



Policy: GG.1634
Title: **Quality Improvement and Health Equity Activities**
Department: Medical Management
Section: Quality Analytics

CEO Approval: /s/ Michael Hunn 08/22/2024

Effective Date: 01/01/2009

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

I. PURPOSE

This policy defines guidelines for identifying, developing, and approving Quality Improvement and Health Equity Activities.

II. POLICY

- A. CalOptima Health shall conduct Quality Improvement and Health Equity Activities that are designed to achieve, through ongoing measurement and intervention, demonstrable and sustained improvement in significant aspects of clinical and/or non-clinical focus areas with the aim of improving quality of care, quality of service, patient safety, health outcomes, health equity, and Member satisfaction. Quality Improvement and Health Equity Activities are recommended and prioritized for the annual Quality Improvement Work Plan and calendar.
- B. As part of the Quality Improvement Program, Quality Improvement and Health Equity Activities may include the following examples:
1. Quality Improvement Projects (QIPs);
 2. Performance Improvement Projects (PIPs);
 3. Chronic Care Improvement Program (CCIP);
 4. Plan-Do-Study-Act (PDSA) rapid improvement cycles;
 5. Strengths, Weaknesses, Opportunities and Threats (SWOT); and
 6. Encounter Data Validation
 - a. CalOptima Health shall participate in validation of encounter data assessing the completeness, accuracy, reasonability, and timeliness of Encounter Data submitted to DHCS by DHCS' contracted EQRO.
 7. Focused Studies

- a. CalOptima Health shall participate in external reviews of focused clinical and/or non-clinical topics as part of its review of quality outcomes and timeliness of, and access to, services provided by CalOptima Health by DHCS.
8. Technical Assistance
- a. CalOptima Health shall participate in DHCS-provided technical guidance to CalOptima Health as described in 42 CFR 438.310(c)(2) in order to assist CalOptima Health in conducting mandatory and optional activities described in 42 CFR 438.358 and the DHCS Medi-Cal Contract regarding information for the EQR and the resulting EQR technical report.
- C. CalOptima Health shall make every effort to achieve required minimum performance levels (MPL) on standardized quality measures, as established by the Department of Health Care Services (DHCS) and the Centers for Medicare & Medicaid Services (CMS).
1. The Quality Improvement (QI) Department, in collaboration with other departments, shall conduct or coordinate an improvement project for measures that do not meet the MPL.
 2. The QI Department shall submit a Quality Improvement and Health Equity Activity, when applicable, to DHCS in accordance with DHCS All Plan Letter (APL) 24-004: Quality Improvement and Health Equity Transformation Requirements and subsequent updates.
- D. CalOptima Health shall align internal quality and Health Equity efforts with DHCS' Comprehensive Quality Strategy Report, monitor and report quality performance measures as detailed through the MCAS measures, and also review and act on items identified through DHCS' reports including but not limited to the Technical Report, Health Disparities Report, Preventive Services Report, Focus Studies, and Encounter Data Validation Report.
- E. CalOptima Health shall conduct or participate in PIPs, including any PIP required by CMS, in accordance with 42 CFR 438.330. CalOptima Health shall participate in a minimum of two (2) Performance Improvement Projects (PIP), for its Medi-Cal contract held with Department of Health Care Service (DHCS), as defined and approved by DHCS and its identified External Quality Review Organization (EQRO), and in accordance with All Plan Letter (APL) 24-004: Quality Improvement and Health Equity Transformation Requirements and subsequent updates.
1. One PIP shall be either an internal PIP or a Small Group Collaborative (SGC) facilitated by a health plan or DHCS.
 2. One PIP shall be a DHCS facilitated Statewide Collaborative. CalOptima Health may substitute a SCG or PIP in place of the State Collaborative upon DHCS approval.
- F. CalOptima Health shall participate in DHCS mandated statewide or additional initiatives that may improve quality and equity of care for Medi-Cal Members as directed by DHCS, in accordance with DHCS APL 24-004: Quality Improvement and Health Equity Transformation Requirements.
- G. CalOptima Health shall attend any required quarterly regional collaborative meetings as directed by DHCS, in accordance with DHCS APL 24-004: Quality Improvement and Health Equity Transformation Requirements. If in-person attendance is requested by DHCS, CalOptima Health will ensure in-person representation.

- H. CalOptima Health shall participate in mandatory Quality and/or Performance Improvement Project(s), when applicable, as defined and approved by CMS, in accordance with Title 42 of the Code of Federal Regulations (CFR), Section 422.152.
 - 1. As part of its quality improvement activities, CalOptima Health shall conduct the following for each contract with CMS:
 - a. A CCIP in accordance with CMS guidelines to improve health outcomes for Members with multiple or sufficiently severe Chronic Conditions.
 - b. A QIP, in accordance with CMS guidelines, to implement initiatives that focus on one (1) or more clinical or non-clinical area(s) with the aim of improving health outcomes and Member satisfaction.
- I. The Quality Improvement Health Equity Committee (QIHEC) shall assist in prioritizing the Quality Improvement and Health Equity Activities annually, based on analysis of trends, goals of the organization, and results from previous studies.
- J. CalOptima Health shall select Quality Improvement and Health Equity Activities based on their relevance to the identified population, strategic priorities, or important aspects of care and services around which program designs key business processes.
- K. CalOptima Health shall use data collection, measurement, and analysis to continuously improve care provided to Members, taking reduction of health disparities into consideration.
- L. CalOptima Health shall perform the following for each Quality and Performance Improvement Project:
 - 1. Selection and prioritization of topics; including those focusing on health disparities caused by Social Drivers of Health and various factors.
 - 2. Identification of an aspect of clinical care or non-clinical services for study;
 - 3. Specification of quality indicators to measure performance in the selected area;
 - 4. Collection of baseline data;
 - 5. Identification and implementation of appropriate system interventions to improve performance;
 - 6. Repetition of data collection to assess the immediate and continuing effect of the interventions, and to determine the need for further action such as reduction of health disparities; and
 - 7. Evaluation of significant improvement sustained over time.
- M. CalOptima Health Departments that conduct any Quality Improvement and Health Equity Activities shall be responsible to follow the correct data and quality analysis procedures and shall be responsible to carry out any data and quality analysis needed to be done to complete the project.

III. PROCEDURE

- A. CalOptima Health shall conduct the Quality Improvement and Health Equity Activities in accordance with the DHCS and CMS guidelines.

- B. CalOptima Health shall identify opportunities for Quality Improvement and Health Equity Activities throughout the organization in a diversity of settings, including but not limited to day-to-day operations, meetings, documentation, focus groups, data analysis, Healthcare Effectiveness Data and Information Set (HEDIS) results, Health Outcomes Survey (HOS) results, Managed Care Accountability Set (MCAS) measures, Consumer Assessment of Healthcare Providers and Systems (CAHPS) results, and CMS star ratings.
- C. CalOptima Health shall conduct additional Quality Improvement and Health Equity Activities as determined by the MCAS: Quality Improvement and Health Equity Framework Policy Guide.
- D. CalOptima Health shall select Quality Improvement and Health Equity Activity topics in consultation with DHCS and/or CMS, when applicable.
- E. CalOptima Health shall submit Quality Improvement and Health Equity Activity topics to DHCS and/or CMS for approval, when required.
- F. After identification of a potential Quality Improvement and Health Equity Activity topics and approval of the Quality Improvement and Health Equity Activity topic, CalOptima Health shall develop a plan outlining the Quality Improvement and Health Equity Activity's relevance to strategic priorities, and important business processes.
 - 1. CalOptima Health shall utilize DHCS, and CMS required templates to develop a plan for the Quality Improvement and Health Equity Activity.
 - 2. CalOptima Health shall incorporate continuous quality improvement methodology of PDSA, when applicable.
 - 3. The Quality Improvement and Health Equity Activity plan shall:
 - a. Be implemented by the Quality Improvement Team in conjunction with the Equity and Community Health team as needed;
 - b. Measure performance using objective quality indicators;
 - c. Be designed with the goal of improving performance;
 - d. Address system interventions, including the establishment or alteration of practice guidelines;
 - e. Provide systematic and periodic follow-up on the effect of the interventions to achieve access to and quality of care;
 - f. Implement equity-focused interventions that achieve demonstrable improvement;
 - g. For each project, use quality indicators to assess performance that meet the criteria outlined below. The quality indicators must be:
 - i. Objective;
 - ii. Defined clearly and unambiguous;
 - iii. Based on current clinical knowledge or health services research; and

- iv. Capable of measuring outcomes.
 - h. Evaluate effectiveness of interventions using performance measures based on systematic ongoing collection and analysis of valid and reliable data;
 - i. Plan and initiate activities for increasing or sustaining improvement; and
 - j. Ensure that the status and results of each project are reported to DHCS and CMS, as requested.
4. CalOptima Health shall develop specific improvement goals utilizing an industry Benchmark, if applicable or available, or a goal that demonstrates significant improvement.
 5. To determine the effectiveness of a Quality Improvement and Health Equity Activity, the CalOptima Health staff shall document the baseline rate. A baseline measurement shall consist of a numerator and a denominator. The measurement shall include information on whether the measurement includes an entire population, or a sample population.
 6. CalOptima Health shall develop a method of data collection for each measure contained in the Quality Improvement and Health Equity Activity that mirrors the baseline measurement methodology.
 7. Root Cause Analysis
 - a. To ensure developed interventions influence overall improvement, the CalOptima Health staff shall conduct an analysis of the causal factors for less than desired performance.
 - b. Once a potential cause is determined, CalOptima Health shall develop and implement intervention strategies that specifically address causal factors with the goal of improving care or service.
- G. CalOptima Health shall ensure that Quality Improvement and Health Equity Activity plan strategies are developed and implemented in a culturally competent manner, and that Member materials are available in Threshold Languages, when appropriate.
 - H. Upon completion, the QIHEC shall review and approve the Quality Improvement and Health Equity Activity plan prior to implementation, when appropriate.
 - I. CalOptima Health shall submit the Quality Improvement and Health Equity Activity plan using the required templates in accordance with the DHCS and CMS guidelines.
 - J. After interventions have been implemented for a specified amount of time to impact performance, the CalOptima Health staff shall perform a re-measurement analysis, along with quantitative and qualitative analysis of the data.
 1. CalOptima Health shall incorporate changes in methodology into the re-measurement analysis after baseline has been established. If changes are necessary, CalOptima Health shall address the following:
 - a. How the methodology has been changed;

- b. The rationale for the change; and
 - c. The anticipated impact of the change on the final analysis.
- 2. The Quality Improvement and Health Equity Activity shall include a minimum of two (2) re-measurement periods unless otherwise stated by DHCS, CMS, or NCQA.
- 3. CalOptima Health shall submit the Quality Improvement and Health Equity Activity updates in accordance with DHCS and CMS guidelines.
- K. If less than desired performance is achieved, the QI Department staff shall take one (1) or more of the following steps:
 - 1. Collect additional data;
 - 2. Identify barriers or causes for the less than desired performance, including health disparities;
 - 3. Design strategies to overcome the barriers; and
 - 4. Implement additional interventions, when appropriate.
- L. If goals are achieved, the QI Department staff shall complete a summary of the project, fully clarifying the relationship between the results, the re-measurement, and the timing of interventions. The summary shall include:
 - 1. A chart or graph that plots the results and the dates when changes were implemented; and
 - 2. A minimum of two (2) re-measurement periods.
- M. CalOptima Health shall retain all documentation associated with the Quality Improvement and Health Equity Activity.
- N. CalOptima Health staff shall present the completed project to the QIHEC to ensure performance improvement is sustained, CalOptima Health shall continue to monitor performance through data analysis over a specified period, when appropriate.

IV. ATTACHMENT(S)

Not Applicable

V. REFERENCE(S)

- A. CalOptima Health Contract with the Centers for Medicare & Medicaid Services (CMS) for OneCare
- B. CalOptima Health Contract with the Department of Health Care Services (DHCS) for Medi-Cal
- C. Centers for Medicare and Medicaid Services (CMS): Changes to the Medicare Advantage Quality Improvement Program Regulations and Quality Improvement Project and Chronic Care Improvement Program Requirements, Issued 10/10/2018
- D. Department of Health Care Services (DHCS) All Plan Letter (APL) 24-004: Quality Improvement and Health Equity Transformation Requirements (Supersedes APL 19-017)
- E. Health Plan Management System (HPMS) Memorandum, "Discontinuation of the Chronic Care Improvement Program Reporting Requirements," Issued 04/06/2016
- F. Medicare Managed Care Manual, Chapter 5: Quality Improvement Program

G. Title 42, Code of Federal Regulations (CFR.), §§422.152, 438.310(c)(2), 438.330, 438.350, 438.358, and 438.364

VI. REGULATORY AGENCY APPROVAL(S)

Date	Regulatory Agency	Response
08/16/2016	Department of Health Care Services (DHCS)	Approved as Submitted
02/02/2018	Department of Health Care Services (DHCS)	Approved as Submitted
05/17/2023	Department of Health Care Services (DHCS)	Approved as Submitted
08/15/2024	Department of Health Care Services (DHCS)	Approved as Submitted

VII. BOARD ACTION(S)

None to Date

VIII. REVISION HISTORY

Action	Date	Policy	Policy Title	Program(s)
Effective	01/01/2009	GG.1634	Quality Improvement Projects	Medi-Cal
Revised	04/01/2016	GG.1634	Quality and Performance Improvement Projects	Medi-Cal OneCare OneCare Connect
Revised	09/01/2016	GG.1634	Quality and Performance Improvement Projects	Medi-Cal OneCare OneCare Connect
Revised	08/01/2017	GG.1634	Quality and Performance Improvement Projects	Medi-Cal OneCare OneCare Connect
Revised	02/01/2018	GG.1634	Quality and Performance Improvement Projects	Medi-Cal OneCare OneCare Connect
Revised	10/01/2018	GG.1634	Quality and Performance Improvement Projects	Medi-Cal OneCare OneCare Connect
Revised	10/01/2019	GG.1634	Quality and Performance Improvement Projects	Medi-Cal OneCare OneCare Connect
Revised	03/01/2020	GG.1634	Quality and Performance Improvement Projects	Medi-Cal OneCare OneCare Connect
Revised	07/01/2022	GG.1634	Quality and Performance Improvement Projects	Medi-Cal OneCare OneCare Connect
Revised	12/31/2022	GG.1634	Quality and Performance Improvement Projects	Medi-Cal OneCare
Revised	02/01/2023	GG.1634	Quality and Performance Improvement Projects	Medi-Cal OneCare
Revised	04/01/2023	GG.1634	Quality and Performance Improvement Projects	Medi-Cal OneCare
Revised	10/01/2023	GG.1634	Quality and Performance Improvement Projects	Medi-Cal OneCare

Action	Date	Policy	Policy Title	Program(s)
Revised	06/01/2024	GG.1634	Quality Improvement and Health Equity Activities	Medi-Cal OneCare

IX. GLOSSARY

Term	Definition
Benchmark	Performance information used to identify the operational and clinical practices that lead to the best outcome.
Centers for Medicare & Medicaid Services (CMS)	The federal agency under the United States Department of Health and Human Services responsible for administering the Medicare and Medicaid programs
Chronic Care Improvement Program (CCIP)	Chronic Care Improvement Programs are initiatives focused on clinical areas with the aim of improving health outcomes and beneficiary satisfaction, especially for those members with chronic conditions. All Medicare Advantage (MA) organizations must conduct a CCIP as part of their Quality Improvement (QI) program under federal regulations at Title 42, Code of Federal Regulations, section 422.152.
Chronic Health Condition	A condition with symptoms present for three (3) months or longer. Pregnancy is not included in this definition.
Consumer Assessment of Healthcare Providers and Systems (CAHPS)	A multiyear initiative of the Agency for Healthcare Research and Quality to support and promote the assessment of consumers' experiences with health care by developing standardized patient questionnaires that can be used to compare results across sponsors and over time and generate tools and resources that sponsors can use to produce understandable and usable comparative information for both consumers and health care providers.
Department of Health Care Services (DHCS)	The single State Department responsible for administration of the Medi-Cal Program, California Children Services (CCS), Genetically Handicapped Persons Program (GHPP), Child Health and Disabilities Prevention (CHDP), and other health related programs.
External Quality Review Organization (EQRO)	A Peer Review Organization (PRO), PRO-like entity, or accrediting body that is an expert in the scientific review of the quality of health care provided to Medicaid beneficiaries in a State's Medicaid managed care plans.
Healthcare Effectiveness Data and Information Set (HEDIS)	<u>Medi-Cal</u> : The set of standardized performance measures sponsored and maintained by the National Committee for Quality Assurance (NCQA). <u>OneCare</u> : A set of standardized performance measures designed to provide purchasers and consumers with relevant information on health plan performance and facilitate the comparison of managed care organizations. HEDIS is sponsored, supported, and maintained by the National Committee for Quality Assurance (NCQA).
Health Outcomes Survey (HOS)	Beneficiary survey used by CMS to gather valid and reliable health status data in Medicare managed care for use in quality improvement activities, plan accountability, public reporting, and improving health.
Member	A beneficiary enrolled in a CalOptima Health program.
Plan-Do-Study-Act (PDSA)	The PDSA cycle is shorthand for testing a change by developing a plan to test the change (Plan), carrying out the test (Do), observing and learning from the consequences (Study), and determining what modifications should be made to the test (Act).

Term	Definition
Quality Improvement and Health Equity Activity	A component of a comprehensive quality improvement program that addresses the quality of clinical care as well as the quality of health services delivery. A Quality Improvement and Health Equity Activity is an initiative by the organization to measure its own performance in major focus areas of clinical and non-clinical care. Also known as Quality Improvement Projects (QIPs) and Performance Improvement Projects (PIPs).
Quality Improvement Health Equity Committee (QIHEC)	The CalOptima Health QIHEC assures all quality improvement activities, including those identified in the Quality Improvement Health Equity Transformation Program (QIHETP).
Social Drivers of Health	The environments in which people are born, live, learn, work, play, worship, and age that affect a wide range of health functioning, and quality-of-life outcomes and risk.
Threshold Languages	<p><u>Medi-Cal</u>: Those languages identified based upon State requirements and/or findings of the Population Needs Assessment (PNA).</p> <p><u>OneCare</u>: A threshold language is defined by CMS as the native language of a group who comprises five percent (5%) or more of the people served by the CMS Program.</p>