



CALVIVA HEALTH

**P R O V I D E R**  
**PULSE**

FALL 2021



## Welcome to the fall 2021 issue of the *Provider Pulse* newsletter!

You're doing a great job, and we want to say thank **YOU!** Together, we can continue to improve quality, expand access to care and respond to the COVID-19 pandemic effectively.

In this issue of the *Provider Pulse*, see how our partnership is making a difference for members and providers throughout California, beginning with local communities and those who need it most.

Inside this issue:

- **Strategic quality improvement** with Quality EDGE.
- **Performance incentive payment totals**, updated for the full 2020 measurement year.
- **Better access to care** through health care data interoperability.
- **Giving** that supports our communities.

— *Your Provider Relations team*

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# PROVIDER SATISFACTION Highlights

## OPERATIONAL EXCELLENCE

### Quality EDGE: Evaluating Data to Generate Excellence

*Quality EDGE will improve member care while helping you earn quality incentive rewards.*

#### What is Quality EDGE?

Quality EDGE is an enhanced, data-driven, standardized approach to quality improvement. With the goal of improving clinical quality and care for our members, the health plan created Quality EDGE to optimize problem solving, collaboration and outcomes measurement. We've taken existing processes and added enhanced reporting and new tools. This will help us better serve you as we collaborate on action plans to improve quality for our members.

#### What are the components of Quality EDGE?

Quality EDGE is more than a set of tools. It is a systematic process using teamwork and collaboration within the company and with providers to:

- Identify priority measures.
- Identify strategic approaches to improving quality.
- Work with providers to determine processes and targeted interventions to improve outcomes.
- Implement change.
- Monitor action plans and measure outcomes.

As we implement Quality EDGE, we plan to quickly spread what works so that, together, we can impact more lives.





## 2020 Measurement Year Provider Performance Incentive Payouts!

Updated payment totals shown below reflect performance for the entire MY2020 (measurement year 2020). In the summer 2021 issue of the Provider Pulse, we shared available interim totals.

Our incentive programs continue to reward our primary care physicians (PCPs), clinics and participating physician groups who partner with us to improve quality outcomes and access to care for members.

	HEDIS <sup>®1</sup> Improvement Program (HIP)	Clinic HEDIS Improvement Program (C-HIP)	HEDIS Quality Improvement Program (HQIP)
<b>Rewards available for participating providers</b>	<p>MY2020 period summary</p> <p>Percentage of eligible providers earning rewards: 90%</p> <p>Total rewards paid: \$1.9 million</p> <p>Average rewards earned</p> <ul style="list-style-type: none"> <li>• CalViva – \$19,882</li> </ul>	<p>MY2020 period summary</p> <p>Percentage of eligible providers earning rewards: 90%</p> <p>Total rewards paid: \$3.4 million</p> <p>Average rewards earned</p> <ul style="list-style-type: none"> <li>• CalViva – \$27,551</li> </ul>	<p>MY2020 period summary</p> <p>For all plans combined:</p> <p>Percentage of participating providers earning rewards: 89%</p> <p>Total rewards paid: \$6.3 million</p> <p>Average rewards earned:</p> <ul style="list-style-type: none"> <li>• \$190,461</li> </ul>
<b>Examples of program success</b>	<p>5% – Increase in the number of eligible providers compared to MY2019.</p> <p>\$121,827 – Additional payment sent to assist with COVID-19-impacted providers.</p>	<p>28% – Increase in the number of eligible providers compared to MY2019.</p> <p>\$907,943 – Additional payment sent to assist with COVID-19-impacted providers.</p>	<p>For all plans combined:</p> <p>20% – Total earning increase compared to MY2019.</p> <p>\$650,220 – Additional “Incentives for Targeted Improvements” paid for specific quality improvement projects to assist with COVID-19 impact to participating provider groups.</p>

<sup>1</sup>Healthcare Effectiveness Data and Information Set



## Medi-Cal Redetermination is Coming Up!

**Medi-Cal patients must verify their eligibility every year to continue their coverage.**

Your Medi-Cal patients may need your help once the verification process begins. Watch for more information in the winter 2022 *Provider Pulse* newsletter.

# POPULATION

## HEALTH in Focus:

LEARN HOW THE PLAN CONTINUES WORKING TO MAKE A DIFFERENCE BY ADDRESSING THESE KEY AREAS

### Interoperability Enhances Members' Connection to Health Care Access

*Members can download the app with their health information to their phone.*

The interoperability solution consolidates a member's medical information into one place!

Easier access to health information allows members to manage their health faster and more effectively, while also providing available health care resources.

Members have the ability to take their health information with them as they move from different health plans and providers, thus:

- Empowering members to make better decisions regarding their health.
- Enabling providers with a more holistic picture of a member's health.
- Reducing health care costs through increased efficiency.

Under federal rules passed last year, health care enterprises must apply industry-wide standards and implement innovative technology solutions to share data. These standards make it easier for a member to access their complete health history on their mobile device. Information can provide insights, including the frequency and types of care provided, medication history, and the evolution and adherence to a care plan, all supporting better health outcomes.

Members can also use the application to find a provider or specialist via the latest directory. Providers can use the member's past information to diagnose and ensure that the member receives the best care.

For more information, refer to provider update [21-554m](#), *Interoperability Connects You, Your Patients and Health Plans*, distributed July 30, 2021.

### Interoperability – here's what you must do:

The Centers for Medicare and Medicaid Services' Interoperability Rule has three main areas of focus for providers. They are to ensure you properly support digital patient access to health care information.

#### Information blocking prevention:

- Put policies and procedures in place to help prevent information-blocking practices. This includes any practice that interferes with the access, exchange or use of electronic health information.

#### Up-to-date digital provider information:

- Add your digital contact information online to your National Plan and Provider Enumeration System records. Work with your electronic health record vendors to ensure your digital and National Provider Identifier (NPI) information are always current.

#### Condition of participation compliance:

- Applies to all hospitals – Send electronic notifications to a patient's health care provider (e.g., PCP) upon the patient's admission, discharge or transfer.

## COVID-19 Outreach Member Success Story: The Clinical Pharmacy Team Helps a Member Recovering from COVID-19

A member with diabetes, high blood pressure and asthma tested positive for COVID-19. A month later, the member tested negative for COVID-19 and reported feeling much better. However, the member expressed only one lingering concern – hair loss.

### Clinical pharmacy interventions:

- Advised member that they can benefit from speaking with a dermatologist about their hair loss. The member agreed to ask their PCP for a dermatologist referral at upcoming appointment.
- Confirmed the following with the member:
  - Their asthma is under control.
  - Their inhalers are working properly.
  - They understand the difference between their long-acting and short-acting inhalers.
- Advised member that they can benefit from seeing a pulmonologist. The member agreed to ask their PCP for a referral at an upcoming appointment.
- Confirmed the following with the member:
  - Their glucose average.
  - Their A1c is under control.
  - Their blood pressure is under control.
- Advised the member that they can benefit from a referral to an endocrinologist and can request one from their PCP.
- The member also reported that they had not gotten their eyes checked in two years. The pharmacy team member explained the importance of getting eyes and legs checked every year and provided Member Services' contact information so the member can get help finding an ophthalmologist.
- Educated the member about the difference between the emergency room and urgent care as the member had a history of emergency room visits due to respiratory and blood pressure problems. The member advised that they prefer to go to the emergency room, as they do not have transportation to the doctor's office during the day. The pharmacy team member informed the member about the transportation benefit and how to access it so the member can get to the doctor. In addition, the pharmacy team member provided information on the Nurse Advice Line available 24/7, and submitted a referral for disease management and further member education.
- Explained the importance of a healthy diet and submitted a referral to help educate the member on proper diet.

The member appreciated the outreach and all the information given.



Watch a short [video](#) featuring Dr. Ramiro Zúñiga, vice president, medical director, on the importance of COVID-19 vaccines.

# ENGAGING Our COMMUNITIES

## YOU, YOUR COMMUNITY AND YOUR PATIENTS HAVE OUR SUPPORT!

*Our partners know their communities best, which is why we work hand-in-hand with local partners – county agencies, community clinics, hospitals and our education and justice system – to transform communities by developing and funding localized programs and solutions that improve health one person at a time.*



## A Partner in CalAIM – The Health Plan’s Efforts to Prepare for System Transformation

The California Advancing and Innovating Medi-Cal ([CalAIM](#)) Initiative is a multi-year initiative by the [California Department of Health Care Services](#) (DHCS) to implement broad delivery system, program and payment reform across the Medi-Cal program. Recognizing our responsibility as one of the state’s longest-serving and most experienced Medi-Cal partners, the health plan is committed to ensuring CalAIM’s successful implementation and continues our rigorous process to prepare for implementation that will improve quality of care and health equity for all Medi-Cal members.

### CalAIM Readiness – Snapshot of our actions to date

- **County and health plan engagement**
  - Proactively engaging with counties to ensure successful implementation of CalAIM.
  - Collaborating with local health plans to reduce the administrative burden of implementation – and align on provider networks.
  - Working with county ECM lead entities and providers to align on “enhanced care management” (ECM) benefit provider application.
- **Provider engagement**
  - Partnering with organizations, including CSAC Financial Corporation, to host free CalAIM 101 webinars.
  - Ongoing strategic planning meetings with providers to define ECM and Community Supports (formerly “In Lieu of Services” [ILOS]) providers’ role and capacity. For more information about ECM and Community Supports, please see the article, “Better Care and Improved Access with a New, Community-Based Benefit and Services Benefit.”
  - In the process of planning ECM/Community Supports feedback sessions with Tribal Health Partners, Community Health Centers, Homeless Taskforce and Continuum of Care Organizations.
- **Members**
  - Creating a process to identify Community Supports being accessed by the transitioning Health Homes program and Whole Person Care Pilots program members to ensure smooth continuity of care.
  - Implementing information technology (IT) upgrades and design work to ensure our systems are able to exchange and capture information to facilitate ECM and Community Supports services post-implementation.

Learn more about CalAIM [here](#).

# Better Care and Improved Access with a New, Community-Based Benefit and Services Benefit

The health plan is launching a new benefit and service in 2022 called Enhanced Care Management (ECM) and Community Supports. Each reflect our commitment to increase access to quality care and help improve the health of the people and communities we serve.

**ECM** – This is a whole-person, interdisciplinary approach to comprehensive care management that addresses the clinical and non-clinical needs of high-cost, high-need managed care members. It will do this through systematic coordination of services that is community-based, interdisciplinary, high-touch and person-centered.

**Community Supports** – Medically appropriate and cost-effective alternatives to services covered under the state plan.



## How does this new benefit work?

The plan will partner with community clinics and community-based organizations to provide a full range of services to address needs related to physical health, behavioral health, social services, and community-based long-term services and supports. We will assign a care coordinator who is responsible for providing comprehensive care coordination across the multiple delivery systems. The coordinator can assist the member in finding and applying for community programs and services, such as food and housing.

## *When will eligible members have access to ECM benefits?*

In January 2022, the health plan will go-live with ECM in Kings County.

In July 2022, the plan will go-live with ECM in Fresno and Madera counties.

For more information about ECM and Community Supports, visit the DHCS website at [dhcs.ca.gov/enhancedcaremanagementandinlieuofservices](https://dhcs.ca.gov/enhancedcaremanagementandinlieuofservices).





## CalViva Health Scholarship Supports College Students with a Future in the Health Professions

In September, CalViva Health again demonstrated their support for the local community with a \$100,000 gift to the CalViva Health scholarship fund for Fresno State students.

The scholarship is on the heels of another generous gift of \$200,000 toward the education of future health care professionals at Fresno State for the 2020–21 academic year.

To be eligible, full-time students must qualify for state and federal aid, and maintain a 3.0 GPA or higher. Students may use the funds

to pay for tuition, books, supplies and living expenses.

“At CalViva Health, we understand how important it is to support the next generation of health care professionals,” said Jeffrey Nkansah, chief executive officer of CalViva Health. “As a college student I faced similar circumstances of balancing life with learning, while trying to figure out how to pay for college expenses. Those experiences molded me into the individual I am today, which is why I believe CalViva Health’s commitment to

investing in local students provides greater opportunities in our communities for the future.”

Recipient students are able to focus on studies and better overcome the challenges associated with working to support themselves while a student. The grant couldn’t come at a better time for many, when the effects of the pandemic continue to ripple throughout the local economy.

Read [more](#) about CalViva’s commitment to the community in the Fresno State News.



## Local Teachers Fill Bags Full of Free Books for Classroom Library

On August 28, 2021, Reading Heart provided over 24,000 books to teachers for free at a Teacher’s Library event held at CalViva Health’s facility in Fresno.

Each teacher received three empty shopping bags to fill with as many free books as they could for their classroom.

The goal of the event was to help teachers in the Central Valley create a grade-appropriate library for their

classroom. Classrooms benefit from having a library. It provides access to great books, promotes literacy and helps develop motivated, engaged readers into critical thinkers.

Reading Heart is a nonprofit book donation program dedicated to serving children in hospitals and children in areas with limited access to books. For more information, visit [www.readingheart.org](http://www.readingheart.org).

