



Policy: PA.3001
Title: **Data Collection and Analysis**
Department: CalOptima Health PACE
Section: Not Applicable

CEO Approval: /s/ Michael Hunn 01/29/2025

Effective Date: 10/01/2013

Revised Date: 01/01/2025

Applicable to: ☐ Medi-Cal
☐ OneCare
☒ PACE
☐ Administrative

I. PURPOSE

This policy defines the process by which CalOptima Health PACE provides consistent ongoing data collection and analysis concerning CalOptima Health Program of All-Inclusive Care for the Elderly (PACE) Participants, their service utilization, and medical and social needs.

II. POLICY

- A. CalOptima Health PACE shall translate data into information that can be used to identify opportunities for continuous quality improvement.
- B. CalOptima Health PACE shall make available and provide reports on quality improvement initiatives to all members of the CalOptima Health PACE community, including but not limited to: the CalOptima Health Board of Directors, the CalOptima Health PACE Board Quality Improvement Committee, the CalOptima Health PACE provider team (employees and contractors), the State of California, the Centers for Medicare & Medicaid Services (CMS), Participants and their families, and the local community. CalOptima Health PACE shall provide reports as requested by conforming to regulated guidelines regarding confidential and protected information.
- C. CalOptima Health PACE shall comply with requirements for data as dictated by CMS, the State of California and requirements outlined in CalOptima Health Policy HH.2022: Record Retention and Access.
- D. The CalOptima Health PACE Medical Director, CalOptima Health PACE Quality Improvement (QI) Manager, and/or CalOptima Health PACE QI Program Specialist(s) shall track and review routine data related to program utilization in high-volume, high-cost areas with the CalOptima Health PACE Quality Improvement Committee (PQIC) on a quarterly basis. Areas under the highest level of scrutiny will include Health Plan Management System (HPMS) quality indicators, including but not limited to the following:
 - 1. Inpatient utilization (hospital and nursing home);
 - 2. Emergency room use;
 - 3. Disenrollments (voluntary and involuntary);
 - 4. Grievances;

5. Appeals;
6. Day Health Center utilization;
7. Number of influenza and pneumonia immunizations;
8. Falls without Injury; and
9. Quality Incidents with Root Cause Analysis.

III. PROCEDURE

- A. The CalOptima Health PACE Quality Improvement (QI) Department shall coordinate all data gathering and processing activities under the supervision of the CalOptima Health PACE Medical Director.
- B. CalOptima Health PACE shall use measures with proven reliability and validity to the extent possible and note any deficiencies. Data gathering is the responsibility of the CalOptima Health PACE QI Department with guidance from the CalOptima Health PACE Medical Director. The QI Department is responsible for assuring that data is gathered as scheduled using appropriate sampling techniques.
- C. The PQIC and/or any subcommittees formed by the PQIC shall review all HPMS quality indicators, Participant satisfaction surveys, and other areas which may include provider feedback, and referrals from other areas such as internal surveys, feedback from outside organizations, and other forms of data collected by the CalOptima Health PACE QI Department.
- D. CalOptima Health PACE shall organize the data for reporting purposes in a manner that allows for analysis of the results, including comparison of monitoring results with thresholds.
- E. On a quarterly basis, the CalOptima Health PACE QI Department and the PQIC will analyze and review the data to ensure accuracy, reliability, and validity. Validity and reliability are ensured by periodic checking of data elements to ensure that they meet the definitions in the respective application's data dictionary. Any identified problems will be treated as opportunities for improvement.
- F. On a quarterly basis, the CalOptima Health PACE QI Department shall submit a summary of quality improvement activities to DHCS. CalOptima Health PACE QI Department shall maintain a process to ensure rules of confidentiality are maintained in quality improvement discussions as well as avoidance of conflict of interest on the part of the Participants.

IV. ATTACHMENT(S)

Not Applicable

V. REFERENCE(S)

- A. CalOptima Health PACE Contract with the Department of Health Care Services for the PACE Program
- B. CalOptima Health PACE Program Agreement
- C. CalOptima Health Policy HH.2022: Record Retention and Access
- D. Title 42, Code of Federal Regulations (C.F.R.), §460.200(a), 460.202

VI. REGULATORY AGENCY APPROVAL(S)

None to Date

VII. BOARD ACTION(S)

None to Date

VIII. REVISION HISTORY

Action	Date	Policy	Policy Title	Program(s)
Effective	10/01/2013	PA.3001	Data Collection and Analysis	PACE
Revised	10/01/2014	PA.3001	Data Collection and Analysis	PACE
Reviewed	01/01/2015	PA.3001	Data Collection and Analysis	PACE
Revised	05/01/2016	PA.3001	Data Collection and Analysis	PACE
Revised	04/01/2017	PA.3001	Data Collection and Analysis	PACE
Revised	07/01/2018	PA.3001	Data Collection and Analysis	PACE
Revised	04/01/2019	PA.3001	Data Collection and Analysis	PACE
Revised	10/01/2021	PA.3001	Data Collection and Analysis	PACE
Revised	06/01/2022	PA.3001	Data Collection and Analysis	PACE
Revised	04/01/2023	PA.3001	Data Collection and Analysis	PACE
Revised	03/01/2024	PA.3001	Data Collection and Analysis	PACE
Revised	01/01/2025	PA.3001	Data Collection and Analysis	PACE

IX. GLOSSARY

Term	Definition
Appeal	A Member's action taken with respect to the PACE organization's noncoverage of, modification of, or nonpayment for, a service including denials, reductions or termination of services, as defined by federal PACE regulation 42 CFR Section 460.122.
Grievance	A complaint, either oral or written, expressing dissatisfaction with service delivery or the quality of care furnished, regardless of whether remedial action is requested as defined by the federal PACE regulation 42 CFR Section 460.120.
Interdisciplinary Team (IDT)	<p>A team composed of members qualified to fill, at minimum, the following roles, in accordance with 42 CFR 460.102. One individual may fill two separate roles on the interdisciplinary team where the individual meets applicable state licensure requirements and is qualified to fill the two roles and able to provide appropriate care to meet the needs of members:</p> <ol style="list-style-type: none"> 1. Primary Care Provider; Primary medical care must be furnished to a member by any of the following <ol style="list-style-type: none"> a. A primary care physician. b. A community-based physician. c. A physician assistant who is licensed in the State and practices within their scope of practice as defined by State laws with regard to oversight, practice authority and prescriptive authority. d. A nurse practitioner who is licensed in the State and practices within their scope of practice as defined by State laws with regard to oversight, practice authority and prescriptive authority. 2. Registered Nurse; 3. Master's – level Social Worker; 4. Physical Therapist; 5. Occupational Therapist; 6. Recreational Therapist or Activity Coordinator; 7. Dietician; 8. PACE Center Manager; 9. Home Care Coordinator; 10. Personal Care Attendant or their representative; and 11. Driver or their representative
Participant	An individual enrolled in the CalOptima Health PACE program.