

# Clinical Quality and Behavioral Health Update

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Board of Administration Offsite

# Agenda

- Quality Updates
  - Quality Alignment Measure Set Results for Year 1
  - Medicare Star Ratings
  - Member Experience
  - What's next for quality accountability?
  - Advancing Primary Care Access
- Behavioral Health Updates
  - Prevalence of select behavioral health conditions
  - Health Plan Accountability and focus areas for 2026-2027
- Discussion

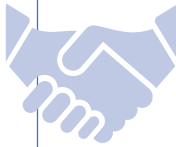
# CaPERS Clinical Quality Strategy



Continuously evaluate our Quality Alignment Measure Set to ensure measures and benchmarks are meaningful and relevant.



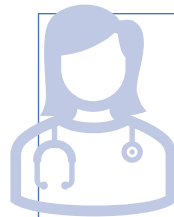
Identify and eliminate Disparities



Collaborate with purchaser partners to create and sustain a culture of quality and equity.



Leverage public reporting to drive change



Focus on accessible and high-quality networks with a focus on primary care.

## Most Plans Hit Benchmarks for Majority of Measures

Health Plan	Childhood Immunizations	Colorectal Cancer Screening	Controlling High Blood Pressure	Poor Diabetes Control
Anthem Select	42.2%	61.5%	62.7%	30.7%
Anthem Traditional	41.8%	67.5%	48.0%	30.3%
Blue Shield Access+	45.3%	67.1%	76.4%	19.0%
Blue Shield Trio	42.6%	61.3%	74.7%	21.2%
HN Salud y Más	28.2%	49.2%	62.2%	27.6%
Kaiser	61.4%	76.6%	82.1%	17.8%
Sharp	61.5%	63.2%	82.2%	19.3%
UHC Alliance	50.0%	69.1%	73.7%	20.4%
UHC Harmony	50.0%	69.1%	73.7%	20.4%
WHA	43.1%	73.8%	74.6%	16.4%

# Pregnancy Care



## Prenatal Care

- 7 of 10 plans improved between 2023 and 2024
- 5 of 10 plans were above the 66th percentile



## Postpartum Care

- 6 of 10 plans improved between 2023 and 2024
- Kaiser was the only plan was above the 66th percentile, highlighting an area for improvement

# Plans Working to Improve and Close Gaps

## Colorectal Cancer Screening

- Direct-to-member test kits by mail

## Diabetes Control

- Targeted communication for screening and medication
- Remote glucose monitoring

## Prenatal & Postpartum Care

- Doula-based maternal health program

## System-level Improvements

- Multi-disciplinary health plan strike teams to align organizational priorities around quality outcomes

# Total Penalties by Plan in Year One

Health Plan	Total Penalties
Anthem	\$2.5M
Blue Shield	\$3.4M
HN Salud y Más	\$464K
Kaiser	\$0
Sharp	\$46K
UHC	\$665K
WHA	\$241K
<b>Total</b>	<b>\$7.3M</b>

Penalties collected will be used to lower premiums for all members.

## QAMS Signal Meaningful Changes

Incentives are impacting health plan investment in quality outcomes.

Significant improvement is already apparent.

Most CalPERS members are getting care that is better than the national average.

This effort is part of a broader effort through purchaser collaboration to improve care for all Californians.

# Beyond QAMS

## Leveraging NCQA Accreditation

### CalPERS HMO and PPO contracts require NQCA Health Plan Accreditation

- Plans must maintain a health plan rating of 3 or more (scale: 0 to 5)
- Rating based on results of more than 30 clinical quality measures

### CalPERS receives and reviews all plans' HEDIS results from NCQA annually

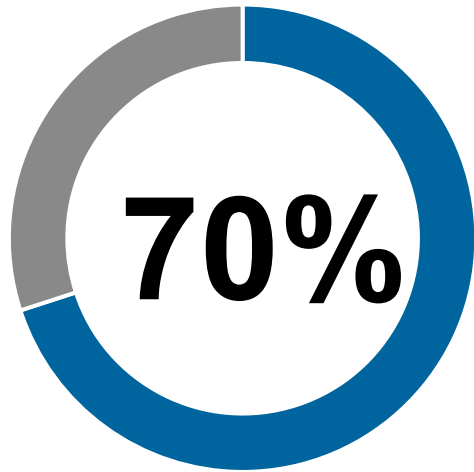
- Rates on preventive care holding steady
- Many plans are improving on several measures

# Quality in Medicare: CMS Star Ratings

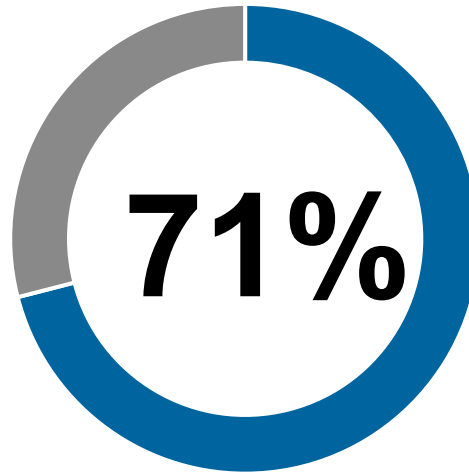
Health Plan	2023	2024	2025	2026
<b>Anthem Medicare Preferred (PPO)</b>	<b>4.5</b>	<b>4</b>	<b>4</b>	<b>4</b>
<b>Blue Shield Medicare PPO</b>	<b>3.5</b>	<b>3.5</b>	<b>2.5</b>	<b>3.5</b>
<b>Kaiser Senior Advantage (HMO)</b>	<b>5</b>	<b>4</b>	<b>4.5</b>	<b>4.5</b>
<b>Sharp Direct Advantage (HMO)</b>	<b>5</b>	<b>4.5</b>	<b>4</b>	<b>3.5</b>
<b>UHC Group Medicare Advantage (PPO)</b>	<b>5</b>	<b>4.5</b>	<b>4</b>	<b>4.5</b>

# 2025 Health Plan Member Survey Results

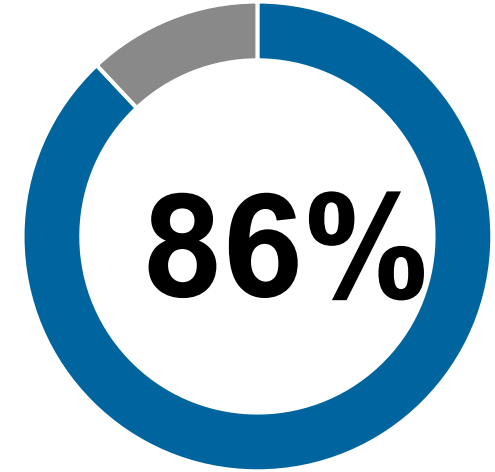
Overall health plan rating decreased slightly from 2024 to 2025



Members got an appointment for routine care as soon as needed



Members rated their health care as an 8, 9 or 10 (top 3 ratings)

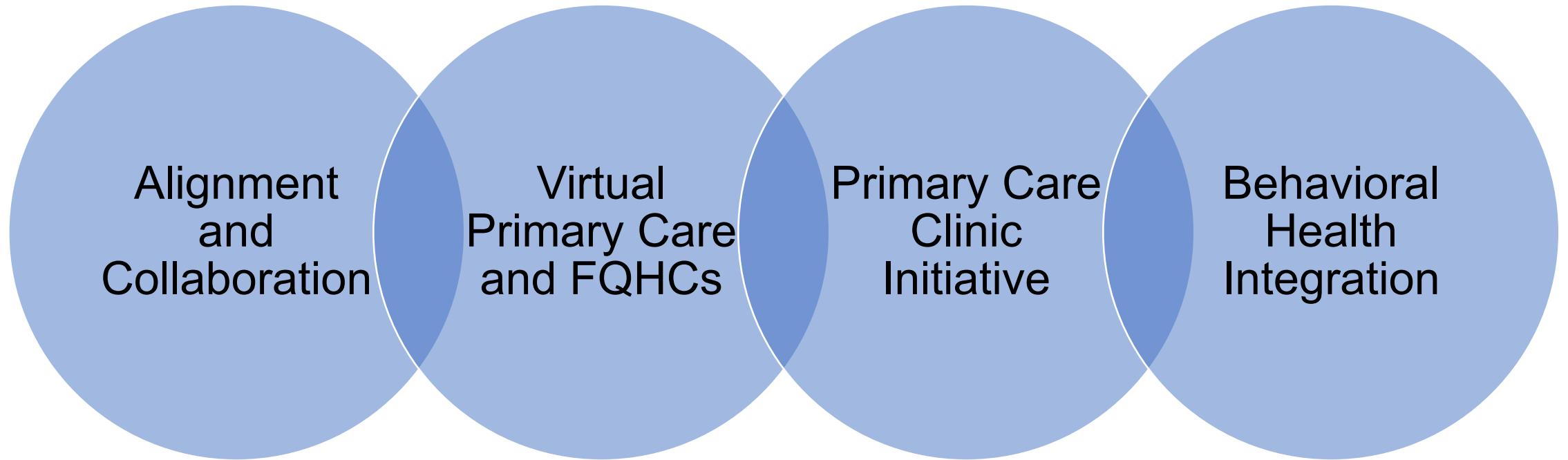


Members described their overall health as good, very good or excellent

## What's Coming Next

- Quality Alignment in the PPO and PBM
  - Results for 2025 for the PPOs and HMOs later this year.
  - CVS also has incentives tied to two of the QAMS measures
- Accountability for race and ethnicity for the HMOs in 2026
- Statewide collaboration on hospital quality improvement.

# Primary Care as the Principal Vehicle for Transformation: *The Operating Model for Value*



**Primary care: associated with better outcomes including lower mortality, improved member experience, equity, and lower costs.**

# Advancing Primary Care Access

Timely access to high-quality primary care is a challenge for our members

## Discovery

- Access Mapping
- Access Survey
- Market Assessment

## Key Goals

- Provide access to primary care
- Provide high-quality integrated primary care
- Disrupt problematic referral patterns

## Solution



Partner with clinic vendor to establish high-quality primary care clinics for our members



Clinic vendor will staff and operate CalPERS-designated primary care clinics in access-challenged areas

# Primary Care Clinic Initiative: Key Considerations



## Site Strategy

- Optimize member access
- Provider recruitment strategy
- Complement Existing Networks

## Clinical Care Model

- Integrated Care
- High-value specialty referrals
- Same day access

## Financial and Contractual Model

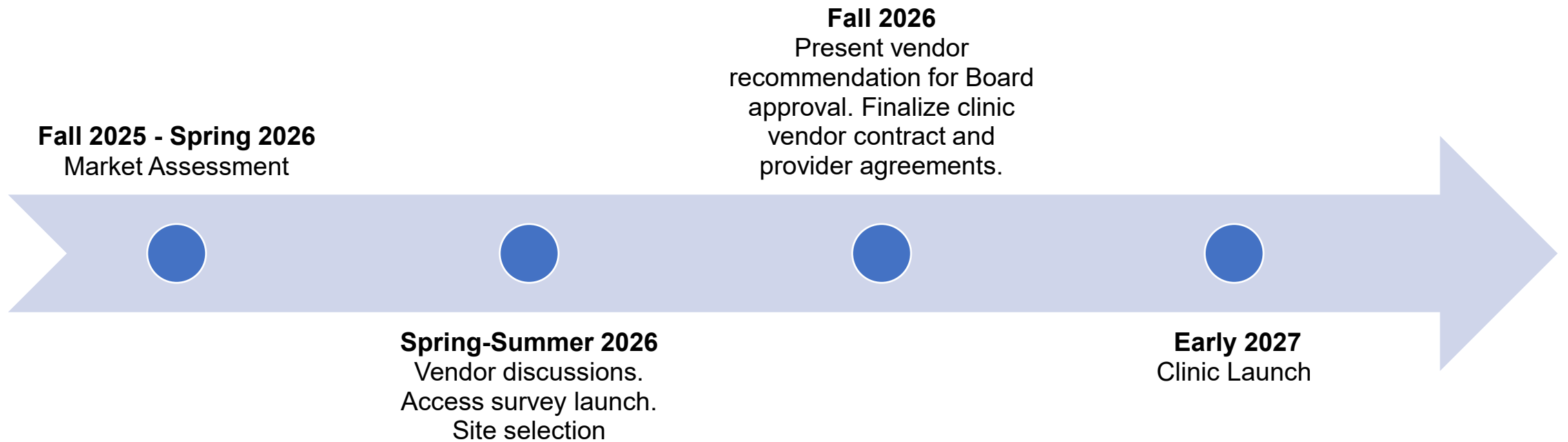
- Financial Alignment
- Integration with Partners
- Accountability for engagement and outcomes

## Scalability and Growth

Standardized operating model that can be replicated and leveraged across geographies and plans

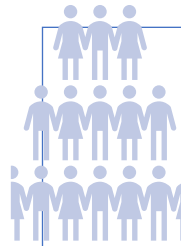
# Advancing Primary Care Access

## What to Expect



# Behavioral Health Update

# CalPERS is Committed to a High-Quality Behavioral Health Program



**Member-  
centric**



**Right care,  
right time**



**Accessible**



**Transparent**

# Percentage of Members With Common Behavioral Health Conditions Trending Upward

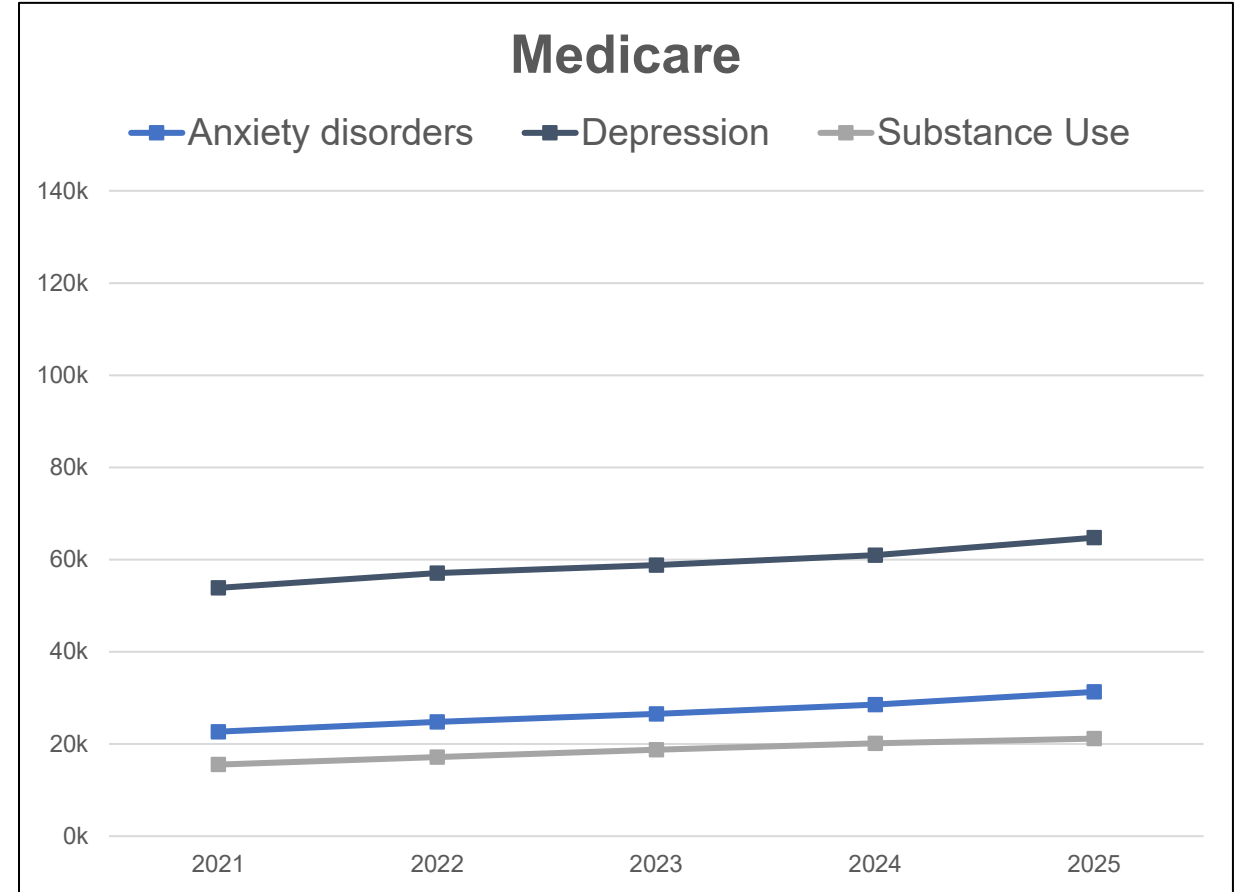
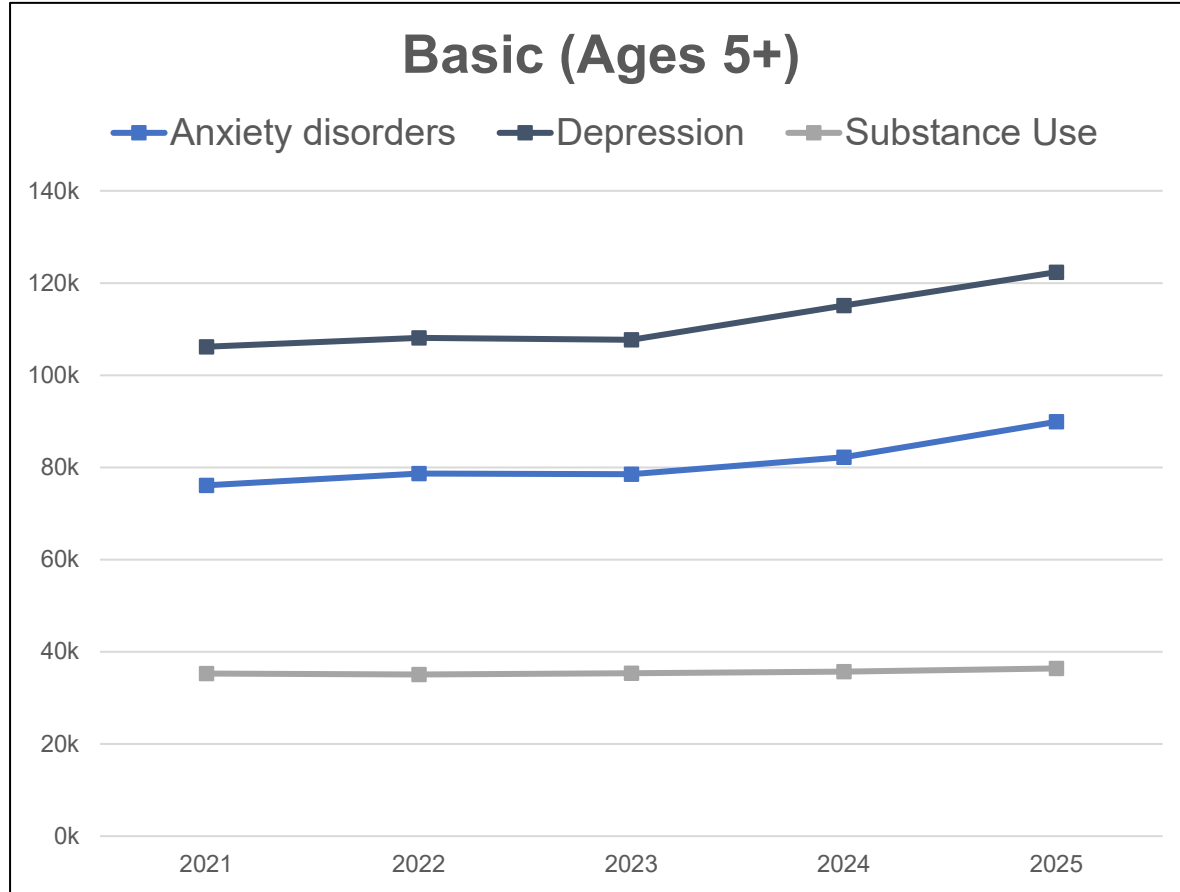
## Basic (Ages 5+)

## Medicare

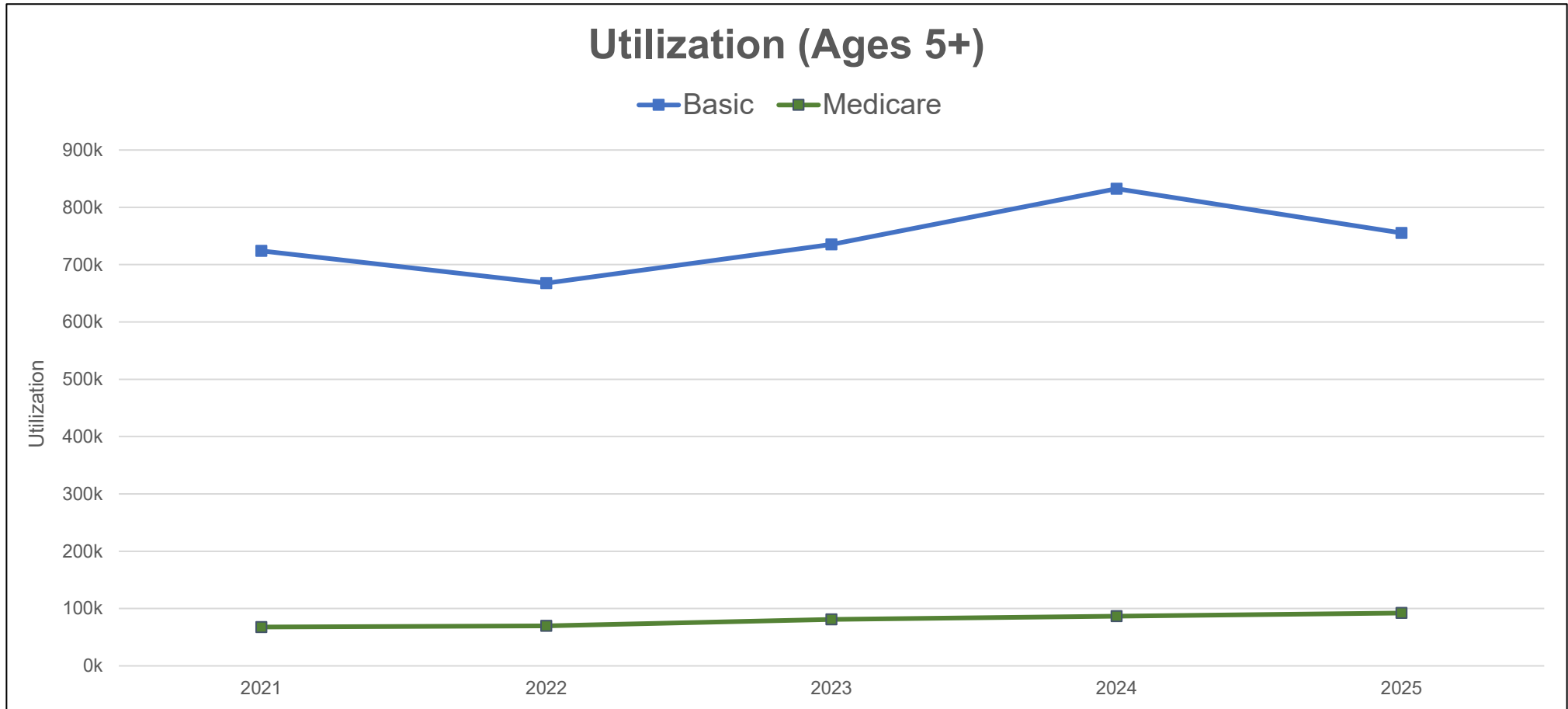
Condition	2021	2022	2023	2024	2025
<b>Anxiety disorder</b>	11.5%	11.7%	12.1%	13.4%	14.7%
<b>Depression</b>	7.7%	7.8%	8.5%	9.8%	10.2%
<b>Substance Use</b>	3.1%	3%	3.1%	3.2%	3.4%

Condition	2021	2022	2023	2024	2025
<b>Anxiety disorder</b>	11.5%	11.5%	11.7%	12.2%	13.3%
<b>Depression</b>	11.4%	11.2%	11.4%	11.6%	12.5%
<b>Substance Use</b>	4.8%	4.9%	5.1%	5.2%	5.6%

# Utilization for Common Behavioral Health Conditions Trending Upward

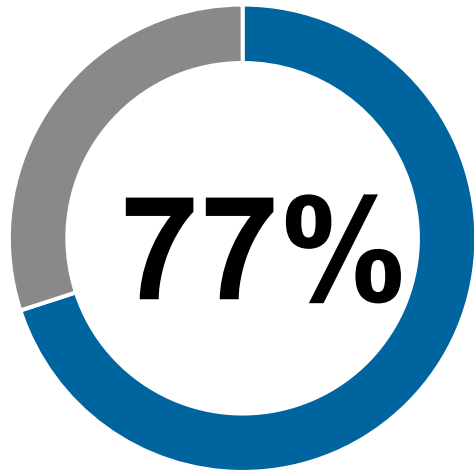


# Telehealth Utilization 2021-2025, Basic and Medicare

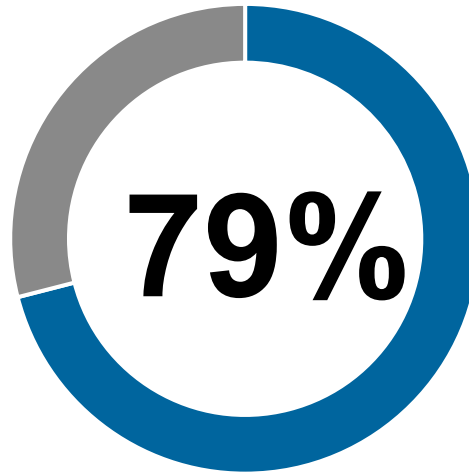


# 2025 Health Plan Member Survey Results

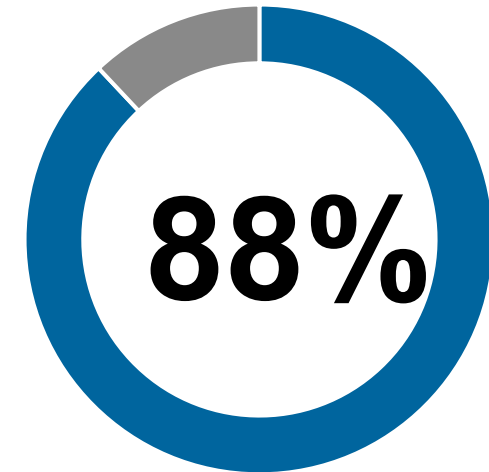
Mental health screening by care team increased from 46% to 52%



Members accessed counseling and treatment when needed



Members helped by their counseling and treatment



Members rated their overall mental health as good, very good or excellent

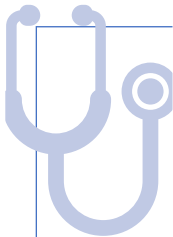
# CalPERS Holds Plans Accountable for Strengthening Access to Behavioral Health Services



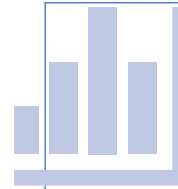
Updated contract requirements



Assess accuracy of provider directories



Monitor plan networks



Performance Reporting



Collaborate with state partners on Behavioral Health Investment



Assess BH Utilization Management Practices

## **2026-2027 Focus: Strengthening Behavioral Health Access**

Identify barriers to care in areas with access issues

Work with health plans to promote virtual services

Increase primary care capacity and behavioral health integration

Improve provider directory accuracy

# Questions