9%	<5th
<i>Getting Care Quickly</i>	70.9%	<5th	68.6%	<5th
<i>How Well Doctors Communicate</i>	95.6%	25th	94.3%	10th
<i>Customer Service</i>	61.8%	<5th	70.6%	<5th
<i>Claims Processing</i>	76.7%	<5th	67.2%	<5th
<i>Care Coordination</i>	77.3%	<5th	84.1%	50th
<i>Rating of Health Care Quality</i>	70.7%	10th	46.7%	<5th
<i>Rating of Personal Doctor</i>	83.9%	25th	73.7%	<5th
<i>Rating of Specialist</i>	86.0%	50th	62.6%	<5th
<i>Rating of Health Plan</i>	55.6%	<5th	31.1%	<5th
<i>Annual Flu Vaccine</i>	51.3%	25th	55.3%	50th
<i>Advising Smokers and Tobacco Users to Quit</i>	60.6%	75th	57.1%	75th
<i>Discussing Cessation Medications</i>	41.2%	75th	25.0%	75th
<i>Discussing Cessation Strategies</i>	41.2%	75th	12.5%	75th

*2023 Percentile is based on final top box rate against 2023 National Quality Compass percentile cut points (non-PPO and PPO). All the 4 Overall Rating measures are rates of the top 8, 9, 10 categories. The QC HMO and PPO benchmark for the smoking measures was not reported/provided by NCQA due to low response rates across plans.

Table A-13. Exchanges HMO and PPO RY 2023 CAHPS Survey Summary

Measure	Exchanges HMO					Exchanges PPO				
	2022 QHP Final		2023 QHP Final			2022 QHP Final		2023 QHP YTD		
	Score	Percentile	Score	Diff.	Percentile	Score	Percentile	Score	Diff.	Percentile
<i>Access to Care</i>	65.9%	<5th	65.1%	-0.8%	10th	61.8%	<5th	59.8%	-2.0%	<5th
<i>Getting Care Quickly</i>	65.0%	N/A	63.1%	-1.9%	N/A	59.0%	N/A	55.6%	-3.4%	N/A
<i>Getting Needed Care</i>	69.0%	N/A	62.9%	-6.1%	N/A	64.5%	N/A	62.5%	-2.0%	N/A
<i>Care Coordination</i>	85.3%	75th	74.7%	-10.6%	<5th	74.5%	<5th	73.7%	-0.8%	<5th
<i>Cultural Competence</i>	61.1%	N/A	58.7%	-2.4%	N/A	60.3%	N/A	56.2%	-4.1%	N/A
<i>Access to Information</i>	51.4%	75th	53.1%	1.7%	50th	36.5%	<5th	51.5%	15.0%	50th
<i>Annual Flu Vaccine</i>	47.8%	50th	44.9%	-2.9%	25th	43.2%	10th	49.0%	5.8%	25th
<i>Assistance Smoking and Tobacco Use Cessation</i>	40.4%	N/A	55.7%	15.3%	N/A	59.5%	N/A	N/A	N/A	N/A
<i>Rating of All Health Care</i>	69.4%	<5th	73.5%	4.1%	5th	59.4%	<5th	74.7%	15.3%	5th
<i>Rating of Personal Doctor</i>	84.8%	10th	82.2%	-2.6%	<5th	76.3%	<5th	86.2%	9.9%	10th
<i>Rating of Specialist</i>	74.4%	<5th	77.5%	3.1%	<5th	75.5%	<5th	87.5%	12.0%	75th
<i>Rating of Health Plan</i>	74.0%	75th	70.7%	-3.3%	50th	61.4%	5th	65.1%	3.7%	10th
<i>Plan Administration</i>	67.4%	25th	63.2%	-4.2%	5th	36.5%	<5th	55.8%	19.3%	<5th

* 2022 and 2023 QHP final scores are case-mix adjusted scores (in normal font) and scaled mean scores (in italics).

The 2023 percentile is based on the displayed score against the 2023 QHP Proof Sheet benchmark.

No 2023 benchmark for the measures *Getting Care Quickly*, *Getting Needed Care*, *Cultural Competence*, and *Assistance Smoking and Tobacco Use Cessation*.

Table A-14. Medi-Cal RY 2023 CAHPS Survey Summary

Medi-Cal (Adult)	2022 Final		2023 Final	
	MEASURE	Rate	Percentile	Rate
<i>Getting Needed Care</i>	77%	10th	75.3%	10th
<i>Getting Care Quickly</i>	68%	<5th	75.3%	10th
<i>How Well Doctors Communicate</i>	88%	5th	87.7%	<5th
<i>Customer Service</i>	81%	<5th	88.1%	25th

Care Coordination	75%	<5th	85.7%	50th
Rating of Health Care Quality	66%	<5th	49.5%	<5th
Rating of Personal Doctor	74%	<5th	59.9%	<5th
Rating of Specialist	78%	5th	55.9%	<5th
Rating of Health Plan	71%	5th	55.8%	<5th
Annual Flu Vaccine	33%	10th	47.7%	75th
Advising Smokers and Tobacco Users to Quit	62%	5th	71.1%	25th
Discussing Cessation Medications	36%	<5th	38.5%	<5th
Discussing Cessation Strategies	33%	<5th	28.2%	<5th

2023 Goals: Getting Needed Care Goal: 17.5th Percentile (76%), Rating of Health Plan Goal: 10th Percentile (71%). *2023 Percentile is based on 2023 National Quality Compass percentile cut points.

Table A-15. Provider Appointment Availability Results – Commercial HMO/POS (DMHC PAAS + Health Net PAAS)

Access Measure	Standard	Source	Performance Goal	MY 2021 Rate %	MY 2022 Rate %
Access to Primary Care Physicians (PCPs) - DMHC PCPs + HN PAAS					
Urgent Care Appointment with PCP	Within 48 hours of request	PAAS (DMHC, HN)	70%	56.1	51.8
Non-Urgent Appointment with PCP	Within 10 business days of request		70%	77.4	75.1
Access to Primary Care Physicians (PCPs) – DMHC PCPs					
Urgent Care Appointment with PCP	Within 48 hours of request	PAAS (DMHC)	70%	55.9	51.5
Non-Urgent Appointment with PCP	Within 10 business days of request		70%	77.0	74.7
Access to Specialty Care Physicians (SCP) – DMHC Specialists (Cardiologists, Endocrinologists, Gastroenterologists) + HN PAAS Specialists					
Urgent care services with Specialist	Within 96 hours of request	PAAS (DMHC, HN)	70%	48.1	38.5
Non-Urgent Appointment with Specialist	Within 15 business days of request		70%	65.2	53.6
Access to Specialty Care Physicians (SCP) – Cardiologists, Endocrinologists, Gastroenterologists					

<i>Urgent care services with Specialist</i>	Within 96 hours of request	PAAS (DMHC)	70%	49.9	38.2
<i>Non-Urgent Appointment with Specialist</i>	Within 15 business days of request		70%	65.4	52.6
Access to Specialty Care Physicians (SCP) – High Impact Specialists (Oncology)					
<i>Urgent care services with Specialist</i>	Within 96 hours of request	PAAS	70%	43.1	47.2
<i>Non-Urgent Appointment with Specialist</i>	Within 15 business days of request		70%	83.5	78.7
Access to Ancillary Providers - Physical Therapy, Mammogram					
Non-Urgent Ancillary Services	Within 15 business days of request	PAAS (DMHC)	70%	92.7	89.2
Access to Mental Health Providers – Psychiatrists, Non-Physician Mental Health					
<i>Urgent Care services with Specialist (Psychiatrist)</i>	Within 96 hours of request	PAAS (DMHC)	70%	42.7	39.0
<i>Non-Urgent Appointment with Specialist (Psychiatrist)</i>	Within 15 business days of request		70%	72.6	68.8
<i>Urgent Care services with NPMH Provider</i>	Within 96 hours of request		70%	54.4	57.9
<i>Non-Urgent Appointment with NPMH provider</i>	With 10 business days of request		70%	73.6	79.3
<p>Num - Numerator of the individual metric which reflects the total number of compliant responses Den - Denominator of the individual metric which reflects the total number of respondents Rate - Percent of total number of respondents who responded with compliant answers to the survey question. ↑↓Statistically significant difference between MY 2022 vs MY 2021, p<0.05.</p>					

Table A-16. Provider Appointment Availability Results – Commercial Individual/Family Plan (DMHC PAAS + Health Net PAAS)

<i>Access Measure</i>	<i>Standard</i>	<i>Source</i>	<i>Performance Goal</i>	<i>MY 2021 Rate (%)</i>	<i>MY 2022 Rate (%)</i>
Access to Primary Care Physicians (PCPs) - DMHC PCPs + HN PAAS					
<i>Urgent Care Appointment with PCP</i>	Within 48 hours of request	PAAS	70%	59.5	55.1
<i>Non-Urgent Appointment with PCP</i>	Within 10 business days of request	(DMHC, HN)	70%	80.4	77.3
Access to Primary Care Physicians (PCPs) – DMHC PCPs					
<i>Urgent Care Appointment with PCP</i>	Within 48 hours of request	PAAS	70%	60.7	55.3
<i>Non-Urgent Appointment with PCP</i>	Within 10 business days of request	(DMHC)	70%	80.5	76.7
Access to Specialty Care Physicians (SCP) – DMHC Specialists (Cardiologists, Endocrinologists, Gastroenterologists) + HN PAAS Specialists					
<i>Urgent care services with Specialist</i>	Within 96 hours of request	PAAS	70%	49.4	44.8
<i>Non-Urgent Appointment with Specialist</i>	Within 15 business days of request	(DMHC, HN)	70%	67.6	62.6
Access to Specialty Care Physicians (SCP) – Cardiologists, Endocrinologists, Gastroenterologists – DMHC Only					
<i>Urgent care services with Specialist</i>	Within 96 hours of request	PAAS	70%	52.7	
<i>Non-Urgent Appointment with Specialist</i>	Within 15 business days of request	(DMHC)	70%	68.1	62.4
Access to Specialty Care Physicians (SCP) – High Impact Specialists (Oncology)					
<i>Urgent care services with Specialist</i>	Within 96 hours of request	PAAS	70%	34.9	42.2
<i>Non-Urgent Appointment with Specialist</i>	Within 15 business days of request	(HN)	70%	84.8	75.6
Access to Ancillary Providers - Physical Therapy, Mammogram					
<i>Non-Urgent Ancillary Services</i>	Within 15 business days of request	PAAS (DMHC)	70%	92.8	92.5
Access to Mental Health Providers – Psychiatrists, Non-Physician Mental Health					

<i>Urgent Care services with Specialist (Psychiatrist)</i>	Within 96 hours of request	PAAS (DMHC)	70%	42.7	41.2
<i>Non-Urgent Appointment with Specialist (Psychiatrist)</i>	Within 15 business days of request		70%	72.6	68.1
<i>Urgent Care services with NPMH Provider</i>	Within 96 hours of request		70%	54.4	58.3
<i>Non-Urgent Appointment with NPMH provider</i>	With 10 business days of request		70%	73.6	81.0

Num - Numerator of the individual metric which reflects the total number of compliant responses
Den - Denominator of the individual metric which reflects the total number of respondents
Rate - Percent of total number of respondents who responded with compliant answers to the survey question.
 ↑↓Statistically significant difference between MY 2022 vs MY 2021 p<0.05

Table A-17. Provider Satisfaction Survey Results – Commercial HMO-POS, Medi-Cal

<i>Access Measure</i>	<i>Source</i>	<i>Commercial HMO-POS</i>	
		<i>MY 2021 (%)</i>	<i>MY 2022 (%)</i>
<i>Referral and/or prior authorization process</i>	Health Net Provider Satisfaction Survey	70.0	72.8
<i>Access to urgent care</i>		73.3	82.6
<i>Access to non-urgent primary care</i>		73.6	80.4
<i>Access to non-urgent specialty services</i>		70.4	75.4
<i>Access to non-urgent ancillary diagnostic & treatment services</i>		69.6	79.3
<i>Access to current and accurate provider directory data</i>		66.2	70.1

Table A-18. Provider Satisfaction Survey Results (Behavioral Health) - Commercial

<i>Network: CA Commercial (MHN Standalone, HMO, PPO, EPO)</i>	<i>% Satisfied or Very Satisfied</i>	
	<i>2021</i>	<i>2022</i>
<i>Accessibility and Availability</i>		
<i>Availability of interpreter services for members inquiring about BH services with you</i>	96%	97%
<i>Availability of interpreter services for patients during treatment/evaluation with you</i>	97%	97%
<i>Availability of MHN case management services to assist your patients</i>	94%	93%
<i>Ease of access to MHN's 24-hour clinical call center to support your patients</i>	95%	95%
<i>Ease of obtaining non-urgent ancillary diagnostics or treatment for your patients</i>	91%	92%
<i>Access to intensive outpatient/partial hospital behavioral health services for your patients</i>	91%	90%
<i>Access to inpatient/residential behavioral health services for your patients</i>	91%	91%
<i>MHN's ability to coordinate urgent hospital admissions for your patients</i>	93%	93%

Table A-19. Telephone Access Survey Results – Medi-Cal

<i>Access Measure</i>	<i>Standard</i>	<i>Goal</i>	<i>MY 2021 Rate (%)</i>	<i>MY 2022 Rate (%)</i>
<i>Telephone Answer Time</i>	Within 60 seconds	80%	98.9	100.0
<i>Provider Call-back for non-urgent issues during normal business hours</i>	Within one business day	80%	100.0	100.0

Table A-20. Provider After-Hours Availability Survey Results – Commercial HMO-POS

<i>Access to After-Hours Care (PCP)</i>	<i>Source</i>	<i>Standard</i>	<i>MY 2021 Rate (%)</i>	<i>MY 2022 Rate (%)</i>
<i>Appropriate After-Hours Emergency Instructions</i>	PAHAS	90%	94.2	92.7
<i>Ability to contact on-call physician after-hours within 30 minutes*</i>		90%	77.3	79.0

N = number responded to question

↑↓Statistically significant difference between MY 2022 vs MY 2021, $p < 0.05$

Table A-21. Provider After-Hours Availability Survey Results – Individual/Family Plan

<i>Access to After-Hours Care (PCP)</i>	<i>Source</i>	<i>Standard</i>	<i>MY 2021 Rate (%)</i>	<i>MY 2022 Rate (%)</i>
<i>Appropriate After-Hours Emergency Instructions</i>	PAHAS	90%	95.1	93.4
<i>Ability to contact on-call physician after-hours within 30 minutes*</i>		90%	77.1	82.0

N = number responded to question

↑↓Statistically significant difference between MY 2022 vs MY 2021, $p < 0.05$