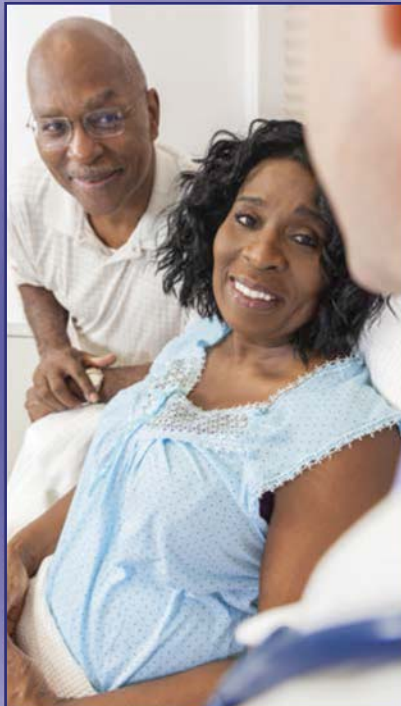




California Department of
HealthCareServices



California Department of Health Care Services

Strategic Plan 2013-2017



Mission

The Department's mission is to provide Californians with access to affordable, high-quality health care, including medical, dental, mental health, substance use treatment services, and long-term care.

Vision

Our vision is to preserve and improve the physical and mental health of all Californians.

Core Values

*Integrity
Service
Accountability
Innovation*



Message from the Director

The Department of Health Care Services is the backbone of California's health care safety net, helping millions of low-income and disabled Californians each and every day. We work hard to effectively use state and federal funds to operate the Medi-Cal program and ensure that high quality, efficient health care services are delivered to our members. Each day, our more than 3,000 employees work in pursuit of our top goal – to preserve and improve the health status of all Californians.

Our task is immense. We currently fund health care services for more than 8.5 million Medi-Cal members, a number that will approach 10 million with the full implementation of the Affordable Care Act (ACA). Our success is made possible only through collaboration and cooperation with dozens of partners. We work with a wide array of health care providers to supply the human touch for our Medi-Cal members. We communicate with county and federal officials to ensure that those without health coverage have access to vital health services. We collaborate with many other state agencies and organizations as we invest nearly \$70 billion for the care of low-income families, children, pregnant women, seniors, and persons with disabilities.

DHCS is constantly seeking to improve its services. For example, to make our services easier to access as well as to become more efficient with precious state resources, we are transitioning many of our members to a more organized system of managed care, where services will be coordinated to serve the whole person with the right care at the right time, all combining to help secure better health outcomes. With managed care, we are working to ensure that Medi-Cal members have patient-centered, coordinated care and are keenly aware of their choices.

DHCS is also positioning itself to attain maximum benefit from the opportunities of the ACA. The Governor is leading California toward Medi-Cal expansion and our coverage of a significant number of newly eligible individuals. They will receive the comprehensive benefits currently provided by Medi-Cal, including medical and dental care, county-administered comprehensive specialty mental health services, county-supported substance use disorder services, and long-term care services.

Our new strategic plan is our guide to determine the appropriate strategies that will help us capitalize on upcoming changes to health care delivery, while allowing us to maximize our efficiency and our positive impact on the health care system. The strategic plan defines our strong commitments to our three main constituencies – the people we serve, the public, and our employees.

The commitments in our strategic plan support our dedication to enhancing the consumer experience, improving health outcomes, lowering the cost of care, fostering a positive work environment for DHCS employees, and adhering to our core values of integrity, service, accountability, and innovation.

We will periodically review and update our strategic plan based upon the changing health care environment. Comments and feedback on the plan are valued and will be taken into consideration as the Department moves forward with implementing the plan. Comments may be directly submitted to StrategicPlan@dhcs.ca.gov.

On behalf of all DHCS employees, we are pleased to serve the people of California and look forward to your partnership in advancing the health and well-being of residents of the Golden State.

Toby Douglas

Director

Department of Health Care Services



Introduction

The California Department of Health Care Services (DHCS) administers publicly financed health insurance and safety net programs. DHCS executive staff began its strategic plan development process in January 2012. Our efforts focused on fulfilling our mission to provide eligible Californians with access to affordable, high-quality health care, realizing our vision to preserve and improve the physical and mental health of all Californians, and sustaining our core values of integrity, service, accountability, and innovation.

From the beginning, we envisioned a strategic plan that would serve as a guide to determine the appropriate strategies that would help us capitalize on upcoming changes to health care delivery, purchasing, and innovation, while allowing us to maximize our efficiency and positive impact on the health care system. The strategic plan defines our strong commitments to our three main constituencies — the people we serve, the public, and our employees.

The commitments in our strategic plan support our dedication to enhancing the consumer experience, improving health outcomes, lowering the cost of care, fostering a positive work environment for DHCS employees, and adhering to our core values of integrity, service, accountability, and innovation.

The following pages describe DHCS' role in state government, the state's health care delivery system, and key trends that influence DHCS' programs. DHCS addresses these important issues through its mission, vision, core values, and goals.

DHCS' Role in California's Health Care Delivery System

DHCS' programs serve more than 8.5 million Californians. One in five Californians receive health care services financed or organized by DHCS, making the department the largest health care purchaser in the state. DHCS invests approximately \$70 billion in public funds to provide low-income Californians with access to affordable, high-quality health care, including medical, dental, mental health, substance use disorder services, and long-term services and supports.

DHCS programs emphasize prevention-oriented health care that promotes health and well-being. This is done to: a) serve those with the greatest health care needs through the appropriate and effective expenditure of public resources, with a focus on improving the health of all Californians; b) enhance quality, including the patient care experience, in all DHCS programs; and c) reduce the Department's per capita health care program costs. DHCS programs provide members with medical, dental, mental health, substance use disorder services, and long-term services and supports. DHCS also administers programs for underserved Californians, including farm workers and American Indian communities.



DHCS' Role in California's Comprehensive Health Care Reform

DHCS will play a major role in helping Californians realize the benefits of the Affordable Care Act (ACA). Governor Brown has committed to implementing the ACA's optional Medi-Cal expansion for uninsured, childless adults. As a result, the Department will see a significant increase in Medi-Cal enrollment and responsibility for coverage. We are putting into place effective systems that will support this growth in ways that provide quality care and yield financial benefits to the state. We are also working closely with our county partners to share the responsibility of the costs associated with maintaining a vibrant safety net and caring for those who remain uninsured after the implementation of federal health care reform in January 2014.

DHCS' Role in the California Health and Human Services Agency

DHCS is one of 13 departments within the California Health and Human Services Agency (CHHS) that provide a range of health care services, social services, mental health services, alcohol and drug treatment services, income assistance, and public health services to Californians. The CHHS Action Plan contains the following five goals that help guide DHCS' work:

- *Every child will live in a safe, stable, and permanent home, nurtured by healthy families and strong communities.*
- *Every Californian will have access to high quality, affordable health care coverage.*
- *California will support and value healthy lifestyle behaviors, particularly physical activity and healthy eating, to improve health outcomes and reverse the upward obesity trend.*
- *Disabled and aged Californians will have the opportunity to live in their own homes and communities, rather than institutional settings, in the most integrated setting possible.*
- *California will be maximally prepared to prevent and respond to natural or intentional disasters, including acts of terrorism.*

DHCS plays a significant role in achieving these goals. DHCS' strategic plan reflects the unique policy and operational contributions DHCS can make in furthering CHHS' goals.



California Department of Health Care Services Strategic Plan 2013-2017

MISSION AND VISION

The Department's mission is to provide Californians with access to affordable, high-quality health care, including medical, dental, mental health, substance use treatment services, and long-term care. Our vision is to preserve and improve the physical and mental health of all Californians.

CORE VALUES

The Department's mission and vision are imbued by its core values of integrity, service, accountability, and innovation. These core values are linked to clear professional standards for all Department managers and employees.



COMMITMENTS

The Department makes the following commitments in this strategic plan:

To the People We Serve:

The Department will:

- Improve the consumer experience so individuals can easily access high quality health care when they need it, where they need it, at all stages of life.
- Treat the whole person by coordinating and integrating medical, dental, mental health, substance use treatment services, and long-term care.
- Improve and maintain health and well-being through effective prevention and intervention.
- Develop effective, efficient, and sustainable health care delivery systems.

To the Public:

The Department will:

- Ensure there is a viable health care safety net for people when they need it.
- Maintain effective, open communication and engagement with the public, our partners, and other stakeholders.
- Hold ourselves and our providers, plans, and partners accountable for performance.
- Be prudent, responsible fiscal stewards of public resources.

To Our Employees:

The Department will:

- Foster a healthy, positive, and respectful work environment.
- Focus on communication, collaboration, teamwork, and effective decision-making.
- Recognize and show appreciation for dedication, innovation, and excellence.
- Provide opportunities for professional learning and growth.

Through our mission, vision, core values, and commitments, we will contribute to a healthier California.



Commitments, Strategies and Actions

This section defines broadly how each commitment will be achieved (the strategies) as well as the specific Department initiatives necessary to achieve each strategy (actions).

To the People We Serve:

Commitments:	Strategies:	Actions:
1. Improve the consumer experience so individuals can easily access high quality health care when they need it, where they need it, at all stages of life.	1.1 Improve the enrollment experience	1. Streamline eligibility and health plan enrollment.
		2. Monitor eligibility and access.
		3. Establish a continuous quality improvement (CQI) process to identify and address problems.
	1.2 Enhance outreach and education	1. Educate members to make better decisions about their health care.
		2. Engage in culturally-appropriate outreach and education.
	1.3 Provide efficient and effective customer service	1. Expand options for consumers to contact and receive assistance from the Department.
2. Provide easy-to-use, web-based vehicles to submit forms, applications, and payments.		
2. Treat the whole person by coordinating and integrating medical, dental, mental health, substance use treatment services, and long-term care.	2.1 Support integrated linkages between systems of care	1. Encourage coordinated and integrated delivery of medical, dental, mental health, substance use treatment services, and long-term care.
		2. Ensure every member has a medical home.
		3. Strengthen electronic health record (EHR) use, content, and system integration.
3. Improve and maintain health and well-being through effective prevention and intervention.	3.1 Address quality, population health, and outcomes across systems of care	1. Implement the Department's Quality Strategy.
		2. Improve care management by enhancing attention to primary, secondary, and tertiary prevention.
		3. Improve the quality and timeliness of data collection and analysis to enable rapid-cycle quality improvement.



To the People We Serve (continued)

Commitments:	Strategies:	Actions:
	3.2 Identify and eliminate disparities in health outcomes	<ol style="list-style-type: none"> 1. Perform ongoing assessment of health disparities. 2. Address disparities through policies and programs.
	3.3 Base clinical policies on principles of effectiveness and value	<ol style="list-style-type: none"> 1. Foster the use of evidence-based medicine throughout the care delivery system, including medical, dental, mental health, substance use treatment services, and long-term care. 2. Advance the use of methods, such as value-based purchasing, which take into account effectiveness and cost.
4. Develop effective, efficient, and sustainable health care delivery systems.	4.1 Design delivery systems and payment strategies to drive improved quality and outcomes	<ol style="list-style-type: none"> 1. Adopt and utilize evidence-based health care policies and utilization management criteria. 2. Provide effective incentives and disincentives to improve quality of care. 3. Explore and implement new models of care, including medical, dental, mental health, substance use treatment services, and long-term care.
	4.2 Through effective oversight, ensure program integrity and compliance	<ol style="list-style-type: none"> 1. Measure the health status of members to better assess successes and areas for improvement. 2. Enhance education and training for providers to improve efficiency and reduce waste. 3. Develop and utilize streamlined and, when possible, automated utilization management and oversight methods.



To the Public:

Commitments:	Strategies:	Actions:
5. Ensure there is a viable health care safety net for people when they need it.	5.1 Continuously measure access and address sufficiency of providers	1. Make it easier for providers to participate in Medi-Cal. 2. Develop payment and programmatic policies that ensure access to services.
	5.2 Manage financing to support adequate network of safety net providers	1. Ensure reimbursement and payment policies consider needs of providers serving underserved populations.
		2. Improve coordination of care to increase cost effectiveness.
		3. Maximize federal funding.
6. Maintain effective, open communication and engagement with the public, our partners, and other stakeholders.	6.1 Engage and communicate effectively with stakeholders	1. Implement processes to better manage stakeholder communication and message coordination, in advance of and during the Department's initiatives.
	6.2 Make information readily available to people who need it	1. Improve communication with stakeholders, including through various technologies and other outreach formats.
		2. Proactively communicate the value our programs provide to Californians.
7. Hold ourselves and our providers, plans, and partners accountable for performance.	7.1 Use metrics tied to performance for providers, health plans and partners	1. Ensure all contracts contain metrics of accountability.
		2. Use metrics tied to payment to drive value and quality.
		3. Strengthen contracts with managed care plans to raise their role in oversight and monitoring of their contractors.
		4. Assess the patient experience across the full range of health care services.
	7.2 Hold ourselves accountable to our core values, professional standards and commitments.	1. Define performance measures for DHCS and use them to drive continuous improvement in performance.
		2. Report publically on our performance as a Department.



To the Public: (cont.)

Commitments:	Strategies:	Actions:
<p>8. Be prudent, responsible fiscal stewards of public resources.</p>	<p>8.1 Leverage our role to drive improvements in quality and efficiency of a broader health care system</p>	<p>1. Maximize the use of project management tools to encourage improvements in quality and efficiency.</p> <p>2. Implement payment structures that support efficient health care delivery systems.</p>
	<p>8.2 Through effective oversight, ensure program integrity and compliance</p>	<p>1. Identify and prioritize areas to reduce waste, fraud, and abuse.</p>
		<p>2. Ensure that our policies and procedures support provider efficiency.</p>
		<p>3. Identify and improve high priority business practices.</p>
<p>4. Ensure oversight and compliance in:</p> <ul style="list-style-type: none"> 1) state and federal laws and regulations 2) program standards 3) contractual requirements 		



To Our Employees:

Commitments:	Strategies:	Actions:
9. Foster a healthy, positive, and respectful work environment.	9.1 Embrace our core values and professional standards, and hold people accountable to them	<ol style="list-style-type: none"> Promote our core values and professional standards throughout the organization. Provide training and coaching on core values. Provide opportunities for regular feedback on core values throughout the organization.
	9.2 Promote workplace wellness	<ol style="list-style-type: none"> Actively engage and support state employee workplace wellness efforts.
10. Focus on communication, collaboration, teamwork, and effective decision-making.	10.1 Strengthen collaboration across the organization	<ol style="list-style-type: none"> Set clear expectations by upper management on the importance of collaboration. Create a thriving culture and adopt a continuous learning model throughout the organization. Improve communication throughout the organization, using various technologies and tools.
		<ol style="list-style-type: none"> Clarify decision making roles and delegated authority throughout the organization. Provide training opportunities to support effective facilitation, collaboration, teamwork, delegation, and decision making.
	10.2 Build trust by empowering people with responsibility	<ol style="list-style-type: none"> Establish clear performance expectations at all levels. Provide timely, fair, and accurate performance feedback.
11. Recognize and show appreciation for dedication, innovation, and excellence.	11.1 Provide meaningful and specific recognition of individual and team accomplishments	<ol style="list-style-type: none"> Provide opportunities to recognize employees both formally and informally. Report publically on our performance as a Department.
		<ol style="list-style-type: none"> Encourage and create opportunities for employees to lead projects. Report publically on our performance as a Department.
12. Provide opportunities for professional learning and growth.	12.1 Encourage and create opportunities for employees to lead projects.	<ol style="list-style-type: none"> Encourage and create opportunities for employees to lead projects. Report publically on our performance as a Department.
	12.2 Invest in professional training and development	<ol style="list-style-type: none"> Use annual Individual Development Plans to help employees grow and develop professionally.



Commitments



Strategic Plan

DHCS Strategy for Quality Improvement in Health Care



Toby Douglas, Director

Release Date: December 2013

Introduction and Background

The Department of Health Care Services (DHCS) is placing a renewed emphasis on achieving high quality and optimal clinical outcomes in all departmental programs. This focus aligns closely with the Department's vision: to preserve and improve the physical and mental health of all Californians. To help achieve this vision, we are building upon the *DHCS Strategy for Quality Improvement in Health Care, 2012* (referred to hereafter as the *DHCS Quality Strategy*), which describes the goals, priorities, guiding principles, and specific programs related to quality improvement (QI). Click [here](#) to view the *DHCS Quality Strategy, 2012*.

Why the renewed emphasis on quality and outcomes in DHCS? Most importantly, we have an ethical obligation to provide the best possible care and service to Californians and to be responsible stewards of public funds. Second, the Department is implementing a five-year Section 1115 Medicaid Waiver, titled "A Bridge to Reform," that seeks to improve clinical quality through better coordination of care for vulnerable populations, care delivery redesign, population-focused interventions, and enhanced patient safety. By improving quality, these efforts will help to bend the health care cost curve. Third, on May 3, 2012, Governor Brown issued Executive Order B-19-12, establishing the Let's Get Healthy California Task Force to "develop a 10-year plan for improving the health of Californians, controlling health care costs, promoting personal responsibility for individual health, and advancing health equity."¹ In December 2012, the Task Force issued a report with recommendations for how the state can make progress toward becoming the healthiest state in the nation over the next decade, and health care system redesign was highlighted as an important goal in the report.² The *DHCS Quality Strategy* supports the goals outlined in the [Let's Get Healthy California Task Force Final Report](#) (see Appendix A for a summary of how DHCS QI activities align with the six goals of the *Let's Get Healthy California Task Force Final Report*). Finally, the Affordable Care Act (ACA) (P.L. 111-148)³ addresses many important health care quality issues in domains such as prevention and health promotion, patient safety, coordinated and complex care, community health, and new care delivery models.

Development of the DHCS Quality Strategy, 2012

The initial version of the *DHCS Quality Strategy* was developed and produced with statewide stakeholder input in November 2012, using the National Strategy for Quality Improvement in Health Care (National Quality Strategy or NQS) as a foundation and yet tailoring to the needs of the diverse California population and health care delivery system (see Appendix B for a summary of the NQS). Because QI is challenging and resource-intensive, it is important to look for areas of vertical alignment—meaning consensus at the federal, state, regional, and provider levels. The NQS used an extensive and broad stakeholder engagement process, making it a reasonable starting point for the *DHCS Quality Strategy*.

¹ Executive Order B-19-12, May 3, 2012.

² Let's Get Health California Task Force Final Report, December 19, 2012.

³ Patient Protection and Affordable Care Act, Public Law No. 111-148, enacted March 23, 2010.

Three Linked Goals

Consistent with the Institute for Healthcare Improvement's Triple Aim and the Three Aims of the NQS, the *DHCS Quality Strategy* is anchored by Three Linked Goals:

1. Improve the health of all Californians;
2. Enhance quality, including the patient care experience, in all DHCS programs; and
3. Reduce the Department's per capita health care program costs.

The Three Linked Goals are integral to the development, implementation, and ongoing updates of the *DHCS Quality Strategy*.

The Department's Seven *Quality Strategy* Priorities

The seven priorities of the *DHCS Quality Strategy* are to:

1. Improve patient safety;
2. Deliver effective, efficient, affordable care;
3. Engage persons and families in their health;
4. Enhance communication and coordination of care;
5. Advance prevention;
6. Foster healthy communities; and
7. Eliminate health disparities.

The first six priorities are similar to those in the NQS since they are relevant to public- and private-sector care delivery across many patient populations. The seventh priority, "Eliminate Health Disparities," is particularly significant for the population served by DHCS programs, including Medi-Cal, and it is very similar to the NQS Principle #3—a cross-cutting commitment to eliminate disparities due to race/ethnicity, gender, age, socioeconomic status, geography, and other factors. The order of the seven priorities does not indicate prioritization, because all are needed equally to drive QI system-wide.

Development of the *DHCS Quality Strategy*, 2013

DHCS is committed to updating the *DHCS Quality Strategy* annually to reflect the best evidence, policy, and practice in health care. To inform the development of the *DHCS Quality Strategy, 2013*, we conducted an assessment to inventory the Department's QI activities. The inventory sought to: 1) establish a Department-wide baseline of QI activities in three areas: clinical care, health promotion and disease prevention, and administration; 2) identify quality metrics collected by DHCS but which were not specifically linked to QI activities; 3) identify gaps in QI activities; and 4) obtain recommendations for future QI efforts. The baseline assessment was conducted as part of the Medi-Cal Quality Improvement Program (MCQuIP), supported through an Interagency Agreement with the Institute for Population Health Improvement (IPHI) at the UC Davis Health System. The final report is titled [*Baseline Assessment of Quality Improvement Activities in the California Department of Health Care Services: Methods and Results*](#).

Table 1 provides a high-level synthesis of DHCS QI activities gathered during and following the baseline assessment. QI activities were matched with each of the seven priorities within the *DHCS Quality Strategy* to identify areas with substantial QI activities and areas for future QI development and implementation. Some QI activities fit within one priority while others cut across two or more priorities.

Table 1 also captures QI activities currently under development. These activities will become formal QI projects in the next 1 to 3 years. Many of these activities have a well-defined problem and intervention plan, but may require additional components such as: increased data collection and analytic capacity, augmented infrastructure and funding, or, perhaps, changes in law or policy prior to being launched as formal QI projects.

Table 1

Priority 1: Improve Patient Safety

California Children's Services (CCS) Neonatal Quality Improvement Initiative: Reduce the collaborative's Central Line Associated Blood Stream Infection rate by another 25 percent among participating Neonatal Intensive Care Units (NICUs).

Payment Adjustment for Provider-Preventable Complications, including Health Care-Acquired Conditions: Vascular Catheter-Associated/Central Line-Associated Bloodstream Infections in NICUs/Pediatric Intensive Care Units (PICUs): Implement best practices of central line insertion and maintenance resulting in a decrease in preventable infections, improvement in clinical outcomes, decreased length of stay, and decreased cost.

Improve Psychotropic Medication Use for Children and Youth in Foster Care: Achieve improved psychotropic medication use for children and youth in foster care by: 1) reducing the rate of antipsychotic polypharmacy; 2) improving the antipsychotic dose prescribed to be within the recommended guidelines; and 3) improving the monitoring of metabolic risk associated with the use of antipsychotics.

California Mental Health Care Management Program Collaborative's Performance Improvement Plan: Improving Antipsychotic Medical Use in the Adult Population: Achieve improved psychotropic medication use in the adult population by reducing the rate of antipsychotic polypharmacy.

Maternal Health Quality Improvement Project, Medi-Cal Adult Quality Care Improvement Project: Reduce early elective deliveries (<39 weeks) among Medi-Cal members and in California (Related to Priority 5).

Managed Care Health Plan Quality Improvement Projects (QIPs): Improve the quality of care delivered to Medi-Cal members by DHCS-contracted managed care plans. Current QIP topics to improve patient safety include: monitoring of persistent medications; improving rates of follow-up for members who are prescribed ADHD medications; improving care for older adults, including medication review and functional status assessment; and reducing avoidable hospital readmissions (Also see QIPs for Priorities 2, 3, 4, 5, and 7). Click [here](#) for the QIP reports.

Reduce Provider-Preventable Conditions and Potentially Preventable Events System-wide (Under Development): Reduce conditions and events such as: a foreign object retained after surgery, advanced pressure ulcers, falls and trauma and surgical site infections. Also includes surgical events that involve the wrong procedure, wrong site, and/or the wrong patient.

Reduce Opiate Overdose (Under Development): Collect and analyze data and information to characterize the nature and magnitude of the opiate overdose problem and develop effective policies and programs to reduce the adverse impact of opiates.

Priority 2: Deliver Effective, Efficient, Affordable Care

Managed Care Statewide Collaborative-All-Cause Readmissions: Reduce the number of all-cause readmissions within 30 days of an acute inpatient discharge for members 21 years and older.

Managed Care Health Plan QIPs: Improve the quality of care delivered to Medi-Cal members by DHCS-contracted managed care plans. Current QIP topics to deliver effective, efficient, affordable care include: increase the percentage receiving CD4 & viral load tests for members with HIV/AIDS; improve hypertension diagnosis, anti-hypertensive medication fills among members with hypertension, and hypertension control; improve the rates of comprehensive diabetes care, including HbA1C testing and control, LDL-C screening and control, retinal eye exams, nephropathy screening, and blood pressure control; decrease the rate of ER admissions for members with persistent asthma; improve the treatment and reduce the number of hospital readmissions for members with Chronic Obstructive Pulmonary Disease (COPD); increase rates of school attendance and decrease out of home placement for seriously emotionally disturbed children; improve care for older adults, including advance care planning, and pain screening. Click [here](#) for the QIP reports.

Managed Care Healthcare Effectiveness Data and Information Set (HEDIS) Performance Improvement Project: Improve HEDIS measures that fall below the Minimum Performance Level (MPL), defined as the lowest 25th percentile of national Medicaid plans.

Delivery System Reform Incentive Payments Program (DSRIP): Support California's designated public hospitals in enhancing the quality of care and health of the patients and families they serve by transforming the delivery system. All public hospitals will improve severe sepsis detection and management and increase prevention of central line-associated bloodstream infections. Areas outside of patient safety include expansion of medical homes, expansion of chronic care management models, and integration of physical and behavioral health care, among others. View the [DSRIP website](#) for more details (Related to Priority 1).

Cal MediConnect: 1) Transition seniors and persons with disabilities into Medi-Cal Managed Care; 2) coordinate Medicare and Medi-Cal benefits across care settings; 3) maximize the ability of dually eligible individuals to remain in their homes and communities with appropriate services and supports in lieu of institutional care; and 4) minimize or eliminate cost-shifting between Medicare and Medicaid.

Eligibility and Enrollment for Medi-Cal eligible Californians: Meeting the Goals of the Affordable Care Act: Maximize enrollment of Medi-Cal eligible Californians.

Dental Managed Care QI Project: Improve performance by dental managed care plans on several dental quality measures over a one-year period: 1) annual dental visit; 2) continuity of care; 3) use of preventive services; 4) use of sealants; 5) treatment and prevention of caries; 6) exams/oral health evaluation; 7) overall utilization of dental services; and 8) usual source of care.

CCS/California Perinatal Quality Care Collaborative High Risk Infant Follow-up Quality Care Initiative (CCS/CPQCC HRIF QCI):

1) Identify infants who might develop CCS-eligible conditions after discharge from a CCS-approved NICU; and 2) improve the

Priority 2: Deliver Effective, Efficient, Affordable Care

neurodevelopmental outcomes of infants served by CCS HRIF Programs through collaboration between CMS/CCS and the CPQCC.

Pediatric Palliative Care Waiver: Provide pediatric palliative care services to allow children, who have a CCS-eligible medical condition, with a complex set of needs and their families the benefits of hospice-like services, in addition to state plan services during the course of an illness. The objective is to minimize the use of institutions, especially hospitals, and improve the quality of life for the participant and family.

HIV/AIDS Waiver: Provide services that allow persons with mid- to late-stage HIV/AIDS to remain in their homes, rather than hospitals or nursing facilities, by providing a continuum of care, resulting in improved quality of life and the stabilization and maintenance of optimal health.

Multipurpose Senior Services Program Waiver (MSSP): Foster and maintain independence and dignity in community settings for frail seniors by preventing or delaying their avoidable placement in a nursing facility. MSSP provides services to eligible clients and their families that enable clients to remain in their homes.

Assisted Living Waiver: Offer Medi-Cal eligible members the choice of residing in an assisted living setting, either a Residential Care Facility for the Elderly or Publicly Subsidized Housing, as an alternative to long-term placement in a nursing facility.

Home and Community-based Services Waiver for Californians with Developmental Disabilities: Serve Medi-Cal members with mental retardation in their own homes and communities as an alternative to placing them in hospitals, nursing facilities, or intermediate care facilities.

DHCS University: Improve the knowledge, skills, and abilities of Medi-Cal program managers, senior managers, and executives throughout the Department (Related to All Priorities).

DHCS Quality Improvement Training, Medi-Cal Adult Quality Care Improvement Project: Conduct training for DHCS supervisors and managers on the core principles of QI; and provide a nine-day longitudinal course in the application of QI methodology among DHCS clinicians and staff conducting the diabetes management and maternal QI projects (Related to All Priorities).

Managed Care Trainings: Provide training on the following topics to increase program effectiveness and monitoring capabilities: 1) Healthcare Effectiveness Data and Information Set (HEDIS) training on collecting, validating and using performance measures provided by Medi-Cal's External Quality Review Organization (EQRO); and 2) Managed Care Continuous Quality Improvement (Rapid Cycle) Methodology, provided by Hunter Gatewood.

Priority 2: Deliver Effective, Efficient, Affordable Care

Return on Investment (ROI) Manual: Quantify the value/results of Audits & Investigations by comparing cost recoveries, savings, and avoidance against the resources expended to complete the work.

Fraud Detection and Deterrence: Field Audit Reviews: 1) Ensure Medi-Cal providers are appropriately compensated based on: a) medical necessity; b) appropriateness of care; c) documentation of services rendered; d) qualifications of provider; e) Medi-Cal rules of billing; and f) statutes and regulations; and 2) identify substandard care or behavior that puts patients at risk.

Individual Provider Claims Analysis Report: Increase the accuracy of billing levels for Evaluation and Management (E & M) procedure codes and reduce inappropriate and costly claims.

Medi-Cal Payment Error Study: Accurately measure the Medi-Cal paid claims error rate for eight different groups of provider/ service types.

Improve the Accuracy of the Third Party Health Insurance Records in the Medi-Cal Eligibility Data System (MEDS): 1) Improve the accuracy of MEDS Health Insurance System and other health coverage records; and 2) provide verified Medicare/Medi-Cal (duals) eligibility to Medicare Advantage and Medicare Special Needs Plans.

Family Planning, Access, Care, and Treatment (Family PACT) Program QI/Utilization Management Monitoring Activities: 1) Identify inappropriate use of Family PACT services; and 2) identify areas where costs could be saved in the Family PACT program.

Improve Critical Access Hospital's (CAHs) Quality Reviews and Service Delivery through Multi-hospital Benchmarking :
1) Achieve at least 75 percent of CAHs use of the Kansas Hospital Association Foundation's Quality Health Indicators (QHi) for benchmarking and reporting purposes; and 2) demonstrate improvement in at least one QHi per hospital.

Improve CAHs Operational Performance through Support of Onsite Technical Assistance using the Lean Methodology :
1) Support at least 7 CAHs participation in at least one Lean project; and 2) demonstrate improvement in operational QI/Performance Improvement measures.

CAH Participation in the Medicare Beneficiary Quality Improvement Project (MBQIP) using Selected Measures from the CMS Hospital Compare (HC) Data Reporting Program: 1) Identify areas for QI through the use of CAHs reporting of MBQIP outpatient 1-7 measures; and 2) demonstrate improvement in one or more outpatient MBQIP measures.

Medi-Cal Specialty Mental Health Services for Children and Youth (Under Development): Develop a performance outcome system for Early and Periodic Screening, Diagnosis, and Treatment of mental health services for eligible children and youth that will improve

Priority 2: Deliver Effective, Efficient, Affordable Care

outcomes at the individual and system levels and will inform fiscal decision-making related to the purchase of services.

Improve Data Quality and Management to Drive Decision-making (Under Development): Enhance the quality and flow of data to support robust program evaluation, quality measurement, and drive health care and organizational decision-making.

Health Care Financing Reform: State Innovation Models (Under Development): Through the State Innovation Model (SIM) Design Grant from the Center for Medicare and Medicaid Innovation (CMMI), develop a State Health Care Innovation Plan to improve health care quality and to reward value versus volume by changing payment structures.

Reduce Overuse, Misuse, and Waste (Under Development): Facilitate the use of evidence-based care, which is not duplicative, harmful and is truly necessary through the Choosing Wisely Campaign.

Implement DHCS Kaizen Group Projects to Increase Administrative Efficiency and Effectiveness (Under Development): Initiate and implement department-wide projects initiated by the DHCS Kaizen Group, including the following: 1) develop protocols and trainings to streamline and standardize responses to incoming phone calls; 2) develop short videos to highlight prevention strategies and provide “how-to” summaries to perform administrative and program tasks; and 3) investigate and implement systems to streamline and facilitate the tracking of selected administrative activities (Related to Priorities 3, 4 and 5).

Priority 3: Engage Persons & Families In Their Health

Welltopia by DHCS Facebook Page: Maintain a DHCS Facebook Page, linking Medi-Cal members to prevention resources (e.g., nutrition, physical activity, smoking cessation, stress management, social services, and more).

Managed Care Health Plan QIPs: Improve the quality of care delivered to Medi-Cal members by DHCS-contracted managed care plans. Current QIP topics to engage persons and families in their health include: Increase the number of advanced directives, including for members with HIV/AIDS; and increase the rate of provider documentation of nutrition and physical education counseling. Click [here](#) for the QIP reports.

Member Roundtables: Conduct roundtable discussions with Medi-Cal members to understand the best ways to engage members and families in their health, with an emphasis on prevention.

Priority 4: Enhance Communication & Coordination Of Care

Managed Care Health Plan QIPs: Improve the quality of care delivered to Medi-Cal members by DHCS-contracted managed care plans. Current QIP topics to enhance communication and coordination of care include: Improve provider-patient communication to improve the patient care experience and percentage of members selecting the top rating for overall health care and personal MD in a patient satisfaction survey. Click [here](#) for the QIP reports.

Adoption of Electronic Health Records (EHRs): Increase adoption of EHRs by Medi-Cal providers to facilitate informed health care decisions at the point of care; improve care coordination and member engagement; and improve population health.

Free the Data Initiative: Improve the functionality of the DHCS website and improve internal data analytic processes to make information easier to find and more accessible to the public, staff, and stakeholders.

2011 Family PACT Client Exit Interview: Assess clients' perspective on the quality of provider/patient interaction: a) to increase the proportion of new clients who leave a visit with high efficacy contraception; and b) to increase the proportion of clients who report that the provider asked about their usual source of care.

Diabetes Quality Improvement Project, Medi-Cal Adult Quality Care Improvement Project: Improve overall diabetes management in Medi-Cal by developing and implementing a two-pronged program including both provider education and patient outreach and engagement.

Adoption of a Blue Button (Under Development): Establish for Medi-Cal members the Blue Button feature, a nation-wide initiative characterized by a blue button image displayed on patient portals and other secure web sites. The Blue Button would allow members to view and download their health information electronically, giving members control over their own health information and making it easy to share with their doctors, caregivers, or anyone else they choose.

Improve Palliative and End-of-Life Care Practices (Under Development): Emphasize the importance of quality of life in the provision of health care by engaging members, patients, and families to ensure personal preferences and values are respected.

Improve Care Coordination of Super-Utilizers (Under Development): Conduct data analysis to better understand the demographic traits, service utilization, and disease co-morbidities of the five percent of Medi-Cal members that account for approximately 50 percent of health care expenditures. This analysis will help identify potential interventions to drive breakthrough improvements in quality, health and health outcomes, and reduce costs.

Priority 5: Advance Prevention

Medi-Cal Incentives to Quit Smoking: Increase utilization of the California Smokers' Helpline among Medi-Cal members through the use of appropriate incentives.

Standard of Care for Treating Tobacco Use: Establish a minimum standard of care for treating tobacco use in the Medi-Cal Managed Care Plans by implementing the recommendations included in the *Treating Tobacco Use and Dependence: 2008 Update, Clinical Practice Guideline*.

California Access to Recovery Effort (CARE) Program: 1) Increase the rate of abstinence from alcohol and other drugs, 2) decrease criminal justice involvement, and 3) increase the rate of social connectedness among clients who receive CARE services.

Substance Use Disorder (SUD) Prevention Workforce Training: 1) Increase the number of prevention practitioners/professionals trained in SUD prevention theories and frameworks; and 2) increase the number of prevention competency curricula implemented.

Statewide Alcohol and Other Drug Prevention Outcomes: Increase the number of counties that adopt the following statewide prevention outcome measures: reduce percentage of youth reporting the initiation of alcohol use by age 15; reduce percentage of youth between 9th & 11th grades who report engaging in binge drinking within the past 30 days; and reduce the percentage of youth between 9th & 11th grades who report drinking 3 or more days within the past 30 days.

Managed Care Health Plan QIPs: Improve the quality of care delivered to Medi-Cal members by DHCS-contracted managed care plans. Current QIP topics to advance prevention include: Increase weight assessment/counseling for nutrition and physical activity for children/adolescents; improve the rates of cervical cancer screening; improve the rate of postpartum care visits; increase the rate of first prenatal visits during the first trimester of pregnancy; increase the rate of provider documentation of BMI percentiles, nutrition and physical education counseling for children and adolescents; improve children's access to primary care providers. Click [here](#) for the QIP reports.

American Indian Infant Health Initiative: Educate families on health promotion and disease prevention including: tobacco use, nutrition, alcohol and drug use, immunizations, teen pregnancy prevention, prenatal care, and sexually transmitted diseases.

Increasing Children's Use of Preventive Dental Services and Dental Sealants: 1) Increase the rate of children, ages 1-20 years, enrolled in Medi-Cal who receive any preventive dental service by 10 percentage points over a 5-year period; and 2) increase the rate of children, ages 6-9 years, enrolled in Medi-Cal who receive a dental sealant on a permanent molar by 10 percentage points over a 5-year period.

Newborn Hearing and Screening Program Quality Improvement Learning Collaborative: 1) Complete hearing screening by 1

Priority 5: Advance Prevention

month of age; 2) complete diagnostic audiologic evaluation by 3 months of age; and 3) enroll infants with hearing loss in early intervention by 6 months of age.

Core Program Performance Indicators for Every Woman Counts: 1) Ensure timely and complete diagnostic follow-up of abnormal breast and cervical cancer screening results; 2) ensure timely and complete treatment initiated for cancers diagnosed; and 3) deliver breast and cervical cancer screening to priority populations.

Family PACT Provider Profiles with Two Clinical Indicators: 1) Improve clinical quality outcomes for chlamydia screening of female members, age 25 years and younger; and 2) improve clinical quality outcomes for chlamydia targeted screening of female members over age 25 years.

2011 Family PACT Medical Record Review: 1) Assess whether family planning and reproductive health care services provided under Family PACT are consistent with program standards: a) to increase the use of effective contraceptive methods as a result of the Family PACT visit; b) to increase the proportion of clients who receive education and counseling services; c) to decrease the proportion of women who receive annual cervical cytology screening tests; and 2) determine whether the quality of services delivered under the program improved over time.

Reduce Overweight and Obesity Among Medi-Cal Members: Conduct formative research in collaboration with the California Department of Public Health's (CDPH's) Nutrition Education and Obesity Prevention Program to inform the development of a clinical and community overweight and obesity prevention model.

Increase Breastfeeding Among Medi-Cal Mothers (Under Development): Enhance infant development and well-being by improving breastfeeding rates among Medi-Cal members.

Increase Immunization Rates among Medi-Cal Members (Under Development): Enhance the prevention of infectious diseases by increasing immunization rates among children and adults.

Increase Screening of Adults for Alcohol Misuse and Provide Brief Counseling (Under Development): Promote the use of the Screening, Brief Intervention and Referral to Treatment (SBIRT) approach to screen adults for alcohol misuse and provide brief counseling.

Priority 6: Foster Healthy Communities

Increase CalFresh Enrollment among Medi-Cal Members: In collaboration with the California Department of Social Services (CDSS): 1) include CalFresh in the Covered California Single Streamlined Application; 2) link Medi-Cal members to CalFresh through DHCS social media, website, and mailings; 3) promote CalFresh in Medi-Cal enrollment materials; and 4) train Medi-Cal Application Assistants and Health Educators on the CalFresh Program and enrollment process.

Strategic Prevention Framework Incentive Program: 1) Increase the number of counties addressing underage and excessive drinking by using evidence-based environmental prevention strategies, such as retail availability, social availability, drinking and driving, and visibility of actions in the media, and measuring outcomes against a control group; and 2) decrease community-level alcohol problems in 12 intervention communities.

Friday Night Live Compliance: Increase the number of counties achieving 100 percentage compliance with the Friday Night Live Member in Good Standing process.

Priority 7 Eliminate Health Disparities

Disparity Analysis, Medi-Cal Adult Quality Care Improvement Project: Assess the data quality of key demographic characteristics that may be used for comparison of quality measures between different populations.

Managed Care Health Plan QIPs: Improve the quality of care delivered to Medi-Cal members by DHCS-contracted managed care plans. Current QIP topics to eliminate health disparities include: Reduce health disparities in the rate of provider documentation of BMI percentiles, nutrition and physical education counseling for children; reduce health disparities in perinatal access and care; and improve the rates of cervical cancer screening for seniors and persons with disabilities. Click [here](#) for the QIP reports.

“Health Disparities in the Medi-Cal Population” Fact Sheets, Highlighting the Let’s Get Healthy California Task Force Health Indicators: Develop a set of fact sheets to identify health inequalities among Medi-Cal members, and then develop initiatives to eliminate critical disparities.

Emerging QI Focus Areas

The *DHCS Quality Strategy, 2013* and successive annual updates are intended to be aspirational. We are committed, as a Department, to provide those we serve with the best possible care, striving to achieve the highest levels of health and health outcomes.

To continue to make progress toward that vision, we appreciate the need for continued innovation in science and practice. DHCS will be working on several important themes related to quality. While these concepts are at different stages of development, we believe that it is important to identify areas requiring innovation and additional planning. The emerging focus areas are described within each of the *DHCS Quality Strategy* priority areas below.

Improve Patient Safety

Reduce provider-preventable conditions through implementation of section 2702, ACA. Working closely with stakeholders, the Department will reduce preventable adverse events known as Provider-Preventable Conditions (PPCs). PPCs include events such as: a foreign object retained after surgery, advanced pressure ulcers, falls and trauma, and surgical site infections. They also include so-called never events involving surgery: wrong procedure, wrong site, and wrong patient.

Reduce Opiate-Related Morbidity and Mortality. According to national data tracked by the Centers for Disease Control and Prevention, opiate-related morbidity and mortality has increased dramatically over the last decade. The problem is complex, involving providers, patients, and, more broadly, the health care system. Besides the human toll, economic costs attributable to medical care and society, in general, are substantial. Furthermore, the magnitude of opiate-related morbidity and mortality is reportedly greater in the Medicaid population in comparison with the private sector. In response, DHCS will be convening internal and external stakeholders to develop an effective action plan to address this critical health area. The plan will include collecting and analyzing data and information to characterize the nature and magnitude of the problem in Medi-Cal and developing effective policies and programs to reduce the adverse impact of opiates.

Deliver Effective, Efficient, Affordable Care

Improve data quality and systems, data management and analytic capacity. Data and information are the foundation for the entire *DHCS Quality Strategy*. Under the senior leadership of Linette Scott, MD, MPH, DHCS' Chief Medical Information Officer (CMIO), substantial progress has been made to enhance the flow of data to drive health care and organizational decision-making. For example, in December 2012, DHCS was awarded a \$2 million, two-year grant from CMS to improve the ability to collect, report, and advance adult quality metrics.

As part of the Cal MediConnect Program, the CMIO and Medi-Cal Managed Care Division have been leading a business process improvement project to improve the quality of encounter data received from managed care plans. Encounter data is necessary to support robust program evaluation and quality measurement. Additional organizational improvements to support information management in DHCS are being driven by requirements of the Medicaid Information Technology Architecture (MITA), which emphasizes use of national standards, automation, and improved efficiencies.

Health care payment reform. California was recently awarded a \$2.7 million State Innovation Model (SIM) Design Grant from the Center for Medicare and Medicaid Innovation (CMMI). This grant will be used to develop a State Health Care Innovation Plan to improve health care quality and to reward value versus volume by changing payment structures. As a major component of the state's health care system, DHCS is actively engaged in the policy work funded by the SIM grant, and views it as a tremendous opportunity to improve health, improve care, and reduce cost. The Department will be engaged with multiple external stakeholders in both the public and private sectors to implement the State Health Care Innovation Plan.

Engage Persons and Families in their Health

Social media. One of the promising ways to engage members, patients, and families in their care is through the use of social media. The availability of cell phones and smartphones is increasing rapidly in low-income populations and therefore represents an important channel of two-way information sharing and engagement. In addition, there are a growing number of applications that may have health-promoting uses including Facebook, Twitter, Pinterest, text messaging, and others.

In April 2013, DHCS launched a prevention-focused Facebook page called "[Welltopia by the California Department of Health Care Services](#)." Welltopia provides information, free applications, videos, and more on nutrition, physical activity, smoking cessation, and stress management. It also creates a space for community members to share their ideas about healthy living.

Listen to the voices of members, patients, and families. Central to the concept of member- and patient-centered care is the need to directly engage members, patients, and families to understand the care experience from their perspective, to assess their needs, to gather their recommendations, and to develop more effective programs and policies that best serve identified needs. A number of channels are being considered including focus groups and community roundtable discussions, advisory panels, surveys and webinars. We are aware that partners and stakeholders have extensive experience in this area and hope to build on their successful approaches.

Enhance Communication and Coordination of Care

Improve care for super-utilizers. Identifying so-called "super-utilizers" using "hot-spotting" techniques has garnered national attention through the work of Jeffrey Brenner, MD (Camden Coalition of Health Care Providers) and others. It is well known, now, that health care utilization in Medicaid populations is typically skewed where five percent of members account for approximately 50 percent of health care expenditures. In Camden, NJ, Dr. Brenner observed that one percent of residents accounted for 30 percent of health care costs. The good news is that there is a growing body of experience from many different parts of the country, including California, demonstrating that effective models of intensive case management can show dramatic improvements in health and health outcomes accompanied by equally dramatic reductions in costs, achieving the Triple Aim. DHCS intends to work closely with partners in academia and the community to explore this promising area that uses data to drive breakthrough improvements in quality.

Improve palliative and end-of-life care. One of the goals in the *Let's Get Healthy California Task Force Final Report* is to maintain dignity and independence at the end-of-life. This goal speaks to the importance of quality of life in the provision of health care. In addition, engaging members, patients, and families to ensure personal preferences and values are respected is very relevant to

this goal. The Department will be exploring the indicators identified by the Let's Get Healthy California Task Force to determine what can be done to improve palliative and end-of-life care.

Coordinate physical and behavioral health. The prevalence of mental health and alcohol/drug concerns are high in many low-income populations. Many individuals have both physical and behavioral health needs, which require coordinated care, if improvements in overall health are to be achieved. The recent incorporation of mental health services and alcohol and drug treatment programs into DHCS provides an important opportunity to look at care delivery in a more comprehensive way. Using data and best evidence, DHCS will be working to better bridge physical and behavioral health service delivery to improve clinical quality and population health.

Advance adoption of health information technology (HIT) and health information exchange (HIE). One of the five priorities for the EHR Incentive Program is to engage patients and families in their care. This has been seen across the state with increased adoption of personal health records and the use of the "Blue Button." DHCS plans to follow the Medicare model and develop the "Blue Button" capacity so that members can view their personal health information represented by claims and other reporting mechanisms. Another priority for the EHR Incentive Program is care coordination. In partnership with other Health Information Technology for Economic and Clinical Health (HITECH) programs in California and nationally, DHCS has supported the development of HIE capacity in the state and recognizes the critical role technology will play in supporting payment reform efforts such as DSRIP and Cal MediConnect Program.

Advance Prevention

Reduce smoking prevalence. Effective prevention strategies call for a system-based approach. DHCS will ensure prevention activities are scaled up to have a population-wide effect. For example, our five-year, \$10 million Medi-Cal Incentives to Quit Smoking Program is an important component of a larger effort to significantly reduce the smoking prevalence among the approximately 700,000 Medi-Cal members who currently smoke. To achieve this reduction, DHCS is working with its managed care plans to provide the best standard of care for tobacco cessation, including: the availability of all seven Food and Drug Administration-approved medications to treat tobacco use; eliminating barriers for tobacco treatment benefits (e.g., co-pays, cost sharing, utilization restrictions, and Treatment Authorization Requests); and ready access to individual, group, and telephone counseling. DHCS is also committed to providing physician education to ensure the system-wide use of "Ask, Advise, and Refer," as well as helping long term care facilities, including mental health facilities, substance abuse centers, and nursing homes, to adopt smoke-free campus policies.

Improve nutrition and physical activity. The prevalence of overweight and obesity in children, adolescents, and adults requires immediate attention. We are working with the Nutrition Education and Obesity Prevention Program at CDPH, Medi-Cal Managed Care Plans, and low-income communities to develop, test, and implement programs to address obesity in a systematic fashion. It is too complex a problem to address any other way.

Other prevention activities. DHCS is committed to improving breastfeeding and immunization rates among Medi-Cal members, as well as using the scientific literature and examples from the field to identify high-value interventions that have been underutilized (e.g., aspirin prophylaxis for appropriate high-risk populations and alcohol screening and counseling). Because the great majority of Medi-Cal members will be served by managed care plans, we have begun conducting surveys aimed at assessing prevention efforts in nutrition, physical activity, smoking, and behavioral health,

among others. The survey findings are being used to establish and deploy a standard of effective preventive care across our health care delivery system.

Foster Healthy Communities

Strengthen the link between health care and public health. There is a need to create a stronger bridge between health care and public health to transform our disease management, sick care system, into a true health care system that addresses population health. This is especially critical given that merely four modifiable health behaviors—lack of physical activity, poor nutrition, tobacco use, and excessive alcohol consumption—are responsible for much of the illness, suffering, and early death related to chronic disease. DHCS recognizes the importance of the collaboration between medicine and public health, acknowledging that behavioral patterns, social circumstances, and environmental exposures oftentimes have unfavorable effects on health outcomes. To that end, DHCS is investigating models of care and patient navigation approaches that connect the health care delivery system with community resources to address the social determinants of health, including access to food, housing, education, job placement, and other social factors.

The health care, public health interface is growing stronger through collaborations among DHCS, CDPH, and the California Department of Social Services (CDSS). As an example, DHCS is collaborating with CDPH and CDSS to increase CalFresh enrollment among the nearly 2 million Medi-Cal members who are eligible but not currently enrolled in the nutrition assistance program. In addition, strong collaboration and coordination exists between CDPH's Tobacco Control and Diabetes Programs and our Medi-Cal Incentives to Quit Smoking Program. Many public health and health care partners have also contributed content to DHCS' Welltopia Facebook page.

Eliminate Health Disparities

Increase understanding of health disparities. The *Let's Get Healthy California Task Force Final Report* identified a number of specific priorities and indicators that could be used to help eliminate health disparities. The Department is currently developing a series of fact sheets, titled *Health Disparities in the Medi-Cal Population*, using available metrics to begin to characterize identifiable health disparities in populations served by DHCS. Once identified, we will work with stakeholders and partners to develop aggressive intervention plans to eliminate addressable disparities. As part of this partnership work, DHCS has established an interagency agreement with the CDPH Office of Health Equity to optimize effectiveness and efficiency in our shared efforts to eliminate health disparities.

DHCS Quality Strategy Coordination

On behalf of DHCS senior leadership, Neal Kohatsu, MD, MPH, Medical Director, coordinates the development, implementation, and evaluation of the *DHCS Quality Strategy* in partnership with stakeholders. In addition, DHCS has developed an Interagency Agreement with the U.C. Davis (UCD) Institute for Population Health Improvement directed by Kenneth W. Kizer, MD, MPH, Distinguished Professor, UCD School of Medicine and the Betty Irene Moore School of Nursing.

Dr. Kizer and associates are providing thought leadership, technical assistance, consultation, and training for the Department, including advancing the *DHCS Quality Strategy*. IPHI support is provided using an integrated approach through MCQuIP. Key associates within MCQuIP include:

Desiree Backman, DrPH, MS, RD, Chief Prevention Officer; Ulfat Shaikh, MD, MPH, Clinical Quality Officer; and Brian Paciotti, PhD, Quality Scientist. Dr. Kizer has also established the Medi-Cal Performance Advisory Committee (MPAC), which is a multi-disciplinary group of prominent QI thought leaders from academia, health plans, hospitals, foundations, and local government. MPAC provides important perspectives to help IPHI provide the most useful, evidence-based recommendations to advance quality and health.

Summary

The *DHCS Quality Strategy* is a living document that describes goals, priorities, guiding principles, and specific programs related to QI within the Department. The ultimate purpose of the *DHCS Quality Strategy* is to improve health, enhance quality, and reduce per capita health care costs. In partnership with stakeholders, we will use the *DHCS Quality Strategy* to build and sustain a culture of quality that benefits Medi-Cal members and all Californians.

APPENDIX A

Alignment of DHCS Quality Strategy Activities with the Six Goals of the Let's Get Healthy California Task Force Final Report

#	Quality Strategy Activity Title	DHCS QUALITY STRATEGY									LET'S GET HEALTHY CA: Six Goals					
		Seven Priorities									Health Across the Lifespan			Pathways to Health		
		Patient Safety	Effective, Efficient, Affordable Care	Engage Members	Communication & Coordination	Prevention	Healthy Communities	Health Disparities	Healthy Beginnings	Living Well	End of Life	Redesigning the Health System	Creating Healthy Communities	Lowering Cost of Care		
	<i>Activity as included in the 2013 DHCS Quality Strategy</i>								X			X				
1	CA Children's Services Neonatal QI Initiative	X							X			X				
2	Payment Adjustment for PPCs in NICUs/PICUs	X							X			X		X		
3	Psychotropic Medication Use for Children and Youth in Foster Care	X							X	X		X		X		
4	Improve Antipsychotic Medical Use in Adults	X								X				X		
5	Maternal Health Quality Improvement Project, Medi-Cal Adult Quality Care Improvement Project	X				X			X			X				
6	Managed Care Health Plan Quality Improvement Projects (QIPs): Patient Safety	X								X		X				
7	Reduce Provider Preventable Conditions & Potentially Preventable Events	X												X		
8	Reduce Opiate Overdose	X														
9	Managed Care Statewide Collaborative: All-Cause Readmissions		X							X		X		X		

#	Quality Strategy Activity Title	DHCS QUALITY STRATEGY									LET'S GET HEALTHY CA: Six Goals					
		Seven Priorities									Health Across the Lifespan			Pathways to Health		
		Patient Safety	Effective, Efficient, Affordable Care	Engage Members	Communication & Coordination	Prevention	Healthy Communities	Health Disparities	Healthy Beginnings	Living Well	End of Life	Redesigning the Health System	Creating Healthy Communities	Lowering Cost of Care		
	<i>Activity as included in the 2013 DHCS Quality Strategy</i>								X	X						
63	Increase Breastfeeding Among Medi-Cal Mothers					X			X	X				X		
64	Increase Immunization Rates among Medi-Cal Members					X			X	X				X		
65	Screening of Adults for Alcohol Misuse and Provide Brief Counseling					X				X				X		
66	Increase CalFresh Enrollment Among Medi-Cal Members						X			X				X		
67	Strategic Prevention Framework Incentive Program						X			X		X				
68	Friday Night Live Compliance						X		X							
69	Disparity Analysis, Medi-Cal Adult Quality Care Improvement Project							X		X		X				
70	Managed Care Health Plan QIPs: Disparities							X		X						
71	Health Disparities in the Medi-Cal Population Fact Sheets							X	X	X	X	X	X	X		

APPENDIX B

Summary of the National Quality Strategy (NQS)

Overview. As required by the ACA, the Secretary of the United States Department of Health and Human

Services (DHHS) established the NQS, which was published in March 2011.⁴ The NQS was developed with the engagement of a broad range of stakeholders representing all health care sectors. It serves as a roadmap for improving the quality of care in both the public and private sectors. The NQS will be updated annually and enhanced to provide more detail related to goals, measures, and actions required for each component of the nation's health care system.

Three Aims. The NQS will pursue three broad aims:

1. Better Care—Improve the overall quality, by making health care more patient-centered, accessible, and safe;
2. Healthy People/Healthy Communities—Improve the health of the United States population by supporting proven interventions to address behavioral, social, and environmental determinants of health in addition to delivering higher-quality care; and
3. Affordable Care—Reduce the cost of quality health care for individuals, families, employers, and government.

Six Priorities. To advance the three aims, the NQS will focus on six priorities:

1. Making care safer by reducing harm caused in the delivery of care;
2. Ensuring that each person and family are engaged as partners in their care;
3. Promoting effective communication and coordination of care;
4. Promoting the most effective prevention and treatment practices for the leading causes of mortality, starting with cardiovascular disease;
5. Working with communities to promote wide use of best practices to enable healthy living; and
6. Making quality care more affordable for individuals, families, employers, and governments by developing and spreading new health care delivery models.

Ten Principles. The NQS is guided by [ten principles](#) developed with extensive national stakeholder input. The ten principles are:

1. Person-centeredness and family engagement, including understanding and valuing patient preferences, will guide all strategies, goals, and health care improvement efforts;
2. Specific health considerations will be addressed for patients of all ages, backgrounds, health needs, care locations, and sources of coverage;
3. Eliminating disparities in care—including, but not limited to, those based on race, color, national origin, gender, age, disability, language, health literacy, sexual orientation and gender identity, source of payment, socioeconomic status, and geography—will be an integral part of all strategies, goals and health care improvement efforts;
4. Attention will be paid to aligning the efforts of the public and private sectors;
5. Quality improvement will be driven by supporting innovation, evaluating efforts around the country, rapid-cycle learning, and disseminating evidence about what works;
6. Consistent national standards will be promoted, while maintaining support for local, community, and state-level activities that are responsive to local circumstances;

⁴ National Strategy for Quality Improvement in Health Care: Report to Congress. Washington, D.C.: U.S. Department of Health and Human Services, 2011.

7. Primary care will become a bigger focus, with special attention towards the challenges faced by vulnerable populations, including children, older adults, and those with multiple health conditions;
8. Coordination among primary care, behavioral health, other specialty clinicians, and health systems will be enhanced to ensure these systems treat the “whole person;”
9. Integration of care delivery with community and public health planning will be promoted; and
10. Providing patients, providers, and payers with the clear information they need to make choices that are right for them, will be encouraged.

Related National Quality Initiatives

There are two national quality initiatives, both public-private partnerships supported by DHHS that dovetail with the NQS.

Partnership for Patients (PfP). PfP consists of a range of health care stakeholders (including hospitals, employers, physicians, nurses, patient advocates, state and federal government, and others) committed to developing improved models of care to achieve two goals:

1. Keep patients from getting injured or sicker. By the end of 2013, preventable hospital-acquired conditions would decrease by 40 percent compared to 2010. Achieving this goal would mean approximately 1.8 million fewer injuries to patients with more than 60,000 lives saved over three years.
2. Help patients heal without complication. By the end of 2013, preventable complications during a transition from one care setting to another would be decreased such that all hospital readmissions would be reduced by 20 percent compared to 2010. Achieving this goal would mean more than 1.6 million patients will recover from illnesses without suffering a preventable complication requiring re-hospitalization within 30 days of discharge.

DHHS will be using \$1 billion from the ACA to address these goals. It is anticipated that other entities from the public and private sectors also will be committing resources to PfP.

Million Hearts Initiative (MHI). The MHI sets the ambitious national goal of preventing 1 million heart attacks and strokes in five years. The interventions will involve public health efforts to encourage healthier nutritional choices as well as improved clinical management of risk factors (targeting the “ABCS”—Aspirin, Blood Pressure, Cholesterol, and Smoking Cessation) that has been proven to reduce cardiovascular disease mortality and morbidity. Specific goals are listed in the table below:

Indicator	2011 Baseline	2017 Goal
Aspirin use for people at high risk	47 percent	65 percent
Blood pressure control	46 percent	65 percent
Effective treatment of high cholesterol (LDL-C)	33 percent	65 percent
Smoking prevalence	19 percent	17 percent
Sodium intake (average)	3.5g/day	20 percent reduction
Artificial trans-fat consumption (average)	1 percent of calories/day	50 percent reduction

See the [NQS website](#) for additional information.

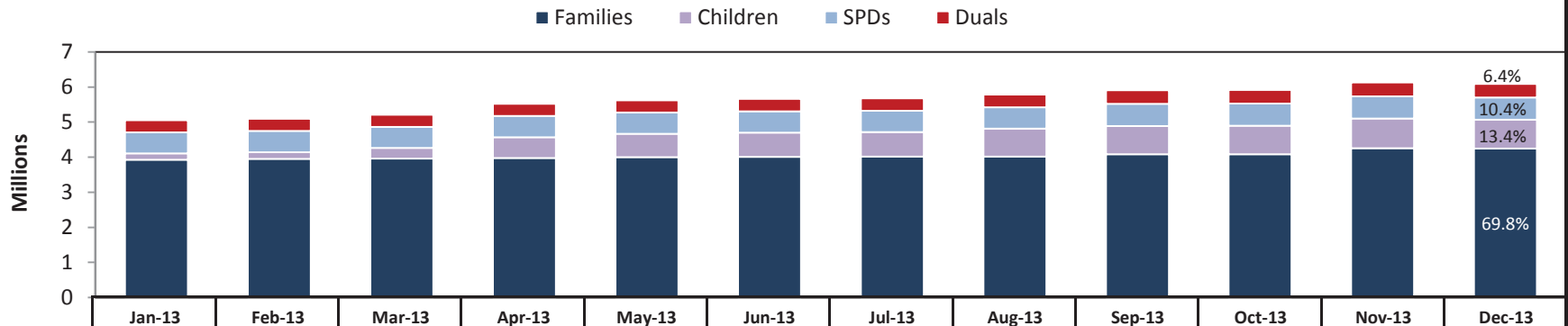


Medi-Cal Managed Care Performance Dashboard

Summary Level Dashboard: 2013 Q4

ENROLLMENT

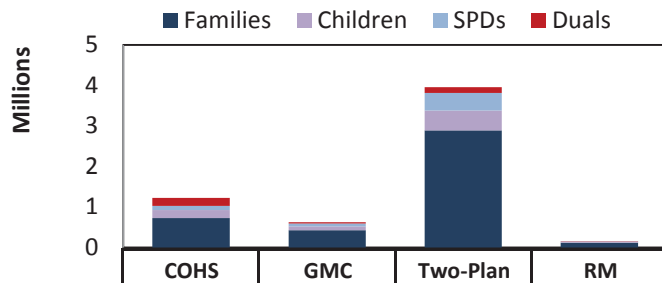
Enrollment By Population: *Statewide*



	Jan-13	Feb-13	Mar-13	Apr-13	May-13	Jun-13	Jul-13	Aug-13	Sep-13	Oct-13	Nov-13	Dec-13
All	5,052,903	5,088,676	5,209,439	5,521,980	5,618,754	5,655,664	5,677,735	5,779,503	5,904,344	5,911,712	6,125,355	6,089,203
Duals	342,309	341,211	344,536	347,015	349,269	351,934	355,288	357,734	382,711	385,429	388,146	390,263
SPDs	603,899	605,704	605,045	605,418	607,222	608,915	609,996	611,008	630,200	631,134	633,299	633,931
Children	179,354	190,989	302,408	596,284	660,424	682,224	698,534	793,051	811,970	814,965	852,965	814,748
Families	3,927,341	3,950,772	3,957,450	3,973,263	4,001,839	4,012,591	4,013,917	4,017,710	4,079,463	4,080,184	4,250,945	4,250,261
Cal MediConnect	-	-	-	-	-	-	-	-	-	-	-	-

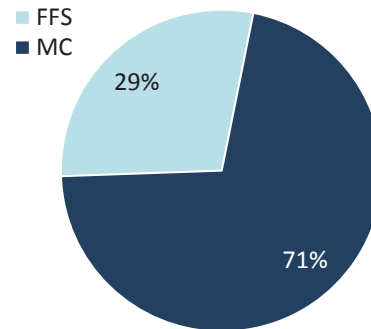
Notes: To prevent double-counting, Cal MediConnect enrollment is not included as part of All enrollment; SPDs are Medi-Cal only; SPD children are categorized as SPD's
 Children includes Optional Targeted Low Income (up to 266% FPL) whose parents' income is too high for Medi-Cal; Families population includes parents and children who mostly qualify for TANF

Enrollment as of December 2013: *Plan Model*

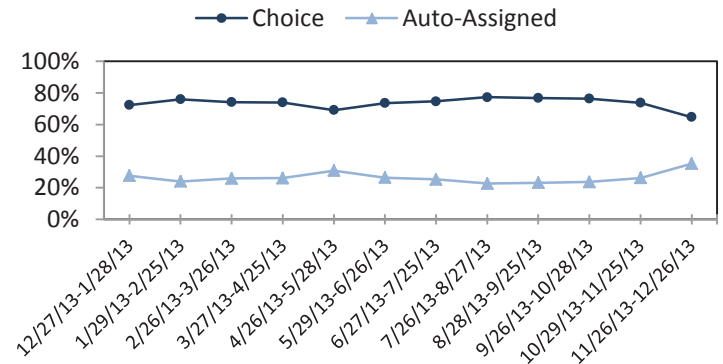


	COHS	GMC	Two-Plan	RM
All	1,218,286	619,141	3,956,221	137,770
Duals	16%	4%	4%	0%
SPDs	8%	13%	11%	1%
Children	16%	15%	12%	17%
Families	60%	68%	73%	82%

Medi-Cal Managed Care vs. FFS
 as of December 1, 2013: *Statewide*



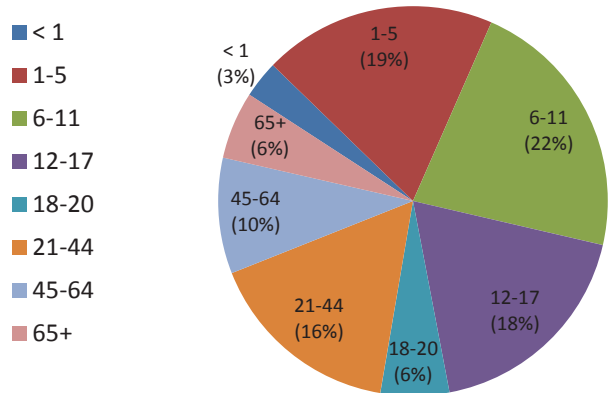
Choice and Auto-Assignment Rates: *Statewide*



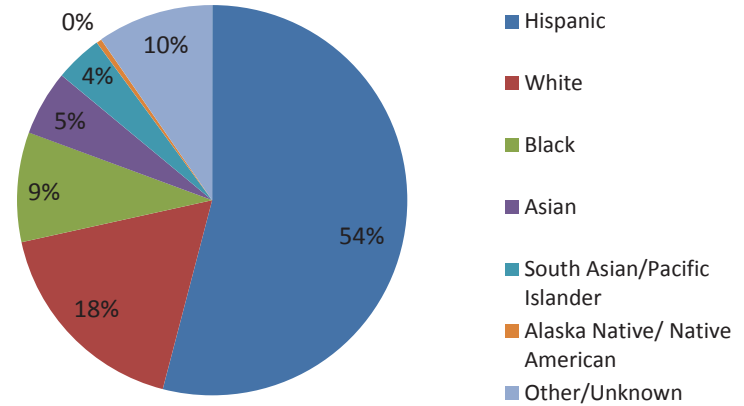
Notes: Does not include transitioning populations, members defaulted because they were previously a member, or if other family members were already assigned to the plan.

ENROLLMENT (Cont.)

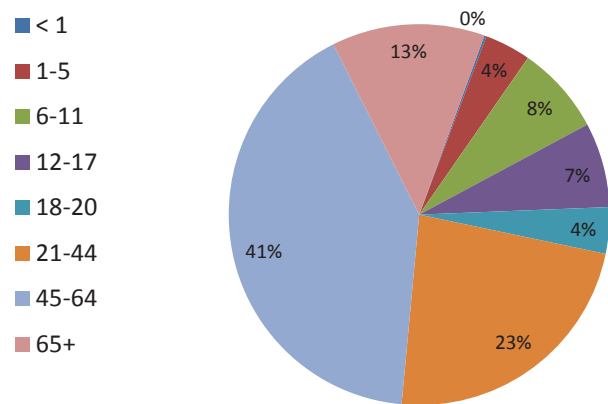
Medi-Cal Managed Care Members by Age as of December 1, 2013 (Includes SPD and Duals)



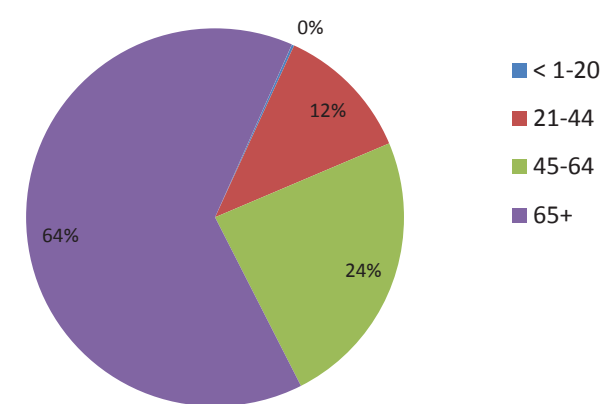
Medi-Cal Managed Care Members by Race/Ethnicity as of December 1, 2013 (Includes SPD and Duals)



**Medi-Cal Managed Care Members
Medi-Cal Only SPDs by Age As of December 1, 2013**



**Medical Managed Care Members
Dual Eligibles by Age As of December 1, 2013**



Medi-Cal Managed Care Members by Age/Female Percent of Total (Includes SPDs and Duals)

Age Group	< 1	1-5	6-11	12-17	18-20	21-44	45-64	65+
Female	48.8%	48.9%	48.8%	48.9%	52.7%	70.5%	56.4%	62.8%
Total	188,816	1,179,364	1,345,262	1,121,266	346,917	993,710	586,399	341,467



Medi-Cal Managed Care Performance Dashboard

Summary Level Dashboard: 2013 Q4

Medical Loss Ratio (without MCO tax)

Health Plan	2013 Q4	2013 Q3	2013 Q2	2013 Q1
KP *	159%	160%	170%	206%
CHWP	101%	-	-	-
ABC	100%	106%	69%	102%
HPSJ	98%	93%	85%	95%
LA Care	96%	97%	92%	96%
CHG	95%	96%	102%	106%
CenCal	94%	91%	92%	83%
Care First	94%	113%	105%	117%
CCHP	94%	93%	89%	94%
IEHP	94%	100%	89%	92%
KFHS	94%	105%	77%	90%
CalOptima	93%	96%	91%	87%
CalViva	92%	92%	94%	92%
SCFHP	92%	94%	92%	93%
Molina	90%	95%	98%	88%
Partnership	89%	85%	87%	82%
GCHP	87%	88%	83%	91%
Alameda Alliance	86%	97%	89%	87%
Health Net	86%	86%	83%	84%
SFHP	84%	87%	93%	71%
HPSM	60%	77%	77%	98%
CAAH	57%	74%	91%	92%

Medical Loss Ratio (MLR) measures what percentage of revenue plans spend on members' medical costs.

*Kaiser's reported cost is based on an allocation to the Medi-Cal Managed Care line-of-business and includes cost of non-covered services.

MLR is ranked by percent, highest to lowest, for the most recent quarter.

CHWP is a new Medi-Cal Managed Care plan, therefore no data exists prior to Q4 2013

Tangible Net Equity

Health Plan	2013 Q4	2013 Q3	2013 Q2	2013 Q1
KP	1727%	1458%	1199%	1181%
CAAH	1163%	882%	689%	714%
SFHP	812%	783%	705%	850%
Partnership	733%	763%	719%	675%
HPSM	710%	508%	434%	375%
Health Net	518%	527%	545%	565%
LA Care	492%	432%	444%	382%
ABC	414%	391%	399%	355%
CalOptima	407%	396%	379%	420%
SCFHP	395%	391%	375%	348%
KFHS	380%	409%	487%	462%
Care First	319%	334%	327%	334%
HPSJ	273%	317%	330%	305%
CenCal	230%	228%	202%	187%
CalViva	223%	219%	214%	212%
IEHP	221%	226%	279%	252%
CHG	218%	212%	215%	247%
Molina	184%	157%	152%	163%
CCHP	175%	189%	186%	174%
CHWP	167%	-	-	-
GCHP	131%	99%	48%	-29%
Alameda Alliance	69%	44%	106%	116%

Tangible Net Equity (TNE) measures financial strength in cash assets.

TNE is ranked by percent, highest to lowest, for the most recent quarter.

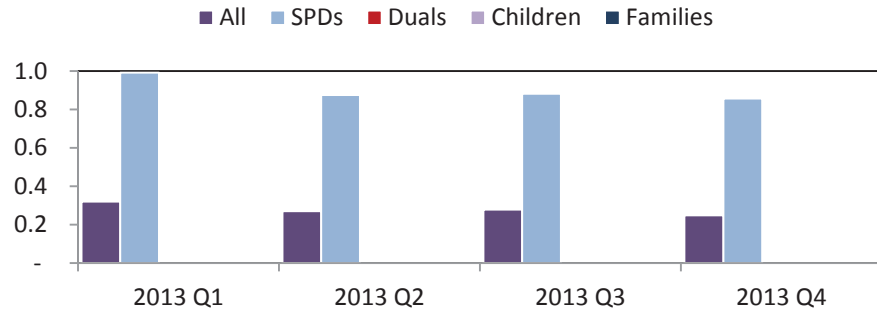


Medi-Cal Managed Care Performance Dashboard

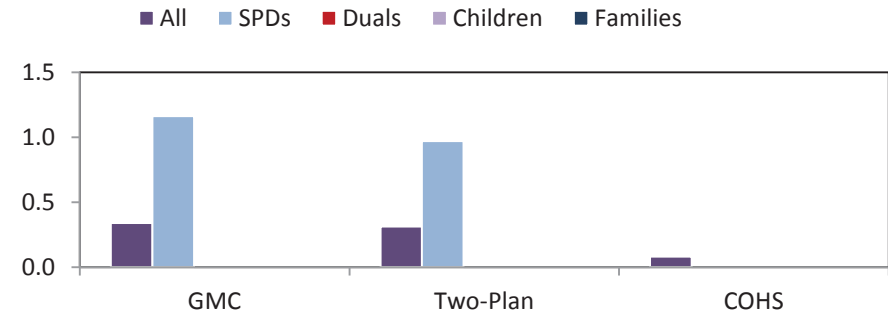
Summary Level Dashboard: 2013 Q4

ACCESS

Grievances per 1,000 Member Months (2013 Q4): *Statewide*



Grievances per 1,000 Member Months (2013 Q4): *Plan Model*



Grievances by Reason (2013 Q4): *Statewide*

Population	Physical Accessibility	Access to Primary Care	Access to Specialists	Out-of-Network	Other Types of Grievances
SPDs	5	114	63	35	1,235

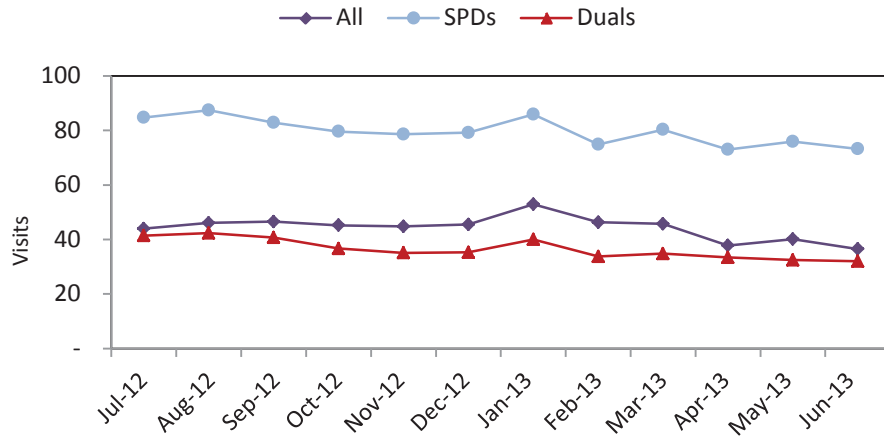
State Fair Hearings by Reason (2013 Q4): *Statewide*

Reason Category	Total	SPDs	Children	Other
MER/EDER	191	98	1	92
Pharmacy	174	128	3	43
Surgery/Treatment	63	33	3	27
Consultation/Specialist	50	32	1	17
Durable Medical Equipment	41	38	0	3
Denial of Service	38	29	0	9
All Other Reasons	189	110	3	76
Total	746	468	11	267

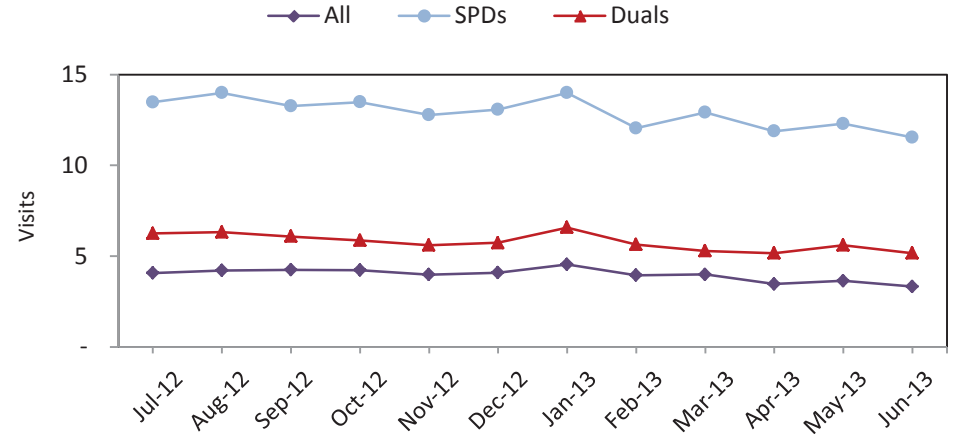
Note: State Fair Hearings data is DHCS data and may not be consistent with DSS data.

ACCESS (Cont.)

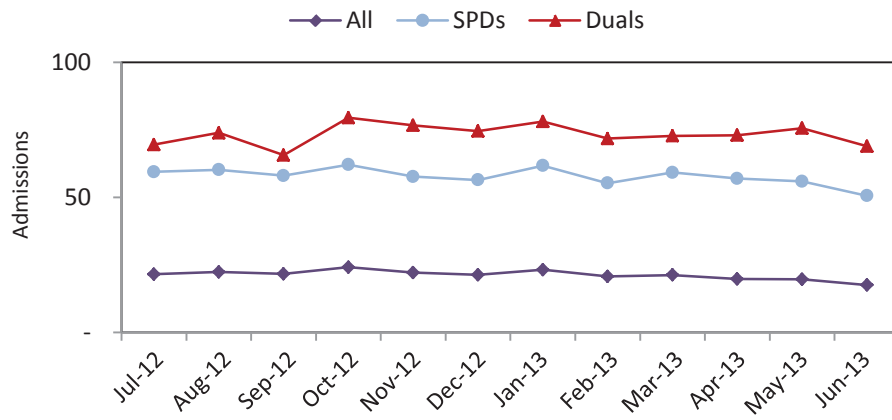
ER Visits per 1,000 Member Months: *Statewide*



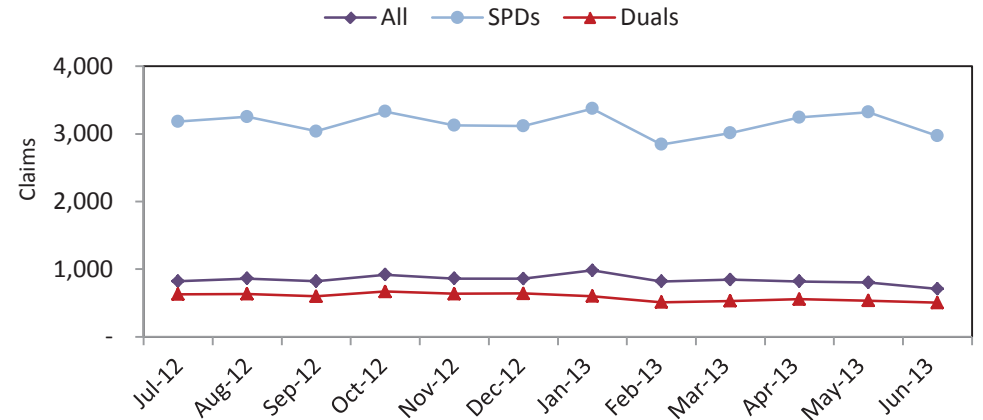
ER Visits with an IP Admission per 1,000 Member Months: *Statewide*



IP Admissions per 1,000 Member Months: *Statewide*

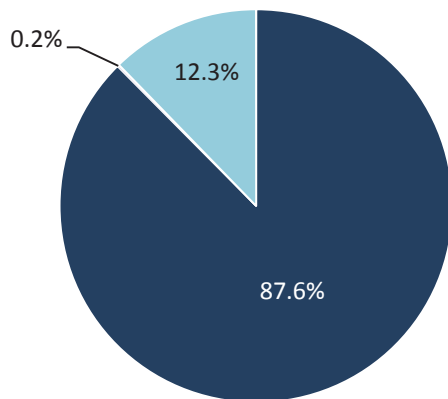


Pharmacy Claims per 1,000 Member Months: *Statewide*

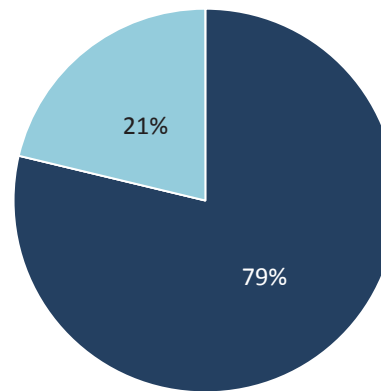


ACCESS (Cont.)

SPDs Continuity of Care (2013 Q4):
Statewide



Children Continuity of Care (2013 Q4):
Statewide



■ Approved

■ Denied

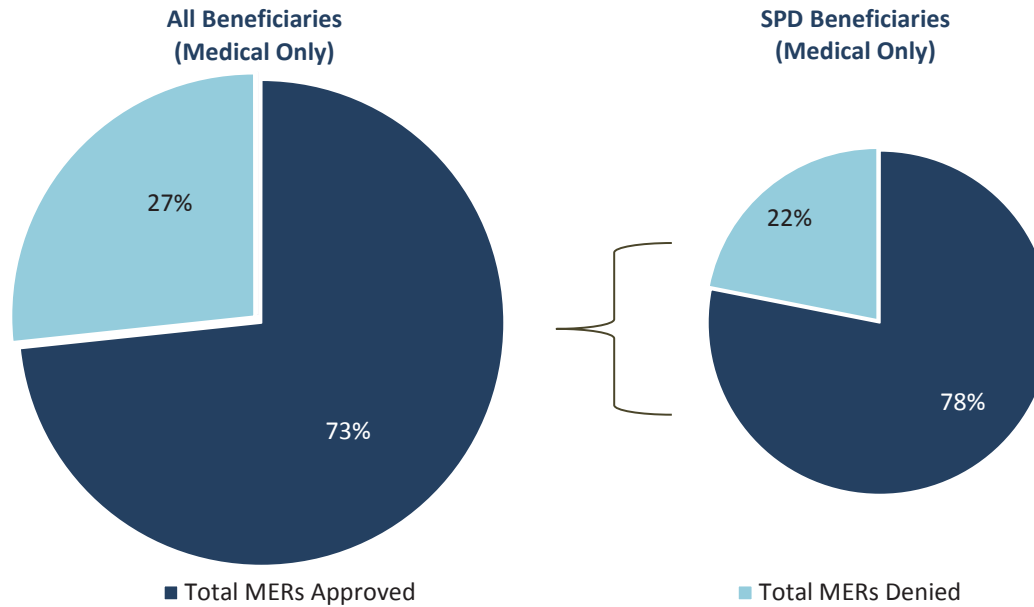
■ In-Process

Total Number of Requests:	1,237
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Total Number of Requests:	80
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ACCESS (Cont.)

MERs (2013 Q4): *Statewide*



	Q4 2014	SPDs	All - YTD	SPDs - YTD
Total in FFS due to Approved MER	9,288	2,594	34,816	11,356
Total MERs Denied	3,379	727	16,648	5,623
Total MERs Pending	-	-	131	57

Note: Year-to-date, 34,816 Medi-Cal members are in FFS due to an approved MER.



Medi-Cal Managed Care Performance Dashboard

Summary Level Dashboard: 2013 Q4

QUALITY AND SATISFACTION

2010 CAHPS Satisfaction with Health Plan (9 or 10 Rating): *Statewide*

Adult		Child	
Plan	Rate	Plan	Rate
KP North	65.4%	KP South	73.4%
KP South	64.9%	KP North	72.3%
HPSM	54.4%	CCAH	70.7%
CCAH	51.2%	HPSM	70.0%
Partnership	50.9%	SCFHP	68.0%
CenCal	48.7%	CalOptima	66.1%
HPSJ	48.1%	CenCal	64.9%
CalOptima	48.1%	LA Care	63.1%
IEHP	46.7%	HPSJ	62.8%
KFHS	46.1%	IEHP	61.9%
LA Care	45.9%	CCHP	61.3%
CHG	45.6%	Health Net	61.2%
Health Net	44.7%	Partnership	61.1%
CCHP	44.6%	KFHS	61.1%
Alameda Alliance	44.4%	CHG	61.0%
SCFHP	43.0%	Care First	60.9%
Molina	42.6%	ABC	59.8%
ABC	40.5%	Molina	59.4%
Care First	39.0%	Alameda Alliance	58.4%
SFHP	38.0%	SFHP	58.0%
Average	47.6%	Average	63.8%

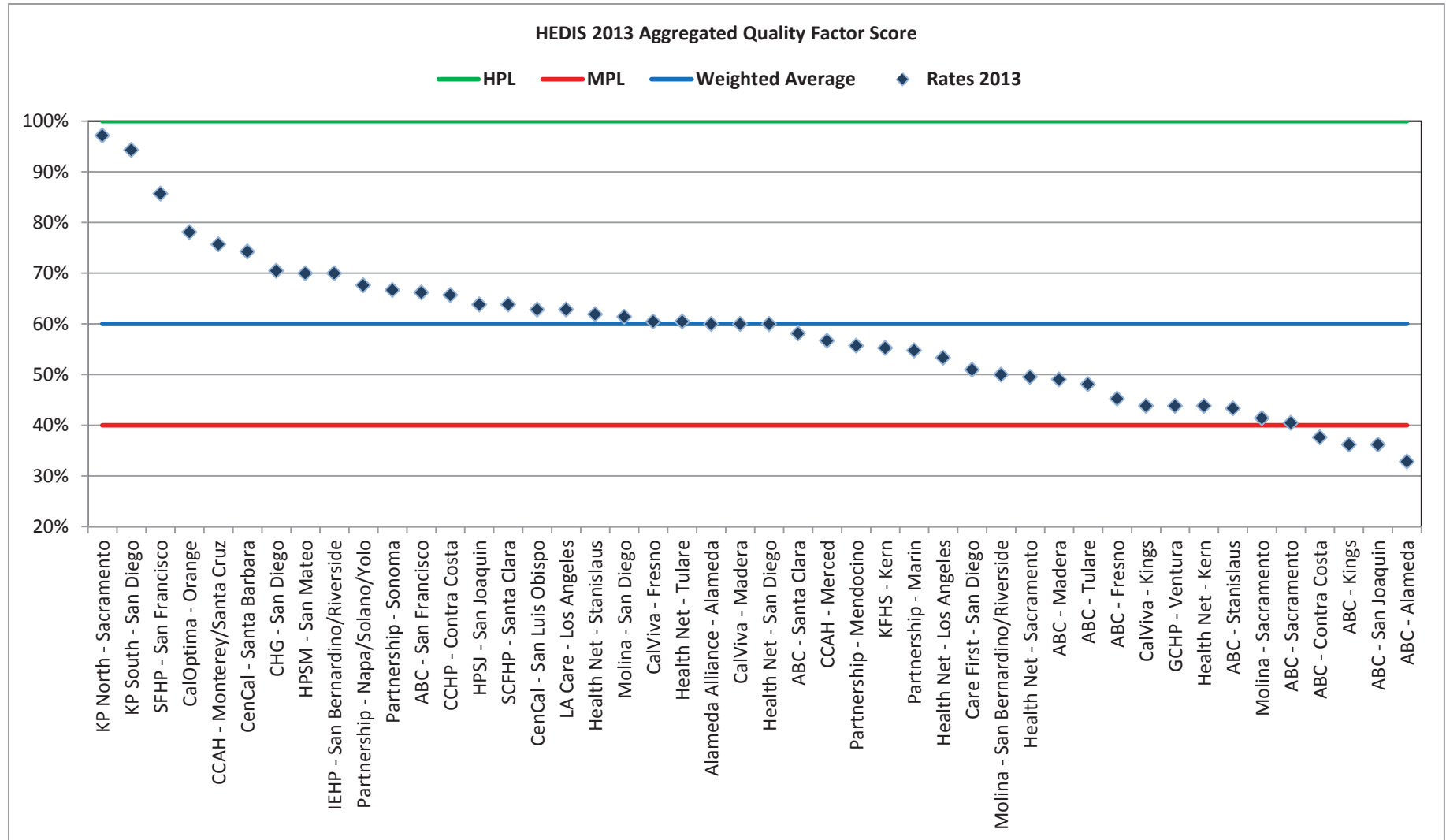
Note: The CAHPS Statewide Average represents a straight average of all health plans (not the weighted average).

Medi-Cal Managed Care members were surveyed to rate their MCP on a scale of 0 to 10, with 0 being the "worst health plan possible" and 10 being the "best health plan possible."

2013 CAHPS Satisfaction with Health Plan (9 or 10 Rating): *Statewide*

Adult		Child	
Plan	Rate	Plan	Rate
KP South	70.0%	KP South	78.9%
KP North	68.8%	KP North	76.2%
IEHP	57.3%	HPSM	70.3%
CalOptima	56.5%	SCFHP	68.7%
HPSM	56.5%	CalOptima	68.5%
CCAH	54.7%	HPSJ	68.4%
HPSJ	54.2%	LA Care	68.2%
GCHP	51.2%	IEHP	67.8%
Partnership	51.1%	CHG	67.3%
SCFHP	50.7%	Health Net	66.5%
KFHS	50.2%	KFHS	65.9%
CCHP	49.9%	CalViva	65.9%
Care First	49.6%	Alameda Alliance	65.8%
CalViva	48.8%	Care First	64.4%
Health Net	47.7%	CenCal	64.3%
SFHP	47.5%	ABC	64.3%
CHG	47.5%	CCAH	64.2%
CenCal	47.0%	Partnership	61.0%
LA Care	46.6%	SFHP	60.9%
ABC	46.3%	CCHP	60.8%
Alameda Alliance	45.2%	Molina	59.4%
Molina	44.7%	GCHP	58.9%
Average	51.9%	Average	66.2%

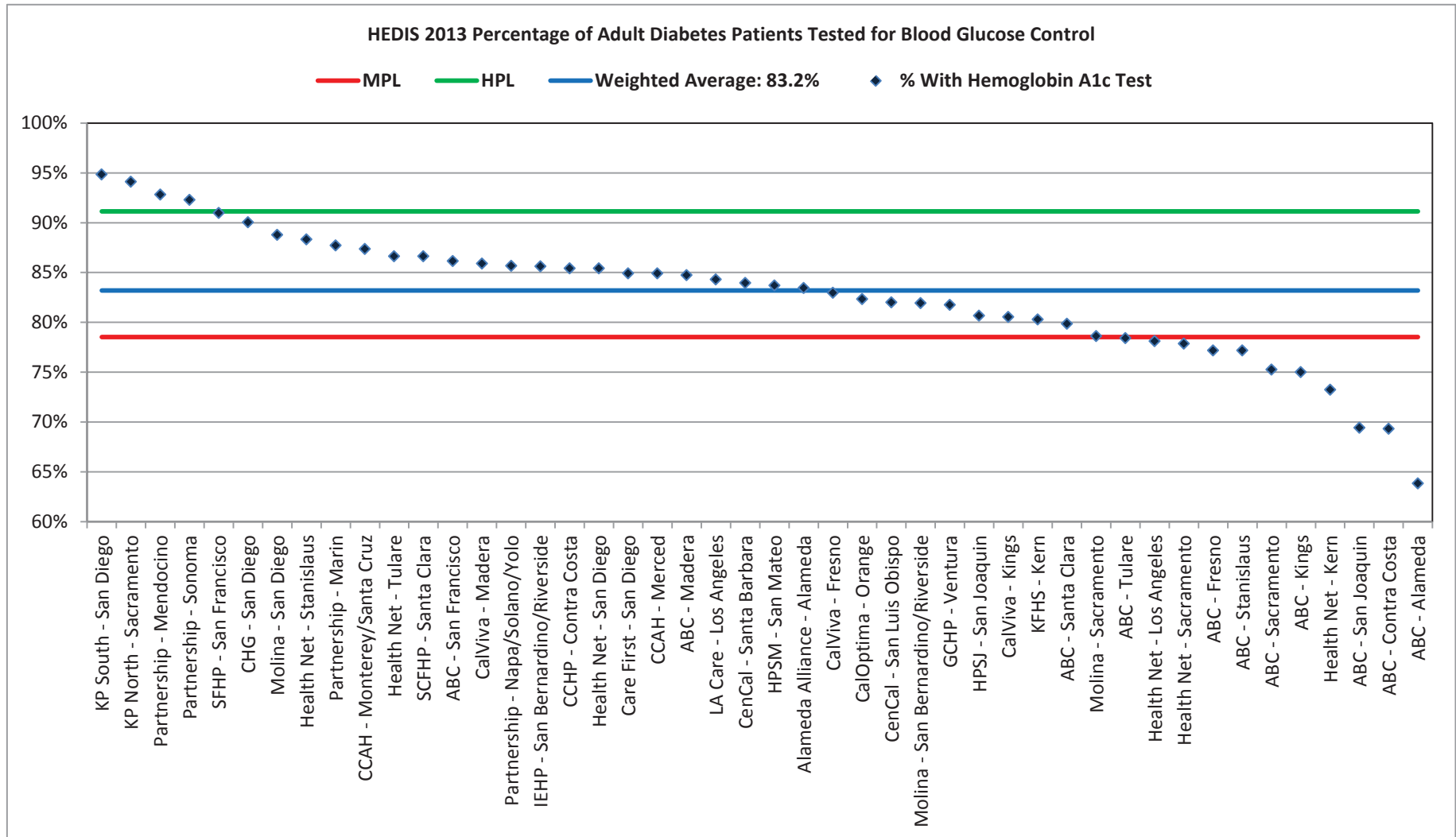
QUALITY AND SATISFACTION (Cont.)



Note: The Aggregated Quality Factor Score (AQFS) is a single score that accounts for plan performance on all DHCS-selected Health Effectiveness Data and Information Set (HEDIS) indicators. It is a composite rate calculated as percent of the National High Performance Level (HPL).

The High Performance Level is 100%. The Minimum Performance Level is 40%. The Weighted Average is 60%.

QUALITY AND SATISFACTION (Cont.)



Source: Healthcare Effectiveness Data and Information Set (HEDIS) 2013. Rates reflect 2012 measurement year data.

[Link to HEDIS 2013.](#)

High Performance Level (HPL): Top 10% of U.S. Medicaid plans tested > 91.1% of diabetes patients.

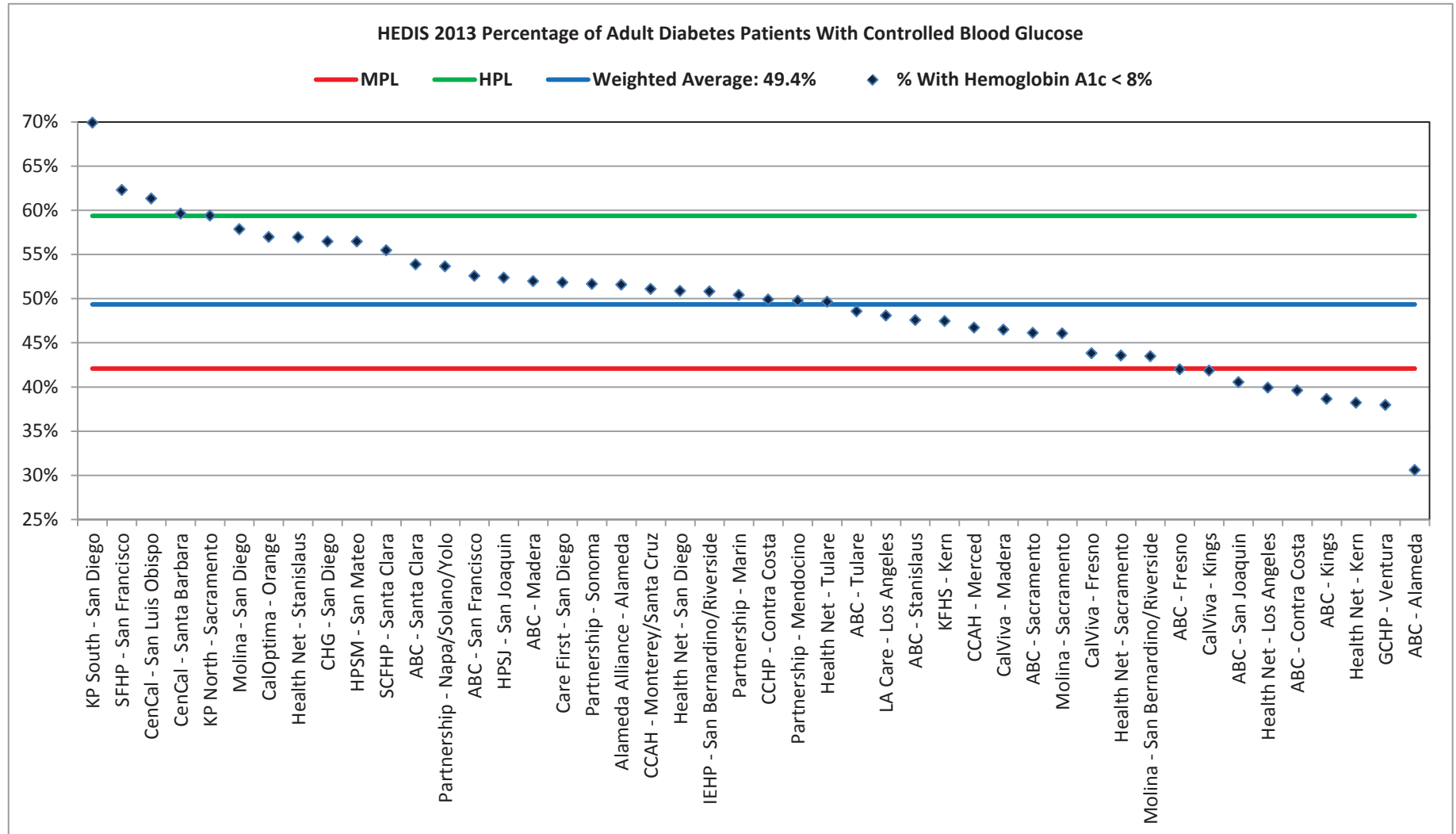
The Minimum Performance Level (MPL): Bottom 25% of Medicaid Plans tested < 78.5% of diabetes patients.



Medi-Cal Managed Care Performance Dashboard

Summary Level Dashboard: 2013 Q4

QUALITY AND SATISFACTION (Cont.)



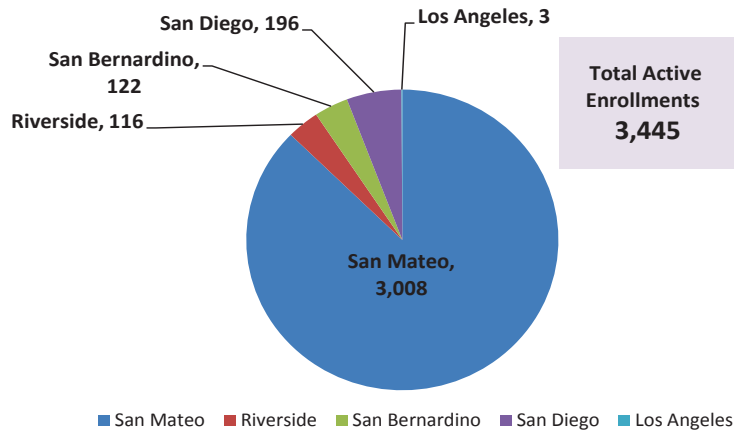
Source: Healthcare Effectiveness Data and Information Set (HEDIS) 2013. Rates reflect 2012 measurement year data.

[Link to HEDIS 2013.](#)

High Performance Level (HPL): Top 10% of U.S. Medicaid plans documented hemoglobin A1c < 8% in more than 59.4% of diabetes patients.

The Minimum Performance Level (MPL): Bottom 25% of U.S. Medicaid plans documented hemoglobin A1c < 8% in fewer than 42.1% of diabetes patients.

**Total Active Enrollments Effective April 1, 2014
by County**

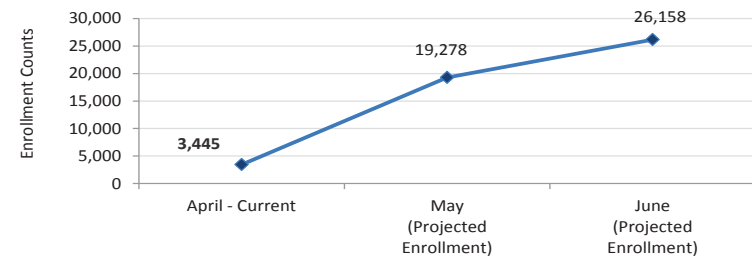


Projected Enrollments - Two Month Look Ahead*

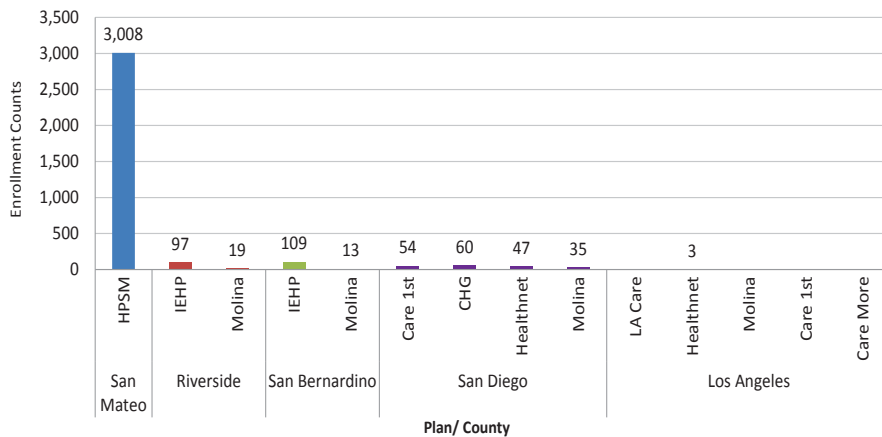
County	Active Enrollments as of 4/1/14	May Pending Enrollments	June Pending Enrollments	Total Projected Enrollments for June Month of Eligibility
San Mateo	3,008	1	0	3,009
Riverside	116	3,853	1,929	5,898
San Bernardino	122	4,260	1,849	6,231
San Diego	196	7,718	3,102	11,016
Los Angeles	3	1	0	4
Total	3,445	15,833	6,880	26,158

*Projected enrollments are based on passive enrollment transactions submitted 60-days prior to the enrollment effective month. Voluntary (Opt-in) enrollment projections are not included in these statistics.

Monthly Enrollment Trend



**Total Active Enrollments as of April 1, 2014
By Plan**



**Projected Enrollment Estimates by June Month of Eligibility
by Plan**



Total Passive enrollments = 3,008 (in San Mateo) Opt-ins = 437 (in San Diego, San Bernardino, Riverside)

■ April Active Enrollments ■ May Projected Enrollments ■ June Projected Enrollment

DHCS Health Care Options Mailing Schedule¹

Phase --->	2014								2015					
	1	2	3	4	5	6	7	8	9	10	11	12	13	14
For Coverage Effective Date -->	May 1 ²	Jun 1	Jul 1	Aug 1	Sep 1	Oct 1	Nov 1	Dec 1	Jan 1	Feb 1	Mar 1	Apr 1	May 1	Jun 1
90-day Notice -->	Jan 2 & Feb 3	Feb 26	Mar 28	Apr 28	May 27	Jun 26	Jul 29	Aug 27	Sep 26	Oct 29	Nov 24	Dec 29	Jan 28	Feb 25
90-day notice volume-->	21,805	7,763	53,625											
60-day Notice -->	Feb 26	Mar 28	Apr 28	May 27	Jun 26	Jul 29	Aug 27	Sep 26	Oct 29	Nov 24	Dec 29	Jan 28	Feb 25	TBD
Choice Packet -->	Mar 6 - Mar 11	Mar 31	Apr 30	May 29	June 30	Jul 31	Aug 29	Sep 29	Oct 31	Nov 26	Dec 31	Jan 30	Feb 27	TBD
60-day+choice packet volume-->	18,122	6,907												
30-day Notice-->	Mar 28	Apr 28	May 27	Jun 26	Jul 29	Aug 27	Sep 26	Oct 29	Nov 24	Dec 29	Jan 28	Feb 25	TBD	TBD
30-day notice volume-->	15,360													

1. Health Care Options (HCO) Maximus mailings for Riverside, San Bernadino, San Diego and Los Angeles County. San Mateo notices were sent by the Health Plan San Mateo.

2. Mailings for May 1, 2014 coverage start date include April and May birth months.

San Mateo Mailing Schedule for April 1 Coverage Start Date	90-day notice	60-day + Enrollment Form	30-day notice
Mail date -->	Dec 28	Jan 29	Feb 21
Volume-->	4,547	4,285	3,637

Opt-out Requests by Month/County

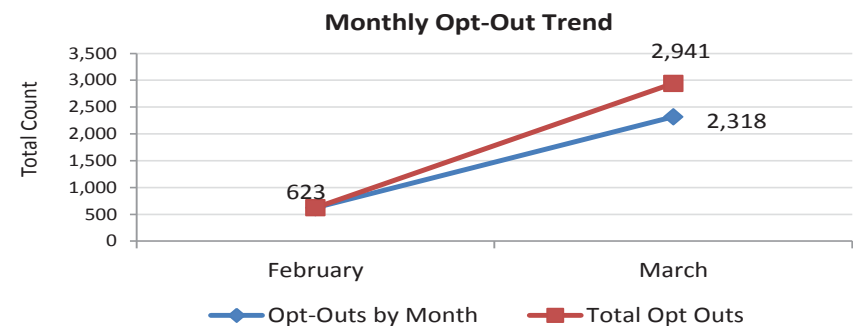
County	February	March	Totals	% of Passive ¹
San Mateo	262	1,052	1,314	28.90%
San Bernardino	88	348	436	5.20%
San Diego	172	558	730	5.42%
Riverside	101	360	461	5.96%
Los Angeles	0	0	0	0.00%
Total	623	2,318	2,941	8.35%

1. The Opt-Out % is applied to 90 days mailed within the county excluding the most current 90 day mailing.

HCO Call Center Statistics for March 2014

For Week Ending	Total Calls Received ¹	Total Calls Answered	Total Calls Abandoned	Average Abandon Rate	Average Talk Time (Minutes)	Average Wait Time (Seconds)
03/07/14	1,365	882	131	9.60%	9.27	83.20
03/14/14	1,841	1,559	71	3.86%	10.15	47.00
03/21/14	2,442	2,216	95	3.89%	10.24	31.80
03/28/14	1,891	1,837	11	0.58%	10.63	16.40
Totals for Month	7,539	6,494	308	4.09%	10.07	44.60

1. Total Calls received are hits to the call center system. Members may receive assistance in an automated phone tree, therefore are not accounted for in call answered or abandon.



Data Sources:

Beneficiary notice schedule: From Maximus and HPSM notice timeline reports

Call Center Statistics: HCO Weekly CCI Call Center Report dated 4/3/14