Population Needs Assessment

2021

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EXECUTIVE OVERVIEW

Health Net is immersed within underserved communities and neighborhoods across the state. We leverage our community partnerships, clinical innovations and population-specific data to develop specialized approaches to care. This wraparound approach helps bridge the divide to quality care for all.

Health Net's Population Needs Assessment (PNA) aims to identify the needs of members, review available programs and resources, and flag 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, members with Limited English Proficiency (LEP), and members from diverse cultural and ethnic backgrounds. Analysis will guide appropriate action plans, implemented by Health Education, Cultural and Linguistic Services, and Quality Improvement Departments. Health Net's seven Medi-Cal counties include Kern, Tulare, Los Angeles, Sacramento, San Diego, San Joaquin and Stanislaus Counties.

Data Sources

Internal sources reference data from Measurement Years (MY) 2013-2020. They include access to care reports monitoring appointment availability (MY2019-2020), claims and encounters highlighting health status and disease prevalence (MY2020), enrollment data detailing member demographics and profiles (December 2020), Healthcare Effectiveness Data and Information Set (HEDIS®) noting performance on various pediatric and adult measures (MY2020), and disparity analyses on multiple quality metrics (MY2019-2020). Member experience with the health plan, providers, and quality of care is summarized in the Consumer Assessment of Healthcare Providers and Systems (CAHPS®; MY2020), and self-reported needs are shared in Health Information Form survey responses (MY2020). External sources from state and county assessments (MY2013-2019) helped assess current community health trends. When compared to programs and interventions from Health Education, Cultural and Linguistic Services, and Quality Improvement (MY2013-2020), all data sources help advise opportunities for improvement.

Key Findings

Membership Profile

As of December 2020, Health Net had 1,571,750 Medi-Cal members statewide, which included both active and termed members. This is a 9% decrease since December 2018. Los Angeles County maintained the largest proportion with nearly 68%, followed by Sacramento (8.02%), Tulare (7.70%), San Diego (5.38%), Kern (4.94%), Stanislaus (4.39%) and San Joaquin (1.59%) Counties. The sex distribution was nearly even across all counties, with females making up 54% of all members. Nearly 47% of Health Net's membership were within the ages of 22-65, and 42.3% were under the age of 22. Seniors aged 66 and above made up 10.9%.

A majority of Health Net's membership identified as Hispanic (53.5%), mirroring December 2018 figures. Other groups included White (16%), Black (8.7%), and Asian/Pacific Islanders (11.3%). An estimated 10% percent were unknown or other. English was the preferred spoken language with 62.6% of the membership, followed by Spanish (27.8%) and Cantonese (1.4%). An estimated 38.2% of all members were Limited English Proficient (LEP), a 5% increase since the previous assessment. Seniors and Persons with Disabilities (SPD) accounted for 17.1% of subscribers. Poor housing

conditions were experienced by an estimated 6.3% of all members, with San Joaquin and Stanislaus Counties having the highest proportions at the county level. An estimated 18% lived in a rural or frontier-type geography.

Health Status / Disease Prevalence
HEDIS measures help assess performance across health plans. Health Net used rates from MY2020, with the minimum performance level (MPL) set at the 50th percentile. Unfortunately, the negative effects of COVID-19 were observed across many HEDIS metrics, resulting in lower performance for some measures. Of the nine pediatric measures, Tulare County had the most favorable outcomes, noting two measures under the 50th percentile. Kern County had all nine pediatric health measures below the benchmark. Across all counties, two measures were consistently below the 50th percentile; Well-Child Visits in the First 30 Months of Life – 0 to 15 Months (W30-15) and Child and Adolescent Well-Care Visits (WCV). In women's health, Tulare County exceeded the MPL on four of five measures. The remaining six counties had at least four measures below the MPL. Breast Cancer Screening (BCS) was consistently below the benchmark statewide. Six measures were grouped under adult and chronic health. Comprehensive Diabetes Care – HbA1c Poor Control (>9%) and Antidepressant Medication Management – Effective Continuation Phase Treatment were the most recurring measures statewide below the 50th percentile, each populating in at least six counties. See Tables 4-6 for detailed information.

Health Net supports population health management (PHM) by identifying members considered high risk with chronic health conditions (asthma, chronic heart failure, and diabetes; MY2020). With exception to Los Angeles County, asthma counts were highest among members aged 22-50 years. Chronic heart failure was highest among adults ages 51+ across all counties, and diabetes was most common among members aged 22-50. When viewed by race/ethnicity, White members had higher rates of asthma and chronic heart failure in Los Angeles, Sacramento, Kern, and San Diego Counties, and higher rates of chronic heart failure in San Joaquin and Stanislaus Counties. Hispanics made up the largest proportion of high-risk diabetes cases in all seven counties. Black members had the same total number of cases as Whites for asthma in Sacramento County. See Tables 7-9 for detailed information.

Using MY2020 claims and encounter data, essential hypertension was once again the most commonly submitted claim for all members, followed by degenerative conditions of the spine. However, claims specific to respiratory conditions (failure, insufficiency, or arrest) accounted for the highest percentage of costs. In adults aged 19 years or more, 90% of diagnoses for the top 10 claims and costs mirrored those listed in MY2019. Among children and adolescents ages 2-18, COVID-related claims became part of a top 10 claim, categorized under "Viral Infection." Mood and anxiety disorders represent the most commonly reported mental health conditions for members, mirroring findings in MY2019.

Adverse Childhood Experiences (ACEs) are traumatic events experienced prior to age 18. Health Net screened a total of 18,646 unique members in MY2020. Of these, 4.7% had an ACE score of 4 or greater, indicating a high risk for toxic stress. While Los Angeles County had the highest number of screenings overall, Stanislaus had the highest proportion of high-risk assessments. Overall, adults were more likely to exhibit high-risk scores.

COVID-19 testing initiated as early as March 2020. Nearly 88,000 tests were conducted during MY2020, representing 63,525 unique members. Of these, an estimated 17.8% had a positive test. Nearly half of positive cases were registered among members aged 22-50. Sixty-nine percent of all COVID-19 cases were from Hispanic members, followed by Whites (11.3%) and Asian or Pacific Islanders (5.1%).

Members may self-report current health status using the Health Information Form (MY2020). Overall, MY2020 responses reflected less provider and emergency department visits since the previous year. Only 41% of respondents noted a provider visit within the past year, a 33% decrease since MY2019. High blood pressure was once again the most commonly reported health condition at 25%, followed by high cholesterol (19%) and arthritis (18%). Nearly 28% of members noted feeling down, depressed or hopeless at least several days during a 2-week period. Thirty percent of members struggled to pay for basic necessities (food, rent, bills and medicine), and an estimated 17% of responses made mention to at least some form of tobacco use during the past year.

Members with nicotine dependence were also identified using claims data. Statewide, an estimated 30,871 members were flagged as smokers (MY2020). The largest proportion of tobacco users stem from the 22-50 year age group (51.24%), followed by ages 51-65 (39.81%). White members had the highest proportion of nicotine dependence in five of seven counties. Hispanics led rates in Los Angeles and Tulare Counties, while rates for Black members were second highest in Sacramento County at 22.23%. Overall, more than half of all cases statewide came from Los Angeles County.

County assessment figures supplement Health Net's data to support a more comprehensive view of members' communities. Assessment findings note above state-average rates for adult smoking in all counties, and above average adult obesity rates (>24%). Chlamydia rates per 100k were highest in Kern and Sacramento Counties. Tulare County had the highest percentage of diagnosed diabetics, and San Joaquin led asthma prevalence rates with 22.8%. Specific to avoidable heart disease and stroke death rates, Kern County noted the highest rate with 80.3 per 100k, surpassing the state average of 50.7 per 100k. With exception to San Diego County, all other Medi-Cal areas also surpassed the state average. Tables 38-48 highlight community findings specific to Social Determinants of Health (SDoH). Air pollution was worst in Kern and Tulare Counties, with average air particulate matter concentrations above the national safety standard. Food insecurity is above the California average in six of seven counties, with Tulare County having the highest rate. San Diego County was the only region to outperform the state average in food security. And when looking at residence and community conditions, a majority of Health Net members statewide (75.8%) live in Healthy Places Index quartiles 3 or 4, scores that represent poorer community conditions overall.

Health Net Community Connect, powered by Aunt Bertha, is an online service that links members to free or reduced cost social services in the community. A total of 21,424 searches were completed during Measurement Year 2020, representing a 46% increase over the previous year. Housing instability, food insecurity, and health care populated as recurring themes among the top 10 most commonly searched terms.

Access to Care
Health Net utilizes various access to care metrics to measure performance. Findings from the Provider Appointment Availability Survey (PAAS; MY2020) show that, on average, Primary Care

Providers (PCP) surpassed performance goals for *Non-Urgent Appointments*, *Access to Physical Exams and Wellness Checks*, and *Access to First Prenatal Appointment*. Specialists did not meet the 80% performance goal for *Urgent Care Appointments* (57%), however met the goal for *Non-Urgent Appointments* (84%). OBGYN Specialists exceeded the benchmark for *Access to First Prenatal Appointment* (86%), and High-Impact specialists (Oncology) exceeded expectations for *Non-Urgent Appointments* (94%). Overall (all counties combined), Psychiatrists and NPMH providers did not meet the 90% performance goals for either of the *Urgent Care Appointments* and *Non-Urgent Appointments*. Improvements, however, are noted for three of the four measures when compared to MY2019 (Table 51). Ancillary Providers across all Health Net counties met and exceeded the 80% performance goal for non-urgent services within 15 business days of requests.

The Provider After-Hours Availability Survey (PAHAS; MY2020) uses two metrics to measure access to after-hours care. Providers in five of seven counties met performance goals for *Appropriate After-Hours Emergency Instructions*. No counties met performance goals for *Ability to contact on-call physician after-hours*.

The California Department of Health Care Services (DHCS) Timely Access Study (MY2019) monitors providers' ability to offer appointments that meet wait-time standards, using multiple survey touchpoints on a quarterly basis. On average, 73% of Health Net providers met non-urgent visit wait-time standards for all collected appointment times. The percentage of Health Net providers meeting urgent visit wait-time standards is lower at 50%. At the county level, Tulare had the highest overall compliance rates on both non-urgent and urgent visit wait-time standards.

Health Net members can rate their health care experience on a variety of measures via the Consumer Assessment of Healthcare Providers and Systems (CAHPS; MY2020) survey. Ratings overall increased in eight of 13 measures with a statistically significant rate improvement on *How Well Doctors Communicate*. Rates decreased slightly with *Getting Needed Care*, *Customer Service*, and *Coordination of Care*.

Health Net's Provider Access workgroup will continue to monitor these assessments and take necessary actions to improve provider performance. The Provider Access Workgroup's efforts are reported separately from the PNA.

Health Disparities
Disparity analyses were conducted using Health Net's MY2020 membership and HEDIS files, stratified by various demographic and socioeconomic characteristics. Health Net reviewed disparities specific to prevention and screening measures in counties with the highest member counts: Los Angeles, Sacramento and Tulare Counties. Analysis was segmented by race/ethnicity and spoken language. Additional county data may be found in **Appendices F-G**. In Los Angeles County, Blacks and American Indians/Alaskan Natives tend to score below the minimum performance level (MPL) when compared to other race/ethnicities. Hispanics were at or above the 50th percentile for Breast Cancer Screening (BCS), Cervical Cancer Screening (CCS; hybrid) and Chlamydia (CHL). White members met benchmarks for Chlamydia and Childhood Immunization Status-Combo3 (CIS-3; hybrid). Vietnamese-speaking members outperformed all other language groups, with only one measure below the MPL.

In Sacramento County, Black and White members generally scored lower than other groups, meeting or exceeding the MPL in only one measure. Asian or Pacific Islanders had better rates overall,

exceeding the MPL for BCS, CHL and Childhood Immunization Status-Combo 10 (CIS-10). When viewed by spoken language, Cantonese and Vietnamese speakers outperformed the other groups, with a majority of their rates above the 75th percentile. Russian members scored below the MPL across all prevention/screening measures, and below the 10th percentile for BCS and CIS-3.

Disparity patterns in Tulare County show that on average, Black and American Indian/Alaskan Native members underperform with Childhood Immunization Status measures. Hispanics were likely to meet the MPL for BCS and CCS measures, while Asian or Pacific Islanders rates were below the MPL on those same measures. By spoken language, Spanish speakers outperformed the other groups, with only two measures below the MPL. Vietnamese-speaking members did not have rates above the MPL for any measure.

Statewide, members classified as likely homeless performed much lower than their counterparts on cardiovascular measures. When compared against performance on women's health measures, housing insecure members scored below the 25th percentile on all measures except Chlamydia, where the rate was above the 90th percentile.

Health Education, Cultural and Linguistic Services, and Quality Improvement Gap Analysis
PNA findings highlight Health Education opportunities in multiple areas. Various data sources flagged mental health as a continued need with mood, anxiety and depression being common themes. Tobacco use was self-reported by 17% of members in MY2020 with claims data acknowledging the highest rates among the 22-50 year age group. Community data also acknowledged high smoker rates across all Health Net counties, each above the California average. Hypertension was acknowledged as a top 10 claim and cost, and a self-reported condition among 25% of Health Information Form respondents. Furthermore, community data highlight six of seven Medi-Cal counties with above state average rates of avoidable heart disease and stroke deaths, conditions often associated with hypertension. Lastly, food insecurity was also a common theme throughout the assessment with 30% of members self-reporting a struggle to pay for basic necessities, such as food and medications. County-based data show that six of seven Health Net Counties had food insecurity rates that exceeded the state average.

Cultural and Linguistic Services found a utilization increase in telephone interpretation services. A decrease, however, is noted among face-to-face and sign-language services, which correlates with the challenges experienced through the COVID-19 pandemic. The Bilingual Call Center, an in-house service with certified, bilingual staff, had a 4% increase in the number of calls when compared to MY2019. Geographic analysis of Health Net's contracted provider network exposed areas where gaps exist between the language need of the member and the language offered by the provider. These gaps were confirmed in every county for PCPs and specialists. Barriers were most common for the Cantonese, Cambodian (Khmer), and Korean languages in at least six counties. A linguistic gap for Tagalog was identified in Kern County only.

Quality Improvement identified areas needing additional support. 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 were below the 50th percentile in five of seven counties. In Sacramento County, Russian speakers scored below the 10th percentile for CIS-3. Among the five measures under women's health, Breast Cancer Screening was consistently below the benchmark across all Health Net Counties. Cervical Cancer Screening and Timeliness of Prenatal Care measures did not meet performance levels in six of the seven counties. In Sacramento County, Russian speakers

again scored below the 10th percentile, but for Breast Cancer Screenings. Comprehensive Diabetes Care – HbA1c Poor Control (>9%) and Antidepressant Medication Management – Effective Continuation Phase Treatment are the most recurring adult and chronic health measures statewide below the 50th percentile, each populating in at least 6 counties.

Action Plan and Stakeholder Engagement

Due to COVID-19, various programs, services, and implementation timeframes were challenged during Measurement Year 2020. Nonetheless, Health Net adapted to meet the needs of members at every opportunity. In reviewing progress updates to last year's action plan objectives, Health Education surpassed utilization enrollment goals for the myStrength program by 492%. Cultural and Linguistic Services trained 82% of provider-facing departments, exceeding last year's objective to increase awareness of available language assistance services and resources. Unfortunately, due to the effects of the COVID-19 pandemic, Quality Improvement was forced to halt activities toward their cervical cancer screening rate objective. DHCS discontinued the 2020 Performance Improvement Project process as part of the safer-at-home mandate.

As part of the 2021-2022 action plan, Health Education will continue to build momentum on connecting members with mental health resources, choosing to monitor and increase myStrength utilization. Activities include member promotion, provider and staff training, and platform enhancements with myStrength staff. Cultural and Linguistic Services will aim to reduce member language barriers and improve access to care through a new Video Remote Interpreting (VRI) Services pilot. Quality Improvement will focus on increasing breast cancer screening rates within the Russian community in Sacramento County, using family awareness campaigns and identifying culturally appropriate materials for providers and members.

Health Net will continue to leverage the support of Community Advisory Committee (CAC) participants to receive input on PNA development and action plan implementation. One or more communication channels will be considered to inform Health Net providers of PNA highlights and recommendations. Examples include Provider Updates via email or fax, on-site visits at provider locations, and community provider lunch & learns.

DATA SOURCES

A variety of internal and external 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, disparities, and overall action plans. Primary data sources include claims and encounters, membership enrollment datasets, health program utilization, quality improvement projects, and member surveys. Secondary sources, such as state and county health assessments, allow for data comparisons on health indicators and morbidity rates.

Membership Data, December 2020

Health Net's membership profile was developed using data as of December 2020, which included both active and termed members for the calendar year. This timeframe was selected to keep the membership analysis consistent with HEDIS and disparity analysis. Various demographic attributes are reviewed across all Health Net counties (Kern, Tulare, Los Angeles, Sacramento, San Diego, San Joaquin and Stanislaus). In addition to demographics, member characteristics observed include Seniors and Persons with Disabilities (SPD), Limited English Proficiency (LEP), housing insecurity (likely homeless), and Social Determinants of Health (SDoH).

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 the plan monitor and evaluate the quality and accessibility of care and services extended by Medi-Cal Managed Care Plans (MCPs). Health Net'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, MY2020

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, laboratory results, and Utilization Management. These sources helped inform the following used in this assessment:

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

Health Information Form, MY2020

The Health Information Form is a questionnaire that helps identify self-reported member needs and services. It is included in the new member welcome packet. Seniors and Persons with Disabilities (SPD) members receive telephonic outreach to assist form completion. Sections include Global Health (perceived health rating, provider visit frequency, hospital and ED visits, and flu shots), Physical Health (self-reported health conditions), Behavioral Health (self-reported instances of depression, anxiety, and anti-psychotic medication) and Activities of Daily and Independent Living (stable housing and income for basic necessities). A total of 17,699 forms were completed throughout Measurement

Year 2020. Responses help Health Net identify service opportunities for frequently reported member needs.

Health Disparity Data, MY2019 and MY2020
Health disparity data flag gaps in the delivery of quality care, performance on quality metrics, and barriers due to race/ethnicity, age, housing status, spoken language, Limited English proficiency, geography and other broader Social Determinants of Health (SDoH) factors. Health Net's disparity analysis supplements the Department of Health Care Services (DHCS) MY2019 disparity data with updated internal findings, shaping the disparity highlights used within this assessment. Data sources include:

- *Department of Health Care Services (DHCS) Health Disparity Data, MY2019.* Health Services Advisory Group (HSAG) compiled unweighted Managed Care Health Plan (MCP) External Accountability Set indicator data collected for reporting year 2020, and member-level DHCS demographic information to create stratified rates.

- Health Net membership and HEDIS data (MY2020), stratified by various demographic and socioeconomic characteristics. HEDIS quality measures with significant disparities in performance are flagged for review and discussion, and compared to the highest performing racial/ethnic group. Overall compliance rates and national 50th percentile benchmarks are noted.

- Publicly available datasets including the Healthy Places index, Census demographic data and Census TIGERline shapefiles.

Consumer Assessment of Healthcare Providers and Systems (CAHPS), MY2020
Health Net's administered CAHPS survey seeks to measure health care consumers' experiences with the quality of care and customer service provided by their health plan. Findings from standardized questions help guide improvement strategies, aimed at meeting member expectations and preferences. Survey administration methodology included a mail and internet protocol, reaching adult members 18 years and older who had been continuously enrolled in the plan for at least five of the last six months in the measurement year. Initiated in February 2020, a total of 369 eligible Health Net members (8.2% survey response rate) helped validate our continued improvement in various CAHPS measures when compared to previous reporting timeframes.

Timely Access Reports, MY2019-2020
Access to care standards monitor members' timely access for medical and behavioral health care within specific time-elapsed standards. Metrics include urgent and non-urgent appointments, after-hours availability, preventive visits/wellness checks, and access by provider type. Results inform rates of compliance, allowing for recommendations that improve appointment availability for members within timely timeframes. Data collection methodologies include:

- *Department of Managed Health Care Provider Appointment Availability Survey (PAAS), August-December 2020.* California Department of Managed Health Care (DMCH) contracted with Sutherland Health Care Solutions to administer the survey via fax and telephone to assess providers' appointment availability. A total of 825 Primary Care Providers (68.2% response rate), 441 Specialists (80.9% response rate), 112 Ancillary Providers (94.9% response rate), 525 Non-

Physician Mental Health (NPMH) providers (87.1% response rate) and 153 Psychiatry practice professionals (69.2% response rate) completed the survey.

Members receive behavioral health services through the Managed Health Network (MHN)'s network of behavioral health care providers. The Psychiatry and Non-Physician Mental Health (NPMH) provider sample have their own performance standards specific to access.

Through Sutherland Health Care Solutions, Health Net administered a separate PAAS to capture appointment access among a wider group of in-network, contracted specialists (random sample). Using the same survey items, responses include 1,431 Medi-Cal Specialists (60.7% response rate) and 119 High Impact Specialists (Oncology; 74.4% response rate). Findings presented in the PNA include results from both sets of surveys.

- *Provider After-Hours Availability Survey (PAHAS), December 2020.* Sutherland Health Care Solutions administered this telephonic survey resulting in a total of 1,558 responses were collected (97% response rate) to determine providers' after-hours availability.

- *Department of Health Care Services Timely Access Study, MY2019.* This study measures providers' ability to offer appointments that meet wait-time standards. Vendors Health Services Advisory Group, Inc. (HSAG) and DataStat assessed a total of 570 Health Net providers for compliance with non-urgent wait-time standards, and 391 providers for urgent wait-time standards. Assessments were conducted quarterly throughout 2019. Note: Due to COVID-19 limitations, the DHCS Timely Access Study was placed on hold for 2020. Measurement Year 2019 data are presented in its place.

Language Assistance Program (LAP), MY2013-2020
LAP offers a variety of language support services, such as culturally and linguistically-appropriate material translations and interpreter support services for members, contracted providers, 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 flag 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 Net Community Connect, MY2020
Health Net Community Connect is an online service that connects members to free or reduced cost social services in their communities. Supported by Aunt Bertha, website analytics help identify trends in emerging Social Determinants of Health by monitoring, tallying and categorizing member searches (n=21,424). Measurement Year 2020 findings helped Health Net assess the SDoH needs of members.

Health Education Programs & Services Utilization, MY2020
Health Education resources promote positive lifestyle behaviors and encourage timely preventive care health services. Programs and services offer culturally and linguistically appropriate materials, covering a variety of health education topics. Utilization data reference 2020 program enrollments and community class participation.

County Data Sources, MY2013-2019

Community health assessments offer insight to county-wide health outcomes and morbidity trends. When compared to the health status of Health Net members on various health indicators, such as tobacco use, obesity and diabetes, it helps inform the progress of current interventions and opportunities for improvement. Latest available data sources include:

- *Robert Wood Johnson Foundation - County Health Rankings, RY2021*
  County Health Rankings, made available by the Robert Wood Johnson Foundation, provides community health snapshots on various health measures at the county level (updated yearly). Health rankings are assigned by utilizing a model of population health, considering attributes such as policies and programs (local, state and federal), health factors (health behaviors, clinical care, social and economic attributes, and physical environment), and health outcomes (length and quality of life).

  County data snapshots were accessed from www.countyhealthrankings.org in June 2021. Data sources within these snapshots range from 2013-2019, and come from the following: Behavioral Risk Factor Surveillance System (BRFSS), US Diabetes Surveillance System, CDC's National Environmental Public Health Tracking Network, EPA's Safe Drinking Water Information System (SDWIS), Comprehensive Housing Affordability Strategy (CHAS) data, American Community Survey (ACS), and the National Center for HIV/AIDS, Viral Hepatitis, STD and TB Prevention (NCHHSTP).

- *Centers for Disease Control and Prevention (CDC) - U.S. Diabetes Surveillance System, 2017*
  The CDC Division of Diabetes Surveillance supports a data-based dashboard at the national, state, and county level. Drawing from the National Health Interview Survey, it reports on diagnosed diabetes prevalence within the US population with the ability to stratify by age and race. Rates are reviewed for each of Health Net's member counties.

- *CDC Interactive Atlas of Heart Disease and Stroke, 2016-2018*
  The CDC Interactive Atlas of Heart Disease and Stroke application was developed for the Division for Heart Disease and Stroke Prevention (DHDSP) of the CDC. Created as an interactive mapping application, it identifies heart disease and stroke data at the geographic level, such as county and zip codes. Avoidable heart disease and stroke death rates are reviewed for each of Health Net's seven counties, and compared to the statewide CA average.

- *California Department of Public health, California Breathing - County Asthma Data Tool, 2017-2018*
  California Breathing's data tool uses an interactive platform to view lifetime or active asthma prevalence by county. Rates may be narrowed by age group and compared to the statewide prevalence. Core data are obtained from the California Health Interview Survey (CHIS), a statewide telephone survey managed by the UCLA Center for Health Policy Research. Asthma rates for each of Health Net's counties are reported for all ages.

- *National Institutes of Health - National Cancer Institute, State Cancer Profiles, 2013-2017*
  Data reviewed highlight breast cancer incidence rates per 100k at the county level. Output characteristics reflect all races, all ages, and all cancer stages, contained within a 5-year average. Rates are reported for each of Health Net's seven counties.

- *U. S. Census Bureau, American Community Survey (ACS), Economic Characteristics, Employment Status, Civilian Labor Force, Housing Instability, Individuals by Education Level, 2019*
  Conducted by the U.S. Census Bureau, the ACS gathers information on employment, housing, income, food insecurity, and educational attainment, to name a few. Data are obtained yearly from a countrywide sample of over 3.5 million households. The data are used within this PNA to inform on various social determinants of health indicators at the county level.

- *United States Congress Joint Economic Committee, Social Capital Index Percentiles, 2013-2016*
  Social Capital refers to the availability of social networks and relationships within a community, allowing its members the ability to work together in an effective and productive manner for a mutual benefit. Evidence suggests that the availability of these networks and relationships can be a predictor of good health.[1] The Social Capital Index (SCI) places a numeric value on productive Social Capital by geography, allowing for comparisons at the state and county level. The SCI is reviewed for each of Health Net's counties.

- *Feeding America - Map the Meal Gap, 2019*
  Food insecurity and food costs are obtained through Feeding America's Map the Meal Gap study. Interactive maps allow for data generation at the state, county and congressional district levels. Rate estimates draw from various data sources, such as the Current Population Survey (CPS), American Community Survey (ACS), and the Bureau of Labor Statistics (BLS). Variables used include median income, unemployment rates, poverty rates, and homeownership.

- *Office of the Secretary of State of California, Voter Turnout Rates, 2020*
  2020 Election statistics came from the Office of the Secretary of State of California. Election data captured stem from the November 3, 2020 general election, reviewed at the county level for each of Health Net's Medi-Cal counties.

- *California Air Resources Board, iADAM: Air Quality Data Statistics; U.S. Environmental Protection Agency, 2015-2019*
  Particulate Matter (PM2.5) trends (Dec. 2020) were accessed from Kidsdata.org. Average concentrations in the air were reviewed for each of Health Net's Medi-Cal counties.

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[1] Annahita Ehsan, Hannah Sophie Klaas, Alexander Bastianen, Dario Spini, (2019). Social capital and health: A systematic review of systematic reviews, SSM - Population Health, Volume 8, Page 14-15. https://doi.org/10.1016/j.ssmph.2019.100425.

KEY DATA ASSESSMENT FINDINGS

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

MEMBERSHIP / GROUP PROFILE

The membership profile was developed using December 2020 data,[2] which includes both active and termed members for the calendar year. Key demographic characteristics include geographic distribution, sex, race/ethnicity, age, Seniors and Persons with Disabilities (SPD), spoken language, Limited English Proficiency (LEP) counts, and housing insecurity. Please reference **Appendices A - C** for complete membership profile details by county.

Membership Distribution

Health Net had 1,571,750 Medi-Cal members across seven counties. This is a 9% decrease since December 2018. Los Angeles has the largest proportion of the membership at 68%. Each of the remaining counties have less than 9% of the membership distribution.

SACRAMENTO TOTAL MEMBERS: 126,081

SAN JOAQUIN TOTAL MEMBERS: 24,966

STANISLAUS TOTAL MEMBERS: 68.986

TULARE TOTAL MEMBERS: 121.09

KERN TOTAL MEMBERS: 77,659

LOS ANGELES TOTAL MEMBERS: 1,068,369

SAN DIEGO TOTAL MEMBERS: 84,590

Sex

The sex distribution is nearly even across all counties. In Los Angeles, females make up 54% of county members, followed by 53% in Tulare County. Males make up between 46-50% of members in the remaining counties.

Overall, females account for nearly 53% of Health Net's total membership.

834,178
53.1%

737,572
46.9%

FEMALES

MALES

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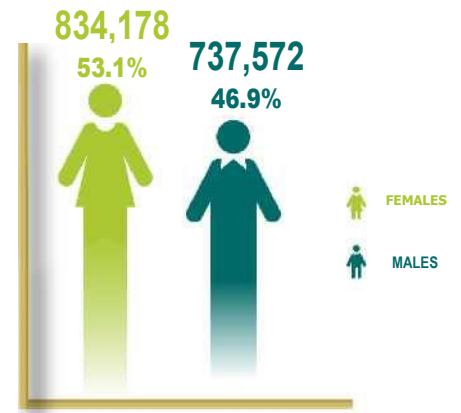
[2] Total includes active and termed members in 2020. Data were extracted in March 2021 from the health plan's Operational Data Warehouse (ODW).

Age

Nearly 47% of the total Health Net Medi-Cal membership is between the ages of 22 and 65 years, and 42% under the age of 22. Members in the 66 and older age group make up the smallest proportion of members with nearly 11% of the total membership. Compared to the previous reporting period, the number of members under 22 years dropped by nearly 14%. Members 66 and older increased by nearly 5%.

Under 22 Years
(N=664,073)
42.3%

22-65 Years
(N=736,881)
46.9%

66+ Years
(N=170,796)
10.9%
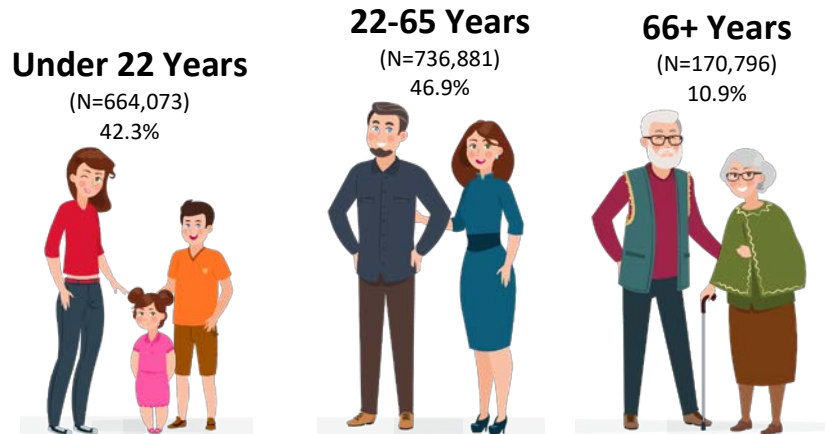
Table 1: Health Net Membership Data - Age Groups by County, December 2018 & December 2020

	Kern	Los Angeles	Sacramento	San Diego	San Joaquin	Stanislaus	Tulare	2018	2020
Age Group	**77,659**	**1,068,369**	**126,081**	**84,590**	**24,966**	**68,986**	**121,099**	**1,727,486**	**1,571,750**
0-13 Years	22,239 (28.6%)	253,879 (23.8%)	35,173 (27.9%)	21,451 (25.4%)	6,729 (27.0%)	19,801 (28.7%)	40,359 (33.3%)	499,575 (28.9%)	399,631 (25.4%)
14-21 Years	13,940 (18.0%)	175,770 (16.5%)	20,061 (15.9%)	14,035 (16.6%)	4,203 (16.8%)	13,597 (19.7%)	22,836 (18.9%)	269,349 (15.6%)	264,442 (16.8%)
22-50 Years	28,224 (36.3%)	347,217 (32.5%)	47,051 (37.3%)	27,121 (32.1%)	9,906 (39.7%)	24,741 (35.9%)	40,770 (33.7%)	564,173 (32.7%)	525,030 (33.4%)
51-65 Years	10,332 (13.3%)	148,751 (13.9%)	17,564 (13.9%)	10,326 (12.2%)	3,300 (13.2%)	8,462 (12.3%)	13,116 (10.8%)	231,478 (13.4%)	211,851 (13.5%)
66+ Years	2,924 (3.8%)	142,752 (13.4%)	6,232 (4.9%)	11,657 (13.8%)	828 (3.3%)	2,385 (3.5%)	4,018 (3.3%)	162,911 (9.4%)	170,796 (10.9%)

Race/Ethnicity
(n=1,571,750)

White (16.0%)
American Indian/ Alaskan Native (0.2%)
Asian/Pacific Islander (11.3%)
Black (8.7%)
Unknown (8.4%)
Other (1.8%)
Hispanic (53.5%)
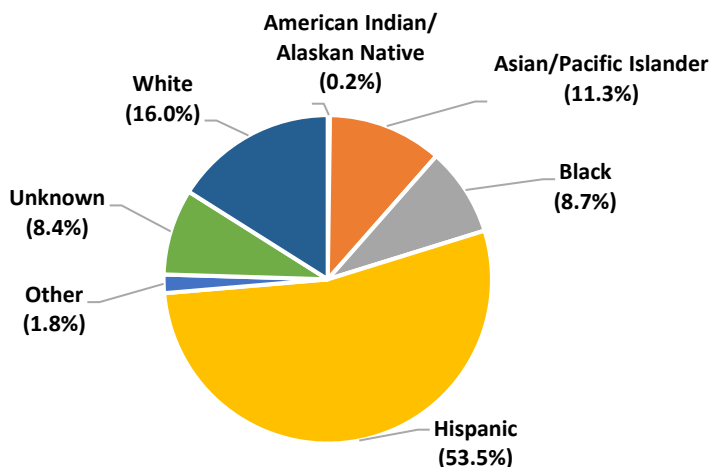
ALL MEMBERS

Nearly 54% of Health Net's membership identify as Hispanic, 16% as White, 9% as Black, and 11% as Asian/Pacific Islander. Less than 11% percent are unknown or other.

In the table below (Table 2), Hispanics make up the largest group in six of seven counties. In Sacramento County, White members have the highest proportion at 26.1%, and 2nd highest counts in the remaining six counties. Black representation is 3rd highest in Kern County at 7.4%. Asian or Pacific Islander membership is 3rd highest in the other six counties. Overall rates by race/ethnicity have remained consistent for Health Net as a whole since December 2018.

Table 2: Health Net Membership Data - Race/Ethnicity by County, December 2018 & December 2020

	Kern	Los Angeles	Sacramento	San Diego	San Joaquin	Stanislaus	Tulare	2018	2020
R/E	77,659	1,068,369	126,081	84,590	24,966	68,986	121,099	1,727,486	1,571,750
Hispanic	43,614 (56.2%)	604,395 (56.6%)	26,710 (21.2%)	31,675 (37.4%)	10,384 (41.6%)	35,565 (51.6%)	89,128 (73.6%)	920,937 (53.3%)	841,471 (53.5%)
White	17,859 (23.0%)	139,475 (13.1%)	32,966 (26.1%)	21,836 (25.8%)	5,179 (20.7%)	18,609 (27.0%)	15,807(13.1%)	283,401 (16.4%)	251,731 (16.0%)
API	2,590 (3.3%)	131,544 (12.3%)	23,260 (18.4%)	8,803 (10.4%)	3,022 (12.1%)	3,843 (5.6%)	4,479 (3.7%)	200,320 (11.6%)	177,541 (11.3%)
Black	5,766 (7.4%)	102,089 (9.6%)	17,726(14.1%)	4,752 (5.6%)	2,688 (10.8%)	2,548 (3.7%)	1,723 (1.4%)	152,212 (8.8%)	137,292 (8.7%)
AI/AN*	221 (0.3%)	1,187 (0.1%)	734 (0.6%)	283 (0.3%)	99 (0.4%)	155 (0.2%)	704(0.6%)	4,024 (0.2%)	3,383 (0.2%)
Other	1,750 (2.3%)	19,749 (1.8%)	1,522 (1.2%)	1,414 (1.7%)	565 (2.3%)	2,189 (3.2%)	1,092 (0.9%)	1,646 (0.1%)	28,281 (1.8%)
Unknown	5,859 (7.5%)	69,930 (6.5%)	23,163 (18.4%)	15,827 (18.7%)	3,029 (12.1%)	6,077 (8.8%)	8,166 (6.7%)	164,946 (9.5%)	132,051 (8.4%)

*American Indian / Alaskan Native

Seniors and Persons with Disabilities (SPD)

Seniors and Persons with Disabilities (SPD) make up 17.1% of Health Net's Medi-Cal membership (n=268,895). The rate is highest in San Diego County with 20.3% of its membership, followed by Los Angeles (19.1%), Sacramento (13.7%) and Kern (11.9%) Counties. Stanislaus, Tulare, and San Joaquin Counties note counts under 11%.

SPOKEN LANGUAGE

English is the preferred spoken language among 62.6% of all Health Net Medi-Cal members. Spanish represents nearly 28%, followed by Cantonese with 1.4%.
Within Sacramento County, Russian (5.9%), Hmong (2.7%), and Vietnamese (2.7%) are the preferred spoken languages behind English and Spanish.

Other / Unknown (1.7%)
Hmong (White) (0.2%)
Cambodian, Khmer (0.3%)
Tagalog (0.3%)
Farsi. Parsian, Persian (0.4%)
Korean, Choson-0 (0.8%)
Russian (0.8%)
Vietnamese (1.2%)
Armenian, Hayeren (1,2%)
Mandarin (1.3%)
Cantonese (1.4%)
English (62.6%)
Spanish (27.8%)
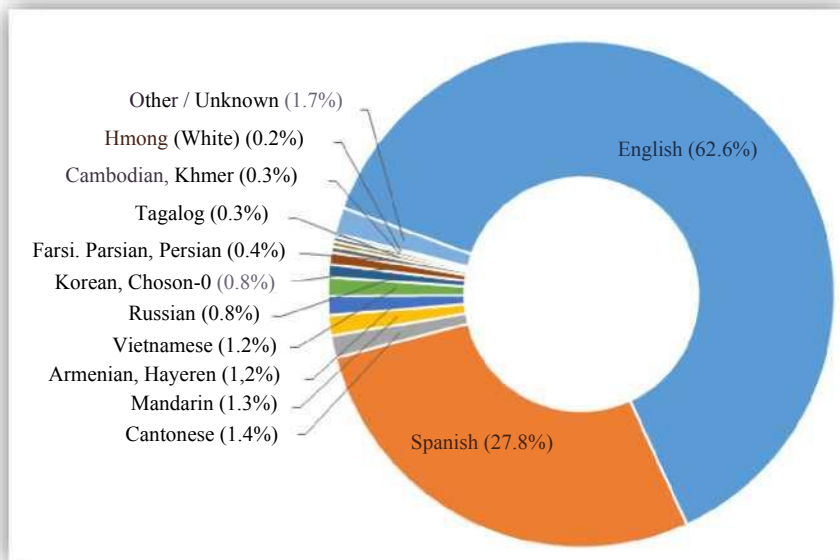
Limited English Proficiency

Thirty-six percent (36%) of Health Net's Medi-Cal members are Limited English proficient (LEP' rate that is consistent with December 2018 data. LEP individuals do not speak English as their primary language, and have a limited ability to read, speak, write, or understand English. Los Angeles County has the highest proportion of LEP members at 39.6%, followed by Tulare County at 38.2% (n=46,293).

Table 3: Health Net Membership Data - Limited English Proficiency by County, December 2018 & December 2020

	Kern	Los Angeles	Sacramento	San Diego	San Joaquin	Stanislaus	Tulare	2018	2020
LEP	19,742(25.4%)	423,447 (39.6%)	36,112 (28.6%)	20,751 (24.5%)	4,536 (18.2%)	16,483 (23.9%)	46,293 (38.2%)	621,117 (36.0%)	567,364(36.1%)

Housing Status

Poor housing conditions correlate to multiple adverse health outcomes in both children and adults[3]. An estimated 6.3% of all Health Net members do not have adequate housing or are likely homeless[4]. At the county level, San Joaquin and Stanislaus continue to have the highest rates, each above 7%.

Geographic Classification

Place of residence influences various aspects of health, particularly in access to care. Rural areas tend to have fewer physicians and health care resources, and often report higher incidences of premature death from the leading causes of death[5]. Among Health Net's membership, a large majority of Medi-Cal members live in an urban area[6] (72.4%), and an additional 8% in a suburban area. At the county level, over 90% of members in Los Angeles and Sacramento Counties live in either an urban or suburban area. A high proportion of members live in a rural or frontier-type geography in Kern (70.3%) and Tulare Counties (86.8%). Please see **Appendix C** for additional details.

80% of Health Net **URBAN/ SUBURBAN** **18%** of Health Net **RURAL/ FRONTIER**

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[2] US Housing Insecurity and the Health of Very Youth Children: https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3134514/; Accessed May 2021

[4] Members are categorized as likely to be homeless 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-IO-CM Code Z59.0.

[5] National Center for Chronic Disease Prevention and Health Promotion: https://www.cdc.gov/chronicdisease/resources/publications/factsheets/rural-health.htm ; Accessed May 2021.

[6] Urban - Zip Codes containing a population of more than 3,000 people per square mile.

Note: Geographic classification rates in MY2020 is based on population density by zip codes, resulting in a noticeable percentage shift when compared to the previous reporting period. MY2019 used U.S. census methodology of urban, suburban, and rural classifications.

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. Health Net uses the following sources to gauge levels of performance and opportunities for improvement.

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

Please note that the negative effects of the COVID-19 pandemic were observed across many HEDIS metrics during MY2020, resulting in lower performance for some measures. Health Net anticipates DHCS will extend additional benchmark data across all Medi-Cal plans for further evaluation.

Using MY2020 data, Health Net's HEDIS outcomes are categorized into three areas: *Pediatric Health, Women's Health and Adult + Chronic Health*. Under Pediatric Health (Table 4), nine measures are captured for review. Tulare County had the most favorable outcomes, noting two measures under the 50th percentile. Kern County had all nine measures below the MPL. Across all counties, two measures were consistently below the 50th percentile; Well-Child Visits in the First 30 Months of Life – 0 to 15 Months (W30-15) and Child and Adolescent Well-Care Visits (WCV).

Pediatric Measures

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

Table 4: HEDIS - Pediatric Health Measures, MY2020

	Total Measures	# below 50th Percentile	% below 50th Percentile	Measures below 50th Percentile
Sacramento	9	3	33%	CIS-10, W30-15, WCV
San Diego	9	3	33%	IMA-2, W30-15, WCV
Kern	9	9	100%	APM, CIS-10, IMA-2, WCC-BMI, WCC-N, WCC-PA, WCV, W30-15, W30-30
Los Angeles	9	5	56%	APM, CIS-10, W30-15, W30-30, WCV
San Joaquin	9	7	78%	CIS-10, IMA-2, W30-15, W30-30, WCC-N, WCC-PA, WCV
Stanislaus	9	7	78%	CIS-10, IMA-2, W30-15, W30-30, WCC-N, WCC-PA, WCV
Tulare	9	2	22%	W30-15, WCV

■ >=80% of measures in category are below 50th Percentile   ■ <=20% of measures in category are below 50th Percentile

Five measures are grouped under Women's Health. Tulare County continues to lead in outcomes across all counties with only one measure (BCS) below the 50th percentile benchmark. The remaining six counties had at least four of five measures below the MPL. Statewide, Breast Cancer Screening was consistently below the benchmark. Cervical Cancer Screening and Timeliness of Prenatal Care did not meet performance levels in six of the seven counties.

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

Table 5: HEDIS - Women's Health Measures, MY2020

	Total Measures	# below 50th Percentile	% below 50th Percentile	Measures below 50th Percentile
Sacramento	5	4	80%	BCS, CCS, PPC- Prenatal, PPC- Postpartum
San Diego	5	5	100%	BCS, CCS, CHL, PPC- Prenatal, PPC- Postpartum
Kern	5	5	100%	BCS, CCS, CHL, PPC- Prenatal, PPC- Postpartum
Los Angeles	5	4	80%	BCS, CCS, PPC- Prenatal, PPC- Postpartum
San Joaquin	5	5	100%	BCS, CCS, CHL, PPC- Prenatal, PPC- Postpartum
Stanislaus	5	4	80%	BCS, CCS, CHL, PPC- Prenatal
Tulare	5	1	20%	BCS

■ >=80% of measures in category are below 50th Percentile   ■ <=20% of measures in category are below 50th Percentile

The Adult and Chronic Health group incorporates six measures (Table 6). San Diego County had the best performance, meeting benchmarks on five of six measures. San Joaquin and Tulare Counties missed the MPL on three measures. Comprehensive Diabetes Care – HbA1c Poor Control (>9%) and Antidepressant Medication Management – Effective Continuation Phase Treatment are the most recurring measures statewide below the 50th percentile, each populating in at least 6 counties.

- **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 6: HEDIS - Adult + Chronic Health (AH) Measures, MY2020

	Total Measures	# below 50th Percentile	% below 50th Percentile	Measures below 50th Percentile
Sacramento	6	4	67%	AMM-A, AMM-C, CBP, CDC-H9
San Diego	6	1	17%	CDC-H9
Kern	6	5	83%	AMM-C, AMR, CBP, CDC-H9, SSD
Los Angeles	6	5	83%	AMM-A, AMM-C, AMR, CDC-H9, SSD
San Joaquin	6	3	50%	AMM-C, CBP, CDC-H9
Stanislaus	6	5	83%	AMM-C, AMR, CBP, CDC-H9, SSD
Tulare	6	3	50%	AMM-A, AMM-C, SSD

>=80% of measures in category are below 50th Percentile	<=20% of measures in category are below 50th Percentile

Please reference **Appendix D** for a comprehensive overview of percentile ratings by measure.

High Risk Chronic Health Conditions

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

High Risk Member Selection Criteria

Outpatient Surgery (OPS)	3 or More OPS in last 12 Months
Emergency Room (ER) - 3 Months	2 or More ER Visit in last 3 Months
ER- 6 Months	3 or More ER Visit in last 6 Months
ER- 12 Months	5 or More ER Visit in last 12 Months
Inpatient Admit (Acute)	More Than 1 in last 12 Months
Ambulatory Care Sensitive Condition Admit	Any in last 12 Months
Catastrophic Admit	Any in last 12 Months
Population Health Category	_05b or Higher (New POP Health Category)
Chronic Conditions	Presence of 5 or More chronic conditions

In MY2020, a total of 12,675 Health Net members were identified within this high-risk category for asthma, chronic heart failure, and diabetes. Table 7 below notes counts by age and county. With the exception of Los Angeles County, asthma counts are highest among members aged 22-50 years. This mirrors findings from MY2019. Chronic heart failure is highest among adults 51+ years across all counties. Diabetes is more common among all adults 22+ years, but highest within the 22 – 50 years age group. Overall, counts for all three chronic conditions combined are highest for ages 66+ in Los Angeles and San Diego Counties, and 22-50 years in Sacramento, Kern, Tulare, Stanislaus and San Joaquin Counties.

Table 7: Claims/Encounter Data – Chronic Conditions by Age (All Counties), MY2020

	Asthma	Chronic Heart Failure	Diabetes	Total
Kern	**372**	**172**	**204**	**748**
0-13 Years	30 (8.1%)	0	2 (1.0%)	32
14-21 Years	30 (8.1%)	1 (0.6%)	6 (2.9%)	37
22-50 Years	167 (44.9%)	34 (19.8%)	112 (54.9%)	313
51-65 Years	125 (33.6%)	99 (57.6%)	73 (35.8%)	297
66+ Years	20 (5.4%)	38 (22.1%)	11 (5.4%)	69
Los Angeles	**2,501**	**4,782**	**807**	**8,090**
0-13 Years	86 (3.4%)	1 (<0.1%)	4 (0.5%)	91
14-21 Years	74 (3.0%)	1 (<0.1%)	10 (1.2%)	85
22-50 Years	489 (19.6%)	100 (2.1%)	308 (38.2%)	897
51-65 Years	429 (17.2%)	457 (9.6%)	267 (33.1%)	1,153
66+ Years	1,423 (56.9%)	4,223 (88.3%)	218 (27.0%)	5,864
Sacramento	**548**	**238**	**304**	**1,090**
0-13 Years	34 (6.2%)	1 (0.4%)	4 (1.3%)	39
14-21 Years	46 (8.4%)	1 (0.4%)	6 (2.0%)	53
22-50 Years	297 (54.2%)	46 (19.3%)	181 (59.5%)	524
51-65 Years	140 (25.5%)	127 (53.4%)	95 (31.3%)	362
66+ Years	31 (5.7%)	63 (26.5%)	18 (5.9%)	112
San Diego	**256**	**421**	**146**	**823**
0-13 Years	3 (1.2%)	1 (0.2%)	1 (0.7%)	5
14-21 Years	10 (3.9%)	0	4 (2.7%)	14
22-50 Years	102 (39.8%)	31 (7.4%)	69 (47.3%)	202
51-65 Years	63 (24.6%)	84 (20.0%)	43 (29.5%)	190
66+ Years	78 (30.5%)	305 (72.4%)	29 (19.9%)	412
San Joaquin	**88**	**44**	**48**	**180**
0-13 Years	3 (3.4%)	0	0	3
14-21 Years	9 (10.2%)	1 (2.3%)	1 (2.1%)	11
22-50 Years	56 (63.6%)	10 (22.7%)	32 (66.7%)	98
51-65 Years	15 (17.0%)	22 (50.0%)	12 (25.0%)	49
66+ Years	5 (5.7%)	11 (25.0%)	3 (6.3%)	19
Stanislaus	**301**	**118**	**204**	**623**
0-13 Years	25 (8.3%)	0	0	25
14-21 Years	36 (12.0%)	1 (0.8%)	4 (2.0%)	41
22-50 Years	146 (48.5%)	31 (26.3%)	124 (60.8%)	301
51-65 Years	73 (24.3%)	56 (47.5%)	68 (33.3%)	197
66+ Years	21 (7.0%)	30 (25.4%)	8 (3.9%)	59
Tulare	**572**	**227**	**322**	**1,121**
0-13 Years	70 (12.2%)	0	1 (0.3%)	71
14-21 Years	56 (9.8%)	2 (0.9%)	6 (1.9%)	64
22-50 Years	252 (44.1%)	55 (24.2%)	217 (67.4%)	524
51-65 Years	163 (28.5%)	92 (40.5%)	87 (27.0%)	342
66+ Years	31 (5.4%)	78 (34.4%)	11 (3.4%)	120
Total	**4,638**	**6,002**	**2,035**	**12,675**

When viewed by race / ethnicity in Los Angeles County (Table 8), Whites (30.9%), Hispanics (25.6%), and Asian or Pacific Islanders (APIs; 20.3%) lead the counts among higher-risk asthmatics. Black members follow with 17.8%. Among members with chronic heart failure, White members account for 45.5% of counts, followed by APIs at 20.7%. Higher-risk diabetes is most prevalent among Hispanics with over half the counts.

In Sacramento County, Black and White members have the highest counts of asthma, each with 27.7%. As with Los Angeles, chronic heart failure is most common among White members (31.8%), followed by Blacks and APIs. White and Hispanic members each make up over 20% of all higher-risk diabetics within Sacramento County.

Table 8: Claims/Encounter Data – Chronic Conditions by Race/Ethnicity (Los Angeles & Sacramento Counties), MY2020

	Asthma	Chronic Heart Failure	Diabetes	Total
Los Angeles	**2,501**	**4,782**	**807**	**8,090**
Alaskan Native or American Indian	5 (0.2%)	10 (0.2%)	1 (0.1%)	16
Asian or Pacific Islander	508 (20.3%)	988 (20.7%)	96 (11.9%)	1,592
Black	444 (17.8%)	376 (7.9%)	112 (13.9%)	932
Hispanic	640 (25.6%)	961 (20.1%)	415 (51.4%)	2,016
Other / Unknown	130 (5.2%)	269 (5.6%)	55 (6.8%)	454
White	774 (30.9%)	2,178 (45.5%)	128 (15.9%)	3,080
Sacramento	**548**	**238**	**304**	**1,090**
Alaskan Native or American Indian	6 (1.1%)	2 (0.8%)	3 (1.0%)	11
Asian or Pacific Islander	39 (7.1%)	40 (16.8%)	39 (12.8%)	118
Black	152 (27.7%)	46 (19.3%)	58 (19.1%)	256
Hispanic	78 (14.2%)	21 (8.8%)	72 (23.7%)	171
Other / Unknown	121 (22.1%)	57 (23.9%)	69 (22.7%)	247
White	152 (27.7%)	72 (30.3%)	63 (20.7%)	287

Hispanic and White members have the highest rates for all three chronic conditions in the other five counties (Tulare, Kern, Stanislaus, San Joaquin and San Diego). Similar to MY2019, Hispanic members continue to have the highest counts in all five counties for diabetes. White members note the highest cases of chronic heart failure in four of five counties, and highest counts for Asthma in San Diego and Kern Counties.

Black members make up the 3rd highest count for asthma in Kern, San Diego and San Joaquin Counties. APIs have the 3rd highest counts for chronic heart failure in four of five counties, and 3rd highest count for asthma in Stanislaus. Additional details by race/ethnicity are noted in Table 9.

Table 9: Claims/Encounter Data – Chronic Conditions by Race/Ethnicity (Tulare, San Diego, Kern, San Joaquin, & Stanislaus Counties), MY2020

	Asthma	Chronic Heart Failure	Diabetes	Total
Kern	**372**	**172**	**204**	**748**
Alaskan Native or American Indian	3 (0.8%)	0	1 (0.5%)	4
Asian or Pacific Islander	9 (2.4%)	8 (4.7%)	7 (3.4%)	24

Black	65 (17.5%)	20 (11.6%)	18 (8.8%)	103
Hispanic	125 (33.6%)	62 (36.0%)	97 (47.5%)	284
Other / Unknown	19 (5.1%)	7 (4.1%)	12 (5.9%)	38
White	151 (40.6%)	75 (43.6%)	69 (33.8%)	295
San Diego	**256**	**421**	**146**	**823**
Alaskan Native or American Indian	2 (0.8%)	2 (0.5%)	1 (0.7%)	5
Asian or Pacific Islander	24 (9.4%)	70 (16.6%)	7 (4.8%)	101
Black	34 (13.3%)	46 (10.9%)	7 (4.8%)	87
Hispanic	48 (18.8%)	96 (22.8%)	43 (29.5%)	187
Other / Unknown	71 (27.7%)	73 (17.3%)	46 (31.5%)	190
White	77 (30.1%)	134 (31.8%)	42 (28.8%)	253
San Joaquin	**88**	**44**	**48**	**180**
Alaskan Native or American Indian	3 (3.4%)	1 (2.3%)	0	4
Asian or Pacific Islander	6 (6.8%)	4 (9.1%)	4 (8.3%)	14
Black	18 (20.5%)	3 (6.8%)	9 (18.8%)	30
Hispanic	29 (33.0%)	10 (22.7%)	16 (33.3%)	55
Other / Unknown	8 (9.1%)	11 (25.0%)	7 (14.6%)	26
White	24 (27.3%)	15 (34.1%)	12 (25.0%)	51
Stanislaus	**301**	**118**	**204**	**623**
Alaskan Native or American Indian	1 (0.3%)	1 (0.8%)	0	2
Asian or Pacific Islander	17 (5.6%)	10 (8.5%)	6 (2.9%)	33
Black	15 (5.0%)	4 (3.4%)	10 (4.9%)	29
Hispanic	127 (42.2%)	32 (27.1%)	98 (48.0%)	257
Other / Unknown	21 (7.0%)	10 (8.5%)	14 (6.9%)	45
White	120 (39.9%)	61 (51.7%)	76 (37.3%)	257
Tulare	**572**	**227**	**322**	**1,121**
Alaskan Native or American Indian	5 (0.9%)	2 (0.9%)	5 (1.6%)	12
Asian or Pacific Islander	10 (1.7%)	13 (5.7%)	5 (1.6%)	28
Black	10 (1.7%)	5 (2.2%)	3 (0.9%)	18
Hispanic	336 (58.7%)	123 (54.2%)	214 (66.5%)	673
Other / Unknown	72 (12.6%)	23 (10.1%)	40 (12.4%)	135
White	139 (24.3%)	61 (26.9%)	55 (17.1%)	255

Top Medical Diagnoses and Costs

The top 10 medical diagnoses and costs are produced using Health Net Measurement Year 2020 claims and encounter data. Recognizing trends and patterns help prioritize where intervention efforts should be focused. For all members, 8 of the top 10 claims in 2019 rolled over to 2020, with essential hypertension, degenerative conditions of the spine, and diabetes mellitus (with and without complications) being the top 4 claims in both years. Hypertension is most common diagnosis at nearly 9.5%. Claims specific to respiratory conditions (failure, insufficiency, or arrest) account for the highest percentage of costs among all claims submitted (4.72%). Nine of the top 10 costs in 2020 reflect 2019 findings.

Table 10: Claims/Encounter Data - Top 10 Claims, All Members, MY2019-2020

	% of Claims	
	2019	2020
Essential hypertension	7.66%	9.47%
Spondylosis; intervertebral disc disorders; other back problems	3.37%	3.30%
Diabetes mellitus without complication	3.01%	3.20%
Diabetes mellitus with complications	2.61%	2.97%
Blindness and vision defects	2.18%	2.66%
Other lower respiratory disease	2.21%	2.35%
Other connective tissue disease	2.23%	2.19%
Abdominal pain	2.17%	2.01%
Other non-traumatic joint disorders	n/a*	1.89%
Chronic kidney disease	n/a*	1.72%

* Claim/diagnosis not captured as a top 10 item in 2019

Table 11: Claims/Encounter Data - Top 10 Costs, All Members, MY2019-2020

	% of Costs	
	2019	2020
Respiratory failure; insufficiency; arrest (adult)	4.05%	4.72%
Septicemia (except in labor)	3.44%	4.08%
Essential hypertension	3.70%	3.63%
Other nervous system disorders	1.99%	2.59%
Spondylosis; intervertebral disc disorders; other back problems	2.52%	2.55%
Diabetes mellitus with complications	2.16%	2.49%
Chronic kidney disease	2.10%	2.18%
Chronic obstructive pulmonary disease and bronchiectasis	1.75%	1.98%
Delirium, dementia, and amnestic and other cognitive disorders	1.74%	1.84%
Diabetes mellitus without complication	n/a*	1.68%

In adults aged 19 years or more, 90% of all claims and costs are mirrored from the previous year. Noted in Tables 12-13 below, essential hypertension represents nearly 11% of claims, and respiratory conditions contribute to 5% of costs. Septicemia is also a high-cost diagnosis at 4.35%.

Table 12: Claims/Encounter Data - Top 10 Claims, Ages 19+ Years, MY2019-2020

	% of Claims	
	2019	2020
Essential hypertension	9.19%	10.83%
Spondylosis; intervertebral disc disorders; other back problems	3.89%	3.65%
Diabetes mellitus without complication	3.58%	3.63%
Diabetes mellitus with complications	3.12%	3.38%
Other connective tissue disease	2.40%	2.30%
Other lower respiratory disease	2.04%	2.28%
Chronic kidney disease	1.92%	1.96%
Blindness and vision defects	n/a*	1.93%
Other non-traumatic joint disorders	2.12%	1.92%
Abdominal pain	2.03%	1.90%

* Claim/diagnosis not captured as a top 10 item in 2019

Table 13: Claims/Encounter Data - Top 10 Costs, Ages 19+ Years, MY2019-2020

	% of Costs	
	2019	2020
Respiratory failure; insufficiency; arrest (adult)	4.44%	5.04%
Septicemia (except in labor)	3.77%	4.35%
Essential hypertension	4.09%	3.90%
Other nervous system disorders	2.13%	2.71%
Spondylosis; intervertebral disc disorders; other back problems	2.71%	2.69%
Diabetes mellitus with complications	2.38%	2.67%
Chronic kidney disease	2.32%	2.34%
Chronic obstructive pulmonary disease and bronchiectasis	1.91%	2.12%
Delirium, dementia, and amnestic and other cognitive disorders	1.93%	1.98%
Diabetes mellitus without complication	n/a*	1.79%

* Claim/diagnosis not captured as a top 10 item in 2019

Claims for blindness and vision defects are most common among children and adolescents ages 2-18, accounting for 8.23% of all claims. Eighty percent of the top 10 claims in MY2019 are evident in 2020. Upper respiratory infections maintains its position for the highest percentage of costs, although with a slightly lower rate than the previous year at 4.84%. Immunizations and screening for infectious diseases was no longer a top 10 claim or cost in MY2020, implying reduced preventive provider visits during the COVID-19 pandemic. COVID-related claims were categorized under "Viral Infection," and

was among one of the top 10 claims for members ages 2-18. *Viral Infection* was not a top 10 claim for adults 19 and older.

Table 14: Claims/Encounter Data - Top 10 Claims, Ages 2-18, MY2019-2020

	% of Claims	
	2019	**2020**
Blindness and vision defects	7.98%	8.23%
Other upper respiratory infections	9.50%	7.11%
Other upper respiratory disease	3.24%	3.79%
Other nutritional; endocrine; and metabolic disorders	2.86%	3.68%
Other skin disorders	2.39%	3.14%
Abdominal pain	3.09%	2.91%
Other lower respiratory disease	2.87%	2.69%
Administrative/social admission	n/a*	2.69%
Viral infection	2.51%	2.45%
Developmental disorders	n/a*	2.40%

* Claim/diagnosis not captured as a top 10 item in 2019

Table 15: Claims/Encounter Data - Top 10 Costs, Ages 2-18, MY2019-2020

	% of Costs	
	2019	**2020**
Other upper respiratory infections	6.94%	4.84%
Other nutritional; endocrine; and metabolic disorders	3.17%	3.92%
Abdominal pain	3.88%	3.45%
Fracture of upper limb	2.96%	3.03%
Appendicitis and other appendiceal conditions	2.26%	2.96%
Blindness and vision defects	2.89%	2.86%
Other skin disorders	n/a*	2.62%
Other upper respiratory disease	2.49%	2.60%
Asthma	2.73%	2.21%
Other injuries and conditions due to external causes	n/a*	2.16%

As with MY2019, the highest proportion of inpatient claims (all members) are specific to chronic obstructive pulmonary disease and bronchiectasis. Septicemia contributes to the highest percentage of costs at nearly 9.6%. Nine out of 10 of the top inpatient claims and costs in 2019 carried over to 2020.

Table 16: Claims/Encounter Data - Top 10 Claims, Inpatient, MY2019-2020

	% of Claims	
	2019	**2020**
Chronic obstructive pulmonary disease and bronchiectasis	5.01%	6.07%
Other nervous system disorders	3.73%	5.22%
Septicemia (except in labor)	4.41%	4.75%
Respiratory failure; insufficiency; arrest (adult)	4.33%	4.62%
Late effects of cerebrovascular disease	3.82%	4.56%
Delirium, dementia, and amnestic and other cognitive disorders	3.87%	3.98%
Hypertension with complications and secondary hypertension	n/a*	2.70%
Urinary tract infections	3.37%	2.69%
Congestive heart failure; non-hypertensive	2.50%	2.55%
Pneumonia (except that caused by tuberculosis or sexually transmitted disease)	2.72%	2.48%

* Claim/diagnosis not captured as a top 10 item in 2019

Table 17: Claims/Encounter Data - Top 10 Costs, Inpatient, MY2019-2020

	% of Costs	
	2019	**2020**
Septicemia (except in labor)	7.90%	9.59%
Respiratory failure; insufficiency; arrest (adult)	9.29%	9.12%
Chronic obstructive pulmonary disease and bronchiectasis	3.54%	3.58%
Hypertension with complications and secondary hypertension	2.56%	3.16%
Delirium, dementia, and amnestic and other cognitive disorders	3.61%	3.16%
Other nervous system disorders	2.61%	3.08%
Late effects of cerebrovascular disease	3.07%	3.04%
Acute cerebrovascular disease	2.26%	2.45%
Diabetes mellitus with complications	n/a*	2.30%
Pneumonia (except that caused by tuberculosis or sexually transmitted disease)	2.35%	2.12%

Among members with disabilities, all top 10 claims submitted 2019 are reflected in 2020. Hypertension represents the highest proportion of claims and fifth highest of costs. Ninety percent of diagnoses contributing to the top 10 costs in 2019 are mirrored in 2020, with respiratory failure at the top with nearly 7.5% of costs.

Table 18: Claims/Encounter Data - Top 10 Claims, Members with Disabilities, MY2019-2020

	% of Claims	
	2019	2020
Essential hypertension	6.98%	8.51%
Spondylosis; intervertebral disc disorders; other back problems	4.22%	4.12%
Diabetes mellitus with complications	3.53%	3.85%
Diabetes mellitus without complication	3.42%	3.40%
Chronic kidney disease	3.40%	3.37%
Schizophrenia and other psychotic disorders	3.28%	3.32%
Other lower respiratory disease	2.46%	2.62%
Other connective tissue disease	2.57%	2.45%
Other nervous system disorders	1.95%	2.07%
Chronic obstructive pulmonary disease and bronchiectasis	1.92%	2.05%

Table 19: Claims/Encounter Data - Top 10 Costs, Members with Disabilities, MY2019-2020

	% of Costs	
	2019	2020
Respiratory failure; insufficiency; arrest (adult)	6.95%	7.46%
Septicemia (except in labor)	4.98%	5.59%
Chronic kidney disease	3.94%	3.62%
Other nervous system disorders	2.30%	3.05%
Essential hypertension	3.12%	2.97%
Spondylosis; intervertebral disc disorders; other back problems	2.82%	2.92%
Chronic obstructive pulmonary disease and bronchiectasis	2.58%	2.88%
Diabetes mellitus with complications	2.56%	2.73%
Hypertension with complications and secondary hypertension	1.90%	2.34%
Epilepsy; convulsions	n/a*	1.69%

Claim/diagnosis not captured as a top 10 item in 2019

The top 10 mental health conditions are referenced in Table 20. Mood, Anxiety and Schizophrenia Disorders continue to make up the top three in Measurement Year 2020. Post-Traumatic Stress Disorder (chronic) is a new top 10 item with 1,141 members.

> 54,516 members had a documented mental health condition in MY2020. This is a 6% decrease in the top 10 count since MY2019 (n=57,992).

Table 20: Claims/Encounter Data - Top 10 Mental Health Conditions, MY2020

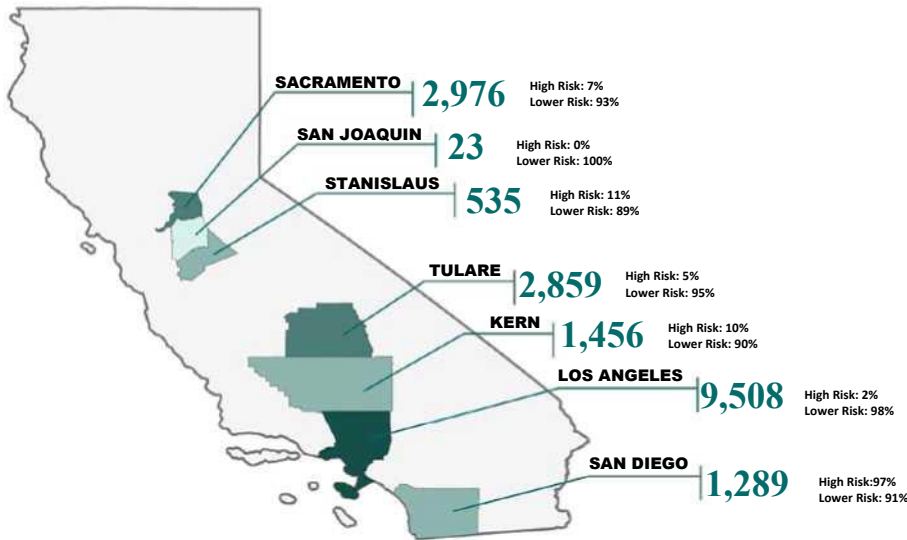|	2019	2020
Mood Disorders	23,765	21,567
Anxiety Disorders	10,171	11,789
Schizophrenia and other Psychotic Disorders	8,982	6,647
Autistic Disorder	2,984	3,223
Medical Condition Only/No Behavioral	3,300	2,779
Adjustment Disorder with Mixed Anxiety & Depressed Mood	2,351	2,377
Sexual and Gender Identity Disorders	1,584	1,801
Post-Traumatic Stress Disorder (unspecified)	1,566	1,696
Substance Related and Addictive Disorders	2,203	1,496
Post-Traumatic Stress Disorder (chronic)	N/A*	1,141
Total:		**54,516**

Not listed as a Top 10 item during MY2019

Adverse Childhood Experiences

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 may screen for ACEs in children, adolescents and adults to assess and treat toxic stress to improve outcomes.
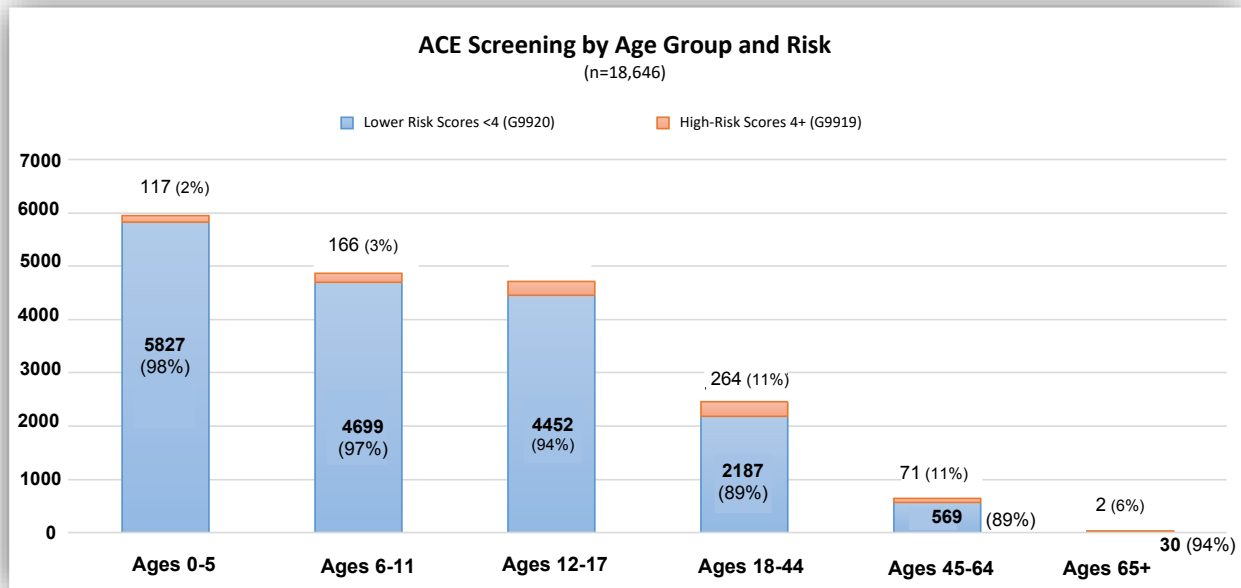
Health Net paid a total of 19,081 ACEs screenings in 2020 (per available claims only as of 3/31/2021), representing 18,646 unique members. Of unique members, a majority (95.3%; n=17,764) had an ACE score between 0-3, representing a lower risk score for toxic stress. The remaining 4.7% had an ACE score of 4 or greater, indicating high risk for toxic stress. Los Angeles County had the highest number of screenings overall with 9,508, followed by Sacramento and Tulare Counties.

Table 21: Claims/Encounter Data - Paid ACE Claims by County, MY2020

SACRAMENTO	2,976	High Risk: 7% Lower Risk: 93%	
SAN JOAQUIN	23	High Risk: 0% Lower Risk: 100%	
STANISLAUS	535	High Risk: 11% Lower Risk: 89%	
TULARE	2,859	High Risk: 5% Lower Risk: 95%	
KERN	1,456	High Risk: 10% Lower Risk: 90%	
LOS ANGELES	9,508	High Risk: 2% Lower Risk: 98%	
SAN DIEGO	1,289	High Risk:97% Lower Risk: 91%	

Females represent 54% of all unique ACE submissions (n= 10,109). Of these, 6% were flagged with a high-risk ACE score of 4 or more. Children ages 0-5 account for the largest proportion of claims at 32%, and screenings overall for children and adolescents under the age 18 account for 83% of all claims submitted. Health Net adults were more likely to exhibit high-risk ACE scores. An estimated 11% of screenings among the 18-44 and 45-64 age groups had a high-risk score.

Table 22: Claims/Encounter Data - ACE Screenings by Age Group and Risk, MY2020

ACE Screening by Age Group and Risk
(n=18,646)

■ Lower Risk Scores <4 (G9920) ■ High-Risk Scores 4+ (G9919)

Ages 0-5: 5827 (98%), 117 (2%)
Ages 6-11: 4699 (97%), 166 (3%)
Ages 12-17: 4452 (94%), 264 (11%)
Ages 18-44: 2187 (89%), 264 (11%)
Ages 45-64: 569 (89%), 71 (11%)
Ages 65+: 30 (94%), 2 (6%)

Hispanics account for the largest proportion of all screenings (63.4%). White members represent 10.4% of claims, followed by Asian or Pacific Islanders (8.9%) and Black beneficiaries (6.7%). American Indian or Alaskan Natives had 11% of their total screenings flagged as high risk, leading rates among all groups (Table 23).

Table 23: Claims/Encounter Data - ACE Screenings by Ethnicity and Risk, MY2020
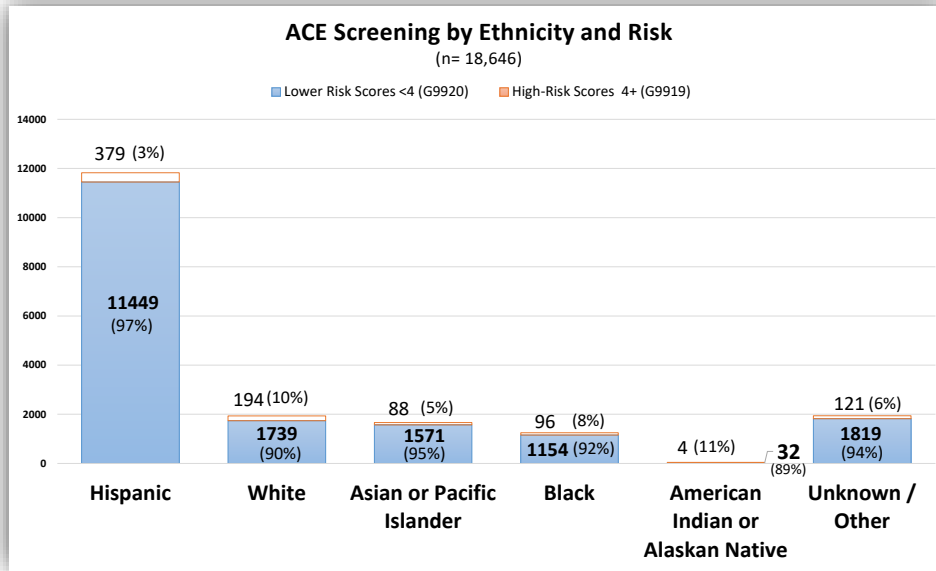
Coronavirus Disease 2019 (COVID-19)

COVID-19 is a contagious disease discovered in December 2019, most often causing respiratory symptoms among those affected. Testing initiated as early as March 2020, with nearly 88,000 tests conducted overall during the 2020 measurement year for Health Net members. A total of 63,525 members obtained at least one Covid-19 screening. Of these, 11,316 had a positive test (17.8%).

Table 24: Claims/Encounter Data - Positive COVID-19 Cases by Age, MY2020

	Kern	Los Angeles	Sacramento	San Diego	San Joaquin	Stanislaus	Tulare	2020
Age Group	**1,491**	**5,656**	**984**	**283**	**222**	**1,195**	**1,485**	**11,316**
0-13 Years	219 (14.7%)	615 (10.9%)	110 (11.2%)	22 (7.8%)	38 (17.1%)	239 (20.0%)	251 (16.9%)	1,494 (13.2%)
14-21 Years	299 (20.1%)	898 (15.9%)	170 (17.3%)	62 (21.9%)	49 (22.1%)	271 (22.7%)	353 (23.8%)	2,102 (18.6%)
22-50 Years	718 (48.2%)	2,805 (49.6%)	536 (54.5%)	142 (50.2%)	114 (51.4%)	512 (42.8%)	721 (48.6%)	5,548 (49.0%)
51-65 Years	219 (14.7%)	952 (16.8%)	133 (13.5%)	35 (12.4%)	19 (8.6%)	142 (11.9%)	145 (9.8%)	1,645 (14.5%)
66+	36 (2.4%)	386 (6.8%)	35 (3.6%)	22 (7.8%)	2 (0.9%)	31 (2.6%)	15 (1.0%)	527 (4.7%)

Nearly half of all positive COVID-19 cases statewide were registered among the 22-50 year age group. The proportion of cases for children 0-13 years old was highest in Stanislaus, San Joaquin and Tulare Counties, with rates between 16-20%. Older adults and seniors were most affected in Los Angeles County with positivity rates of 16.8% for the 51-65 age group and 6.8% for those 66+ years old.

Tables 25-26 below note positive COVID-19 cases by race/ethnicity (R/E). Across all counties, 69% of COVID-19 cases are from Hispanic members (n=7,835). Whites account for 11.3% of positive cases, and Asian or Pacific Islanders with 5.1%. However, of all Hispanic members receiving a test (n=35,526), 22% had a positive result. Alaskan Native or American Indians follow with an R/E

positivity rate of 15.1%. White, Asian or Pacific Islanders and Black members had similar outcomes, with positivity rates between 11.2% - 11.5% for tests within their own race/ethnic groups.

Table 25: Claims/Encounter - Positive COVID-19 Cases by Race/Ethnicity, MY2020

	Total Members	Positive Tests	Positivity % by R/E
R/E	**63,525**	**11,316**	
Hispanic	35,526 (55.9%)	7,835 (69.2%)	22.1%
White	11,310 (17.8%)	1,279 (11.3%)	11.3%
Other / Unknown	6,628 (10.4%)	1,052 (9.3%)	15.9%
Asian or Pacific Islander	5,018 (7.9%)	579 (5.1%)	11.5%
Black	4,884 (7.7%)	547 (4.8%)	11.2%
Alaskan Native or American Indian	159 (0.3%)	24 (0.2%)	15.1%

At the county level, Hispanics account for 81% of positive tests in Tulare County, and over 70% in Kern, Los Angeles and Stanislaus Counties. The highest proportion of White members with COVID-19 is in San Diego County (17.7%), and Asian or Pacific Islanders in San Joaquin County at 15.3%.

Table 26: Claims/Encounter - Positive COVID-19 Cases by Race/Ethnicity, MY2020

	2020			2020
Kern	**1,491**		**San Joaquin**	**222**
Alaskan Native or American Indian	2 (0.1%)		*Alaskan Native or American Indian*	1 (0.5%)
Asian or Pacific Islander	49 (3.3%)		*Asian or Pacific Islander*	34 (15.3%)
Black	48 (3.2%)		*Black*	17 (7.7%)
Hispanic	1,119 (75.1%)		*Hispanic*	126 (56.8%)
Other / Unknown	77 (5.2%)		*Other / Unknown*	17 (7.7%)
White	196 (13.1%)		*White*	27 (12.2%)
Los Angeles	**5656**		**Stanislaus**	**1,195**
Alaskan Native or American Indian	8 (0.1%)		*Alaskan Native or American Indian*	2 (0.2%)
Asian or Pacific Islander	270 (4.8%)		*Asian or Pacific Islander*	81 (6.8%)
Black	365 (6.5%)		*Black*	19 (1.6%)
Hispanic	4,081 (72.2%)		*Hispanic*	873 (73.1%)
Other / Unknown	284 (5.0%)		*Other / Unknown*	81 (6.8%)
White	648 (11.5%)		*White*	139 (11.6%)
Sacramento	**984**		**Tulare**	**1,485**
Alaskan Native or American Indian	8 (0.8%)		*Alaskan Native or American Indian*	3 (0.2%)
Asian or Pacific Islander	108 (11.0%)		*Asian or Pacific Islander*	19 (1.3%)
Black	79 (8.0%)		*Black*	5 (0.3%)
Hispanic	325 (33.0%)		*Hispanic*	1,202 (80.9%)
Other / Unknown	333 (33.8%)		*Other / Unknown*	168 (11.3%)
White	131 (13.3%)		*White*	88 (5.9%)
San Diego	**283**		**Grand Total**	**11,316**
Asian or Pacific Islander	18 (6.4%)			
Black	14 (4.9%)			
Hispanic	109 (38.5%)			
Other / Unknown	92 (32.5%)			
White	50 (17.7%)			

Health Information Form (HIF)

The Health Information Form 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, Physical Health (self-reported health conditions), Behavioral Health (self-reported instances of depression, anxiety, and anti-psychotic medication), and Activities of Daily and Independent Living (stable housing and ability to pay for 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 MY2020, a total of 17,699 forms were completed, representing 16,808 unique members. Tables 27-30 note survey responses in additional detail from all completed forms (n=17,699).

Table 27: HIF - Global Health, MY2019-2020

Global Health	2019	2020
Provider visit in past 12 months	74.62%	41.40%
Ever had transportation barriers to medical appointments	19.76%	10.71%
Hospital visits in the last 3 months		
3 or more times	2.95%	1.49%
2 times	3.86%	1.58%
1 time	11.90%	5.94%
Emergency Department visits in the last year		
3 or more times	9.57%	5.08%
2 times	8.74%	4.90%
1 time	18.50%	9.94%
Received flu shot in last 12 months	40.55%	23.70%
Trouble eating due to problems with mouth or teeth	28.40%	14.63%
Any physical activity during the week	68.41%	36.10%

GLOBAL HEALTH

A decrease in health care access may be attributed to COVID-19. MY2020 responses reflect less hospital and provider visits overall since the previous year:

- 33% decrease in provider visits
- 8.5% decrease in emergency department visits (1 time)
- Nearly 17% decrease in flu shots

Thirty-six percent of surveyed members confirmed physical activity during the week, nearly half the 2019 rate. An additional 6% noted being unable to exercise due to medical conditions.

PHYSICAL HEALTH

Members selected conditions they may have as informed by their doctor or health care professional, with the option to select more than one. Hypertension continues to be the most recurring selection with 25%. All measures show a slight reduction in rates since 2019. Overall, the top 10 reported health conditions remained unchanged since the previous reporting period.

Table 28: HIF - Physical Health, MY2019-2020

Physical Health	2019	2020
Medical / health conditions		
High blood pressure	29.92%	25.22%
High cholesterol	21.78%	19.11%
Arthritis	21.31%	17.97%
Asthma	14.44%	12.54%
Diabetes, Type 2	11.92%	10.84%
Developmental delay	9.34%	5.79%
Pre-Diabetes	6.01%	5.70%
Heart Disease	6.08%	4.57%
Cancer	4.11%	3.63%
COPD/Emphysema	4.61%	3.40%

BEHAVIORAL HEALTH

Members had the option to answer mental and behavioral health-related questions. Bulleted highlights below are similar to MY2019 findings.

- Nearly 28% of members noted feeling down, depressed or hopeless at least several days during a 2-week period

- 12% felt lonely on 15 or more days during the month.

- Nearly 24% of responses acknowledged having a behavioral health disorder, such as anxiety, depression, or bipolar.

- Estimated 17% noted tobacco use at least once during the past year.

Table 29: HIF - Behavioral Health, MY2019-2020

Behavioral Health	2019	2020
Loneliness in the past 2 weeks		
Several days	13.11%	13.29%
More than half the days	3.69%	3.77%
Nearly every day	6.44%	5.37%
Little interest or pleasure in doing things in past 2 weeks		
Several days	14.69%	7.01%
More than half the days	5.02%	2.57%
Nearly every day	7.18%	3.85%
Feeling down, depressed or hopeless in past two weeks		
Several days	16.24%	16.64%
More than half the days	4.72%	4.70%
Nearly every day	7.48%	6.44%
Days felt lonely in past month (30 days)		
Less than 5 days	16.00%	17.82%
More than half the days (more than 15)	7.60%	7.07%
Most days (I always feel lonely)	5.89%	4.99%
Tobacco use during the past year		
Daily or almost daily	11.31%	9.62%
Weekly	1.51%	1.60%
Monthly	1.31%	1.44%
Once or twice	3.59%	3.96%
Behavioral health disorder diagnosis, such as anxiety, depression, bipolar or schizophrenia?	26.08%	23.83%
Anti-psychotic medication prescriptions within the past 90 days?	11.03%	9.18%

Table 30: HIF – Independent Living, MY2019-2020

Independent Living	2019	2020
In the past two months, have you been living in stable housing that you own, rent or stay in as part of a household?	84.96%	81.38%
Do you sometimes run out of money to pay for food, rent, bills, and medicine?	35.39%	29.65%

3% decrease in responses noting stable housing. Nearly 30% struggled to pay for basic necessities.

Nicotine Dependence

The Health Information Form offered a glimpse into members self-reported tobacco use within a 12-month period. Noted above, an estimated 17% of members reported at least some form of tobacco use during the past year, reflecting similar rates from MY2019 (18%). Other sources, such as claims and pharmacy data, can also help identify members with some form of nicotine dependence. Tables 31 – 32 below highlight dependence based on race/ethnicity, age group and county.

A total of 30,871 members were flagged in Measurement Year 2020. Statewide, the largest proportion of tobacco users continue to stem from the 22-50 year age group (51.24%), up 2% from 2019. This is followed by the 51-65 age group at 39.81%. Seniors represent nearly 6% of the sample, and male members overall make up 56.17% of all cases. At the county level, Los Angeles alone accounts for 63% of all tobacco users, with the distribution highest among the 22-50 and 51-65 age groups. Nicotine dependence in Kern, San Diego, San Joaquin and Tulare Counties is highest among 22-50 year olds, where their rates account for more than half the total number of cases in their areas.

Table 31: Claims/Encounter Data - Nicotine Dependence by Age Group, MY2020

	2020			2020
Kern	**2,430**		**San Joaquin**	**587**
0-13 Years	2 (0.08%)		*0-13 Years*	0
14-21 Years	88 (3.62%)		*14-21 Years*	9 (1.53%)
22-50 Years	1,290 (53.09%)		*22-50 Years*	306 (52.13%)
51-65 Years	988 (40.66%)		*51-65 Years*	248 (42.25%)
66+ Years	62 (2.55%)		*66+ Years*	24 (4.09%)
Los Angeles	**19,335**		**Stanislaus**	**662**
0-13 Years	27 (0.14%)		*0-13 Years*	0
14-21 Years	525 (2.72%)		*14-21 Years*	9 (1.36%)
22-50 Years	9,602 (49.66%)		*22-50 Years*	325 (49.09%)
51-65 Years	7,840 (40.55%)		*51-65 Years*	303 (45.77%)
66+ Years	1,341 (6.94%)		*66+ Years*	25 (3.78%)
Sacramento	**2,785**		**Tulare**	**4,042**
0-13 Years	1 (0.04%)		*0-13 Years*	6 (0.15%)
14-21 Years	39 (1.40%)		*14-21 Years*	197 (4.87%)
22-50 Years	1,338 (48.04%)		*22-50 Years*	2,374 (58.73%)
51-65 Years	1,272 (45.67%)		*51-65 Years*	1,317 (32.58%)
66+ Years	135 (4.85%)		*66+ Years*	148 (3.66%)
San Diego	**1,030**		**Total**	**30,871**
0-13 Years	0			
14-21 Years	78 (7.57%)			
22-50 Years	584 (56.70%)			
51-65 Years	321 (31.17%)			
66+ Years	47 (4.56%)			

White members have the highest proportion of nicotine dependence in five of seven counties. Among these, they surpass half of all users in Kern and Stanislaus Counties. Hispanics lead rates in Los Angeles and Tulare Counties, and have the second highest in four of the remaining regions. Rates for Black members are 2nd highest in Sacramento County (22.23%) and 3rd highest in all others. Asian or Pacific Islanders have higher concentrations for nicotine dependence in Los Angeles (9.90%) and Sacramento (7.15%) Counties.

Table 32: Claims/Encounter Data - Nicotine Dependence by Race/Ethnicity, MY2020

	2020			2020
Kern	**2,430**		**San Joaquin**	**587**
Alaskan Native or American Indian	16 (0.66%)		*Alaskan Native or American Indian*	9 (1.53%)
Asian or Pacific Islander	35 (1.44%)		*Asian or Pacific Islander*	34 (5.79%)
Black	342 (14.07%)		*Black*	75 (12.78%)
Hispanic	666 (27.41%)		*Hispanic*	140 (23.85%)
Unknown / Other	131 (5.39%)		*Unknown / Other*	61 (10.39%)
White	1,240 (51.03%)		*White*	268 (45.66%)
Los Angeles	**19,335**		**Stanislaus**	**662**
Alaskan Native or American Indian	55 (0.28%)		*Alaskan Native or American Indian*	6 (0.91%)

Asian or Pacific Islander	1915 (9.90%)		Asian or Pacific Islander	33 (4.98%)
Black	4,235 (21.90%)		Black	37 (5.59%)
Hispanic	6,297 (32.57%)		Hispanic	167 (25.23%)
Unknown / Other	1252 (6.48%)		Unknown / Other	51 (7.70%)
White	5,581 (28.86%)		White	368 (55.59%)
Sacramento	**2,785**		**Tulare**	**4,042**
Alaskan Native or American Indian	36 (1.29%)		Alaskan Native or American Indian	27 (0.67%)
Asian or Pacific Islander	199 (7.15%)		Asian or Pacific Islander	83 (2.05%)
Black	619 (22.23%)		Black	127 (3.14%)
Hispanic	275 (9.87%)		Hispanic	1,721 (42.58%)
Unknown / Other	629 (22.59%)		Unknown / Other	584 (14.45%)
White	1,027 (36.88%)		White	1,500 (37.11%)
San Diego	**1,030**		**Total**	**30,871**
Alaskan Native or American Indian	3 (0.29%)			
Asian or Pacific Islander	58 (5.63%)			
Black	102 (9.90%)			
Hispanic	145 (14.08%)			
Unknown / Other	318 (30.87%)			
White	404 (39.22%)			

County Health Assessments / Other Key Findings

Community assessments offer insight to patterns and morbidity trends that can be compared to member-based findings. It helps inform the progress of current interventions, and allows opportunities to draw from county and statewide best practices. External sources helped generate the following community findings.

Risk Factors

The Robert Wood Johnson Foundation (RWJF) extends community health data at the county level. The charts below represents risk factor snapshots for each of Health Net's Medi-Cal counties. For each risk factor, the inclusion of the CA state average performance acts as a comparative benchmark for county outcomes. The data below (Table 33) come from the RWJF's 2021 County Rankings, which utilizes modeled data from the Centers for Disease Control and Prevention (CDC)'s Behavioral Risk Factor Surveillance System. While referenced for Reporting Year 2021, underlying data sources may utilize previous measurement periods.

Table 33: RWJF - Risk Factors, RY2021

	Kern	Los Angeles	Sacramento	San Diego	Stanislaus	Tulare	San Joaquin	California
Adult smoking	17%	13%	14%	13%	16%	18%	15%	11%
Adult obesity	31%	22%	30%	20%	32%	37%	36%	24%
Physical inactivity	25%	17%	20%	15%	23%	26%	26%	18%
Excessive drinking	19%	18%	20%	21%	19%	17%	18%	18%
Chlamydia (per 100k)	777.9	667.9	748.5	656.5	531.5	562.5	582.4	585.3

All counties are above the California average (11%) for adult smoking, with Tulare County leading at 18%. Obesity and physical inactivity rates are highest in Tulare and San Joaquin Counties, while San Diego County leads with an excessive drinking rate of 21%. Chlamydia rates per 100k are above state average

in four counties. Kern County noted the highest cases with 777.9 per 100k, followed by Sacramento County at 748.5.
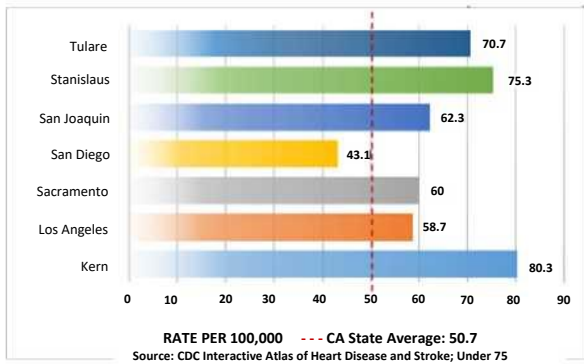
Chronic Disease Prevalence

The Centers for Disease Control and Prevention (CDC) describes chronic diseases as illnesses that last one year or longer, and require continuing medical attention or impede everyday activities, or both. In California, three out of four deaths are due to chronic conditions, such as heart disease, cancer, stroke, asthma, or diabetes.[7] Tables 34-37 below come from a combination of sources: CDC's US Diabetes Surveillance System (2017), the National Institute of Health State Cancer Profile (2013- 2017), and The California Department of Public Health County Asthma Data Tool (2017-2018).

Kern County has the highest rate of deaths stemming from avoidable heart disease and stroke cases, with 80.3 per 100k. This is 58.3% higher than the state average of 50.7 per 100k. Stanislaus and Tulare Counties follow with over 70 per 100k cases. Specific to Asthma prevalence, San Joaquin County leads the overall rate with 22.8%. Kern, Sacramento, Stanislaus and Tulare Counties also have rates above the state average.

Table 34: CDC - Heart Disease and Stroke, 2016-2018

Avoidable Heart Disease and Stroke Death Rate (2016 – 2018)

County	Rate per 100,000
Tulare	70.7
Stanislaus	75.3
San Joaquin	62.3
San Diego	43.1
Sacramento	60
Los Angeles	58.7
Kern	80.3

RATE PER 100,000   - - - CA State Average: 50.7
Source: CDC Interactive Atlas of Heart Disease and Stroke; Under 75

Table 35: CADPH - Asthma Prevalence, 2017-2018

Asthma Prevalence, All Ages (2017 -2018)

County	Prevalence %
Tulare	20.1
Stanislaus	17.1
San Joaquin	22.8
San Diego	14.6
Sacramento	20.2
Los Angeles	14.6
Kern	16

ASTHMA PREVALENCE %   - - - CA State Average: 15.4%
Source: CA Department of Public Health; Ca Breathing county Asthma Tool
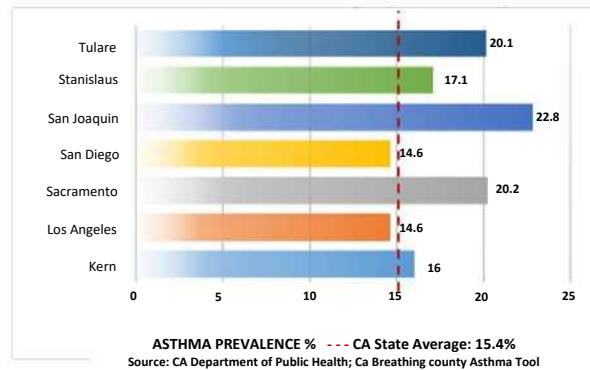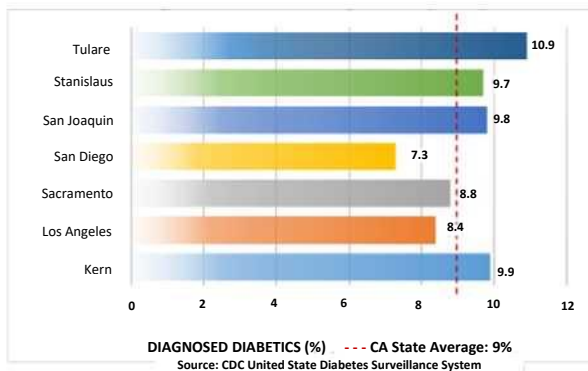
In the graphs below, Tulare County has the highest percentage of diagnosed diabetics, but the lowest rate per 100k in breast cancer incidence. Stanislaus, San Joaquin and Kern Counties have above average percentages for diagnosed diabetics (compared to CA average). San Diego and Sacramento Counties have above state average rates for breast cancer incidence, each with 129 per 100k cases.
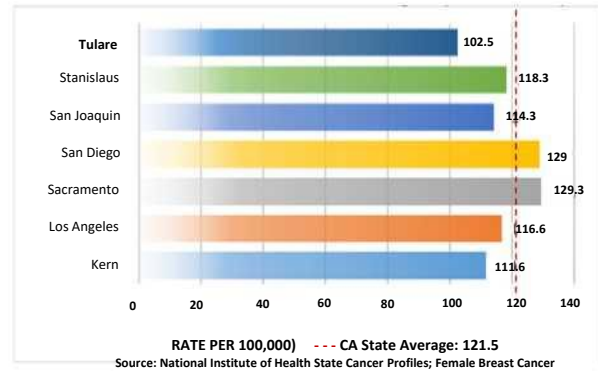
Table 36: CDC - Diabetes, 2013-2017

Diagnosed Diabetics. Ages 20+ (2017)

County	Diagnosed Diabetics (%)
Tulare	10.9
Stanislaus	9.7
San Joaquin	9.8
San Diego	7.3
Sacramento	8.8
Los Angeles	8.4
Kern	9.9

DIAGNOSED DIABETICS (%)   - - - CA State Average: 9%
Source: CDC United State Diabetes Surveillance System

Table 37: NIH - Breast Cancer Incidence, 2013-2017

Breast Cancer Incidence Rate, All Ages (2013 – 2017)

County	Rate per 100,000
Tulare	102.5
Stanislaus	118.3
San Joaquin	114.3
San Diego	129
Sacramento	129.3
Los Angeles	116.6
Kern	111.6

RATE PER 100,000)   - - - CA State Average: 121.5
Source: National Institute of Health State Cancer Profiles; Female Breast Cancer

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[7] http://www.healthyfresnocountydata.org/

Social Determinants of Health (SDoH)
Health Net utilizes various methods and sources to support SDoH analysis. Two referenced here include the California Healthy Places Index (HPI) and Healthy People 2030 priorities.

Healthy Places Index (HPI)
The California Healthy Places Index (HPI) is a composite index that explores the various community conditions that influence health and life expectancy. Using 25 community characteristics, such as economics, education, health care access, housing, and transportation (to name a few), HPI scores can guide resource allocation, program planning and service delivery. HPI scores (Table 38) are ranked into quartiles, with quartiles 3 and 4 representing poorer community health conditions when compared to members living in quartiles 1 or 2.

A majority of Health Net members (75.8%) are living in HPI quartiles 3 or 4. More than half of members in Kern, Stanislaus, and Tulare Counties live within the poorest community health conditions (quartile 4). San Diego County has the highest proportion of members (15.1%) living in HPI quartile 1, followed by Sacramento at 6.5%. Overall, there is a 3.4% increase in the proportion of members living within the poorest community health conditions since 2018.

Table 38: Health Net Membership Data - Healthy Places Index by County, December 2018 & December 2020

	Kern	Los Angeles	Sacramento	San Diego	San Joaquin	Stanislaus	Tulare	2018	2020
HPI Quartile	77,659	1,068,369	126,081	84,590	24,966	68,986	121,099	1,727,486	1,571,750
4	49,497 (63.7%)	510,437 (47.8%)	48,267 (38.3%)	19,898 (23.5%)	10,615 (42.5%)	38,046 (55.2%)	81,672 (67.4%)	775,016 (44.9%)	758,432 (48.3%)
3	14,436 (18.6%)	310,047 (29.0%)	37,274 (29.6%)	24,583 (29.1%)	7,671 (30.7%)	19,704 (28.6%)	19,727 (16.3%)	497,781 (28.8%)	433,442 (27.6%)
2	6,527 (8.4%)	146,028 (13.7%)	23,605 (18.7%)	21,883 (25.9%)	4,479 (17.9%)	8,159 (11.8%)	9,330 (7.7%)	301,322 (17.4%)	220,011 (14.0%)
1	1,874 (2.4%)	62,463 (5.8%)	8,316 (6.6%)	12,769 (15.1%)	922 (3.7%)	152 (0.2%)	54 (0.0%)	129,454 (7.5%)	86,550 (5.5%)
Blank	5,325 (6.9%)	39,394 (3.7%)	8,619 (6.8%)	5,457 (6.5%)	1,279 (5.1%)	2,925 (4.2%)	10,316 (8.5%)	23,913 (1.4%)	73,315 (4.7%)

Healthy People 2030
Overall health is influenced by a variety of factors, such as quality schooling, economic opportunities, access to quality health care, and any combination of resources and supports offered within our communities and social circles, to name a few. Recognizing this, the United States Department of Health and Human Services developed the Healthy People Objectives, a 10-year wellness plan identifying public health priorities that help improve health and well-being across the United States. Five key domains[8] were identified specific to SDoH:

1. Economic Stability
2. Education Access and Quality
3. Social and Community Context
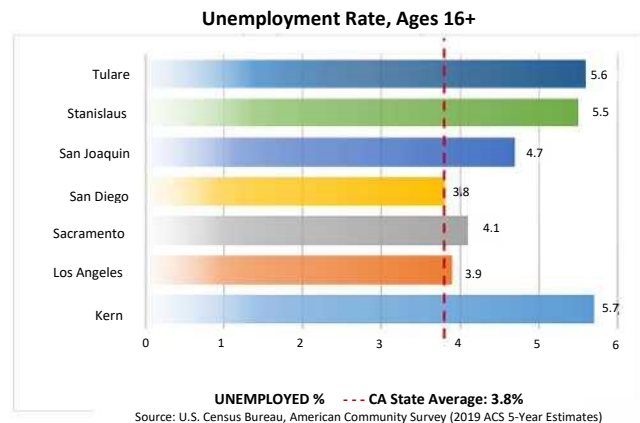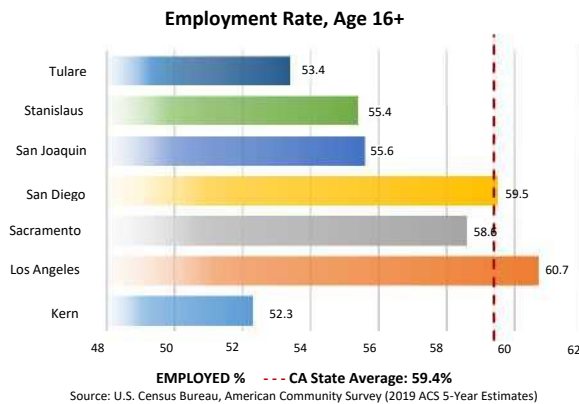4. Health Care Access and Quality
5. Neighborhood and Built Environment

Health Net utilized this SDoH framework to develop the following analysis.

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[8] https://health.gov/healthypeople/objectives-and-data/social-determinants-health
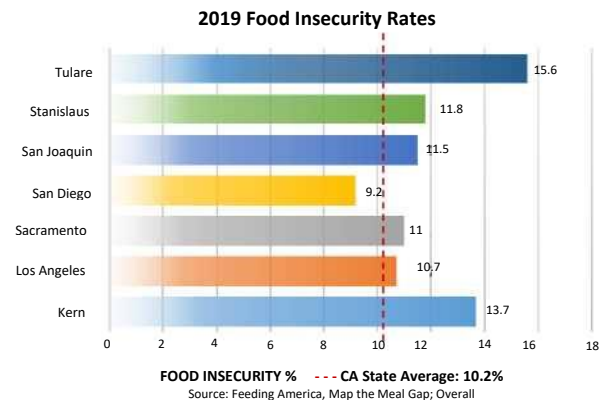
1. Economic Stability

The ability to afford the necessities of a healthy life (medical care, healthy food, quality housing, education, and others) has a significant impact on health outcomes. Therefore, economic opportunity (ex. having a job) isa powerful predictor of good health and well-being,[9] particularly for those living in or near poverty. Among Health Net counties, Los Angeles (60.7%) and San Diego (59.5%) Counties exhibit the highest employment rates, surpassing the California average of 59.4%.

Table 39: American Community Survey - Employment Rates by County, 2019

Employment Rate, Age 16+

County	Employed %
Tulare	53.4
Stanislaus	55.4
San Joaquin	55.6
San Diego	59.5
Sacramento	58.6
Los Angeles	60.7
Kern	52.3

EMPLOYED %   - - - CA State Average: 59.4%
Source: U.S. Census Bureau, American Community Survey (2019 ACS 5-Year Estimates)

Unemployment Rate, Ages 16+

County	Unemployed %
Tulare	5.6
Stanislaus	5.5
San Joaquin	4.7
San Diego	3.8
Sacramento	4.1
Los Angeles	3.9
Kern	5.7

UNEMPLOYED %   - - - CA State Average: 3.8%
Source: U.S. Census Bureau, American Community Survey (2019 ACS 5-Year Estimates)

Food insecurity, a state in which households lack consistent access to adequate food because of limited money or other means, is also considered a key issue under *Economic Stability*. The associated stress and malnutrition contribute to the risk for disease, and with limited income, households are forced to make difficult decisions, often between food intake, medical care or other essentials. According to data from Feeding America (2019), only San Diego County outperforms the state average in food security.

Table 40: Feeding America – Food Insecurity Rates, 2019

2019 Food Insecurity Rates

County	Food Insecurity %
Tulare	15.6
Stanislaus	11.8
San Joaquin	11.5
San Diego	9.2
Sacramento	11
Los Angeles	10.7
Kern	13.7

FOOD INSECURITY %   - - - CA State Average: 10.2%
Source: Feeding America, Map the Meal Gap; Overall

2. Education Access and Quality

Similar to economic stability, education is also linked to health and wellness. Higher levels of education are often associated with increased life expectancy, and lower rates of chronic disease and other adverse health outcomes. It begins with early childhood, a stage in which quality preschool can support brain development, and a period commonly linked to lifelong educational, economic, and health-related benefits. All Health Net counties are either underperforming or at par with nursery school enrollment and high school graduation compared to the United States average.

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[9] Marmot M, Bosma H, Hemingway H, Brunner E, Stansfeld S. Contribution of job control and other risk factors to social variations in coronary heart disease incidence. Lancet. 1997; 350: 235-239

Table 41: American Community Survey - Individuals by Education Level, 2019

Nursery School Enrollment

County	Percent Enrolled
Tulare	4.4
Stanislaus	5.3
San Joaquin	5.6
San Diego	6
Sacramento	5.6
Los Angeles	6.1
Kern	4.5

CA State Average: 5.8%
US Average: 6.1%
Source: U.S. Census Bureau, American Community Survey (2019 ACS 5-Year Estimates

High School Graduates or higher (Pop. >25 Years)

County	Value
Tulare	70.8
Stanislaus	78.9
San Joaquin	79.3
San Diego	87.4
Sacramento	87.7
Los Angeles	79.1
Kern	74.1

CA State Average: 83.3%
US Average: 88%
Source: U.S. Census Bureau, American Community Survey (2019 ACS 5-Year Estimates

Los Angeles and San Diego counties boast the highest enrollments in higher education while simultaneously outperforming CA and US average enrollment rates. Tulare, Los Angeles and Kern Counties have higher than CA state averages in the percentage of people speaking English less than "very well."

Table 42: American Community Survey - Individuals by Education Level, 2019

Enrollment in Higher Education

County	Percent Enrolled
Tulare	20.5
Stanislaus	23.5
San Joaquin	22.2
San Diego	34.4
Sacramento	28.6
Los Angeles	32.7
Kern	21.6

CA State Average: 30.7%
US Average: 27.5%
Source: U.S. Census Bureau, American Community Survey (2019 ACS 5-Year Estimates

Speaks English Less Than "Very Well" (ages 5+)

County	Percent
Tulare	26.2
Stanislaus	16.5
San Joaquin	16.6
San Diego	13.7
Sacramento	13.1
Los Angeles	23.6
Kern	18.3

CA State Average: 17.8%
US Average: 8.4%
Source: U.S. Census Bureau, American Community Survey (2019 ACS 5-Year Estimates

3. Social and Community Context

Health and well-being are often influenced by one's interactions and relationships within their community. This is inclusive of friends, neighbors, family, colleagues and overall community members. When challenges arise, these relationships and sources of support help minimize the potential for negative impacts.[10] Social Capital refers to the availability of social networks and relationships within a community, allowing its members the ability to work together in an effective and productive manner for a mutual benefit.

The United States Congress Joint Economic Committee Social Capital Index (SCI) looks to place a numeric value on productive Social Capital by geography, allowing for comparisons at the state and county level. Using various sources of data between 2013 and 2016, indicators for the index

[10] **https://health.gov/healthypeople/objectives-and-data/browse-objectives/social-and-community-context**

looked to be inclusive of "family structure and stability, family interaction and investment, civil society, trust and confidence in institutions, community cohesion, institutions, volunteerism, and organization."[11]

Table 43: U.S. Congress Joint Economic Committee - Social Capital Index Percentiles (2013 - 2016)

Social Capital Index Rankings

CALIFORNIA RANK   - - - CA State Media: 28.5%
Source: United State Congress Joint Economic Committee; 2013-2016
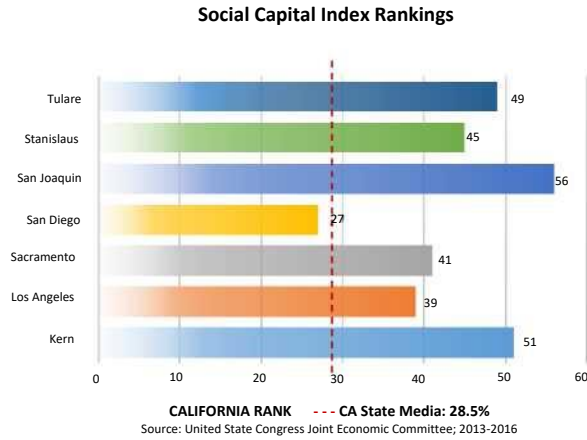
Noted in Table 43, Health Net counties are ranked out of 57 counties in California with available data, with 1 being the highest and 57 being the lowest. San Diego County has an SCI rank of 27, scoring best out of all seven counties. Los Angeles County ranks 39, followed by Sacramento at 41. San Joaquin County has the lowest SCI figure, ranking 56 out of 57.

Voting serves as an example of civic participation under *Social and Community Context.* It is linked to improved health by building social capital, and shown in a study of 44 countries to associate with better self-reported health.[12] Using election statistics from the Office of the Secretary of State of California, only Sacramento and San Diego Counties surpassed the California state average in voter turnout rates for the 2020 national elections (Table 44).

Table 44: Office of the Secretary of State of California - Voter Turnout Rates, 2020

2020 Election Voter Turnout

VOTER TURNOUT % - - - CA State Average: 80.67%
Source: Office of the Secretary of State of California; 2020
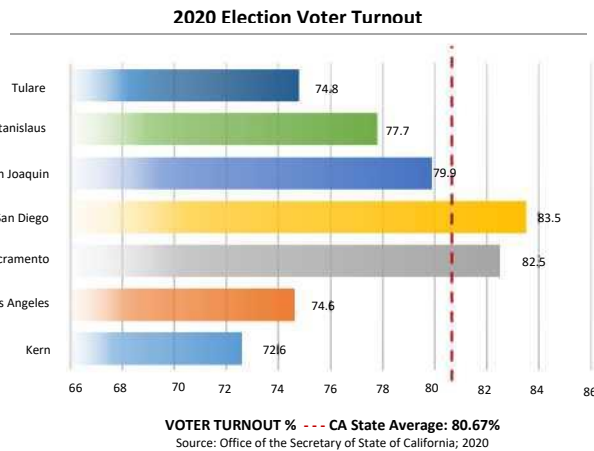
4. Health Care Access and Quality
Please refer to the "Access to Care" section on pages 41-48 for Health Net-specific outcomes.

[11]https://www.jec.senate.gov/public/index.cfm/republicans/2018/4/the-geography-of-social-capital-in-america#toc-004-backlink
[12]https://www.healthypeople.gov/2020/topics-objectives/topic/social-determinants-health/interventions-resources/civic-participation

5. Neighborhood and Built Environment

Unsanitary conditions, crowded housing, and exposure to a poorly designed environment can have significant impacts on health, such as increased stress, disease, and other forms of wellbeing.[13] Highlighted in Table 45, the Robert Wood Johnson Foundation notes various indicators specific to the physical environment. Every county has received a health-based violation in at least one community water system. Los Angeles and Tulare County households note higher than state averages for severe housing problems, such as a lack of complete kitchen facilities, incomplete plumbing, overcrowding and/or being severely cost-burdened. And in Los Angeles County, over half of workers who drive alone commute longer than 30 minutes, contributing stress and decreased mental health.

Table 45: RWJF – Physical Environment, RY2021

	Kern	Los Angeles	Sacramento	San Diego	Stanislaus	Tulare	San Joaquin	California
Drinking water violations	Yes	Yes	Yes	Yes	Yes	Yes	Yes	-
Severe housing problems	24%	33%	22%	25%	24%	27%	24%	26%
Driving alone to work	81%	74%	77%	76%	82%	79%	79%	74%
Long commute - driving alone	23%	51%	39%	38%	35%	26%	40%	42%

Air quality is another environmental metric that influences health. The table below references fine particulate matter (PM2.5) by county, noting average concentrations of PM2.5 in micrograms per cubic meter. Concentrations above 12 micrograms per cubic meter are considered unhealthy, contributing to respiratory and cardiovascular diseases, and cancer.[14] Asthmatics, children, and the elderly are at increased risk. Rates across all Health Net counties show improved air quality since 2015, but still above the California average. Kern and Tulare Counties have the poorest air quality outcomes, with concentrations of PM2.5 above the national standard of 12 micrograms per cubic meter.

Table 46: California Air Resources Board – Air Pollution, 2015-2019

	Average Particulate Matter Concentration in Air* 2019
California	8.1
Kern	13
Los Angeles	11
Sacramento	8.4
San Diego	8.6
San Joaquin	9.3
Stanislaus	10.6
Tulare	12.9

Data Format: micrograms per cubic meter
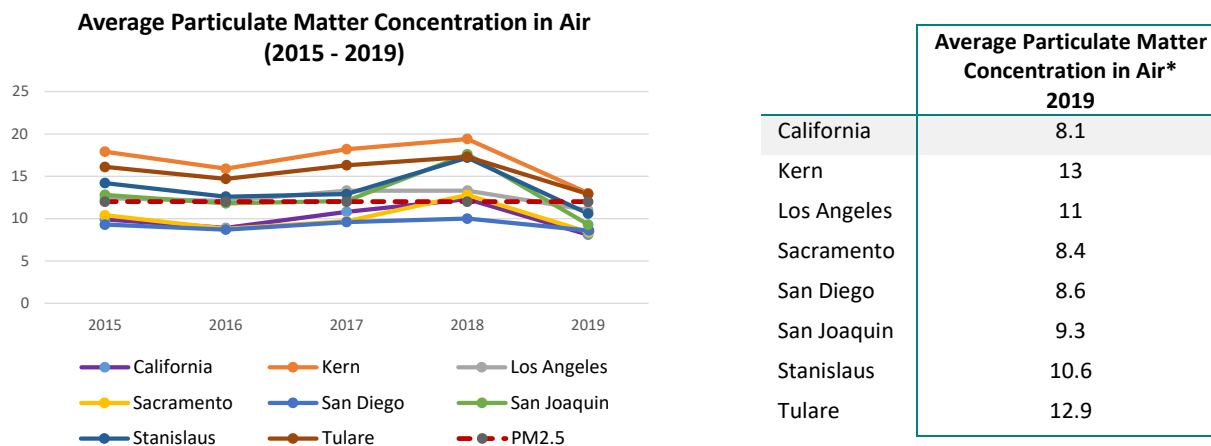
Data Source: As cited on kidsdata.org, California Air Resources Board, iADAM: Air Quality Data Statistics; U.S. Environmental Protection Agency, Particulate Matter (PM2.5) Trends (Dec. 2020).

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[13] https://healthyplacesindex.org/policy-actions/uncrowded-housing/
[14] U.S. Department of Health and Human Services. (n.d.). *Air Pollution and Your Health*. National Institute of Environmental Health Sciences. https://www.niehs.nih.gov/health/topics/agents/air-pollution/index.cfm. Accessed on 7/7/2021.

Health Net Community Connect

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

A total of 21,424 searches were completed during Measurement Year 2020, accounting for a 46.3% increase over the previous year. Activity peaked during the month of September with 5,066 searches. Los Angeles County recorded the highest number of searches with 9,106, followed by Sacramento (n=3,777) and San Diego Counties (n=1,075).

Table 47: Health Net Community Connect - Monthly Searches, MY2020
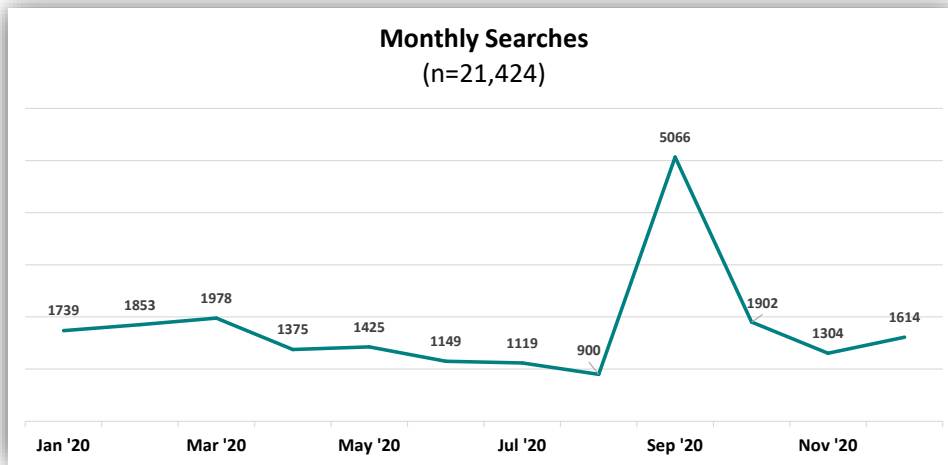
Members can search for services by typing in search terms, or using a prebuilt search domain of 10 categories. Table 48 identifies the top 10 search terms in 2020, representing needs specific to housing instability (51%), food insecurity (40.8%) and health care (8.3%). These findings are mirrored in searches by category (n=9,839). Housing, health and food make up the top three groups.

Table 48: Health Net Community Connect - Most Common Search Terms, MY2020

	2020
help find housing	634
food delivery	514
help pay for housing	453
food pantry	437
dental care	282
emergency food	255
help pay for utilities	249
housing vouchers	245
help pay for food	182
long-term housing	155
	3,406

Searches by Category (n=9,839)

Food, 25.9%
Legal, 1.6%
Work, 1.9%
Education, 1.9%
Care, 2.8%
Money, 4.7%
Housing, 30.1%
Goods, 4.7%
Transit, 5.6%
Health, 20.8%
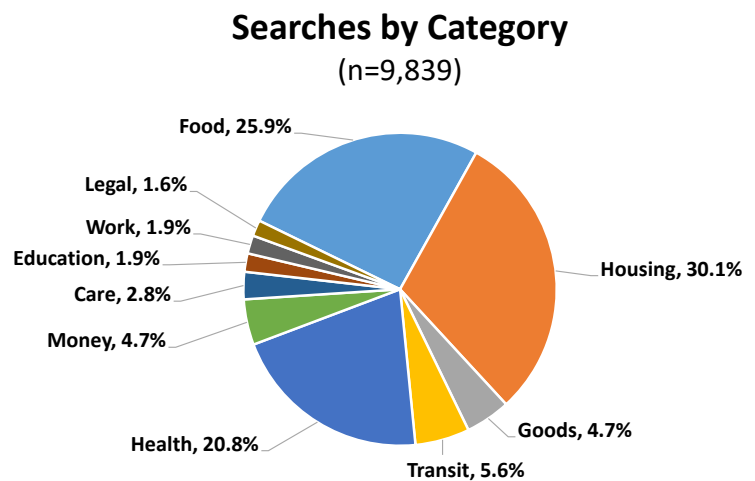
ACCESS TO CARE

Health Net established access to care standards to meet regulatory requirements. Ensuring adequate member access to health care is critical to delivering quality care and service. This section presents metrics from the Provider Appointment Availability Survey (PAAS), Provider After-Hours Availability Survey (PAHAS), DHCS Timely Access Study, and Consumer Assessment of Healthcare Providers and Systems (CAHPS).

DMHC Provider Appointment Availability Survey (PAAS)

The Department of Managed Health Care PAAS reviews patient access on various appointment scheduling metrics. Providers surveyed include Primary Care Providers (PCPs), Specialists, Ancillary Providers, behavioral health providers and psychiatry practice professionals. The DMHC PAAS survey was conducted via fax, email and telephone between August and December 2020.

Access to Primary Care Providers

Of 1,209 attempted surveys, a total of 825 responses were received from Primary Care Providers, resulting in a 68.2% response rate. Noted in Table 49 below, every Health Net county surpassed performance goals for *Non-Urgent Appointments*, *Access to Physical Exams and Wellness Checks*, and *Access to First Prenatal Appointment*. Conversely, every county underperformed for *Urgent Care Appointments*. Five of seven counties met or exceeded the goal for *Access to Preventive Health Check-up/Well-Child Appointments*. Overall, as a health plan, PCPs met the 80% performance goal in four of five performance measures in MY2020, and made improvements in measures over MY2019.

Table 49: PAAS - Access to Primary Care Providers, MY2019-2020

County	Performance Goal	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 %)		N (Rate %)		N (Rate %)		N (Rate %)		N (Rate %)	
		2019	2020	2019	2020	2019	2020	2019	2020	2019	2020
Kern	80%	109 (64)	106 (51)	114 (85)	✔ 108 (84)	96 (69)	67 (76)	96 (81)	✔ 63 (92)	23 (78)	✔ 24 (96)
Los Angeles	80%	1,394 (75)	977 (58)	1,420 (93)	✔ 996 (94)	1,296 (89)	✔591 (85)	1,275 (96)	✔ 556 (95)	428 (96)	✔ 211 (94)
Sacramento	80%	114 (55)	120 (56)	120 (78)	✔ 128 (96)	99 (76)	✔ 45 (87)	104 (86)	✔ 46 (98)	38 (79)	✔ 8 (87)
San Diego	80%	248 (77)	210 (73)	259 (93)	✔ 218 (98)	224 (87)	✔122 (91)	224 (92)	✔ 113 (95)	80 (89)	✔ 52 (98)
San Joaquin	80%	87 (68)	81 (42)	88 (84)	✔ 87 (87)	76 (78)	✔ 59 (81)	74 (89)	✔ 52 (100)	21 (76)	✔ 13 (100)
Stanislaus	80%	97 (58)	93 (56)	102 (77)	✔ 94 (92)	89 (62)	52 (67)	86 (80)	✔ 50 (82)	33 (91)	✔ 9 (89)
Tulare	80%	119 (78)	116 (56)	120 (95)	✔ 117 (96)	107 (91)	✔ 74 (92)	109 (95)	✔ 65 (95)	54 (91)	✔ 45 (98)
Total	80%	2,169 (73)	1,703 (58)↓	2,153 (91)	1,748 (94)	1,987 (85)	1,010 (84)	1,968 (93)	945 (95)	677 (92)	362 (95)

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 2020 PAAS vs MY 2019 PAAS (p<0.05)
✔ Rate above the performance goal

Access to Specialists

Access to specialists make up the second component of the PAAS. A total of 1,872 specialists responded, accounting for a 64.5% 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 oncology specialists were also included, but reported separately. They account for an additional 119 responses (74.4% response rate).

Table 50: PAAS (DMHC+Health Net PAAS) - Access to Specialists, MY2019-2020

		PAAS (DMHC + HN 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 %)		N (Rate %)		N (Rate %)		N (Rate %)		N (Rate %)	
County	Performance Goal	2019	2020	2019	2020	2019	2020	2019	2020	2019	2020
Kern	80%	102 (42)	77 (38)	113 (74)	79 (78)	14 (64)	✔ 8 (88)	1 (100)	✔ 3 (100)	2 (100)	✔ 3 (100)
Los Angeles	80%	1,156 (63)	994 (61)	1,244 (84)	✔ 1,044 (86)	106 (90)	✔ 88 (90)	74 (76)	✔ 70 (81)	78 (94)	✔ 73 (97)
Sacramento	80%	148 (51)	142 (42)	176 (71)	177 (78)	10 (70)	3 (67)	6 (50)	5 (60)	6 (100)	✔ 5 (100)
San Diego	80%	281 (48)	274 (55)	309 (71)	292 (79)	21 (91)	✔ 6 (100)	10 (50)	15 (67)	12 (92)	✔ 17 (100)
San Joaquin	80%	98 (57)	103 (60)	112 (80)	✔ 106 (87)	8 (50)	✔ 6 (83)	4 (75)	5 (60)	5 (80)	5 (60)
Stanislaus	80%	78 (63)	73 (59)	80 (76)	✔ 80 (80)	9 (78)	6 (33)	9 (56)	9 (68)	9 (89)	9 (68)
Tulare	80%	76 (54)	81 (51)	82 (73)	83 (78)	4 (100)	✔ 7 (86)	6 (100)	✔ 7 (100)	6 (100)	✔ 7 (100)
Total	80%	1,939 (58)	1,744 (57)	2,116 (80)	1,861 (84)↑	172 (84)	124 (86)	110 (72)	114 (78)	118 (93)	119 (94)

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 2020 PAAS vs MY 2019 PAAS (p<0.05)
✔ Rate above the performance goal

On average, Specialists did not meet the 80% performance goal for *Urgent Care Appointments* (57%), however met the goal for *Non-Urgent Appointments* (84%). OBGYN Specialists exceeded the benchmark for *Access to First Prenatal Appointment* (86%). High-Impact specialists (Oncology) did not meet the performance goal for *Urgent Care Appointments* (78%), but exceeded expectations for *Non-Urgent Appointments* (94%). When compared to MY2019 overall, four of the five measurements had a positive improvement in MY2020. A statistically significant increase was noted for *Non-Urgent Appointments*.

At the county level, Los Angeles met performance goals in four of five measures. Kern and Tulare Counties met goals for three, while Sacramento and Stanislaus Counties only met the benchmark for one measure.

Access to Psychiatrists & Non-Physician Mental Health (NPMH)
A total of 153 psychiatrists (69.2% response rate) and 525 non-physician mental health providers (87.1% response rate) completed the Provider Appointment Availability Survey. Overall (all counties combined), Psychiatrists and NPMH providers did not meet the 90% performance goals for either of the *Urgent Care Appointments* and *Non-Urgent Appointments*. Improvements, however, are noted for three of the four measures when compared to MY2019. Of these, one is statistically significant (*Non-Urgent Appointments; NPMH*).

Table 51: PAAS - Access to Psychiatry, Non-Physician Mental Health (NPMH), MY2019-2020

| | | 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 %) | | N (Rate %) | | N (Rate %) | | N (Rate %) | |
County	Performance Goal	2019	2020	2019	2020	2019	2020	2019	2020
Kern	90%	3 (100)	2 (0)	3 (67)	2 (50)	28 (46)	24 (79)	28 (86)	✔ 24 (100)
Los Angeles	90%	70 (5)	72 (60)	76 (78)	✔ 75 (92)	156 (69)	136 (77)	173 (81)	167 (85)

County	Performance Goal	Urgent Care services within 96 hours of request (Psychiatrist) N (Rate %)		Non-Urgent Appointment within 15 business days of request (Psychiatrist) N (Rate %)		Urgent Care services within 96 hours of request (NPMH) N (Rate %)		Non-Urgent Appointment within 10 business days of request (NPMH) N (Rate %)	
		2019	2020	2019	2020	2019	2020	2019	2020
Sacramento	90%	4 (50)	20 (35)	5 (80)	20 (75)	94 (60)	75 (59)	107 (61)	86 (86)
San Diego	90%	35 (60)	45 (42)	37 (78)	48 (85)	133 (71)	124 (71)	144 (81)	133 (84)
San Joaquin	90%	N/A	4 (50)	1 (100)	4 (75)	16 (88)	29 (83)	17 (100)	✔ 29 (100)
Stanislaus	90%	2 (50)	✔ 1 (100)	2 (50)	✔ 1 (100)	36 (44)	42 (62)	37 (62)	44 (89)
Tulare	90%	2 (50)	1 (0)	3 (50)	2 (50)	29 (83)	33 (46)	30 (90)	34 (88)
Total	**90%**	**116 (54)**	**145 (50)**	**127 (78)**	**152 (86)**	**492 (66)**	**463 (69)**	**536 (77)**	**517 (87)↑**

N: Total number respondents to the question
Rate: Percent of total number of respondents surveyed who met the access standard
N/A: No available responses
↑↓ Statistically significant difference between MY 2020 PAAS vs MY 2019 PAAS (p<0.05)
✔ Rate above the performance goal

Stanislaus County exceeded performance goals for two of four metrics. Kern, Los Angeles, and San Joaquin Counties exceeded goals for only one. Sacramento, San Diego, and Tulare Counties did not meet any of the predefined benchmarks.

Access to Ancillary Services
One hundred-twelve of 118 Ancillary surveys were received, resulting in a 95% response rate. Response rates by ancillary type was 94.6% for mammography (87 out of 92), and 96.2% for physical therapy (25 out of 26).

Table 52: PAAS (DMHC) - Access to Ancillary, MY2019-2020

County	Performance Goal	Non-Urgent Services within 15 business days of request (Ancillary) N (Rate %)	
		2019	2020
Kern	80%	14 (100)	✔ 13 (100)
Los Angeles	80%	65 (95)	✔ 62 (100)
Sacramento	80%	12 (92)	✔ 9 (100)
San Diego	80%	16 (100)	✔ 18 (94)
San Joaquin	80%	5 (100)	✔ 4 (100)
Stanislaus	80%	2 (100)	✔ 3 (100)
Tulare	80%	2 (100)	✔ 3 (100)
Total	**80%**	**116 (97)**	**112 (99) ↑**

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 2020 PAAS vs MY 2019 PAAS (p<0.05)
✔ Rate above the performance goal

> Ancillary Providers across all Health Net counties met and exceeded the 80% performance goal for "*Non-Urgent Services within 15 business days of requests*"

Compared to MY2019, the overall rate increase for *Non-Urgent Services* (all counties combined) was statistically significant.

Provider After-Hours Availability Survey (PAHAS)
Health Net's PAHAS used two metrics to measure performance for access to after-hours care. Conducted by Sutherland Health Care Solutions in December 2020, a total of 1,558 completed calls (97% response rate) where included in the analysis. Providers in five of seven counties met

performance goals for *Appropriate After-Hours Emergency Instructions*. No counties met performance levels for *Ability to contact on-call physician after-hours*. Overall, Health Net providers combined met the 90% performance goal for the measure *Appropriate After-Hours Emergency Instructions*. When compared to MY2019, both measures had statistically significant lower rates in 2020.

Table 53: PAHAS – Results, MY2019-2020

County	Performance Goal	Appropriate After-Hours Emergency Instructions N (Rate %)		Ability to contact on-call physician after-hours within 30 minutes N (Rate %)	
		2019	2020	2019	2020
KERN	90%	22 (91)	✔ 16 (100)	22 (100)	16 (75)
LOS ANGELES	90%	836 (96)	✔ 917 (92)	836 (93)	917 (77)
SACRAMENTO	90%	112 (84)	101 (83)	112 (94)	101 (59)
SAN DIEGO	90%	141 (95)	✔ 143 (94)	141 (90)	143 (70)
SAN JOAQUIN	90%	73 (97)	✔ 72 (96)	73 (100)	72 (63)
STANISLAUS	90%	129 (98)	✔ 144 (92)	129 (75)	144 (83)
TULARE	90%	185 (98)	165 (83)	185 (97)	165 (78)
Total	**90%**	**1,498 (96)**	**1,558 (91%) ↓**	**1,498 (92)**	**1,558 (75%) ↓**

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 2020 PAAS vs MY 2019 PAAS (p<0.05)*
✔ *Rate above the performance goal*

DHCS Timely Access Study

The California Department of Health Care Services (DHCS) requires its Medi-Cal managed care health plans (MCPs) to ensure their participating providers offer appointments that meet the wait-time standards. However, due to COVID-19, the DHCS Timely Access Study was placed on hold in 2020. Figures below represent the latest data available in MY2019. Health Net providers meeting the following criteria were included in the sample:

- Resides in the State of California
- Has an available phone number
- Enrolled with an MCP for Medi-Cal managed care
- Meets the DHCS-approved identification criteria for the following provider types: primary care providers (PCP), first prenatal visit providers, specialists, ancillary providers (physical therapy, MRI, and mammogram), and non-physician mental health (MH) providers.

In reviewing non-urgent wait-time standards, 78.2% of Health Net providers, on average, met access standards on the first collected appointment time (Table 54, raspberry highlight). Averaged rates were slightly lower in subsequent two appointment time collections, ranging from 73%-76% of providers. The percentage of providers meeting non-urgent wait-time standards for all collected appointment times (year-end average) are summarized in yellow highlight. At the county level, Tulare County outperformed both the statewide Medi-Cal average (82.5%) and Health Net average (73.3%), with 83.1% of providers meeting wait-time standards for all collection points in study. Los Angeles County followed with an 80.5% and San Joaquin County with 78.0%. Kern County noted lower rates with 61.3% of providers meeting standards at all touchpoints.

Table 54: DHCS Timely Access Study - Non-Urgent Wait-time Standards, MY2019

(M5A1)		Q1	Q2	Q3	Q4	MY 2019
		N (Rate %)	N (Rate %)	N (Rate %)	N (Rate %)	N (Rate %)
Percentage of providers meeting non-urgent visit wait-time standards for the <u>first</u> collected appointment time	Kern	17 (94.1)	13 (76.9)	27 (66.7)	23 (39.1)	80 (66.3)
	Los Angeles	7 (85.7)	19 (78.9)	30 (90.0)	31 (93.5)	87 (88.5)
	Sacramento	6 (66.7)	19 (73.7)	24 (62.5)	24 (70.8)	73 (68.5)
	San Diego	15 (80.0)	14 (92.9)	26 (69.2)	30 (90.0)	85 (82.4)
	San Joaquin	4 (25.0)	13 (76.9)	21 (95.2)	21 (90.5)	59 (84.7)
	Stanislaus	34 (88.2)	22 (63.6)	19 (68.4)	22 (63.6)	97 (73.2)
	Tulare	31 (93.5)	23 (91.3)	19 (73.7)	16 (68.8)	89 (84.3)
	HNCS All	**114 (86.0)**	**123 (78.9)**	**166 (75.3)**	**167 (75.4)**	**570 (78.2)**
	Statewide	1,919 (89.7)	2,099 (85.9)	2,073 (85.4)	1,957 (87.2)	8,048 (87.0)

(M5A2)		Q1	Q2	Q3	Q4	MY 2019
		N (Rate %)	N (Rate %)	N (Rate %)	N (Rate %)	N (Rate %)
Percentage of providers meeting non-urgent visit wait-time standards for the <u>second</u> collected appointment time	Kern	17 (94.1)	13 (76.9)	27 (63.0)	23 (39.1)	80 (65.0)
	Los Angeles	7 (85.7)	19 (78.9)	30 (83.3)	31 (93.5)	87 (86.2)
	Sacramento	6 (66.7)	19 (73.7)	24 (62.5)	24 (62.5)	73 (65.8)
	San Diego	15 (80.0)	14 (85.7)	26 (69.2)	30 (86.7)	85 (80.0)
	San Joaquin	4 (25.0)	13 (69.2)	21 (95.2)	21 (90.5)	59 (83.1)
	Stanislaus	34 (88.2)	22 (59.1)	19 (68.4)	22 (59.1)	97 (71.1)
	Tulare	31 (93.5)	23 (91.3)	19 (73.7)	16 (68.8)	89 (84.3)
	HNCS All	**114 (86.0)**	**123 (76.4)**	**166 (73.5)**	**167 (73.1)**	**570 (76.5)**
	Statewide	1,919 (87.5)	2,099 (83.5)	2,073 (83.3)	1,957 (84.7)	8,048 (84.7)

(M5A3)		Q1	Q2	Q3	Q4	MY 2019
		N (Rate %)	N (Rate %)	N (Rate %)	N (Rate %)	N (Rate %)
Percentage of providers meeting non-urgent visit wait-time standards for the <u>third</u> collected appointment time	Kern	17 (82.4)	13 (76.9)	27 (59.3)	23 (39.1)	80 (61.3)
	Los Angeles	7 (85.7)	19 (68.4)	30 (73.3)	31 (93.5)	87 (80.5)
	Sacramento	6 (50.0)	19 (68.4)	24 (62.5)	24 (62.5)	73 (63.0)
	San Diego	15 (80.0)	14 (71.4)	26 (69.2)	30 (83.3)	85 (76.5)
	San Joaquin	4 (25.0)	13 (61.5)	21 (95.2)	21 (81.0)	59 (78.0)
	Stanislaus	34 (85.3)	22 (59.1)	19 (68.4)	22 (59.1)	97 (70.1)
	Tulare	31 (93.5)	23 (91.3)	19 (68.4)	16 (68.8)	89 (83.1)
	HNCS All	**114 (82.5)**	**123 (71.5)**	**166 (70.5)**	**167 (71.3)**	**570 (73.3)**
	Statewide	1,919 (85.5)	2,099 (80.4)	2,073 (81.4)	1,957 (82.5)	8,048 (82.5)

(M5A4)		Q1	Q2	Q3	Q4	MY 2019
		N (Rate %)	N (Rate %)	N (Rate %)	N (Rate %)	N (Rate %)
Percentage of providers meeting non-urgent visit wait-time standards for <u>all</u> collected appointment times	Kern	17 (82.5)	13 (76.9)	27 (59.3)	23 (39.1)	80 (61.3)
	Los Angeles	7 (85.7)	19 (68.4)	30 (73.3)	31 (93.5)	87 (80.5)
	Sacramento	6 (50.0)	19 (68.4)	24 (62.5)	24 (62.5)	73 (63.0)
	San Diego	15 (80.0)	14 (71.4)	26 (69.2)	30 (83.3)	85 (76.5)
	San Joaquin	4 (25.0)	13 (61.5)	21 (95.2)	21 (81.0)	59 (78.0)
	Stanislaus	34 (85.3)	22 (59.1)	19 (68.4)	22 (59.1)	97 (70.1)
	Tulare	31 (93.5)	23 (91.3)	19 (68.4)	16 (68.8)	89 (83.1)
	HNCS All	**114 (82.5)**	**123 (71.5)**	**166 (70.5)**	**167 (71.3)**	**570 (73.3)**
	Statewide	1,919 (85.8)	2,099 (80.4)	2,073 (81.4)	1,957 (82.5)	8,048 (82.5)

N – Total number respondents to the question
Rate - Percent of total number of respondents surveyed who met the access standard

In Table 55, the percentage of all Health Net providers meeting urgent visit wait-time standards is lower than the non-urgent access standards noted above. Only 50.6% of providers met the standard for all collected appointment times, compared to 73.3% for non-urgent visits. At the county level, Tulare County continues to have the highest overall average with nearly 66% of providers meeting access standards for all collected appointment times. Conversely, Sacramento County noted the lowest rate with 37.5%.

Table 55: DHCS Timely Access Study - Urgent Wait-time Standards, MY2019

		Q1	Q2	Q3	Q4	Q4 Aggregate
		N (Rate %)	N (Rate %)	N (Rate %)	N (Rate %)	N (Rate %)
(M5B1) Percentage of providers meeting urgent visit wait-time standards for the <u>first</u> collected appointment time	Kern	11 (72.7)	12 (58.3)	25 (72.0)	17 (35.3)	65 (60.0)
	Los Angeles	3 (100.0)	11 (45.5)	20 (75.0)	18 (72.2)	52 (69.2)
	Sacramento	4 (50.0)	8 (50.0)	12 (41.7)	16 (68.8)	40 (55.0)
	San Diego	1 (100.0)	12 (66.7)	17 (64.7)	23 (65.2)	53 (66.0)
	San Joaquin	3 (33.3)	6 (50.0)	14 (57.1)	18 (77.8)	41 (63.4)
	Stanislaus	20 (75.0)	17 (47.1)	12 (66.7)	21 (66.7)	70 (64.3)
	Tulare	18 (77.8)	20 (90.0)	17 (64.7)	15 (66.7)	70 (75.7)
	HNCS All	**60 (73.3)**	**86 (61.6)**	**117 (65.0)**	**128 (64.8)**	**391 (65.5)**
	Statewide	1,089 (79.3)	1,254 (76.3)	1,249 (75.3)	1,220 (77.5)	4,812 (77.0)

		Q1	Q2	Q3	Q4	Q4 Aggregate
		N (Rate %)	N (Rate %)	N (Rate %)	N (Rate %)	N (Rate %)
(M5B2) Percentage of providers meeting urgent visit wait-time standards for the <u>second</u> collected appointment time	Kern	11 (45.5)	12 (41.7)	25 (68.0)	17 (35.3)	65 (50.8)
	Los Angeles	3 (100.0)	11 (36.4)	20 (60.0)	18 (61.1)	52 (57.7)
	Sacramento	4 (0.0)	8 (50.0)	12 (33.3)	16 (50.0)	40 (40.0)
	San Diego	1 (100.0)	12 (66.7)	17 (64.7)	23 (65.2)	53 (66.0)
	San Joaquin	3 (33.3)	6 (50.0)	14 (42.9)	18 (66.7)	41 (53.7)
	Stanislaus	20 (60.0)	17 (41.2)	12 (58.3)	21 (57.1)	70 (54.3)
	Tulare	18 (72.2)	20 (85.0)	17 (64.7)	15 (60.0)	70 (71.4)
	HNCS All	**60 (58.3)**	**86 (55.8)**	**117 (58.1)**	**128 (57.0)**	**391 (57.3)**
	Statewide	1,089 (71.7)	1,254 (70.0)	1,249 (69.9)	1,220 (72.5)	4,812 (71.0)

		Q1	Q2	Q3	Q4	Q4 Aggregate
		N (Rate %)	N (Rate %)	N (Rate %)	N (Rate %)	N (Rate %)
(M5B3) Percentage of providers meeting urgent visit wait-time standards for the <u>third</u> collected appointment time	Kern	11 (45.5)	12 (33.3)	25 (60.0)	17 (29.4)	65 (44.6)
	Los Angeles	3 (66.7)	11 (18.2)	20 (60.0)	18 (61.1)	52 (51.9)
	Sacramento	4 (0.0)	8 (50.0)	12 (25.0)	16 (50.0)	40 (37.5)
	San Diego	1 (0.0)	12 (58.3)	17 (58.5)	23 (52.2)	53 (54.7)
	San Joaquin	3 (33.3)	6 (33.3)	14 (35.7)	18 (55.6)	41 (43.9)
	Stanislaus	20 (50.0)	17 (41.2)	12 (58.3)	21 (47.6)	70 (48.6)
	Tulare	18 (61.6)	20 (75.0)	17 (64.7)	15 (60.0)	70 (65.7)
	HNCS All	**60 (48.3)**	**86 (47.7)**	**117 (53.8)**	**128 (50.8)**	**391 (50.6)**
	Statewide	1,089 (64.8)	1,254 (62.7)	1,249 (64.4)	1,220 (67.3)	4,812 (64.8)

		Q1	Q2	Q3	Q4	Q4 Aggregate
		N (Rate %)	N (Rate %)	N (Rate %)	N (Rate %)	N (Rate %)
(M5B4) Percentage of providers meeting urgent visit wait-time standards for <u>all</u> collected appointment times	Kern	11 (45.5)	12 (33.3)	25 (60.0)	17 (29.4)	65 (44.6)
	Los Angeles	3 (66.7)	11 (18.2)	20 (60.0)	18 (61.1)	52 (51.9)
	Sacramento	4 (0.0)	8 (50.0)	12 (25.0)	16 (50.0)	40 (37.5)
	San Diego	1 (0.0)	12 (58.3)	17 (58.8)	23 (52.2)	53 (54.7)
	San Joaquin	3 (33.3)	6 (33.3)	14 (35.7)	18 (55.6)	41 (43.9)
	Stanislaus	20 (50.0)	17 (41.2)	12 (58.3)	21 (47.6)	70 (48.6)
	Tulare	18 (61.1)	20 (75.0)	17 (64.7)	15 (60.0)	70 (65.7)
	HNCS All	**60 (48.3)**	**86 (47.7)**	**117 (53.8)**	**128 (50.8)**	**391 (50.6)**
	Statewide	1,089 (64.8)	1,254 (62.7)	1,249 (64.4)	1,220 (67.3)	4,812 (64.8)

N – Total number respondents to the question
Rate - Percent of total number of respondents surveyed who met the access standard

Consumer Assessment of Healthcare Providers and Systems (CAHPS)

Health Net members can rate their health care experience on a variety of measures via the CAHPS survey. Health Net initiated the survey in February 2020. Survey findings validate current quality care

practices, while helping identify opportunities for improvement. A total of 369 surveys were received, accounting for an 8.2% response rate. All seven Health Net counties were represented in the survey.

Sample Size	English Completes	Spanish Completes	Mail Completes	Internet Completes	Total Completes
4,523	292	77	288	81	369

Several composite measures and rating metrics are used for HEDIS and health plan accreditation. Scores represent the proportion of members who rate Health Net favorably on a given measure. In reviewing data from 2019 to 2020, rates increases were seen in the following measures: "Getting Care Quickly," "How Well Doctors Communicate," "Rating of Health Care," and "Rating of Personal Doctor." "How Well Doctors Communicate" was the only measure that made statistically significant improvement. However, rates decreased with "Getting Needed Care," "Customer Service," and "Coordination of Care." Ratings overall increased in eight of 13 measures** and stayed the same in two, as noted in Table 56.

Table 56: CAHPS - Composite Measures, MY2019-2020

Type of Measures	2019	2020
Composite Measures		
Getting Care Quickly	75%	76%
*Shared Decision Making**	76%	n/a
How Well Doctors Communicate	88%	**92%↑**
Getting Needed Care	79%	77%
Customer Service	86%	83%
Overall Rating Measures*		
Health Care	51%	52%
Personal Doctor	58%	63%
Specialist	63%	63%
Health Plan	54%	54%
HEDIS® Measures		
Flu Vaccinations	40%	42%
*Advising Smokers and Tobacco Users to Quit****	68%	71%
*Discussing Cessation Medications****	40%	42%
*Discussing Cessation Strategies****	36%	38%
*Health Promotion and Evaluation**	75%	n/a
Coordination of Care	80%	79%
Sample Size	4,523	4,523
Number of Completes	560	369
Response Rate	*12%*	*8%*

Statistically significant improvement on how well doctors communicate with members.

Legend: ↑/↓ Statistically higher/lower compared to prior year results.
* Measures were removed by NCQA from the survey to reduce response burden for members and sponsors to coincide with the Health Plan accreditation refresh.
** Reflects members who rated 9, 10 on the 0-10 scale (%9,10) to align with scores that are sent to NCQA for Health Plan Ratings.
*** Measure is reported using a Rolling Average Methodology. The score shown is the reportable score for the corresponding year.

Quality Compass is NCQA's comprehensive national database of health plans' HEDIS and CAHPS results. The Quality Compass percentiles provide an indication of how health plans fared against last year's national average, with 100th being the highest possible. Table 57 below notes Health Net's rate comparison. Compared to the previous year, the percentile gap was closed on six of nine measures.

Table 57: CAHPS - Benchmarks, MY2020

Composite Scores	2020 Rates	Comparison to 2019 Quality Compass® Benchmarks
Getting Care Quickly	76%	*Below 10th %tile*
How Well Doctors Communicate	92%	*Below 50th %tile*
Getting Needed Care	77%	*Below 25th %tile*
Customer Service	83%	*Below 10th %tile*
Care Coordination	79%	*Below 25th %tile*

*Overall Rating Scores***	2020 Rates	*Comparison to 2019 Quality Compass® Benchmarks*
Health Care	52%	*Below 50th %tile*
Personal Doctor	63%	*Below 15th %tile*
Specialist	63%	*Below 25th %tile*
Health Plan	54%	*Below 20th %tile*

** Reflects members who rated 9, 10 on the 0-10 scale (%9,10) to align with scores that are sent to NCQA for Health Plan Ratings.

Demographic information was captured in the CAHPS® Survey to help highlight disparities in care among respondents. When viewed by race (White, Black, or All Other), Black members reported favorable experiences ("Always" or "Usually") more frequently to each of the composite measures when compared to other races. When viewed by ethnicity (Hispanic or Non-Hispanic), the proportion of members identifying as Hispanic noted favorable experiences more often across all composite measures and overall ratings ("9" or "10" rating out of a 0-10 scale). Of the respondents with a high school education or less, 60% gave Health Net an overall rating of 9 or 10. And of the respondents with some college education or more, 44% gave their health plan a rating of 9 or 10. Rating result details across measures by various demographic indicators can be found in **Appendix E**.

Overall, CAHPS findings show that Health Net continues to show directional improvement in the various measures when compared to 2019 rates. Continued efforts to improve all measures are needed in order to achieve the next percentile level of the Quality Compass scores, with added focus on those that did not meet the 25th percentile.

HEALTH DISPARITIES

Barriers associated with race/ethnicity, language and broader SDoH factors often contribute to gaps in the quality of care. Health Net has a long history of prioritizing the reduction of health care disparities for the communities most impacted by inequities, collaborating with private and public partners statewide. Efforts aim to improve population health outcomes through culturally responsive interventions at the community, member, provider, and system levels.

In 2020, Health Net supplemented DHCS Reporting Year 2020 health disparity data with additional internal figures, developing a dynamic dashboard. The dashboard allows for the stratification and comparison of HEDIS performance by variables, such as race/ethnicity, age, sex, geography, and housing status. This dashboard enables Health Net to impact overall HEDIS performance by identifying and targeting groups with compliance rates lower than their counterparts. The following tables reflect disparities identified in Health Net's most populated regions: Los Angeles, Sacramento and Tulare Counties. Additional tables for Kern, San Diego, San Joaquin, and Stanislaus Counties can be found in **Appendices F - G**.

The shading in the tables corresponds to a gradient color scheme that reports performance percentiles, as noted in the legend. Blue shading indicates performance in high percentiles, while orange indicates a lower percentile performance.

Health Care Quality Measures and Abbreviations

Breast Cancer Screening	BCS	Statin Therapy for Patients With Cardiovascular Disease	SPC
Cervical Cancer Screening	CCS	Adolescent Well-Care Visits	AWC
Childhood Immunization Status	CIS	Chlamydia Screening in Women	CHL
Controlling High Blood Pressure	CBP	Well-Child Visits; 3-6 Years of Life	W34

Racial /Ethnic[15] Disparities

Racial and/or ethnic (R/E) differences in the quality of care have been long-standing and significant contributors to disparities for certain population groups. Influencers include differences in place/geography, lack of access to adequate health coverage, communication difficulties between patient and provider, cultural barriers, provider stereotyping, and lack of access to providers.

Table 58: Health Disparity Data - Pattern by Race/Ethnicity in Los Angeles County for Preventive Measures, MY2020

HEIDS Measure(s)	AI/AN		API		Black	
	DEN	COMP_RATE	DEN	COMP_RATE	DEN	COMP_RATE
BCS	63	41.27%	9280	62.17%	4233	52.56%
CCS	297	51.85%	22937	57.58%	18532	53.70%
CCS (hybrid)			52	55.77%	40	60.00%
CHL	12	58.33%	1408	63.57%	2431	76.55%
CIS-Combination #10	11	18.18%	838	27.68	1052	9.32%
CIS-Combination #10 (hybrid)	1	0.00%	31	29.03%	34	5.88%
CIS-Combination #3	11	63.64%	838	45.70%	1052	36.22%
CIS-Combination #3 (hybrid)	1	0.00%	31	74.19%	34	38.24%

HEDIS Measure(s)	Hispanic		Unknown		White	
	DEN	COMP_RATE	DEN	COMP_RATE	DEN	COMP_RATE
BCS	21006	68.57%	2627	55.65%	7164	53.73%
CCS	86048	59.68%	11590	53.53%	25550	52.05%
CCS [hybrid]	217	63.13%	36	50.00%	70	58.57%
CHL	18590	69.22%	885	65.88%	1704	60.92%
CIS-Combination #10	8774	25.55%	1765	18.64%	914	15.86%
CIS-Combination #10 (hybrid)	264	32.20%	56	21.43%	30	26.67%
CIS-Combination #3	8774	55.94%	1765	49.86%	914	44.20%
CIS-Combination #3 (hybrid)	264	70.45%	56	51.79%	30	73.33%

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[15] Members are categorized as American Indian/Alaska Natives (AI/AN), Asian or Pacific Islanders (API), African American (Black), Latino (Hispanic), or White (non-Hispanic) based on their self-reported race/ethnicity data.
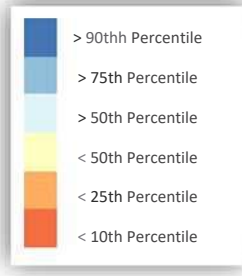
In Los Angeles County (images under Table 58), Asian or Pacific Islanders meet minimum performance levels for BCS, CHL and CIS- Combo 3 (hybrid). Hispanics are at or above the 50th percentile for BCS, CCS (hybrid) and CHL. With exception to CHL, which scored above the 90th percentile, Black members score below the MPL on all measures reviewed. White members met benchmarks for CHL and CIS-Combo 3 (hybrid). American Indians/Alaskan Natives did not have any measures meeting the 50th percentile.

Table 59: Health Disparity Data - Pattern by Race/Ethnicity in Sacramento County for Preventive Measures, MY2020

HEDIS Measure(s)	AI/AN		API		Black	
	DEN	COMP_RATE	DEN	COMP_RATE	DEN	COMP_RATE
BCS	33	42.42%	1469	65.62%	570	57.02%
CCS	150	46.67%	4731	58.17%	2988	55.66%
CCS (hybrid)	3	66.67%	108	48.15%	69	42.03%
CHL	10	70.00%	453	66.98%	533	77.86%
CIS-Combination #10	1	0.00%	246	48.78%	229	14.85%
CIS-Combination #10 (hybrid)			61	67.21%	55	20.00%
CIS-Combination #3	1	0.00%	246	69.92%	229	43.23%
CIS-Combination #3 (hybrid)			61	81.97%	55	52.73%

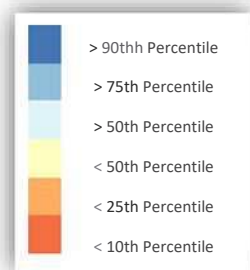| HEIDS Measure(s)	Hispanic		Unknown		White	
	DEN	COMP_RATE	DEN	COMP_RATE	DEN	COMP_RATE
BCS	470	57.02%	510	54.51%	1580	47.47%
CCS	2628	58.33%	2927	55.72%	5948	48.87%
CCS (hybrid)	49	53.06%	61	60.66%	123	56.91%
CHL	811	70.28%	336	63.99%	507	59.57%
CIS-Combination #10	50	32.94%	500	21.00%	332	10.84%
CIS-Combination #10 (hybrid)	125	36.80	99	23.23%	76	17.11%
CIS-Combination #3	504	56.55%	500	49.40%	332	29.22%
CIS-Combination #3 (hybrid)	125	73.60%	99	68.69%	76	39.47%
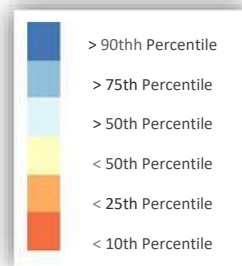
In Sacramento County (images under Table 59), Black and White members meet or exceed the 50th percentile for CHL only. Asian or Pacific Islanders exceed the MPL for BCS, CHL and CIS-10. Hispanics are below the MPL for BCS and CCS, and below the 10th percentile for CIS-3. American Indians/Alaskan Natives met MPL for CCS (hybrid) and CHL.

Table 60: Health Disparity Data - Pattern by Race/Ethnicity in Tulare County for Preventive Measures, MY2020

HEIDS Measure(s)	AI/AN		API		Black	
	DEN	COMP_RATE	DEN	COMP_RATE	DEN	COMP_RATE
BCS	38	47.37%	213	57.28%	59	50.85%
CCS	150	53.33%	1214	55.52%	281	56.94%
CCS (hybrid)	3	66.67%	28	57.14%	5	80.00%
CHL	21	66.67%	120	64.17%	55	70.91%
CIS-Combination #10	12	8.33%	69	42.03%	24	20.83%
CIS-Combination #10 (hybrid)	3	0.00%	11	27.27%	3	0.00%
CIS-Combination #3	12	25.00%	69	72.46%	24	45.83%
CIS-Combination #3 (hybrid)	3	66.67%	11	81.82%	3	33.33%

HEIDS Measure(s)	Hispanic		Unknown		White	
	DEN	COMP_RATE	DEN	COMP_RATE	DEN	COMP_RATE
BCS	2309	61.63%	194	48.45%	930	47.20%
CCS	1343	61.42%	1208	53.73%	3717	51.04%
CCS (hybrid)	292	66.20%	22	68.18%	78	62.82%
CHL	3241	58.22%	179	62.01%	480	57.71%
CIS-Combination #10	2009	33.10%	355	31.55%	216	24.07%
CIS-Combination #10 (hybrid)	324	41.98	53	37.74%	25	44.00
CIS-Combination #3	2009	61.27%	355	60.28%	216	56.02%
CIS-Combination #3 (hybrid)	324	77.78%	53	88.68%	25	68.00%

Legend:
- > 90thh Percentile
- > 75th Percentile
- > 50th Percentile
- < 50th Percentile
- < 25th Percentile
- < 10th Percentile

In Tulare County, American Indians/Alaskan Natives had three measures below the 10th percentile (BCS, CIS-10, and CIS-3). Black members surpassed the 50th percentile for CHL and CCS (hybrid), while White members met the MPL for CIS-10 (hybrid) and CCS (hybrid). Hispanics have rates below the MPL for three measures.
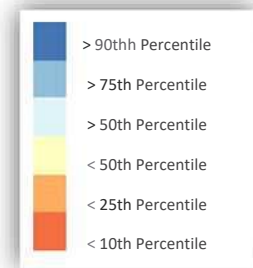
Linguistic Disparities

To identify linguistic disparities, HEDIS compliance rates were compared across different spoken language groups. Table 61 demonstrates HEDIS performance for Armenian, Cantonese, English, Korean, Mandarin, Spanish and Vietnamese in Los Angeles County.

Table 61: Health Disparity Data - Pattern by Language in Los Angeles County for Preventive Measures, MY2020

HEDIS Measure(s)	Hispanic		Unknow		White			
	DEN	COMP_RATE	DEN	COMP_RATE	DEN	COMP_RATE	DEN	COMP_RATE
BCS	1163	65.09%	1529	69.72%	21040	54.20%	768	48.57%
CCS	2489	63.44%	3128	67.65%	114187	53.38%	1323	51.10%
CCS (hybrid)	4	50.00%	10	50.00%	295	53.90%	2	100.00%
CHL	75	54.67%	180	61.11%	13873	68.95%	47	48.94%
CIS-Combination #10	56	1.79%	100	21.00%	9010	20.01%	18	61.11%
CIS-Combination #10 (hybrid)			2	0.00%	295	24.07%		
CIS-Combination #3	56	25.00%	100	40.00%	9010	49.37%	18	77.78%
CIS-Combination #3 (hybrid)			2	50.00%	295	59.66%		

HEDIS Measure(s)	Mandarin		Spanish		Vietnamese	
	DEN	COMP_RATE	DEN	COMP_RATE	DEN	COMP_RATE
BCS	1483	58.33%	15960	72.06%	1325	76.23%
CCS	3178	60.95%	37007	65.63%	3046	68.78%
CCS (hybrid)	7	85.71%	91	74.73%	8	87.50%
CHL	105	73.33%	10385	69.37%	228	62.28%
CIS-Combination #10	154	19.48%	3861	29.50%	46	45.65%
CIS-Combination #10 (hybrid)	4	25.00%	105	40.00%	4	50.00%
CIS-Combination #3	154	31.82%	3861	60.11%	46	65.22%
CIS-Combination #3 (hybrid)	4	75.00%	105	83.81%	4	100.00%

Legend:
- > 90thh Percentile
- > 75th Percentile
- > 50th Percentile
- < 50th Percentile
- < 25th Percentile
- < 10th Percentile

Vietnamese-speaking members outperformed other language groups in Los Angeles County, with only one measure below the 50th percentile. Members speaking Spanish had rates below the MPL for CIS-10 and CIS-3, but rates above the 90th for BCS, CCS and CIS-3 (hybrid). Armenian and Korean speakers each have two measures above the minimum performance level. English speakers scored below the MPL on all but one measure (CHL).

Table 62: Health Disparity Data - Pattern by Language in Sacramento County for Preventive Measures, MY2020

HEDIS Measure(s)	Cantonese		English		Hmong (White	
	DEN	COMP_RATE	DEN	COMP_RATE	DEN	COMP_RATE
BCS	198	68.18%	2864	52.44%	212	50.94%
CCS	525	68.38%	14296	51.64%	597	50.08%
CCS (hybrid)	9	66.67%	303	50.17%	14	21.43%
CHL	50	84.00%	1860	69.19%	75	68.00%
CIS-Combination #10	25	88.00%	1256	20.30%	56	46.43%
CIS-Combination #10 (hybrid)	9	100.00%	283	27.56%	15	66.67%
CIS-Combination #3	25	92.00%	1256	46.50%	56	69.64%
CIS-Combination #3 (hybrid)	9	100.00%	283	61.48%	15	80.00%

HEDIS Measure(s)	Russian		Spanish		Vietnamese	
	DEN	COMP_RATE	DEN	COMP_RATE	DEN	COMP_RATE
BCS	393	45.55%	254	68.90%	337	81.31%
CCS	1108	54.69%	1042	66.99%	880	72.27%
CCS (hybrid)	26	57.69%	17	52.94%	21	80.95%
CHL	80	51.25%	459	72.77%	69	56.52%
CIS-Combination #10	92	0.00%	295	41.02%	21	61.90%
CIS-Combination #10 (hybrid)	19	0.00%	60	38.33%	8	75.00%
CIS-Combination #3	92	6.52%	295	64.07%	21	80.95%
CIS-Combination #3 (hybrid)	19	10.53%	60	81.67%	8	75.00%

Vietnamese speakers scored very well across all but one measure (CHL), reaching the 75th or above percentile range. The lowest performers were English and Russian speakers. Russian members scored below the minimum performance level across all measures, and below the 10th percentile for BCS and both CIS-Combination 3 measures. English members scored above the 50th percentile on chlamydia, but below the 25th percentile on all other measures.

Table 63: Health Disparity Data - Pattern by Language in Tulare County for Preventive Measures, MY2020

HEDIS Measure(s)	Arabic		English		Laotian, Laothian, Pha Xa Loa	
	DEN	COMP_RATE	DEN	COMP_RATE	DEN	COMP_RATE
BCS	9	44.44%	2050	48.68%	17	82.35%
CCS	41	48.78%	13410	54.50%	26	61.54%
CCS (hybrid)			302	62.91%	1	0.00%
CHL	5	60.00%	2490	59.88%	1	100.00%
CIS-Combination #10	2	50.00%	1812	29.14%	1	0.00%
CIS-Combination #10 (hybrid)			275	33.45%		
CIS-Combination #3	2	50.00%	1812	60.98%	1	0.00%
CIS-Combination #3 (hybrid)			275	74.91%		

HEDIS Measure(s)	Spanish		Unknown		Vietnamese	
	DEN	COMP_RATE	DEN	COMP_RATE	DEN	COMP_RATE
BCS	1610	67.33%	69	46.38%	4	25.00%
CCS	6400	66.81%	109	49.54%	19	57.89%
CCS (hybrid)	125	71.20%				
CHL	1614	56.32%	2	100.00%		
CIS-Combination #10	861	38.33%	2	100.00%		
CIS-Combination #10 (hybrid)	142	53.52	1	100.00%		
CIS-Combination #3	861	60.16%	2	100.00%		
CIS-Combination #3 (hybrid)	142	84.51%	1	100.00%		

In Tulare County, Spanish-speaking members had two measures below the MPL (CIS-3 and CHL). English speakers met performance metrics for three measures, while Laotian speakers scored above the MPL for BCS and CCS. Vietnamese-speaking members in this analysis did not have rates above the minimum performance level for any measure.

Disparities Based on Housing Status (Likely Homelessness[16])

Homelessness is a significant issue impacting California at large. Likely Homeless members more often experience poor health conditions and high rates of mental illness, substance or alcohol abuse, and mortality. Table 64 captures a statewide analysis of members flagged as potentially housing insecure (indicated in the "Yes" column), and compares those values to performance on cardiovascular measures. In all four measures, those who are housing insecure perform much lower than their counterparts. This may suggest significant barriers for accessing primary care.

Table 64: Health Disparity Data - Statewide Cardiovascular Measure Performance for Housing Insecure Members, MY2020

	No		Yes	
	DEN	COMP_RATE	DEN	COMP_RATE
CBP	65025	38.07%	3870	32.48%
CBP (hybrid)	2576	60.56%	127	53.54%
SPC-Received Statin Therapy	3411	78.13%	296	68.92%
SPC-Statin Adherence 80%	2665	68.59%	204	51.47%

Statewide analysis of potentially housing insecure members was also compared against performance on women's health measures. With exception to Chlamydia screenings, housing insecure members scored below the 25th percentile on all other measures.

Table 65: Health Disparity Data - Statewide Women's Health Measure Performance for Housing Insecure Members, MY2020

HEDIS Measure(s)	No		Yes	
	DEN	COMP_RATE	DEN	COMP_RATE
BCS	59091	61.66%	2740	34.16%
CCS	228247	57.05%	15555	39.22%
CCS (hybrid)	2751	56.27%	184	38.59%
CHL	35539	65.39%	1984	73.29%
PPC- Postpartum Care	12161	67.53%	834	40.17%
PPC- Postpartum Care (hybrid)	2442	77.23%	119	50.42%
PPC-Timeliness of Prenatal Care	12161	80.64%	834	66.31%
PPC- Timeliness of Prenatal Care (hybrid)	2442	89.84%	119	73.95%

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[16] Members are categorized as likely to be homeless 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-IO-CM Code Z59.0.

In Los Angeles County, HEDIS performance for potentially housing insecure populations is assessed using pediatric measures (Table 66). The compliance rate is substantially lower across all measures for the potentially unhoused group.

Table 66: Health Disparity Data - Pediatric Measure Performance for Housing Insecure Members in Los Angeles County, MY2020

	No		Yes	
	DEN	COMP_RATE	DEN	COMP_RATE
AWC	162493	45.31%	4768	27.68%
AWC (hybrid)	393	51.40%	22	31.62%
CIS-Combination #10	12809	23.28%	552	12.14%
CIS- Combination #10 (hybrid)	394	28.93%	22	9.09%
CIS- Combination #3	12809	52.79%	552	36.78%
CIS- Combination #3 (hybrid)	394	67.26%	22	36.36%
W34	58845	69.29%	2432	53.32%
W34 (hybrid)	311	72.03%	10	50.00%

HEALTH EDUCATION, CULTURAL & LINGUISTIC, AND QUALITY IMPROVEMENT GAP ANALYSIS

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

Health Education

Health Net's Health Education Department offers health education classes, health fairs, screenings, and community events on various topics statewide. Members and the community may participate at no cost. These services are extended through health educators, promotoras (community health workers), and community partners. Health Education conducted a total of 392 events in 2020, reaching 4,906 participants across all seven counties. Of these, an estimated 956 people received at least one screening, such as blood pressure, glucose, and/or dental, to name a few. The top three topics for all health education classes (n=359) included fitness (33%), diabetes basics (22%), cervical cancer (15%). Overall, an estimated 28.6% of participants were Health Net members (n=l,402).

Table 67: Health Education Programs & Services Utilization - Community Events, MY2020

County	All Event Count
Kern	7
Los Angeles	335
Sacramento	24
San Diego	-
San Joaquin	13
Stanislaus	1
Tulare	12
Total:	**392**

Events by Type	Event Count	Total Participants	Member Reach
Health Education Class	359	3,301	700(21.2%)
Health Fair	9	300	135(45.0%)
Know Your Numbers*	24	1,305	567(43.5%)
Total:	**392**	**4,906**	**1,402 (28.6%)**

*Know Your Numbers include both class and screenings

COVID-19 presented a challenge in the manner in which health education was extended to members and the community. Various health promotion classes, health fairs, and other in-person activities were cancelled, resulting in a 42.5% decrease in the number of events since MY2019. In turn, Health Education looked to alternative means, reaching members through online platforms, social media, email and telephonic campaigns. These activities, along with new programs and partnerships, help address health education-related gaps identified in this Needs Assessment, discussed below.

Tobacco / nicotine dependence continues to be a high-risk behavior on behalf of our members. An estimated 17% self-reported tobacco use within the past year, in line with last year's Health Information Form findings. Claims data identified nearly 31,000 smokers, with the largest proportion (51%) stemming from adults in the 22-50 year age group. In addition, community findings show all Health Net counties with smoking rates above the California average of 11%. MY2020 efforts included an innovative activity, collaborating with the California Smokers Helpline to extend targeted telephonic outreach and Nicotine Replacement Therapy to eligible members. The proposal is currently with DHCS for review, and will be implemented as soon as approval is obtained to encourage smokers to access cessation services.

Mental and behavioral health is a recurring theme. In MY2020, mood, anxiety and schizophrenia disorders continue to account for the three of the top 10 mental health conditions, with Post-Traumatic Stress Disorder (chronic) becoming a new top 10 item. Nearly 28% of Health Information Form survey respondents noted feeling down, hopeless or depressed for at least several days during a 2-week period, mirroring MY2019. Over 10% of ACEs screenings for Health Net adults aged 18-64 had a high-risk score for toxic stress, a population group that can benefit from added mental health resources. Furthermore, *Access to Care* analysis show that, on average, Health Net Psychiatrists and Non-Physician Mental Health providers did not meet performance goals for urgent and non-urgent care appointments. When flagged in the previous needs assessment, Health Education sought to increase access to behavioral health resources by promoting myStrength, a comprehensive digital behavioral health platform that allows for learning on stress, depression, meditation, substance abuse, and anxiety. While member participation increased substantially (as summarized under Action Plan Updates), the need for intervention continues. Health Education will capitalize on the momentum as a continued Action Plan item.

Hypertension and spondylosis (degenerative conditions of the spine) are flagged as the top 2 diagnoses among adult members aged 19+ years, members with disabilities and members overall. Hypertension is also a top 10 cost within these groups, and a most recurring, self-reported condition with 25% of Health Information Form respondents. When reviewing county data, six of seven Health Net counties have above state average rates of avoidable heart disease and stroke deaths, conditions that are often fueled by hypertension. Health Education has heart-healthy materials and curriculum available to members (ex. Healthy Hearts, Healthy Lives), however limited in its distribution during MY2020. Hypertension and spine-related ailments need to be revisited within departmental priorities, as they are repeat issues in the latest assessment. Using higher-risk, chronic heart failure data, focus will be placed on groups affected most, such as adults aged 51+, White members, and Asian or Pacific Islanders in certain geographic areas. Using HEDIS outcomes for Controlling High Blood Pressure, focus may also be narrowed to counties with rates below the 50th percentile; Sacramento, San Joaquin and Stanislaus Counties.

Economic instability is a driving indicator for various health outcomes, particularly food insecurity. Unfortunately, over 75% of Health Net members live in the poorest of community conditions. Self-reported member data show that 30% of members struggled to pay for the basic necessities, such as food, rent, bills and medication. Of the top 10 member searches on Health Net Community Connect, nearly 41% of search terms revolved around food insecurity. Moreover, in review of county-based community data, six of seven Health Net regions have food insecurity rates that exceed the state average. Health Education will continue to leverage existing partnerships that expand access to existing safety nets - like CalFresh. With the support of community organizations and local food banks, Health Education will explore healthy nutrition campaigns, food pharmacy pilots and medically-tailored food programs, designed to improve nutrition and health outcomes for those most at risk.

Cultural and Linguistic Services

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

To identify gaps in services and opportunities for improvement, analyses considered language assistance service utilization and a GEO access comparison. Tables 68-70 show the volume of language assistance services provided in MY2020. A utilization increase was observed in telephone interpretation services, and a decrease among face-to-face interpretation and sign language services. This correlates with challenges experienced as a result of the COVID-19. In-person activities were reduced while telemedicine-type approaches became recommended practice.

Table 68: Language Assistance Program - Telephone Interpreter Services, MY2013 - MY2020

California HNCS
Telephone Interpreter Services
Year-Over-Year

	2013	2014	2015	2016	2017	2018	2018	2019	2020
Telephone Interpreter Calls	20,818	52,576	70,215	34,019	39,985	55,791	51,663	48,715	76,992
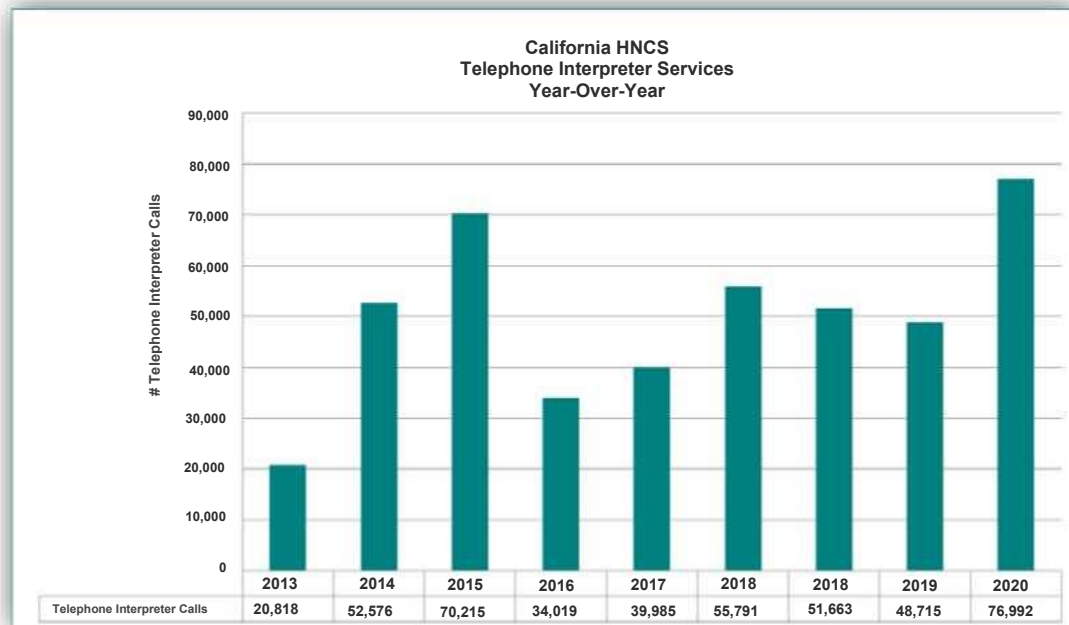
58% increase in telephone interpreter calls since MY2019.

Table 69: Language Assistance Program - Face-to-Face Interpreter Requests, MY2013 - MY2020

**HNCS California
Face-to-Face Interpreter Requests
Year-Over-Year**

Year	2013	2014	2015	2016	2017	2018	2019	2020
F2F	972	1,564	2,531	3,195	4,067	4,792	5,810	4,774
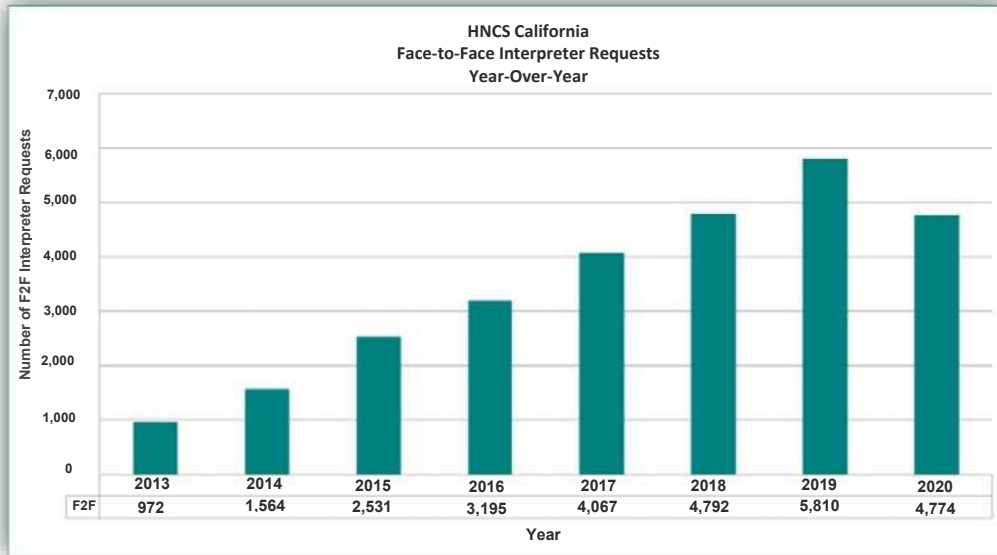
Directional increase through MY2019. A 17% decrease in MY2020.

Table 70: Language Assistance Program - Face-to-Face Sign Language Services, MY2013 - MY2020

Year	2013	2014	2015	2016	2017	2018	2019	2020
SL Requests	849	953	1,433	1,289	1,102	987	976	787
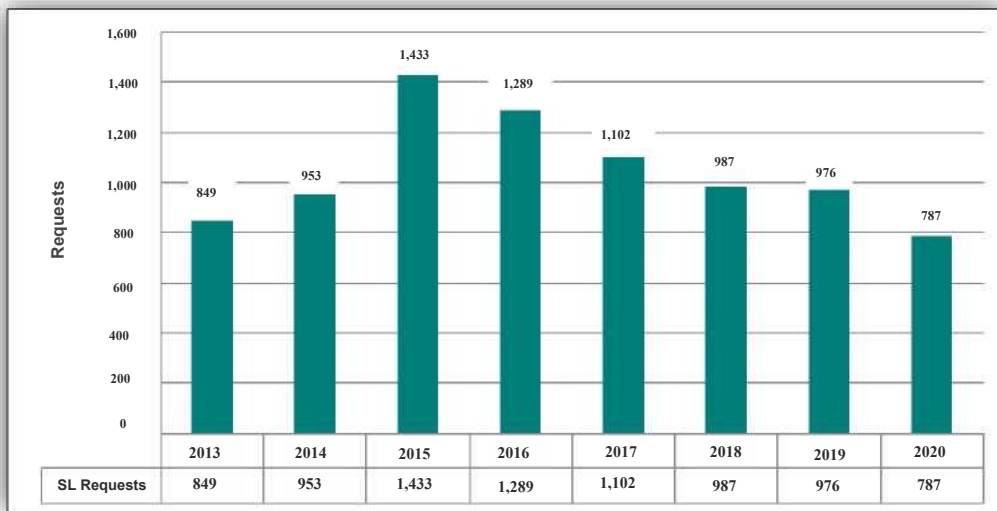
With the largest cultural and linguistic team, and a workforce that lives in and mirrors our communities' diversity, Health Net also has in-house expertise with certified, bilingual staff. To reduce the amount of time associated with interpretation service transfers, qualified associates may serve as interpreters when member inquiries arise. Table 71 notes the total number of calls serviced through the Bilingual Call Center. In MY2020, Health Net staff assisted with 51,123 calls. This is a 4% increase over MY2019.

Table 71: Language Assistance Program - Bilingual Call Center, MY2014 - MY2020
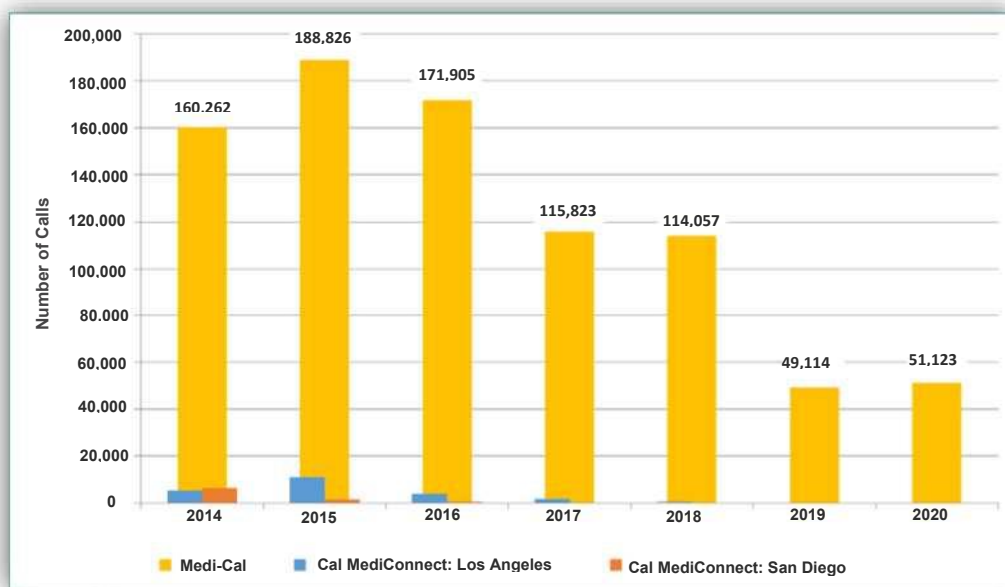
Geo Access Comparison

Conducted on a biennial basis, geographic analysis of Health Net's contracted provider network (compared to its members' linguistic needs) provides a quick overview of the locations where gaps exist. Health Net has a linguistically diverse provider network in most counties. The methodology used to determine where language gaps exist between members and providers consist of three parameters[17] that include both distance and time:

1) Urban: within 10 miles or 30 minutes from residence or workplace
2) Suburban: within 15 miles or 30 minutes from residence
3) Rural: within 30 miles or 60 minutes from residence

Table 72 depicts languages spoken by members, primary care and specialist sites by county. A gap is defined as at least one member not having access to a provider, given the parameters of their respective residential density. If a language gap exists, the cell will note the site (by provider type) that lacks a particular language for that county. Site types include primary care physician (PCP), Specialist, or both. A check mark (✓)indicates no language gaps for either PCP or Specialist.

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[17] * Urban: A ZIP Code where the population density is greater than 3,000 persons per square mile. A classification code of U is assigned to these ZIP Codes.
 *Suburban: A ZIP Code where the population density is between 1,000 and 3,000 persons per square mile. A classification code of S is assigned to these ZIP Codes.
 * Rural: A ZIP Code where the population density is less than 1,000 persons per square mile. A classification code of R is assigned to these ZIP Codes.

Table 72: Language Assistance Program - Linguistic Needs by County and Provider Type, MY2020

**2020 Health Net Medi-Cal Member Language Need Compared to
Primary Care and Specialist Language Ability by County**

	Kern	Los Angeles	Sacramento	San Diego	San Joaquin	Stanislaus	Tulare
Arabic	Both	✓	Both	✓	Both	PCP	✓
Armenian*		✓	PCP	PCP	✓	Both	PCP
Cantonese	Both	PCP	Both	PCP	PCP	✓	PCP
Hmong*		Both	Both	PCP	✓	✓	✓
Cambodian (Khmer)	Both	Both	Both	Both	✓	Both	Both
Korean	Both	PCP	PCP	PCP	PCP	PCP	✓
Mandarin	Both	PCP	✓	PCP	✓	✓	✓
Persian (Farsi)	Both	✓	✓	PCP	PCP	✓	✓
Russian	Both	✓	✓	PCP	PCP	✓	✓
Spanish	Both	✓	✓	Specialist	✓	✓	✓
Tagalog	Both	✓	✓	✓	✓	✓	✓
Vietnamese	Both	✓	✓	PCP	PCP	PCP	✓

✓ represents met language needs for PCP and Specialist
Source: 2020 Health Net's Membership and Provider Network Databases
*In 2020 there were no Armenian or Hmong speaking members in Kern County

The data indicate that there are linguistic gaps in every county for both PCPs and specialists. Kern County has a need for all languages, and San Diego County for 10 of the 12 listed. Similar to Measurement Year 2018 findings, barriers are most common for the Cantonese, Cambodian (Khmer), and Korean language in at least six counties. A linguistic gap was observed for Tagalog in Kern County only.

California's diverse patient population continues to make it difficult for providers to meet all its linguistic needs, highlighting the importance of available interpreter services. Health Net has ongoing efforts to recruit physicians and offices that speak diverse languages to meet the evolving needs of its diverse membership. Using geographic analysis, the Cultural and Linguistic Services Department collaborates with Provider Network Management to highlight the linguistic needs of our membership, helping develop network priorities for primary care and specialist sites in Health Net Medi-Cal counties.

A culturally competent workforce and healthcare delivery system leads to positive health outcomes and fewer health disparities. As part of Health Net's commitment to improve health equity, the Cultural and Linguistics (C&L) department offers a variety of learning opportunities to support cultural and linguistically diverse patient care for providers, including cultural humility and implicit bias trainings. C&L has a new health equity initiative in partnership 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 cultural based practices, unconscious bias, and low health literacy.

Quality Improvement

Quality Improvement (QI) program activities are selected based on their relevance to Health Net'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.

MY2020 HEDIS gaps are reviewed in three categories. Under pediatric health, Kern and San Joaquin Counties noted the worst performance with at least 80% 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 were below the 50th percentile in five of seven counties. In Los Angeles County, rates for Black members and Asian or Pacific Islanders were below MPL for CIS-10. In Sacramento County, Russian speakers scored below the 10th percentile for CIS-3.

Among the five measures under women's health, Breast Cancer Screening was consistently below the benchmark across all Health Net Counties. Cervical Cancer Screening and Timeliness of Prenatal Care measures did not meet performance levels in six of the seven counties. As a whole, San Diego, Kern, and San Joaquin Counties missed the MPL on all measures. In Los Angeles County, White members, Blacks, and American Indians/Alaskan Natives missed performance levels on Breast Cancer and Cervical Cancer Screenings. In Sacramento County, Russian speakers scored below the 10th percentile for Breast Cancer Screenings.

Comprehensive Diabetes Care – HbA1c Poor Control (>9%) and Antidepressant Medication Management – Effective Continuation Phase Treatment are the most recurring adult and chronic health measures statewide below the 50th percentile, each populating in at least 6 counties. San Diego, Los Angeles and Tulare counties each had five of six measures below the MPL.

Intervention selections may involve Health Net departments and collaborations with network providers and community entities (including public health). Activities aimed at supporting HEDIS rates statewide (below the 50th percentile) may take the form of a Performance Improvement Project (PIP), Plan-Do-Study-Act cycle (PDSA), or a disparity analysis. Table 73 below lists the latest projects aimed at improving HEDIS rates and outcomes. The *Los Angeles Pediatrics PIP* and *Sacramento Equity PIP* are in congruence with flagged needs. The MY2020 Los Angeles outcome for CIS-10 is at the 25th percentile. Moreover, Russian speakers in Sacramento County scored below the 10th percentile for Breast Cancer Screenings.

Table 73: HEDIS – Activities by Region, MY2020-2022

Type & Region	HEDIS Measures	Intervention Target	Goal	Intervention Methodology	Outcome
2020-2021 SWOT Strategy Kern	Asthma Medication Ratio (AMR) and Well Child Visit (WCV)	Kern Family Health Plan	Partner with Kern Family Health Care to identify common MCAS (Managed Care Accountability Set) measures, common disparities and common providers by geographic locations in Kern County.	Reviewed respective health plan data and identified WCV and AMR to target. Identified 7 shared high volume pediatric providers for WCV. Identified disparities in the Black population. Identified the lowest WCV rates in the 18-21 year old age category. Identified geographic locations in Kern County with the lowest WCV rates. Reviewed the asthma burden in Kern County and identified that the adult population has the lowest compliance rates for AMR. Completed a provider survey about WCV and telehealth.	Identified measures, high volume providers and disparate populations. The partnership with Kern Family Health Care continues beyond the end of the Kern SWOT in 2020 and is ongoing. Provider survey indicated that providers will not use telehealth to complete well-care exams.
2020-2022 Pediatrics PIP Los Angeles	Childhood Immunizations (CIS-10)	Members 0-18 months of age assigned to partner provider.	By December 31, 2022, increase the percentage of members (from baseline rate 7.57% to 11.89%) who complete the following Childhood Immunizations: three hepatitis B (HepB); two or three rotavirus (RV); and two influenza (flu) vaccines by their 18-month birthday.	To be determined	To be determined
2020-2022 Equity PIP Sacramento	Breast Cancer Screening	Members 50-74 years of age, identified as Russian by Race/Ethnicity and/or Language	By 12/31/2022, use selected interventions to increase the percentage of breast cancer screenings among members 50-74 years of age, identified as Russian by Race/Ethnicity and/or Language, and assigned to Sacramento County, from a baseline rate of 38.46% to a goal rate of 50.13%.	To be determined	To be determined

As noted earlier, the effects of COVID 19 pandemic were observed across many HEDIS metrics, impacting measure performance and corresponding health plan activities. Quality Improvement will continue to be proactive in addressing the preventive care needs of members, aimed at ensuring the highest quality of care.

ACTION PLAN UPDATES

In the wake of COVID-19, various programs, services, and implementation timeframes were challenged during Measurement Year 2020. Tables 74-79 showcase progress made toward 2020-2021 objectives and strategies, and inform on new 2021-2022 goals aimed at improving the member experience.

Health Education

During last year's assessment, gap analysis findings highlighted a need to support mental and behavioral health, with efforts focused on expanding reach to underutilized resources. Mood and anxiety disorders, depression, and loneliness were recurring themes identified. Through the collaboration of multiple departments and entities, Health Education's 2020-2021 objective resulted in increased program enrollment statewide.

Table 74: Health Education Action Plan Update, 2020-2021

Objective: By June 30, 2021, Health Education Department will increase utilization of the myStrength program by 25% (n=175). **Data source:** myStrength enrollment data and outcome reports; text messaging report	**Progress Measure:** Measure objective used MY2019 enrollment data (n=140), with goal to increase participation by 25% (n=175). Between Jan 1, 2020 – June 30, 2021, enrollment increased by nearly 492% (n=829). **Data source:** myStrength enrollment data through June 2021
	Progress Toward Objective: Health Education successfully reached its objective, exceeding the goal by 492%. Increased social media presence and continued promotion to providers and community partners helped encourage member participation. This objective will be continuing in 2021-2022.
Strategies	
Strategy 1. Develop and implement a text messaging campaign to promote myStrength and educate members on coping skills to reduce anxiety.	**Progress Discussion:** Strategy was placed on hold due to regulatory challenges.
Strategy 2. Develop and implement training(s) for providers, case management staff, public programs, and provider engagement staff on availability of myStrength and the effectiveness of myStrength in reducing anxiety among users.	**Progress Discussion:** A total of 6 trainings were conducted, reaching 368 participants. Of these, 111 were health care providers. • Source: myStrength training logs.
Strategy 3. Work with myStrength to accurately document myStrength enrollment by Medicaid line of business. Some enrolled members are currently not categorized under Health Net but in a generic behavioral health entity.	**Progress Discussion:** Under continued discussion. Working on ways to reconcile the enrollment data.

The current gap analysis found mental and behavioral health to be a recurring theme in MY2020. Health Education will look to build on current successes, continuing its 2020-2021 objective by supporting members' experience using the myStrength platform through June 30, 2022.

Table 75: Health Education Action Plan, 2021-2022

Objective:
By June 30, 2022, Health Education Department will continue to increase utilization of the myStrength program by 20% from 829 to 995 members.
Data Source:
myStrength enrollment/outcome data, email outreach campaign reports, and program training records
Strategies
1. Develop and implement email campaign to promote myStrength, educating members on topics such as depression, anxiety, mindfulness, and chronic pain (to name a few).
2. Develop and implement four trainings for providers, case management staff, public programs, and provider engagement staff on the availability and effectiveness of myStrength in supporting members' well-being.
3. Continue working with myStrength to improve member enrollment documentation by Medicaid line of business. Medi-Cal participation may be underreported.

Cultural and Linguistic Services

Cultural and Linguistic Services focused on expanding Language Assistance Program (LAP) awareness, calling on Health Net staff to support resource promotion and encourage program utilization. Efforts resulted in successful trainings to 82% of provider-facing departments targeted, successfully reaching the objective noted for 2020-2021.

Table 76: Cultural and Linguistic Services Action Plan Update, 2020-2021

Objective:	Progress Measure:
By June 30, 2021, Cultural and Linguistic Services will train 80% of all health plan staff in provider facing departments to increase awareness of available language assistance services and resources**.**	Completed. 82% of provider-facing departments were trained on the language assistance services and resources.
	Data source:
	Internal training tracker.
Data source:	**Progress Toward Objective:**
Training rosters, materials, and resource tracker	The Cultural and Linguistic Services team successfully reached its objective, identifying eleven provider-facing departments and delivering training to nine (82%). Over 300 staff were trained as part of this initiative.
	A resource inventory indicated a need for a member-facing information sheet on accessing Health Net language services. As a result, a member-facing flyer was developed and made available to all staff in May 2021 for sharing with members at various touch points.
	This LAP-focused objective will continue for 2021-2022, however with specific emphasis on Video Remote Interpreting (VRI) implementation.

Strategies	
Strategy 1. Develop and implement a training for health plan staff on language assistance services to effectively promote and address queries from providers and office staff.	**Progress Discussion:** The Cultural and Linguistic Services team began implementation of the training initiative in August 2020 and concluded in May 2021. The new training that was developed included a comprehensive description of membership demographics, available language services and guidance on accessing these services.
Strategy 2. Trained health plan staff will disseminate and promote language assistance service resources to providers, prioritizing geographic areas with the largest gap between provider and member languages.	**Progress Discussion:** Language Service resources for provider offices were updated. Due to COVID-19 restrictions, staff were not able to visit provider offices to deliver printed language assistance resources. The strategy shifted to sharing materials at joint operations meetings and provider huddles, and adding them to the online provider portal. By distributing materials digitally, the access and reach of the resources increased to a wider network of providers.

By June 30, 2022, Cultural and Linguistic Services will look to reduce member language barriers and improve access to care through the implementation of a new Video Remote Interpreting (VRI) Services pilot. This new action plan is a continuation of the 2020-2021 LAP-focused objective with a specific emphasis on VRI utilization.

Table 77: Cultural and Linguistic Services Action Plan, 2021-2022

Objective:
By June 30, 2022, the Cultural and Linguistics Services Department will increase utilization of Video Remote Interpreting (VRI) Services from 0 to 350 appointments to support member language needs.
Data Source: Vendor Data, VRI Utilization, Internal Tracking
Strategies
1. Enhance language vendor network offering VRI services from two to five.
2. Educate 70% of Call Center staff on VRI Services to support provider interpreter requests.

Quality Improvement

During the previous needs assessment period, age disparity analyses in Sacramento County found that older women had statistically lower CCS rates when compared to younger women. Furthermore, data flagged poor performance among women's health HEDIS measures, with Sacramento County below the 50th percentile on all four measures. Quality Improvement aimed to support Cervical Cancer Screening compliance rates through an approved Performance Improvement Project, collaborating with a high-volume provider in Sacramento. Unfortunately, this action plan item was discontinued due to effects of the COVID-19 pandemic, as highlighted in Table 78.

Table 78: Quality Improvement Action Plan Update, 2020-2021

Objective:	Progress Measure:
By June 30, 2021, increase the cervical cancer screening rate among females ages 51-64 in Sacramento County assigned to a high-volume provider* from a baseline rate of 44.1% to a goal rate of 51.6% (a statistically significant improvement). **Data source:** The baseline data were gathered during the RY2019 HEDIS® cycle and are based on administrative data.	N/A **Data source:** N/A
	Progress Toward Objective: The project selected in the 2020 PNA action plan was also a DHCS approved regulatory PIP. Due to the effects of the COVID-19 pandemic, DHCS discontinued the 2020 PIP process. During the safer-at-home mandate, the public was discouraged from attending their provider appointments until the proper safety measures could be instated. Measurement for this PIP was discontinued and will not continue as an objective in the next reporting year.
Strategies	
Strategy 1. Provider to create a CCS letter sent to all eligible CCS members (females age 51-64 in Sacramento County assigned to the targeted high-volume provider). The letter created is to include member education, "directive" approach with an emphasis of importance of CCS screening, and easy-to-follow instructions for scheduling appointment.	**Progress Discussion:** Due to the COVID-19 pandemic and the discontinuation of the PIP, the letter was not sent to eligible CCS members in Sacramento County.
Strategy 2. Identify current educational materials on importance of CCS screenings. Member educational material to promote CCS in a culturally sensitive manner, understand the purpose, process, and statistics of CCS. Materials to be translated to threshold languages. Distribution of educational material to members will be provided by the clinic.	**Progress Discussion:** Postponed due to the COVID-19 pandemic and the discontinuation of the CCS PIP.

In Sacramento County, Russian speakers scored below the 10th percentile for Breast Cancer Screenings. Quality Improvement will seek to improve screening rates among this group by December 31, 2022 as a new health disparity improvement project.

Table 79: Quality Improvement Action Plan – Health Disparity, 2021-2022

Objective: By December 31, 2022, to increase the percentage of breast cancer screenings among members 50-74 years of age, identified as Russian by Race/Ethnicity and/or Language, and assigned to Sacramento County, from a baseline rate of 38.46% to a goal rate of 50.13%. **Data Source:** The baseline data were gathered during the RY2020 HEDIS® cycle and are based on administrative data.
Strategies
1. Conduct Family/community awareness campaigns, such as radio campaigns, with positive messaging about breast cancer and early detection saving lives in Russian.
2. Identify breast cancer prevention education from providers and cancer resources translated into Russian. Identify and provide educational material to promote breast cancer screening in a culturally sensitive manner. Distribution of breast cancer educational materials will be provided by Health Net to providers to give to members' in-office.

STAKEHOLDER ENGAGEMENT

Health Net Community Advisory Committee (CAC) participants help serve as advisors to PNA development, and implementation of the PNA action plans. During the fall of 2020, Health Net presented 2020 PNA findings (and proposed action plans) to CAC participants through statewide virtual meetings. Approaches to developing the 2021 PNA were presented to CACs during the spring, 2021.

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

- **Provider Updates:** Provider Updates extend immediate information to Health Net's provider network, which include Physicians, Participating Physician Groups, Hospitals, and Ancillary Providers. Provider Updates are also available online through the provider portal.

- **Provider On-Site Outreach:** The Provider Engagement team conducts site visits regularly, allowing opportunities to discuss with providers PNA findings and recommendations.

- **Community Provider Lunch & Learns:** Lunch & Learn sessions bring together multiple providers in a community setting, planned regularly throughout the year. Hosted by Provider Engagement, these events provide important health plan program updates and information to support providers in better servicing their patients. PNA findings will be shared with those in attendance. Provider feedback about the PNA and/or proposed action plans will be considered for further enhancement.