Population Needs Assessment Report

2022

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POPULATION NEEDS ASSESSMENT OVERVIEW

Purpose

CalViva Health's (CalViva) Population Needs Assessment (PNA) aims to identify the needs of its Medi-Cal members, review available programs and resources, and identify gaps in services. The health status of all members is considered, including Seniors and Persons with Disabilities (SPD), children and adults with special health care needs, and members from diverse cultural and ethnic backgrounds. CalViva's PNA development process was designed to meaningfully gather and synthesize data from primary data sources to inform the development of action plans to improve member health outcomes and experiences.

Key Findings

Membership and Group Profile

- **Total Membership:** As of December 2021, CalViva had 405,144 Medi-Cal members among Fresno, Kings, and Madera Counties.[1]
- **Gender:** Females make up approximately 54% of all members.
- **Age:** More than 52% of the membership are between the ages of 14 and 50.
- **Race/Ethnicity:** Most of the members identified as Hispanics (61.5%), followed by Whites (11.8%).
- **Senior and Persons with Disabilities:** Accounts for 9.7% of members.
- **Language:** English is the preferred spoken language with nearly 66% of the membership, followed by Spanish (30.5%).
- **Housing Status:** An estimated 3% of all members experienced poor housing conditions.

Health Status and Disease Prevalence Data

- Self-reported Health Information Form (HIF) for MY2021:
    - The most common chronic conditions among members are high blood pressure (30.77%), high cholesterol (21.76%), arthritis (21.15%), asthma (19.12%), and diabetes type 2 (15.22%).
    - About 34% of survey respondents on the Health Information Form noted feeling down, hopeless or depressed for at least several days during a 2-week period.
- Claims and encounter data from Jan. 1, 2021-Dec. 31,2021 indicates:
    - Asthma, chronic heart failure, and diabetes are the most common high-risk conditions among members.
    - Mood and anxiety disorders accounts for two of the top 10 mental health conditions.
    - Nicotine dependence among members was most common among Whites.
    - Overall, 47.1% of the membership have entirely completed their COVID-19 vaccination series.
    - Blood poisoning by bacteria (Septicemia) accounts for the highest percentage of costs among all claims.

Access to Care

- MY2020 CAHPS® composite scores indicate:
    - CalViva falls below the 25th quality compass percentile for 6 of the 7 measures, except flu vaccinations measure from the Adult Survey.

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

- The quality compass benchmarks for the Child Survey measures were not captured in the file provided by Health Services Advisory Group, Inc. (HSAG).
- With respect to member experience as assessed by CAHPS and Timely Access Reports, opportunities for improvement were identified in communication between members and providers and provider performance.

Health Disparities

- HEDIS data (MY2020) indicates:
  - For preventive measures outcomes:
    - Hispanics outperform all other race/ethnic groups performing above the 50th percentile for breast and cervical cancer screening.
    - The lowest performing groups with almost all measures performing below the 50th percentiles are Hmong, Khmer, and English speakers.
  - For Comprehensive Diabetes Care (CDC), females perform better than their male counterparts for compliance rate.

Gap Analysis

Health Education Department

- In MY2021, mood and anxiety disorders continue to account for two of the top 10 mental health conditions. About 34% of survey respondents on the Health Information Form noted feeling down, hopeless or depressed for at least several days during a 2-week period. Increase access to behavioral health resources by promoting myStrength®, a comprehensive digital behavioral health platform that allows for learning about stress, depression, meditation, substance abuse, anxiety, COVID-19, and resources for LGBTQ+ to address the mental and behavioral health needs of its members.
- Increase member participation in tobacco cessation program by implementing various member outreach strategies since tobacco/nicotine dependence continues to be a high-risk behavior for members.

Quality Improvement Department

- This department is addressing a Health Disparity Performance Improvement Plan (PIP) project to increase breast cancer HEDIS rates among Hmong, Laotian, and Khmer speaking females ages 50-74 years.

Health Equity Department (formerly known as Cultural and Linguistic Services Department)

- The Language Assistance Program (LAP) complies with the language requirements and supports the goal of ensuring equal access to quality health care and services for all members.
- Health Equity will continue the implementation of the LAP initiative to increase provider and staff awareness of language assistance services including provider trainings to be scheduled in 2022.

Action Plans

The action plans outline existing or new programs prioritized by the Health Education, Quality Improvement, and Health Equity departments to address health disparities and improve health outcomes for members.

- ◆ The Health Education Department will continue to build momentum on connecting members with mental health resources, choosing to monitor and increase myStrength utilization, a comprehensive digital behavioral health platform that allows for learning on stress, depression, and much more.

◆The Quality Improvement Department will continue implementing a health disparity project to improve breast cancer screenings (BCS) among Hmong, Laotian, Cambodian, and Khmer speaking females in Fresno County.

◆The Health Equity Department will aim to reduce member language barriers and improve access to care through an on-demand Video Remote Interpreting (VRI) and Over the Phone Interpretation (OPI) service in-office pilot project.

Stakeholder Engagement

The Public Policy Committee (PPC) participants served as advisors to the development of the PNA. CalViva will share the 2022 PNA findings and action plans with PPC participants in the Fall of 2022, allowing for additional review and discussion.

DATA SOURCES

A variety of internal data sources are referenced in the development of the Population Needs Assessment (PNA). They offer insight to the membership profile, and guide the identification of member-based needs, care standards, potential disparities, and overall action plans. Primary data sources include claims and encounters, membership enrollment datasets, health program utilization, quality improvement projects, and member surveys.

Membership Data, December 2021

CalViva's membership profile included both active and termed members for that calendar year. This timeframe was selected to keep the membership analysis consistent with HEDIS® and disparity analysis.

Healthcare Effectiveness Data and Information Set (HEDIS®), MY2020

HEDIS represents a set of performance measures selected by the Department of Health Care Services. They help monitor and evaluate the quality and accessibility of care and services extended by Medi-Cal Managed Care Plans (MCPs). CalViva's performance is reported in the PNA on various pediatric, women's health, and chronic health measures. Low performing areas may be addressed through a Performance Improvement Project (PIP), a Plan-Do-Study-Act (PDSAs) cycle, or a disparity analysis project, each aimed at enhancing and supporting member-based outcomes.

Claims and Encounter Data, MY2021

Multiple data sources are used to acquire claims and encounter data, pulling from corporate-wide data warehouses. These include medical, pharmacy and behavioral claims/encounters, and utilization management. These sources helped inform the following used in this assessment:

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

Health Information Form (HIF), MY2021

The HIF is a questionnaire that helps identify self-reported member needs and services. It is included in the member welcome packet for all new members. Seniors and Persons with Disabilities (SPD) members receive telephonic outreach to assist form completion. Sections include Global Health, Physical Health, Behavioral Health, and Activities of Daily and Independent Living.

Health Disparity Data, MY2017-2021

Health disparity data flags potential 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). CalViva supplemented DHCS provided health plan specific MY2020 health disparity data with more current internal data to develop CalViva's disparity analysis. Data sources include:

- DHCS health plan specific health disparities data (MY2020).
- CalViva membership (Calendar year 2021) and HEDIS data (MY2020), stratified by various demographic and socioeconomic characteristics.

CalViva Community Connect, MY2021

CalViva Community Connect is an online service that connects members to free or reduced cost social services in their communities. Website analytics, supported by Findhelp.org (formerly Aunt Bertha), help identify trends in emerging Social Determinants of Health by monitoring, tallying, and categorizing member searches.

Timely Access Reports, MY2020-2021

Access to care standards monitor members' timely access for medical and behavioral health care within time-specific 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) Timely Access Study was placed on hold again in 2021 due to COVID-19. Data collection methodologies include:

- *Department of Managed Health Care Provider Appointment Availability Survey (PAAS), August-December 2021.* CalViva Health contracted with an external survey vendor, Sutherland Health Care Solutions ("Sutherland") to administer the survey as per outlined in the Department of Managed Health Care Provider Appointment Availability Survey Methodology.
- CalViva administered a separate PAAS to capture appointments access among a wider group of specialists, using the same survey items.
- Members can receive behavioral health services through the Managed Health Network (MHN) provider network of behavioral health care providers. CalViva's Psychiatrists and Non-Physician Mental Health (NPMH) providers sample have their own performance standards specific to access.
- *Provider After-Hours Availability Survey (PAHAS), between October and December 2021.* Sutherland Health Care Solutions administered this survey.

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

Every two years, the CalViva CAHPS survey is conducted by the Health Services Advisory Group, Inc. (HSAG). The most recent CAHPS survey was fielded in 2021 to a subset of CalViva Health members**.** The 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, phone, and internet protocol with pre-notification postcard.

Language Assistance Program (LAP), MY2017-2021

The 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 considered language assistance service utilization and a GEO access comparison. The GEO access aimed to identify areas where members who identified as speaking a given language did not live within an appropriate time and distance parameter to a Primary Care Provider (PCP) or Specialist that can meet their preferred language needs.

Health Education Programs and 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.

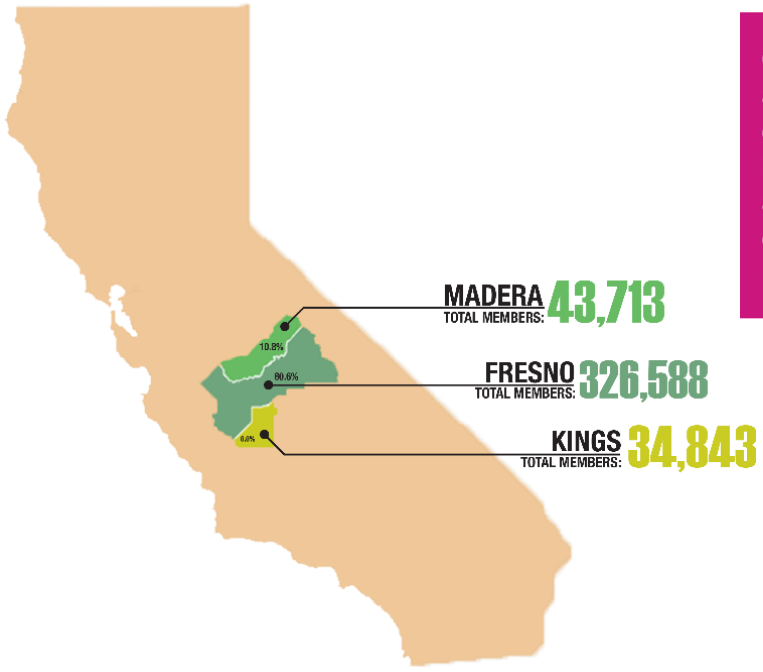
KEY DATA ASSESSMENT FINDINGS

Assessment findings highlight member health status, program gaps, and help inform 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

The membership profile was developed using a December 2021 dataset, which included both active and termed members for the calendar year.[2] Key demographic characteristics include geographic distribution, sex, age, race/ethnicity, Seniors and Persons with Disabilities (SPD), language, and housing insecurity. Please reference **Appendices A-C** for complete membership profile details by county.

By Membership Distribution, December 2021



CalViva Health had 405,144 members across Fresno, Kings and Madera counties. Fresno County has the largest proportion of the membership at 80.6%. Each of the remaining counties have less than 11% of the membership distribution.

By Sex, All CalViva Counties, December 2021

The sex distribution is nearly even across all counties. In Kings County, females made up 54.3% of members, followed by Fresno County with 53.7%, and Madera County with 53.6%. Males make up ranges from 45.7%-46.4% of members in the CalViva counties. Females make up nearly 54% of CalViva's total membership.

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

By Age, All CalViva Counties, December 2021

A little over 52% of the total CalViva membership is between the ages of 14 and 50 years, followed by those in the 0 to 13 age group with 32.9%. Members in the 66 and older age group make up the smallest proportion at 3.3% of the total membership. See Table 1 for county specific results.

Table 1: CalViva Membership Data - Age Groups by County, December 2020 & December 2021

	Fresno		Kings		Madera		2020		2021	
Age Group	**(n)**	**%**	**(n)**	**%**	**(n)**	**%**	**(n)**	**%**	**(n)**	**%**
0-13	106,536	32.6%	11,281	32.4%	15,503	35.5%	132,131	32.9%	133,320	32.9%
14-21	56,445	17%	6,215	17.5%	8,750	19.6%	71,407	17.8%	71,410	17.6%
22-50	116,168	34.9%	12,523	35.3%	13,708	30.8%	139,898	34.8%	142,399	35.1%
51-65	35,846	10.8%	3,789	10.7%	4,627	10.4%	43,816	10.9%	44,262	10.9%
>65	11,593	3.5%	1,035	2.9%	1,125	2.5%	14,425	3.6%	13,753	3.3%

By Race/Ethnicity, All CalViva Counties, December 2021

Nearly 62% of CalViva's membership identified as Hispanics, 12% as Whites, 5.1% as Blacks, and 8.9% as Asian/Pacific Islanders. A little over 12% percent are unknown or other.

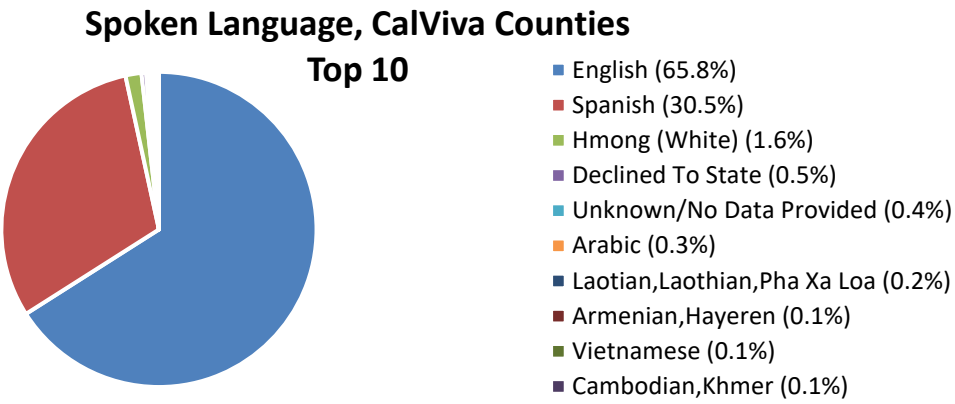
Table 2: CalViva Membership Data - Race/Ethnicity by County, December 2020 & December 2021

	Fresno		Kings		Madera		2020		2021	
Race/Ethnicity	**(n)**	**%**	**(n)**	**%**	**(n)**	**%**	**(n)**	**%**	**(n)**	**%**
Hispanic	195,353	59.8%	23,695	68%	30,180	69%	246,926	61.5%	249,228	61.5%
White	36,421	11.2%	4,644	13.3%	6,651	15.2%	48,128	12.0%	47,716	11.8%
API	34,642	10.6%	690	2%	684	1.6%	36,456	9.1%	36,016	8.9%
Black	18,524	5.7%	1,395	4%	823	1.9%	21,026	5.2%	20,742	5.1%
AI/AN	1,884	0.6%	102	0.3%	216	0.5%	2,216	0.6%	2,202	0.5%
Other	3,243	1%	675	1.9%	967	2.2%	5,288	1.3%	4,885	1.2%
Unknown	36,521	11.2%	3,642	10.5%	4,192	9.6%	41,637	10.4%	44,355	10.9%

By Seniors and Persons with Disabilities (SPD), All CalViva Counties, December 2021

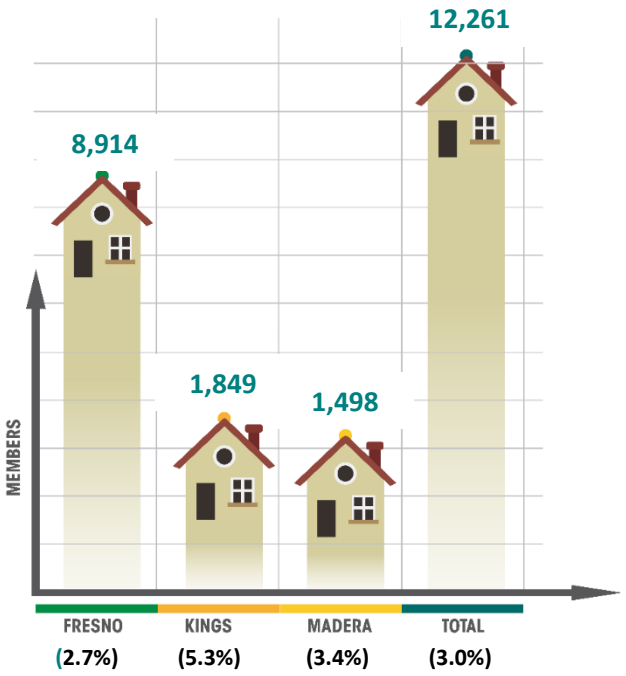
SPD make up 9.7% of CalViva's membership (n=39,395). Fresno County has the highest rate at 10.1% (n=33,014) of total membership, followed by Kings County at 9.3% (n=3,240) and Madera County at 7.2% (n=3,141).

By Spoken Language, All CalViva Counties, December 2021



By Housing Status, All CalViva Counties, December 2021

Poor housing conditions correlate to multiple adverse health outcomes in both children and adults.[3] An estimated 3% of all CalViva members do not have adequate housing or are likely without homes.[4] See graph below for information at the county level.



[3] US Housing Insecurity and the Health of Very Youth Children: https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3134514/; Accessed May 2022

[4] Members are categorized as likely to be without home if they registered with the address of homeless shelter, place of worship, hospital, transitional housing, public office, or an address containing a keyword synonymous with "homelessness", "General Delivery", or "Friend's Couch". In addition, the condition of homelessness is currently recognized in the ICD-10 coding criteria, ICD-10-CM Code Z59.0.

HEALTH STATUS AND DISEASE PREVALENCE

Members' health status is based on various claims and encounter data metrics. Self-reported surveys help identify member needs, while state/county assessments allow for comparisons to larger community benchmarks. CalViva uses the following sources to gauge levels of performance and opportunities for improvement.

Healthcare Effectiveness Data and Information Set (HEDIS®)

The Department of Health Care Services (DHCS) requires that Medicaid Managed Care Plans perform at least as well as the National Medicaid 50th percentile. For each clinical measure that falls below that threshold, the health plan must implement a proactive and continuous Performance Improvement Project (PIP), a Plan-Do- Study-Act (PDSA) cycle, or a disparity analysis project focused on improving that selected measure. Using the most recently available data (MY2020), CalViva's HEDIS outcomes are categorized into three areas below: *Pediatric Health, Women's Health, and Adult and Chronic Health*. Please reference to **Appendix D** for a comprehensive overview of percentile ratings by measure.

The COVID-19 pandemic impacted heath care access, resulting in lower performance for some HEDIS measures. We anticipate that DHCS will provide benchmark data in the near future across all Medi-Cal plans for further evaluation.

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*

Women's Health Measures

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

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 High Blood Pressure*
- ***CDC-H9:*** *Comprehensive Diabetes Care – HbA1c Poor Control (>9.0%)*
- ***SSD:*** *Diabetes Screening for People with Schizophrenia or Bipolar Disorder who are using Antipsychotic Medications*

Table 3: HEDIS Health Performance - All Measures by CalViva County, MY2020

County	Total Measures	# Measures below 50th Percentile	% Measures Below 50th Percentile	Measures Below 50th Percentile
Pediatric Health Measures				
Fresno	9	8	89%	APM, CIS-10, WCC-BMI, WCC-N, WCC-PA, W30-15, W30-30, WCV
Kings	9	6	67%	APM, CIS-10, IMA-2, W30-15, W30-30, WCV
Madera	9	3	33%	APM, W30-15, WCV
Women's Health Measures				
Fresno	5	3	60%	BCS, CCS, CHL
Kings	5	1	20%	BCS
Madera	5	1	20%	CHL
Adult and Chronic Health Measures				
Fresno	6	4	67%	AMM-A, AMM-C, CBP, CDC-H9
Kings	6	3	50%	AMM-A, AMM-C, SSD
Madera	6	3	50%	AMM-A, AMM-C, CDC-H9

>80% of measures in category are below 50th Percentile

<20% of measures in category are below 50th Percentile

Based on Measurement Year 2020 (MY2020) data, all CalViva counties demonstrated various HEDIS measures below the 50th percentile minimum performance level (MPL):

- Fresno County had the most measures (15) below the MPL, while Madera had the least (7).
- Under Pediatric Health, Madera County performed most favorably, having only three measures under the MPL out of the nine captured for review.
- Fresno County had eight (89%) of the pediatric measures below the MPL.
- Across all counties, three measures were consistently below the MPL: Metabolic Monitoring for Children and Adolescents on Antipsychotics (APM), Well-Child Visits in the First 30 Months of Life – 0 to 15 Months (W30-15), and Child and Adolescent Well-Care Visits (WCV).

A total of five measures are grouped under Women's Health:

- Kings and Madera Counties had the best performance across all counties, with only one measure each (BCS and CHL, respectively) below the MPL.
- Fresno County had three of five measures below the MPL.
- In the CalViva counties, BCS and CHL were mostly below the benchmark. All three CalViva counties met the MPL for timeliness of prenatal and postpartum visit HEDIS measures.

The Adult and Chronic Health measure group incorporates six measures:

- Kings and Madera Counties met the MPL for three of the six measures.
- Fresno County did not meet the MPL on four measures.
- Antidepressant Medication Management – Effective Acute Phase Treatment and Effective Continuation Phase Treatment are the most recurring measures in CalViva counties below the 50th percentile.

High-Risk Chronic Health Conditions

CalViva 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, as reflected in Table 4:

Table 4: PHM – High-Risk Member Selection Criteria, MY2020-2021

Condition	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

In MY2021, a total of 3,894 CalViva members were identified within a high-risk category for asthma, chronic heart failure, and/or diabetes. Table 5 lists counts by age and county for each condition. In 2021, CalViva members aged 22-50 carry the most significant burden of high-risk conditions, with 1,926 or 49.46% of the entire high-risk population. The 51-65-year-old age group follows with 1,083 high-risk counts or 27.81% of the population's total. See below table for more specific details on chronic conditions.

Table 5: Claims/Encounter Data – Chronic Conditions by Age (All Counties), MY2020-2021

	Asthma	Chronic Heart Failure	Diabetes	2020	2021
Fresno	**2,327**	**129**	**940**	**3,940**	**3,396**
0 - 13 yrs	300 (12.89%)	-	7 (0.74%)	242	307
14 - 21 yrs	206 (8.85%)	1 (0.78%)	26 (2.77%)	238	233
22 - 50 yrs	1,078 (46.33%)	36 (27.91%)	592 (62.98%)	1,878	1706
51 - 65 yrs	622 (26.73%)	55 (42.64%)	270 (28.72%)	1,308	947
66+	121 (5.20%)	37 (28.68%)	45 (4.79%)	274	203
Kings	**91**	**6**	**37**	**138**	**134**
0 - 13 yrs	23 (25.27%)	-	1 (2.70%)	11	24
14 - 21 yrs	5 (5.49%)	-	3 (8.11%)	7	8
22 - 50 yrs	33 (36.26%)	-	25 (67.57%)	64	58
51 - 65 yrs	24 (26.37%)	2 (33.33%)	6 (16.22%)	43	32
66+	6 (6.59%)	4 (66.67%)	2 (5.41%)	13	12
Madera	**245**	**18**	**101**	**409**	**364**
0 - 13 yrs	42 (17.14%)	-	-	36	42
14 - 21 yrs	27 (11.02%)	-	7 (6.93%)	23	34
22 - 50 yrs	95 (38.78%)	5 (27.78%)	62 (61.39%)	169	162
51 - 65 yrs	67 (27.35%)	10 (55.56%)	27 (26.73%)	160	104
66+	14 (5.71%)	3 (16.67%)	5 (4.95%)	21	22
Total	**2,663**	**153**	**1,078**	**4,487**	**3,894**

When viewed by race/ethnicity (Table 6), Hispanics have the highest rates for each chronic condition in every county, except chronic heart failure in Madera County dominated by Whites (50%), please note the results are based on a small numerator. Findings overall align with the proportion of total members by race/ethnicity.

Note: race/ethnicity data were unavailable for an estimated 16.3% of members.

Table 6: Claims/Encounter Data – Chronic Conditions by Race/Ethnicity (All Counties), MY2020-2021

	Asthma	Chronic Heart Failure	Diabetes	2020	2021
Fresno	**2,327**	**129**	**940**	**3,940**	**3,396**
Alaskan Native or American Indian	26 (1.12%)	3 (2.33%)	7 (0.74%)	41	36
Asian or Pacific Islander	183 (7.86%)	13 (10.08%)	86 (9.15%)	189	282
Black	249 (10.70%)	10 (7.75%)	49 (5.21%)	397	308
Hispanic	1178 (50.62%)	66 (51.16%)	552 (58.72%)	1,923	1796
Other/Unknown	324 (13.92%)	14 (10.85%)	114 (12.13%)	744	452
White	367 (15.77%)	23 (17.83%)	132 (14.04%)	646	522
Kings	**91**	**6**	**37**	**138**	**134**
Asian or Pacific Islander	1 (1.10%)	-	-	3	1
Black	10 (10.99%)	-	-	11	10
Hispanic	49 (53.85%)	4 (66.67%)	28 (75.68%)	79	81
Other/Unknown	11 (12.09%)	1 (16.67%)	2 (5.41%)	11	14
White	20 (21.98%)	1 (16.67%)	7 (18.92%)	34	28
Madera	**245**	**18**	**101**	**409**	**364**
Alaskan Native or American Indian	7 (2.86%)	-	-	4	7
Asian or Pacific Islander	2 (0.82%)	-	1 (0.99%)	5	3
Black	10 (4.08%)	1 (5.56%)	-	15	11
Hispanic	134 (54.69%)	6 (33.33%)	77 (76.24%)	239	217
Other/Unknown	32 (13.06%)	2 (11.11%)	7 (6.93%)	28	41
White	60 (24.49%)	9 (50.00%)	16 (15.84%)	118	85
Total	**2,663**	**153**	**1,078**	**4,487**	**3,894**

Top Medical Diagnoses and Costs

The top 10 medical diagnoses and costs are identified using CalViva's Measurement Year 2021 claims and encounter data. Recognizing year-over year trends and patterns helps prioritize where intervention efforts should be focused. Tables 7 and 8 below show that for all members, only three of the top 10 claims categories in 2020 rolled over to 2021, with degenerative conditions moving to second place in 2021 from first place in 2020. When looking at costs, blood poisoning by bacteria (Septicemia) continues to account for the highest percentage of costs among all claims submitted since 2020. Diagnoses that account for eight of the top 10 costs in 2021 were also most common in 2020.

Table 7: Claims/Encounter Data - Top 10 Claims, All Members, MY2020-2021

	% of Claims	
	2020	**2021**
Blindness and vision defects	*N/A**	4.42%
Spondylosis; intervertebral disc disorders; other back problems	4.68%	4.22%
Normal pregnancy and/or delivery	3.97%	3.52%
Diabetes mellitus without complication	1.91%	2.93%
Other non-traumatic joint disorders	*N/A**	2.71%
Abdominal pain	*N/A**	2.66%
Essential hypertension	*N/A**	2.65%
Other upper respiratory infections	*N/A**	2.36%
Diabetes mellitus with complications	*N/A**	2.29%
Other upper respiratory disease	*N/A**	2.09%

Table 8: Claims/Encounter Data - Top 10 Costs, All Members, MY2020-2021

	% of Costs	
	2020	**2021**
Septicemia (except in labor)	5.14%	4.47%
Diabetes mellitus with complications	2.55%	2.94%
Spondylosis; intervertebral disc disorders; other back problems	2.95%	2.75%
Chronic kidney disease	2.25%	2.05%
Normal pregnancy and/or delivery	2.11%	1.90%
Respiratory failure; insufficiency; arrest	*N/A**	1.86%
Hypertension with complications and secondary hypertension	1.52%	1.71%
Other complications of pregnancy	1.74%	1.61%
Other complications of birth; puerperium affecting management of mother	1.71%	1.55%
Abdominal pain	*N/A**	1.50%

** Claim/diagnosis not captured as a top 10 item in the RY2021 CalViva PNA.*

Tables 9 and 10 on the following page show that claims for blindness and vision defects continues to be the most common among children and adolescents ages 2-18, accounting for 10.21% of all claims. Upper respiratory infections maintain its position for the highest percent of costs in 2021, although with a rate of 5.85% it is slightly lower than the previous year's rate of 6.41%. COVID-19 related claims are categorized under "Viral Infection" which is among one of the top 10 claims for members ages 2-18.

Table 9: Claims/Encounter Data -Top 10 Claims, Ages 2-18, MY2020-2021

	% of Claims	
	2020	**2021**
Blindness and vision defects	8.86%	10.21%
Other upper respiratory infections	7.94%	7.24%
Other upper respiratory disease	5.53%	5.58%
Viral infection	3.16%	3.28%
Abdominal pain	2.92%	3.27%
Other skin disorders	*N/A**	3.05%
Asthma	3.40%	3.01%
Other nutritional; endocrine; and metabolic disorders	2.66%	2.86%
Fracture of upper limb	*N/A**	2.52%
Other lower respiratory disease	*N/A**	2.34%

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

	% of Costs	
	2020	**2021**
Other upper respiratory infections	6.41%	5.85%
Other upper respiratory disease	4.01%	4.01%
Blindness and vision defects	3.41%	3.99%
Appendicitis and other appendiceal conditions	3.88%	3.69%
Abdominal pain	2.66%	3.29%
Asthma	3.36%	3.22%
Fracture of upper limb	*N/A**	3.10%
Other nutritional; endocrine; and metabolic disorders	2.81%	2.78%
Disorders of teeth and jaw	2.56%	2.77%
Viral infection**	2.65%	2.55%

** Claim/diagnosis not captured as a top 10 item in the RY2021 CalViva PNA.*
***Viral infections include COVID-19 related claims.*

In adults aged 19 years or older (Tables 11-12), four of the top 10 claims in 2020 are reflected in 2021. Spine-related claims represent 5.12% of submissions - leading all rates. Diagnoses that account for nine of the top 10 costs in 2021 were also most common in 2020, with Septicemia continuing to lead with 5.03% in 2021.

Table 11: Claims/Encounter Data -Top 10 Claims, Ages 19+ Years, MY2020-2021

	% of Claims	
	2020	**2021**
Spondylosis; intervertebral disc disorders; other back problems	5.72%	5.12%
Normal pregnancy and/or delivery	4.90%	4.33%
Diabetes mellitus without complication	*N/A**	3.62%
Essential hypertension	*N/A**	3.31%
Blindness and vision defects	*N/A**	3.15%
Other non-traumatic joint disorders	*N/A**	2.89%
Diabetes mellitus with complications	2.40%	2.87%
Abdominal pain	*N/A**	2.58%
Other complications of pregnancy	2.66%	2.52%
Other connective tissue disease	*N/A**	2.25%

Table 12: Claims/Encounter Data -Top 10 Costs, Ages 19+ Years, MY2020-2021

	% of Costs	
	2020	**2021**
Septicemia (except in labor)	5.83%	5.03%
Diabetes mellitus with complications	2.91%	3.35%
Spondylosis; intervertebral disc disorders; other back problems	3.30%	3.06%
Chronic kidney disease	2.57%	2.34%
Normal pregnancy and/or delivery	2.35%	2.12%
Hypertension with complications and secondary hypertension	1.75%	1.95%
Respiratory failure; insufficiency; arrest	*N/A**	1.89%
Other complications of pregnancy	1.93%	1.79%
Other complications of birth; puerperium affecting management of mother	1.91%	1.73%
Contraceptive and procreative management	1.79%	1.55%

** Claim/diagnosis not captured as a top 10 item in the RY2021 CalViva PNA.*

Among members with disabilities, four of the top 10 claims submitted in 2020 are also captured in 2021 (Tables 13-14). Schizophrenia and other psychotic disorders represent the highest proportion of claims, and the 7th highest in costs. All diagnoses for top 10 highest costs in 2020 are mirrored in 2021, with septicemia at the top with 7.10% of costs.

Table 13: Claims/Encounter Data - Top 10 Claims, Members with Disabilities, MY2020-2021

	% of Claims	
	2020	**2021**
Schizophrenia and other psychotic disorders	7.76%	8.90%
Spondylosis; intervertebral disc disorders; other back problems	6.17%	5.47%
Diabetes mellitus without complication	N/A*	4.49%
Essential hypertension	N/A*	4.08%
Diabetes mellitus with complications	2.81%	3.34%
Chronic kidney disease	3.35%	2.81%
Other lower respiratory disease	N/A*	2.19%
Other non-traumatic joint disorders	N/A*	2.12%
Mood disorders	N/A*	2.02%
Other connective tissue disease	N/A*	1.93%

Table 14: Claims/Encounter Data - Top 10 Costs, Members with Disabilities, MY2020-2021

	% of Costs	
	2020	**2021**
Septicemia (except in labor)	8.58%	7.10%
Diabetes mellitus with complications	3.38%	3.84%
Chronic kidney disease	3.79%	3.58%
Spondylosis; intervertebral disc disorders; other back problems	3.49%	3.55%
Respiratory failure; insufficiency; arrest (adult)	2.77%	3.02%
Hypertension with complications and secondary hypertension	2.85%	2.98%
Schizophrenia and other psychotic disorders	2.10%	2.65%
Other nervous system disorders	1.81%	2.22%
Complication of device; implant or graft	2.60%	2.11%
Chronic obstructive pulmonary disease and bronchiectasis	1.69%	1.73%

** Claim/diagnosis not captured as a top 10 item in the RY2021 CalViva PNA.*

CalViva Health is responsible for servicing members with mild to moderate behavioral health conditions. The county health departments cover services for members with severe behavioral health conditions. The top 10 behavioral health conditions are referenced in Table 15. Mood and Anxiety Disorders continue to make up the top two in MY2021. Post-Traumatic Stress Disorder (chronic) is a new top 10 item with 493 members. See **Appendix E** for information on the number of counseling session per diagnosis.

Table 15: Claims/Encounter Data - Top 10 Behavioral Health Conditions for All Ages, MY2020-2021

Behavioral Health	***2020***	***2021***
Mood Disorders	6,290	6,474
Anxiety Disorders	5,529	5,661
Adjustment Disorder with Mixed Anxiety & Depressed Mood	1,145	1,382
Autistic Disorder	811	980
Substance Related and Addictive Disorders	975	860
Post-Traumatic Stress Disorder (unspecified)	692	755
Schizophrenia and other Psychotic Disorders	514	561
Sexual and Gender Identity Disorders	502	539
Post-Traumatic Stress Disorder (chronic)	N/A*	474
Adjustment Disorder with Depressed Mood	N/A*	479
Total:	**16,879**	**18,185**

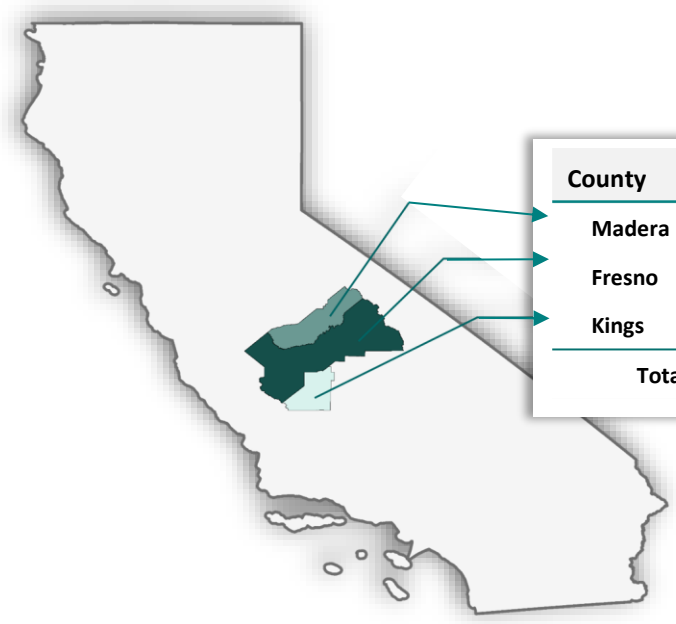
** Behavioral health conditions counts were not captured as a top 10 item in the RY2021 CalViva PNA.*
*** The Medical Condition Only/No Behavioral was removed from this table to list only behavioral conditions and replaced with Adjustment Disorder with Depressed Mood in the 2022 PNA.*

Adverse Childhood Experience Screenings (ACES)

Adverse Childhood Experiences (ACEs) are traumatic events experienced prior to age 18. This 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 are encouraged to screen for ACEs in children, adolescents, and adults to assess and treat toxic stress to improve outcomes.

CalViva paid for a total of 15,638 ACE screenings in 2021 (per available claims as of 3/31/2022), representing 15,631 unique members. Of unique members, a majority (97.75%; n=15,280) had an ACEs score between 0-3, representing a lower risk score for toxic stress. The remaining 2.25% had an ACEs score of four or greater, indicating high risk for toxic stress. Fresno County had the highest number of screenings overall with 12,800. While Kings County continues to have the highest percentage of high-risk ACEs score at 4% with the highest portion of members found in Fresno County with 313.

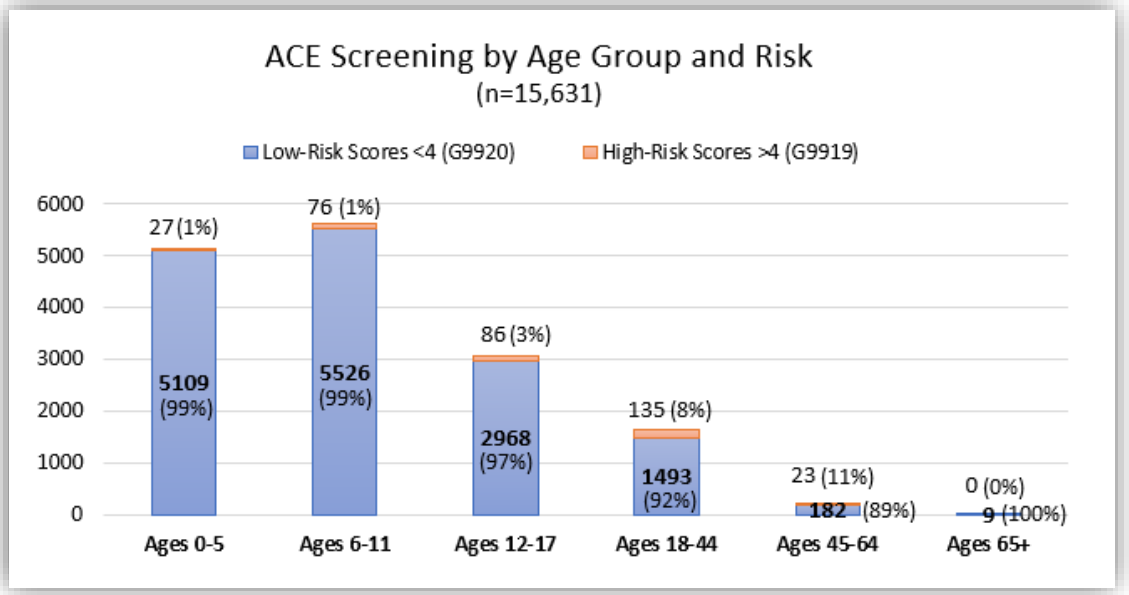
Graph 1: Claims/Encounter Data - Paid ACES Claims by County, MY2021



County	Low-Risk <4	High-Risk >4	Total
Madera	2,655 (99%)	28 (1%)	2,683
Fresno	12,487 (98%)	313 (2%)	12,800
Kings	145 (96%)	6 (4%)	151
Total	15,284 (98%)	347 (2%)	15,631

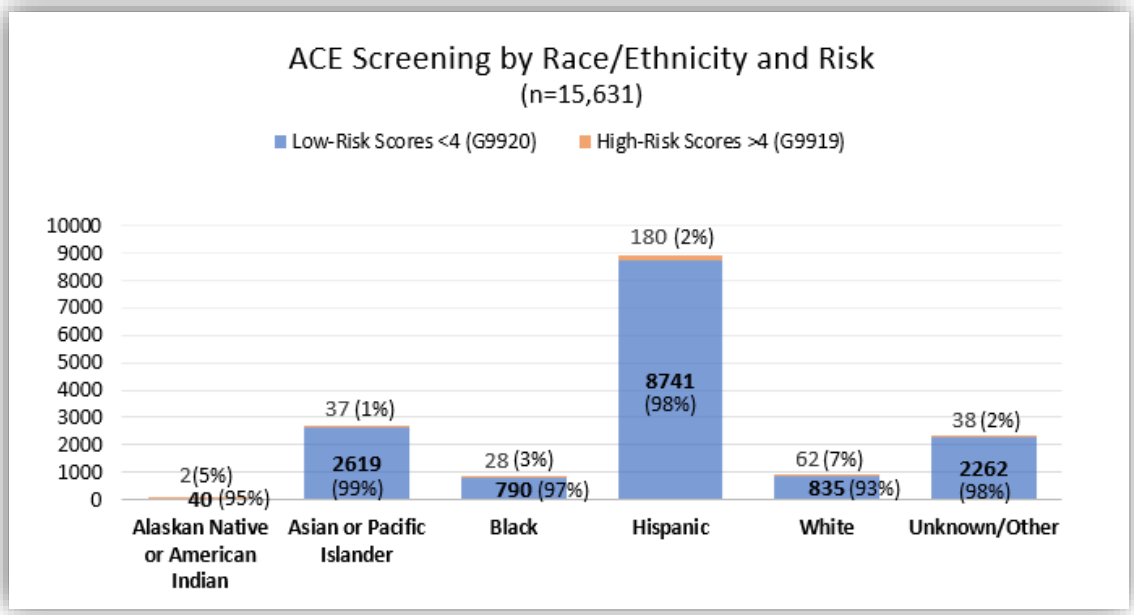
Females represent 53.06% of all the ACEs submissions (n= 8,297). Of these, 2.72% were flagged with a high-risk ACEs score of 4 or more. Children ages 6-11 account for the largest proportion of claims at 35.8%, and screenings overall for children and adolescents under the age 18 account for 88.2% of all claims submitted. See Graph 2 on the next page for more Age Group details.

Graph 2: Claims/Encounter Data - ACEs Screenings by Age Group and Risk, MY2021



Hispanics account for the largest proportion (57%) of all 15,631 members who completed the ACE screening with 180 (2%) scoring as high-risk (>4). Asian or Pacific Islander members represent 17% of these total claims, followed by White members (5.7%). See Graph 3 below for more Race/Ethnicity and Risk reporting details.

Graph 3: Claims/Encounter Data - ACEs Screenings by Ethnicity and Risk, MY2021



Coronavirus Disease 2019 (COVID-19)

The tables below highlight the various indicators (Vaccination and Testing/Positivity Rates) used to monitor the impact of COVID-19 in the CalViva membership. Overall, 48.4% of CalViva's membership remains unvaccinated while 47.1% have entirely completed their vaccination series.

Table 16: Claims/Encounter Data - Vaccination Status, Test/Infection Rate by Age, All CalViva Counties, MY2021

	Vaccine Status				Test/Infection Rate	
Age Group	**Unvaccinated**	**Vaccinated**	**Complete**	**Booster**	**Test Positive**	**COVID %**
5-11	77.1%	22.9%	19.1%	0.2%	9.2%	11.6%
12-16	50.2%	49.8%	45.7%	7.7%	13.0%	12.7%
17-21	42.5%	57.5%	52.5%	15.4%	13.0%	13.8%
22-34	46.4%	53.6%	48.7%	15.8%	11.0%	16.8%
35-49	39.3%	60.7%	56.1%	22.7%	12.1%	18.1%
50-59	30.2%	69.8%	65.1%	33.4%	13.7%	16.9%
60-64	26.6%	73.4%	68.6%	39.2%	14.3%	15.4%
65-69	22.9%	77.1%	72.5%	46.4%	15.0%	12.8%
70-74	23.2%	76.8%	72.5%	47.6%	13.2%	11.3%
75-79	24.4%	75.6%	70.4%	45.4%	19.4%	12.1%
80+	33.5%	66.5%	60.9%	37.1%	20.0%	12.1%
Overall	48.4%	51.6%	47.1%	16.3%	11.6%	14.8%

Out of all the stratified age groups, individuals 60 years and above typically exhibit the highest vaccination rates. Compliance within this age category remains a top priority as the severity of respiratory illness associated with the COVID-19 virus positively correlates with age. Vaccination rates for younger CalViva members lag behind 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 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. Our data captures vaccination rates from January 1, 2021, to December 31, 2021. With the younger populations approvals coming in toward the end of the calendar year, naturally the vaccination rates for these age groups are lower when compared to populations who've had access to the vaccine for almost a year prior.

When identifying for testing and positivity rates, 5-11 age group exhibit lower positivity rates. CalViva's older membership (65+) carry a larger burden of the positivity rate. Out of all age groups stratified, members within the 22-59 year old age range exhibited the highest infection rates overall.

Table 17: Claims/Encounter Data - Vaccination Status, Test/Infection Rate by Race and Ethnicity, All CalViva Counties, MY2021

	Vaccine Status				Test/Infection Rate	
Race/Ethnicity	**Unvaccinated**	**Vaccinated**	**Complete**	**Booster**	**Test Positive**	**COVID %**
Black	61.3%	38.7%	33.7%	10.1%	9.2%	10.9%
AI/AN	29.1%	70.9%	64.9%	21.9%	6.9%	16.3%
Asian	33.2%	66.8%	62.5%	26.1%	11.6%	11.3%
Hispanic or Latino	48.2%	51.8%	47.2%	15.4%	12.3%	16.6%
Multi-race	71.4%	28.6%	28.6%	14.3%	0.0%	0.0%
NH/PI	36.8%	63.2%	55.5%	17.5%	11.2%	16.6%
White	51.8%	48.2%	43.6%	15.8%	10.2%	12.0%
Unknown/Other	70.2%	29.8%	26.9%	12.4%	11.5%	12.2%
Overall	48.4%	51.6%	47.1%	16.3%	11.6%	14.8%

Amongst the identifiable CalViva membership, multi-race and Black individuals represent the most considerable portions of the unvaccinated membership at 71.4% and 61.3% respectively. American Indian and Alaskan native members exhibited the highest vaccination rates at 70.9%, followed by Asian at 66.8%, and Native Hawaiian and Pacific Islanders at 63.2%. Among vaccination completions and booster doses following up a completion series, American Indians/Alaskan Natives and Asian members again displayed the highest rates.

Table 18: Claims/Encounter Data - Vaccination Status and Test and Infection Rate by County, MY2021

	Vaccine Status				Test/Infection Rate	
County	**Unvaccinated**	**Vaccinated**	**Complete**	**Booster**	**Test Positive**	**COVID %**
Fresno	47.1%	52.9%	48.4%	17.1%	11.5%	14.7%
Kings	55.0%	45.0%	40.1%	12.8%	12.8%	14.2%
Madera	52.4%	47.6%	42.8%	13.4%	11.8%	16.0%
Overall	48.4%	51.6%	47.1%	16.3%	11.6%	14.8%

Throughout CalViva counties, Kings County leads the tri-county region in unvaccinated members at 55%, followed by Madera County at 52.4% and Fresno County at 47.1%. Fresno County leads the vaccination and completion rates at 52.9% and 48.4% respectively.

Health Information Form (HIF)

The HIF helps identify any extra needs or services that members may require. Members may complete the form when received with new member enrollment materials or through telephonic outreach by Case Management staff. HIF questions are grouped into four themes: 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); and Activities of Daily Independent Living (stable housing, ability to pay for basic necessities). Members are given an overall risk score based on responses. This helps connect high-risk members with case management resources where appropriate.

In MY2021, a total of 3,777 health information forms were completed, representing 3,695 unique members. Tables 19-20 note survey responses in additional detail from all completed forms (n=3,777). In comparison to the 2021 PNA, there was a large decrease (68%) in the amount of HIF forms completed by unique members for MY2020 (5,418) that may be attributed due to the effects of the COVID-19 pandemic.

Table 19: HIF – Global & Physical Health, MY2020-2021 (N=3,695)

Global Health	2020	2021
Provider visit in past 12 months	53.08%	42.92%
Ever had transportation barriers to medical appointments	12.73%	12.60%
Hospital visits in the last 3 months		
3 or more times	1.70%	1.67%
2 times	2.73%	2.25%
1 time	8.18%	8.05%
Emergency Department visits in the last year		
3 or more times	8.04%	8.31%
2 times	5.90%	4.82%
1 time	11.23%	9.74%
Received flu shot in last 12 months	31.80%	22.40%
Trouble eating due to problems with mouth or teeth	17.02%	12.97%
Any physical activity during the week	41.24%	29.92%
Physical Health	**2020**	**2021**
Medical/health conditions		
High blood pressure	27.43%	30.77%
High cholesterol	21.19%	21.76%
Arthritis	19.74%	21.15%
Asthma	17.76%	19.12%
Diabetes, Type 2	13.59%	15.22%
Pre-Diabetes	6.18%	6.22%
Heart Disease	5.85%	5.96%
Developmental delay	7.65%	5.51%
COPD/Emphysema	4.69%	5.48%
Cancer	3.33%*	4.85%

** Cancer rate was not captured as a top 10 item in the 2021 CalViva PNA*

Table 20: HIF – Behavioral Health & Independent Living, MY2020-2021 (N=3,695)

Behavioral Health	2020	2021
Loneliness in the past 2 weeks		
Several days	11.54%	13.85%
More than half the days	3.66%	5.11%
Nearly every day	5.36%	8.50%
Little interest or pleasure in doing things in past 2 weeks		
Several days	8.62%	9.35%
More than half the days	2.64%	3.36%
Nearly every day	5.32%	6.80%
Feeling down, depressed, or hopeless in past two weeks		
Several days	15.66%	18.48%
More than half the days	4.90%	5.82%

Nearly every day	7.69%	9.95%
Days felt lonely in past month (30 days)		
Less than 5 days	14.48%	17.90%
More than half the days (more than 15)	7.30%	9.29%
Most days (I always feel lonely)	4.76%	7.78%
Tobacco use during the past year		
Daily or almost daily	10.18%	11.86%
Weekly	1.33%	2.94%
Monthly	1.14%	1.83%
Once or twice	3.49%	1.11%
Behavioral health disorder diagnosis, such as anxiety, depression, bipolar or schizophrenia?	25.31%	31.72%
Anti-psychotic medication prescriptions within the past 90 days?	10.23%	12.23%
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?	80.14%	83.06
Do you sometimes run out of money to pay for food, rent, bills, and medicine?	29.89%	31.82

Nicotine Dependence

The Health Information Form offered a glimpse into member self-reported tobacco use within a 12-month period. Noted in Table 20, an estimated 18% of members reported at least some form of tobacco use during the past year, reflecting an increase rate of 2% from MY2020. Other sources, such as claims and pharmacy data, can also help identify members with some form of nicotine dependence. Tables 21-22 below highlight dependence based on race/ethnicity, age group and county. A total of 4,099 members were flagged in MY2021 across all CalViva counties.

- Across all county totals, the largest proportion of nicotine dependence members changed from age group 22-50 (45.18%) to 51-65 (50.03%).
- Seniors represent nearly 4.7% of the sample.
- At the county level:
    - Fresno County alone accounts for nearly 83% of all nicotine dependence members, with the distribution highest among the 22-50 and 51-65 age groups.
    - Nicotine dependence in Kings County is highest among 22-50 age group, where their rates account for more than half the total number of cases in their area.
    - Madera County, same as Fresno County, has its highest distribution among 51-65 (61.7%) age group.
    - There was a noticeable increase of members with nicotine dependence in Fresno and Madera Counties and a decrease in Kings County.

Table 21: Claims/Encounter Data - Nicotine Dependence by Age Group, MY2021

	2020	2021
Fresno	**2,789**	**3,388**
0-13 Years	6 (0.22%)	0
14-21 Years	65 (2.33%)	5 (0.1%)
22-50 Years	1,377 (49.37%)	1535 (45.3%)

51-65 Years	1,262 (45.25%)	1686 (49.8%)
66+ Years	79 (2.83%)	162 (4.8%)
Kings	**1,107**	**437**
0-13 Years	1 (0.09%)	0
14-21 Years	36 (3.25%)	0
22-50 Years	665 (60.07%)	225 (51.5%)
51-65 Years	372 (33.60%)	196 (44.9%)
66+ Years	33 (2.98%)	16 (3.7%)
Madera	**118**	**274**
0-13 Years	0	0
14-21 Years	6 (5.08%)	0
22-50 Years	62 (52.54%)	92 (33.6%)
51-65 Years	50 (42.37%)	169 (61.7%)
66+ Years	0	13 (4.7%)
Total	**4,014**	**4,099**

The group of White members have a higher rate of 42.30% followed by Hispanics (23.93%), when compared to the other groups in all CalViva counties in MY2021. Rates for group of Black members (11.68%) are third highest in all CalViva counties.

Table 22: Claims/Encounter Data - Nicotine Dependence by Race/Ethnicity, MY2021

	2020	2021
Fresno	**2,789**	**3,388**
Alaskan Native or American Indian	25 (0.90%)	41 (1.2%)
Asian or Pacific Islander	92 (3.30%)	166 (4.9%)
Black	391 (14.02%)	438 (12.9%)
Hispanic	915 (32.81%)	749 (22.1%)
Unknown/Other	568 (20.37%)	642 (18.9%)
White	798 (28.61%)	1352 (39.9%)
Kings	**1,107**	**437**
Alaskan Native or American Indian	2 (0.18%)	0
Asian or Pacific Islander	16 (1.45%)	3 (0.7%)
Black	114 (10.30%)	29 (6.6%)
Hispanic	464 (41.92%)	163 (37.3%)
Unknown/Other	57 (5.15%)	21 (4.8%)
White	454 (41.01%)	221 (50.6%)
Madera	**118**	**274**
Alaskan Native or American Indian	0	0
Asian or Pacific Islander	0	2 (0.7%)
Black	5 (4.24%)	12 (4.4%)
Hispanic	25 (21.19%)	69 (25.2%)
Unknown/Other	9 (7.63%)	30 (10.9%)
White	79 (66.95%)	161 (58.8%)
Total	**4,014**	**4,099**

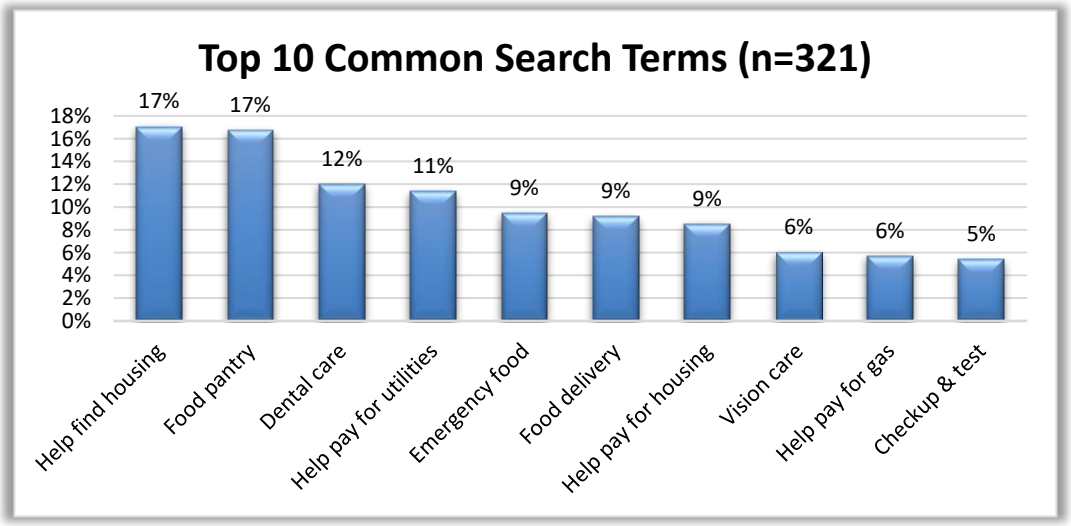
CalViva Community Connect

CalViva Community Connect is an online service that connects members to free or reduced cost social services in their communities. Supported by findhelp.org (formerly Aunt Bertha), website analytics help identify trends in emerging Social Determinants of Health by monitoring, tallying, and categorizing member searches.

A total of 1,800 searches were recorded among all CalViva counties with the Top 10 common search terms being displayed in the table below. The top county searches are in order as follows: Fresno, Madera, and Kings. During 2021, there were 189 connections, 73 referrals created, and 2 total social needs assessments submitted. These findings help CalViva assess the Social Determinants of Health (SDoH) needs of members.

Members can search for services by typing in search terms or by using a prebuilt search domain of 10 categories. Of the 1,800 searches, 321 were in the form of a category search. Food represents the highest search by category at 35% (n=112), followed by housing instability at 26% (n=83), and health care at 23% (n=74). Please see Graph 4 below for more details on search terms.

Graph 4: CalViva Community Connect – Most Common Search Terms, MY2021



ACCESS TO CARE

CalViva established access to care standards to meet regulatory requirements. Ensuring adequate member access to health care and satisfaction with the care is critical to delivering quality care and service. This section presents metrics from the Consumer Assessment of Healthcare Providers and Systems (CAHPS), Member Access Survey, Provider Appointment Availability Survey (PAAS), and Provider After-Hours Availability Survey (PAHAS). Please note, the DHCS Timely Access Study was placed on hold again in 2021 due to COVID-19.

Consumer Assessment of Healthcare Providers and Systems (CAHPS®)

Every two years, the CalViva CAHPS survey is conducted by the Health Services Advisory Group, Inc. (HSAG). The most recent CAHPS survey was fielded in 2021 to a subset of CalViva Health members. Survey results were generated from 282 adult surveys and 375 child surveys received, accounting for a 14.04% and 15.74% response rate respectively. The counties assessed for CalViva were Fresno, Kings, and Madera. Questions from the CAHPS results are used to track member experience through various care interactions with their providers and health plan. Table 23 illustrates measure rates from 2021, as well as how rates compare to 2020 Quality Compass benchmarks.

In Measurement Year 2020, the flu vaccinations measure from the Adult Survey was above the 25th percentile.

Table 23: CalViva Child and Adult CAHPS Results, MY2020

Type of Measures	*Child*	*Adult*	*Child*	*Adult*
Composite Measures	(% Always, Usually)		*Comparison to 2020 QC Benchmarks**	
Getting Care Quickly	*85.3%*	*76.1%*	*N/A***	*Below 25th*
How Well Doctors Communicate	*91.8%*	*85.8%*	*N/A***	*Below 5th*
Getting Needed Care	*85.9%*	*79.9%*	*N/A***	*Below 25th*
Customer Service	*NR****	*NR****	*N/A***	*N/A****
Overall Rating Measures	(Rating of 9, 10)		*Comparison to 2020 QC Benchmarks**	
Health Care	*65.7%*	*53.8%*	*N/A***	*Below 25th*
Personal Doctor	*71.3%*	*65.0%*	*N/A***	*Below 25th*
Specialist	*NR****	*NR****	*N/A***	*N/A***
Health Plan	*72.1%*	*57.7%*	*N/A***	*Below 25th*
HEDIS Measures	(Rating of 9, 10)		*Comparison to 2020 QC Benchmarks**	
Flu Vaccinations	*N/A***	*41.9%*	*N/A***	*Below 50th*
Coordination of Care	*NR****	*NR****	*N/A***	*N/A***

** National percentiles from 2020 Quality Compass – Adult Survey*
***Measure results were not captured in the file provided by HSAG*
****Measure results were not reported*

Member Access Survey

In April 2022 CalViva conducted the Member Access Survey to measure member experiences on the quality of care and health care service they have received. The eligible population for the Access Survey included both adult and child members in all three CalViva counties: Fresno, Kings, Madera. A member list of 15,357 members (approximately half adult, half child) was provided for the survey outreach. Outbound calls were conducted until the completion goal of 700 surveys was reached. Survey calls were available in English, Spanish and Hmong.

Approximately, 14,675 calls were made, and 702 surveys were completed (437 English, 235 Spanish, 30 Hmong). Almost equal amount of adult (342) and child (360) surveys were completed.

As seen in the table below, CalViva showed directional improvement in two of the three child measure areas. *Access to Care, Tests or Treatment* for children and adults combined increased by two percentage points from the year prior. A statistically significant lower rate was noted in the *Access to a Specialist* measure among adults in 2021. Efforts will continue to improve all measures with extreme focus on the adult measures that had dropped from the year prior. More specifically, CalViva plans to work closely with their provider network to improve patient access to specialist and urgent care appointments.

Table 24: CalViva Member Access Survey, RY2021-RY2022

Type of Measures	*MY2020/RY2021*		*MY2021/RY2022*	
	Child	*Adult*	*Child*	*Adult*
Access to Urgent Care	*73%*	*78%*	*77%*	*74%*
Access to Routine Care	*62%*	*63%*	*66%*	*63%*
Access to a Specialist	*56%*	*70%*	*51%*	*45%* ▼
Access to Care, Tests or Treatment from the Health Plan	*69% (Child, Adult Combined)*		*71% (Child, Adult Combined)*	

▼ *Statistically higher/lower compared to prior year results.*

DMHC Provider Appointment Availability Survey (PAAS)

The Department of Managed Health Care (DMHC) 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. The DMHC PAAS survey was conducted via fax, email and telephone between August and December 2021.

Access to Primary Care Providers

Of 507 attempted surveys, a total of 426 responses were received from Primary Care Providers (PCPs), resulting in 84% response rate. PCPs did not meet the 90% performance goal for both *Urgent and Non-Urgent appointment standards*. Due to small denominator sizes in both Kings and Madera Counties, rates for *Preventive Health Exams, Physical/Wellness checks and Prenatal Exams* should be viewed with caution, as should overall rate comparisons to MY2020 for these measures. At the county level, Fresno, Kings, and Madera Counties exceeded 90% performance goals on only one of the five measure standards.

Table 25: PAAS (DMHC + Medi-Cal Questions)- Access to Primary Care Providers, MY2020-2021

		Urgent Care Appointment within 48 hours of request (PCP)		*Non-Urgent Appointment within 10 business days of request (PCP)*		*Access to Preventive Health Check-Up/Well-Child Appointment within 10 business days of request (PCP)*		*Access to Physical Exams and Wellness Checks within 30 calendar days of request (PCP)*		*Access to First Prenatal Appointment within 10 business days of request (PCP)*	
		N (Rate %)									
County	Performance Goal	2020	2021	2020	2021	2020	2021	2020	2021	2020	2021
FRESNO	90%	244 (71)	313 (50↓)	252 (84)	323 (66↓)	175 (77)	27 (70)	166 (87)	26 (89)	90 (87)	✓ 10 (100)
KINGS	90%	56 (59)	56 (57)	56 (91)	56 (88)	34 (97)	3 (67*)	36 (94)	✓ 3 (100*)	19 (95)	3 (67*)
MADERA	90%	31 (68)	42 (52)	33 (94)	✓ 44 (91)	16 (88)	1 (0*)	16 (100)	1 (0*)	7 (71*)	N/A
Total	**90%**	**331 (69)**	**411 (51%↓)**	**341 (86)**	**423 (71%↓)**	**225 (81)**	**31 (68%)^**	**218 (89)**	**30 (87%)^**	**116 (87)**	**13 (92%)^**

N: Total number respondents to the question
Rate: Percent of total number of respondents surveyed who met the access standard
↑↓ Statistically significant difference between MY 2021 PAAS vs MY 2020 PAAS (p<0.05)
** Denominator less than 10*
^ Low response rates compared to MY 2020 and therefore comparison should be made with caution
✓ *Rate above the performance goal*

Access to Specialists

Access to specialists make up the second component of the PAAS. A total of 308 specialists responded, accounting for a 65% response rate. The sample includes responses from the original DMHC PAAS, and an additional separate PAAS that incorporates a wider group of specialists. High-Impact specialists/oncology were also included but reported separately. They account for an additional 28 responses (78% response rate).

Table 26: PAAS (DMHC+CalViva Health PAAS) - Access to Specialists, MY2020-2021

		PAAS (DMHC + CalViva Specialists)						*PAAS (High-Impact Specialists/Oncology)*			
		Urgent Care Appointment within 96 hours of request (Specialists)		***Non-Urgent Appointment within 15 business days of request (Specialists)***		***Access to First Prenatal Appointment within 10 business days of request (Specialists)***		***Urgent Care Appointment within 96 hours of request (Specialists)***		***Non-Urgent Appointment within 15 business days of request (Specialists)***	
		N (Rate %)									
County	**Performance Goal**	**2020**	**2021**	**2020**	**2021**	**2020**	**2021**	**2020**	**2021**	**2020**	**2021**
FRESNO	90%	251 (47)	255 (40)	274 (78)	283 (64↓)	33 (82)	32 (78)	11 (36)	10 (70)	11 (100)	18 (83)
KINGS	90%	39 (38)	26 (50)	40 (83)	26 (77)	7 (57*)	✓1 (100*)	0 (0)	0 (0)	0 (0)	0 (0)
MADERA	90%	82 (39)	82 (39)	89 (78)	97 (63↓)	7 (100*)	✓2 (100*)	4 (75*)	10 (60)	4 (100*)	10 (70)
Total	**90%**	**372 (44)**	**363 (40%)**	**403 (78)**	**406 (65%↓)**	**47 (81)**	**35 (80%)**	**15 (47)**	**20 (65%)**	**15 (100)**	**28 (79%)**

N: Total number respondents to the question

Rate: Percent of total number of respondents surveyed who met the access standard

↑↓ Statistically significant difference between MY 2021 PAAS vs MY 2020 PAAS (p<0.05)

** Denominator less than 10*

✓ *Rate above the performance goal*

For Specialists surveyed, the 90% performance goal for *Urgent Care Appointments* and *Non-Urgent Appointments* was not met. OB/GYN providers surveyed about prenatal appointment also did not meet the goal for *First Prenatal Appointment.* For High Impact Specialists (Oncology) surveyed, the 90% performance goal for *Urgent Care Appointments (65%)* was not met, however, the rate increased compared to MY2020. The *Non-Urgent Appointments* rate *(79%)* also did not meet the performance goal. At the county level, Kings and Madera Counties met the performance goal in only one measure as displayed in Table 26.

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

A total of 15 psychiatrists (65% response rate) and 168 non-physician mental health providers (71% response rate) completed Provider Appointment Availability Survey. Please note Telehealth was included under the NPMH measures in 2021. Overall, Psychiatrist and NPMH providers did not meet the 90% performance goal for CalViva as a whole or for any counties as shown in Table 27.

Table 27: PAAS (DMHC) - Access to Psychiatry, Non-Physician Mental Health (NPMH), MY2020-2021

		Urgent Care services within 96 hours of request (Psychiatrist)		***Non-Urgent Appointment within 15 business days of request (Psychiatrist)***		***Urgent Care services within 96 hours of request (NPMH)***		***Non-Urgent Appointment within 10 business days of request (NPMH)***	
		N (Rate %)							
County	**Performance Goal**	**2020**	**2021**	**2020**	**2021**	**2020**	**2021**	**2020**	**2021**
FRESNO	90%	7 (43*)	8 (75*)	10 (80)	9 (56*)	70 (79)	101 (59)	74 (87)	110 (77)
KINGS	90%	1 (0*)	0 (0)	1 (100*)	0 (0)	5 (100*)	8 (50*)	5 (100*)	9 (78*)
MADERA	90%	N/A	N/A	N/A	N/A	7 (86*)	11 (55)	8 (100*)	12 (67)
TELEHEALTH	90%	N/A	5 (0)	N/A	6 (83)	N/A	35 (26)	N/A	37 (65)

Total	**90%**	**8 (36)**	**13 (46%)**	**11 (82)**	**15 (67%)**	**82 (81)**	**155 (54%)**	**87 (89)**	**168 (73%)**

N: Total number respondents to the question
Rate: Percent of total number of respondents surveyed who met the access standard
** Denominator less than 10*
✅ *Rate above the performance goal*

Access to Ancillary Services

Seventeen of 18 surveys Ancillary responses were received, resulting in an 94% response rate. Results for ancillary providers were based on small denominator sizes (<10 providers) in Kings and Madera Counties.

Table 28: PAAS (DMHC) - Access to Ancillary, MY2020-2021

		Non-Urgent Services within 15 business days of request (Ancillary)	
		N (Rate %)	
County	**Performance Goal**	**2020**	**2021**
FRESNO	90%	10 (100)	13 (92)
KINGS	90%	1 (100*)	1 (100*)
MADERA	90%	2 (100*)	3 (100*)
Total	**90%**	**13 (100)**	**17 (94%)**

N: Total number respondents to the question
Rate: Percent of total number of respondents surveyed who met the access standard
✅ *Rate above the performance goal*
* *Denominator less than 10*

Ancillary Providers across all CalViva counties met and exceeded the 90% performance goal for "*Non-Urgent Services within 15 business days of*

CalViva Provider After-Hours Availability Survey (PAHAS)

CalViva Health conducted the Provider After-Hours Availability Survey for CalViva contracted Medi-Cal providers between October and December 2021. A vendor, Sutherland Health Care Solutions implemented the survey telephonically. CalViva's PAHAS used two metrics to measure performance for access to after-hours care. A total of 703 completed calls (93% response rate) were included in the analysis. Overall, CalViva Health providers combined met the 90% goal for the measure *Appropriate After-Hours Emergency Instructions (100%)*, which was a statistically significant increase compared to MY2020. However, failed to meet the performance goal for the measure *Ability to Contact On-Call Physician After – Hours Within 30 Minutes.* At the county level, some counties did meet the goal as noted in Table 29.

Table 29: Provider After-Hours Survey Results, MY2020-2021

		Appropriate After-Hours Emergency Instructions		***Ability to contact on-call physician after-hours within 30 minutes***	
		N (Rate %)			
County	**Performance Goal**	**2020**	**2021**	**2020**	**2021**
FRESNO	90%	576 (95)	✅ 538 (99)	576 (85)	538 (80)
KINGS	90%	110 (99)	✅ 92 (100)	110 (71)	92 (89)
MADERA	90%	68 (100)	✅ 73 (100)	68 (96)	✅ 73 (93)
Total	**90%**	**754 (96)**	**703 (100%↑)**	**754 (84)**	**703 (82%)**

N: Total number respondents to the question
Rate: Percent of total number of respondents surveyed who met the access standard
↑↓ *Statistically significant difference between MY 2021 PAAS vs MY 2020 PAAS (p<0.05)*
✅ *Rate above the performance goal*

HEALTH DISPARITIES

CalViva has a long history of prioritizing reducing health care disparities for the communities most impacted by inequities. CalViva collaborates with private and public partners statewide to advance health equity. CalViva continues to display leadership by prioritizing the collection of race, ethnicity, and language data for our members while simultaneously identifying and addressing Social Determinants of Health (SDoH) as vital contributing factors to health outcomes. CalViva prioritizes reducing health care disparities and improving population health outcomes through culturally responsive interventions at the community, member, provider, and system levels.

In 2021, CalViva supplemented DHCS Reporting Year 2020 Health Disparities data with additional internal data to develop a dynamic dashboard. The dashboard gives CalViva the ability to stratify and compare HEDIS performance by variables such as race/ethnicity, age, gender, geography, housing status and more. This enables CalViva to impact overall HEDIS performance by identifying and targeting groups with compliance rates lower than their counterparts. The tables in this section reflect disparities that were identified in CalViva counties.

The below HEDIS measures were selected in consultation with the quality improvement team and analyzed for disparities.

Table 30: Health Care Quality Measures Selected for Disparity Analysis

Health Care Quality Measures	Abbreviations
Adolescent Well Child Visits	AWC
Breast Cancer Screening	BCS
Cervical Cancer Screening	CCS
Childhood Immunization Status	CIS
Chlamydia Screening	CHL
Colorectal Cancer Screening	COL
Comprehensive Diabetes Care	CDC
Well Child Visits (3-6 years old)	W34

Tables 31-34 are based on the HEDIS performance against the National Committee for Quality Assurance (NCQA) minimum performance level (MPL). All compliance rate highlighted in green indicates the target group is performing below the 50th percentile. Colorectal Cancer Screening (COL) is a new measure with no minimum performance level to measure against, which isn't color coded. This preventative measure is being further explored in the coming years.

RACIAL/ETHNIC[5] DISPARITIES

The table below shows HEDIS performance across preventative measure outcomes for Fresno, Kings and Madera Counties by Race/Ethnicity. The Hispanic group outperform all other race/ethnic groups with at least two measures performing above the 50th percentile. The American Indian/Alaska Native (AI/AN), Asian and Pacific Islander (API), and White groups did not perform above the 50th percentiles in any of the measures.

[5] Members are categorized as American Indian/Alaska Native (AI/AN), Asian or Pacific Islanders (API), African American (Black), Hispanic (Latino), or White (non-Hispanic) based on their self-reported race/ethnicity data.

Table 31. Health Disparity Data - Disparity Pattern by Race/Ethnicity for Preventive Measures, MY2021

HEDIS Measure (s)	AI/AN		API		Black	
	Compliance Rate	DEN	Compliance Rate	DEN	Compliance Rate	DEN
BCS	52%	123	43%	1879	48%	768
CCS	47%	576	53%	8173	58%	4108
CHL	54%	68	60%	630	72%	633
CIS-Combo 10	19%	26	32%	377	7%	343
COL	32%	221	28%	3634	31%	1598

HEDIS Measure (s)	Hispanic		Unknown		White	
	Compliance Rate	DEN	Compliance Rate	DEN	Compliance Rate	DEN
BCS	61%	7085	50%	1082	45%	2505
CCS	65%	42285	54%	7334	51%	11410
CHL	56%	8249	61%	950	53%	1255
CIS-Combo 10	32%	4907	26%	2088	21%	562
COL	38%	14185	32%	2422	34%	5018

Green color indicates the target group is performing below the 50th percentile.

LINGUISTIC DISPARITIES

The tables below show HEDIS performance across preventative measure outcomes in Fresno County by spoken language. The lowest performing groups with almost all measures performing below the 50th percentiles are Khmer, English and Hmong speakers. Due to the significant disparities, CalViva Quality Improvement's Performance Improvement Project's (PIP's) focus is on BCS disparities among Hmong and other Southeast Asian women in Fresno County.

Table 32. Health Disparity Data – Disparity Patterns by Language for Fresno County members for Preventive Measures, MY2021

HEDIS Measure (s)	Cambodian, Khmer		English		Hmong (White)	
	Compliance Rate	DEN	Compliance Rate	DEN	Compliance Rate	DEN
BCS	40%	94	46%	6,284	33%	420
CCS	43%	144	55%	41,857	49%	1,260
CHL	57%	14	60%	6,019	66%	157
CIS-Combo 10	50%	4	23%	5,113	32%	85
COL	29%	143	32%	12,806	17%	745

HEDIS Measure (s)	Laotian, Laothian, Pha Xa Loa		Spanish		Unknown	
	Compliance Rate	DEN	Compliance Rate	DEN	Compliance Rate	DEN
BCS	32%	119	66%	3,798	45%	216
CCS	35%	217	71%	16,568	46%	328
CHL	56%	9	53%	3,010	71%	7
CIS-Combo 10	50%	2	40%	1,487		
COL	20%	224	40%	7,755	30%	447

Green color indicates the target group is performing below the 50th percentile.

SEX BASED DISPARITIES

Table 33 shows the difference in compliance for Comprehensive Diabetes Care (CDC) measures between male and female members across all CalViva counties. In every measure, females perform better than their male counterparts.

Table 33. Health Disparity Data - Health Diabetic Measures Performance by Sex, MY2021

HEDIS Measure (s)	F		M	
	Compliance Rate	DEN	Compliance Rate	DEN
CDC-BP <140/90	33%	11,048	28%	7,370
CDC-Eye exam	59%	11,048	52%	7,370
CDC-HbA1c <8	40%	11,048	36%	7,370
CDC-HBA1C Test	85%	11,048	82%	7,370

Green color indicates the target group is performing below the 50th percentile.

PEDIATRIC DISPARITIES BASED ON HOUSING INSECURE POPULATIONS

The table below shows HEDIS performance for pediatric measures for potentially housing insecure populations (indicated in the “yes” column) across all CalViva counties. W30 and WCV have no MPL to measure against, therefore are not color coded. Table shows CIS-10 measure compliance rate substantially lower for the potentially unhoused and housed groups.

Table 34. Health Disparity Data - Pediatric Measure Performance for Housing Insecure Populations, MY2021

HEDIS Measure (s)	No		Yes	
	Compliance Rate	DEN	Compliance Rate	DEN
CIS-Combo 10	28%	8,231	28%	74
W30	61%	13,399	46%	132
WCV	44%	158,423	24%	1,350

Green color indicates the target group is performing below the 50th percentile.

A culturally competent workforce and healthcare delivery system leads to positive health outcomes and fewer health disparities. As part of CalViva's commitment to improve health equity, the Health Equity Department offers a variety of learning opportunities to support cultural and linguistically diverse patient care for providers including cultural humility and implicit bias trainings. The Health Equity Department started a health equity initiative in 2021, partnering with Physicians for a Healthy California (PHC) to launch a cultural education series for providers in California. The series focuses on educating providers on how to deliver culturally competent care in diverse communities and to better equip providers to overcome health disparities that are driven by language barriers, misunderstanding of culturally based practices, unconscious bias, and low health literacy. The Health Equity Department offers strategies to Providers to support them in giving culturally competent care to Black, Indigenous, and People of Color (BIPOC) patients and in working with patients to get breast, cervical and colon cancer screenings.

HEALTH EDUCATION, CULTURAL & LINGUISTICS AND QUALITY IMPROVEMENT GAP ANALYSIS

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

Health Education Department

CalViva's Health Education Department organizes health education interventions using educational strategies, methods and materials that are appropriate for the member population and effective in achieving behavioral change for improved health outcomes. The department directly offers accessible, no cost health education programs, services, and resources to CalViva members. The Health Education Department offers resources that are written in an appropriate cultural, linguistic, and reading level. Additionally, resources are available in threshold languages. In 2021, the COVID-19 pandemic continued to present challenges in the way health education was offered to members and the community. In turn, the department looked to alternative means, reaching members through online platforms and telephonic campaigns. Below are some identified opportunities for improvement and approaches to help address health education-related gaps identified in this needs assessment:

- The Health Education Department conducted a total of 121 community classes on various topics such as diabetes, blood pressure, fitness, to support deficient HEDIS® measures. These activities, along with new program and partnerships, helped address health education-related gaps identified in this PNA.
- CalViva started partnering with the Central California Asthma Health Collaborative (CCAC) on a three-year grant funded program. Eligible members are invited to enroll into the asthma in-home visitation program that includes education and environmental trigger mitigation.
- A Community Based Organization COVID-19 Toolkit was created and shared with community engagement departments to propagate uniform messaging around COVID-19 vaccinations.
- Mood and anxiety disorders continue to account for two of the top 10 mental health conditions. About 34% of survey respondents on the Health Information Form noted feeling down, hopeless or depressed for at least several days during a 2-week period. Health education will continue to promote myStrength, a comprehensive digital behavioral health platform that allows for learning on stress, depression, meditation, substance abuse, anxiety, COVID-19, and resources for LGBTQ+.
- About 88% of ACEs screenings come from children and adolescents under the age of 18. Adults aged 45-64 were more likely to exhibit 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, CalViva Psychiatrists and Non-Physician Mental Health providers did not meet performance goals for urgent and non-urgent care appointments.
- Tobacco/nicotine dependence continues to be a high-risk behavior for our members. An estimated 18% self-reported tobacco use within the past year, a slight increase from last year's Health Information Form findings. Claims data identified 4,099 smokers, with the largest proportion (50.03%) stemming from adults in the 51–65-year age group.

The Health Education Department will continue to partner with Quality Improvement and Health Equity Departments to conduct PDSAs and PIPs.

Quality Improvement Department

Quality Improvement (QI) Program activities are selected based on relevance to CalViva's 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 were used as the most recent. MY2020 HEDIS gaps were reviewed in three categories:

- Under pediatric health, Fresno County noted the lower performance, with 89% of measures below the minimum performance level. Well-Child Visits (0-15 months) and Child and Adolescent Well-Care Visits were consistently below MPL across all counties, and Childhood Immunization Status (CIS-10) rates was below the 50th percentile in Fresno and Kings Counties.

- Among the five measures under women's health, BCS was below the benchmark in Fresno and Kings Counties. CHL screening was below the 50th percentile minimum performance level in Fresno and Madera Counties. Timeliness of Prenatal and Postpartum care measures met the minimum performance level in all three CalViva counties.

- Both measures of Antidepressant Medication Management were below the minimum performance level for all CalViva counties. Comprehensive Diabetes Care – HbA1c Poor Control (>9%) was below the 50th percentile in Fresno and Madera Counties. CalViva fosters a multi-disciplinary approach to the quality improvement process and involves all functional areas with direct impact on quality and safety of care and service.

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 table below lists all the active CalViva projects for 2022.

Table 35: HEDIS Activities, MY2020-2022

Type & Region	HEDIS Measures	Intervention Target	Goal	Outcome
2020-2021 PDSA *Fresno*	Cervical Cancer Screening (CCS)	Clinica Sierra Vista – West Fresno Center	Increase the CCS rate among the female population from a baseline rate of *46.5%* to a goal of *55.85%.*	90/182 (49.45%) members completed their CCS exam.
2020-2021 PDSA *Fresno*	Comprehensive diabetes Care (CDC)	Clinica Sierra Vista – West Fresno Center	Increase HbA1c testing among the diabetic target population, from a baseline rate of 34% to a goal rate of 60%.	18/28 (64.3%) of members completed an HbA1c test. The PDSA is currently in progress and final data outcomes are expected by June 30, 2022.
2020-2022 PIP *Fresno*	Children Immunizations (CIS-10)	Family Health Care Network-ACC-Children/Family	Increase immunization rate among children who turn 2 years of age by 12/31/2022, from a baseline rate of 27.58% to a goal rate of 34.82%.	98/439 (22.3%) members received their IZs who will be turning 2 years of age by 12/21/2022.
2020-2022 PIP *Fresno*	Health Equity Disparity Breast Cancer Screening (BCS)	Greater Fresno Health Organization, (Kings Winery, North Marks locations) & WISH Breast Center, The Fresno Center	Increase BCS rate among the Hmong, Laotian, Cambodian, and Khmer speaking female population aged 50 – 74 years in Fresno County from a baseline rate of 38.4% to a SMART Aim goal rate of 47.8%.	72/213 (33.8%) members completed their BCS exam.

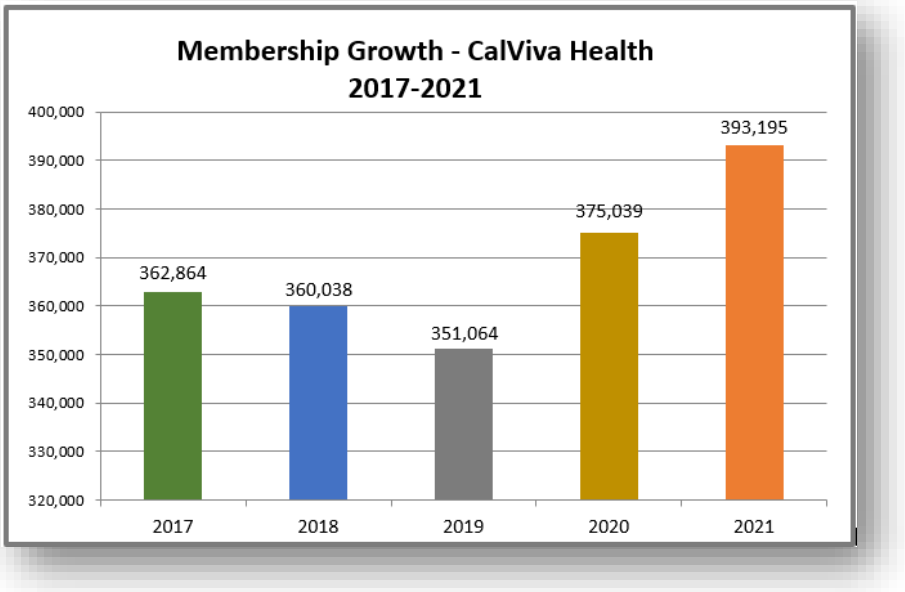
Quality Improvement will continue to be proactive in addressing the preventive care needs of members, aimed at ensuring the highest quality of care.

Health Equity Department

The Language Assistance Program (LAP) complies with the language requirements and supports the goal of ensuring equal access to quality health care and services for all members. The Health Equity Department provides direction, overall support, and oversight in all aspects of the LAP.

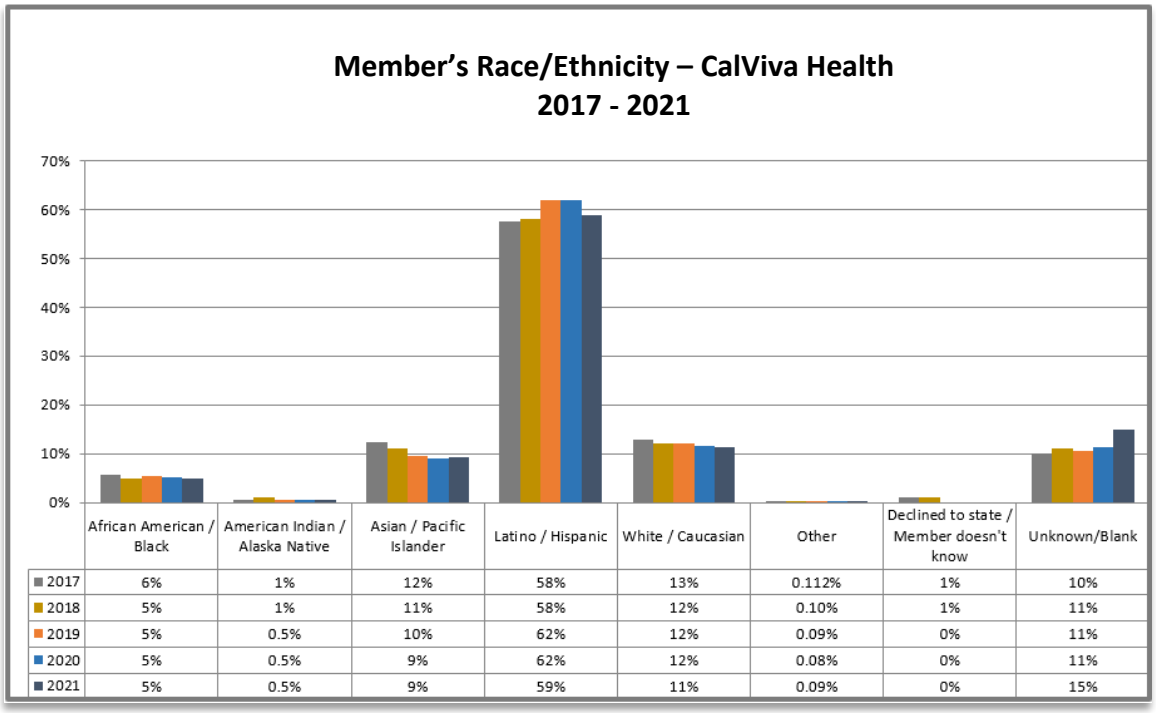
CalViva membership is culturally and linguistically diverse and, for many years, has continued to grow. Last year, part of this increase may be attributed to the Public Health Emergency and the freeze in disenrollment's. Between 2017 and 2021, the total membership increased by 30,331 members for an 8% increase in total membership, despite annual decreases noted from 2017-2019. Graph 5 illustrates the membership totals.

Graph 5: Membership Totals 2017 – 2021



The demographics of CalViva members as it relates to race and ethnicity has fluctuated very little over the past five years. African American/Black and members who declined to state or doesn't know groups declined by one percent. White/Caucasian group decreased by two percent. Asian/Pacific Islander group decreased by three percent. Latino/Hispanic group increased by one percent. American Indian/Alaska Native and other groups remain unchanged, while those who indicated Unknown/Blank increased by five percent. Graph 6 displays the total membership breakdown in percentages for Race/Ethnicity 2017-2021.

Graph 6: Total Member's Race/Ethnicity Percentages 2017 – 2021

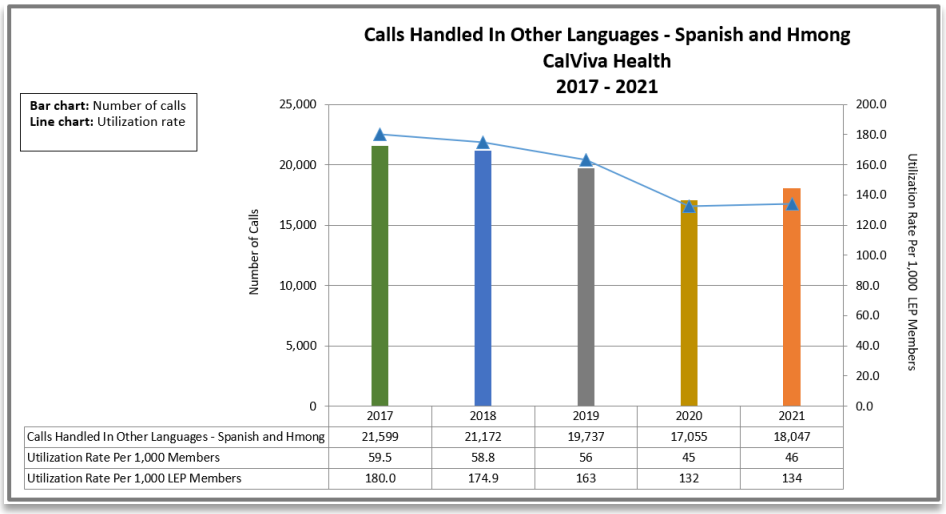


	African American / Black	American Indian / Alaska Native	Asian / Pacific Islander	Latino / Hispanic	White / Caucasian	Other	Declined to state / Member doesn't know	Unknown/Blank
2017	6%	1%	12%	58%	13%	0.112%	1%	10%
2018	5%	1%	11%	58%	12%	0.10%	1%	11%
2019	5%	0.5%	10%	62%	12%	0.09%	0%	11%
2020	5%	0.5%	9%	62%	12%	0.08%	0%	11%
2021	5%	0.5%	9%	59%	11%	0.09%	0%	15%

Of the total CalViva membership for the years 2017 to 2021, the percentages of members with Limited English Proficiency (LEP) have remained constant. Membership with LEP accounted for 33% in 2017 and increased to 34% from 2018-2021. To assist in meeting CalViva Health members' language needs, the Member Services Department ensures that bilingual staff and/or interpreters are available to speak with members in their preferred language.

The numbers of calls handled by bilingual representatives in non-English languages have shown change over the years with 2017 accounting for the highest number of calls. The years 2017-2019 had similar utilization rates. The data shows 2020 receiving the least utilization rate and increasing again in 2021. Graph 7 shows the total number of calls handled in non-English languages and the utilization rates.

Graph 7: Calls Handled in Other Languages – Spanish and Hmong 2017-2021

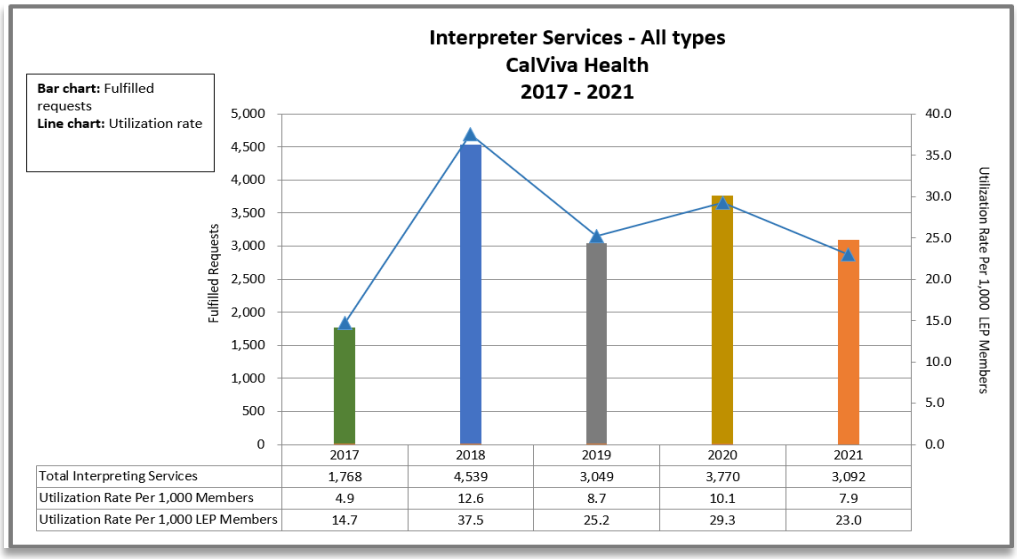


	2017	2018	2019	2020	2021
Calls Handled In Other Languages - Spanish and Hmong	21,599	21,172	19,737	17,055	18,047
Utilization Rate Per 1,000 Members	59.5	58.8	56	45	46
Utilization Rate Per 1,000 LEP Members	180.0	174.9	163	132	134

In addition to bilingual staff supporting non-English languages, interpreter services are available at no cost to members and providers at all medical points of contact 24 hours a day, seven days a week. Interpreter services are available to members over the phone, face to face and sign language.

The number of requests for all types of interpreter services has steadily increased from 2017-2020 while last year, 2021, there was a slight decrease. Graph 8 shows the total number of requests for all types of interpreter services as well as the utilization rates.

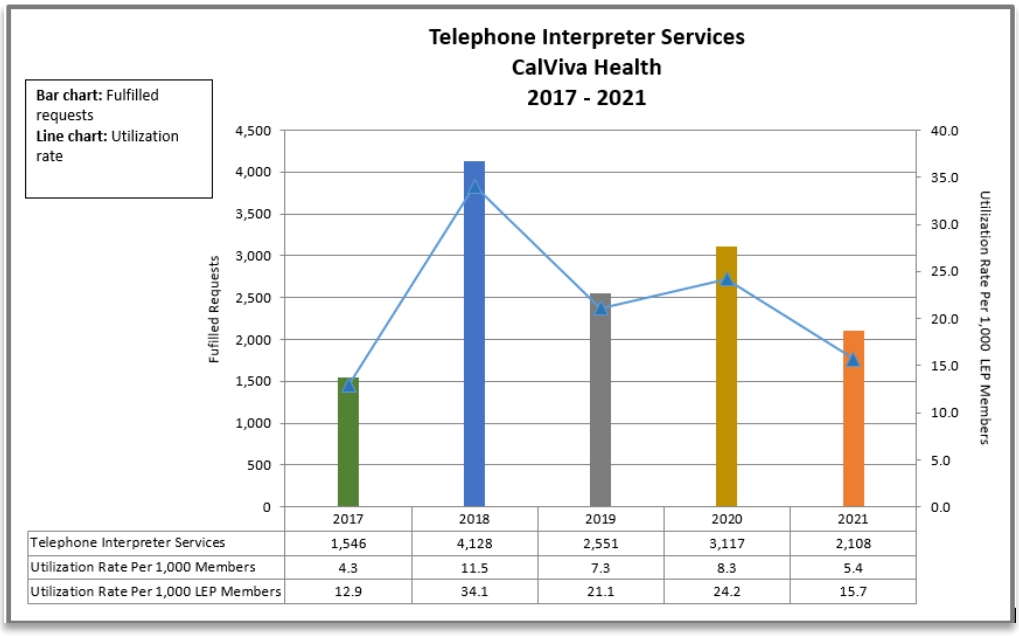
Graph 8: All types of Interpreter Services Utilization 2017 – 2021



	2017	2018	2019	2020	2021
Total Interpreting Services	1,768	4,539	3,049	3,770	3,092
Utilization Rate Per 1,000 Members	4.9	12.6	8.7	10.1	7.9
Utilization Rate Per 1,000 LEP Members	14.7	37.5	25.2	29.3	23.0

Graph 9 below shows the total number of requests fulfilled by telephone interpreters. The trend of directional increase over the years with a spike seen in 2018 is consistent with overall interpretation service utilization trends in Graph 8, as the majority (68%) of interpretation services are by telephone.

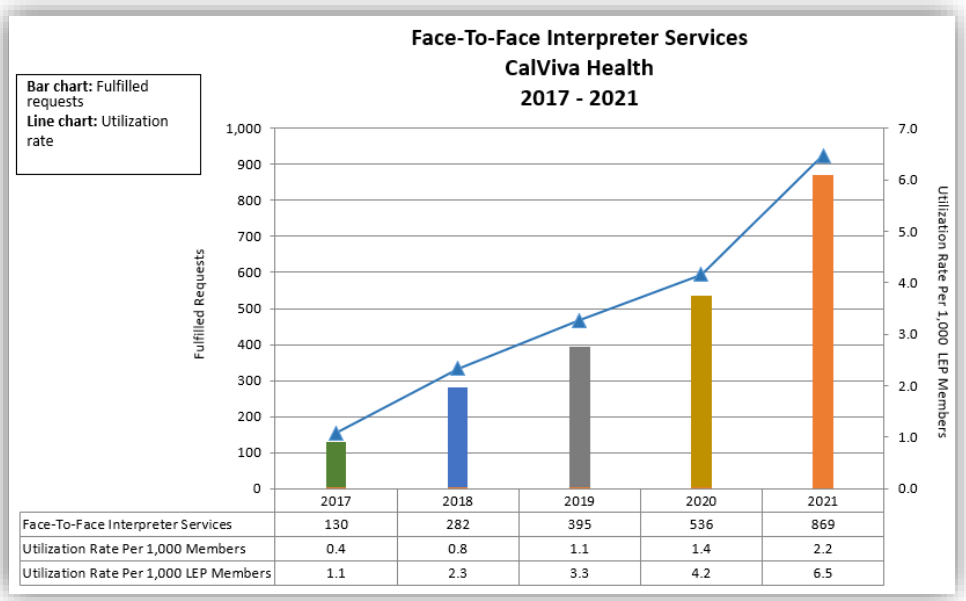
Graph 9: Telephone Interpreter Utilization 2017 – 2021



	2017	2018	2019	2020	2021
Telephone Interpreter Services	1,546	4,128	2,551	3,117	2,108
Utilization Rate Per 1,000 Members	4.3	11.5	7.3	8.3	5.4
Utilization Rate Per 1,000 LEP Members	12.9	34.1	21.1	24.2	15.7

Graph 10 reveals a significant and constant increase for face-to-face interpreter requests and utilization from 2017-2021, despite the number of members with LEP remaining relatively constant.

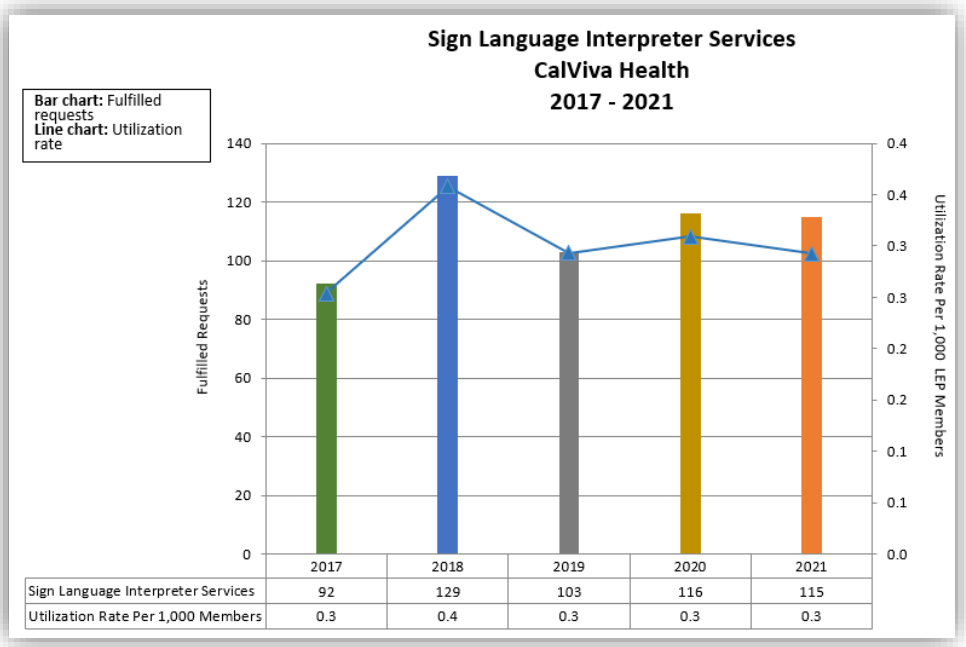
Graph 10: Face-to-face Interpreter Utilization 2017-2021



	2017	2018	2019	2020	2021
Face-To-Face Interpreter Services	130	282	395	536	869
Utilization Rate Per 1,000 Members	0.4	0.8	1.1	1.4	2.2
Utilization Rate Per 1,000 LEP Members	1.1	2.3	3.3	4.2	6.5

Chart 11 shows the utilization rate per 1,000 members was constant from 2017 to 2021, which was a rate of 0.3 services per 1,000 members.[6]

Chart 11: Sign Language Interpreter Utilization 2017 – 2021



	2017	2018	2019	2020	2021
Sign Language Interpreter Services	92	129	103	116	115
Utilization Rate Per 1,000 Members	0.3	0.4	0.3	0.3	0.3

[6] Utilization rates for sign language are reported for total membership only and not by membership with LEP as this service may be needed by all members regardless of their oral language preferences.

Appeals and Grievances—Limited English Proficiency (LEP)

The Appeals and Grievance (A&G) Department tracks grievances filed by a member or a family member on behalf of a member. Any grievance case coded to a cultural or linguistic issue is sent to the Health Equity department. Health Equity then provides support by collaborating on the investigation, follow up and/or resolution. Since 2016, Health Equity collaborates and coordinates targeted provider site visits with the Provider Engagement Department to deliver tools and training information to providers specific to each grievance.

Table 36 reveals the total number of Health Equity-related grievances and Chart 12 shows the grievance rates per 100,000 member and 100,000 members with LEP. As displayed in Table 36, the number of grievance cases identified since 2018 illustrate a new trend which can be attributed to the new perceived discrimination (PD) coding structure as well as continued training to A&G coordinators and additional reclassifying of cases.

Table 36: Appeals and Grievances Totals 2017-2021

Grievances	2017	2018	2019	2020	2021
Culture	0	0	N/A*	N/A*	N/A*
Culture: PD**	0	15	15	24	20
Culture: NonPD***	0	7	15	18	19
Linguistic: PD**	0	0	1	2	2
Language	7	0	N/A*	N/A*	N/A*
Linguistic: NonPD***	0	5	4	11	12
Perceived Discrimination	1	3	N/A*	N/A*	N/A*
Totals	**8**	**30**	**35**	**55**	**53**

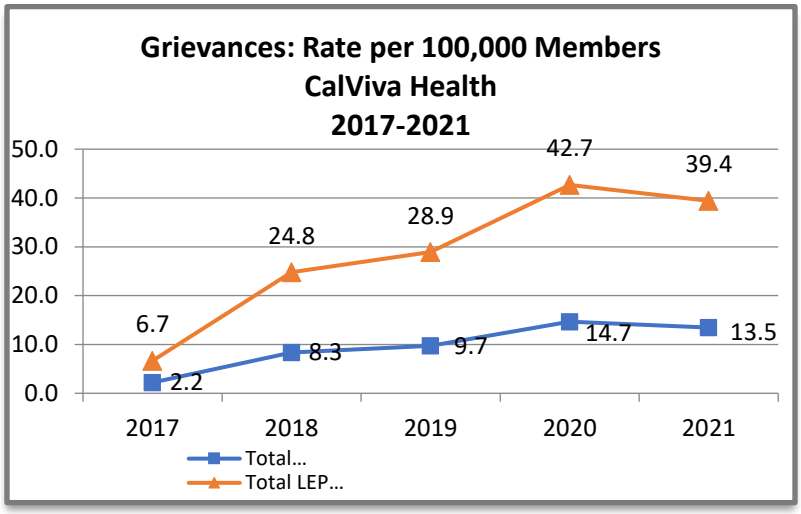
* Those categories were removed in Q3 of 2018 to consolidate categories and better define grievances.
** Perceived Discrimination.
*** Non-perceived Discrimination.

Additionally, the grievance rates illustrated in Chart 12 confirm the rising trend since 2018 for both LEP and total membership. This increase was due to the increase in training for other departments who became more aware of Health Equity's grievance process and service.

Since Q3 of 2018, Health Equity seek to consolidate and better define grievances by removing Culture, Language, and Perceived Discrimination and instead combine all codes by creating "Culture: PD," "Culture: NonPD," "Linguistic: PD," and "Linguistic: NonPD." Prior to 2018, there were no grievances coded under "Culture: PD," "Culture: NonPD," "Linguistic: PD," and "Linguistic: NonPD."

The 2018 grievance rates accounted for 24.8 members per 100,000 members with LEP and 8.3 members per 100,000 members, 2019 accounted for 28.9 per 100,000 members with LEP and 9.7 members per 100,000 members, 2020 accounted for 42.7 members per 100,000 LEP and 14.7 members per 100,000 members, and 2021 accounted for 39.4 members per 100,000 LEP and 13.5 members per 100,000 members.

Chart 12: Appeals and Grievances Rates 2017-2021



Analysis/Findings/Outcomes

CalViva membership had an overall increase of eight percent over the last five years, despite a downward trend from 2017-2019. This increase may be attributed to the Public Health Emergency and the freeze in disenrollment's.

The numbers of calls handled by bilingual representatives in non-English languages have shown a downward trend in utilization the prior four years, while a slight increase was observed in 2021. This may be due to the increase in bilingual staff available for calls with less calls routed and handled by the telephone interpreter vendor.

Next Steps

Health Equity will continue to track CalViva members' language service utilization and program updates and report to QI/UM committee on a semi-annual basis. Health Equity will continue to track and monitor grievance cases, continue to work with A&G department to ensure cases are coded and reported accurately. Health Equity will continue to partner with Provider Engagement staff to ensure providers receive the education, resources, and training they need to effectively serve all CalViva Health members. Moreover, Health Equity will continue the implementation of the LAP initiative to increase provider and staff awareness of language assistance services including provider trainings to be scheduled in 2022.

ACTION PLAN UPDATES

Based on assessment findings presented in the gap analysis, the following action plans outline the key objectives to address member needs. 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 43-48 provide progress made toward the 2021-2022 objectives and strategies and inform on new 2022-2023 goals aimed at improving the member experience.

Health Education Department

During the 2021 PNA assessment, gap analyses 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 to increase member utilization of myStrength program resulted in increased program enrollment in all CalViva counties.

Table 37: Health Education Department Action Plan Update 2021-2022

Objective 1 By June 30, 2022, Health Education Department will continue increasing annual utilization of the myStrength program by 20% from 119 to 143. (2019 baseline=65).	**Progress Measure:** Measure objective used MY2020 enrollment data (n=119), with goal to increase participation by 20% (n=24). Between July 1, 2021 – May 17, 2022, enrollment increased by nearly 192% (n=46). **Data source:** myStrength enrollment/outcome data, and program training records.
	Progress Toward Objective: CalViva successfully reached its objective, exceeding the goal by 192%. 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 an email campaign to promote myStrength and educate members on topics such as depression, anxiety, mindfulness, and chronic pain (to name a few).	**Progress Discussion:** Email campaigns did not take place during this reporting year.
Strategy 2 Develop and implement 4 training(s) for providers, case management staff, public programs, and provider engagement staff on availability and the effectiveness of myStrength to support member's well-being.	**Progress Discussion:** Conducted a 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.

	Distributed Provider Update, "Help Your CalViva Patients Achieve Better Health Outcome" provides an overview of programs including promoting myStrength program as a digital resource for providers to be able to refer members to visit the myStrength website. Distribute Provider Update, "Recognize and Address Mental Health Symptoms Early" talks about mental health awareness and provides tips to providers on helping their patients. The resource also includes myStrength information for providers to be able to refer members to visit the myStrength website.

The current gap analysis found mental and behavioral health to be a recurring theme in MY2021. Health Education will look to continue building on current successes, supporting members' experience using the myStrength platform. Objective will be continuing through June 30, 2023.

Table 38: Health Education Department Action Plan, 2022-2023

Objective 2: By June 30, 2023, Health Education Department will continue increasing annual utilization of the myStrength program by 20% from 165 to 198. (2019 baseline=65). **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.

Quality Improvement Department

During the previous PNA period, the age disparity analyses in Fresno County found that women ages 50-74 are less likely to receive a BCS when compared to younger women. Furthermore, data flagged poor performance among women's health HEDIS measures with Fresno County below the 50th percentile on two of the four measures. Quality Improvement aimed to support BCS compliance rates through an approved Performance Improvement Project, collaborating with a high-volume provider in Fresno.

Table 39: Quality Improvement Department Action Plan Update, Disparity Performance Improvement Project 2021-2022

Objective 3 By December 31, 2022, increase the percentage of the BCS rate among Hmong, Laotian, and Khmer speaking females ages 50-74 years assigned to the Greater Fresno	**Progress Measure:** 72/213 (33.8%) members completed their BCS exam. **Data source:** The baseline data was gathered during the RY2021 HEDIS cycle and are based on administrative data.

Health Organization in Fresno County from a baseline rate of 38.4% to a goal rate of 47.8%.	**Progress Toward Objective:** This project was selected in the 2021 PNA action plan as the health disparity project. Quality Improvement will continue with this objective for 2022-2023. CalViva will continue implementing a Member Friendly Approach by having clinics provide a warm welcoming atmosphere at the event that addresses cultural and language issues, and other potential barriers. The Member Friendly Approach includes mobile mammography interventions at the clinic sites.
Strategies	
Strategy 1 Collaborate with a women's imaging center to establish a culturally & linguistically appropriate appointment process for the Hmong, Laotian, Cambodian and Khmer speaking members who have been educated through the "Southeast Asian Sisters Health Educational Event".	**Progress Discussion:** A Southeast Asian Sisters event was conducted at a cultural center which was moderated by a female Hmong physician, a video presentation, introduction to imaging center staff, and addressed potential barriers such as transportation.
Strategy 2 Through CalViva Health's community partnerships, increase in-person and telephone interpreter training at The Fresno Center/WISH (Imaging Center).	**Progress Discussion**: Collaborated with a radiology center to establish a culturally appropriate appointment process for the Southeast Asian population educated through the "Southeast Asian Sisters Health Education Event".

In Fresno County, Hmong, Laotian, Cambodian, and Khmer speaking females scored below the 25th percentile for BCS. Quality Improvement will continue to improve screening rates among this group by December 31, 2022, as the health disparity improvement project.

Table 40: Quality Improvement Department Action Plan-Disparity Performance Improvement Project, 2022-2023

Objective 4: CalViva will continue working toward this objective. By December 31, 2022, increase the percentage of the BCS rate among Hmong, Laotian, and Khmer speaking females ages 50-74 years assigned to the Greater Fresno Health Organization in Fresno County from a baseline rate of 38.4% to a goal rate of 47.8%. **Data Source:** The baseline data was gathered during the RY2021 HEDIS cycle and are based on administrative data.
Strategies
1. Collaborate with a high-volume provider and a mobile mammography vendor to schedule and complete BCS exams.
2. Deploy cultural and linguistic strategies at targeted convenient and culturally competent provider sites to support members in accessing their breast cancer screening services. Strategies include but not limited to on-site interpreters, transportation services, distribution of health education materials, etc.

Health Equity Department

The Health Equity Department focused on expanding Language Assistance Program awareness, calling on CalViva staff to support Video Remote Interpreting (VRI) Services promotion and encourage program utilization. The Health Equity Department 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 2022 Health Equity Department 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 41: Health Equity Department Action Plan Update, 2021-2022

Objective 5 By June 30, 2022, Health Equity Department will increase the utilization of a new Video Remote Interpreting (VRI) Services from 0 to 75 appointments to support member language needs.	**Progress Measure:** One VRI request was 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.
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.

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 42: Health Equity Department Action Plan, 2022-2023

Objective 6: By June 30, 2023, the Health Equity Department will continue to increase the utilization of on-demand VRI and Over the Phone Interpretation (OPI) service in-office from 1 to 150 to support member language needs. **Data Source**: Vendor Data, VRI 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.

STAKEHOLDER ENGAGEMENT

CalViva will continue to employ multiple approaches to inform CalViva providers PNA highlights and recommendations. Communication channels may include:

- **Public Policy Committee (PPC):** CalViva hosts a quarterly PPC to provide relevant health plan information and performance and garner their feedback and recommendations. CalViva presented the PNA development process to the PPC in Quarter 1, 2022 and will share the PNA findings in Quarter 3, 2022. CalViva will continue to engage the PPC following this schedule.
- **Provider Updates:** "Provider Updates" provide key timely information via email or fax and are available online through the provider portal. CalViva will share key PNA findings and provider specific recommendations in a Provider Update annually that will go to Physicians, Hospitals, and Ancillary Providers throughout CalViva counties.
- **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 involve 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. The 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.

APPENDICES

Appendix A: CalViva Membership Data - Demographic Analysis by County, December 2021

	Fresno		Kings		Madera		Total	
	(n)	% of total	(n)	% of total	(n)	% of total	(n)	% of total
Total Membership								
	326,588	80.6%	34,843	8.6%	43,713	10.8%	405,144	100.0%
Age Group								
0-13	106,536	32.6%	11,281	32.4%	15,503	35.5%	133,320	32.9%
14-21	56,445	17%	6,215	17.5%	8,750	19.6%	71,410	17.3%
22-50	116,168	34.9%	12,523	35.3%	13,708	30.8%	142,399	34.5%
51-65	35,846	10.8%	3,789	10.7%	4,627	10.4%	44,262	10.7%
>65	11,593	3.5%	1,035	2.9%	1,125	2.5%	13,753	3.3%
Sex								
F	175,485	53.7	18,906	54.3	23,432	53.6	217,823	53.8
M	151,103	46.3	15,937	45.7	20,281	46.4	187,321	46.2
Race/Ethnicity								
Hispanic	195,353	59.8%	23,695	68%	30,180	69%	246,926	61.5%
White	36,421	11.2%	4,644	13.3%	6,651	15.2%	48,128	12.0%
API	34,642	10.6%	690	2%	684	1.6%	36,456	9.1%
Black	18,524	5.7%	1,395	4%	823	1.9%	21,026	5.2%
AI/AN	1,884	0.6%	102	0.3%	216	0.5%	2,216	0.6%
Other	3,243	1%	675	1.9%	967	2.2%	5,288	1.3%
Unknown	36,521	11.2%	3,642	10.5%	4,192	9.6%	41,637	10.4%
SPD (Seniors and persons with disabilities)								
	33,014	10.1%	3,240	9.3%	3,141	7.2%	39,395	9.7%

Appendix B: CalViva Membership Data - Linguistic Analysis by County, December 2021

	Fresno		Kings		Madera		Total	
	(n)	% of total	(n)	% of total	(n)	% of total	(n)	% of total
Total Membership								
	326,588	80.6%	34,843	8.6%	43,713	10.8%	405,144	100.0%
Spoken Language (member count >400)								
English	216,728	66.4%	23,703	68%	26,008	59.5%	266,439	65.8%
Spanish	95,261	29.2%	10,848	31.1%	17,384	39.8%	123,493	30.5%
Hmong (White)	6,605	2.0%	9	0.0%	10	0.0%	6,624	1.6%
Declined To State	1,666	0.5%	80	0.2%	177	0.4%	1,923	0.5%
Unknown	1,523	0.5%	49	0.1%	48	0.1%	1,620	0.4%
Arabic	1,061	0.3%	42	0.1%	19	0.0%	1,122	0.3%
Laotian, Laothian, Pha Xa Loa	870	0.3%	4	0.0%	2	0.0%	876	0.2%
Armenian, Hayeren	557	0.2%	1	0.0%	4	0.0%	562	0.1%
Cambodian, Khmer	503	0.2%	21	0.1%	9	0.0%	533	0.1%
Vietnamese	521	0.2%	4	0.0%	2	0.0%	527	0.1%
Cantonese	262	0.1%	5	0.0%	20	0.0%	287	0.1%
Russian	250	0.1%	0	0.0%	11	0.0%	261	0.1%
Mandarin	198	0.1%	2	0.0%	3	0.0%	203	0.1%
Tagalog	155	0.0%	40	0.1%	3	0.0%	198	0.0%
*Other Language**	428	0.1%	35	0.1%	13	0.0%	476	0.1%

*Other language: group all language with member count<400.

Appendix C: CalViva Membership Data - Demographic and SDoH Analysis by County, December 2021

	Fresno		Kings		Madera		Total	
	(n)	% of total	(n)	% of total	(n)	% of total	(n)	% of total
Total Membership								
	326,588	80.6%	34,843	8.6%	43,713	10.8%	405,144	100.0%
Housing Insecure (likely homeless)								
	8,618	2.7%	1,889	5.5%	1,432	3.3%	11,939	3.0%
HPI Quartiles*								
4	227,608	69.7%	23,109	66.3%	27,119	62%	277,836	68.6%
3	55,064	16.9%	5,777	16.6%	9,782	22.4%	70,623	17.4%
2	26,876	8.2%	2,653	7.6%	3,728	8.5%	33,257	8.2%
1	3,506	1.1%	33	0.1%	58	0.1%	3,597	0.9%
Blank	13,534	4.1%	3,271	9.4%	3,026	6.9%	19,831	4.9%

HPI quartiles represents community health conditions. Compared to HPI quartile 1 or 2, members in quartiles 3 and 4 are living with poor community health conditions.
Urbanized Areas (UAs) of 50,000 or more people.
Urban Clusters (UCs) of at least 2,500 and less than 50,000 people.
Rural encompasses all population, housing, and territory not included within an urban area.

Appendix D: HEDIS Performance by County, RY2020-2021

Final Hybrid/Admin Data

			Admin Data				Final Data					2020 National Benchmark			
			RY2020		RY2021		RY2020		RY2021						
Product Name	HYBRID	MEASURE	ADMIN DEN 202005	ADMIN RATE 202005	ADMIN DEN 202105	ADMIN RATE 202105	Final 2020 DEN	Final 2020 RATE	Final 2021 DEN	Final 2021 RATE	RY2021 Performance Status	NATL 25th	NATL 50th	NATL 75th	RY2020 Final Performance
Fresno	N	Antidepressant Medication Management - Effective Acute Phase Treatment	2384	48.20%	2449	49.00%	2384	48.20%	2449	49.00%	BELOW 25TH	50.38%	53.57%	58.93%	4 YEARS < 25TH
Fresno	N	Antidepressant Medication Management - Effective Cont. Phase Treatment	2384	31.84%	2449	31.28%	2384	31.84%	2449	31.28%	BELOW 25TH	34.23%	38.18%	43.10%	4 YEARS < 25TH
Fresno	N	Asthma Medication Ratio	5675	64.16%	5480	66.82%	5675	64.16%	5480	66.82%	50TH	57.59%	62.43%	68.13%	50TH
Fresno	N	Metabolic Monitoring for Children and Adolescents on Antipsychotics - Total	434	43.78%	417	31.65%	434	43.55%	417	31.65%	25TH	29.35%	35.43%	44.30%	75TH
Fresno	N	Breast Cancer Screening	10685	55.26%	11266	52.64%	10685	55.26%	11266	52.64%	BELOW 25TH	52.85%	58.82%	64.06%	25TH
Fresno	Y	Controlling High Blood Pressure	18847	23.23%	17715	23.61%	395	62.03%	411	52.07%	BELOW 25TH	54.01%	61.80%	67.64%	50TH
Fresno	Y	Cervical Cancer Screening	57090	61.27%	61531	59.19%	411	63.50%	384	60.16%	25TH	55.23%	61.31%	67.40%	50TH
Fresno	Y	Comprehensive Diabetes Care - HbA1c Poor Control (>9.0%)	14395	55.44%	15084	54.91%	411	34.06%	376	43.88%	25TH	45.96%	37.47%	32.85%	50TH
Fresno	N	Chlamydia Screening in Women	9193	61.26%	9305	57.81%	9193	61.26%	9305	57.81%	25TH	51.34%	58.44%	66.26%	50TH
Fresno	Y	Childhood Immunization Status - Combo 10	6869	27.66%	6741	26.92%	411	33.82%	411	32.12%	25TH	30.17%	37.47%	44.77%	25TH
Fresno	Y	Immunizations for Adolescents - Combo 2	7112	38.96%	7337	38.74%	411	37.96%	411	43.55%	75TH	31.02%	36.86%	43.06%	50TH
Fresno	Y	Prenatal and Postpartum Care - Postpartum Care	5375	74.03%	5162	72.61%	411	78.83%	411	78.35%	50TH	71.30%	76.40%	80.89%	90TH
Fresno	Y	Prenatal and Postpartum Care - Timeliness of Prenatal Care	5375	88.28%	5162	85.26%	411	92.21%	411	89.05%	50TH	84.18%	89.05%	92.94%	90TH
Fresno	N	Diabetes Screening for People With Schizophrenia or Bipolar Disorder Who Are Using Antipsychotic Medications	666	89.49%	661	86.99%	666	89.19%	661	86.99%	75TH	78.65%	82.09%	84.78%	90TH
Fresno	N	Well-Child Visits in the First 30 Months of Life - 0 to 15	.	.	4495	47.74%	411	56.45%	4495	47.74%	BELOW 25TH	61.31%	67.88%	72.99%	-

Product Name	HYBRID	MEASURE	Admin Data				Final Data					2020 National Benchmark			RY2020 Final Performance
			RY2020		RY2021		RY2020		RY2021						
		Months	ADMIN DEN 202005	ADMIN RATE 202005	ADMIN DEN 202105	ADMIN RATE 202105	Final 2020 DEN	Final 2020 RATE	Final 2021 DEN	Final 2021 RATE	RY2021 Performance Status	NATL 25th	NATL 50th	NATL 75th	
Fresno	N	Well-Child Visits in the First 30 Months of Life - 15 to 30 Months	.	.	6540	66.97%	.	.	6540	66.97%	25TH	61.31%	67.88%	72.99%	-
Fresno	Y	Weight Assessment and Counseling for Nutrition and Physical Activity for Children /Adolescents - Counseling for BMI	79166	35.50%	76359	48.11%	411	82.73%	411	77.86%	25TH	71.29%	80.50%	87.23%	50TH
Fresno	Y	Weight Assessment and Counseling for Nutrition and Physical Activity for Children /Adolescents - Counseling for Nutrition	79166	32.29%	76359	35.18%	411	36.50%	411	70.07%	25TH	63.02%	71.55%	80.05%	1 YEAR < 25TH
Fresno	Y	Weight Assessment and Counseling for Nutrition and Physical Activity for Children /Adolescents - Counseling for Physical Activity	79166	31.14%	76359	33.19%	411	36.98%	411	66.42%	25TH	57.42%	66.79%	76.28%	1 YEAR < 25TH
Fresno	N	Child and Adolescent Well-Care Visits	.	.	127538	42.67%	.	.	127538	42.67%	BELOW 25TH	58.52%	65.94%	72.50%	-
Kings	N	Antidepressant Medication Management - Effective Acute Phase Treatment	247	43.72%	289	43.25%	247	43.72%	289	43.25%	BELOW 25TH	50.38%	53.57%	58.93%	4 YEARS < 25TH
Kings	N	Antidepressant Medication Management - Effective Cont. Phase Treatment	247	29.55%	289	29.07%	247	29.55%	289	29.07%	BELOW 25TH	34.23%	38.18%	43.10%	4 YEARS < 25TH
Kings	N	Asthma Medication Ratio	437	71.17%	446	70.40%	437	71.17%	446	70.40%	75TH	57.59%	62.43%	68.13%	75TH
Kings	N	Metabolic Monitoring for Children and Adolescents on Antipsychotics - Total	27	40.74%	27	29.63%	27	40.74%	27	29.63%	25TH	29.35%	35.43%	44.30%	50TH
Kings	N	Breast Cancer Screening	1007	57.30%	1135	58.24%	1007	57.30%	1135	58.24%	25TH	52.85%	58.82%	64.06%	25TH
Kings	Y	Controlling High Blood Pressure	2214	34.42%	2140	44.21%	388	64.43%	411	63.99%	50TH	54.01%	61.80%	67.64%	50TH
Kings	Y	Cervical Cancer Screening	5624	64.31%	6169	63.11%	411	70.07%	348	68.39%	75TH	55.23%	61.31%	67.40%	75TH
Kings	Y	Comprehensive Diabetes Care - HbA1c Poor Control (>9.0%)	1449	46.72%	1605	38.38%	411	36.98%	380	35.53%	50TH	45.96%	37.47%	32.85%	50TH

Product Name	HYBRID	MEASURE	Admin Data				Final Data					2020 National Benchmark			
			RY2020		RY2021		RY2020		RY2021						
			ADMIN DEN 202005	ADMIN RATE 202005	ADMIN DEN 202105	ADMIN RATE 202105	Final 2020 DEN	Final 2020 RATE	Final 2021 DEN	Final 2021 RATE	RY2021 Performance Status	NATL 25th	NATL 50th	NATL 75th	RY2020 Final Performance
Kings	N	Chlamydia Screening in Women	1022	64.48%	1091	59.85%	1022	64.48%	1091	59.85%	50TH	51.34%	58.44%	66.26%	50TH
Kings	Y	Childhood Immunization Status - Combo 10	696	31.03%	679	28.87%	411	33.09%	411	29.93%	BELOW 25TH	30.17%	37.47%	44.77%	25TH
Kings	Y	Immunizations for Adolescents - Combo 2	715	33.29%	772	30.05%	411	35.04%	411	29.44%	BELOW 25TH	31.02%	36.86%	43.06%	50TH
Kings	Y	Prenatal and Postpartum Care - Postpartum Care	531	72.32%	540	78.15%	411	86.13%	411	84.67%	90TH	71.30%	76.40%	80.89%	90TH
Kings	Y	Prenatal and Postpartum Care - Timeliness of Prenatal Care	531	90.77%	540	88.89%	411	95.38%	411	91.24%	50TH	84.18%	89.05%	92.94%	90TH
Kings	N	Diabetes Screening for People With Schizophrenia or Bipolar Disorder Who Are Using Antipsychotic Medications	68	92.65%	62	79.03%	68	92.65%	62	79.03%	25TH	78.65%	82.09%	84.78%	90TH
Kings	N	Well-Child Visits in the First 30 Months of Life - 0 to 15 Months	.	.	441	50.11%	411	62.53%	441	50.11%	BELOW 25TH	61.31%	67.88%	72.99%	-
Kings	N	Well-Child Visits in the First 30 Months of Life - 15 to 30 Months	.	.	667	59.97%	.	.	667	59.97%	BELOW 25TH	61.31%	67.88%	72.99%	-
Kings	Y	Weight Assessment and Counseling for Nutrition and Physical Activity for Children /Adolescents - Counseling for BMI	7836	79.13%	7974	82.87%	411	91.73%	411	94.16%	90TH	71.29%	80.50%	87.23%	90TH
Kings	Y	Weight Assessment and Counseling for Nutrition and Physical Activity for Children /Adolescents - Counseling for Nutrition	7836	40.96%	7974	37.53%	411	45.74%	411	74.45%	50TH	63.02%	71.55%	80.05%	1 YEAR < 25TH
Kings	Y	Weight Assessment and Counseling for Nutrition and Physical Activity for Children /Adolescents - Counseling for Physical Activity	7836	39.83%	7974	36.07%	411	44.28%	411	71.29%	50TH	57.42%	66.79%	76.28%	1 YEAR < 25TH
Kings	N	Child and Adolescent Well-Care Visits	.	.	13248	37.55%	.	.	13248	37.55%	BELOW 25TH	58.52%	65.94%	72.50%	-
Madera	N	Antidepressant Medication	266	47.74%	272	50.74%	266	47.74%	272	50.74%	25TH	50.38%	53.57%	58.93%	4 YEARS <

Product Name	HYBRID	MEASURE	Admin Data				Final Data					2020 National Benchmark			
			RY2020		RY2021		RY2020		RY2021						
			ADMIN DEN 202005	ADMIN RATE 202005	ADMIN DEN 202105	ADMIN RATE 202105	Final 2020 DEN	Final 2020 RATE	Final 2021 DEN	Final 2021 RATE	RY2021 Performance Status	NATL 25th	NATL 50th	NATL 75th	RY2020 Final Performance
Madera	N	Management - Effective Acute Phase Treatment													25TH
Madera	N	Antidepressant Medication Management - Effective Cont. Phase Treatment	266	27.44%	272	31.99%	266	27.44%	272	31.99%	BELOW 25TH	34.23%	38.18%	43.10%	4 YEARS < 25TH
Madera	N	Asthma Medication Ratio	671	69.75%	605	73.55%	671	69.75%	605	73.55%	90TH	57.59%	62.43%	68.13%	75TH
Madera	N	Metabolic Monitoring for Children and Adolescents on Antipsychotics - Total	41	34.15%	34	32.35%	41	34.15%	34	32.35%	25TH	29.35%	35.43%	44.30%	50TH
Madera	N	Breast Cancer Screening	1206	62.44%	1317	59.15%	1206	62.44%	1317	59.15%	50TH	52.85%	58.82%	64.06%	50TH
Madera	Y	Controlling High Blood Pressure	2259	54.36%	2125	53.93%	354	69.77%	411	65.21%	50TH	54.01%	61.80%	67.64%	75TH
Madera	Y	Cervical Cancer Screening	6209	62.83%	6912	62.02%	411	65.21%	376	66.49%	50TH	55.23%	61.31%	67.40%	50TH
Madera	Y	Comprehensive Diabetes Care - HbA1c Poor Control (>9.0%)	1502	50.20%	1676	52.03%	411	36.25%	384	41.93%	25TH	45.96%	37.47%	32.85%	50TH
Madera	N	Chlamydia Screening in Women	1393	55.42%	1457	52.85%	1393	55.42%	1457	52.85%	25TH	51.34%	58.44%	66.26%	25TH
Madera	Y	Childhood Immunization Status - Combo 10	954	39.62%	885	39.55%	411	46.96%	411	50.37%	75TH	30.17%	37.47%	44.77%	75TH
Madera	Y	Immunizations for Adolescents - Combo 2	1063	57.29%	1113	52.38%	410	54.88%	409	53.06%	90TH	31.02%	36.86%	43.06%	90TH
Madera	Y	Prenatal and Postpartum Care - Postpartum Care	587	70.53%	605	65.95%	411	81.51%	411	80.29%	50TH	71.30%	76.40%	80.89%	90TH
Madera	Y	Prenatal and Postpartum Care - Timeliness of Prenatal Care	587	86.20%	605	88.10%	411	91.48%	411	92.21%	50TH	84.18%	89.05%	92.94%	90TH
Madera	N	Diabetes Screening for People With Schizophrenia or Bipolar Disorder Who Are Using Antipsychotic Medications	70	87.14%	69	86.96%	70	87.14%	69	86.96%	75TH	78.65%	82.09%	84.78%	90TH
Madera	N	Well-Child Visits in the First 30 Months of Life - 0 to 15 Months	.	.	455	56.48%	411	70.07%	455	56.48%	BELOW 25TH	61.31%	67.88%	72.99%	-
Madera	N	Well-Child Visits in the First 30 Months of Life - 15 to 30 Months	.	.	933	82.10%	.	.	933	82.10%	90TH	61.31%	67.88%	72.99%	-

Product Name	HYBRID	MEASURE	Admin Data				Final Data					2020 National Benchmark			RY2020 Final Performance
			RY2020		RY2021		RY2020		RY2021						
			ADMIN DEN 202005	ADMIN RATE 202005	ADMIN DEN 202105	ADMIN RATE 202105	Final 2020 DEN	Final 2020 RATE	Final 2021 DEN	Final 2021 RATE	RY2021 Performance Status	NATL 25th	NATL 50th	NATL 75th	
Madera	Y	Weight Assessment and Counseling for Nutrition and Physical Activity for Children /Adolescents - Counseling for BMI	12713	19.81%	12039	77.03%	411	95.38%	411	96.11%	90TH	71.29%	80.50%	87.23%	90TH
Madera	Y	Weight Assessment and Counseling for Nutrition and Physical Activity for Children /Adolescents - Counseling for Nutrition	12713	17.19%	12039	45.24%	411	16.06%	411	83.21%	75TH	63.02%	71.55%	80.05%	1 YEAR < 25TH
Madera	Y	Weight Assessment and Counseling for Nutrition and Physical Activity for Children /Adolescents - Counseling for Physical Activity	12713	18.26%	12039	44.91%	411	17.76%	411	78.83%	75TH	57.42%	66.79%	76.28%	1 YEAR < 25TH
Madera	N	Child and Adolescent Well-Care Visits	.	.	18988	52.75%	.	.	18988	52.75%	BELOW 25TH	58.52%	65.94%	72.50%	-

Appendix E: Claims/Encounter Data - Top 10 Behavioral Health Diagnosis, MY2020-2021

Behavioral Health	*Member Counts*	*Sessions*	*Member Counts*	*Sessions*
	2020		*2021*	
Mood Disorders	6,290	47,834	6,474	52,964
Anxiety Disorders	5,529	29,587	5,661	37,593
Adjustment Disorder with Mixed Anxiety & Depressed Mood	1,145	8,665	1,382	10,213
Autistic Disorder	811	100,732	980	131,698
Substance Related and Addictive Disorders	975	10,937	860	10,107
Post-Traumatic Stress Disorder (unspecified)	692	5,583	755	6,201
Schizophrenia and other Psychotic Disorders	514	3,970	561	5,093
Sexual and Gender Identity Disorders	502	3,489	539	4,534
Post-Traumatic Stress Disorder (chronic)	N/A*	N/A*	474	4,619
Adjustment Disorder with Depressed Mood**	N/A*	N/A*	479	2,681
Total:	**16,879**	**212,826**	**18,185**	**265,703**

** Behavioral health conditions counts were not captured as a top 10 item in the 2021 CalViva PNA.*

*** The Medical Condition Only/No Behavioral was removed from this table to list only behavioral conditions and replaced with Adjustment Disorder with Depressed Mood in the 2022 PNA.*