2023 QUALITY IMPROVEMENT PROGRAM ANNUAL EVALUATION

Reviewed by QIHE Committee March 2024.

TABLE OF CONTENTS

1. INTRODUCTION

This program evaluation provides a comprehensive overview of quality improvement activities conducted in Calendar Year 2023(CY2023).

The content of this evaluation includes:

- Descriptions of completed and ongoing QI activities
- Trending of QI measures to assess performance.
- Analysis and evaluation of the overall effectiveness of the QI program.

2. HEDIS RESULTS

In 2023, HPSM was required to collect and report HEDIS measures for the Medi-Cal and CareAdvantage populations. The 2023 reporting year (RY2023) HEDIS results are an analysis of services provided in the 2022 measurement year (MY2022). Individual HEDIS measures are selected by the Centers for Medicare and Medicaid Services (CMS) for CareAdvantage and the Department of Health Care Services Medi-Cal Managed Care Division (DHCS-MMCD) for Medi-Cal. In addition, HPSM collects and reports HEDIS measures for NCQA Health Plan Accreditation for the Medi-Cal population as determined by NCQA Medicaid measure set.

DHCS sets a Minimum Performance Level (MPL) and a High Performance Level (HPL) for each required measure. Performance levels are based on prior year's HEDIS reporting from all National Committee of Quality Assurance (NCQA) national Medicaid plans. The MPL and HPL are the 50th and 90th percentiles, respectively. Results for all HEDIS measures can be found in APPENDIX A. MANAGED CARE ACCOUNTABILITY SET (MCAS) RESULTS TRENDED.

CMS sets a rate for each quality withhold measure. Plans must meet this benchmark or achieve gap improvement (10% improvement or at least 1% rate change) for a prior score below the benchmark to "pass" the quality withhold measure and earn back withheld funds.

DHCS assigns improvement projects for required measures not meeting the MPL. Improvement efforts and results for each specific HEDIS measure targeted for improvement in CY2023 can be found in the Quality of Clinical Care Activities Section of this evaluation to align with associated interventions. Included are the results for each of HPSM's key areas of focus for quality improvement interventions compared over the last several years.

It should be noted that based on the HEDIS data collection and reporting schedule, HEDIS results discussed for reporting year 2023 are of services provided to members enrolled in 2022.

2023 MEDI-CAL SUMMARY HIGHLIGHTS*:

For Reporting Year (RY) 2023/Measurement Year (MY) 2022,

- 3 measures above HPL (above 90th percentile):
  - Childhood Immunization Status –combination 10
  - Immunizations for Adolescents –combination 2
  - Prenatal and Postpartum Care – Postpartum Care
- 1 measure below MPL (50th percentile):
  - Well-Child Visits in the First 15 Months of Life:
    - 6 or more well-child visits in first 15 months of life

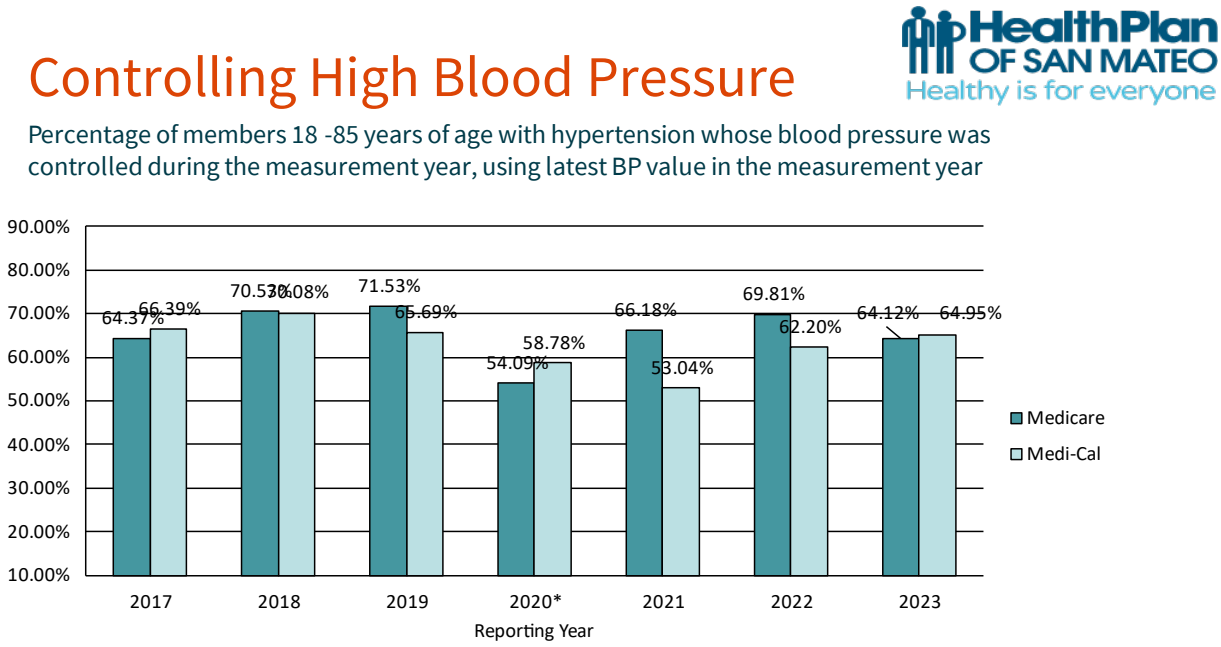
* RY2023 and trended results for all Medi-Cal HEDIS measures can be found in APPENDIX A. MANAGED CARE ACCOUNTABILITY SET (MCAS) RESULTS TRENDED

2023 CAREADVANTAGE/CAL-MEDICONNECT (CA-CMC) SUMMARY HIGHLIGHTS *:

In RY2023/MY2022, HPSM successfully reported on all 55 measures required by CMS for Medicare-Medicaid Plans. In addition, HPSM passed 2 of 3 HEDIS quality withhold measures. The quality withhold measures and results are:

1. Controlling Blood Pressure(CBP)-did not pass
2. Follow-up after Hospitalization for Mental Illness(FUM)-passed
3. Plan All-Cause Readmissions(PCR)-passed

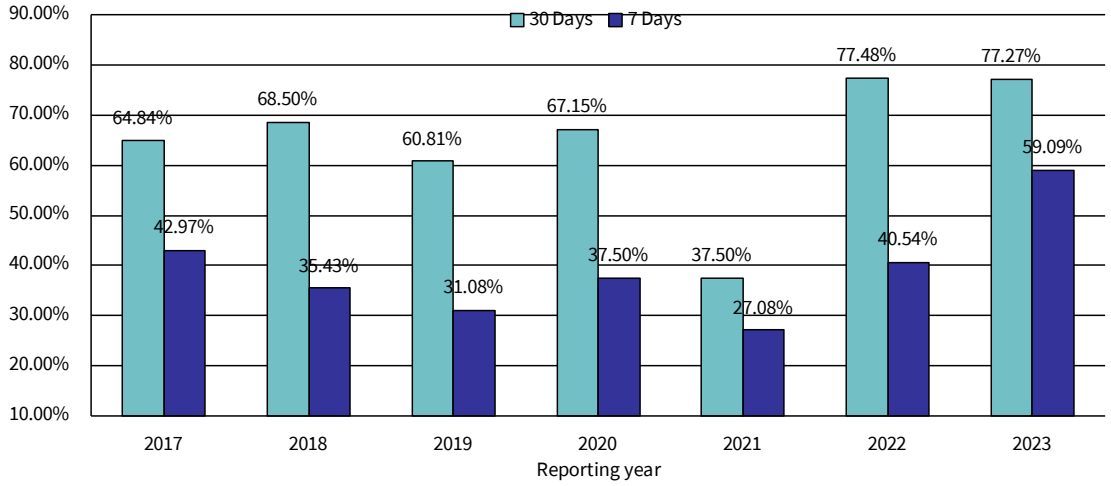
* RY2023 trended results for all CMS HEDIS measures can be found in APPENDIX A. MANAGED CARE ACCOUNTABILITY SET (MCAS) RESULTS TRENDED



- CMS Core Measure Benchmark = 71% starting RY2021 (56% prior years)
- *Measure rotated: 2020 measured rated, 2019 rate reported for 2020 submission due to COVID -19 response
- With RY2021, BP measured with digital monitor by member can be used. Home digital BP monitors CMC formulary in 2021, and Medi -Cal Rx June 1, 2022

Follow-up after Hospitalization for Mental Illness

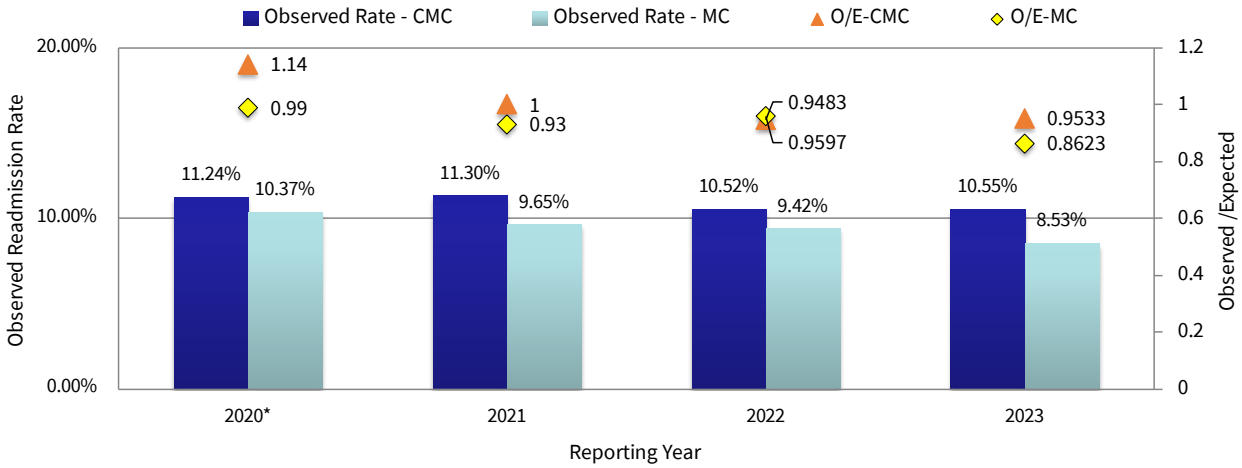
Percentage of **CareAdvantage CMC** mental health discharges with subsequent outpatient visit, intensive outpatient encounter or partial hospitalization with a mental health practitioner



- CMS Core Measure Benchmark for follow-up within 30 Days = 56%
- Worked with BHRS to report qualifying follow -up services to include in HEDIS reporting

Plan All-Cause Readmissions

Percentage of acute inpatient and observation stays with an unplanned acute inpatient and observation stay for any diagnosis within 30 days of the initial hospital discharge for members ages 18 -64 for Medi-Cal or 18+ for CMC.



- Lower rates are better
- *Measure changes for RY2020: admissions from “outlier members” (4+ admissions) excluded
- CMS Core Measure Benchmark = Observed to Expected Ratio (O/E) < 1. 0 (risk adjusted)

The following areas represented opportunities for improvement and key areas of focus for CY2023 based on MY2022 HEDIS results and were a focus of quality improvement activities in 2023:

- Well-Child Visits in the First 30 Months of Life(W30)
- Cervical Cancer Screening (CCS)

3. QUALITY OF CLINICAL CARE IMPROVEMENT ACTIVITIES

3.1 WELL CHILD VISITS (W30)

W30 HEDIS RESULTS

Percentage of children who receive 6 we1l child visits from 0-15 months of age and who receive 2 well child visits from 15-30 months of age.:

Abrev	Measure	MY2022	50th Percentile	MY 2021 Rate	MY 2020 Rate
W30	Well Child Visits(0-15 Months)	49.62	55.72	25.73	20.03
	Well Child Visits(15-30 Months)	72.38	65.83	69.14	76.94

Measure/Program	W30 Strengths, Weaknesses, Opportunities, Threats (SWOT) Project
Objective:	By June 30, 2023, increase the percentage of well child visits among children 0-15 months from 25.73% to 54.92% and from 69.14% to 70.67% for those 15-30 months.
Program Description	Identifying HPSM's Strengths, Weaknesses, Opportunities, and Threats and implementing strategies and action items under each category to improve outcomes.
Trend:	Our rates have been lower for this age group than the average.
Goal Met/Not Met	The rate for MY2022 was 49.62 for 0-15 months and did not meet the MPL for this measure. The rate for MY2022 was 72.38 for 15-30 months and did meet the MPL for this measure
Barriers identified	We identified barriers that affect the measure. These are as follows: 1. High number of no shows at well child visits even after appointments have been made. 2. Members don't have full information on the importance of well visits.

	3. Billing issues caused by newborns not having a Medi-Cal ID for claims submission of initial well child visits.
Recommended interventions for barriers	The County Home Visiting Program was updated to include discussion on importance of well child visits to HPSM members they visit.
Whether yearly planned activities were met	The implementation of inclusion of well child visits education to the County Home Visiting Proem was completed.
Any changes to the program	The SWOT is now completed and will not continue in 2024. A DHCS Performance Improvement Project(PIP) will be implemented in 2024 for the 0-15 months portion of the measure instead.

3.2 CERVICAL CANCER SCREENING (CCS)

CCS HEDIS RESULTS

Percentage of women ages 21-64 with Medi-Cal who received a pap test in the last 3 years, or a pap test and HPV test within the last 5 years if 30+ years of age OR a HPV test within last 5 years if 30+ years of age :

Abrev	Measure	MY2022	50th Percentile	MY 2021 Rate	MY 2020 Rate
CCS	Cervical Cancer Screening	61.69	57.64	57.61	58.91

Measure/Program	CCS METRIC
Objective:	By July 7th, 2023, increase the HPSM CCS rate from 57.61% (MY2021) to the MPL of 59.12% by conducting member outreach calls.
Program Description	ICT member outreach calls to members living in San Mateo County and who are Black/African American identifying and/or have development disabilities and are managed by Golden Gate Regional Center
Trend:	Our rate for CCS increased from the prior reporting year from 57.61% to 61.69%.

Goal Met/Not Met	The goal was met for RY2023.
Barriers identified	Prior conversation with PCPs and an analysis of HPSM resources have identified the following barriers: 1. Due to competing priorities and limited staffing resources, solo PCP practices primarily use "in reach methods" rather than proactive member outreach efforts which require planning and additional dedicated staff time. 2. COVID related issues have prevented members from visiting their PCPs, and during the pandemic, HPSM staff resources have been limited.
Recommended interventions for barriers	To address the lack of time and resources that solo PCPs are experiencing, HPSM targeted proactive member outreach calls.
Whether yearly planned activities were met	Planned yearly activities were met.
Any changes to the program	The PDSA is completed and will not continue in 2024 because the MPL goal was achieved for RY2023.

3.3 INITIAL HEALTH ASSESSMENT (IHA)

IHA OUTREACH PROGRAM DESCRIPTION

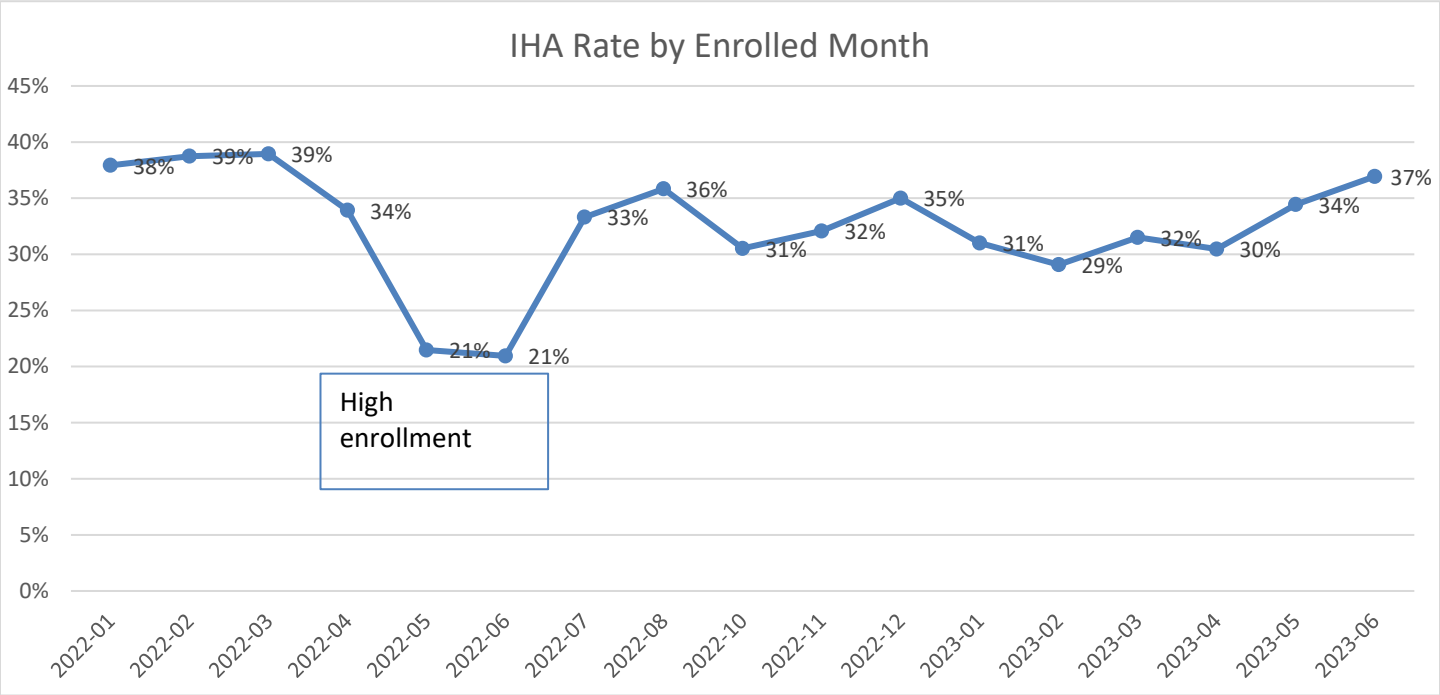
The Initial Health Appointment (IHA) has become an increasingly higher priority in health plans across California. Focus has also increased on primary care and preventative services as the Medi-Cal population has a higher incidence of chronic and/or preventable illnesses, many of which could be modified through appropriate health behavior change and early detection to promote lifestyle changes. The purpose of the IHA is to enable a provider to comprehensively assess the member's chronic, acute and preventative needs and to identify patients whose needs require coordination with additional resources. The All Plan Letter (APL 22-030) requires all primary care providers to conduct an IHA to all Medi-Cal managed care patients as part of their initial and well care visits. It is required that health plan reach a 100% compliance rate ensuring every member enrolled is seen by their primary care physician within the first 120 days of enrollment.

IHA OUTREACH PROGRAM UPDATES

A letter is sent out to new HPSM members on a monthly basis in conjunction with a flyer in their welcome packet, urging members to set an appointment with their provider as soon as they are able. A training manual for HPSM's provider network was created to educate providers on the requirement and benefit to outreach to their new members to get them in to be seen.

While the information about the importance of scheduling an IHA with their providers continued in new member packet, other member outreach efforts were suspended during the public health emergency (PHE). Upon lifting of PHE, in July of 2021, the IHA reminder flyer was revised to emphasize the safety of seeing their provider during the Covid-19 pandemic and the importance of wearing a mask.

MONTHLY IHA COMPLIANCE RATES 2022-2023 GRAPH



IHA PROVIDER EDUCATION

The Health Plan of San Mateo makes the providers aware of the requirement of the IHA through three programs.

1. **Provider Services Outreach:** Periodic visits updating changes to existing programs, introducing new programs, and reinforcing on-going programs by provider service personnel.
2. **Pay for Performance Program:** Monthly reports sent to the provider detailing level of participation. Including Provider Services Pay for Performance promotion visits.
3. **Medical Record Review as part of the FSR audit process:** Any deficient IHA documentation is addressed at the time of the Facility Site Review by site review nurses. Providers noncompliant or mostly noncompliant with consistent IHA completion will be asked to complete a Corrective Action Plan.

IHA BARRIERS

Some network PCPs lacked awareness of the IHA requirement, particularly if they did not regularly have new members assigned to their practice. From feedback from PCPs and review of medical records we discovered that providers did not create a medical record until a new patient presents for care and thus did not have a medical record to document IHA outreach attempts. Some PCPs often used other systems to track and document IHA outreach attempts that HPSM does not review to assess compliance of IHA. Other PCPs do not record their outreach attempts in a way that is readily traceable to a specific member.

The Quality Improvement Department continues to review new avenues to increase IHA compliance.

IHA OUTREACH PROGRAM ACTION PLAN FOR 2024

HPSM has struggled to increase the timeliness of IHAs and will be implementing the following in 2024 to improve IHA rates.

- Updating HPSM's website to contain updated information for Providers and revising the IHA training document for providers
- Create IHA requirement attestations to be used to educate providers during Site Reviews.
- Continue pay-for-performance(P4P) monetary incentive for PCPs for timely IHA completion in 2024. Under the Benchmark P4P IHA remains a payment metric for Family Practice and Adult track providers and reporting-only for Pediatric providers. This is based on prioritization in assigned quality metric sets. As part of P4P, monthly reports are sent to PCPs detailing level of performance.
- HPSM is also incentivizing both the scheduling of the IHA and timely completion with inclusion of the IHA in its new Care Gap P4P. Care Gap P4P utilizes an interactive platform that allows PCPs to readily view and filter for their assigned members in need of an IHA. Continue monitoring IHA compliance on a quarterly basis, identifying trends in PCP compliance
- Continue PCP compliance monitoring and correction action activities.

Continue IHA reminder insert in new Medi-Cal member welcome packets.

4. SAFETY OF CARE & QUALITY OF SERVICES

4.1 CLINICAL GUIDELINES ANNUAL REVIEW

HPSM's Quality department leads an annual review of the clinical guidelines posted on the HPSM website. The review process ensures the posted guidelines are evidenced-based, current, and relevant to the plan's member population. The Quality Improvement team goes online to check the date of the most recent published update for each guideline, posted by the source organizations. We prepare an annual summary of the posted guidelines for presentation to the Quality Improvement Committee (QIC) in the Fall. The summary provides the last published date of each guideline, and includes progress notes on the update status for any guideline that has not been updated within the last 5 years.

2023-2024 Clinical Guidelines and Resources can be found on our website:
https://www.hpsm.org/provider/resources/guidelines.

CLINICAL GUIDELINES ANNUAL REVIEW UPDATE

Annual review and approval by Quality Improvement & Health Equity Committee (QIHEC)

The Quality department presented the annual summary of the posted guidelines to the Quality Improvement Committee at its quarterly meeting in September 2023. All additional and updated guidelines were reviewed and approved by the QIHEC.

ACTION PLAN FOR 2024

HPSM Quality will continue to check the websites for the source organizations for updates to the guidelines posted on the HPSM website. Quality will also ensure that the Provider Manual maintains a hyperlink to the Clinical Guidelines page on the HPSM website. Provider Services will promote awareness of the clinical guidelines posted on the HPSM website to the provider network through news alert or article in the provider newsletter.

4.2 FACILITY SITE REVIEW (FSR) AND MEDICAL RECORD REVIEW

On September 22, 2022, the Department of Health Care Services released a new All-Plan Letter 22-017, that supersedes Policy Letters 20-006. This new APL greatly increased and changed the requirements for Facility Site Reviews (FSR) program. As stated in this letter: "The purpose of this All Plan Letter (APL) is to inform Medi-Cal managed care health plans (MCPs) of updates to the Department of Health Care Services' (DHCS)Primary Care Provider (PCP) site review process, which includes Facility Site Review (FSR) and Medical Record Review (MRR) policies. This APL includes changes made to the criteria and scoring of DHCS' FSR and MRR tools and standards. This APL supersedes Policy Letters (PL) 20-006 . MCPs were expected to implement updated FSR and MRR tool requirements effective July 1, 2022.

Credentialing is part of the comprehensive quality improvement system included in all Medi-Cal managed care contracts as mandated by the California Code of Regulations (CCR) Title 22, sections 53100 and 53280 and Title 10 of the California Administrative Code, beginning with section 1300.43. As one element of the QI process, credentialing ensures that physician and non-physician medical practitioners are licensed and certified in accordance with State and Federal requirements. Full scope site reviews are conducted initially during the pre-credentialing period and triennially thereafter, for primary care providers, including pediatricians, and obstetricians. These reviews are done as a requirement of participation in the California State Medi-Cal Managed Care Program, regardless of the status of other accreditation and/or certifications to assure providers are in compliance with applicable local, state, federal and HPSM standards.

HPSM conducts full scope reviews utilizing the criteria and guidelines of California Department of Health Care Services Medi-Cal Managed Care (MMCD Policy Letter 22-017 dated September 22, 2022 or any superseding Policy Letter). HPSM may also address additional requirements as appropriate for quality studies. A passing Site Review Survey shall be considered "current" if it is dated within the last 3 years and need not be repeated until the due date of the next scheduled site review survey or when determined necessary through monitoring activities by the plan.

The schedule for performing facility site review is determined by the Quality Management staff and the prospective provider. It is based on the prospective credentialing date, as well as provider availability and preference. Site reviews for continuing providers are scheduled and performed within three years of the provider's last site review in compliance with criteria and guidelines of a full scope review is conducted utilizing the criteria and guidelines of California Department of Health Care Services Medi-Cal Managed Care (MMCD Policy Letter 22-017 Dated September 22, 2022 , or superseding Policy Letter) Full Scope Site Review Survey 2022 and Medical Record Survey Tool 22022

Providers who move to a new site must undergo a full scope site review unless the site has been reviewed with a passing score within the last three years (MMCD PL 22-017). The site review must be completed as soon as possible after the provider's move to the site or the provider's notice to HPSM (whichever is later), and not later than 30 calendar days after the date the new site was opened for business or HPSM's notification date. A minimum passing score of 80% on both the site review and medical record review survey is required for a provider to continue as an HPSM provider in good standing. If critical elements of deficiencies are identified, a score in any section of the site or medical record review scores below 90%, or there is a deficiency in pharmacy or infection control, or an overall score below 90%, then a corrective action plan (CAP) is required to be completed by the provider as part of compliance with their HPSM contract.

HPSM reviews sites more frequently when determined necessary based on monitoring, evaluation or corrective action plan (CAP) follow-up needs. Additional site reviews may be performed at the discretion of the CMO or designated Medical Director, using input from the certified site review nurses, if patient safety or compliance with applicable standards is in question. The same audit criteria applicable for initial full scope site reviews are applicable for subsequent site reviews. Deficiencies identified during the review may be referred to provider services for action and follow up.

In 2023, HPSM completed 35 FSRs and 32 MRRs . Following the Site Reviews, 9 of the providers/sites received a CAP for either the MRR or FSR, or both. All CAPs were closed successfully and timely according to regulatory requirements.

Common Deficiencies identified in Facility Site Review:

- Written policies of documenting medication expiration were not available and expired medications present. Documentation of cleaning schedule for janitorial services including a list of cleaning products used was not readily available.
- Documentation of employee trainings were often incomplete
- Documentation of checking of emergency equipment/supplies for expiration and operating status was not done at least monthly.

- Site did not utilize drugs/vaccine storage units that are able to maintain required temperature.
- Lack of approved eye charts (literate and illiterate)
- All stored and dispensed prescription drugs were not always labeled appropriately

Critical Elements in the Facility Site Review identified were the following:

- Site personnel are qualified and trained for assigned responsibilities.
- No evidence that a qualified/trained personnel retrieve, prepare or administer medications.
- Site is compliant with OSHA Bloodborne Standard and Waste Management Act.
- Needle stick safety precautions are not practiced on site.
- Blood, other potentially infectious material and regulated wastes are not placed in appropriate leak proof, labeled containers for collection, handling, processing, storage, transport or shipping.
- Re-usable medical instruments are properly sterilized after each use Spore testing of autoclave/steam sterilizer with documented results is not done at least monthly.
- Lack of Airway management: oxygen delivery system, nasal cannula or mask, bulb syringe and Ambu bag; lack of oxygen tank being 2/3 full

Common Deficiencies identified in Medical Record Review

- Primary language and linguistic needs were not documented.
- Evidence of tuberculosis screenings absent in medical record.
- Advance Care Directives were not documented as offered or discussed nor was it filled out by member.
- Adult immunizations were not given according to guidelines
- Required Screenings were not performed or documented, including but not limited to: Hepatitis B/C Virus, Breast Cancer Screening, Cervical Cancer Screening, Colorectal Cancer Screening, Osteoporosis Screening, Blood Lead Screening, Sudden Cardiac Arrest and Cardiac Death Screening.
- Fluoride Varnish was not performed or documented;
- Dental Oral Health Assessment not performed or documented
- Lack of interpreter being identified in provider notes

FSR ACTION PLAN FOR 2024

- Continue with our processes with completing FSR/MRRs in efforts to reduce backlog as result of the PHE and reduced staffing in 2022
    - Reduce backlog to 0 by end of 2024
- Create additional new educational materials, for posting on the FSR page of HPSM's website and distribute to providers. Among these: Required Staff Trainings Packet; Adult Screenings, Pediatric Screenings (with emphasis on new DHCS-required screenings. Direct our providers towards obtaining information about FSR/MRRs and completing Corrective Action Plans from the resources on our HPSM Website. This will help reduce deficiencies in future FSRs and MRRs and help providers to maintain full compliance.
- We will continue to collaborate with other MC Health Plans to obtain results of site reviews and prevent duplicate site reviews of the same provider.
- Put together a plan to educate providers on the new survey and assure their success. Focus on distribution of material prior to the scheduled site review.
- Train QI Nurse for Site Review Certification

4.3 PHYSICAL ACCESSIBILITY REVIEW (PAR)

Department of Health Care Services Policy Letter 12-006 and All Plan Letter 15-023 requires Medi-Cal managed care health plans to use PAR attachments C, D and E appropriate to their provider type in line with the three-year cycle requirement of FSR attachments A and B.

Attachment C is used for physical accessibility review of PCP's, typically conducted concurrently with the FSR and MRR. Once the initial PARS for the PCP has been conducted, the next 2 triennial PARS can be assessed via attestation indicating no changes have occurred, or noting any additions, such as height adjustable exam table. If the provider has moved to a new location since the initial PARS was performed, a full PARS would be initiated within 30 days of the relocation, in conjunction with the Facility Site Review.

Attachment D documents accessibility requirements for providers of ancillary services,: free-standing facilities that provide diagnostic and therapeutic services. Examples include, but are not limited to, centers for dialysis, radiology, imaging, cardiac testing, physical therapy, occupational therapy, speech therapy, cardiac rehabilitation, and pulmonary testing.

Lastly, attachment E is for community-based adult services (CBAS) and includes all facilities that provide bundle CBAS services but does not include licensed only adult daily health care center and programs.

Attachment C, D and E have accessibility indicator symbols that determine the level of accessibility. If a provider's office or site meets all critical elements (CE), they will have "Basic Access." If they miss one or more CE then they will have "Limited Access." If they meet all medical equipment guidelines then they will have "Medical Equipment Access." Accessibility indicator symbols are the following:

Accessibility Indicator Symbols
P= Parking
EB= Exterior Building
IB= Interior Building
R= Restroom
E= Exam Table
T=Medical Equipment
PD=Patient Diagnostic and Treatment Use
PA= Participant Areas

A total of 43 Physical Accessibility Reviews (PAR) were done for 2023

Below is the break down for 2023 :

Level of Access:	# of PCP/Hospital
Basic Access	9
Basic Access/ Medical Equipment	13
Limited Access	20
Limited Access/Medical Equipment	1
No Access	0

The plan did not encounter barriers or issues meeting the PAR policy objectives. No corrective action plan is required for providers/facilities that do not meet the level of access. Recommendations may be made to meet the highest level of accessibility, but it is not a requirement.

The goal is to continue to provide the PAR results of access level and the accessibility indicators so that our SPD members can identify, by using the provider directory, a facility that best fits their physical needs. The focus will be to continue to keep all providers sites, ancillary and CBAS up to date with any physical changes to the parking, exterior building, interior building, restroom, exam room, medical equipment, participant areas, patient diagnostic and treatment use.

4.5 POTENTIAL QUALITY ISSUE (PQI) MONITORING

A Potential Quality Issue (PQI) is a suspected deviation from expected provider performance or clinical care, as well as issues with the outcome of care which requires further investigation to determine whether an actual quality issue or opportunity for improvement exists. The PQI process is employed to determine opportunities for improvement in the provision of care and services for HPSM members and to initiate appropriate actions for improvement based upon outcome, risk, frequency, and severity.

41 PQI/Quality of Care Reviews were adjudicated in 2023

Final counts by PQI Level

Row Labels	Count
P0/S0	18
P0/S1	11
P0/S2	4
P1/S0	5
P1/S1	1
P1/S2	1
P2/S2	1
Grand Total	**41**

5. MEMBER EXPERIENCE & HEALTH OUTCOMES

5.1 HEALTH OUTCOMES SURVEY (HOS)

HPSM participates in the Medicare Health Outcomes Survey (HOS) to gather valid, reliable, and clinically meaningful health status data from the CareAdvantage Cal-Mediconnect program to use in quality improvement activities, pay for performance, program oversight, public reporting, and to improve health (https://www.cms.gov/Research-Statistics-Data-and-Systems/Research/HOS/).

This self-report survey of plan members is conducted in English, Spanish, & Chinese. Baseline results of HOS are intended to help plans identify potential areas for improvement and evaluate the physical and mental health of members. The reporting is done within specific cohorts with a follow-up 2 years later. The following topics are covered

- Health Status Measures: Physical (PCS) & Mental (MCS)Component Summary Scores
- Chronic medical conditions
- Functional status (ADLs)
- Clinical measures
- Effectiveness of Care (HEDIS) measures
  - Fall Risk Management (FRM)
  - Physical Activity in Older Adults (PAO)
  - Management of Urinary Incontinence in Older Adults (MUI)

REQUIREMENTS AND TIMEFRAMES:

MAOs with Medicare contracts in effect on or before 1/1/2018 participated in the survey. Plans must also have had a minimum enrollment of 500 with 6 months of continuous enrollment to participate. Surveys are fielded annually in August through November and summary reports are available the following July. Results are trended over three years(2020-2022 for Cohort 23). The baseline for HPSM's Cohort 23 was collected in 2020 and the follow up survey for that population was collected in 2021. The baseline conducted for HPSM's Cohort 22 was collected in 2019 and the follow-up survey for that population was collected in 2021 -2020. The baseline conducted for HPSM's Cohort 21 was collected in 2018 and the follow-up survey for that population was collected in 2019-2020 and the merged results were made available in a report from CMS.

For Cohort 23 the original baseline sample size was 1,200; however, 909 members were not included in the analytic sample because they did not complete the baseline survey, were not seniors, or were determined to be ineligible beneficiaries at baseline. Therefore, the analytic sample size was 291. Of the 291 members in the analytic sample, 29 voluntarily disenrolled from HPSM and 27 died between baseline and follow up. Of the 235 members sent a follow up survey, 3 were determined to be ineligible. Of the remaining 232 members, there were 111 who did not complete the survey and 121 who returned a completed follow up survey. This represented an overall follow up response rate of 57.3% for HPSM, as compared with the National HOS follow up response rate of 52.2%.

HOS COHORT 23 FOLLOW-UP RESULTS:

Improving or Maintaining Physical Health Score Results Trended over Three Cohorts

Table 1: Trends in Physical Health Results Over Three Cohorts for MAO H7885

	Percent Better*	Percent Same*	Percent Worse*	Percent Better+Same*	Performance Results**
2020-2022 Cohort 23	17.05%	52.17%	30.78%	69.22%	⇔
2019-2021 Cohort 22	18.05%	54.63%	27.32%	72.68%	⇔
2018-2020 Cohort 21	15.86%	60.92%	23.22%	76.78%	⇔

Note: See Appendix 1 for a description of changes to the case-mix that may affect comparability of trending results.
NA indicates that the MAO did not have results for the specified cohort.

* The percent better, same, worse, or better+same refers to member health status within an MAO.

** The statistical significance of each performance result for the MAO is indicated by one of the following symbols:

⬆ MAO performed significantly better than expected (higher than the national average)

⬇ MAO performed significantly worse than expected (lower than the national average)

⇔ MAO performed as expected (the same as the national average)

In the category for improving or maintaining their physical health score, HPSM results were as expected, the same as the national average.

Improving or Maintaining Mental Health Score Results Trended over Three Cohorts

Table 2: Trends in Mental Health Results Over Three Cohorts for MAO H7885

	Percent Better*	Percent Same*	Percent Worse*	Percent Better+Same*	Performance Results**
2020-2022 Cohort 23	22.45%	67.14%	10.41%	89.59%	⬆
2019-2021 Cohort 22	14.68%	70.88%	14.44%	85.56%	⇔
2018-2020 Cohort 21	14.02%	67.05%	18.93%	81.07%	⇔

Note: See Appendix 1 for a description of changes to the case-mix that may affect comparability of trending results.
NA indicates that the MAO did not have results for the specified cohort.
* The percent better, same, worse, or better+same refers to member health status within an MAO.
** The statistical significance of each performance result for the MAO is indicated by one of the following symbols:
⬆ MAO performed significantly better than expected (higher than the national average)
⬇ MAO performed significantly worse than expected (lower than the national average)
⇔ MAO performed as expected (the same as the national average)

Our results also suggest that in the category for maintaining or improving the mental health score, HPSM results were significantly better and higher than the national average.

Distribution of Members with Worse Self-Rated General and Comparative Health Status HPSM (H7885), CA and National Total

Table 3: *2020-2022 Cohort 23 Performance Measurement* Distributions of Members with Worse Self-Rated General and Comparative Health Status for MAO H7885, California, and HOS Total

	General Health Fair or Poor		Comparative Physical Slightly Worse or Much Worse		Comparative Mental Slightly Worse or Much Worse	
	Baseline	Follow Up	Baseline	Follow Up	Baseline	Follow Up
H7885	40.7%	42.0%	27.5%	37.0%	23.1%	18.6%
California	27.1%	30.8%	26.8%	29.7%	18.3%	16.2%
HOS Total	21.9%	24.5%	24.6%	27.3%	15.6%	12.8%

HPSM has seen an increase from the baseline versus follow up cohorts for General Health and Comparative Physical but a decrease in Comparative Mental for this measure.

Table 4: *2020-2022 Cohort 23 Performance Measurement* Distribution of Members with Multiple Chronic Medical Conditions§ for MAO H7885, California, and HOS Total

	Multiple Chronic Medical Conditions§	
	Baseline	Follow Up
H7885	76.3%	70.0%
California	74.1%	61.6%
HOS Total	76.1%	63.0%

§ Multiple chronic medical conditions are defined as having two or more conditions.
Note: Removal of three conditions in 2022 will affect comparability between the baseline and follow up results in this report and reports from prior years.

HPSM is performing better than State and National results.

Table 5: *2020-2022 Cohort 23 Performance Measurement* Distribution of Members with Worse Health for the Healthy Days Measures for MAO H7885, California, and HOS Total

	14 or More Days of Poor Physical Health		14 or More Days of Poor Mental Health		14 or More Days of Activity Limitations	
	Baseline	Follow Up	Baseline	Follow Up	Baseline	Follow Up
H7885	22.7%	27.4%	15.4%	17.2%	18.3%	20.0%
California	17.5%	20.6%	12.7%	12.9%	13.4%	15.0%
HOS Total	16.0%	18.4%	9.7%	10.1%	10.9%	13.0%

HPSM is performing better than State and National results.

Table 6: *2020-2022 Cohort 23 Performance Measurement* Distribution of Members in Extreme Categories of the BMI Measures for MAO H7885, California, and HOS Total

	Underweight (BMI < 18.5)		Overweight (BMI 25 to 29.99)		Obese (BMI ≥ 30)	
	Baseline	Follow Up	Baseline	Follow Up	Baseline	Follow Up
H7885	5.3%	4.4%	34.2%	30.1%	23.7%	24.8%
California	3.3%	3.4%	36.4%	35.9%	24.6%	22.8%
HOS Total	1.9%	2.3%	36.8%	36.5%	31.7%	30.2%

Note: BMI categories were modified beginning with the *2017 Cohort 20 Baseline* Report. Underweight was changed from "<20" to "<18.5."

HPSM is performing better than State and National results.

HEDIS HOS MEASURES

The HEDIS HOS results measure Plan performance in the following three measures: Management of Urinary Incontinence in Older Adults (MUI), Physical Activity in Older Adults (PAO), and Fall Risk Management (FRM). These three components of the HEDIS HOS measures are also used in the Medicare Star Ratings.

HEDIS HOS results are based on data from Cohort 25 Baseline and Cohort 23 Follow Up data collected in 2022. Prior rounds also combined baseline and follow-up surveys administered the calendar year.

Table 1: 2022 HEDIS HOS Rates for MAO H7885, California, CMS Region 9, and HOS Total†

	MUI Discuss Rate	MUI Treat Rate*	MUI Impact Rate	PAO Discuss Rate	PAO Advise Rate*	FRM Discuss Rate	FRM Manage Rate*
H7885	64.71%	48.08%	30.10%	64.16%	61.86%	34.93%	76.97%
California	57.75%	44.53%	17.51%	58.19%	54.78%	25.32%	61.59%
CMS Region 9	57.75%	44.63%	16.23%	57.72%	52.34%	25.43%	59.55%
HOS Total	59.43%	44.75%	14.89%	55.55%	49.71%	27.10%	56.50%

† See Table 3 results for all MAOs in the state.
* Measures incorporated into the 2024 Medicare Star Ratings include the MAO 2022 *Improving Bladder Control* (MUI Treat Rate), *Monitoring Physical Activity* (PAO Advise Rate), and *Reducing the Risk of Falling* (FRM Manage Rate).

HPSM performed comparatively well in all ratings.

Table 2: Trends in HEDIS HOS Rates over Three Rounds of Data for MAO H7885

	MUI Discuss Rate	MUI Treat Rate*	MUI Impact Rate	PAO Discuss Rate	PAO Advise Rate*	FRM Discuss Rate	FRM Manage Rate*
2022 Round 25	64.71%	48.08%	30.10%	64.16%	61.86%	34.93%	76.97%
2021 Round 24	64.38%	51.25%	32.70%	68.36%	66.58%	36.13%	74.32%
2020 Round 23	62.70%	44.53%	31.20%	57.35%	63.44%	31.65%	77.65%

* Measures incorporated into the 2024 Medicare Star Ratings include the MAO 2022 *Improving Bladder Control* (MUI Treat Rate), *Monitoring Physical Activity* (PAO Advise Rate), and *Reducing the Risk of Falling* (FRM Manage Rate).

HPSM rates decreased across most measures from prior survey year.

5.2 CONSUMER ASSESSMENT OF HEALTHCARE PROVIDERS AND SYSTEMS (CAHPS) SURVEY

The CAHPS survey is a member experience survey conducted annually for CMC and Medi-Cal members and is conducted in the first half of the year and measures member experiences in the previous 6 months. The Medicare survey sample is drawn from all members who have been enrolled for at least 6 months, living the U.S. and not in an institutional setting. The Medi-Cal 2023 survey includes both adult and child members. HSPM conducts separate annual CAHPS surveys for its Medicare members. The surveys are mailed in English and Spanish with a follow up telephone call.

2023 Medicare CAHPS SURVEY SUMMARY

The response rate was 35%, which is a slight decrease when compared to the 2022 response rate of 35.6%. Most questions are answered using a 0 (worst) to 10 (best) scale **or** a "never, sometimes, usually, always" scale.

CAHPS MEDICARE SURVEY RESULTS

Health Plan Overall Ratings Measure Results:

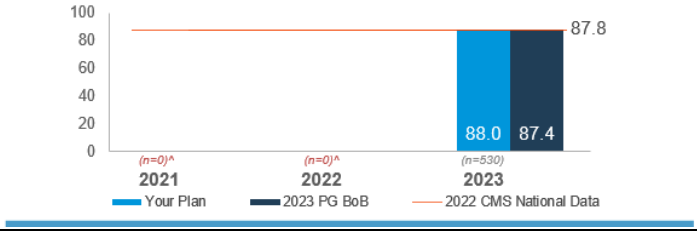
The 2023 Medicare CAHPS survey was a voluntary survey for our first year as an D-SNP Plan. There are no previous year results to compare against. For this survey measure, respondents used a 0-10 scale to rate their health plan, care received from their plan overall, their personal doctor, and the specialist (if any) they had seen most frequently in the past 6 months. The questions for each of the items are as follows:

Overall Ratings	Survey Item
Rating of Health Plan	Using any number from 0 to 10, where 0 is the worst health plan possible and 10 is the best health plan possible, what number would you use to rate your health plan?
Rating of Health Care Quality	Using any number from 0 to 10, where 0 is the worst health care possible and 10 is the best health care possible, what number would you use to rate all your health care in the last 6 months?
Rating of Personal Doctor	Using any number from 0 to 10, where 0 is the worst personal doctor possible and 10 is the best personal doctor possible, what number would you use to rate your personal doctor?
Rating of Specialist	We want to know your rating of the specialist you saw most often in the last 6 months. Using any number from 0 to 10, where 0 is the worst specialist possible and 10 is the best specialist possible, what number would you use to rate that specialist?

For each measure, the table below shows the HPSM results for 2023 and the national average for all MA contracts. As shown HSPM's rating on the composite items is above the national average for ***Rating of Health Plan*** but below average for the other scores.

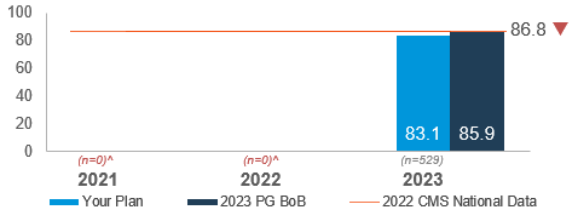
RATING OF HEALTH PLAN

PG %tile Rank	SMS
65th	88.0



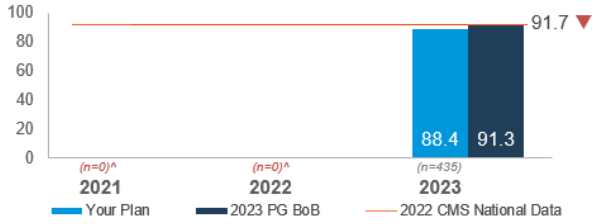
RATING OF HEALTH CARE QUALITY

PG %tile Rank	SMS
21st	83.1



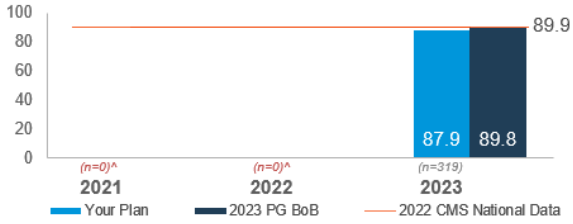
RATING OF PERSONAL DOCTOR +

PG %tile Rank	SMS
8th	88.4



RATING OF SPECIALIST +

PG %tile Rank	SMS
21st	87.9

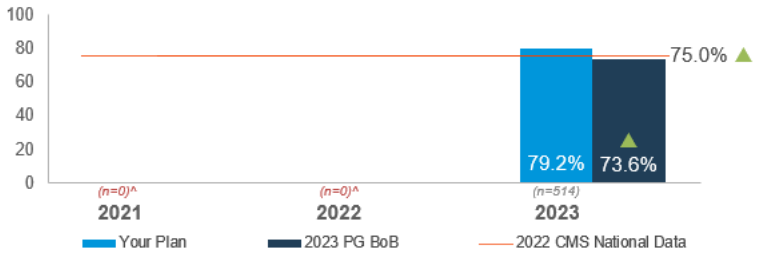


MEDICARE-SPECIFIC AND HEDIS MEASURE RESULTS:

For this response, survey participants were asked whether they received a flu vaccination recently (yes or no). The table below shows HPSM's percentage of "yes" responses, and the national average for all MMP contracts. HPSM scored well on the flu vaccine measure above the National MMP average.

ANNUAL FLU VACCINE

PG %tile Rank	% Yes
80th	79.2%



HEALTH PLAN COMPOSITE MEASURES RESULTS:

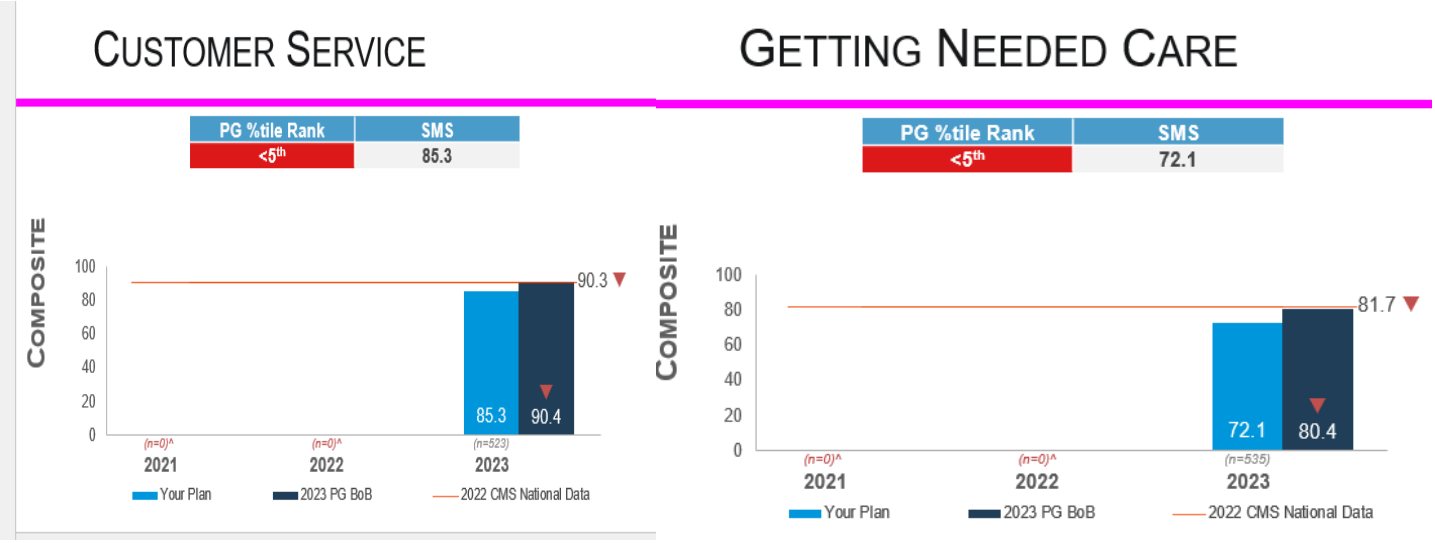
Responses to individual survey questions were combined to form five composite (summary) measures of members' experiences with their health plans. For each measure, the table below shows the HPSM result and the national average for all MMP contracts.

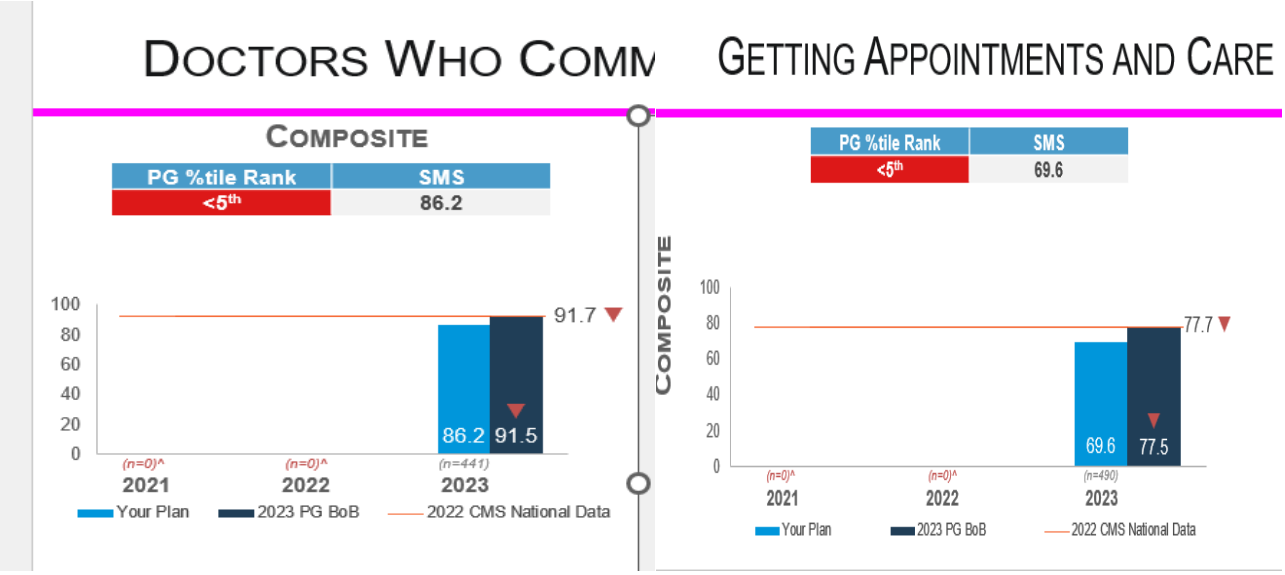
CAHPS Health Plan Composite Measure Questions

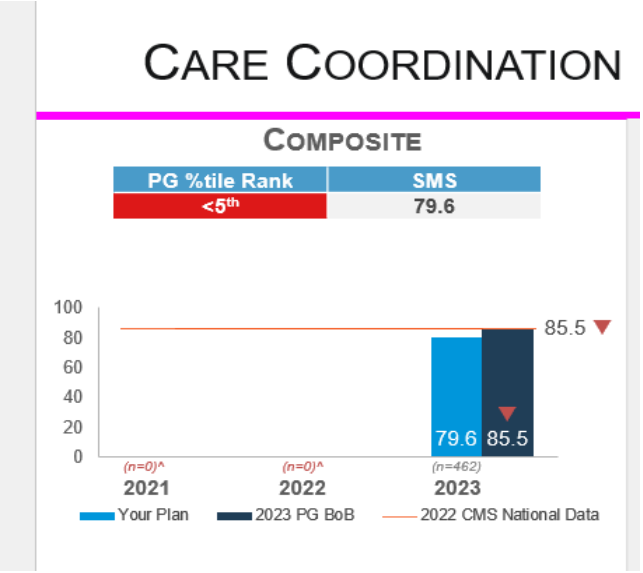
Table 1. MA-PD CAHPS Survey Composites

Composite Measures	Survey Items Included in the Composite
Getting Needed Care	In the last 6 months, how often was it easy to get the care, tests or treatment you needed? In the last 6 months, how often did you get an appointment to see a specialist as soon as you needed?
Getting Appointments and Care Quickly	In the last 6 months, when you needed care right away, how often did you get care as soon as you needed? In the last 6 months, how often did you get an appointment for a check-up or routine care at a doctor's office or clinic? Wait time includes time spent in the waiting room and exam room. In the last 6 months, how often did you see the person you came to see within 15 minutes of your appointment time?
Doctors Who Communicate Well	In the last 6 months, how often did your personal doctor explain things in a way that was easy to understand? In the last 6 months, how often did your personal doctor listen carefully to you? In the last 6 months, how often did your personal doctor show respect for what you had to say? In the last 6 months, how often did your personal doctor spend enough time with you?
Customer Service	In the last 6 months, how often did your health plan's customer service give you the information or help you needed? In the last 6 months, how often did your health plan's customer service staff treat you with courtesy and respect? In the last 6 months, how often were the forms for your health plan easy to fill out?

Composite Measures	Survey Items Included in the Composite
Care Coordination	In the last 6 months, when you visited your personal doctor for a scheduled appointment, how often did he or she have your medical records or other information about your care? In the last 6 months, when your personal doctor ordered a blood test, x-ray or other test for you, how often did someone from your personal doctor's office follow up to give you those results? In the last 6 months, when your personal doctor ordered a blood test, x-ray or other test for you, how often did you get those results as soon as you needed them? In the last 6 months, how often did you and your personal doctor talk about all the prescription medicines you were taking? In the last 6 months, did you get the help you needed from your personal doctor's office to manage your care among these different providers and services? In the last 6 months, how often did your personal doctor seem informed and up-to-date about the care you got from specialists?







Medicare Health Plan Composite Measure Results

HPSM performed below the national average on all the composite measures.

2023 Medi-Cal CAHPS SURVEY SUMMARY

See APPENDIX B: 2023 MEDI-CAL CAHPS SURVEY RESULTS

5.3 GRIEVANCES AND APPEALS

The Grievances & Appeals Report representing data from 2023, was presented to the HPSM Consumer Advisory Committee. The report provided Health Plan of San Mateo's (HPSM) Consumer Advisory Committee with an overview of the volume and type of complaints received from HPSM members, as well as whether the Grievance and Appeals (G&A) Unit is addressing these complaints in a timely manner. Throughout this report, the term "complaints" refers to both grievances and appeals. Specifics regarding the following areas can be found in the attached report:

- Methodology
- Rates of Complaints per 1,000 Members
- Timeliness of Complaint Resolution
- Results, Analysis, Barriers and Proposed Actions by LOB
    - CareAdvantage/Cal-Mediconnect (CA-CMC)
    - Medi-Cal (MC)
    - Healthy Kids, HealthWorx, ACE & CCS
- Primary Care Provider (PCP Changes by Provider)

See Appendix C. HPSM Consumer Advisory Committee Grievance & Appeals Report

6. SUMMARY OF EFFECTIVENESS 2023

Adequacy of QI Program Resources	Securing adequate resources to support QI activities improved in 2023. Two additional staff members were hired in 2023, including a QI Nurse and QI Program Manager. All open positions were filled by the end of 2023. QI Department staff focus on the clinical quality monitoring, evaluation and reporting functions and may lead quality improvement initiatives across organizational teams. However, quality improvement program implementation and ongoing administration continues to be integrated through the various operational units of HPSM. This allows for a more robust and sustainable QI Program that will lead to substantial improvement in health outcomes for our members.
QI Committee Structure	The QI committee structure expanded in 2023. The Quality Improvement Committee (QIC) expanded it functions to include health equity and provide oversight of our dental services. The QIC was renamed to the Quality Improvement & Health Equity Committee (QIHEC).The committee continues to provide a forum for HPSM to report out program activities. The committee continues to serve as an advisory role in our QI programming in 2023 and members actively participate in discussions regarding opportunities for improvement, data analysis, intervention planning and evaluation. The QIHEC met quarterly in 2023 as planned. While the QIHEC met quorum for each meeting, total committee membership declined to 4 members. HPSM is actively recruiting additional members to the QIHEC to include up to 8 total committee members, to expand and diversify its advisory capacity. The QI Committee Structure itself has been successful at achieving its purpose and will continue.
Practitioner Participation and Leadership Involvement	The CMO has direct oversight of the Quality Improvement Department in addition to Utilization Management, Pharmacy, and Dental units and Medical Directors. In addition to the practitioners that sit on the QI Committee and HPSM's CMO, HPSM has three Medical Directors with differing areas of expertise including Obstetrics & Gynecology, Gerontology and Primary Care, and a Dental Director. This structure continued throughout 2023. Our CMO, Chief Health Officer (CHO), Dental and Medical Directors are

	heavily involved with QI Program activities and provide their clinical expertise throughout our intervention planning and evaluation process as well as ongoing clinical quality and patient safety monitoring. They also provide very valuable feedback and suggestions for improvement from the provider perspective on various initiatives. This is done both through their individual participation in various project meetings as well as the Clinical Quality Committee. Similarly, leadership involvement in the QI Program happens both from individual's participation in various QI activities as well as through the QI Committees including the Quality Improvement & Health Equity Committee (QIHEC) and Clinical Quality Committee (CQC), Management participation from several HPSM Departments participate in these committees and include representation from the following departments: • Pharmacy • Utilization Management • Population Health • Integrated Care Management • Behavioral Health • Provider Services • Quality Improvement • Dental This current structure supports practitioner participation and leadership involvement in QI Program Activities and will continue in 2024.
Summary	The current level of resources for quality improvement, leadership and practitioner involvement and committee structure supports the Quality Improvement Program in meeting its objectives. Expanding the current membership of the QIEC is recommended to enhance and diversify its advisory capacity, particularly in addressing health equity.

APPENDIX A. MANAGED CARE ACCOUNTABILITY SET (MCAS) RESULTS TRENDED

MEASURES HELD TO THE MINIMUM PERFORMANCE LEVEL (50TH PERCENTILE)

MY2022/RY2023 MCAS – MPL

HealthPlan OF SAN MATEO
Healthy is for everyone

Abrev	Measure	MY2022	50th Percentile	MY2021	MY 2020 Rate
CBP	Controlling High Blood Pressure*	64.95	59.85	62.20	53.04
CDC >9	Comprehensive Diabetes Care - HbA1c Poor Control (>9.0%)* (lower is better)	34.43	39.90	28.78	37.23
CIS-10	Childhood Immunization Status –Combo 10*	54.50	34.79	54.85	61.56
IMA -2	Immunizations for Adolescents –Combo 2*	49.39	35.04	51.58	50.61
BCS	Breast Cancer Screening	58.68	50.93	53.96	59.20
CCS	Cervical Cancer Screening*	61.69	57.64	57.61	58.91
CHL	Chlamydia Screening in Women	67.39	55.32	68.71	63.98
PPC -Post	Prenatal and Postpartum Care– Postpartum Care*	89.53	77.37	92.45	92.59
PPC-Pre	Prenatal and Postpartum Care– Timeliness of Prenatal Care*	90.70	85.40	89.31	90.0
WCV	Child and Adolescent Well -Care Visits (3-21 yrs)	52.00	48.93	56.92	48.80
LSC	Lead Screening in Children*	67.88	63.99	N/A	N/A
W30	Well-Child Visits in the First 30 Months of Life				
	• 6 or more well-child visits in first 15 months of life	49.62	55.72	25.73	20.03
	• 2 or more well -child visits in 15 to 30 months of life	72.38	65.83	69.14	76.94

New MPL = 50th Percentile
*Hybrid measure (chart review + admin & sup data)
Measure new to MCAS for MY2022

Under MPL
Above HPL

MY2022/RY2023 MCAS – no MPL

Measure Abbrev.	Measure	MY2022 Rate	MY 2021 Rate	MY 2020 Rate
AMB-ED	Ambulatory Care: Emergency Department (ED) Visits per 1,000 member months	44.76	38.63	36.99
ADD-Init	Follow-Up Care for Children Prescribed Attention -Deficit/Hyperactivity Disorder (ADHD) Medications – Initiation Phase	50.82	24.35	22.88
ADD-C/M	Follow-Up Care for Children Prescribed Attention -Deficit/Hyperactivity Disorder (ADHD) Medications – Continuation and Maintenance Phase	N/A	N/A	N/A
PCR	Plan All-Cause Readmissions • Observed rate (lower is better) • Observed to expected ratio	8.53 0.8623	9.42 0.9597	9.64 0.9322
APM	Metabolic Monitoring for Children and Adolescents on Antipsychotics - Blood Glucose and Cholesterol Testing	31.51	42.55	35.64
AMR	Asthma Medication Ratio	77.44	69.56	70.06
AMM -AP	Antidepressant Medication Management - Effective Acute Phase Treatment	69.55	67.59	66.47
AMM -CP	Antidepressant Medication Management - Effective Continuation Phase Treatment	53.26	51.48	51.09
SSD	Diabetes Screening for People with Schizophrenia or Bipolar Disorder Who Are Using Antipsychotic Medications	81.26	80.19	78.15
COL	Colorectal Cancer Screening	47.82	N/A	N/A

All administratively collected measures; Measure new to MCAS for MY2022

MY2022/RY2023 MCAS – no MPL

Measure Abbrev.	Measure	MY 2022 Rate	MY 2021 Rate	MY 2020 Rate
FUA	Follow-Up After Emergency Department Visit for Alcohol and Other Drug Abuse or Dependence • 7-Day Follow-up • 30-Day Follow-up	 35.52 53.44	 4.27 7.58	N/A
FUM	Follow-Up After Emergency Department Visit for Mental Illness • 7-Day Follow-up • 30-Day Follow-up	55.34 69.70	18.58 27.72	N/A
AAP	Adults' Access to Preventive/Ambulatory Health Services	67.59	N/A	N/A
POD	Pharmacotherapy for Opioid Use Disorder	26.03	N/A	N/A
PRS-E	Prenatal Immunization Status: Flu + Tdap	49.67	N/A	N/A
PDS-E	Postpartum Depression Screening and Follow Up • Screening • Follow-up	10.75 86.67	N/A	N/A
PND-E	Prenatal Depression Screening and Follow Up • Screening • Follow-up	11.91 47.06	N/A	N/A
DSF-E	Depression Screening and Follow-up for Adolescents and Adults • Screening • Follow-up	4.31 80.81	N/A	N/A
DRR-E	Depression Remission or Response for Adolescents and Adults	0	N/A	N/A

All administratively collected measures; Measure new to MCAS for MY2022

MY2022/RY2023 MCAS – no MPL

Measure Abbrev.	Measure	MY 2022 Rate	MY 2021 Rate	MY 2020 Rate	MY 2019 Rate
DEV^	Developmental Screening (ages 1 -3 yrs)	53.15	43.02	24.24	45.28
CCP^	Contraceptive Care: Postpartum Women Ages 15 -44 Most or moderately effective contraception – 60 days	48.92	52.41	50.17	42.34
CCW^	Contraceptive Care: All Women Ages 15 -44 Most or moderately effective contraception	23.07	25.26	24.34	24.38
TFL-CH^	Topical Fluoride for Children (1 – 20 yrs) • Dental or Oral Health Services • Dental Services • Oral Health Services	20.32 17.52 2.78	N/A	N/A	N/A

All administratively collected measures
^Non-HEDIS measure

Child measure specifications
Adult measure specifications

MY2022/RY2023 MCAS – no MPL

Measure Abbrev.	Measure	MY 2022 Rate	MY 2021 Rate	MY 2020 Rate
FUA	Follow-Up After Emergency Department Visit for Alcohol and Other Drug Abuse or Dependence • 7-Day Follow-up • 30-Day Follow-up	 35.52 53.44	 4.27 7.58	 N/A
FUM	Follow-Up After Emergency Department Visit for Mental Illness • 7-Day Follow-up • 30-Day Follow-up	55.34 69.70	18.58 27.72	N/A
AAP	Adults' Access to Preventive/Ambulatory Health Services	67.59	N/A	N/A
POD	Pharmacotherapy for Opioid Use Disorder	26.03	N/A	N/A
PRS-E	Prenatal Immunization Status: Flu + Tdap	49.67	N/A	N/A
PDS-E	Postpartum Depression Screening and Follow Up • Screening • Follow-up	10.75 86.67	N/A	N/A
PND-E	Prenatal Depression Screening and Follow Up • Screening • Follow-up	11.91 47.06	N/A	N/A
DSF-E	Depression Screening and Follow-up for Adolescents and Adults • Screening • Follow-up	4.31 80.81	N/A	N/A
DRR-E	Depression Remission or Response for Adolescents and Adults	0	N/A	N/A

All administratively collected measures; Measure new to MCAS for MY2022