California Health & Wellness

Population Needs Assessment Report
2022

california
health & wellness

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Population Needs Assessment Overview

California Health & Wellness's (CA Health & Wellness) Population Needs Assessment (PNA) aims to identify members' needs, review available programs and resources, and identify service gaps. CA Health & Wellness considers the health status of all members, including Seniors and Persons with Disabilities (SPD), members with Limited English Proficiency (LEP), and members from diverse cultural and ethnic backgrounds. CA Health & Wellness's analysis guides appropriate action plans implemented by the Health Education, Health Equity, and Quality Improvement Departments.

CA Health & Wellness's service areas span 19 counties split into three (3) geographic regions.

- Region 1 covers seven (7) counties: Butte, Colusa, Glenn, Plumas, Sierra, Sutter, and Tehama.
- Region 2 consists of eleven (11) counties: Alpine, Amador, Calaveras, El Dorado, Inyo, Mariposa, Mono, Nevada, Placer, Tuolumne, and Yuba.
- Region 3 consists of one single county: Imperial.

KEY FINDINGS

Membership and Group Profile

As of December 2021, CA Health & Wellness had 237,955 Medi-Cal members statewide, including active and termed members.

- Region 1 manages the most substantial proportion of members with 38.9%, followed by Region 2 (30.75%) and Region 3 (30.24%).
- Females make up 53.18% of all members, while Males make up 46.82%.
- 44.3% of CA Health & Wellness's membership falls under the age of 22, while 52.1% are between 22 and 65. Seniors aged 66 and above comprise 3.6% of the health plan's total membership.
- Most of CA Health & Wellness's membership identified as Hispanic (41.4%). This Hispanic population primarily resides in Region 3 (Imperial County), where Hispanics are 85.6% of total members. Other races and ethnicity groups include White (32.8%), Asian or Pacific Islander (8.8%), and Black (1.2%). Less than 15% percent of members claimed either unknown or other as their race and ethnicity status.
- 51% of CA Health & Wellness members did not provide any data on their spoken language of choice (Undetermined). 26.4% of members indicated Spanish as their spoken language of choice.
- SPD accounts for 7.9% of members.
- Poor housing conditions affect an estimated 2.2% of all members, with Regions 1 and 2 reporting the highest proportions at the regional level.
- 7.9% of CA Health & Wellness members reside in an urban or suburban space, while 92% live in rural areas.

Health Status / Disease Prevalence

Healthcare Effectiveness Data and Information Set (HEDIS®)

HEDIS measures help assess quality performance across health plans. CA Health & Wellness used rates from MY2020, with the minimum performance level set at the 50th percentile.

- Of the nine pediatric measures, Region 3 reported five under the performance goal (50th percentile). Region 1 reported 7 under the performance goal and Region 2 missed the performance goal for all nine measures.

- In women's health, Region 3 exceeded the 50th percentile benchmark on 2 out of 5 measures. Conversely, Region 1 noted rates below the goal for 3 out of 5 measures while Region 2 was below the goal for 4 of the 5 measures.
- Under Adult and Chronic Health. Region 3 met performance goals on 4 of 6 measures, while Regions 1 and 2 reported missing the 50th percentile performance benchmark for half of the indicators (3 out of 6).
- See Tables 4,6 and 8 for detailed information.

Population Health Management (PHM – High Risk Chronic Health Conditions)

CA Health & Wellness supports population health management by identifying high-risk members with chronic health conditions (asthma, chronic heart failure, and diabetes).

- CA Health & Wellness identified 7,207 members within this high-risk category.
- The highest reported asthma counts occur among members aged 22-50 (44.6%).
- 51-65-year-olds (63.4%) report the highest cases of chronic heart failure, followed by members aged 22-50 years (28%).
- Diabetes counts are highest for 22-50-year-olds (68%).
- Overall, counts for all three chronic conditions combined are highest among 51-65 years in Region 1 (43.6%), Region 2 (46%), and Region 3 (39.6%). See Appendix IV and V for detailed tabular information.

Claims Encounter Data (Top Medical Diagnoses and Costs)

- CA Health & Wellness determined that spondylosis is the most submitted claim for all members, followed by other non-traumatic joint disorders.
- When analyzing for cost and claims, septicemia (except in labor) and viral infections account for the highest percentage of costs.
- Among members aged 19 and older, spondylosis and essential hypertension take the top two slots for claims encounters. Issues stemming from other chronic conditions (Diabetes) populate the top overall diagnoses in the seventh and eighth slots.
- Among children and adolescents ages 2-18, claims for upper respiratory infections are most common and represent the highest proportion of the expenses for all claims submitted.
- Mood and anxiety disorders represent members' most reported mental health conditions.

COVID-19

- Overall, 52.3% of CA Health & Wellness Members (5+) remains unvaccinated while 42.4% have entirely completed their vaccination series.
- Comparing all members of ages 5+, individuals between 22-59 years old exhibit the highest vaccination rates at 20.22%.
- Comparing members to their age cohorts, members ages 65+ exhibit the highest vaccination rates with rates higher than 72%.
- Comparing all members of ages 5+, individuals between the ages of 5-11, 22-34, and 35-49 exhibit the highest unvaccinated rates at 13.61%, 11.03%, and 8.88%
- Comparing members to their age cohorts, members ages 5-11, 12-16, and 22-34 exhibit the highest unvaccinated rates at 81%, 56.7% and 50.6%.

- Comparing all members of ages 5+, Hispanics have the highest vaccination rates at 22.65% followed by White members at 15.33%.
- Comparing all members of ages 5+, White members have the highest unvaccinated rates at 20.92% followed by Hispanic members at 16.58%.
- Comparing identifiable members to their race and ethnicity cohorts (ages 5+), Asian and American Indian and Alaskan Native members exhibit the highest vaccination rates at 87.9% and 76.6%.
- Conversely, White and African American members display the highest unvaccinated rates at 57.7% and 52.4% respectively.
- Throughout California Health & Wellness' service area, Tehama County leads the counties in unvaccinated members at 67.2%, followed by Plumas at 65%, and Calaveras at 64.5%. Imperial County leads in vaccination and completion rates at 62.5% and 55.6%.

Health Information Form

Members have the option of self-reporting their current health status using the Health Information Form (MY 2021).

- 68% of respondents noted a provider visit within the past year, indicating a steady % from 2020 (+0.74%).
- High blood pressure was the most reported health condition at 33.44% (+11.18% from 2020), followed by arthritis at 23.88% (+4.73% from 2020) and asthma at 20.69% (+4.17% from 2020).
- About 20% of members noted feeling down, depressed, or hopeless for several days during the past two weeks, and 16.61% reported feeling lonely over the past two weeks.
- 24% of members reported some form of tobacco use during the past year.

Nicotine Dependence

- Region 1 possesses nearly 44% of CA Health & Wellness's nicotine-dependent members compared to other regions.
  - The most significant proportion of nicotine users stems from the 51-65 age group with 49.90%. The 22-50 age group follows behind at 45.19%.
- In Region 1, Butte County has the highest proportion of nicotine dependence members at 62.41%, with the highest distribution among the 22-50 and 51-65 age groups.
- Region 2 follows Region 1 at 43% in identified nicotine-dependent members. As with Region 1, the highest proportion of cases within Region 2 stems from the 51-65 age group (50.27%).
- Region 3 accounts for nearly 13.45% of the entire CA Health & Wellness total of nicotine-dependent members. In addition, more than half of Imperial County's cases come from the 22-50-year-old age group, different from the pattern seen in Regions 1 and 2.

CA Health & Wellness Community Connect

- CA Health & Wellness members completed 2,450 searches during Measurement Year 2021.
- Food insecurity, housing instability, and health populated as recurring themes.

Access to Care

Provider Appointment Availability Survey (PAAS)

- Primary Care Providers met and exceeded the 80% performance goal in one of the five access measure standards among all CA Health & Wellness regions. In comparison to 2020, three of the five measurements had a statistically significant decrease in 2021.

- Specialists OB/GYN providers, and High-Impact Specialists surveyed did not meet the 80% performance goal in any of the measures. In addition, in comparison to 2020, two of the five measurements had a statistically significant decrease in 2021.
- Psychiatrists and Non-Physician Mental Health (NPMH) providers did not meet the 90% performance goal for CA Health & Wellness. In addition, a statistically significant decrease was noted in 2021 for the Non-Urgent Appointment within 15 business days of the request (Psychiatrist). In comparison to 2020, three of the four measurements had a decreased rate in 2021.
- Ancillary Providers across all CA Health & Wellness counties exceeded the 80% performance goal for non-urgent services within 15 business days of requests.

Provider After-Hours Availability Survey (PAHAS)

- CA Health & Wellness providers fell slightly short of meeting the 90% performance goal for the Appropriate After-Hours Emergency Instructions measure. However, compared to 2020, both measures exhibited statistically significant increased rates for 2021.

Consumer Assessment of Healthcare Providers and Systems (CAHPS®) MY2020-2021

- From 2020 to 2021, rates increased in nine measures, decreased in three, and stayed the same in one, as noted in Table 24.

  From 2020 to 2021, CA Health & Wellness observed statistically significant changes among the Getting Needed Care and Discussing Cessation Strategies measures.

Health Disparities

- Every category by race/ethnic did not reach the 50th percentile across the captured measures (Breast Cancer Screening [BCS], Cervical Cancer Screening [CCS], Chlamydia Screening in Women [CHL], Childhood Immunization Series Combination 10 [CIS-10] and Colorectal Cancer Screening [COL]), except the Hispanic and American Indian/Alaska Native (AI/AN) groups.
  - As seen in Table 26, Hispanics perform above the 50th percentile for the BCS measure, and the AI/AN group performs above the 50th percentile for the CHL measure.
- Stratifying by language, everyone performs below the 50th percentile in all measures (BCS, CCS, CHL, CIS-10 and COL) except Spanish, Taiwanese, Vietnamese, and Farsi speakers.
- Regardless of their housing status, all women perform below the 50th percentile (BCS, CCS, CHL, Prenatal and Postpartum Care – Postpartum Care [PPC-Postpartum], Prenatal and Postpartum Care – Timeliness of Prenatal Care [PPC-Prenatal]).
  - Women at risk of experiencing housing insecurity have a lower compliance rate than women who are not at risk of experiencing housing insecurity.

Health Education, Health Equity, and Quality Improvement Gap Analysis

The population needs assessment findings help flag areas for improvement. The gap analysis compares the identified gaps in member care to existing programs and services and highlights the opportunities that the health plan can address to improve health outcomes for members across the health plan.

<u>Opportunities Identified by Department</u>

- **Health Ed**:
  - Telemedicine in Rural Service Areas

- Mood and Anxiety Disorders
- Chronic Conditions (Hypertension, Diabetes, and Arthritis)
- Immunizations
- Well-Child Visits
- Tobacco Cessation

- **Health Equity**
  - Decreases in Language Assistance Program (LAP) utilization, face-to-face, and sign language interpreter services.
  - Increases in telephone interpretation and translations and alternate formats.

- **Quality Improvement**
  - Identified all pediatric measures in Regions 2 are below the 50th percentile.
  - Well-Child Visits (0-15 months and 15-30 months) and Child and Adolescent Well-Care Visits (WCV) were consistently below MPL across all counties,
  - Childhood Immunization Status (CIS-10) and Immunizations for Adolescents were below the 25th percentile in Regions 1 and 2.
  - Throughout CA Health & Wellness, rates for all racial groups except those designated as Unknown were below MPL for CIS-10.
  - Cervical Cancer Screening and Chlamydia Screenings were consistently below the benchmark across all CA Health & Wellness Regions.
  - Breast Cancer Screening did not meet performance levels in Regions 1 and 2
  - Timeliness of Prenatal Care measures did not meet performance levels in Regions 2 and 3.
  - Comprehensive Diabetes Care – HbA1c Poor Control (>9%) of adult health measures falls below the 50th percentile in CA Health & Wellness Regions 1 and 2.
  - All three Regions missed adult health measures by 50% or less.

ACTION PLAN

- Health Education will support mental and behavioral health, with efforts focused on expanding the promotion and utilization of a digital cognitive and behavioral health tool known as myStrength. This digital behavioral health platform allows for learning about stress, depression, meditation, substance abuse, anxiety, COVID-19, and resources for LGBTQ+, all to help address the mental and behavioral health needs of members
- Health Equity will aim to reduce member language barriers through an on-demand Video Remote Interpreting (VRI) and Over the Phone Interpretation (OPI) services in-office pilot project.
- The Quality Improvement will implement a health disparity project to increase the percentage of Breast Cancer Screenings among women ages 50-64 years old in CA Health & Wellness Region 1 with a Medi-Cal aid code that indicates a disability and who are assigned to the targeted PPGs.

STAKEHOLDER ENGAGEMENT

- Community Advisory Committee (CAC) participants helped serve as advisors in developing the PNA.

- CA Health & Wellness will consider one or more communication channels to inform their providers and health care professionals of PNA highlights and recommendations.
- Provider Updates via email or fax to Physicians, Participating Physician Groups, Hospitals, and Ancillary Providers.
- On-site visits at provider locations offer opportunities to share PNA details directly.
- Hosting “Lunch & Learn” sessions bring together multiple providers in a community setting, allowing PNA discussions.
- To be posted on Plan’s website: www.CAHealthWellness.com

Data Sources

California Health & Wellness references various internal and external data sources including most recently available data to develop the Population Needs Assessment (PNA). They offer insight into the membership profile and guide the identification of member-based needs, care standards, disparities, and overall action plans. Primary data sources include claims and encounters, membership enrollment datasets, health program utilization, improvement projects, member and provider surveys, and findings from member focus groups. Secondary sources, such as national, state and county health assessments, allow for data comparisons on health indicators and morbidity rates.

MEMBERSHIP DATA, MY2021

California Health & Wellness developed its membership profile using data as of December 2020, including active and termed members for the calendar year. This timeframe was selected to keep the membership analysis consistent with HEDIS and disparity analysis. In addition, California Health & Wellness reviews various demographic attributes across all their Regions. Member affiliations observed include Seniors and Persons with Disabilities (SPD), Limited English Proficiency (LEP), people without housing, and Social Determinants of Health (SDoH).

HEALTHCARE EFFECTIVENESS DATA AND INFORMATION SET (HEDIS®), MY2020

HEDIS represents a set of performance measures that helps Medi-Cal Managed Care Plans (MCPs) monitor and evaluate the quality and accessibility of care and services offered. For example, California Health & Wellness utilizes the PNA to report their performance on various pediatric, women's health, and chronic health measures. In addition, the health plan can address low-performing areas through a Performance Improvement Project (PIP), a Plan-Do-Study-Act (PDSAs) cycle, a disparity analysis project, population health programs, or Quality EDGE (Evaluating Data to Generate Excellence), each aimed at enhancing and supporting member-based outcomes.

CLAIMS AND ENCOUNTER DATA, MY2021

California Health & Wellness pulls together multiple data streams from corporate-wide data warehouses to acquire and report on claims and encounter information. These include medical, pharmacy, behavioral claims/encounters, laboratory results, and Utilization Management. These sources helped inform the following used in this assessment:

- Top health status and disease prevalence
- Top behavioral health diagnoses (claims and costs)
- High risk chronic health conditions
- Nicotine dependence
- Adverse Childhood Experience Screenings (ACEs)
- Coronavirus (COVID-19) testing

HEALTH INFORMATION FORM (HIF), MY2021

The HIF is an optional reporting form that helps identify self-reported member needs and services. California Health & Wellness includes this form in its member welcome packet for all new members. New members designated as Seniors and Persons with Disabilities (SPD) receive telephonic outreach to help assist them in form completion. Sections include:

- Global Health (perceived health rating, provider visit frequency, hospital and ED visits, flu shots), Physical Health (self-reported health conditions).

- Behavioral Health (self-reported instances of depression, anxiety, and anti-psychotic medication)
- Independent Living (stable housing and running out of money).

Member responses influence an overall risk score—California Health & Wellness flags individuals with higher scores as candidates for case management outreach. Members completed 1,914 forms throughout Measurement Year 2021. Responses help California Health & Wellness identify opportunities for improvement while addressing reported member needs.

HEALTH DISPARITY DATA, MY2017-2021

Data on health disparities flag gaps in the delivery of quality care, performance on quality metrics, and barriers due to race/ethnicity, age, housing status, spoken language/Limited English Proficiency, geography, and other broader Social Determinants of Health (SDoH). California Health & Wellness disparity analysis supplements the Department of Health Care Services (DHCS) MY2020 disparity data with updated internal findings, shaping the disparity highlights used within this assessment. Data sources include:

- **Department of Health Care Services (DHCS) Health Disparity Data, MY2020**. Health Services Advisory Group (HSAG) compiled unweighted Managed Care Health Plan (MCP) External Accountability Set indicator data collected for reporting year 2020, and member-level DHCS demographic information to create stratified rates.
- **California Health & Wellness' Calendar Year 2021 Membership and HEDIS data (MY2020)**, stratified by various demographic and socioeconomic characteristics. HEDIS quality measures with significant disparities in performance are flagged for review and discussion and compared to the highest performing racial/ethnic group. Overall compliance rates and national 50th percentile benchmarks are noted.

CALIFORNIA HEALTH & WELLNESS COMMUNITY CONNECT, MY2021

California Health & Wellness Community Connect is an online service that connects members to free or reduced-cost social services in their communities. Supported by FindHelp.org, website analytics help identify trends in emerging Social Determinants of Health by monitoring, tallying, and categorizing member searches. Members completed 2,450 searches across all California Health & Wellness Regions. Measurement Year 2021 findings helped California Health & Wellness assess the SDoH needs of members.

CONSUMER ASSESSMENT OF HEALTHCARE PROVIDERS AND SYSTEMS (CAHPS), MY2020-2021

California Health & Wellness' administered CAHPS survey seeks to measure health care consumers' experiences with the quality of care and customer service provided by their health plan. Findings from standardized questions help guide improvement strategies, aimed at meeting member expectations and preferences. Survey administration methodology included a mail and internet protocol, reaching adult members 18 years and older who had been continuously enrolled in the plan for at least five of the last six months in the measurement year. Initiated in February 2021, a total of 396 eligible California Health & Wellness members (9% survey response rate) helped validate our continued improvement in various CAHPS measures when compared to previous reporting timeframes.

TIMELY ACCESS REPORTS, MY2020-2021

Access to care standards monitor members' timely access for medical and behavioral health care within specific time-elapsed standards. Metrics include urgent and non-urgent appointments, after-hours availability, preventive visits/wellness checks, and access by provider type. Results inform rates of compliance, allowing for recommendations that improve appointment availability for members within timely timeframes. The

Department of Health Care Services (DHCS) did not conduct a Timely Access Study for MY2021. Data collection methodologies include:

- **Department of Managed Health Care Provider Appointment Availability Survey (PAAS), August-December 2021.** The Department of Managed Health Care PAAS reviews patient access on various appointment scheduling metrics. Providers surveyed include Primary Care Providers (PCPs), Specialists, Ancillary Providers, behavioral health providers, and psychiatry practice professionals. Providers outside of the CA Health & Wellness regions are listed in these assessments because they serviced CA Health & Wellness members. The DMHC PAAS survey was conducted via fax, email and telephone between August and December 2021.
- California Health & Wellness contracted with an external survey vendor, Sutherland Health Care Solutions, to administer the survey as outlined in the Department of Managed Health Care Provider Appointment Availability Survey Methodology. A total of 1,069 Primary Care Providers (84% response rate), 668 Specialists (80% response rate), 29 Ancillary Providers (85% response rate), 758 Non-Physician Mental Health (NPMH) providers (80.2% response rate), and 245 Psychiatry practice professionals (78% response rate) completed the survey.
- Members receive behavioral health services through the Managed Health Network (MHN)'s network of behavioral health care providers. The Psychiatry and Non-Physician Mental Health (NPMH) provider sample have their own performance standards specific to access.
- **Provider After-Hours Availability Survey (PAHAS), October 2020 - December 2021**. Sutherland Health Care Solutions administered this telephonic survey resulting in a total of 1,465 responses were collected (89% response rate) to determine providers' after-hours availability.

LANGUAGE ASSISTANCE PROGRAM (LAP), MY2017-2021

LAP offers a variety of language support services, such as culturally and linguistically appropriate material translations and interpreter support services for members, contracted partners, and staff. To identify gaps in services and opportunities for improvement, analyses primarily considered language assistance service utilization.

HEALTH EDUCATION PROGRAMS & SERVICES UTILIZATION, MY2021

Health Education resources promote positive lifestyle behaviors and encourage timely preventive care health services. Programs and services offer culturally and linguistically appropriate materials, covering a variety of health education topics. Utilization data reference 2021 program enrollments and community class participation. Health conditions reviewed include asthma, diabetes, tobacco use, behavioral health, chronic conditions, immunizations, and well-child visits.

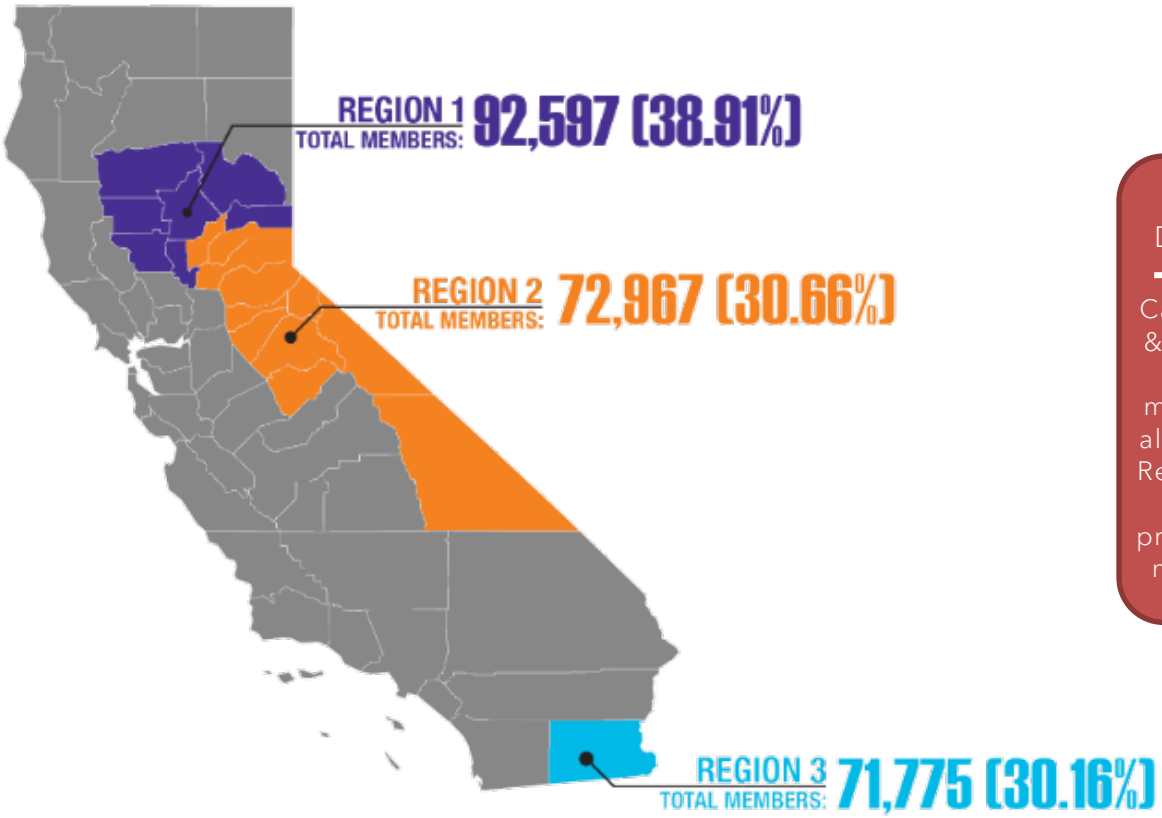
Key Data Assessment Findings

Assessment findings highlight member health status and program gaps, helping advise corresponding action plans. Data elements reviewed here include membership demographics, health status, disease prevalence, access to care performance and various disparity analyses.

MEMBERSHIP/GROUP PROFILE

- California Health & Wellness developed the membership profile using a December 2021 dataset, including both active and termed members for the calendar year.[1] Critical demographic characteristics include geographic distribution, gender, race/ethnicity, age, Seniors and Persons with Disabilities (SPD), Limited English Proficiency (LEP) counts, housing insecurity, and language.
  - CA Health & Wellness's service areas span 19 counties split into three (3) geographic regions.
    - » Region 1 covers seven (7) counties: Sutter, Colusa, Glenn, Butte, Sierra, Plumas, and Tehama.
    - » Region 2 consists of eleven (11) counties: Yuba, Nevada, Placer, El Dorado, Amador, Alpine, Calaveras, Tuolumne, Mariposa, Mono, and Inyo.
    - » Region 3 consists of one single county, Imperial.

Membership Distribution, December 2021



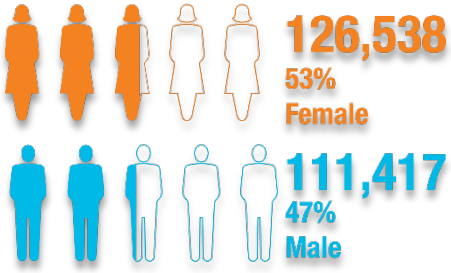
Member Demographics

California Health & Wellness had 237,955 members across all three regions. Region 1 had the largest proportion of the membership at 38.9%

[1] Total includes active and termed members in 2021. Data was extracted in May 2022from the health plan's Operational Data Warehouse (ODW).

Sex, December 2021

- In Region 3, females make up 55.3% of members, followed by 52.9% in Region 1 and 51.5% in Region 2.
- Males make up 44.7%-48.5% of members in the remaining counties.
- Overall, females comprise nearly 53.2% of CA Health & Wellness's total membership.



Age, December 2021

- Nearly 54% of the total CA Health & Wellness membership resides between the ages of 14 and 50 years.
- The 0 to 13 age group follows with 28.5%.
- Members in the 66 and older age group make up a minor proportion at almost 4% of the total membership.

California Health & Wellness, Total Population by Age Group, December 2021

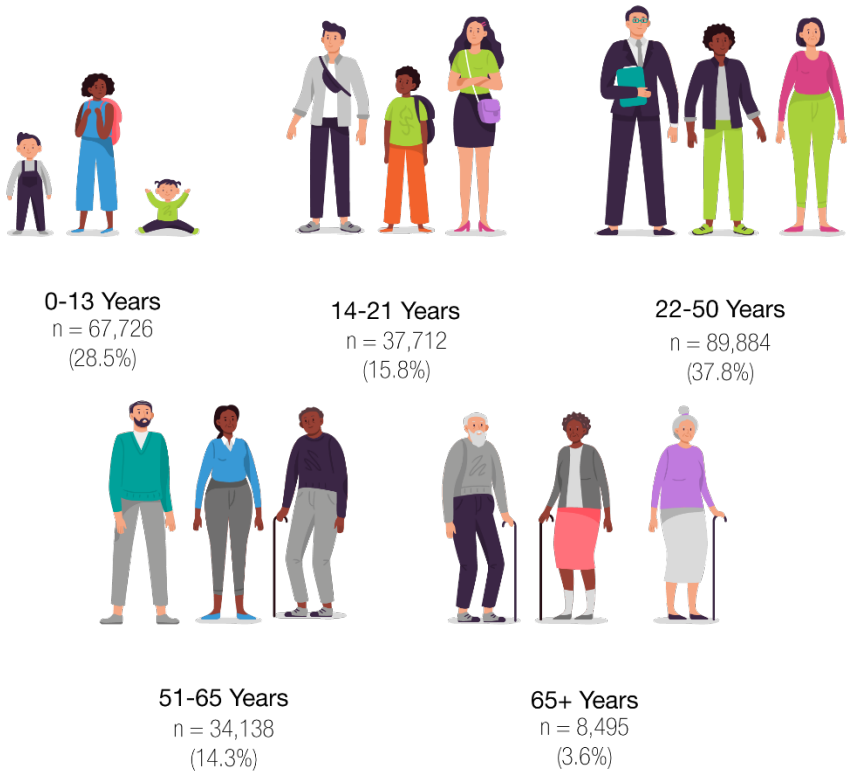
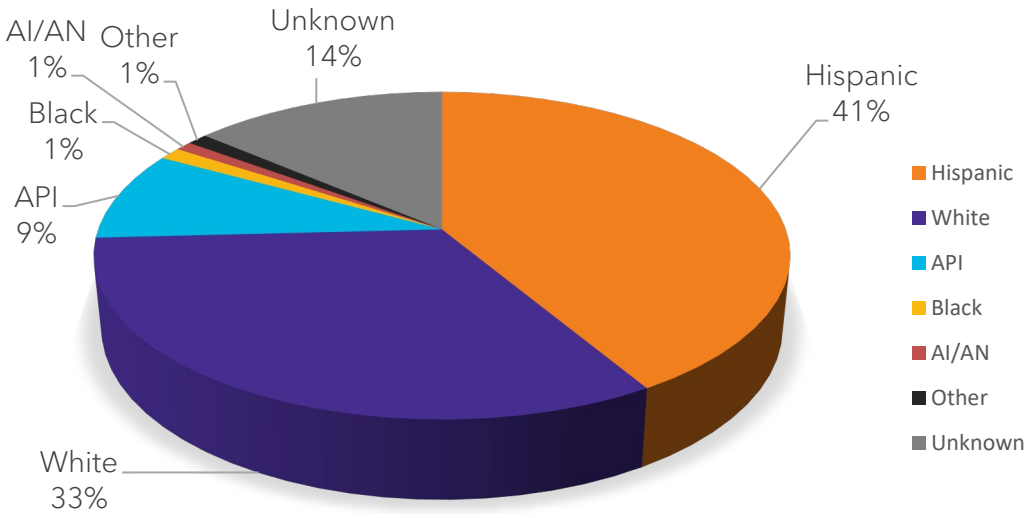


Table 1: CA Health & Wellness Data: Age Groups by County, December 2020 and December 2021

	Region 1		Region 2		Region 3		2020		2021		*YoY Change*
Age Group	**(n)**	**%**	**(n)**	**%**	**(n)**	**%**	**(n)**	**%**	**(n)**	**%**	**(%)**
0-13	26,978	29.1%	18,801	25.8%	21,803	30.4%	65,810	28.4%	67,726	28.5%	2.91%
14-21	14,214	15.4%	10,721	14.7%	12,673	17.7%	37,239	16.1%	37,712	15.8%	1.27%
22-50	35,652	38.5%	28,844	39.5%	25,122	35.0%	86,615	37.4%	89,884	37.8%	3.77%
51-65	12,792	13.8%	12,213	16.7%	9,053	12.6%	33,347	14.4%	34,138	14.3%	2.37%
>65	2,961	3.2%	2,397	3.3%	3,124	4.4%	8,734	3.8%	8,495	3.6%	-2.74%

- Hispanics make up the largest group in all California Health & Wellness Counties, followed by White members.
  - The largest segment of Hispanic members comes from Imperial County, where 85.6% (61,422) of members claim to come from a Hispanic background.
  - White members claim the top position for race and ethnicity across Regions 1 and 2 at 41% and 51%.
- Asian or Pacific Islander members are the fourth highest race/ethnicity group, trailing behind members with unknown races or ethnicities at 8.8% of the membership total. Black members follow Asian or Pacific Islanders at 1.2% of the membership total.
- Overall rates by race/ethnicity have remained consistent for California Health & Wellness since December 2018.

Graph 1: CA Health & Wellness Membership Data: Race and Ethnicity by Total, December 2021



Race and Ethnicity

Nearly 41% of CA Health & Wellness's membership identified as Hispanic, 33% as White, 9% as Asian or Pacific Islander and 1% as black. Less than 15%

See Table 2 below for race/ethnicity information at the county level.

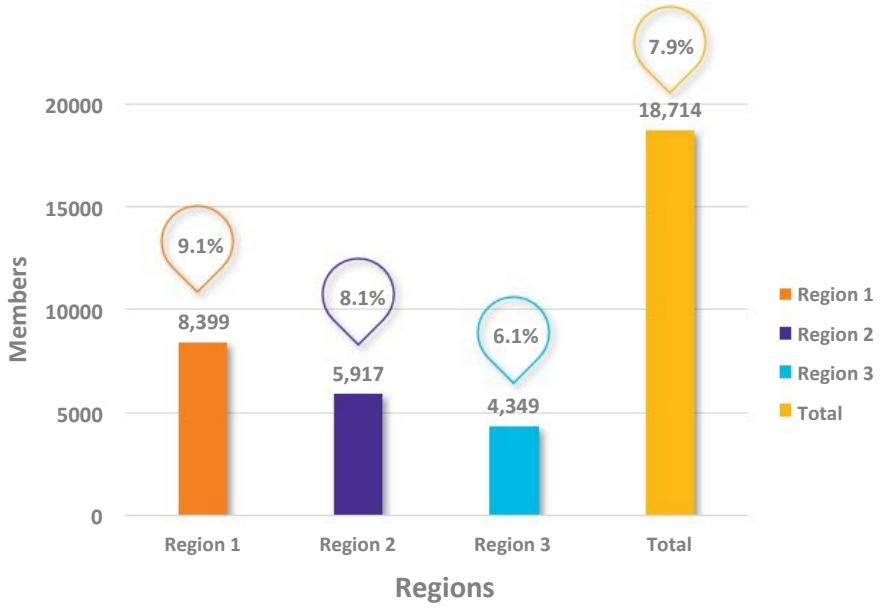
Table 2: Race/Ethnicity by County, December 2020 and December 2021

	Region 1		Region 2		Region 3		2020		2021		YoY Change
Race/Ethnicity	**(n)**	**%**	**(n)**	**%**	**(n)**	**%**	**(n)**	**%**	**(n)**	**%**	**(%)**
Hispanic	25,324	27.3%	11,707	16.0%	61,422	85.6%	101,565	43.9%	98,548	41.40%	-2.97%
White	37,777	40.8%	36,951	50.6%	3,002	4.2%	84,595	36.5%	77,971	32.80%	-7.83%
API	10,543	11.4%	7,579	10.4%	2,796	3.9%	23,344	10.1%	20,971	8.80%	-10.17%
Black	1,502	1.6%	806	1.1%	559	0.8%	3,182	1.4%	2,883	1.20%	-9.40%
AI/AN	1,100	1.2%	789	1.1%	245	0.3%	2,327	1.0%	2,140	0.90%	-8.04%
Other	931	1.0%	1,613	2.2%	105	0.1%	3,037	1.3%	2,658	1.10%	-12.48%
Unknown	15,420	16.7%	13,531	18.5%	3,646	5.1%	13,695	5.9%	32,784	13.80%	139.39%

Graph 2:Seniors and Persons with Disabilities by Region, Total, December 2021

Seniors and Persons with Disabilities (SPD), December 2021

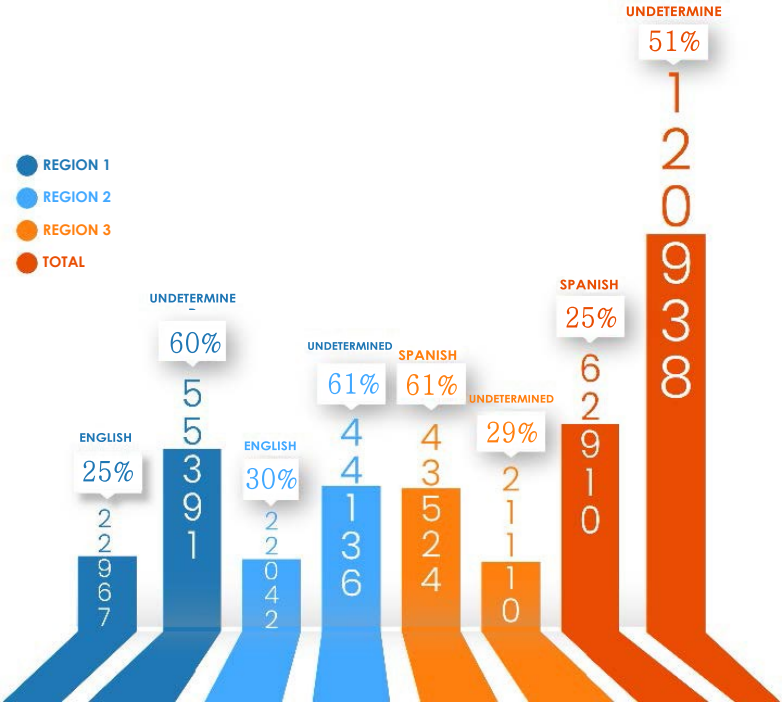
- SPD individuals make up 7.9% of CA Health & Wellness's membership (n=18,714).
- Proportions are highest in Region 1 with 9.1% or 48,988 of total membership.
- Region 2 (8.1% | 5,917) [total].
- Region 3 (6.1% | 4,349) [total].



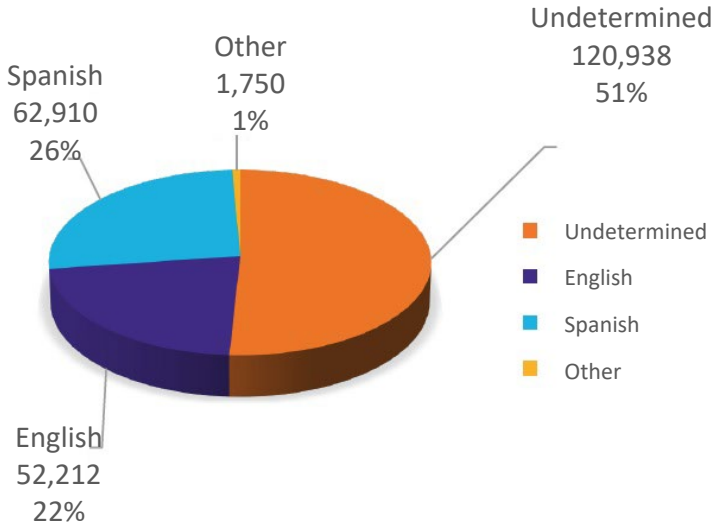
Spoken Language, December 2021

- Most CA Health & Wellness members did not specify their preferred language.
  - These individuals represent 51% of all CA Health & Wellness members.
- Spanish speakers represent 26% of members with a reported spoken language preference.
- English speakers claim 22% of the membership.

Top Two Reported Language Categories by Region, December 2021



Graph 3: Spoken Languages, Total, December 2021



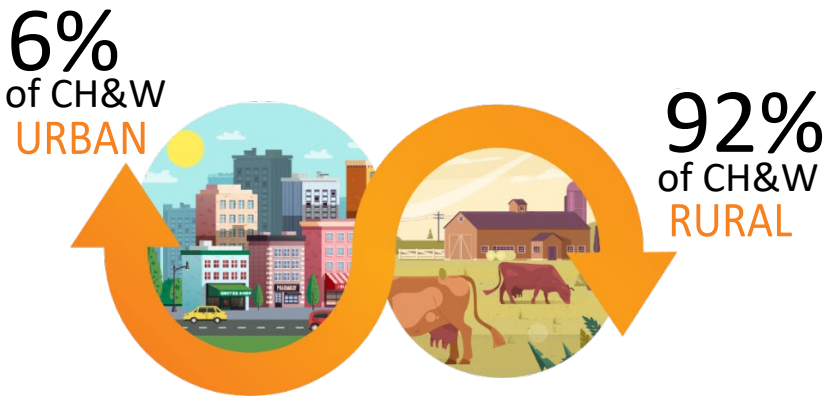
Housing Status, December 2021

- 2.2% of all CA Health & Wellness members do not have adequate housing or are likely without homes.

Graph 4: Seniors and Persons with Disabilities by Region, Total, December 2021

Geographic Classification, December 2021

- Among CA Health & Wellness membership, many members live in rural areas (91.9%).
  - Regions with a higher proportion of members in rural areas include Region 3 (97.3%), followed by Region 1 (90.2%) and Region 2 (89.2%). Please see Appendix III for additional details.
- 6% of CA Health & Wellness members reside in an urban geography (1.9% for suburban).



HEALTH STATUS AND DISEASE PREVALENCE

CA Health & Wellness uses various claims and encounters data metrics to determine its members' health status. CA Health & Wellness uses the following sources to gauge levels of performance and opportunities for improvement.

Healthcare Effectiveness Data and Information Set (HEDIS®)

HEDIS is comprised of a comprehensive set of standardized measures, helping assess and compare performance across health plans. Developed by the National Committee for Quality Assurance (NCQA), assessments stem from clinical care extended to members by providers, influenced by activities and programs delivered by managed care health plans. DHCS requires that Medicaid Managed Care Plans meet or exceed the established Minimum Performance Level (MPL) for each measure, currently set at the 50th percentile. For each clinical measure that falls below that threshold, health plans implement a Performance Improvement Project (PIP), a Plan-Do-Study-Act (PDSAs) cycle, or a disparity analysis project to improve outcomes.

- Using the most recently available data, CA Health & Wellness's HEDIS outcomes were categorized into three areas: ***Pediatric Health, Women's Health and Adult + Chronic Health.***
- Under Pediatric Health (Table 3), nine measures determine quality benchmarks.
  - Region 3 noted five measures under the 50th percentile.
  - Region 2 had missed the MPL across all measures.
  - Across all counties, several pediatric measures were consistently below the 50th percentile:
    - Well-Child Visits in the First 30 Months of Life – 0 to 15 Months (W30-15),
    - Well-Child Visits in the First 30 Months of Life – 15 to 30 Months (W30-30),
    - Childhood-Immunization Series Combination #10.

Table 3: Pediatric HEDIS Measures

Pediatric Measures
» APM: Metabolic Monitoring for Children and Adolescents on Antipsychotics - Total
» CIS-10: Childhood Immunization Status – Combo 10
» IMA-2: Immunizations for Adolescents – Combo 2
» WCC-BMI: Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents – Counseling for BMI
» WCC-N: Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents – Counseling for Nutrition
» WCC-PA: Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents – Counseling for Physical Activity
» WCV: Child and Adolescent Well-Care Visits
» W30-15: Well-Child Visits in the First 30 Months of Life – 0 to 15 Months
» W30-30: Well-Child Visits in the First 30 Months of Life – 15 to 30 Months

Table 4: HEDIS Rates for Pediatric Measures, December 2020

Regions	Total PEDS Measures	# PEDS Measures Below 50th Ftercentile	Measures Below 50th Percentile	% Measures Below 50th Percentile
Region 1	9	7	APM, CIS-10, IMA-2, WCC-BMI, WCC-N, W30-15, W30-30	78%
Region 2	9	9	APM, CIS-10, IMA-2, WCC-BMI, WCC-N, WCC-PA, W30-15, W30-30, WCV	100%
Region 3	9	5	APM, WCC-N. WCC-PA, W3O-15, WCV	56%

- Women's Health encompasses five performance measures (Table 5).
  - Region 1 and Region 3 possess three measures below the 50th percentile benchmark.
  - Region 2 counties had at least 4 of 5 measures below the MPL.
  - Statewide, Cervical Cancer Screening and Chlamydia Screening in Women consistently fall below the benchmark.

Table 3: Women's Health HEDIS Measures

Women's Health Measures

- **BCS:** Breast Cancer Screening
- **CCS:** Cervical Cancer Screening
- **PPC-Prenatal:** Prenatal and Postpartum Care – Timeliness of Prenatal Care
- **PPC-Postpartum:** for Prenatal and Postpartum Care – Postpartum Care
- **CHL:** Chlamydia Screening in Women

Table 4: HEDIS Rates for Women's Health Measures, December 2020

Regions	Total WH Measures	# WH Measures Below 50th Percentile	Measures Below 50th Percentile	% Measures Below 50th Percentile
Region 1	5	3	BCS, CCS, CHL	60%
Region 2	5	4	BCS, CCS, PPC-Prenatal, CHL	80%
Region 3	5	3	CCS, PPC-Prenatal, CHL	60%

- The Adult and Chronic Health group incorporate six performance measures (Table 7).
  - Region 3 met benchmarks on four of six measures
  - Regions 1 and 2 missed the MPL on three measures.
  - Comprehensive Diabetes Care – HbA1c Poor Control (>9%) and Diabetes screening for People with Schizophrenia are the most recurring measures statewide below the 50th percentile, each populating in at least 2 Regions.

Table 5: Adult and Chronic Health HEDIS Measures

Adult and Chronic Health Measures
» AMM-A: Antidepressant Medication Management – Effective Acute Phase Treatment
» AMM-C: Antidepressant Medication Management – Effective Continuation Phase Treatment
» AMR: Asthma Medication Ratio
» CBP: Controlling Blood Pressure
» CDC-H9: for Comprehensive Diabetes Care – HbA1c Poor Control (>9.0%)
» SSD: Diabetes Screening for People with Schizophrenia or Bipolar Disorder who are using Antipsychotic Medications

Table 6:HEDIS Rates for Adult and Chronic Health Measures, December 2020

Regions	Total AH Measures	# WH Measures Below 50th Percentile	Measures Below 50th Percentile	% Measures Below 50th Percentile
Region 1	6	3	AMR, CDC-H9, SSD	50%
Region 2	6	3	CBP, CDC-H9, SSD	50%
Region 3	6	2	AMM-A, AMM-C	33%

High Risk Chronic Health Conditions

California Health & Wellness supports population health management (PHM) by identifying members considered high risk for chronic health conditions, enabling enrollment into disease management, case management and/or clinical pharmacy management programs. Members are considered high risk when they fall within any of these categories:

High Risk Member Selection Criteria	
Outpatient Surgery (OPS)	3 or More OPS in last 12 Months
Emergency Room (ER) - 3 Months	2 or More ER Visit in last 3 Months

ER- 6 Months	3 or More ER Visit in last 6 Months
ER- 12 Months	5 or More ER Visit in last 12 Months
Inpatient Admit (Acute)	More Than 1 in last 12 Months
Ambulatory Care Sensitive Condition Admit	Any in last 12 Months
Catastrophic Admit	Any in last 12 Months
Population Health Category	_05b or Higher (New POP Health Category)
Chronic Conditions	Presence of 5 or More chronic conditions

Region, County and Age

- CA Health & Wellness identified 7,207 members within a high-risk category for asthma, chronic heart failure (CHF), or diabetes.
- California Health & Wellness members aged 51-65 carry the most significant burden of high-risk conditions, with 3,109 or 43.14% of the entire high-risk population.
- The 22–50-year-old age group follows with 2,729 high-risk counts or 37.87% of the population's total.
- Overall, counts for all three chronic conditions combined are highest in Imperial County at 2,158 Counts or 29.94% of the entire chronic condition population, followed by Butte County at 22.34%.
  - The 22-65-year-old age range in Butte County carries 19.03% of the entire high-risk chronic condition population, while the same group in Imperial County carries 23.1%
- Members aged 21-50 accounted for the largest segment of members with asthma with 1,343 individuals or 44.66% of the total number of people with asthma.
  - The most considerable group of those with high-risk asthma reside in the 21-50-year-old population in Imperial County; these individuals contribute to 387 counts or 12.87% of the total overall of those with asthma.
- Chronic heart failure is highest among adults 51-65 years across all counties accounting for 2,328 members or 63.35% of the total CHF group.
  - Imperial County accounts for nearly 38% of the entire high-risk CHF.
  - Members aged 51-65 in Imperial County carry a significant rate of high-risk CHF individuals at 18.78% of the entire population.
  - 51-65-year-olds in Butte County follow this cohort with 14.4% of the entire CHF population.
- Diabetes is more common among adults 22+ years but highest within the 22-50 age group at 68.19% (358) of the total population with diabetes.
  - Imperial County leads among counties, carrying 30.48% (160) of the high-risk members with diabetes population; Butte follows Imperial at 23.05% (121) and Glenn at 6.67%.
  - Members aged 22-50 in Imperial County and Butte County carry a significant rate of high-risk members with diabetes at 19.81% and 16.76% of the entire population with diabetes.
- Refer to Appendix IV for Chronic Conditions by Region, County and Age (MY2021)

Region, County and Race/Ethnicity

- White and Hispanic members have the highest rates for all three chronic conditions across all counties and regions at 41.65% and 35.74%.
  - Hispanic members have the highest counts for diabetes at 43.42%.

  - White members note the highest cases of chronic heart failure and asthma across the regions at 42.37% (1,557) and 42.10% (1,266).
- White members count for the largest segment of members with asthma, with 1,266 individuals or 42.10% of total members with asthma.
- The most considerable burden of high-risk members with asthma resides in the Hispanic population in Imperial County; these individuals contribute to 697 counts or 23.18% of the total overall for those with asthma.
- Chronic heart failure is highest among White members across all counties.
  - White members account for 1,557 members or 42.37% of the CHF group
  - Hispanic members trail slightly behind at 35.67%.
  - Imperial County accounts for nearly 31% of the entire high-risk CHF population, trailed by Butte at about 23%.
  - Hispanic members in Imperial County carry a significant rate of high-risk CHF individuals at 26.42% of the entire population.
- Diabetes is most common among Hispanic members at 43.24% of the population with diabetes.
  - Imperial leads among these counties, carrying 30.48% (160) of the high-risk members with diabetes population.
  - Butte follows Imperial at 23.05% and Glenn at 6.67%.
  - Hispanic members in Imperial County and White members in Butte County carry a significant rate of high-risk members with diabetes at 26.67% and 11.05% of the entire population with diabetes.
- Region 1 contains the highest proportion of all high-risk chronic conditions at 40.54%, followed by Region 3 at 29.94% and Region 2 at 29.51%.
- Refer to Appendix V for Chronic Conditions by Region, County and Race/Ethnicity (MY2021)

Top Medical Diagnoses and Costs

California Health & Wellness uses claims and encounter data from Measurement Year 2021 to produce the Top 10 medical diagnoses and cost tables (Tables 9-16) .

- All top 10 claims in 2020 rolled over to 2021, with degenerative spine conditions taking the top slot for both years.
- Blood poisoning by bacteria (septicemia) accounts for the highest cost percentage among all claims submitted (8.24%) in 2021.
- Sixty percent of diagnoses in the top 10 costs are new for 2021 over the previous measurement period.
- For 2021, claims for upper respiratory infections were most common among children and adolescents aged 2-18, accounting for 8.66% of all claims.
  - Eighty percent of the top 10 claims (ages 2-18) in MY2020 represent conditions evident in 2021.
  - Upper respiratory infections maintain their position for the highest percentage of costs (6.83%)
- In adults ages 19+, 90% of all top 10 claims in 2020 mirrored those in 2021.
  - Tables 13-14 show that spine-related conditions represent nearly 5.5% of claims, and blood poisoning by bacteria (Septicemia) contributes to nearly 9% of costs
- For disabled members, all top 10 claims submitted in 2020 reappear in 2021.

- Degenerative conditions of the spine represent the highest proportion of claims at 6.14%
- Blood poisoning by bacteria (Septicemia) accounts for the highest percentage of costs (13.82%).
- Sixty percent of diagnoses contributing to the top 10 costs are new in 2021 compared to 2020.

Table 9: Claims/Encounter Data - Top 10 Claims, All Members, MY2020-2021

	% of Claims	
	2020	2021
Spondylosis; intervertebral disc disorders; other back problems	5.11%	4.73%
Other non-traumatic joint disorders	3.14%	3.15%
Essential hypertension	2.57%	2.83%
Abdominal pain	2.58%	2.57%
Other connective tissue disease	2.45%	2.53%
Other upper respiratory infections	2.55%	2.32%
Diabetes mellitus with complications	2.30%	2.32%
Diabetes mellitus without complication	2.22%	2.28%
Viral infection**	2.04%	2.26%
Other lower respiratory disease	2.58%	2.13%

Table 10: Claims/Encounter Data - Top 10 Costs, All Members, MY2020-2021

	% of Costs	
	2020	2021
Septicemia (except in labor)	2.76	8.24%
Viral infection**	2.65	3.99%
Diabetes mellitus with complications	2.76	2.64%
Spondylosis; intervertebral disc disorders; other back problems	2.62	2.42%
Hypertension with complications and secondary hypertension	*N/A**	1.98%
Respiratory failure; insufficiency; arrest	*N/A**	1.80%
Maintenance chemotherapy; radiotherapy	*N/A**	1.77%
Alcohol-related disorders	*N/A**	1.72%
Other nervous system disorders	*N/A**	1.65%
Contraceptive and procreative management	*N/A**	1.57%

**** Claim/diagnosis not captured as a top 10 item in 2020***

*****Viral infections include COVID related claims***

Table 11: Claims/Encounter Data - Top 10 Claims, Ages 2-18, MY2020-2021

	% of Claims	
	2020	2021
Other upper respiratory infections	8.51%	8.66%
Viral infection**	4.23%	5.27%
Other upper respiratory disease	3.49%	3.91%
Abdominal pain	2.93%	3.20%
Other non-traumatic joint disorders	2.67%	3.20%
Other skin disorders	2.78%	3.02%
Fracture of upper limb	2.51%	2.75%
Blindness and vision defects	2.27%	2.66%
Administrative/social admission	*N/A**	2.42%
Other injuries and conditions due to external causes	*N/A**	2.32%

Table 12: Claims/Encounter Data - Top 10 Costs, Ages 2-18, MY2020-2021

	% of Costs	
	2020	2021
Other upper respiratory infections	6.45%	6.83%
Viral infection**	3.58%	5.59%
Disorders of teeth and jaw	*N/A**	3.40%
Appendicitis and other appendiceal conditions	*N/A**	3.19%
Other upper respiratory disease	2.02%	2.66%
Abdominal pain	2.21%	2.46%
Fracture of upper limb	2.22%	2.29%
Asthma	*N/A**	2.28%
Other skin disorders	1.89%	2.26%
Other non-traumatic joint disorders	1.77%	2.10%

**** Claim/diagnosis not captured as a top 10 item in 2020***

*****Viral infections include COVID related claims***

Table 13: Claims/Encounter Data - Top 10 Claims, Ages 19+, MY2020-2021

	% of Claims	
	2020	2021
Spondylosis; intervertebral disc disorders; other back problems	5.88%	5.44%
Essential hypertension	3.02%	3.34%
Other non-traumatic joint disorders	3.24%	3.19%
Diabetes mellitus with complications	2.70%	2.73%
Diabetes mellitus without complication	2.54%	2.66%
Other connective tissue disease	2.59%	2.63%
Abdominal pain	2.55%	2.50%
Normal pregnancy and/or delivery	2.11%	2.19%
Other lower respiratory disease	2.48%	2.11%
Other complications of pregnancy	*N/A**	1.82%

**** Claim/diagnosis not captured as a top 10 item in 2020***

*****Viral infections include COVID related claims***

Table 14: Claims/Encounter Data - Top 10 Costs, Ages 19+, MY2020-2021

	% of Costs	
	2020	2021
Septicemia (except in labor)	*N/A**	8.90%
Viral infection**	*N/A**	3.85%
Diabetes mellitus with complications	2.97%	2.83%
Spondylosis; intervertebral disc disorders; other back problems	2.79%	2.57%
Hypertension with complications and secondary hypertension	*N/A**	2.16%
Maintenance chemotherapy; radiotherapy	*N/A**	1.91%
Respiratory failure; insufficiency; arrest	*N/A**	1.90%
Alcohol-related disorders	*N/A**	1.86%
Other nervous system disorders	1.58%	1.72%
Contraceptive and procreative management	*N/A**	1.58%

Table 15: Claims/Encounter Data - Top 10 Claims, Members with Disabilities, MY2020-2021

	% of Claims	
	2020	2021
Spondylosis; intervertebral disc disorders; other back problems	6.93%	6.14%
Diabetes mellitus with complications	3.60%	3.81%
Essential hypertension	2.60%	3.13%
Chronic obstructive pulmonary disease and bronchiectasis	2.62%	2.87%
Other non-traumatic joint disorders	2.88%	2.80%
Diabetes mellitus without complication	2.54%	2.69%
Other lower respiratory disease	2.61%	2.60%
Other connective tissue disease	2.57%	2.55%
Other nervous system disorders	2.44%	2.47%
Chronic kidney disease	2.65%	2.31%

**** Claim/diagnosis not captured as a top 10 item in 2020***

*****Viral infections include COVID related claims***

Table 16: Claims/Encounter Data - Top 10 Costs, Members with Disabilities, MY2020-2021

	% of Costs	
	2020	2021
Septicemia (except in labor)	*N/A**	13.82%
Diabetes mellitus with complications	3.76%	4.16%
Respiratory failure; insufficiency; arrest	*N/A**	3.52%
Hypertension with complications and secondary hypertension	*N/A**	3.02%
Viral infection**	*N/A**	3.00%
Chronic obstructive pulmonary disease and bronchiectasis	2.31%	2.60%
Spondylosis; intervertebral disc disorders; other back problems	2.81%	2.58%
Chronic kidney disease	3.01%	2.31%
Acute cerebrovascular disease	*N/A**	2.02%
Maintenance chemotherapy; radiotherapy	*N/A**	1.90%

- Table 17 references the top 10 mental health conditions.
- Mood, Anxiety, and Post-Traumatic Stress Disorders continue to make up the top three in Measurement Year 2021.
- Adjustment Disorder with Anxiety and Sexual and Gender Identity Disorders are new top 10 items.

Table 17: Top 10 Mental Health Conditions

Behavioral Health	*2020*	*2021*	*YOY Change*
Mood Disorders	3,643	4,481	23%
Anxiety Disorders	3,422	4,148	21.22%
Post-Traumatic Stress Disorder (unspecified)	1,085	1,287	18.62%
Adjustment Disorder with Mixed Anxiety and Depressed Mood	665	841	26.47%
Autistic Disorder	554	649	17.15%
Post-Traumatic Stress Disorder (chronic)	521	538	3.26%
Schizophrenia and other Psychotic Disorders	499	506	1.40%
Adjustment Disorder (unspecified)	489	464	-5.11%
Adjustment Disorder with Anxiety	N/A*	449	-
Sexual and Gender Identity Disorders	N/A*	377	-
Total:	10,878	13,740	26.31%

** Behavioral health conditions counts were not captured as a top 10 item in the 2021 CA Health & Wellness PNA*

Mental Health

13,740 members had a documented mental health condition in MY2021. This is a 26.31% increase in the top 10 count since MY2020

Adverse Childhood Experience Screenings (ACES)

Adverse Childhood Experiences (ACEs) are traumatic events experienced before age 18. Adverse childhood experiences may include various types of abuse (physical, sexual, or emotional), substance use, mental health problems, or other problematic events witnessed or experienced in the household, to name a few. Because of the link to various health problems throughout the lifespan, providers may screen for ACEs in children, adolescents, and adults to assess and treat toxic stress to improve outcomes.

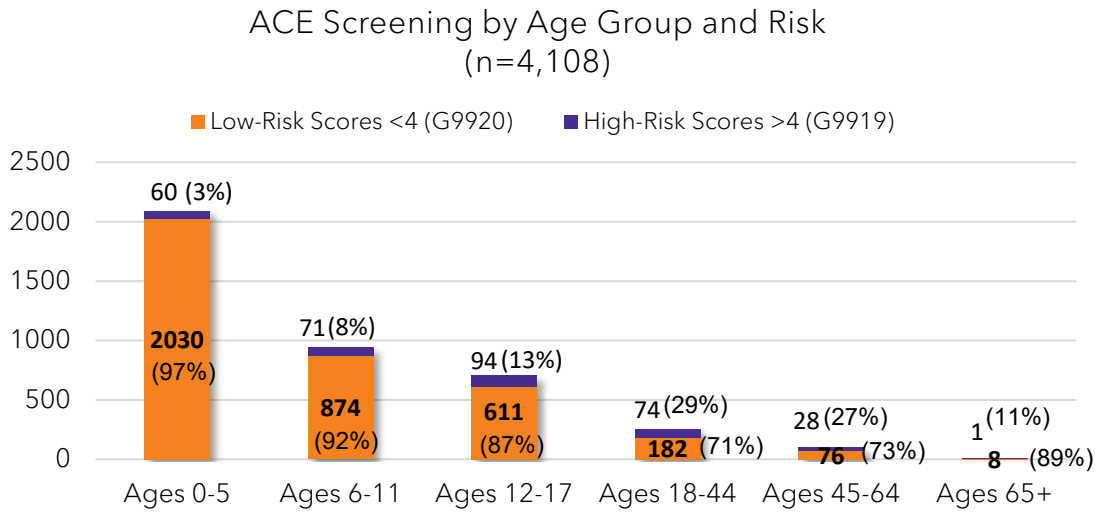
- California Health & Wellness paid 4,114 ACE screenings in 2021 (per available claims as of 3/31/2022), representing 4,108 unique members.
  - Of unique members, a majority (92%; n=3,776) had an ACEs score between 0-3, representing a lower risk score for toxic stress.
  - The remaining 8% had an ACEs score of four or greater, indicating a high risk for toxic stress.
- Imperial County conducted the highest number of screenings overall with 2,096, followed by Tehama and Placer Counties.
- Calaveras and Amador Counties have the highest percentage of high-risk ACEs scores at 37.33% and 37.21%, respectively.

Table 18: Claims/Encounter Data – Paid ACES Claims by County, MY2021

	Low-Risk <4	*High-Risk >4*	*Total*
Region 1			
Butte	16 (76.19%)	5 (23.81%)	21
Colusa	0 (0%)	3 (100%)	3
Glenn	12 (40%)	18 (60%)	30
Plumas	0 (0%)	2 (100%)	2
Sutter	9 (60%)	6 (40%)	15
Tehama	749 (86.89%)	113 (13.11%)	862
Region 2			
Alpine	1 (100%)	0 (0%)	1
Amador	27 (62.79%)	16 (37.21%)	43
Calaveras	47 (62.67%)	28 (37.33%)	75
El Dorado	99 (87.61%)	14 (12.39%)	113
Inyo	134 (92.41%)	11 (7.59%)	145
Mariposa	6 (50%)	6 (50%)	12
Mono	13 (100%)	0 (0%)	13
Nevada	63 (77.78%)	18 (22.22%)	81
Placer	469 (96.9%)	15 (3.1%)	484
Tuolumne	4 (80%)	1 (20%)	5
Yuba	27 (72.97%)	10 (27.03%)	37
Region 3			
Imperial	2096 (97.31%)	58 (2.69%)	2154
Total	**3,776 (91.92%)**	**328 (7.98%)**	**4,108**

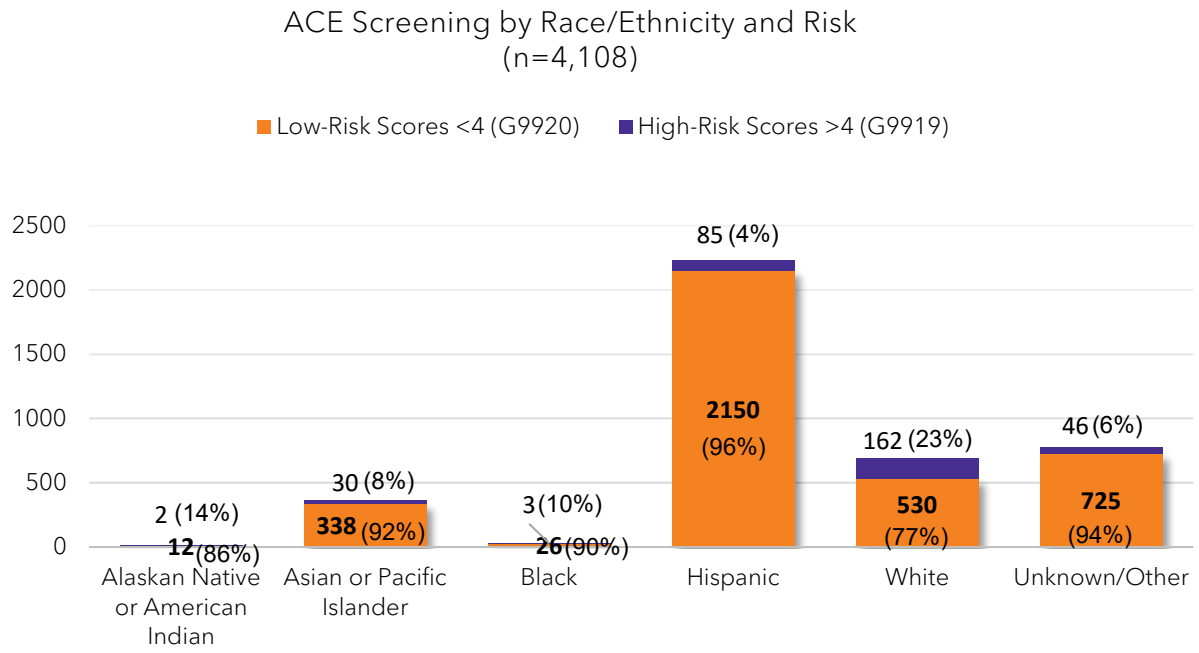
- Females represent 51% of all unique ACE submissions (n= 2,079).
  - 9% of these submissions were flagged with a high-risk ACE score of 4 or more.
- Children ages 0-5 account for the largest proportion of claims at 50.85%, and screenings overall.
- Children and adolescents under 18 account for 91% of all claims submitted.

Graph 5: Claims/Encounter Data - ACEs Screenings by Age Group and Risk, MY2021



- CA Health & Wellness adults ages 18-44 and 45-64 exhibit the most high-risk ACE score at 29% and 27%, respectively.
- Hispanics account for the most significant claims of all screenings (54.38%).
- White members represent 16.87% of claims, followed by Asian or Pacific Islander beneficiaries (9%).
- Whites had 23.34% of their total screenings flagged as high risk, leading rates among all groups (Graph 6).

Graph: 6 Claims/Encounter Data - ACEs Screenings by Ethnicity and Risk, MY2021



Coronavirus Disease 2019 (COVID-19)

Table 19-21 highlight the various indicators (Vaccination and Testing/Positivity Rates) used to monitor the impact of COVID-19 amongst the California Health & Wellness membership. Overall, 52.3% of California Health & Wellness' (5+) membership remains unvaccinated while 42.4% have entirely completed their vaccination series.

Table 19: Vaccination Status, Test/Infection Rate by Age (> 5 Years), January 2021-December 2021

	Vaccine Status				Test/Infection Rate	
Age Group	**Unvaccinated**	**Vaccinated**	**Complete**	**Booster**	**Test Positive**	**COVID %**
05-11	81.0%	19.0%	14.8%	0.2%	8.6%	9.5%
12-16	56.7%	43.3%	38.6%	7.9%	12.3%	11.5%
17-21	47.2%	52.8%	47.1%	15.3%	14.2%	13.6%
22-34	50.6%	49.4%	43.6%	16.4%	10.9%	15.1%
35-49	48.4%	51.6%	46.1%	19.2%	10.6%	16.0%
50-59	39.0%	61.0%	55.5%	28.5%	13.5%	15.9%
60-64	34.3%	65.7%	59.9%	33.5%	11.2%	13.5%
65-69	28.0%	72.0%	67.0%	41.4%	10.5%	14.2%

Age Group	Unvaccinated	Vaccinated	Complete	Booster	Test Positive	COVID %
70-74	21.7%	78.3%	73.5%	49.5%	8.8%	12.7%
75-79	20.8%	79.2%	74.1%	50.2%	0.0%	13.3%
80+	22.9%	77.1%	71.6%	45.2%	8.7%	16.8%
Overall	52.3%	47.7%	42.4%	16.7%	11.1%	13.7%

Vaccinated = 1 Dose mRNA

Complete = 2 Doses of mRNA or 1 Dose JnJ

Booster = 3 Doses mRNA or JNJ + 1 mRNA

Comparing all members of ages 5+, individuals between 22-59 years old exhibit the highest vaccination rates at 10.75%.

- Comparing members to their age cohorts, members ages 65+ exhibit the highest vaccination rates.
  - Compliance within this age category remains a top priority as the severity of respiratory illness associated with the SARS-COV2 virus positively correlates with age.
- Comparing all members of ages 5+, individuals between the ages of 5-11, 23-34, and 35-49 exhibit the highest unvaccinated rates at 13.61%, 11.03%, and 8.88%
- Comparing members to their age cohorts, members ages 5-11, 12-16, and 23-34 exhibit the highest unvaccinated rates as seen in Table 19.
  - Vaccination rates for younger CA Health & Wellness members (5-11) lag those of their older counterparts due to different timelines in approvals and emergency use authorizations. The Food and Drug Administration (FDA) approved the use of the Pfizer-BioNTech COVID-19 Vaccine in children ages 12 to 15 on an emergency use basis on May 10, 2021, followed by the Advisory Committee and Immunization Practices (ACIP) recommendation and the Centers for Disease Control and Prevention (CDC) approval the same week. The FDA issued an Emergency Use Authorization (EUA) for the Pfizer-BioNTech COVID-19 Vaccine for children ages 5 to 11 on October 29, 2021, followed by ACIP recommendation and CDC approval on November 2, 2021. CA Health & Wellness's data capture vaccination rates from January 1, 2021, to December 31, 2021. With the younger population's approvals coming in toward the end of the calendar year, naturally, the vaccination rates for these age groups are lower compared to populations who have had access to the vaccine for almost a year prior.
- Older-aged California Health & Wellness (70+) members exhibit lower positivity rates.
- Opposingly, California Health & Wellness' adolescent membership (17-21) carry a larger burden of the positivity rate.
- The majority of COVID infections occurs across CA Health & Wellness's 17-59-year-old range.
- Individuals within the 80+ year old age range exhibited the highest infection rates overall.

Table 20: Vaccination Status, Test/Infection Rate by Race and Ethnicity, January 2021-December 2021

	Vaccine Status				Test/Infection Rate	
Race/Ethnicity	**Unvaccinated**	**Vaccinated**	**Complete**	**Booster**	**Test Positive**	**COVID %**
African American	52.4%	47.6%	41.8%	14.0%	10.3%	10.7%
AI/AN	23.4%	76.6%	66.8%	23.7%	10.3%	20.6%
Asian	12.1%	87.9%	83.1%	34.3%	12.7%	10.1%
Hispanic or Latino	42.3%	57.7%	51.6%	19.4%	12.5%	19.9%
NH/PI	53.8%	46.2%	40.6%	18.6%	12.2%	10.0%

Race/Ethnicity	Unvaccinated	Vaccinated	Complete	Booster	Test Positive	COVID %
White	57.7%	42.3%	37.6%	14.8%	9.7%	9.6%
Unknown/Other	75.2%	24.8%	21.1%	10.6%	10.5%	8.1%
Overall	52.3%	47.7%	42.4%	16.7%	11.1%	13.7%

- Comparing all members of ages 5+, Hispanics have the highest vaccination rates at 22.65% followed by White members at 15.33%.
- Comparing all members of ages 5+, White members have the highest unvaccinated rates at 20.92% followed by Hispanic members at 16.58%.
- Comparing identifiable members to their race and ethnicity cohorts (ages 5+), Asian and American Indian and Alaskan Native members exhibit the highest vaccination rates at 87.9% and 76.6%.
- Conversely, White, and African American members display the highest unvaccinated rates at 57.7% and 52.4%
- Among vaccination completions and booster doses following up a completion series, Asian members displayed the highest rates followed by American Indian and Alaskan Native members.

Table 21: Vaccination Status and Test and Infection Rate by County, January 2021-December 2021

	Vaccine Status				Test/Infection Rate	
County	Unvaccinated	Vaccinated	Complete	Booster	Test Positive	COVID %
ALPINE	50.7%	49.3%	38.4%	21.9%	5.9%	13.7%
AMADOR	61.1%	38.9%	31.9%	10.7%	15.7%	7.9%
BUTTE	56.5%	43.5%	39.2%	16.7%	11.5%	9.7%
CALAVERAS	64.5%	35.5%	30.5%	12.5%	13.5%	8.2%
COLUSA	53.7%	46.3%	41.9%	11.4%	22.3%	12.9%
EL DORADO	59.9%	40.1%	35.4%	13.6%	7.3%	8.2%
GLENN	56.7%	43.3%	39.7%	15.2%	15.5%	13.4%
IMPERIAL	37.5%	62.5%	55.6%	22.3%	11.0%	22.8%
INYO	58.1%	41.9%	36.8%	15.0%	15.9%	8.2%
MARIPOSA	64.3%	35.7%	28.2%	10.4%	3.1%	4.9%
MONO	45.2%	54.8%	48.4%	16.7%	7.3%	5.3%
NEVADA	60.1%	39.9%	35.8%	14.2%	11.9%	8.4%
PLACER	55.4%	44.6%	39.6%	15.4%	9.2%	7.7%
PLUMAS	65.0%	35.0%	29.4%	10.9%	10.7%	12.0%
SIERRA	58.6%	41.4%	38.3%	16.1%	13.3%	10.3%
SUTTER	52.4%	47.6%	42.5%	14.9%	13.1%	11.3%
TEHAMA	67.2%	32.8%	28.8%	9.9%	8.1%	10.0%
TUOLUMNE	62.4%	37.6%	32.1%	14.1%	9.9%	9.4%
YUBA	61.9%	38.1%	33.6%	11.3%	11.4%	12.2%
OVERALL	52.3%	47.7%	42.4%	16.7%	11.1%	13.7%

- Tehama County leads the regions in unvaccinated members at 67.2%, followed by Plumas at 65% and Calaveras at 64.5%.
- Imperial County leads the lot in vaccination and completion rates at 62.5% and 55.6%.

Health Information Form (HIF)

The Health Information Form helps identify any additional needs or services members may require. Members may complete the form when received with new member enrollment materials or through telephonic outreach by Case Management staff. The HIF groups questions into four themes: Global Health, Physical Health (self-reported health conditions), Behavioral Health (self-reported instances of depression, anxiety, and anti-psychotic medication), and Activities of Daily and Independent Living (stable housing and ability to pay for necessities). Members receive an overall risk score based on responses. Risk scores help connect high-risk members with case management resources where appropriate.

- Members completed 1,914 forms, representing 1,898 unique members.
- Tables 22-23 note survey responses in additional detail from all completed forms (n=1,914).
- Compared to 2020, there was a significant change in the amount of HIF forms completed by unique members for MY2020 (4,642)

Table 22: HIF — Global and Physical Health, MY2020-2021

Global Health	2020	2021	YOY Change
Provider visit in past 12 months	67.44%	68.18%	0.74%
Ever had transportation barriers to medical appointments	15.21%	16.30%	1.09%
Hospital visits in the last 3 months			
3 or more times	2.47%	4.02%	1.55%
2 times	3.82%	5.22%	1.40%
1 time	12.74%	18.70%	5.96%
Emergency Department visits in the last year			
3 or more times	11.73%	13.22%	1.49%
2 times	8.65%	9.82%	1.17%
1 time	17.42%	18.81%	1.39%
Received flu shot in last 12 months	33.52%	28.47%	-5.05%
Trouble eating due to problems with mouth or teeth	19.60%	19.02%	-0.58%
Any physical activity during the week	58.28%	47.18%	-11.10%
Physical Health	**2020**	**2021**	
Medical/health conditions			
High blood pressure	22.26%	33.44%	11.18%
Arthritis	19.15%	23.88%	4.73%
Asthma	16.52%	20.69%	4.17%
High cholesterol	14.82%	19.75%	4.93%
Diabetes, Type 2	9.38%	16.72%	7.34%
COPD/Emphysema	5.95%	9.56%	3.61%
Heart Disease	5.62%	8.78%	3.16%
Cancer	4.68%	8.75%	4.07%
Hearth Failure	N/A*	6.17%	-
Chronic Kidney Disease	N/A*	5.59%	-

** Medical/ health conditions counts were not captured as a top 10 item in the 2021 CA Health & Wellness PNA*

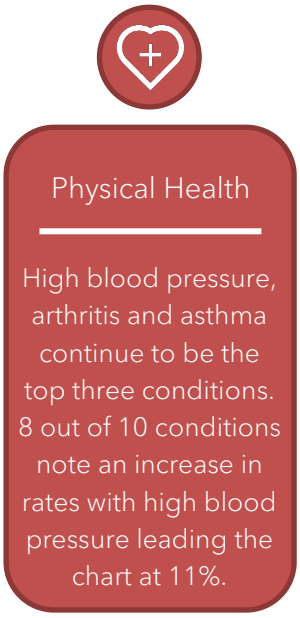


Table 23: HIF – Behavioral Health and Independent Living, MY2020-2021

Behavioral Health	2020	2021	YoY Change
Loneliness in the past 2 weeks			
Several days	12.16%	16.61%	4.45%
More than half the days	3.64%	5.90%	2.26%
Nearly every day	5.21%	7.47%	2.26%
Little interest or pleasure in doing things in past 2 weeks			
Several days	11.96%	14.73%	2.77%
More than half the days	3.95%	5.90%	1.95%
Nearly every day	5.48%	7.21%	1.73%
Feeling down, depressed or hopeless in past two weeks			
Several days	15.76%	20.74%	4.98%
More than half the days	5.48%	7.99%	2.51%
Nearly every day	6.83%	10.61%	3.78%
Days felt lonely in past month (30 days)			
Less than 5 days	14.10%	18.39%	4.29%
More than half the days (more than 15)	7.65%	10.76%	3.11%
Most days (I always feel lonely)	4.58%	6.64%	2.06%
Tobacco use during the past year			
Daily or almost daily	14.06%	19.54%	5.48%
Weekly	1.23%	2.09%	0.86%
Monthly	1.35%	1.41%	0.06%
Once or twice	2.68%	0.94%	-1.74%
Behavioral health disorder diagnosis, such as anxiety, depression, bipolar or schizophrenia?	29.93%	41.80%	11.87%
Anti-psychotic medication prescriptions within the past 90 days?	10.83%	16.56%	5.73%
Independent Living	**2020**	**2021**	
In the past two months, have you been living in stable housing that you own, rent or stay in as part of a household?	86.98%	88.09%	1.11%
Do you sometimes run out of money to pay for food, rent, bills, and medicine?	26.82%	27.06%	0.24%

Behavioral Health

Members exhibited an increase in rate across most behavioral health-based questions. Members claim to feel lonelier, have little interest or pleasure in doing things, and feel more depressed. Furthermore, behavioral health diagnoses increased by 12% compared to the year prior.

Independent Living

Most independent living measures remained consistent. The stability in these numbers can indicate that people are still dealing with difficulties arising from the 2020

Nicotine Dependence

- California Health & Wellness flagged 2,535 members in MY2021 across all CA Health & Wellness regions.
- Refer to Appendix VI – VII for further tabular data based on race/ethnicity, age group, and county.
- An estimated 24% of members reported at least some form of tobacco use during the past year, reflecting a 5% increase rate from MY2020.

- Statewide (all regions), White members have the highest proportion of nicotine dependence with 69.02%. Hispanics follow at 13.40%, and Asian or Pacific Islanders with 9%.

Region 1

- Region 1 possesses nearly 44% of CA Health & Wellness's nicotine-dependent members compared to other CA Health & Wellness regions.
- The most significant proportion of nicotine users stems from the 51-65 age group with 49.90%. The 22-50 age group follows with 45.19%.
- Seniors represent nearly 3.89% of the Region 1 sample.
- Butte County has the highest proportion of nicotine dependence members at 62.41%, with the distribution highest among the 22-50 and 51-65 age groups.
- Nicotine dependence in Glenn County is highest among 22-50-year-olds, where the rate accounts for more than half the total number of cases in that county.
- In Region 1, Whites represent 77% of the total nicotine dependent population. Asian or Pacific Islanders exhibit the second-highest rates with nearly 7.78%.

Region 2

- Region 2 follows Region 1 at 43% in identified nicotine-dependent members.
- The highest proportion of cases within Region 2 stems from the 51-65 age group (50.27%).
  - Areas in which cases are highest among the 22-50 age group include Amador and Mariposa Counties.
- Seniors make up less than 2.5% of the sample.
- In Region 2, Whites have the highest nicotine dependence rate, with nearly 74% of the Region's total.
- Asian or Pacific Islanders have the second-highest rates with 8.53%, with the highest concentration in El Dorado County.

Region 3

- Region 3 accounts for nearly 13.45% of the entire CA Health & Wellness total of nicotine-dependent members.
- More than half of Imperial County's cases come from the 22-50-year-old age group, deviating from the trend seen in Regions 1 and 2.
- Hispanics led nicotine dependency rates in Imperial County with 66.56%. White members have the second-highest rate, with 17.59%.

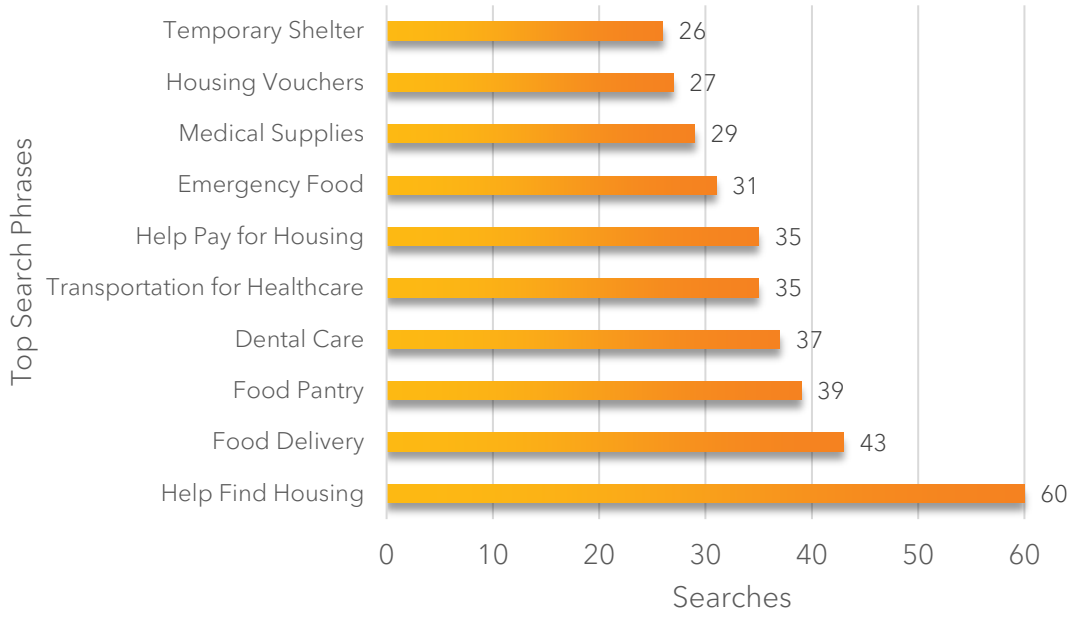
CALIFORNIA HEALTH & WELLNESS COMMUNITY CONNECT

CA Health & Wellness adopted a multi-pronged approach to assess and respond to the SDoH needs of members and communities. California Health & Wellness Community Connect, powered by FindHelp.org, links members, health care providers and the community to free or reduced-cost social services in the area, such as medical care, housing and shelter, food, job training and more. Employees may also use the platform to link members to resources that help meet their SDoH needs. Analytics from the California Health & Wellness Community Connect platform assist CA Health & Wellness teams in reviewing top searches, helping identify emerging or ongoing needs of the communities.

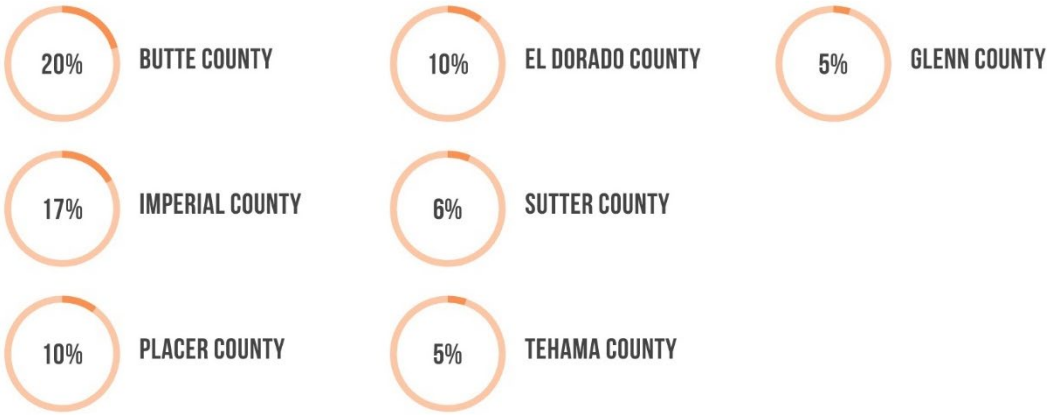
- A total of 2,450 searches were completed during Measurement Year 2021, accounting for a 13.2% increase from the previous year.

- During 2021. There were 179 connections made, 22 referrals created, two close-loop referrals, and six total social needs assessments submitted.

Graph 7: California Health & Wellness Community Connect – Top 10 Searches by Phrase, MY2021



Graph 8: California Health & Wellness Community Connect – Top Searches by County, MY2021



ACCESS TO CARE

CA Health & Wellness established access to care standards to meet regulatory requirements. Ensuring adequate member access to health care and satisfaction with the care are critical to delivering quality care and service. This section presents metrics from the Provider Appointment Availability Survey (PAAS), Provider After-Hours Availability Survey (PAHAS), and Consumer Assessment of Healthcare Providers and Systems (CAHPS).

Refer to **Appendix VIII - XII** for Tabular Data on Access to Care Surveys

DMHC Provider Appointment Availability Survey (PAAS)

Access to Primary Care Providers

- Of 1,069 attempted surveys, 898 responses were received from Primary Care Providers, resulting in an 84% response rate.
- PCPs met and exceeded the 80% performance goal in one of the five access measure standards among all CA Health & Wellness regions.
- In comparison to 2020, three of the five measurements had a statistically significant decrease in 2021. Some counties did meet the goal at the county level, as noted in Appendix VIII.

Access to Specialists

- 668 specialists responded, accounting for an 80% response rate.
- This survey included High-Impact specialists/oncology but reported on them separately. They account for an additional 68 responses (54% response rate).
- Specialists and OB/GYN providers, and High-Impact Specialists surveyed did not meet the 80% performance goal in any of the measures.
- In comparison to 2020, two of the five measurements had a statistically significant decrease in 2021.

Access to Psychiatrists and Non-Physician Mental Health (NPMH)

- 245 psychiatrists (78% response rate) and 758 non-physician mental health providers (80.2% response rate) completed the Provider Appointment Availability Survey.
- A statistically significant decrease was noted in 2021 for the Non-Urgent Appointment within 15 business days of the request (Psychiatrist).
- In comparison to 2020, three of the four measurements had a decreased rate in 2021.
- Overall, Psychiatrists and NPMH providers did not meet the 90% performance goal for CA Health & Wellness, but some counties did meet this goal, as shown in Appendix X.

Access to Ancillary Services

- 29 of 34 survey responses concerning Access to Ancillary Services were received, resulting in an 85% response rate.
- Response rates by ancillary type were 87% for mammography (26 out of 30) and 67% for physical therapy (2 out of 3).

Provider After-Hours Availability Survey (PAHAS)

- CA Health & Wellness conducted the Provider After-Hours Availability Survey for Medi-Cal providers between October and December 2021
- A total of 1,465 surveys (89% response rate) were included in the analysis.

- Overall, CA Health & Wellness providers fell slightly short of meeting the 90% performance goal for the Appropriate After-Hours Emergency Instructions measure.
- Compared to 2020, both measures (Appropriate After-Hours Emergency Instructions and Ability to contact on-call physician after-hours within 30 minutes) exhibited statistically significant increased rates for 2021.
- Some counties did meet the goal at the county level, as noted in Appendix XII.

Consumer Assessment of Healthcare Providers and Systems (CAHPS®)

CA Health & Wellness members can rate their health care experience on a variety of measures via the CAHPS survey. The CAHPS survey is a standardized survey tool which collects member experience with the health plans and services. CA Health & Wellness deployed the survey in February 2020 to a random sample of members. Survey findings highlight where the health plan is performing well while also helping to identify opportunities for improvement. A total of 327 surveys were received, accounting for a 9% response rate. All CA Health & Wellness regions were represented in the survey.

Sample Size	Total Completes	English Completes	Spanish Completes	Mail Completes	Internet Completes
3,516	396	304	92	349	47

- From 2020 to 2021, rates increased in nine measures, decreased in three measures, and stayed the same in one, as noted in Table 24.

Table 24: CAHPS Composite Measures, CAHPS Survey Results 2020 - 2021

Type of Measures	2020	2021
Composite Measures		
Getting Care Quickly	75%	81%
How Well Doctors Communicate	88%	89%
Getting Needed Care	76%	84%↑
Customer Service	91%	87%
Overall Rating Measures*		
Health Care	48%	48%
Personal Doctor	59%	66%
Specialist	68%	65%
Health Plan	58%	56%
HEDIS® Measures		
Flu Vaccinations	34%	41%
Advising Smokers and Tobacco Users to Quit**	70%	72%
Discussing Cessation Medications**	39%	48%
Discussing Cessation Strategies**	37%	46%↑
Coordination of Care	76%	83%
Sample Size	*3187*	*3,516*
Number of Completes	*327*	*396*
Response Rate	*9%*	*11.3%*

Legend: ↑/↓ Statistically higher/lower compared to prior year results.
* Reflects members who rated 9, 10 on the 0-10 scale (%9,10) to align with scores that are sent to NCQA for Health Plan Ratings.
** Measure is reported using a Rolling Average Methodology. The score shown is the reportable score for the corresponding year.

Quality Compass is NCQA's comprehensive national database of health plans' HEDIS and CAHPS results. The Quality Compass percentiles provide an indication of how health plans fared against last year's national average, with 100th being the highest possible. Table 25 below notes CA Health & Wellness's rate comparison.

Table 25: CAHPS Benchmarks, MY2020

Composite Scores	2021 Rates	Comparison to 2020 Quality Compass® Benchmarks
Getting Care Quickly	81%	Below 33rd %tile
How Well Doctors Communicate	89%	Below 10th %tile
Getting Needed Care	84%	Below 75th %tile
Customer Service	87%	Below 25th %tile
Care Coordination	83%	At 25th %tile
Overall Rating Scores	**2021 Rates***	**Comparison to 2020 Quality Compass® Benchmarks**
Health Care	48%	At 25th %tile
Personal Doctor	66%	Below 25th %tile
Specialist	65%	Below 25th %tile
Health Plan	56%	At 15th %tile

** %9,10 (%Always or Usually) rates are being used to align with scores that are sent to NCQA for Health Plan Ratings.*

- On average, members over 55 years of age reported favorable experiences more frequently across all composite measures when compared to all other age groups.
- Respondents with some college education reported less favorable outcomes for "How Well Doctors Communicate", "Getting Needed Care" and "Getting Care Quickly" when compared to respondents with a High School education or less.
  - They also reported lower overall ratings in all measures for rating of personal doctor, health plan, health care and specialist.
- Rating result details across measures by various demographic indicators can be found in **Appendix XIII**.
- CAHPS results from MY2020 show that CA Health & Wellness improved year over year in most measures (increased rates were seen in 9 of the 13 measures).

HEALTH DISPARITIES

California Health and Wellness collaborates with private and public partners statewide to advance health equity. California Health and Wellness prioritizes the reduction of health care disparities and improvement of population health outcomes through culturally responsive interventions at the community, member, provider, and system levels.

Data in Tables 26-29 compared California Health & Wellness' HEDIS performance against the NCQA minimum performance level. All compliance rates highlighted in orange indicate that the target group is performing below the 50th percentile. COL represents a new measure with no prior minimum performance level to measure against, hence an absence of color-coding. California Health & Wellness will further explore this preventative measure in the coming years.

Table 26: Disparity Pattern by Race/Ethnicity for Preventive Measures, MY2021

HEDIS Measure (s)	AI/AN		API		Black		Hispanic		Unknown		White	
	DEN	Compliance Rate	DEN	Compliance Rate	DEN	Compliance Rate	DEN	Compliance Rate	DEN	Compliance Rate	DEN	Compliance Rate
BCS	121	46%	980	48%	101	46%	3508	63%	161	47%	4470	47%
CCS	555	45%	3302	48%	561	49%	18414	60%	617	49%	19451	49%
CHL	81	58%	334	46%	106	56%	3076	52%	54	56%	2369	46%
CIS-Combo 10	24	21%	956	29%	30	10%	1766	31%	149	30%	835	21%
COL	229	30%	2122	31%	269	28%	6310	42%	295	21%	9656	32%

Based on Table 26 above, every race/ethnic category performed below the 50th percentile, except the Hispanic and American Indian/Alaska Native (AI/AN) groups. The Hispanic group performs above the 50th percentile for the BCS measure, and the AI/AN group performs above the 50th percentile for the CHL measure.

Table 27: Disparity Pattern by Language for Preventive Measures, MY2021

HEDIS Measure (s)	Arabic		English		Farsi		Korean		Laotian		Portuguese	
	DEN	Compliance Rate	DEN	Compliance Rate	DEN	Compliance Rate	DEN	Compliance Rate	DEN	Compliance Rate	DEN	Compliance Rate
BCS	13	54%	125	54%	82	44%	5	20%	20	55%	2	50%
CCS	26	58%	4,359	36%	133	43%	8	25%	24	45%	3	67%
CHL	2	50%	621	49%	5	20%						
CIS-Combo 10			544	21%	1	100%						
COL	22	27%	242	34%	203	32%	10	10%	36	28%	2	100%

HEDIS Measure (s)	Russian		Sign		Spanish		Taiwanese		Undetemined		Vietnamese	
	DEN	Compliance Rate	DEN	Compliance Rate	DEN	Compliance Rate	DEN	Compliance Rate	DEN	Compliance Rate	DEN	Compliance Rate
BCS	10	50%	1	0%	2,837	65%	5	80%	6,277	47%	9	67%
CCS	30	20%	7	43%	10,933	64%	15	53%	27,586	52%	46	57%
CHL					1,812	51%	1	0%	3,612	49%	5	40%
CIS-Combo 10	2	0%			1,006	33%			2,319	28%		
COL	18	22%	3	67%	4,931	44%	9	44%	13,492	32%	19	37%

Tables 27 on the previous page show HEDIS performance across preventative measure outcomes by spoken language.
Every language group was below the 50th percentile in all measures, except Spanish, Taiwanese, Vietnamese, and Farsi speakers. Spanish-speakers are the language group with the highest ratings.

Table 28 below shows the difference in compliance with CDC measures between male and female members. Both genders perform below the 50th percentile; however, females show a higher compliance rate than males.

Table 28: Diabetes Measures Performance by Sex, MY2021

HEDIS Measure (s)	F		M	
	DEN	Compliance Rate	DEN	Compliance Rate
CDC-BP <140/90	5,004	39%	3,683	33%
CDC-Eye exam	5,004	56%	3,683	47%
CDC-HbAlc <9	5,004	30%	3,683	28%
CDC-HBA1C Test	5,004	84%	3,683	81%

Table 29 shows HEDIS performance for women's preventative health measures for potentially housing insecure populations (indicated in the "yes" column). The table indicates that women at risk of experiencing housing insecurity have a lower compliance rate than women who are not at risk of experiencing housing insecurity.

Table 29: Women's Health Screening Measures Performance for Housing Insecure Populations, MY2021

HEDIS Measure (s)	N		Y	
	Compliance Rate	DEN	Compliance Rate	DEN
BCS	53%	9,214	28%	198
CCS	54%	42,471	36%	888
CHL	49%	6,015	56%	50
PPC-Postpartum	67%	2,819	48%	52
PPC-Prenatal	79%	2,819	62%	52

HEALTH EDUCATION, HEALTH EQUITY, AND QUALITY IMPROVEMENT GAP ANALYSIS

The assessment findings help flag areas for improvement. The analysis below compare these gaps in member care to existing programs and services.

Health Education

In conjunction with other internal departments, California Health & Wellness's Health Education Department (HED) offers health education classes, health fairs, screenings, and community events on various topics statewide. Members and community members may participate at no cost as CA Health & Wellness extends these services through health educators and community partners.

In 2021, 32 members enrolled in a nutrition, physical activity, or weight management module. In addition, Health Education hosted over 15+ COVID + Flu events vaccinating over 1K members. Although the HED was able to conduct a few classes in the community in 2021, the COVID-19 pandemic continued to present challenges in how the department extended health education to members and the community. Cancelled activities included health promotion classes, health fairs, and other in-person activities. As an example of the HED's agility, the department looked to explore alternative means, reaching members through online platforms, social media, email, and telephonic campaigns. In MY2021, the Health Plan helped host 14 virtual *Every Woman Counts* BCS/CCS classes which reached 321 participants. In addition, Health Educators conducted an asthma telephonic campaign, reaching 31% (n=52) of members identified as high risk for asthma management.

Furthermore, 1,608 pregnant members were enrolled in the Start Smart for Your Baby (SSFB) pregnancy program, exceeding the expected goal for 2021. In addition, in 2021, CA Health & Wellness launched the all-mobile Diabetes Prevention Program (DPP), which enrolled 32 pre-diabetic members by the end of 2021. The top 3 topics for all health education activities (n=13) included vaccinations, breast cancer screenings, and COVID-19 education.

These activities, along with new programs and partnerships, help address health education-related gaps identified in this Needs Assessment discussed below.

In total, 92% of CA Health & Wellness service areas are identified as rural. CA Health & Wellness needs to approach interventions and member services with a rural health model in mind while providing health care to patients and families living in rural California in order to address the population’s unique challenges. According to Nielsen in Addressing Rural Health Challenges, “primary care physicians in rural areas often do not have the support of sub-specialists, hospitalists, or emergency physicians, and thus treat a wider range of conditions with limited access to sophisticated technology”[2]. This supply shortage of physicians becomes apparent as well when looking at results from CA Health & Wellness accessibility surveys. According to the CA Health & Wellness PAAS (Access to Specialists) report, Specialists claimed that only 38% of members could obtain an urgent care appointment within 96 hours of request, while only 41% of members could obtain an urgent care appointment within 96 hours (for high-Impact Specialists/Oncologists). The barriers in accessibility and proximity of providers can cause individuals in these areas to travel many miles across their county lines to seek out access to specialist in larger cities and towns or to avoid them all together. One can see that while accessibility is a barrier in of its own, it stacks upon transportation requirements as well, taxing the resources of the individual. California Health & Wellness also notes that through our Community Connect Platform, transportation for healthcare was a top-five search item at 9.67% of total searches. Of interest to note is that

[2] Nielsen M, D'Agostino D, Gregory P. Addressing Rural Health Challenges Head On. Mo Med. 2017 Sep-Oct;114(5):363-366. PMID: 30228634; PMCID: PMC6140198.

while Sacramento and San Diego do not lie within California Health & Wellness' service area, CA Health & Wellness members most frequented specialists in the cities of Sacramento and San Diego, the first the major metropolitan tract in proximity to the Northern California population and the second being the major metropolitan tract in proximity to Imperial County.

To address the accessibility issues in CA Health & Wellness regions, there are several options available to the health plan. The most evident and robust interventions align with the concepts of telemedicine health services. During the COVID-19 Pandemic, California Health & Wellness provided over $12,257,750 in grants to providers to enable them to implement technology services in accordance with telemedicine. By doing so, CA Health & Wellness increased the capacity and reach of its providers so that they can deliver consultative, diagnostic and treatment services remotely for patients who live in areas with limited access to care. CA Health & Wellness also made available Babylon, a free mobile app for members to access telehealth 24 hours a day, 7 days a week. One possible strategy that CA Health & Wellness can explore involves teaming up with a high-volume FQHC provider (who exhibits high rates of non-compliance for well-child visits, for example) to address Pediatric Health HEDIS Measures (Well-Child Visits) via a telemedicine medium. The health plan observed that Regions 1 and 2 fell behind the 50th percentile in two of the three, W30-15 and W30-30, well-child visit metrics. Additionally, Regions 2 and 3 fall short of reaching the 50th percentile goal in the WCV metric. By using the pilot strategy listed above, California Health & Wellness can attempt to align its efforts with the Department of Healthcare Services Bold Goals: 50x2025, for improvement in closing racial/ethnic disparities in well-child visits by 50%. California Health & Wellness can improve accessibility for its members by further understanding and utilizing the new community health worker program dictated by the state and Department of Healthcare Services. Currently, California Health & Wellness conducts a healthcare worker development program (via Sacramento City College) that it can utilize further to develop this program.

Tobacco / nicotine dependence continues to be a high-risk behavior on behalf of our members. An estimated 19% self-reported tobacco use within the past year, an increase of 5% from last year's Health Information Form findings. Claims data identified nearly 2,535 smokers, with the largest proportion (50%) stemming from adults in the 51–65-year age group. During MY2022, California Health & Wellness initiated additional efforts toward supporting nicotine cessation for members. California Health & Wellness proposed an innovative activity by collaborating with the California Smokers Helpline (Kick It California) to explore extending targeted telephonic outreach and Nicotine Replacement Therapy to eligible members. The proposal is currently with DHCS for review, and implementation will begin as soon as the health plan obtains all proper regulatory approvals. Furthermore, California Health & Wellness shows promising rates in relation to smoking cessation activities. Via the CAHPS survey, metrics such as Discussing Cessation Medications (2020: 39% | 2021: 48%) and Discussing Cessation Strategies (2020: 37% | 2021: 46%) are both up from 2020. California Health & Wellness will continue to develop this work as smoking/tobacco use constitutes a serious risk factor for common conditions across California Health & Wellness such as hypertension, cervical cancer [screenings] and asthma.

Mental and behavioral health is a recurring theme across CA Health & Wellness chronic conditions. In MY2021, mood, anxiety and Post-Traumatic Stress Disorders continue to account for the three of the top 10 mental health conditions. Compared to MY2020, members exhibited an increase in rate across all but one behavioral health-based questions. Members claim to feel lonelier, have little interest or pleasure in doing things, and feel more depressed. Furthermore, behavioral health diagnoses for things such as anxiety, depression, bipolar or schizophrenia conditions increased by 11.87% to 41.80%. Over 29% of ACEs screenings for CA Health & Wellness adults aged 18-44 had a high-risk score for toxic stress, a population group that can benefit from added mental health resources. Furthermore, *Access to Care* analysis show that, on average, CA Health & Wellness Psychiatrists and Non-Physician Mental Health providers did not meet

performance goals for urgent and non-urgent care appointments. When flagged in the prior needs assessments, Health Education sought to increase access to behavioral health resources by promoting myStrength – a comprehensive digital behavioral health platform which allows members to learn about stress, depression, meditation, substance abuse, anxiety, COVID-19, and resources for LGBTQ+, all to help address the mental and behavioral health needs of members. While member participation increased substantially (as summarized under Action Plan Updates), the need for intervention continues. Health Education will capitalize on the momentum as a continued Action Plan item.

Hypertension, diabetes, and non-traumatic joint disorders (arthritis) are consistently flagged as top diagnoses among adult members aged 19+ years, the disabled, and members overall. Hypertension is also a top 10 cost within these groups, and a recurring, self-reported condition with 33.4% of Health Information Form respondents (up 11.18% from MY2020). Furthermore, diabetes and arthritis, also, come up as self-reported conditions with 23.88% of Health Information Form respondents self-reporting Arthritis, and 16.72% self-reporting diabetes. Consequently, Comprehensive Diabetes Control-HbA1c > 9% is a measure that performs under the HEDIS 50th percentile benchmark in Region 1 and 2 while Controlling Blood also misses the benchmark in Region 2. In addition, members self-reported an 11% decrease in Any Physical Activity During the Week, via the HIF survey, creating an environment that can further exacerbate conditions such as hypertension and diabetes. Health Education will explore partnering with the Population Health Management department to promote heart health and diabetes resources to aid high risk members for chronic heart failure adults such as those aged 51+, White members, and for select counties with HEDIS rates below the 50th percentile for Controlling High Blood pressure. Lastly, Health Education can continue to focus on increasing its membership enrollment in the all-mobile Diabetes Prevention Program (DPP) which enrolled 32 members with pre-diabetes by the end of 2021.

Economic instability is a driving indicator for various health outcomes. Unfortunately, about 67% of CA Health & Wellness members live in the poorest of community conditions. Self-reported member data show that 27% of members struggled to pay for the basic necessities, such as food, rent, bills and medication. Of the top 10 member searches on California Health & Wellness Community Connect, nearly 72% (MY2020 = 45%) of search terms revolved around food or housing insecurity.

Under the Department of Healthcare Services Bold Goals: 50x2025, California Health & Wellness has an opportunity to improve closing racial/ethnic disparities in immunizations by 50%. Across Regions 1 and 2, the CIS-10 and IMA-2 HEDIS measures fall behind the 50th percentile benchmark. Across the top 10 medical claims and costs for members aged 2-18, other upper respiratory and viral infections are the top two spots for both claims and costs. Additionally, other respiratory disease takes the third slot on the claims side and the fifth slot on the cost side of claims. While our internal data does not reveal more about the viral infection or respiratory disease types, it is essential to note that COVID-19, Haemophilus influenzae type B, pneumonia, pertussis, diphtheria, measles, and the flu are all vaccine-preventable respiratory or viral infections. Another exciting overlap arises when looking at the vaccinations included in the Childhood Immunization Series Combo #10 Metric; this vaccination series includes DTaP, MMR, HiB, PCV, and Influenza vaccinations. Ironically, these CIS-10 vaccinations protect against the respiratory infections and diseases stated earlier.

Based on the information described above, the California Health & Wellness observed that:

- All Racial and Ethnic groups miss the 50th percentile benchmark for CIS-10 vaccinations.
- 2 out of 3 regions trail behind the HEDIS 50th percentile benchmark in CIS-10 vaccination metrics.

- Across the top 10 medical claims and costs for members aged 2-18, other upper respiratory and viral infections are the top two spots for both claims and costs (respiratory infections or diseases do not even appear in the top 10 claims for members aged 19+)
- Children and adolescents aged 5-21 remain 55.2% unvaccinated against COVID-19 (Viral/Respiratory Infection), while the 22+-year-old population expresses a much lower unvaccinated rate at 36.5%

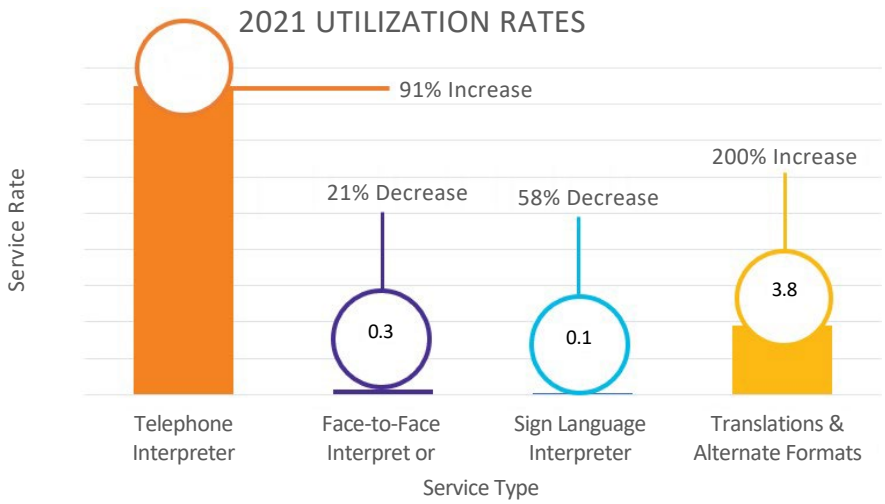
With the information above, one could surmise that all the increased claims and costs associated with viral/respiratory infections and diseases could stem from the poor CIS-10/COVID-19 metrics, which coincidentally measure the lack of vaccination protection for members. While this logic makes assumptions, California Health & Wellness has an opportunity and incentive to explore this reasoning to reduce costs for itself as a health plan and provide interventions that will simultaneously improve the health and wellness of its members from a quality-of-life purview.

Health Equity

The Language Assistance Program (LAP) is a statewide program that includes language support services. Language Assistance Services offer interpreter support for members, contracted providers, and staff to facilitate communication. Interpreter services include video remote interpreting, telephonic, face-to-face and sign language interpretation. Translated materials are culturally and linguistically appropriate to support members' understanding of their health care benefits and services. California Health & Wellness provides professionally trained interpreters and actively discourages the use of family, friends, and minors as interpreters. Interpreter services are available to all providers and members 24 hours a day, seven days a week.

To identify gaps in services and opportunities for improvement, analyses considered language assistance service utilization. Graph 9 and Tables 30-32 show the volume of language assistance services provided in MY2021.

Graph 9: Language Assistance Program Utilization Rates, MY2021



Note: Graph shows the volume of language assistance services provided in MY2021.
MLEP: Members with Limited English Proficiency
Telephone Interpreter Rates are *based on requests* per 100 MLEP; *Face-to-Face Interpreter Rates are per 1,000 MLEP;*
Sign Language Interpreter Rates are per 1,000 MLEP; *and Translations & Alternate Formats are per 10,000 MLEP*

Telephone Interpreter

- Overall, the utilization rate for telephone interpretation increased significantly by 91% from the prior year.
- Spanish telephone interpreter calls increased 89%, however, the proportion of interpreter calls made in Spanish compared to the overall total decreased slightly almost 1% (YoY).
- There were several new languages supported in 2021, including Albanian, Burmese, Garre, Hindko, Pohnpeian, Polish, Portuguese, and Urdu.
- There were a few languages that we saw in 2020 that did not come up in 2021, including Amharic, Fante, Kurdish, Romanian, Serbian, and Slovak.

Face-to-Face Interpreter

- In 2021 the number of services (0.08) decreased by 27% when compared to 2020 (0.11)
- Utilization rate has been trending down since 2018.
- Utilization rate for members with LEP decreased by 30.23% from 0.43/per 1,000 MLEP (2020) to 0.30/per 1,000 MLEP (2021).

Sign Language Interpreter

- The utilization rate decreased by 52%. Utilization has been trending down since 2018.
- In 2021, the ASL preference by members decreased from 30 members in 2020 to 9 members in 2021.
- Main driver for the lower utilization arises from a high utilization member from 2020 (21 visits) who termed in late 2020.

Translations and Alternate Formats

- Requests for ad hoc translations and alternate formats increased by 200% from the prior year.
- There were 24 requests in 2021:
  - 5 large print alternate format requests
  - 19 language translations (14 Spanish, 5 English)
- The majority of CA Health & Wellness documents are available pre-translated, which is why there are so few requests for translation.
- The required threshold language for translation in these regions is Spanish; upon request all other language translations are available for translation.

Table 30: Year-Over-Year Language Services Utilization, 2018-2021

Language Service	2018	2019	2020	2021	Per MLEP
Telephone Interpreter	13	▲ 27	▼10	▲ 17	100
Face-to-Face Interpreter	9	▼ 1.2	▼0.4	▼0.3	1,000
Sign Language Interpreter	2.3	▼ 1.0	▼0 5	▼0.1	1,000
Translations & Alternate Formats	-	2.18	▼1.42	▲ 3.8	10,000

MLEP = Members with Limited English Proficiency
Note: Rates utilize different MLEP ratios for each type of service to create a similar scale for comparative reasons.

- In 2021, CA Health & Wellness is adding Russian as a threshold language for translation in Placer County. However, since CA Health & Wellness does many materials that are not county specific, many of the materials will be pre-translated into Russian.

Table 31: Year-Over-Year Telephone Interpreter Results, 2018-2021

Year	Requests	Membership	Utilization Per 1,000 Members	Membership with LEP	LEP Utilization Per 1,000 Members
2018	7,207	197,602	36	55,988	129
2019	14,803	195,136	76	54,920	270
2020	5,575	208,900	27	56,292	99
2021	10,652	225,079	47	63,136	169
% Change CA Health & Wellness (2020-2021)	91% ▲	8% ▲	77% ▲	12% ▲	70% ▲

Table 32: Year-Over-Year Face-to-Face Interpreter Results, 2018-2021

Year	Requests	Membership	Utilization Per 1,000 Members	Membership with LEP	LEP Utilization Per 1,000 Members
2018	509	197,602	2.6	55,988	9.1
2019	65	195,136	0.3	54,920	12
2020	24	208,900	0.11	56,292	0.43
2021	19	225,079	0.08	63,136	0.30
% Change CA Health & Wellness (2020-2021)	21% ▲	8% ▲	27% ▼	12% ▲	29% ▼

Table 33: Year-Over-Year Grievances, 2018-2021

Year	Grievances	Membership	Rate Per 1,000 Members
2018	3	197,602	0.015
2019	5	195,136	0.026
2020	2	208,900	0.0096
2021	11	225,079	0.049
% Change CA Health & Wellness (2020-2021)	▲ 450%	▲ 8%	▲ 410%

Graph 10: Year-Over-Year Membership with Limited English Proficiency, 2018-2021

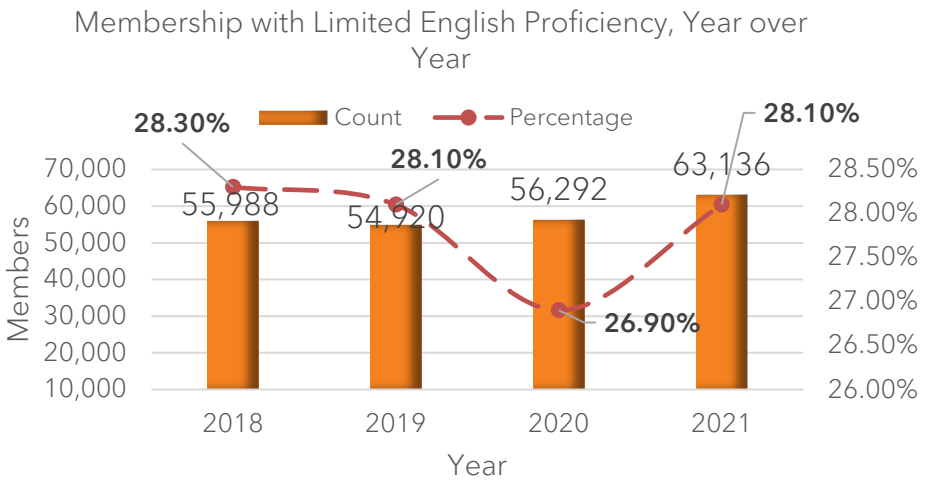


Table 34: Threshold Spoken Language Analysis, 2018-2021

Language	Count	Percent
Spanish	61,730	27%
Farsi (Persian)	640	0.28%
Russian	203	0.10%
Vietnamese	157	0.10%
Arabic	117	0.10%
Laotian	81	0.04%
Korean	24	
Mandarin	22	
Chinese	21	
Cambodian Kampuchean	17	
Thai	11	
Armenian	11	
Portuguese	10	
Japanese	10	
Sign Languages	9	
Hmong	7	
Turkish	5	<0.01%
Hebrew	3	<0.01%
Ilocano	2	<0.01%
English, Middle (1100-1500)	1	<0.01%
Multiple Languages	1	<0.01%
Samoan	1	<0.01%
English	47,024	21%
Blank	950	
Unknown	113,868	51%
Total	**225,079**	**100%**

Quality Improvement

Quality Improvement (QI) program activities are selected based on their relevance to CA Health & Wellness membership, the ability to affect a significant portion of the population or the population at-risk, and their potential impact on high-volume, high-risk, or high-cost conditions or services. Morbidity, mortality, and vulnerable groups with special needs are considered in the selection process as well as race, ethnicity, and language disparities. For this section, MY2020 HEDIS® data was used as the most recent one.

MY2020 HEDIS gaps were reviewed in three categories. Under pediatric health, Region 2 noted the worst performance, with 100% of measures below the minimum performance level. Well-Child Visits (0-15 months and 15-30 months) and Child and Adolescent Well-Care Visits (WCV) were consistently below MPL across all counties, and Childhood Immunization Status (CIS-10) along with Immunizations for Adolescents were below the 25th percentile in Regions 1 and 2. Throughout CA Health & Wellness regions, rates for all racial groups except those designated as Unknown were below MPL for CIS-10.

Among the five measures under women's health, Cervical Cancer Screening and Chlamydia Screenings was consistently below the benchmark across all CA Health & Wellness Regions. Breast Cancer Screening did not meet performance levels in Regions 1 and 2, while Timeliness of Prenatal Care measures did not meet performance levels in Regions 2 and 3. As a whole, Region 1 missed the MPL at a rate of 65%, Region 2 missed by 80% while Region 3 missed by 50%. Throughout CA Health & Wellness, White, Black, and American Indian/Alaskan Native members missed performance levels on Breast Cancer and Cervical Cancer Screenings. Laotian speakers scored below the 10th percentile for Cervical Cancer Screenings.

Comprehensive Diabetes Care – HbA1c Poor Control (>9%) falls below the 50th percentile in CA Health & Wellness Regions 1 and 2. Regions 1, 2 and 3 all missed the adult health measures by 50% or less. Intervention selections may involve California Health & Wellness departments and collaborations with network providers and community entities (including public health). Activities aimed at supporting HEDIS rates statewide (below the 50th percentile) may take the form of a Performance Improvement Project (PIP), Plan-Do-Study-Act cycle (PDSA), or a disparity analysis. Table 35 below lists the latest CA Health & Wellness projects for 2022 aimed at improving HEDIS rates and outcomes. Issues/topics are selected based on identified opportunities for improvement through member and provider input, nationally and regionally identified or mandated projects, HEDIS®, CAHPS®, and participation in regional and national coalitions. The CIS-10 PIP and Equity BCS PIP are in congruence with flagged needs. The MY2020 Los Angeles outcome for CIS-10 is at the 25th percentile. And, as noted earlier, Russian speakers in Sacramento County scored below the 10th percentile for Breast Cancer Screenings.

Table 35: HEDIS® Activities, MY2020-2022

Type and Region	HEDIS Measures	Intervention Target	Goal	Intervention Methodology	Outcome
2020-2022 PIP Strategy Region 1	Childhood Immunization Series- Combo 10 (CIS-10)	Members 0-8 months of age assigned to Colusa, Glenn, and/or Tehama counties	By December 31, 2022, use selected interventions to increase the percentage of members turning 1 year of age assigned to Colusa, Glenn or Tehama County who complete: 1) 3 diphtheria, tetanus, and acellular pertussis (DTaP) vaccines, 2) 3 pneumococcal conjugate vaccines (PCV), and 3) 2 or 3 rotavirus vaccines (RV) from a baseline of 61.99% to a goal rate of 72.73%	Member Connections (MC) will conduct health education on the importance of infant vaccinations. Members at 32 weeks Gestational Age (GA) or more, MC will discuss infant vaccines with member using the talking points developed by the PIP team after the completion of the Notification of Pregnancy (NOP). The talking points will include at a minimum the importance of infant vaccines and the importance of starting the vaccine schedule at 2 months of age and staying on schedule, usually in conjunction with well-baby checkups	As of November 30, 2021, the CIS-10 rate for members ages 0-8 months assigned in Colusa, Glenn, and/or Tehama counties is at 64.31%. **Final results will be available 1st quarter of 2023.**
2020-2022 Equity PIP Region 1	Breast Cancer Screening (BCS)	Female Members aged 50-64 in CA Health & Wellness Region 1 with a Medi-Cal aid code that indicates a disability	By December 31, 2022, use selected interventions to increase the percentage of Breast Cancer Screenings among women ages 50-64 years old in CA Health & Wellness Region 1 with a Medi-Cal aid code that indicates a disability and who are assigned to the targeted PPGs, from 48.40% to 54.94%.	In partnership with Alinea Mobile Mammography, Alinea will lead the member care coordination, including outreaching to members and scheduling appointments for the mobile mammography events. If a member is unable to attend the mobile mammography event due to physical accessibility limitations of the mobile unit, an Alinea representative will schedule a mammography appointment with a contracted CA Health & Wellness imaging center who will be able to serve members with disabilities.	12/171 (7%) received their BCS screen at the first event in May 2022. The second event is planned for July 2022. **Final results will be available 1st quarter 2023.**

ACTION PLAN 2022-2023

Based on assessment findings presented in the gap analysis, the following action plans outline three key objectives to address member needs in 2022-2023. Health Education, Quality Improvement, and Health Equity departments will implement these proposed strategies and activities assuming no limitations and detrimental impacts resulting from the COVID-19 pandemic. Tables 36-38 provides information on new 2022-2023 goals aimed at improving the member experience.

Health Education

The current gap analysis found mental and behavioral health to be a recurring theme in MY2021. Mood and anxiety disorders, depression, and loneliness were recurring themes identified. Health Education will look to continue building on current successes, continuing its 2021-20-22 objective by supporting members' experience using the myStrength platform through June 30, 2023.

Table 36: Health Education Action Plan, 2022-2023

Objective 1: By June 30, 2023, Health Education Department will continue increasing annual utilization of the myStrength program by 20% from 156 to 187. (2019 baseline = 22) **Data Source**: myStrength enrollment/outcome data, and program training records
Strategies
1. Promote myStrength resources to members using the member newsletter
2. Explore additional activities to promote myStrength/behavioral health resources (i.e., social media, provider communications, etc.)
3. Partner with Population Health Management to refer members to myStrength program.

Health Equity

The 2022-2023 Health Equity action plan focuses on launching a pilot that provides on-demand VRI and telephonic services to combat accessibility barriers for members with limited English proficiency. By providing direct access, VRI equipment, and IT support, the health plan can ensure that providers can fully access the offered VRI services directly from their clinics.

By June 30, 2023, the Health Equity Department will continue to improve access to care through on-demand Video Interpreting (VRI) and Over the Phone Interpretation (OPI) service in-office.

Table 37: Health Equity Department Action Plan, 2022-2023

Objective 2: By June 30, 2023, the Health Equity Department will increase the utilization of on-demand VRI and Over the Phone Interpretation (OPI) service in-office from 0 to 260 to support member language needs. **Data Source:** Vendor Platform, VRI and OPI Utilization, Internal Tracking
Strategies
1. Providers with high interpreting utilization volume or have a high percentage of members/enrollees with limited English proficiency will be selected to participate in the on-demand VRI pilot. The Health Equity Department will be providing VRI equipment and IT support for providers.
2. Providers will be trained to use the equipment and VRI platform.

Quality Improvement

In CA Health & Wellness Region 1, women ages 50-64 years old within our SPD (Seniors and Persons with Disabilities) membership population scored below peer groups for Breast Cancer Screenings. Quality Improvement will continue to seek to improve screening rates among this group by December 31, 2022. Please note that the 2022 objective for BCS is part of a PIP project that started in 2020. The PIP project is scheduled to conclude on 12/31/22. CA Health & Wellness will continue to revisit this objective for 2023 as determined by the gap analyses.

Table 38: Quality Improvement Department Action Plan-Disparity Performance Improvement Project, 2022-2023

Objective 3: By December 31, 2022, increase the percentage of Breast Cancer Screenings among women ages 50-64 years old in CA Health & Wellness Region 1 with a Medi-Cal aid code that indicates a disability and who are assigned to the targeted PPGs, from 46.47% to 54.94%. **Data Source:** SMART aim Rolling 12-Month Measure Run Chart
Strategies
1. Eliminate barriers by providing Women with Disabilities Care Coordination and additional social services resources.
2. Provide strategic health messaging with disability-positive images and specific information for women with disabilities to support self-advocacy in accessing screening.

ACTION PLAN UPDATES 2021-2022

Tables 39-41 provide progress made toward 2021-2022 Action Plan objectives.

Health Education

During last year's assessment, gap analysis findings highlighted a need to support mental and behavioral health with efforts focused on expanding reach to underutilized resources. Mood and anxiety disorders, depression, and loneliness were recurring themes identified. Through the collaboration of multiple departments and entities, Health Education's 2021-2022 objective resulted in increased program enrollment statewide.

Table 39: Health Education Action Plan Update, 2021-2022

Objective 1. By June 30, 2022*, Health Education Department will continue increasing annual utilization of the myStrength program by a 20% from 110 to 132. (2019 baseline = 22)	**Progress Measure:** Measure objective used previous enrollment data (n=110), with goal to increase participation by 20% (n=22). Between July 1, 2021 – May 17, 2022, enrollment increased by nearly 145% (n=46). **Data source:** myStrength enrollment/outcome data, email outreach campaign reports, and program training records.
	Progress Toward Objective: Health Education successfully reached its objective, exceeding the goal by 209%. Health Increased social media presence and continued promotion to providers and community partners helped encourage member participation. This objective will be continuing in 2022-2023.
Strategies	
Strategy 1. Develop and implement email campaign to promote myStrength, educating members on topics such as depression, anxiety, mindfulness, and chronic pain (to name a few).	**Progress Discussion:** Launched an email campaign on 9/16/21 on health education program and services for CA Health & Wellness members, including an overview of myStrength. The overview included information about the online program, which provides many tips and tools that can help members learn about stress, meditation, depression, long-term pain, and more. The campaign invited members to sign up by providing the myStrength link. Launched an email campaign on 9/14/21 to CA Health & Wellness members regarding myStrength. The email campaign title was "Recharge, Refresh and Improve Your Mood. The campaign provided a brief summary about myStrength and invited members to sign up by including the myStrength link.

	Created 10 social media posts for May is Mental Health Month, Black, Indigenous and People of Color (BIPOC) Mental Health Month and Managing Holiday Stress. The Mental Health Screening post received 92 clicks.
Strategy 2. Develop and implement 4 trainings for providers, case management staff, public programs, and provider engagement staff on the availability and effectiveness of myStrength in supporting members' well-being.	**Progress Discussion:** Conducted one statewide training with six staff and providers in attendance on myStrength. Distributed Provider Update titled "Help Patients Manage Stress Response Resulting from Adverse Childhood Experiences" which promoted the myStrength program as a digital resource for ACEs screening which aligns with the Surgeon General's ACEs Roadmap. Presented myStrength to Opioid Workgroup/Population Health Management team to encourage promotion of myStrength as a resource to members during their outreach. The *Population Health Management Programs for Providers and Members* flyer provides information on myStrength and includes the myStrength link for members to sign up. The flyer was shared with other departments. Provider Operations Manual includes information about myStrength and the myStrength link for providers to be able to refer members to visit the website. Developed behavioral health member flyer titled "Mental Health Check-up" in English and Spanish. Flyer was shared interdepartmentally to educate colleagues on resources regarding myStrength and to help improve member enrollment.
Strategy 3. Continue working with myStrength to improve member enrollment documentation by Medi-Cal line of business. Medi-Cal participation may be underreported.	**Progress Discussion:** Monthly meetings are in place with myStrength to discuss engagement, reporting, promotion etc.

Health Equity

The Health Equity Department focused on expanding Language Assistance Program awareness, calling on CA Health & Wellness staff to support Video Remote Interpreting (VRI) Services promotion and encourage program utilization. The 2022 Health Equity action plan is to launch a pilot that provides on-demand VRI and

telephonic service to combat this challenge by providing direct access, VRI equipment, IT support, and other support as needed to ensure providers can fully access the VRI services from the clinic.

Table 40: Health Equity Department Action Plan Update, 2021-2022

Objective 2. By June 30, 2022, the Health Equity Department will increase the utilization of a new Video Remote Interpreting (VRI) services from 0 to 130 appointments to support member language needs.	**Progress Measure:** Two VRI requests were made from July. 2021 – June 2022 **Data source:** Internal vendor tracker.
	Progress Toward Objective: The utilization rate was lower than expected due to the preferred in-person visits rather than virtual visits. We experienced technical challenges where providers had limited access to a digital device which would allow them to fully take advantage of the VRI services. The Health Equity Department plans to launch a pilot to provide on-demand VRI and telephonic service to combat this challenge by providing direct access, VRI equipment, IT support, and other support as needed to ensure providers can fully access the VRI services from the clinic.
Strategies	
Strategy 1. Enhance language vendor network offering VRI services from two to five.	**Progress Discussion:** The Health Equity Department was successful in increasing vendor network to include more VRI services to members by increasing the number of vendors from two to five, with one additional vendor pending to be approved by DHCS.
Strategy 2. Educate 70% of Call Center staff on VRI services to support provider interpreter requests.	**Progress Discussion:** The Health Equity Department was successful in helping 80% of Call Center Staff complete the VRI service training. As part of the onboarding training and ongoing training, staff were informed of service.

Quality Improvement

During the previous needs assessment period (2021), the age disparity analyses in CA Health & Wellness Region 1 found that women aged 50-64 in our Seniors and Persons with Disabilities (SPD) had statistically lower BCS rates when compared to other age-grouped women who were not in the SPD membership population. Furthermore, data flagged poor performance among women's health HEDIS measures, with Region 1 below the 50th percentile on four out of the five measures. Quality Improvement aimed to support Breast Cancer Screening compliance rates through an approved Performance Improvement Project, collaborating with a high-volume provider in Region 1.

Table 41: Quality Improvement Department Action Plan Update, Disparity Performance Improvement Project 2021-2022

Objective 3. By December 31, 2022, increase the percentage of Breast Cancer Screenings among women ages 50-64 years old in CA Health & Wellness Region 1 with a Medi-Cal aid code that indicates a disability and who are assigned to the targeted PPGs, from 48.40% to 54.94%.	**Progress Measure:** 12/171(7%) members completed their BCS exam. **Data source:** The baseline data was gathered during the RY2021 HEDIS® cycle and are based on administrative data.
	Progress Toward Objective: The first round of the mobile mammography took place mid-April (4/12-14). Our second round of events with our BCS mobile mammography vendor partner will take place in late June or early July to serve our SPD members in other counties within the CA Health & Wellness Region 1.
Strategies	
Strategy 1. Eliminate barriers by providing Women with Disabilities Care Coordination and additional social services resources.	**Progress Discussion:** We have engaged with our partner Alinea Mobile Mammography regarding our health equity performance improvement project, which includes a mobile mammography clinic, and six provider offices to serve members with Disabilities (SPD members) in California Health & Wellness (CA Health & Wellness) Region 1. CA Health & Wellness also offers and introduces no-cost interpreter services and transportation services to members who need these services for and at their mammogram appointments. CA Health & Wellness has also identified the nearest accessible imaging center to SPD members who have physical/movement limitation or are wheelchair bound. CA Health & Wellness will refer those members and connect them with the imaging center to receive their breast cancer screen.
Strategy 2. Provide strategic health messaging with disability-positive images and specific information for women with disabilities to support self-advocacy in accessing screening.	**Progress Discussion:** Our partner provider offices send a letter and a promotional flyer to California Health and Wellness SPD members two months before the breast cancer screening (BCS) events. In the letter, the providers mention our partner Alinea will soon contact the members to schedule a mammogram appointment with them. They also encourage the members to call Alinea if they would like to schedule ahead. Alinea developed a promotional flyer for the BCS events. The flyer is colorful, vivid, and inclusive which exerts positive impression and messages to empower SPD members to be in charge of their health. The flyer encourages members to call for appointments or to schedule an appointment online.

STAKEHOLDER ENGAGEMENT

California Health & Wellness will continue to employ multiple approaches to inform CA Health & Wellness providers of PNA highlights and recommendations. Communication channels may include:

- California Health & Wellness' Community Advisory Committee (CAC) participants helped serve as advisors to the development of the PNA and implementation of the PNA action plans. CA Health & Wellness presented the 2021 PNA findings and proposed action plans to CAC participants through statewide virtual meetings in Fall 2021. The Plan will develop the 2022 PNA and plan to present to the CACs during Summer 2022.
- Provider Updates: Provider Updates extend immediate information to CA Health & Wellness provider network, which include Physicians, Participating Physician Groups, Hospitals, and Ancillary Providers. Provider Updates are also available online through the provider portal.
- Provider On-Site Outreach: The Provider Engagement team conducts site visits regularly, allowing opportunities to discuss with providers the PNA findings and recommendations.
- Community Provider Lunch & Learns: Lunch & Learn sessions bring together multiple providers in a community setting, planned regularly throughout the year. Hosted by Provider Engagement, these events provide important health plan program updates and information to support providers in better servicing their patients. PNA findings will be shared with those in attendance. Provider feedback about the PNA will be considered for further enhancement of the PNA and/or the proposed action plans.
- Posting to www.CAHealthWellness.com