



L.A. Care
HEALTH PLAN®

Quality Improvement Program Annual Report and Evaluation

2019

Quality Oversight Committee approval on _____ *2/12/2020*
Compliance and Quality Committee approval on _____ *3/19/2020*

Table of Contents –2019 QI Program and Work Plan Evaluation

L.A. Care’s Vision, Mission and Values	5
Executive Summary	6
Clinical Care and Patient Safety	
A.1 Population Health Management Program (PHMP)	14
A.2 Population Demographics	17
B. Keeping Members Healthy	
B.1 Health Education Services	26
B.2 Child and Adolescent Health	31
B.3 Adult Health	63
B.4 Perinatal Health	80
C. Managing Members with Emerging Risk	
C.1 Chronic Condition Management	87
C.1.a Asthma Disease Management Program	87
C.1.b Diabetes Disease Management Program	92
C.1.c Reducing Cardiovascular Risk	99
C.1.d Annual Monitoring for Patients on Persistent Medications (MPM)	107
C.1.e Pharmacotherapy Management of COPD Exacerbation (PCE)	113
C.2 Behavioral Health	118
C.3 Clinical Practice Guidelines	138
C.3.a Use of Imaging Studies for Low Back Pain (LBP)	144
C.3.b Depression Screening and Follow-up for Adolescents and Adults (DSF)	149
D. Patient Safety or Outcomes Across Settings	
D.1 Pharmacy Initiatives and Management	152
D.1.a Appropriate Medication Management	163
D.2 Patient Safety	171
D.3 Potential Quality Issues and Critical Incidents Reporting and Tracking	172
D.4 Facility Site Review/Medical Records Initiatives	181
D.5 Hospital Patient Safety	189

E. Managing Multiple Chronic Illness	
E.1 Managing Multiple Chronic Illness	201
E.1.a Risk Stratification Process Using Data	201
E.1.b Risk Stratification Using Health Appraisal	202
E.1.c Risk Stratification and Care Planning Using the HRA	203
E.1.d Complex Case Management	208
F. Continuity and Coordination of Care	
F.1 Continuity and Coordination of Medical Care	218
F.2 Managed Long-Term Services and Support (MLTSS)	234
F.3 Continuity and Coordination Between Medical and Behavioral Healthcare	238
F.4 Care Coordination and Quality Improvement Program Effectiveness (CCQIPE) for the Medicaid/Medicare Dual Demonstration	264
Service Improvement	
G. Quality Improvement Projects (QIPs, PIPs, & PDSAs)	
G.1 Reducing Avoidable Inpatient and Emergency Room Visits from the Long-Term Care Setting (Medicare PDSA) - CMC	269
G.2 HSAG/DHCS: Cal MediConnect Medicare-Medicaid Individualized Care Plan (ICP) (PIP) (2018-2020)	275
G.3 Diabetes Disparity PIP	278
G.4 L.A. Care Covered (LACC) Disparity QIP	282
G.5 Childhood Immunization Status Combination-3 (CIS-3) (Medi-Cal PIP)	285
G.6 Postpartum Care Plan, Do, Study, Act (PDSA)	289
H. Service Improvement Activities	
H.1 Member Experience	293
H.1.a Appeals and Grievances	293
H.1.b Behavioral Health Grievances and Appeals Assessment, Interventions, and Improvement	302
H.1.c Behavioral Health Member Satisfaction Survey	311
H.1.d Member Satisfaction (CAHPS)	324
H.1.e Member Services Telephone Accessibility	346
H.2 Cultural & Linguistic Services	354
H.3 Marketing and Activities	356
H.4 Member Participation, Community Outreach and Engagement	357
H.5 Access to Care	359

H.6 Availability of Practitioners	399
H.6.a Assessment of Network Adequacy for Non-Behavioral Health Services	427
H.6.b Assessment of Network Adequacy for Behavioral Health Services	446
H.7 Provider Directory Accuracy Assessment	451
I. Systems of Care, Administrative and Other QI Activities	
I.1 QI Committee Summary	457
I.2 National Committee for Quality Assurance (NCQA) Health Plan Accreditation Score	461
I.3 Community Partnerships and Engagement	468
I.4 Provider Satisfaction Survey	470
I.5 Provider and Member Incentive Programs	478
I.6 Safety Net Programs and Partnerships	498
I.7 Transforming Clinical Practice Initiatives(TCPI)	500
I.8 Quality Performance Management Activities Related to HEDIS Improvement	506
I.9 IPA/Provider Webinars	509
I.10 Provider Continuing Education Program	511
I.11 Health Services Training	513
I.12 Delegation Oversight	515
I.13 Credentialing	522
Conclusion	525
Attachments	
#1 – 2019 Completed QI Work Plan	527



Mission

To provide access to quality health care for Los Angeles County's vulnerable and low income communities and residents and to support the safety net required to achieve that purpose.

Vision

A healthy community in which all have access to the health care they need.

Values

We are committed to the promotion of accessible, high quality health care that:

- Is accountable and responsive to the communities we serve and focuses on making a difference;
- Fosters and honors strong relationships with our health care providers and the safety net;
- Is driven by continuous improvement and innovation and aims for excellence and integrity;
- Reflects a commitment to cultural diversity and the knowledge necessary to serve our members with respect and competence;
- Empowers our members, by providing health care choices and education and by encouraging their input as partners in improving their health;
- Demonstrates L.A. Care's leadership by active engagement in community, statewide and national collaborations and initiatives aimed at improving the lives of vulnerable low income individuals and families; and
- Puts people first, recognizing the centrality of our members and the staff who serve them.

EXECUTIVE SUMMARY

L.A. Care Health Plan continues its efforts to improve, attain and maintain excellent quality and safety of care and services to members. The Quality Improvement Program describes the infrastructure L.A. Care uses to coordinate quality improvement activities with quantifiable goals. The 2019 Quality Improvement Work Plan was the vehicle for reporting quarterly updates of quality activities and progress toward measureable goals. This 2019 Annual Report and Evaluation summarizes and highlights the key accomplishments in the area of quality improvement for the period of January 1, 2019 through December 31, 2019 except where annotated otherwise. This Annual Report evaluates activities for L.A. Care's lines of business: Medi-Cal, PASC-SEIU Homecare Workers Health Care for In-Home Supportive Services Workers, L.A. Care Covered™ (Marketplace), L.A. Care Covered Direct™, and Cal MediConnect [(CMC) Duals Demonstration Project].

Under the leadership and strategic direction established by the L.A. Care Health Plan Board of Governors through the Compliance and Quality Committee (C&Q) and senior management, the 2019 Quality Improvement Plan was implemented. This report provides a detailed discussion of quality improvement activities and significant accomplishments during the past year, in the areas of quality of clinical care, safety of clinical care/patient safety, quality of service, member experience/satisfaction, and access to care. The evaluation documents activities undertaken to achieve work plan goals and establishes the groundwork for future quality improvement activities.

The development and execution of the Quality Improvement Program is a process which relies on input from a number of committees, public and member advisory groups and task forces, as well as dedicated organizational staff. The input and work of these committees and of L.A. Care staff are directed at appropriate initiatives, activities, deliverables, and policies and procedures that support the mission and direction established by the Board of Governors.

Staff throughout L.A. Care contribute to activities to support the execution of the Quality Improvement Program. Most activities are coordinated and/or carried out by staff in two main service areas: Health Services and Managed Care Operations. The Quality Improvement (QI) Department takes the lead in compiling this Annual Report, with support from staff in the following departments: Appeals & Grievances (A&G), Customer Solutions Center (CSC), Provider Network Management (PNM), Pharmacy, Community Outreach and Education (CO&E), Safety Net Initiatives (SNI), Medicare Operations (Med Ops), Health Education, Cultural and Linguistic Services (HECLS), Utilization Management (UM), Case Management (CM), Managed Long Term Services and Supports (MLTSS), Behavioral Health (BH), Facility Site Review (FSR) (Medical Record Review), and Credentialing (CR).

Activities in the 2019 Quality Improvement Program and the associated Work Plan activities focused on refining the quality of structure and process of care delivery with emphasis on member centric activity and consistency with regulatory and accreditation standards. All activities were undertaken in direct support of organizational changes and the Mission, Vision, and Strategic Priorities of the Board. Highlights include:

L.A. Care has successfully undergone evaluation by regulators and accrediting bodies:

During 2019, the Regulatory Audits unit within the Compliance department managed and provided support for 16 regulatory audits. For the first time, L.A. Care received 100% in two data validation audits, confirming the accuracy of care management, health risk assessment, grievance, appeal, pharmacy, and UM data.

Regulatory Audits:

Developed a monitoring framework that monitors activities (internal business units and delegates) for the Cal MediConnect line of business. This framework will be expanded to all lines of business and other health plan functions.

Results of Major Audits:

- CMS Validation Audit – tests the correction of all findings identified in 2018 Program Audit. The final report is expected in January 2020.
- DHCS Medical Audit – number of findings increased from 3 to 14. The increase can be attributed to a new focus this year on pharmacy, initial health assessments, and California children’s services. L.A. Care has developed CAPs and is in the process of implementation. Compliance will monitor the implementation and test the effectiveness of CAPs prior to the 2020 audit.

NCQA Accreditation Status:

- L.A. Care maintained “commendable status” for Medi-Cal and “accredited status” for CMC.
- LACC remains at the “accredited status” until April 2020.
- L.A. Care was awarded the “Distinction in Multicultural Health Care” by NCQA in March 2019 for its Marketplace, Medicaid, and Medicare lines of business. L.A. Care has held the Multicultural Health Care distinction since 2013.

Membership Changes:

Medi-Cal – decreased by 38,477 members:

- Members 65 years or older increased from below 10.03 to 10.06% of the population

Cal MediConnect – decreased by 189 members:

- 74.6% are 65 years of age and older

L.A. Care Covered – increased by 8,221 members:

- 92.2% are 21-64 years of age

Member Experience:

CAHPS Performance:

- Adult scores remained low in 2019.
- Pediatric scores were statistically unchanged from 2018 to 2019. However, non-significant rises on selected measures were sufficient to put the raw scores into higher Medicaid quartiles, nationally. For adults and children, L.A. Care’s opportunities to improve CAHPS performance are most persistent in L.A. Care’s measures of access, which performed below their respective national Medicaid 25th percentiles.

Clinical Care:

HEDIS Performance:

- HEDIS RY2019 (MY2018):
 - **DHCS Auto Assignment:** L.A. Care Health plan scored higher than Health Net in three out of the six auto-assignment measures, with a statistically significant improvement in one measure. L.A. Care Allocation increased from 54% to 67%. In addition, L.A. Care will receive a 9% Auto Assignment rate adjustment due to calculation errors 2 years ago bringing the total to 76%.
 - PPC Prenatal was responsible for the 3-point score increase as we received 1 point for the rate improvement and 2 points for the statistically significant difference over Health Net.
 - **Medicaid:** NCQA total Accreditation points 82.1, HEDIS: 24.98, & CAHPS: 7.65 (Improved CAHPS & Maintained HEDIS)

- **Medicare:** NCQA total Accreditation points 75.4, HEDIS: 25.94, & CAHPS: 6.24 (Improved HEDIS & CAHPS)
- **NCQA Health Insurance Plan Ratings**
 - Medi-Cal: L.A. Care is the highest rated Medi-Cal managed care plan in Los Angeles with a rating of 4.0 (out of 5.0 stars)
 - CMC: maintained a score of 3.0 stars
- LACC/Marketplace Quality Rating System (QRS)
 - Maintained a score of three stars (out of five stars)
 - Clinical Quality Management: 3 stars, down from 4 stars in 2018
 - Enrollee Experience: 1 star, unchanged from 1 star in 2018

Population Health Management:

- L.A. Care continued to develop a coordinated Population Health Management Program (PHMP) addressing members' needs across the continuum of care and coordinating across departments and services throughout the organization.
 - During 2019, the PHMP focused on linking the 2018 population assessment findings to existing programs and identifying gaps to enhance programs or services

Care Management/Disease Management:

- In 2019 L.A. Care (LAC) established a community based care management approach which addressed member needs in their community, utilizing Community Resource Centers as hubs for members to be able to access care management services as well as a variety of health and educational classes, including group exercise classes, completely at no cost to members and the community. 10 Community Health Workers were trained and deployed to CRC in November 2019 in addition to the clinical team deployment that took place on 7/1/19.
- Disease Management and Care Management were integrated.

Clinical Practice Guidelines:

- Joint Performance Improvement Collaborative Committee and Physician Quality Committee (PICC/PQC) approved new and revised clinical practice and preventative health guidelines. Guidelines were revised for the following categories: Cardiovascular, Respiratory, Endocrine, Obstetrics and Perinatal Care, Pain Management, and Preventive Health. Links are now posted on our website for the 52 guidelines and 10 toolkits to support providers in their practice.

Provider Continuing Education (PCE) Program:

- L.A. Care continues to be accredited as a CME provider.
- L.A. Care planned, developed and implemented 22 directly provided CME/CE activities and 32 jointly provided CME/CE activities with other healthcare organizations.

Cultural and Linguistic Services:

- Top requested languages:
 - Telephonic interpreting: Spanish, Mandarin, and Armenian
 - Face-to-face interpreting: Spanish, American Sign Language Farsi
 - Translation: Spanish, Khmer, and Chinese.
- Processed 7,483 face-to-face interpreting requests – 7,044 were for medical appointments
- Telephonic interpreting services provided – 170,369 calls for a total of 2,586,997 minutes.

Health Education:

- The *Healthy Moms* program reached out to 6,108 post-partum members to offer assistance scheduling their post-partum appointment.

- *Healthy Pregnancy* program mailed trimester specific educational material to 6,218 members.
- *Healthy Baby* program mailed out 27,863 immunization packets to parents/guardians of members 0-6 months.
- *The Youth Empowerment Screening Chlamydia Campaign* mailed 15,080 letters to increase awareness and improve chlamydia screening rates.

Patient Safety:

- Current programs in Pharmaceutical safety include:
 - Concurrent Drug Utilization Review (CDUR)/Retrospective Drug Use Evaluation (RDUR)
 - As of July 2019 Prescribers were mailed a letter.
 - MCLA 9,684 prescribers
 - CMC 922 prescribers
 - LACC 244 prescribers
 - PASC 185 prescribers
- Medication Adherence for Diabetes Medications, HTN (RAS Antagonists), & Statins
 - Pharmacy Technicians made calls to members, pharmacies and prescribers to investigate barriers to adherence and remedies.
 - L.A. Care reached 150+ members with Proportion of Days covered (PDC) of less than 85%.
 - Since July 2018, providers started receiving a scorecard letter by Navitus, which details all the members under respective provider’s care that may be exhibiting non-adherence behaviors.
 - 2019 Q1–Q3: 8,110 CMC Prescribers were mailed a scorecard.
 - Since March 2019, Pharmacy Technicians made calls to newly diagnosed and new-to-health-plan members with diabetes to educate the importance of adherence and address concerns the member may have.
 - As of 10/11/2019, L.A. Care successfully educated 544 members and mailed Diabetes Welcome Kits to 438 members.

Potential Quality Issues (PQI):

- Compliance with 6-month timely processing at 91.4%, went down from 99.9% from previous year due to the influx of referrals
- Seven additional staff including two Provider Quality Specialist Nurses, three QI Project Specialist and one Provider Quality Coordinator, were added to the Provider Quality Review team to support the backlog created by the influx of caseloads.
- The PQI referral criteria was updated along with online self-paced PQI Training rolled out in June 2019 to increase staff’s understanding and identification of PQI issues impacting members’ health outcome
- The Provider Quality Review System development was added to the enterprise Care Catalyst System development, targeting for October 2020 launch schedule.

Critical Incident Reporting:

- Compliance with quarterly submission at 100%

Patient Hospital Safety:

- L.A. Care uses Cal Hospital Compare’ (CHC) data to reinforce the expectations and goals on quality and patient safety:
 - The Maternity Honor Roll program recognizes California hospitals that meet the “Healthy People 2020” target goal of 23.9 percent or below for low risk, first birth cesarean delivery.

For calendar year 2018, 16 of 73 (21.9%) in network L.A. Care hospitals made the Maternity Honor Roll List.

- The Patient Safety Honor Roll evaluates hospitals across 12 patient safety measures across the following domains: hospital acquired infections, adverse patient safety events, sepsis.
- management, patient experience, and Leapfrog Hospital Safety Grade and assigns them as a Tier 1 (best) or Tier 2 based on performance. 2 in network L.A. Care Hospitals were Tier 1 and 8 were Tier 2.

Facility Site Review:

- Compliance with needle stick safety rate increased to 78% from 73%.
- Spore testing of autoclaves rate increased to 80% from 79%.

Addressing Disparities:

- Each year the QI program completes an evaluation and analysis of HEDIS data to identify and address any disparities. This year's evaluation contains an analysis for each HEDIS measure by race and ethnicity.
- The following are L.A. Care data observations:
 - The count of the Native Hawaiian population has grown from last year and as a result the Native Hawaiian population is now ranked among other L.A. Care's demographic populations. The Native Hawaiian population is the lowest performing for Comprehensive Diabetes Control HbA1c (<8.0%), two of the four Diabetes Hospitalization Measures (i.e. Admissions for Short-term Complications and Admissions for Uncontrolled Diabetes, both among members with Diabetes), and both Hypertension Hospitalization Measure (i.e. Admissions for Hypertension and Admissions for Heart Failure, both among members with hypertension).
 - The American Indians/Native Alaskans population is the lowest performing for the remaining two Diabetes Hospitalization Measures (i.e. Admissions for Long-term Complications and Admissions for Lower-extremity Amputation, both among members with diabetes).
 - Year over Year, the Black/African American population has had the highest disparities among all demographic population in the Asthma Medication Ratio (AMR) and Antidepressant Medication Management metric for both Effective Acute Phase Treatment and Effective Continuation Phase Treatment. The population has been consistently performing low for Controlling Blood Pressure and is ranked as the highest disparity group for the measure for 2019.

Access to Care, After Hours and Appointment Availability:

- The Medi-Cal network:
 - PCP goals met: preventive services and in-office wait time.
 - SCP goals met: urgent appointment, routine appointment, first prenatal appointment, and process for rescheduling missed appointments.
- The Cal-MediConnect network:
 - PCP goals met: preventive services and process for rescheduling appointments
 - SCP goals met: process of rescheduling missed appointments.
- The PASC network:
 - PCP goals met: process of rescheduling missed appointments
 - SCP goals met: process of rescheduling missed appointments and call-back time to reschedule appointments.

- The L.A. Care Covered network:
 - PCP goals met: process for rescheduling missed appointments, preventive services and in-office waiting room time.
 - SCP goals met: process for rescheduling missed appointments
- The Medi-Cal, Cal Medi-Connect, PASC, and L.A. Care Covered networks met goals for after-hours access.

Member Participation, Community Outreach and Engagement:

The following information captures data for Fiscal Year 2018/2019:

Advisory Member Outreach on the topic of Colorectal Cancer was 5,704 and was provided in the following areas:

- Health Fairs
- Schools
- Churches
- Family and Friends

Community Partnerships - Social Determinants of Health – Food Security:

- Community Outreach & Engagement Sponsored 11 Food Security Organizations

The 11 Agencies Provided the Following Services to the Community:

- Breakfast Baskets for Low wage workers
- Fed approximately 1700 individuals by initiating a community food hub
- Help communities and families access nutritious food and they distributed grocery cards to 100 families
- Food drives that provided free food, transportation coupons and resources to more than 150 households from October to December 2019
- Help organization combat food security for 400 working poor families by providing groceries weekly (Monday –Friday)
- Distribute food twice a week helping close to 1000 families weekly
- Help enhance a food resource program by providing outreach material, food storage capacity and food transportation

Marketing:

- Participation in workgroups to facilitate collateral materials in format, languages and reading levels.
- Staff alignment by product line, health plan initiatives and utilization of Family Resource Centers (Antelope Valley, Lynwood, Inglewood, Boyle Heights, and Pacoima).

Provider Incentive Programs:

Pay-Out Program Results:

- L.A. Care's Physician P4P Program (MY 2018) – paid out \$21.1 million to 972 physicians and 66 community clinics.
- L.A. Care's VIIP+P4P Program (MY 2018) – paid out \$14 million to 53 eligible groups.
- L.A. Care's Plan Partner Incentive Program (MY 2018) – paid out a total of \$4.3 million.

No Pay-Out Program:

- L.A. Care's LACC VIIP Program – sending out mock payment reports to 16 groups by the end of January. This year (MY 2019, RY 2020) will be the first year of pay-outs for this program.
- L.A. Care's CMC VIIP Program – sending out performance reports to groups by the end of January.

Member Incentive Programs (2019 Programs):

- Follow-Up for Hospitalization after Mental Illness (CMC, LACC & PASC members) – emergency preparedness kit for completing follow-up visit on or before 30 days of their initial visit.
- 145 members were awarded as of November 2019.

Committees:

The QI committees regularly met to oversee the various functions of the QI Program.

- A new Performance Improvement Work Group was developed to better align interventions to improve efficiency, reduce redundancy, and address care gaps, focusing on preventive care and utilization of primary care.
- Committee and Workgroup attendees' lists were updated to include Product leads and/or their designee, Plan Partners, and external representatives as appropriate.
- Two new committees were developed (Population Health Management Cross Functional Team Committee & Quality Performance Management (QPM) Steering Committee) that will report out to the Quality Oversight Committee (QOC).

Barriers Identified:

- HEDIS software and process was not capable of producing Provider Opportunity Reports timely or as frequently as desired. Providers often complain that they are not receiving credit for services they provide due to data lag and they are unwilling to reconcile reports.
- Outdated internal systems do not allow for adequate capture and management of member and provider data.
- Competing goals and/or priorities among L.A. Care, Plan Partners, PPGs and individual providers as well as provider abrasion.
- Lack of consistent incorporation of statistical analysis to draw identifiable conclusions that would lead to improvement within the workgroups.
- Unreliable contact information for members to execute contact and promote engagement.
- Outdated processes for engaging member by using mail, and phone only and not using newer sources of contact such as text messaging and e-mail.
- Insufficient resources for “high-touch” outreach such as personalized care navigation services.
- Lack of understanding of the HEDIS specifications and use of incorrect codes among providers.
- Members assigned to providers that do not see their age group.
- Limited impact on providers and members due to delegated model and PPG contracting structure.
- Continually changing regulatory, compliance and other requirements.
- Data elements not included in data received from DHCS/DMH that impacted our ability to maximize rates on key measures.

- Lab result data capture issues led to lower administrative rates for lab result dependent measures.
- Having to account for Pharmacy reversals and duplicates led to declines in pharmacy rates and accreditation points for pharmacy measures.

Based upon the evaluation of the 2019 activity, regulatory requirements and needs of populations served, the committee/workgroup activities described in the 2019 work plan will continue.

Overall Effectiveness and Opportunities

Overall, the 2019 Quality Improvement Program was effective in identifying opportunities for improvement and enhancing processes and outcomes. Sufficient resources were committed to support committee activities and to complete projects detailed in the work plan. Leadership and network physicians played an active role by participating in quality committee meetings, providing input on quality related opportunities, helping to identify barriers and develop and implement effective approaches to achieve improvements. The organization's quality improvement work plan effectively monitored and reported on the numerous quality-related efforts underway throughout the organization.

The 2020 QI Program will continue to focus on opportunities to improve clinical care, safety and service in the areas outlined in this report. Member satisfaction results have declined over the last three years and enterprise efforts are underway to improve. Timely access to care studies continue to show the need for improvement including the need to improve provider data, which again has a large scale effort in place to improve. There are multiple clinical (and/or clinical data) areas that still need improvement, such as, breast and cervical cancer screenings, appropriate medications for people with asthma, and immunizations among pediatric and adolescent patients. These and other QI activities are detailed in the 2020 QI Work Plan and will be tracked through the QI committees and the governance structure.

A.1 POPULATION HEALTH MANAGEMENT PROGRAM (PHMP)

AUTHOR: JOHANNA KICHAVEN, MPH & ELAINE SADOCCHI-SMITH, FNP, MPH, CHES

REVIEWER: MARIA CASIAS, RN, & JAMES KYLE, MD

The Population Health Management Program (PHMP) was launched in 2018 to establish a centralized program for member and practitioner programs and interventions. Each year the PHM strategy document is updated and the membership demographics assessed, segmented through population assessment and the programs evaluated through a PHM Impact Evaluation as well as through a PHM Index of goals that focus on gaps in care across the continuum of care and impacting all lines of business. Coordinating services through a PHMP helps meet the goals set by the PHM Index which include goals for all lines of business, children and adults and health care measures and member satisfaction. This is aligned with the Triple Aim healthcare model to provide evidence based quality care, improve the health of populations, and offer cost effective member care.

The focus of 2019 was to establish a foundation for L.A. Care's PHMP. We use the NCQA standards to guide the development of the PHMP into an overarching program to integrate Population Health care across the continuum of care for members. Additionally, a cross-functional team was formed and developed a Charter including:

- **Respiratory Infections**
 - Adult Screenings and Prevention Workgroup (Avoidance of Antibiotic Treatment in Adults with Acute Bronchitis-AAB)
 - Child and Adolescent Health Workgroup (Appropriate Testing for Children with Pharyngitis-CWP, Appropriate Treatment for Children With Upper Respiratory Infection-URI)
 - Health Education Programs/Interventions (e.g., Flu Campaign)
 - Care Management Programs
 - Family Resource Center Classes

- **Hypertension/Diseases of the Heart/Disorders of Lipid Metabolism**
 - Appropriate Medication Management Workgroup (Medication Adherence for Diabetes Medications-D11, D12, Statin Therapy for Patients With Cardiovascular Disease and Diabetes-SPC/SPD)
 - Cardiovascular (CVD) Disease Management Program
 - Health Education Programs/Interventions (e.g., Flu Campaign)
 - Care Management Programs
 - Family Resource Center Classes and Health Screenings

- **COPD**
 - Inpatient Workgroup
 - Health Education Programs/Interventions (e.g., Flu Campaign)
 - Care Management Programs

- **Diabetes**
 - Behavioral Health Workgroup
 - Chronic Care Workgroup
 - Diabetes Disease Management Program
 - Health Education Programs/Interventions (e.g., Flu Campaign)
 - Care Management Programs
 - Family Resource Center Classes

- **Asthma**
 - Chronic Care Workgroup
 - Asthma Disease Management Program
 - Asthma Non-Adherence Calls
 - Health Education Programs/Interventions (e.g., Flu Campaign)
 - Care Management Programs
 - Family Resource Center Classes

- **Spondylosis: intervertebral disc disorders; other back problems**
 - Chronic Care Workgroup

- **Fall Prevention**
 - Care Management Programs (looking into expanding existing program)

The PHMP strives to address health needs at all points along the continuum of health and wellbeing, through participation of, engagement with and targeted interventions for the member population across all lines of business. The integration of population health management consolidates and coordinates multiple program and service offerings into one seamless system, producing efficiencies that drive improved health outcomes and reduce overall health care spending.

L.A. Care's population health management services are provided by a team that includes wellness and prevention, care management, social services, behavioral health and community resources together whose goal is to coordinate and ensure the right service at the right level. Rather than providing specific service categories into which individuals must fit, L.A. Care's population health management revolves around the individual's needs and adapts to his/her health status—providing support, access and education all along the continuum. Through a high tech, high touch, highly efficient workflow we can use the widest breadth of data sources with optimal process flow to achieve a holistic view of members and providers for ideal customer relationship management.

The Population Health Management Program is conducted through coordination and collaboration with the following programs: Health Education (HE) Program, Complex Case Management (CCM) Program, Disease Management (DM) Program, Behavioral Health and Social Work, Utilization Management (UM), the Quality Improvement (QI) Program and other internal and external programs. The major components of the PHMP are: (1) population identification; (2) stratifying and risk-based segmentation; (3) member enrollment health appraisal and engagement; (4) intervening through monitoring; (5) evaluating program outcomes. The PHMP addresses the following areas along the continuum of care with interactive interventions:

- Keeping Members Healthy
- Early Detection/Emerging Risk
- Chronic Condition Management
- Complex Case Management
- Care Transitions
- Patient Safety

As L.A. Care's PHMP has established a strong foundation, the next step is to evaluate the programs, services and interventions across the continuum of care and evaluate the effectiveness using the Identification, Stratification and Segmentation, Engagement, Intervention and Outcomes (ISEIO) guidelines. This will allow all of the member and practitioner programs to be developed through a rigorous structure. This will help coordinate care, decrease duplicative touchpoints and interventions and help us identify the needs of the member to touch the member at the right time with the appropriate service to

address their healthcare needs. Additionally, through the Cross-Functional Team and the collaboration in the development of a new system of record, Thrasys, we will work on focused transitions between programs to coordinate member touchpoints for smooth transitions.

A.2 POPULATION DEMOGRAPHICS

AUTHOR: MARLA LUBERT

REVIEWER: MARIA CASIAS, RN & JAMES KYLE, MD

Membership

As of 2019, QI documents a full Population Assessment with a full spectrum of segmentation, identification, and rankings of a complete set of population attributes. The content below is an excerpt of that document. For more information, the Population Assessment may be provided.

The top 15 diagnoses, were identified using Clinical Classifications Software (CCS) Single Level Diagnosis categories by LOB and by Inpatient and Outpatient setting (using primary diagnosis only), from July 1, 2018–June 30, 2019.

Medi-Cal Membership

As of October 1, 2019, L.A Care had 2,001,947 Medi-Cal members of those 149,011 members in the Senior and Persons with Disabilities (SPDs) categories (a decrease from 158,642 at the end of 2018), and 50,810 PASC-SEIU members. L.A. Care’s Medi-Cal membership profile by age and gender is shown below:

Age	Number of Members	% of Membership
0-11	485,829	24.3%
12-20	363,002	18.1%
21-64	940,476	47.0%
65+	212,640	10.6%
Total	2,001,947	100%

Gender	Number of Members	% of Membership
Female	1,080,553	54.0%
Male	921,394	46.0%

Race	Number of Members	% of Membership
Caucasian/White	1,447,237	72.3%
African American/Black	237,336	11.9%
Asian	162,413	8.1%
Native Hawaiian/Other Pacific Islander	591	0.03%
American Indian Or Alaska Native	3,396	0.2%
Declined & Unknown	150,974	7.5%

90.8% of all L.A. Care Medi-Cal members speak either English or Spanish as seen in the table below:

Medi-Cal: Member Professed Spoken Language		
Language	Number of Members	% of Membership
English	1,196,994	59.8%
Spanish	620,907	31.0%
Armenian	51,464	2.6%
Mandarin (Mandarin Chinese)	21,955	1.1%
Cantonese (Yue Chinese)	21,956	1.1%
Korean	20,166	1.0%
Vietnamese	15,498	0.8%
Farsi (Persian)	10,236	0.5%
Russian	8,813	0.4%
Tagalog	6,065	0.3%
Arabic	5,255	0.3%
Khmer	4,536	0.2%
American Sign Language	481	0.02%
Other, Including No Response	17,621	0.9%
Total:	2,001,947	100%

Approximately 42.4% of L.A. Care’s Medi-Cal members are under 21 years of age. The rate of members 65 and over increased from 1% in 2010 to 10.6% in 2019. Of the adult membership, approximately 54.0% are female and 46.0% are male. L.A. Care strives to make available easy-to-read, well translated health education material, and continuously increases the availability of material in alternative formats (audio, Braille, large format).

THRESHOLD LANGUAGES FOR L.A. CARE’S PRODUCT LINES OF BUSINESS

Medi-Cal and Cal MediConnect	PASC-SEIU	L.A. Care Covered
English	English	English
Spanish	Spanish	Spanish
Arabic	Armenian	
Armenian	Chinese	
Chinese	Korean	
Farsi	Russian	
Khmer		
Korean		
Russian		
Tagalog		
Vietnamese		

MEDI-CAL

Medi-Cal	
The Top 15 Diagnosis Categories for Outpatient Visits (July 1, 2018– June 30, 2019)	
1	Other upper respiratory infections
2	Spondylosis; intervertebral disc disorders; other back problems
3	Diabetes with and without complications
4	Abdominal pain
5	Chronic kidney disease
6	Other non-traumatic joint disorders
7	Other connective tissue disease
8	Blindness and vision defects
9	Essential hypertension
10	Other skin disorders
11	Administrative/social admission
12	Other nutritional; endocrine; and metabolic disorders
13	Mood disorders
14	Other lower respiratory disease
15	Other upper respiratory disease

Medi-Cal	
The Top 15 Diagnosis Categories for Inpatient Visits (July 1, 2018 – June 30, 2019)	
1	Septicemia (except in labor)
2	Liveborn
3	Hypertension with complications and secondary hypertension
4	Other complications of birth; puerperium affecting management of mother
5	Diabetes with and without complications
6	Nonspecific chest pain
7	Skin and subcutaneous tissue infections
8	Alcohol-related disorders
9	Biliary tract disease
10	Other complications of pregnancy
11	Urinary tract infections
12	Pneumonia (except that caused by tuberculosis or sexually transmitted disease)
13	Other pregnancy and delivery including normal
14	Chronic obstructive pulmonary disease and bronchiectasis
15	Fluid and electrolyte disorders

The Top 15 Diagnosis Categories for Outpatient Visits (July 1, 2018 – June 30, 2019)			
Medi-Cal (SPD)		Medi-Cal (Non-SPD)	
1	Spondylosis; intervertebral disc disorders; other back problems	1	Other upper respiratory infections
2	Chronic kidney disease	2	Spondylosis; intervertebral disc disorders; other back problems
3	Disorders usually diagnosed in infancy childhood or adolescence	3	Diabetes with and without complications
4	Diabetes with and without complications	4	Abdominal pain
5	Essential hypertension	5	Other non-traumatic joint disorders
6	Other non-traumatic joint disorders	6	Blindness and vision defects
7	Other connective tissue disease	7	Other connective tissue disease
8	Abdominal pain	8	Chronic kidney disease
9	Nonspecific chest pain	9	Other skin disorders
10	Other upper respiratory infections	10	Essential hypertension
11	Other nutritional; endocrine; and metabolic disorders	11	Administrative/social admission
12	Schizophrenia and other psychotic disorders	12	Mood disorders
13	Other lower respiratory disease	13	Other nutritional; endocrine; and metabolic disorders
14	Mood disorders	14	Other pregnancy and delivery including normal
15	Other nervous system disorders	15	Other lower respiratory disease

The Top 15 Diagnosis Categories for Inpatient Visits (July 1, 2018 – June 30, 2019)			
Medi-Cal (SPD)		Medi-Cal (Non-SPD)	
1	Septicemia (except in labor)	1	Liveborn
2	Hypertension with complications and secondary hypertension	2	Septicemia (except in labor)
3	Diabetes with and without complications	3	Other complications of birth; puerperium affecting management of mother
4	Chronic obstructive pulmonary disease and bronchiectasis	4	Other complications of pregnancy
5	Nonspecific chest pain	5	Hypertension with complications and secondary hypertension
6	Complication of device; implant or graft	6	Diabetes with and without complications
7	Skin and subcutaneous tissue infections	7	Alcohol-related disorders
8	Fluid and electrolyte disorders	8	Other pregnancy and delivery including normal
9	Respiratory failure; insufficiency; arrest (adult)	9	Biliary tract disease
10	Pneumonia (except that caused by tuberculosis or sexually transmitted disease)	10	Skin and subcutaneous tissue infections
11	Urinary tract infections	11	Prolonged pregnancy
12	Acute and unspecified renal failure	12	Nonspecific chest pain

The Top 15 Diagnosis Categories for Inpatient Visits (July 1, 2018 – June 30, 2019)			
Medi-Cal (SPD)			Medi-Cal (Non-SPD)
13	Epilepsy; convulsions	13	Polyhydramnios and other problems of amniotic cavity
14	Acute cerebrovascular disease	14	OB-related trauma to perineum and vulva
15	Cardiac dysrhythmias	15	Appendicitis and other appendiceal conditions

For Medi-Cal, the SPD vs. non-SPD top diagnosis category lists emphasize the different patient mix of these populations. The top three outpatient diagnosis categories for 2019 Medi-Cal SPD were Chronic Kidney Disease, Spondylosis; Intervertebral Disc Disorders; Other Back Problems, and Diabetes. For Non-SPD members the top three diagnosis categories were Other Upper Respiratory Infections, Spondylosis; intervertebral disc disorders; other back problems, and Diabetes. The top three diagnosis categories for Inpatient for Medi-Cal SPD were Septicemia (except in labor), Hypertension with complications and secondary hypertension; and Chronic Obstructive Pulmonary Disease and Bronchiectasis and for Non-SPD were Liveborn, Septicemia (except in labor), and Other complications of birth; puerperium affecting management of mother.

Cal MediConnect Membership (Duals Demonstration Project)

As of October 1, 2019, L.A Care had 16,153 Cal MediConnect members. The population below 65 years of age qualifies for participation in the Duals Demonstration Project based on presence of a disabling condition and/or aid code designation. The detail of L.A. Care’s Cal MediConnect membership profile is shown below:

Age	Number of Members	% of Membership
21-64	4,103	25.4%
65-74	8,518	52.7%
75-84	2,653	16.4%
85+	879	5.5%
Total	16,153	100.0%

Gender	Number of Members	% of Membership
Female	8,756	54.2%
Male	7,397	45.8%

Race	Number of Members	% of Membership
Caucasian/White	9,842	60.9%
African American/Black	2,615	16.2%
Asian	1,037	6.4%
Native Hawaiian/Other Pacific Islander	19	0.1%
American Indian Or Alaska Native	53	0.3%
Declined & Unknown	2,587	16.0%

Approximately 92.2% of the L.A. Care Cal MediConnect members speak one of two languages as seen in the table below:

CMC: Member Professed Spoken Language		
Language	Number of Members	% of Membership
English	7,607	47.1%
Spanish	7,287	45.1%
Armenian	41	0.3%
Mandarin (Mandarin Chinese)	69	0.4%
Cantonese (Yue Chinese)	111	0.7%
Korean	35	0.2%
Vietnamese	74	0.5%
Farsi (Persian)	31	0.2%
Russian	13	0.1%
Tagalog	230	1.4%
Arabic	20	0.1%
Khmer	44	0.3%
American Sign Language	19	0.1%
Other, Including No Response	572	3.5%
Total:	16,153	100%

74.6% of L.A. Care Cal MediConnect members are 65 years and over. Of adult membership, 54.2% are female and 45.8% are male. The main preferred languages spoken are divided between Spanish and English with English being the predominant preferred language. L.A. Care strives to make available easy-to-read, well translated health education material, and continuously increases the availability of material in alternative formats (audio, Braille, large format).

Cal MediConnect	
The Top 15 Diagnosis Categories for Outpatient Visits	
(July 1, 2018 – June 30, 2019)	
1	Diabetes with and without complications
2	Medical examination/evaluation
3	Spondylosis; intervertebral disc disorders; other back problems
4	Essential hypertension
5	Other non-traumatic joint disorders
6	Other connective tissue disease
7	Chronic kidney disease
8	Blindness and vision defects
9	Cataract
10	Osteoarthritis
11	Other nutritional; endocrine; and metabolic disorders
12	Mood disorders
13	Abdominal pain
14	Nonspecific chest pain
15	Other lower respiratory disease

Cal MediConnect	
The Top 15 Diagnosis for Inpatient Visits (July 1, 2018 – June 30, 2019)	
1	Septicemia (except in labor)
2	Hypertension with complications and secondary hypertension
3	Diabetes with and without complications
4	Chronic obstructive pulmonary disease and bronchiectasis
5	Schizophrenia and other psychotic disorders
6	Acute cerebrovascular disease
7	Osteoarthritis
8	Nonspecific chest pain
9	Respiratory failure; insufficiency; arrest (adult)
10	Acute myocardial infarction
11	Acute and unspecified renal failure
12	Pneumonia (except that caused by tuberculosis or sexually transmitted disease)
13	Cardiac dysrhythmias
14	Urinary tract infections
15	Alcohol-related disorders

The top three outpatient diagnosis categories for CMC for 2019 were Diabetes, Essential Hypertension, and Spondylosis; Intervertebral Disc Disorders; Other Back Problems. In terms of top three diagnosis categories for Inpatient, they were Septicemia (except in labor), Biliary tract disease, and Nonspecific chest pain.

L.A. Care Covered™ Membership (Marketplace)

As of October 1, 2019, L.A. Care had 79,785 L.A. Care Covered™ members. The detail of L.A. Care's L.A. Care Covered™ membership profile is shown below:

Age	Number of Members	% of Membership
0-11	2,049	2.6%
12-20	3,219	4.0%
21-64	73,538	92.2%
65+	979	1.2%
Total	79,785	100.0%

Gender	Number of Members	% of Membership
Female	42,029	52.7%
Male	37,756	47.3%

Race	Number of Members	% of Membership
Caucasian/White	31,427	39.4%
African American/Black	2,563	3.2%
Asian	6,997	8.8%
Native Hawaiian/Other Pacific Islander	180	0.2%
American Indian Or Alaska Native	153	0.2%
Declined & Unknown	38,465	48.2%

88.7% of all L.A. Care Covered™ members speaks one of two languages as seen in the table below:

LACC: Member Professed Spoken Language		
Language	Number of Members	% of Membership
English	45,687	57.3%
Spanish	25,036	31.4%
Armenian	676	0.8%
Mandarin (Mandarin Chinese)	2,488	3.1%
Cantonese (Yue Chinese)	1,248	1.6%
Korean	967	1.2%
Vietnamese	551	0.7%
Farsi (Persian)	377	0.5%
Russian	190	0.2%
Tagalog	285	0.4%
Arabic	94	0.1%
Khmer	105	0.1%
American Sign Language	1,512	1.9%
Other, Including No Response	569	0.7%
Total:	79,785	100%

Approximately 6.6% of L.A. Care’s L.A. Care Covered™ members are under 21 years of age. Of the adult membership, approximately 52.67% are female and 47.3% are male. L.A. Care strives to make available easy-to-read, well translated health education material, and continuously increases the availability of material in alternative formats (audio, Braille, large format).

L.A. Care Covered™	
The Top 15 Diagnosis Categories for Outpatient Visits (July 1, 2018 – June 30, 2019)	
1	Diabetes with and without complications
2	Essential hypertension
3	Spondylosis; intervertebral disc disorders; other back problems
4	Other non-traumatic joint disorders
5	Other connective tissue disease
6	Other nutritional; endocrine; and metabolic disorders
7	Abdominal pain
8	Other upper respiratory infections
9	Disorders of lipid metabolism
10	Mood disorders
11	Administrative/social admission
12	Other skin disorders
13	Anxiety disorders
14	Other upper respiratory disease
15	Nonspecific chest pain

L.A. Care Covered™	
The Top 15 Diagnosis Categories for Inpatient Visits (July 1, 2018 – June 30, 2019)	
1	Septicemia (except in labor)
2	Liveborn
3	Nonspecific chest pain
4	Biliary tract disease
5	Acute myocardial infarction
6	Hypertension with complications and secondary hypertension
7	Osteoarthritis
8	Diabetes with and without complications
9	Cardiac dysrhythmias
10	Acute cerebrovascular disease
11	Benign neoplasm of uterus
12	Appendicitis and other appendiceal conditions
13	Other complications of birth; puerperium affecting management of mother
14	Urinary tract infections
15	Coronary atherosclerosis and other heart disease

The top three outpatient diagnosis categories for 2019 were, Diabetes, Essential Hypertension, and Spondylosis; intervertebral disc disorders; other back problems. In terms of top three diagnosis categories for Inpatient, they were, Septicemia (except in labor), Hypertension, and Chronic obstructive pulmonary disease and bronchiectasis.

As of October 1, 2019, L.A. Care had 96 L.A. Care Covered Direct™ members. L.A. Care's L.A. Care Covered Direct™ members speak English (81.3%) or Spanish (15.6%). Approximately 31.3% of L.A. Care's L.A. Care Covered Direct™ members are under 21 years of age. Of the adult membership, approximately 55.2% are female and 44.8% are male.

B. KEEPING MEMBERS HEALTHY

B.1 HEALTH EDUCATION SERVICES

AUTHOR: WENDY SASSER

REVIEWER: ELAINE SADOCCHI-SMITH, FNP, MPH, CHES & JAMES KYLE, MD

The Health Education Unit plans, implements, and evaluates health education, health promotion, and outreach for DLOB members. This is achieved through the delivery of direct member health education services via L.A. Care’s Health In Motion™ program, the provision of low literacy health education materials and resources in Los Angeles County threshold languages, and the implementation of health education programs to improve HEDIS, CAHPS, and CMS Five-Star Quality Ratings. Delivered by Registered Dietitians and Health Educators, health education services promote positive health behavior, wellness, and chronic disease self-management. *Health In Motion™* is available to members upon physician referral, L.A. Care staff referral, targeted recruitment by diagnosis, or self-referral. All services are available at no cost to the member and are conducted in English and Spanish. Interpreters are available upon request for other languages.

In FY 18-19, the Health Education Unit conducted 2,946 health education encounters¹. Telephone consults accounted for 77% of these encounters and group appointments contributed the remaining 23%. The Health Education Unit conducted 46 group appointments at L.A. Care’s Family Resource Centers and other community sites on topics including, but not limited to chronic disease self-management, cholesterol and hypertension, senior health, nutrition and physical activity. Diabetes Self-Management and Support (DSME-S) accounted for the most encounters in FY18-19 (35%), followed by Medical Nutrition Therapy (21%), and weight management/Weight Watchers (20%). The Health Education Unit also maintains an online health and wellness portal site, *My Health In Motion™*, which compliments existing in-person and over-the-phone health and wellness services and ensures compliance with NCQA Population Health Management 4: Wellness and Prevention Standard.

In addition to providing direct member services, in FY 18-19, the Health Education Unit developed 3 new materials and made available a total of 376 health education material titles in DHCS-required health topics and languages. There were no materials re-reviewed using the DHCS-required Readability & Suitability Checklist due to the release of APL 18-016 which extended the review period from three to five years. To assist and support L.A. Care staff, the Health Education Unit also offered several trainings in FY 18-19, including health literacy and motivational interviewing. Technical assistance provided by the Health Education Unit includes, but is not limited to material development, presentations, trainings, manning a booth, and readability assessment/revision. In FY18-19 there were 24 health education technical assistance requests received from 13 departments. The departments with the most requests were Behavioral Health, Quality Improvement, and Executive Directors Administration. The most common request was for readability assessment/revision.

The Health Education Unit implemented multiple health education programs in FY18-19 that directly support HEDIS, CAHPS, and CMS Five-Star Quality Ratings:

- The “Healthy Pregnancy” program seeks to improve pregnancy outcomes and rates for timely prenatal care visits by providing prenatal/postpartum education and encouraging members to seek services within recommended time frames. Program components include a mailing of trimester-specific health education materials and telephonic outreach to assist with scheduling the first

¹An encounter is defined as the delivery of health education services to member(s) either individually over the phone or in-person in a group setting.

- prenatal appointment. Upon confirmation of a completed prenatal visit, members are eligible to receive a “onesie” as an incentive. A total of 6,218 pregnant members were identified and sent a health education packet in FY18-19(5,539 EN/679 SP). A total of 178 members were called for first trimester prenatal appointment scheduling assistance. Of these, 64 members (36%) were successfully reached. For members that were successfully reached 80% already had an appointment scheduled and only one member was assisted in scheduling a prenatal appointment.
- The “Healthy Mom” Program targets MCLA, CMC, and LACC/D members who recently gave birth. The program seeks to improve HEDIS rates for timely postpartum visits through member and provider outreach and education. The member-facing intervention consists of telephonic outreach and education including the provision of scheduling assistance, transportation, and interpreting services, as needed. During the call members are informed of L.A. Care’s postpartum visit incentive. In FY18-19, a total of 6,108 members were called for postpartum appointment scheduling assistance. Members who recently gave birth were identified via the eConnect platform, a real-time data exchange system with 44 participating network hospitals. Of those members contacted 42% were successfully reached. For members that did not have a scheduled postpartum appointment, 12% were assisted in scheduling their postpartum appointment.
- The “Healthy Baby” Program seeks to reduce barriers to well child care and improve immunization rates among MCLA and LACC/D members under the age of 24 months. Program components include a monthly mailing to parents/guardians about regular and timely well child visits and childhood immunizations, and Interactive Voice Response Calls (IVR). In FY18-19, a total of 27,863 (21,749 EN/5,734 SP/ 335 CH) health education packets were mailed to parents/guardians of members 0-6 months. IVR immunization reminder calls were not implemented during the 17-18 Healthy Baby campaign year due to technical issues. IVR immunization reminder calls resumed in FY18-19.
- The Youth Empowerment for Screening “YES” Chlamydia Campaign was implemented in FY18-19 to improve chlamydia screening rates by increasing awareness among MCLA and LACC/D members, parents/guardians, and providers. The intervention consisted of three components: 1) a letter to parents of female members 16-17 years old, 2) a provider fax blast, and 3) a social media Facebook ad campaign. The activities reported below are representative of the HEDIS 2019 measurement year and took place between January 1, 2018 to December 31, 2018. A total of 4,671 faxes promoting the importance and ease of chlamydia screening were sent to pediatricians, general medicine, family practice and OB-GYN providers. A free webinar on chlamydia screening hosted by the California Prevention Center at UCSF was also distributed to providers in a separate fax communication. L.A. Care purchased a total of three different Facebook advertisements to drive traffic to L.A. Care’s chlamydia webpage. Collectively, the three ads were displayed 125,733 times with 33,765 people seeing the ad at least once. There were 588 unique link clicks (the number of people who performed a link click).
- L.A. Care’s “Fight the Flu” Campaign encourages members to obtain their seasonal flu vaccine with the intent of improving CAHPS scores, which asks adult members whether they received a flu vaccination during the last year. In FY 18-19, the campaign was implemented from September 2018 - May 2019. While the campaign was inclusive of all DLOB members, the specific outreach strategy varied by line of business. A total of 3,732,641 automated flu reminder calls were made to DLOB members for the 2018-2019 flu campaign. Of the total automated calls made 26% were successfully completed (the member answered the phone and listened to the flu shot reminder automated call). Additionally, 33% of phone calls resulted in a voicemail, with the same flu shot reminder message. The remaining 41% of calls were not successfully completed for various reasons including failure to listen to the entire message (customer abandon), incorrect phone number, or no answer. Claims, encounter, pharmacy, and California Immunization Registry (CAIR) data was analyzed in January 2019 and identified 4,059,899 flu shots administered to CMC members from July through December 2018. The data demonstrates low flu shot administration

- rates; however, these are likely significant underestimates, as submission of flu shot data is voluntary and not reimbursable. The Health Education Unit continues to offer My *Health In Motion*[™], an online health and wellness portal for DLOB members which compliments existing in-person and over-the-phone health and wellness services. L.A. Care contracts with Cerner, an NCQA HIP-certified vendor, to offer the portal to members and receives auto credit for NCQA’s Population Health Management (PHM) 4 Wellness and Prevention Standard.

My *Health In Motion*[™] allows members to complete a Health Appraisal, view a personalized report of their health risk and strengths, and access tailored self-management tools such as workshops, exercise how-to videos, meal plans, and biometric trackers. In FY 18-19, a total of 4,891 DLOB members either completed an online Health Appraisal (HA) for the first time or updated one from a previous year through My *Health In Motion*[™]. Although this number remained relatively stagnant compared to last fiscal year (N=5,211), there were 4,051 members who completed a HA for the first time in FY 18-19. This represents a 45% increase in new HA completion from the baseline (N=8900). HA completion varied by line of business, 88% were LACC/LACC-D members, 11% were MCLA members, and approximately 1% were CMC or PASC-SEIU members. This difference can be attributed to the incentives that LACC members receive for completing the HA as part of the Rewards for Healthy Living Program. At this time, MCLA/CMC/PASC members are not eligible for incentives through the My *Health In Motion*[™] program and these seem to be a driving factor in participation rates. In addition, there was a significant increase in LACC membership experienced by L.A. Care in FY 17-18.

HA results varied by line of business and include the following key findings:

- Approximately 46% of LACC/LACC-D members rated their health “excellent” or “very good” compared to 21% of MCLA, CMC, and PASC-SEIU members.
- More LACC/LACC-D members reported completing their preventive health screenings (Pap smear, mammogram, and colonoscopy) than MCLA, CMC, and PASC-SEIU members as detailed in Table 1.
- More MCLA, CMC, and PASC-SEIU members reported getting a flu shot than did LACC-LACC-D members as reported in Table 1.
- The top five reported conditions differed by line of business:
 - LACC/LACC-D: Allergies (19%), Anxiety (19%), High Blood Pressure (16%), Back Pain (15%), and Depression (14%)
 - MCLA, CMC, and PASC-SEIU: Anxiety (39%), Depression (32%), Back Pain (26%), Allergies (23%), and High Blood Pressure (22%)

Table 1: Preventative Health Screening/Flu Shot Completion Reported in HA

FY 18-19	Colonoscopy in the Past*	Mammogram in the Past**	Pap Smear Ever Done***	Flu Shot in the last 12 Months
LACC/LACC-D	60% (N=768)	85% (N=931)	60% (N=1,484)	37% (N=1,589)
MCLA/CMC/PASC-SEIU	59% (N=88)	77% (N=103)	47% (N=177)	34% (N=196)

*Among adults aged 50+ who have ever had a sigmoidoscopy or colonoscopy

**Among women aged 40+ who have had a mammogram within the past two years

***Among women aged 18+ who have had a pap test within the past three years

Upon Health Appraisal completion, members have the option to sign up for health coaching. Health coaching is provided by L.A. Care’s Health Educators and RD’s through secure email communication via the online health and wellness portal. LACC members are asked to set a health goal as part of their initial health coaching session and can earn a \$25 gift card as part of the Rewards for Healthy Living incentive program by completing three health coaching sessions and a 3-month follow-up survey. The survey

assesses the member's success with meeting their health goal(s) and satisfaction with their health coaching experience. A total of 894 LACC/LACC-D members and 263 MCLA, CMC, and PASC-SEIU members opted in to health coaching in FY 18-19. Of these, 219 LACC members set a health goal and 47 of those qualified for the \$25 gift card incentive. The majority of health goals set by LACC members focused on increasing physical activity, healthy eating and meditation/deep breathing exercises. Approximately 70% of LACC members who completed the survey were able to meet their goals "most" or "all of the time".

The Health Education Unit implemented two programs in FY 18-19 to increase utilization and engagement of *My Health In Motion*TM:

- The Rewards for Healthy Living program incentivizes adult LACC and LACC-D members to complete wellness activities through *My Health In Motion*TM. Members earn points for completing eligible wellness activities and redeem those points for gift cards to retail stores of their choice. Members can earn up to \$215 in gift cards for completing the following wellness activities: Health Appraisal (\$40), Health Coaching (\$25), 6-week Tobacco Cessation Workshop (\$75), and 6-week Weight Management Workshop (\$75). In FY18-19, 2,362 members completed 3,639 wellness activities and earned a total of 151,510 points. Although participation in the incentive program has remained relatively stagnant compared to last year, there is an increase in the number of members redeeming their points for gift cards. The majority of the points earned were for HA completion. As of September 2019, 62% of the points earned were redeemed by members, an increase of 13% compared to last year. Members have until the end of the 2019 calendar year to redeem any points earned as of January 2019. This increase in redemption may be attributed to an increase in marketing about *My Health In Motion*TM program through member newsletters and an increased awareness about the program amongst member facing departments, such as FRC staff. To increase members' redemption of points, the Health Education Unit also regularly sends email reminders along with redemption instructions to members.
- The Health Education Unit increased promotion and marketing of the *My Health In Motion*TM portal through various mechanisms. Information on the portal and other Health Education activities are now included in every member newsletter. Additionally, the Health Education Program Manager trained all FRC staff in May 2019 on the portal and what it offers so that this crucial member facing department can promote this resource. In collaboration with the Quality Improvement Department, a cover letter on Health Education services, including *My Health In Motion*TM, was developed to include in all QI mailer interventions. Lastly, an email blast to LACC members is set to release in September 2019 encouraging members to create a profile and utilize the incentive program.
- The Health Education Unit further implemented online wellness "challenges" for adult MCLA, CMC and PASC-SEIU members. The 2019 challenge titled "Track Your Fruits and Veggies Challenge" encouraged members to log how many fruits and vegetables they ate for at least 5 days a week for four days. Those who complete the challenge are rewarded with an online badge. Similar to last year, this wellness challenge resulted in low member participation despite increased promotion, longer sign-up period, shortened length of challenge, and challenge consistency. Future challenges may incentivize members to sign-up and/or complete the challenge activity.

The Health Education Unit experienced moderate success meeting objectives established in the 2019 Health Education Direct Line of Business Program Description:

1. Increase health education encounters by 25% over the previous fiscal year. This goal was met and exceeded. Health Education encounters increased by 28% from last year. In addition, staff resources increased with 5 FTE Registered Dietitian. The additional staff support enabled more proactive outreach and success with engaging members to understanding the benefit of the services.
2. Expand health education services offerings by implementing at least two new programs to support members with achieving and maintaining healthier lifestyles. This goal was met, the Health Education Unit offered two new programs in FY 18-19, including the CDC-recognized Diabetes

3. Prevention Program for eligible pre-diabetic members and a pediatric weight management two-session workshop for overweight or obese pediatric members and their parents/caregivers.
4. Increase the number of new online health and wellness portal users by 10%. This goal was met and exceeded. There was a 35% increase in LACC/LACC-D portal users and a 17% increase in MCLA, CMC, and PASC-SEIU portal users from baseline. This increase was largely driven by increased promotion, marketing and awareness along with an increase in LACC membership in FY 18-19.

In addition to meeting established Unit goals, the Health Education Unit and the *Health In Motion*TM program continued to grow and expand this fiscal year to encompass projects beyond traditional health education programming, such as forging collaborations between Health Education and Quality Improvement to target chlamydia screening, flu shot, timely prenatal visits, postpartum visits, preventive screenings and immunizations. One of the Health Education Unit's goals for next fiscal year is to expand programming for pre-diabetes through a partnership with a third-party vendor to make available a network of more than 150 in-person CDC DPP-recognized providers throughout Los Angeles County and 8 virtual DPP programs. The Unit will further continue efforts to increase member utilization of My *Health In Motion*TM online programs and resources. The Unit plans to enhance services currently provided and conduct meaningful evaluations utilizing clinical outcomes data. The Health Education Unit will also work to leverage technology as an innovative member outreach strategy. This includes utilizing health reminder text messages and expanding on-line health tools, resources, and incentives. Ultimately, the Health Education Unit, in collaboration with Care Management, Social Services, Behavioral Health, and Managed Long Term Support and Services, plans to continue streamlining current processes into an integrated care management system.

B.2 CHILD AND ADOLESCENT HEALTH

AUTHOR: KEREN MAHGEREFTEH, MPP

REVIEWER: MARIA CASIAS, RN & JAMES KYLE, MD

BACKGROUND

Preventive services and well-care visits play an important role in preventing disease and managing health across the age spectrum. For children, the American Academy of Pediatrics clinical guidelines recommend annual well-care visits to monitor growth, assess development, and identify potential problems. The Healthcare Effectiveness Data and Information Set (HEDIS) measures health plan performance on several important dimensions of care and services including annual visits to the primary care physician (CAP) and a number of childhood (CIS) immunizations. Other pediatric and adolescent measures focus on reducing antibiotic misuse among children with upper respiratory infections (URI), and making sure that children with pharyngitis were tested for streptococcus prior to receiving antibiotics (CWP). Providers must use codes specified by HEDIS when completing encounter forms as well as provide medical record documentation. For example, during a Well Child visit, the provider must document that all five mandatory visit components were completed in the medical record: health history; physical developmental history; mental developmental history; physical exam; and health education/anticipatory guidance.

Years mentioned hereafter refer to HEDIS (2019 Reporting) Year and not Measurement Year, unless indicated otherwise.

2019 WORK PLAN GOALS:

HEDIS Measure	2019 Medi-Cal Goal	2019 Medi-Cal Rate	2019 L.A. Care Covered Goal	2019 L.A. Care Covered Rate	2019 Goal Met/ Not Met
Well-Child Visits in the Third, Fourth, Fifth and Sixth Years of Life (W34)	79%	74.45%	76%	74.71%	Medi-Cal: No LACC: No
Childhood Immunization Status: Combination 3 (CIS-3)	74%	72.26%	20%	82.00%	Medi-Cal: No LACC: Yes
Childhood Immunization Status: Combination 10 (CIS-10)	34%	33.82%	20%	N/A	Medi-Cal: Yes LACC: N/A
Appropriate Treatment for Children With Upper Respiratory Infection (URI)	85%	88.74%	84%	90.28%	Medi-Cal: Yes LACC: Yes
Appropriate Testing for Children with Pharyngitis (CWP)	32%	31.19%	N/A	64.29%	Medi-Cal: No LACC: N/A
Immunizations for Adolescents – Combo 2 (IMA-2)	42%	42.82%	35%	39.29%	Medi-Cal: Yes LACC: Yes
Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents (WCC) <ul style="list-style-type: none"> • BMI percentile • Counseling for nutrition • Counseling for physical activity 	BMI: 81%	BMI: 90.00%	81% 82% 74%	83.61% 80.00% 75.28%	Medi-Cal: Yes LACC: BMI: Yes N: No PA: Yes

HEDIS Measure	2019 Medi-Cal Goal	2019 Medi-Cal Rate	2019 L.A. Care Covered Goal	2019 L.A. Care Covered Rate	2019 Goal Met/ Not Met
Children and Adolescents' Access to Primary Care Practitioners (CAP) (AGES 7-11 YEARS)	94%	88.22%	N/A	N/A	Medi-Cal: No LACC: N/A

N/A: Not applicable

MAJOR ACCOMPLISHMENTS

- In 2019 the Medi Cal goal was met for the following HEDIS measures: Childhood Immunization Status 3 (CIS-3), Childhood Immunization Status Combination 10 (CIS-10), Immunizations for Adolescents-combo 2 (IMA-2), Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents (WCC).
- In 2019 the LACC goal was met for the following HEDIS measures: Childhood Immunization Status: Combination 3 (CIS-3), Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents (WCC) BMI

DESCRIPTION OF MEASURES

HEDIS Measure	Specific Indicator(s)	Measure Type
Well-Child Visits in the Third, Fourth, Fifth and Sixth Years of Life (W34)	The percentage of members 3-6 years of age who had one or more well-child visits with a PCP during the measurement year.	Hybrid (Medi-Cal) Administrative (LACC)
Childhood Immunization Status Combinations 3 & 10 (CIS-3, CIS-10)	The percentage of children 2 years of age who had four diphtheria, tetanus and acellular pertussis (DTaP); three polio (IPV); one measles, mumps and rubella (MMR); three haemophilus influenza type B (HiB); three hepatitis B (HepB); one chicken pox (VZV); four pneumococcal conjugate (PCV); one hepatitis A; two or three rotavirus (RV); and two influenza (flu) vaccines by their second birthday. The first seven vaccines listed reflect CIS-3; CIS-10 includes all the vaccines listed above.	Hybrid CIS-3 is N/R for LACC
Appropriate Treatment for Children With Upper Respiratory Infection (URI)	The percentage of children 3 months-18 years of age who were given a diagnosis of upper respiratory infection (URI) and were not dispensed an antibiotic prescription. The measure is reported as an inverted rate; a higher rate indicates the proportion for whom antibiotics were not prescribed.	Administrative
Appropriate Testing for Children with Pharyngitis (CWP)	The percentage of children 3-18 years of age who were diagnosed with pharyngitis, dispensed an antibiotic and received a group A streptococcus (strep) test for the episode. A higher rate represents better performance (i.e., appropriate testing).	Administrative

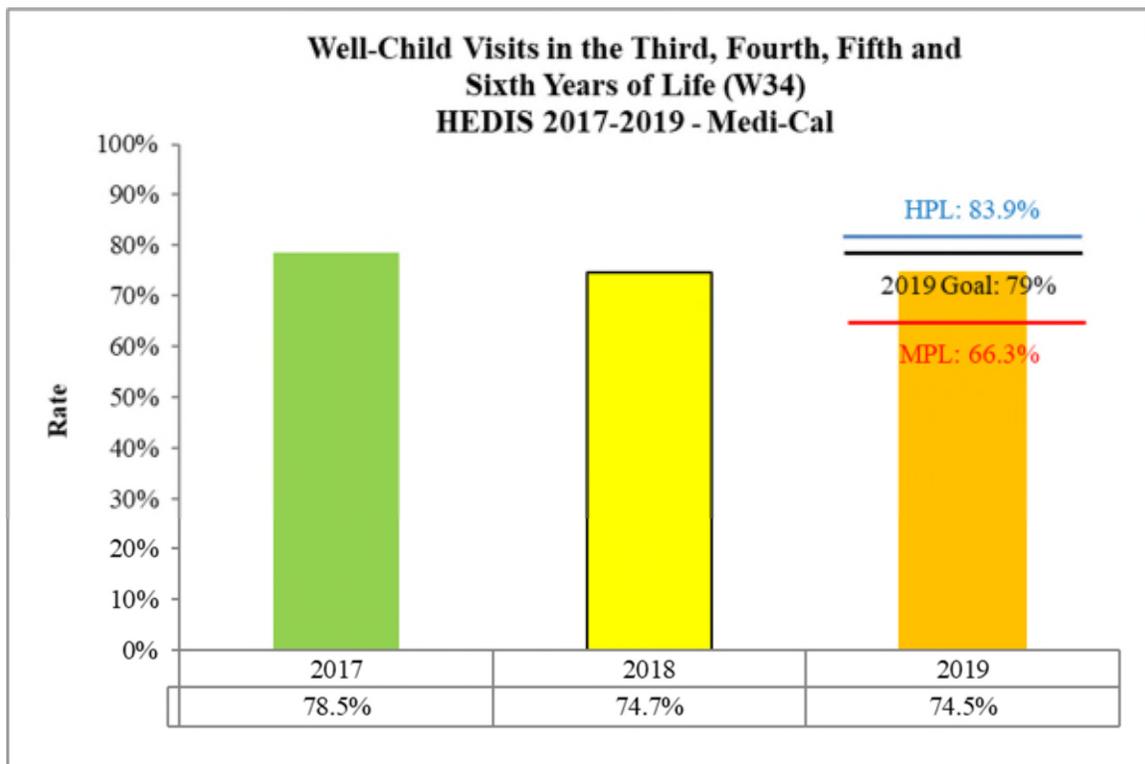
HEDIS Measure	Specific Indicator(s)	Measure Type
Immunizations for Adolescents-Comb 2 (IMA)	The percentage of adolescents 13 years of age who had one dose of meningococcal vaccine, one tetanus, diphtheria toxoids and acellular pertussis (Tdap) vaccine, and have completed the human papillomavirus (HPV) vaccine and series by their 13 th birthday. The measure calculates a rate for each vaccine and two combination rates.	Hybrid
Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents (WCC)	The percentage of members 3-17 years of age who had an outpatient visit with a PCP or OB/GYN and who had evidence of the following during the measurement year. <ul style="list-style-type: none"> • BMI percentile documentation*. • Counseling for nutrition. • Counseling for physical activity. <i>*Because BMI norms for youth vary with age and gender, this measure evaluates whether BMI percentile is assessed rather than an absolute BMI value.</i>	Hybrid (Medi-Cal) Hybrid (LACC)
Children and Adolescents' Access to Primary Care Practitioners (CAP)	The percentage of members 12 months-19 years of age who had a visit with a PCP: <ul style="list-style-type: none"> • Children 12-24 months and 25 months-6 years who had a visit with a PCP during the MY. • Children 7-11 years and adolescents 12-19 years who had a visit with a PCP during the MY or the year prior to the MY. 	Administrative (Medi-Cal) N/R (LACC)
Adolescent Well-Care Visits (AWC)	The percentage of enrolled members 12-21 years of age who had at least one comprehensive well-care visit with a PCP or an OB/GYN practitioner during the measurement year.	Hybrid (Medi-Cal)
Well-Child Visits in the First 15 Months of Life (W15)	The percentage of members who turned 15 months old during the measurement year and who had the following number of well-child visits with a PCP during their first months of life: <ul style="list-style-type: none"> • No well-child visits • One well-child visit. • Two well-child visits. • Three well-child visits. • Four well-child visits. • Five well-child visits. • Six or more well-child visits. 	

RESULTS

Well-Child Visits in the Third, Fourth, Fifth and Sixth Years of Life (W34)

According to the American Academy of Pediatrics well-child visits have many benefits for children. Some of these benefits include prevention which allows children to get immunized on time and prevent illness, track growth and development and raise concerns that might be occurring such as behavior and sleep. Additionally, well-child visits allow for a team approach which means that regular visits create strong, trustworthy relationships among pediatrician, parent and child².

The following graph compares L.A. Care's Medi-Cal W34 HEDIS rates from HEDIS 2017-2019 to L.A. Care's HEDIS 2019 goal. W34 is a hybrid rate which is based on chart retrieval.



ANALYSIS

Quantitative Analysis

In 2019, the well-child visits rate for children between three and six years of age was 74.5%, a decrease of 0.2 percentage points from the previous year. When comparing 2019 to 2018 the results are not statistically significant. The 2019 rate of 74.5% did not meet the 2019 L.A. Care goal of 79% it did however meet the MPL of 66.3% but was below the HPL of 83.9%. The goal was based on reaching the next NCQA percentile.

² <https://www.aappublications.org/news/2015/12/15/WellChild121515>

Disparity Table

Admin	Race/Ethnicity					Language		
HEDIS 2019	African American	Hispanic	Asian	White	Other/Unknown	English	Spanish	Other/Unknown
Numerator	7945	7,329	5,899	80,968	8131	61,749	36,389	2,935
Denominator	1,3732	102,154	8,222	114,210	12,809	93,780	48,392	4,131
Rate	57.86%	71.75%	71.75%	70.89%	63.48%	65.84%	75.20%	71.05%

Disparity Analysis

L.A. Care also conducted an analysis based on claims and encounter data (administrative data) on race/ethnicity and language to examine whether disparities exist in getting well care visits for children between three and six years of age. The African American population had the lowest W34 rates out of all the races, with a 57.86% compliance rate; the Asian and Hispanic populations, however, yielded the highest W34 rates with 71.75% and 71.75% receiving a well-child care visit, respectively. Also, the English-speaking population had the lowest W34 rates while Spanish-speakers had the highest (65.84% vs. 75.20%).

[Disparity analysis based on administrative data while graph utilized hybrid data.]

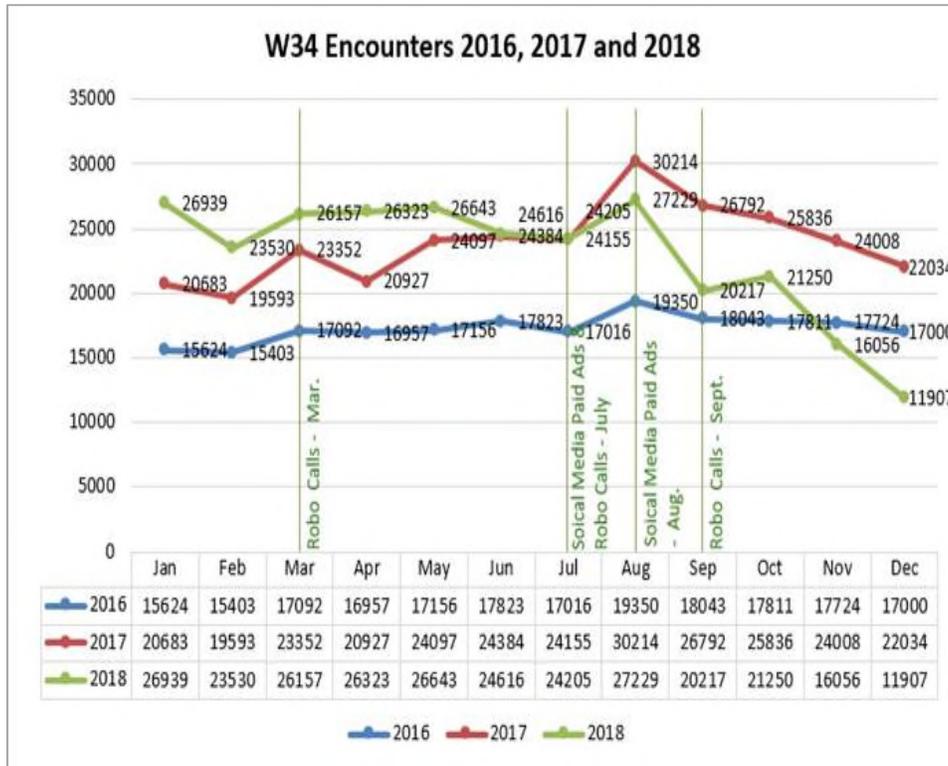
Qualitative Analysis

L.A. Care recognized the need for interventions to increase the percentage of well-child visits for children between the ages of 3 and 6.

It was identified that every quarter there are many children who are non-compliant with receiving their well check visit. As a result, L.A. Care identifies and provides the members’ guardian(s) with a robo call reminding them to visit their PCP for a Well Child visit. The robo calls are conducted in English and Spanish. In September of 2018, the Spanish reach rate was 72.8%, the English reach rate was 67.0% and the total reach rate for both Spanish and English was 68.8%. A reach rate is defined as having a live connect call or a voicemail being left for the member. In September of 2017 the robo calls that occurred had a reach rate of 22.31% and the total reach rate for live voice connect was 16.07%. This shows that in measurement year 2018 compared to 2017 there was a 46.49 percentage point increase in the robo calls reach rate. Compared to 2016 when there were no robo calls conducted, there were approximately 1800 more W34 visits in September of 2018. This exemplifies that the robo calls did affect the increase in visits.

L.A. Care utilized social media and had two paid Facebook ads regarding Well Child visits in the summer of 2018. The first ad launched on 7/31/18 and ended on 8/6/18. A total of 95,760 people were reached with 785 link clicks. The ad cost \$753.50 and of the population reached, 36.9% were women and 63.1% were men.

The second W34 ad went out on 8/7/18 and ended on 8/17/18. A total of 60,032 people were reached with 531 link clicks. The ad cost \$755.74 and of the population reached, 41.9% were women and 58.1% were men.



This graph exemplifies that in 2018 when there were robo calls in March encounters did increase compared to the previous years. Additionally, during the time of the paid social media posts in July, August and September 2018 encounters for W34 increased and were at its highest peak August 2018. We conducted another analysis regarding W34 robo calls which can be seen below:

Group	Compliance Status at 9/12/18	Compliant Status by 12/31/18	Total	Rate	p-value
Received Call	Not Yet Compliant	916	3145	29.13%	0.0058
	Already Compliant	N/A	1407	N/A	
Did Not Receive Call	Not Yet Compliant	365	1450	25.17%	
	Already Compliant	N/A	610	N/A	

We examined the 2018 W34 population using the 9/13/2018 call list data. Based on the 9/13 call list, a total of 6,612 members were called. Of the 6,612 members, 4,552 received the robocall (live call/answering machine) while 2,060 did not receive the robocall (any other call status).

Of the 4,552 members who received the robocall, 3,145 members did not yet have a W34 visit (non-compliant as of 9/13/18) in 2018 while 1,407 had a W34 visit (compliant). Similarly, of the 2,060 who didn't receive the robocall, 1,450 were not yet compliant while 610 were compliant.

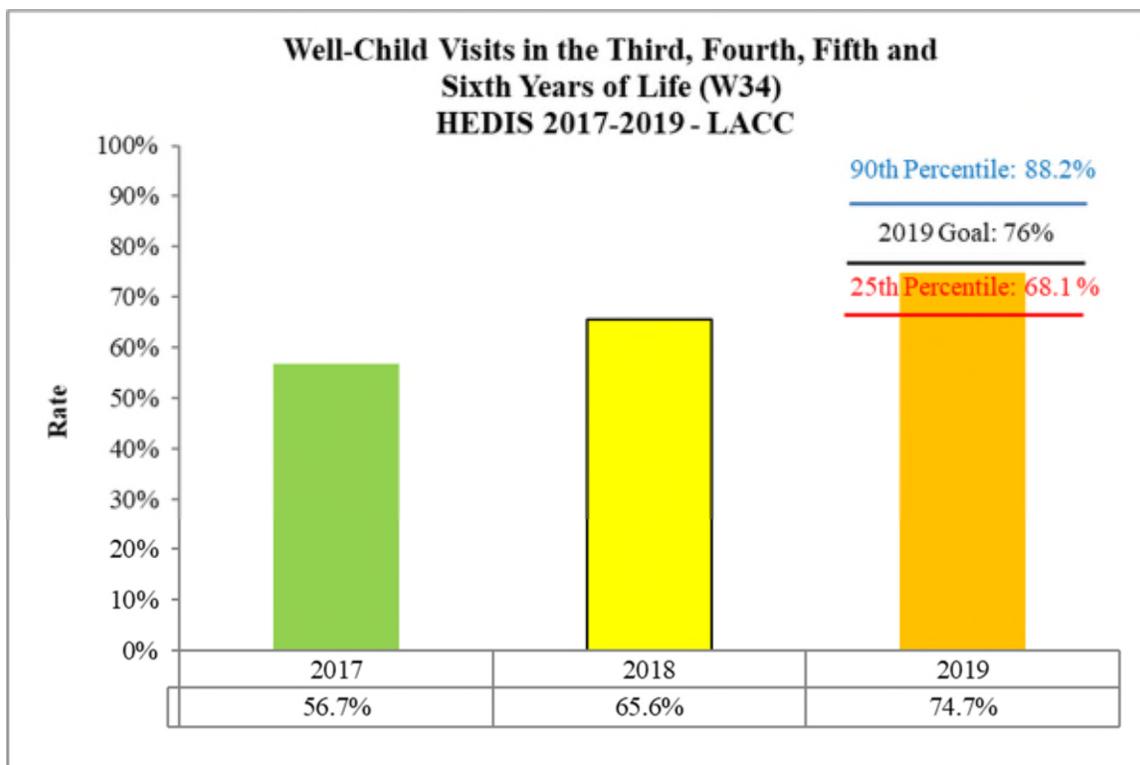
In examining whether the robocalls had an effect, we compared two groups: non-compliant W34 members who received a call and didn't. The outcome examined was the groups' compliance rate by the end of year. Of the 3,145 non-compliant W34 receiving the robocall, 916 ultimately became compliant by 12/13/18—a rate of 29.13%. The control group of 1,450 non-compliant members who didn't receive the call resulted in

365 becoming compliant out of 1,450 members—a rate of 25.17%. Comparing these groups using statistical testing resulted in a p-value of 0.0058 indicating significance. Meaning that those receiving a call (29.13%) significantly outperformed those that did not.

At the December 10, 2019 Joint Performance Improvement Collaborative Committee/Physician Quality Committee Meeting (PICC/PQC) meeting one of the physicians shared a potential barrier why members might not be coming in for a well check visit, as some members have been found to be incorrectly assigned to physicians that apparently only see adults and not children. While most of these children are being properly referred to pediatricians there is a delay in access when a child shows up at the doctor’s office only to learn that the doctor cannot see them. L.A. Care is looking into how to mitigate this issue. Additionally, other barriers that were noted during this meeting is that some parents are too busy to bring their child in for a well check visit. Moreover, another barrier is that our demographic data is not up to date. This makes it difficult to conduct outreach especially when 40% of the mail comes back and 80% of calls are unable to reach.

Well-Child Visits in the Third, Fourth, Fifth and Sixth Years of Life (W34)

The following graph compares L.A. Care’s LACC W34 HEDIS rates from 2017-2018 to L.A. Care’s 2019 goal.



Covered California Quality Rating System 25th and 90th percentiles

Quantitative Analysis

In 2019, the well-child visits rate for the LACC population was 74.7% this is an increase of 9.1 percentage points as in 2018 LACC was 65.6%. The 2019 goal of 76% was not met. Population size was too small to test for statistically significant. L.A. Care exceeded the 25th percentile.

Disparity Table

Admin	Race/Ethnicity					Language		
HEDIS 2019	African American	Hispanic	Asian	White	Other/Unknown	English	Spanish	Other/Unknown
Numerator	N/A	1	33	2	284	251	31	37
Denominator	N/A	1	49	2	376	340	39	48
Rate	N/A	100%	67.35%	100%	75.53%	73.82%	70.29%	77.08%

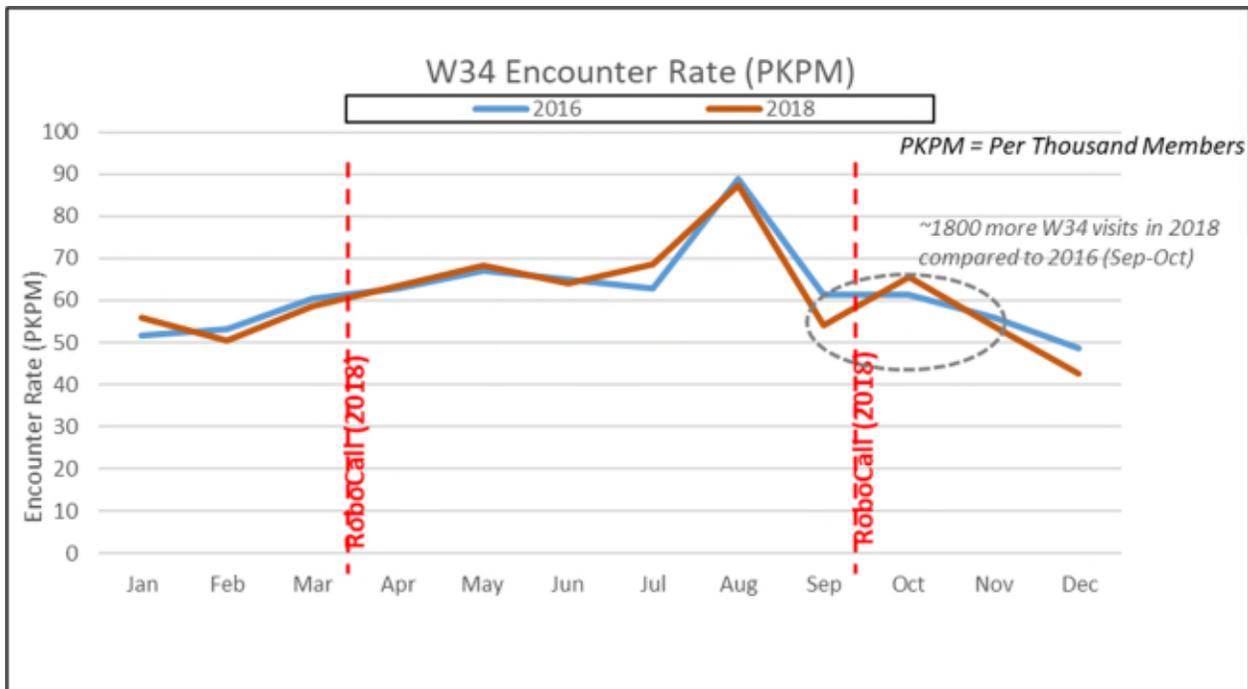
Disparity Analysis

L.A. Care also conducted an analysis (based on administrative data) on race/ethnicity and language to examine whether disparities exist in getting well care visits for children between three and six years of age for members in LACC. It is worth noting that the population size for LACC is smaller than others. Whites and Hispanics had the highest rate (100%; n=1) while Asians had the lowest (67.35%; n=49).

Qualitative Analysis

The W34 LACC rate is on three-year upward trend. LACC members went in to see their PCP's for a well-child visit in 2019 at an increased rate compared to 2018.

L.A. Care conducted robo calls in Spanish and English for non-compliant LACC members. In September 2018, the reach rate for LACC calls in Spanish was 66.7%, while the reach rate for LACC calls in English was 34.9%. The total LACC combined reach rate for both Spanish and English was 37.0%. Compared to 2016 when there were no robo calls conducted there were approximately 1,800 more W34 visits in September of 2018 compared to 2016. This exemplifies that there was that the robo calls did affect the increase in visits.

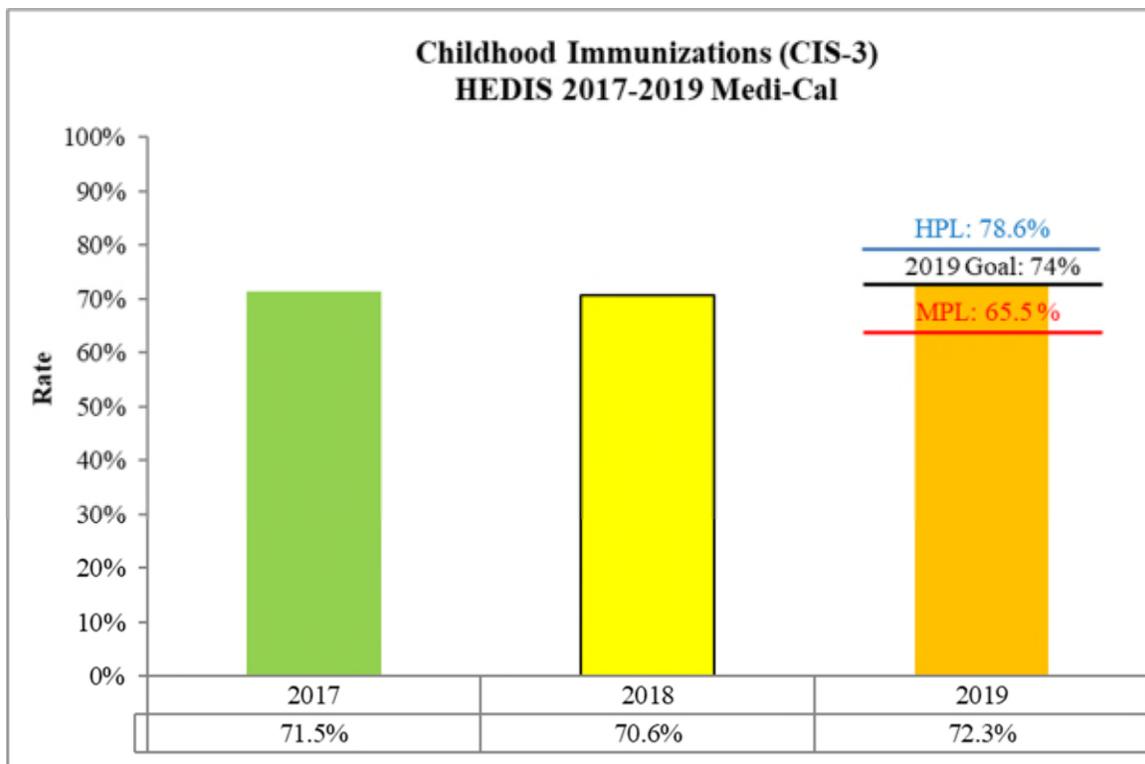


RESULTS

Childhood Immunization Status, Combination 3 (CIS-3)

It is important for public health purposes to engage in disease prevention. Immunizations are one the most basic, safe and effective tools for protecting children from various potentially serious childhood diseases. Vaccines are proven to help children stay healthy and avoid the harmful effects of diseases such as diphtheria, tetanus, hepatitis, polio, measles, mumps, and rubella. The Advisory Committee for Immunization Practices' (ACIP's) recommended schedule of vaccines far outweighs the costs of not providing routine immunizations. Childhood vaccines prevent 10.5 million diseases among all children born in the United States in a given year and are a cost-effective preventive measure³.

The following graph compares L.A. Care's Medi-Cal CIS-3 HEDIS rates from 2017-2019 to L.A. Care's 2019 goal.



ANALYSIS

Quantitative Analysis

L.A. Care's Childhood Immunization Status, Combination-3 rate for the Medi-Cal population in 2019 was 72.3% which is a 1.7 increase from 2018 (70.6%). The rate exceeded the 2019 goal of 74%. When comparing 2019 to 2018 the results are not statistically significant.

³ <https://www.dhcs.ca.gov/dataandstats/Pages/ChildhoodImmunizationStatus.aspx>

Disparity Table

Admin	Race/Ethnicity					Language		
HEDIS 2019	African American	Hispanic	Asian	White	Other/Unknown	English	Spanish	Other/Unknown
Numerator	1,204	11,254	887	12,268	2,613	11,348	5,095	236
Denominator	2,701	20,021	1,705	22,649	5,286	21,837	9,199	674
Rate	44.58%	56.21%	52.02%	54.17%	49.43%	51.97%	55.39%	35.01%

Disparity Analysis

L.A. Care also conducted an analysis (based on administrative data) on race/ethnicity and language to examine whether disparities exist in getting childhood immunizations (Combination 3) for children two years of age. The African American population had the lowest rate of compliance (44.58%). Hispanics were the highest performing group with 56.21% of the eligible population receiving all recommended vaccines by the second year of life.

[Disparity analysis based on administrative data while graph utilized hybrid data.]

Qualitative Analysis

The complexity of the immunization schedule and lack of education on the importance of basic vaccination series to members' guardian(s) may be some of the factors contributing to why members are not getting immunized as recommended. Moreover, a barrier that was identified is, missing the fourth dose of the DTaP and PCV vaccines are known to be the primary barriers in meeting CIS-3. This is particularly time-sensitive for the fourth dose of the PCV vaccine: according to the ACIP catch-up schedule, if the 2nd PCV dose is given between 7-11 months, the recommendation is to wait until 12 months and give the third dose as the final dose; without the fourth dose, a positive HEDIS hit is missed.

Additionally, many physicians have still not switched over to using California Immunization Registry (CAIR-2) which would allow for tracking and documentation of the vaccinations provided to their patients. During L.A. Care's Child and Adolescent Health workgroup meetings L.A. Care's plan partners also expressed that they are facing the same barriers L.A. Care is facing in regard to this measure. Additionally, an All Plan Letter (APL) was issued in regard to CAIR-2 usage however health plans such as L.A. Care are still working on methods of encouraging the use of CAIR-2. L.A. Care conducted the interventions below to work on addressing the issue with CAIR-2.

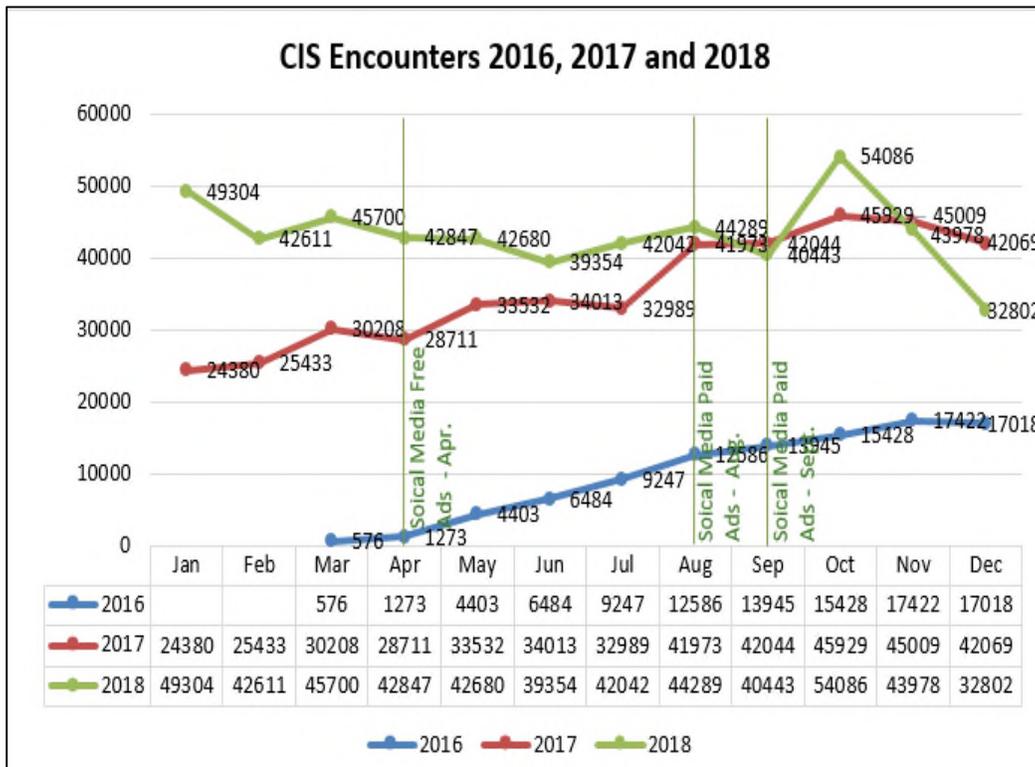
Interventions for this measure were implemented to help address barriers and increase the rates. A CIS-3 Performance Improvement Project (PIP) continued to be conducted which focused on an intervention that had coaching visits to high volume low performing providers in the San Gabriel Valley. During these coaching visits the following was discussed: CIS-3 measure, CAIR, and provide gaps lists.

[CIS-3 is not reported for the LACC population.]

L.A. Care is also working on increasing the utilization of CAIR2 by providers. A potential barrier is that patients may receive shots and if they are not inputted in CAIR2 their vaccination information can be lost when visiting another provider. L.A. Care is working on an incentive for providers to use CAIR2. Meaningful use needs to be defined and the parameters of the incentive are still in the works. L.A. Care is also on the CIC CAIR committee to learn more about opportunities for the health plan to use CAIR and pull HEDIS Reports.

L.A. Care also conducted a lapsed user project with California Department of Public Health (CDPH) which identified providers having between 10 and 30 percent of shots inputted. The CDPH representative informed L.A. Care that they identify lapsed users by looking at CAIR user reports and viewing the last date a dose was submitted. If the last dose was submitted in 2017 or before they are considered a lapsed user. If no date is listed at all or no CAIR ID number is listed, then they are not considered a CAIR user. CDPH will be prioritizing high volume sites (FQHCs, clinics and hospitals) given to Medi-Cal.

L.A. Care’s Health Education department also has healthy baby IVR calls and mailers. During the third week of October 2018, 2,146 (1,687 EN/439 SP/20 CH) Healthy Baby Mailers were sent out to the parents/guardians of 0-6 month old members. IVR calls were launched during the second week of November 2018. There were 2,853 calls scheduled to go to the parents of 8, 11, and 14-month-old members, as well as 1,756 IVR calls to parents who received the 0-6-month mailer.



The graph above exemplifies that during April 2018 which had free social media posts regarding CIS encounters increased. Additionally, in October 2018 which was a month after the paid social media ads for CIS encounters for CIS had reached their peak.

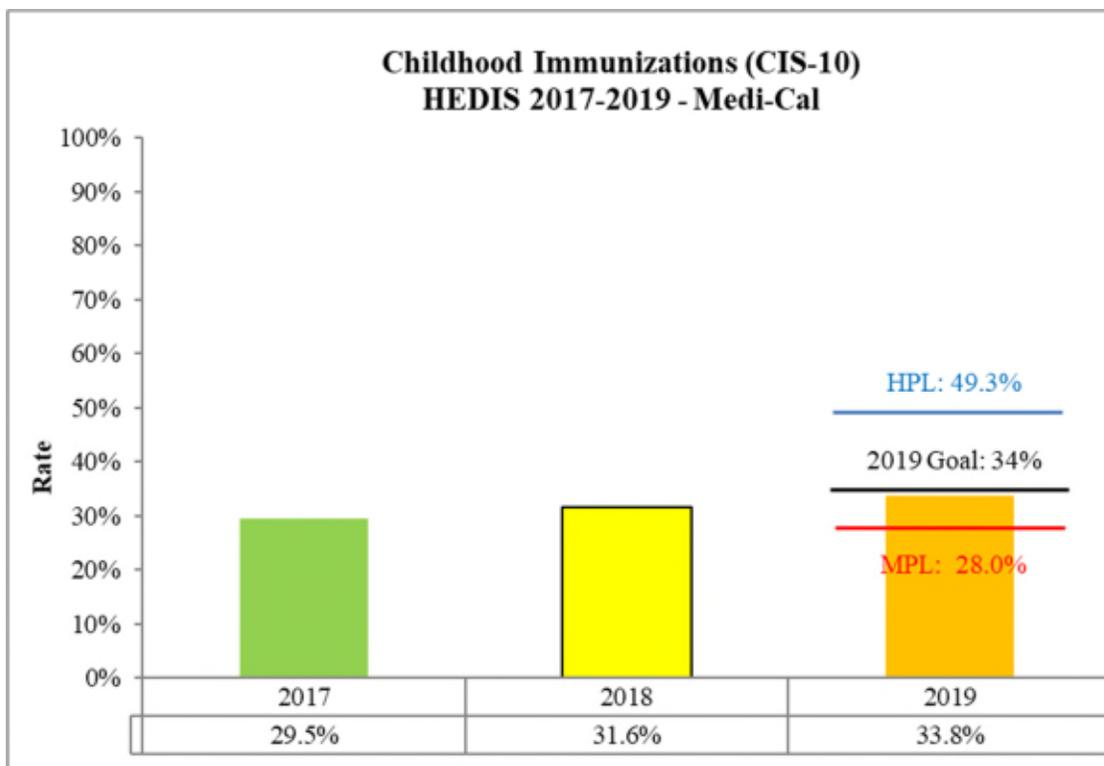
[CIS-3 is not reported for the LACC population.]

RESULTS

Childhood Immunization Status, Combination 10 (CIS-10)

It is important for public health purposes to engage in disease prevention. Immunizations are one the most basic, safe and effective tools for protecting children from various potentially serious childhood diseases. Vaccines are proven to help children stay healthy and avoid the harmful effects of diseases such as diphtheria, tetanus, hepatitis, polio, measles, mumps, and rubella. The Advisory Committee for Immunization Practices' (ACIP's) recommended schedule of vaccines far outweighs the costs of not providing routine immunizations. Childhood vaccines prevent 10.5 million diseases among all children born in the United States in a given year and are a cost-effective preventive measure⁴.

The following graph compares L.A. Care's Medi-Cal CIS-10 HEDIS rates from 2017-2019 to L.A. Care's 2019 goal.



ANALYSIS

Quantitative Analysis

L.A. Care's Childhood Immunization Status, Combination-10 rate for the Medi-Cal population in 2019 was 33.8%, an increase of 2.2 percentage points from 2018 (31.6%) when comparing 2018 to 2019 the results are not statistically significant. In 2019 L.A. Care did not reach the goal of 34% however the MPL of 28% was exceeded.

⁴ <https://www.dhcs.ca.gov/dataandstats/Pages/ChildhoodImmunizationStatus.aspx>

Disparity Table

Admin	Race/Ethnicity					Language		
HEDIS 2019	African American	Hispanic	Asian	White	Other/Unknown	English	Spanish	Other/Unknown
Numerator	452	5,746	576	6,198	1,279	5,543	2,681	103
Denominator	2,701	20,021	1,705	22,649	5,286	21,837	9,199	674
Rate	16.73%	28.70%	33.78%	27.37%	24.20%	25.38%	29.14%	15.28%

Disparity Analysis

L.A. Care also conducted an analysis (based on administrative data) on race/ethnicity and language to examine whether disparities exist in getting childhood immunizations (Combination 10) for children two years of age. African Americans (16.73%) were the most underperforming group compared to other ethnic groups. Asians were the highest performing group with 33.78% of the eligible population receiving all recommended vaccines by the second year of life. The Hispanic and White groups had the highest populations and achieved rates of 28.70% and 27.37%, consecutively.

[Disparity analysis based on administrative data while graph utilized hybrid data.]

Qualitative Analysis

The flu (43%) and rotavirus (69%) vaccines were the least common from the ten vaccines listed for CIS-10. Many parents decline the flu vaccine for their children, but are less resistant to the other vaccines. The multi-dose aspect of the rotavirus vaccine also acts as a deterrent to full compliance with this vaccine. Additionally, being that some doctors have a panel of patients that are foreign born by the time the foreign born patients are in the U.S. they are older than 2 years old and have missed the dose necessary for the vaccination to count towards HEDIS. This barrier was shared with us from a physician that was working with L.A. Care on the CIS-3 PIP.

Another barrier that relates to this HEDIS measure (and relates to CIS-3 as well) is that many physicians have still not switched over to using CAIR-2 which would allow for tracking and documentation of the vaccinations provided to their patients. During L.A. Care's Child and Adolescent Health workgroup meetings L.A. Care's plan partners also expressed that they are facing the same barriers L.A. Care is facing in regard to this measure. Additionally, an All Plan Letter (APL) was issued in regard to CAIR-2 usage however health plans such as L.A. Care are still working on methods of encouraging the use of CAIR-2. L.A. Care conducted the interventions below to work on addressing the issue with CAIR-2.

The same interventions were implemented for CIS-3 and CIS-10, see above.

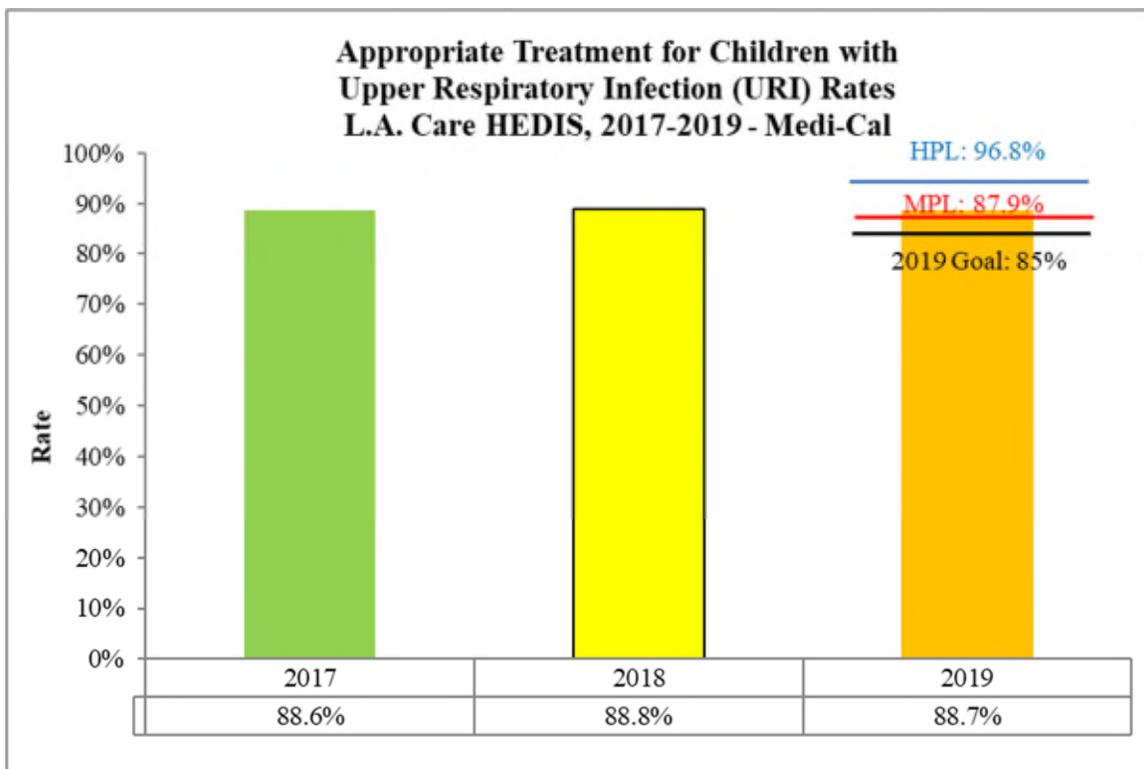
[The eligible population for the LACC LOB for the CIS-10 measure was too small to be reported.]

RESULTS

Appropriate Treatment for Children with Upper Respiratory Infection (URI)

Many times members go in to see their doctor with the complaint of a respiratory infection. It is said that most upper respiratory infections are caused by a virus and would therefore not benefit the member to be prescribed antibiotics. However, many providers still prescribe antibiotics for upper respiratory infections without testing if the member has a virus or a bacterial infection. According to the CDC consequences of taking antibiotics when it is not needed can include allergic reactions and antibiotic resistance. Antibiotics should only be prescribed and used for the common cold, bronchitis and strep throat⁵.

The following graph compares L.A. Care's Medi-Cal URI HEDIS rates from 2017-2019 to L.A. Care's 2019 goal.



Quantitative Analysis

In 2019, the URI rate for the Medi-Cal population was 88.7%. The 2019 goal of 85% was met. Compared to 2018, there was a 0.1 percentage point decrease. When comparing 2018 to 2019 the results are not statistically significant. The rate has stayed relatively stable the last 3 years. L.A. Care exceeded the goal and MPL in 2019.

⁵ <https://www.consumerreports.org/drugs/why-your-doctor-should-not-give-you-antibiotics-for-your-respiratory-infection/>

Disparity Table

Admin	Race/Ethnicity					Language		
HEDIS 2019	African American	Hispanic	Asian	White	Other/Unknown	English	Spanish	Other/Unknown
Numerator	151	3,666	382	3,967	649	2,146	2,633	195
Denominator	2,060	30,935	2,663	34,282	6,694	23,146	19,899	1,610
Rate	92.67%	88.15%	85.66%	88.43%	90.30%	90.73%	86.77%	87.89%

Disparity Analysis

The Asian population was the least compliant for this measure with a URI rate of 88.15%. African Americans, on the other hand, had a URI rate of 96.3%.

[The eligible population (n=31) for the LACC LOB for the URI measure was too small to be reported.]

Qualitative Analysis

Barriers that were identified for this HEDIS measure was guidelines of testing have changed in the past 10 years and some physicians are still following the historical view that treatment can be conducted without testing. Additionally, during the Child and Adolescent Health Workgroups meetings L.A. Care learned that some physicians are not testing prior to prescribing antibiotics because the kits are an additional cost to them.

In 2018 worked with Physicians for a Healthy California to AWARE toolkit was also shipped out to providers and clinics. A Facebook advertisement was also launched in December of 2018 which reminded parents that antibiotics do not treat the flu nor cold.

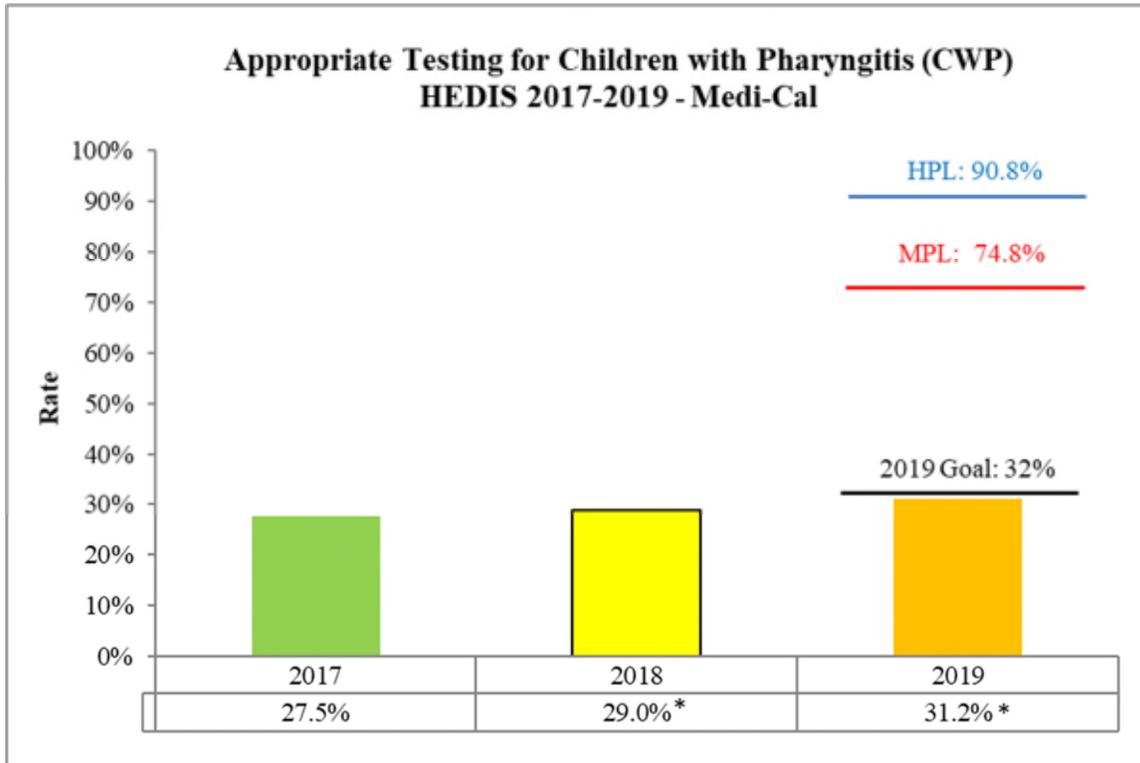
RESULTS

Appropriate Testing for Children with Pharyngitis (CWP)

When a member has a sore throat they oftentimes are prescribed antibiotics without a culture or a rapid strep test being conducted first. This is detrimental as antibiotics will only be effective if the member has a virus and not a bacterial infection. Side effects from antibiotics are a common reason that children go to the emergency room. It is said that about 5 in 100 children have allergies to antibiotics. Additionally, the misuse and the overuse of antibiotics can lead to antibiotic resistance. It is therefore very important for providers to test a member before prescribing antibiotics⁶.

⁶ <http://www.choosingwisely.org/patient-resources/antibiotics-for-respiratory-illness-in-children/>

The following graph compares L.A. Care’s Medi-Cal CWP HEDIS rates from 2017-2019 to L.A. Care’s 2019 goal.



* Statistically Significant Difference

ANALYSIS

Quantitative Analysis

L.A. Care’s CWP rate for the Medi-Cal population in 2019 was 31.2%, an increase of 2.2 percentage points from 2018 (29.0%). When comparing 2019 to 2018 the results are statistically significant. L.A. Care did not meet its 2019 goal of 32% or the MPL for 74.8%.

Disparity Table

Admin	Race/Ethnicity					Language		
	African American	Hispanic	Asian	White	Other/Unknown	English	Spanish	Unknown
HEDIS 2019								
Numerator	3	2,730	146	3181	616	2,297	1,637	153
Denominator	6	9,334	673	10,330	1,753	5,878	6,560	428
Rate	50.00%	29.25%	21.69%	30.79%	35.14%	30.08%	24.95%	35.75%

Disparity Analysis

African Americans had the highest CWP rate of 50.00% (however n=6), while Asians had the lowest rate of 21.69%. Spanish speakers had the lowest rate of 24.95% while unknown had the highest CWP rate of 35.75%.

[The eligible population (n) for the LACC LOB for the CWP measure was too small to be reported.]

Qualitative Analysis

The rates are still low for this measure and as guidelines of testing have changed in the past 10 years and some physicians are still following the historical view that tonsillitis can be treated without testing.

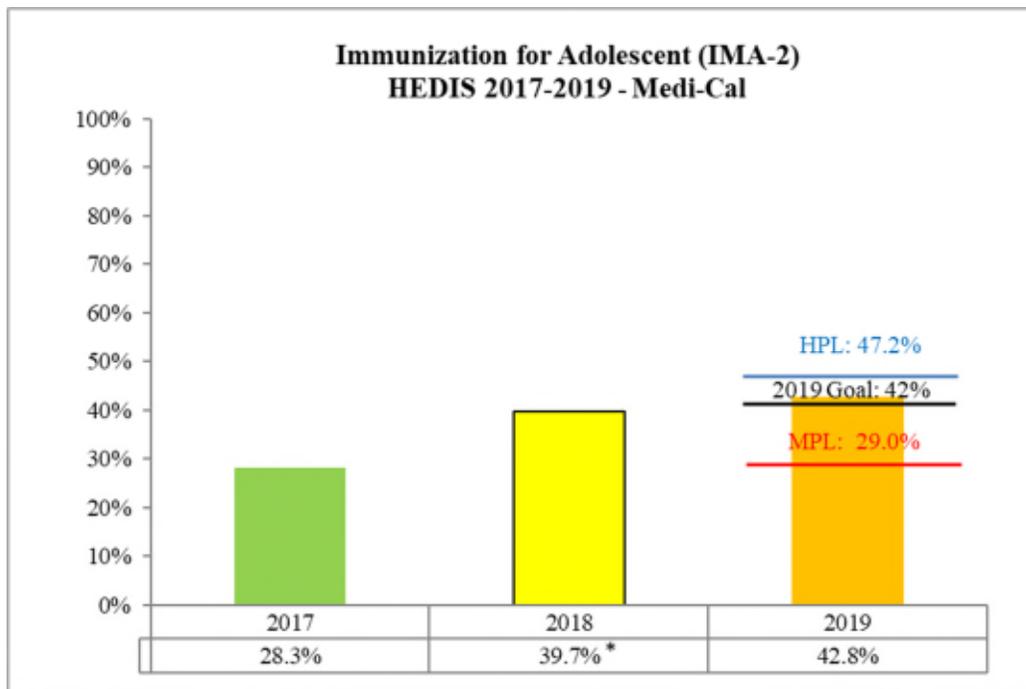
In 2018, L.A. Care had several interventions addressing the CWP measure. Similar to the URI measure, an AWARE toolkit was sent to providers who were noncompliant with the CWP measure. Additionally, in 2018, L.A. Care conducted a CWP outreach effort together with Anthem and Care 1st. In total, the effort reached 10 PPG's. From this, L.A. Care learned that six PCPs were not aware of the necessity of a strep test. Another potential contributing factor to the low CWP rate is incorrect coding of the swab test itself. Additionally, some providers requested an incentive in order to avoid the out of pocket expense of the strep test.

RESULTS

Immunization for Adolescents, Combination 2 (IMA)

It is important for adolescents to continue to keep up with receiving vaccines that are age appropriate. Vaccines are a cost effective and easy way to avoid serious and deadly diseases. Vaccines work with the body's natural defenses to develop its resistance to illnesses. At ages 11 and 12 years old the following vaccines are recommended: meningococcal, HPV, Tdap and influenza⁷. The HPV vaccine provides almost 100% protection from nine HPV types 6, 11, 16, 18, 31, 33, 45, 52 and 58. This is contingent upon the member receiving all doses and not being infected prior to receiving the vaccine⁸.

The following graph compares L.A. Care's Medi-Cal IMA-2 HEDIS rates from 2017-2019 to L.A. Care's 2019 goal.



*Statistically Significant Difference

⁷ <https://www.healthpartners.com/hp/about/understanding-cost-and-quality/quality-improvement/adolescent-immunizations/index.html>

⁸ <http://www.hpvvaccine.org.au/the-hpv-vaccine/how-effective-is-the-vaccine.aspx>

ANALYSIS

Quantitative Analysis

L.A. Care's IMA rate for the Medi-Cal population in 2019 was 42.8%, an increase of 3.1 percentage points from 2018 (39.7 %). When comparing 2019 to 2018 the results are not statistically significant. It reached the L.A. Care goal of 42 %

Disparity Table

Admin	Race/Ethnicity					Language		
HEDIS 2019	African American	Hispanic	Asian	White	Other/Unknown	English	Spanish	Other/Unknown
Numerator	903	11,561	747	12,165	1,425	6,519	8,272	279
Denominator	3,011	27,308	2,077	29,984	4,485	19,160	18,725	1,178
Rate	29.99%	42.34%	35.97%	40.57%	31.77%	34.02%	44.18%	23.68%

Disparity Analysis

Hispanics had the highest percentage of adolescents who received the Combination 2 (Meningococcal, Tdap, HPV) immunizations (42.34%). African Americans were the least compliant with this measure (29.99%). Spanish speakers had the highest rate of 44.18% and other/unknown had the lowest rate.

[Disparity analysis based on administrative data while graph utilized hybrid data.]

Qualitative Analysis

In 2018, L.A. Care conducted several interventions to address the percentage of adolescents age 13 who receive the IMA Combination 2 vaccines. L.A. Care partnered with the Los Angeles HPV Coalition to participate and share best practices with other organizations in Los Angeles that work to elevate healthcare and increase HPV vaccination rates. We learned that social media posts during pre-teen vaccine week is effective especially when posting hashtags that other organizations are also using. Learned that some states require the HPV vaccine before a student is able to enter school. Currently a professor at UCLA is advocating for this to be implemented in the state of California as if a policy such as this passes it will increase the number of adolescents who are vaccinated with the HPV vaccine. Additionally, representatives at the L.A. Trust for Children's Health shared best practices that they use which are utilizing school based health centers to engage adolescents in their health and their healthcare needs. Minor consent laws allow adolescents to receive the HPV vaccine without their parents' consent. Oftentimes however providers are not comfortable vaccinating the patient without their parents' consent. Additionally, if CAIR is used to input the shot the parent can see that the adolescent received this vaccine. It then puts providers in a predicament that if they do provide the vaccine without the parents' consent how and if they should document it.

Furthermore, during the summer of 2018, L.A. Care released two paid ads on Facebook addressing IMA-2. The first ad ran from 7/16/18-7/27/18 and reached 44,696 people and had 595 link clicks. Of the people reached, 35.1% were woman and 64.9% were men. The second paid ad ran from 7/30/18-8/11/18 and was selectively targeted at the Boyle Heights zip code. This ad ran in Spanish, reached 25,128 people, and had 397 link clicks. Of the people reached, 57.7% were woman and 42.3% were men. Boyle Heights was the selected zip code for this paid ad as it was to target those that live near the FRC located in Boyle Heights. It coincided with a Back to School event that was to occur at the Boyle Heights FRC at that time.

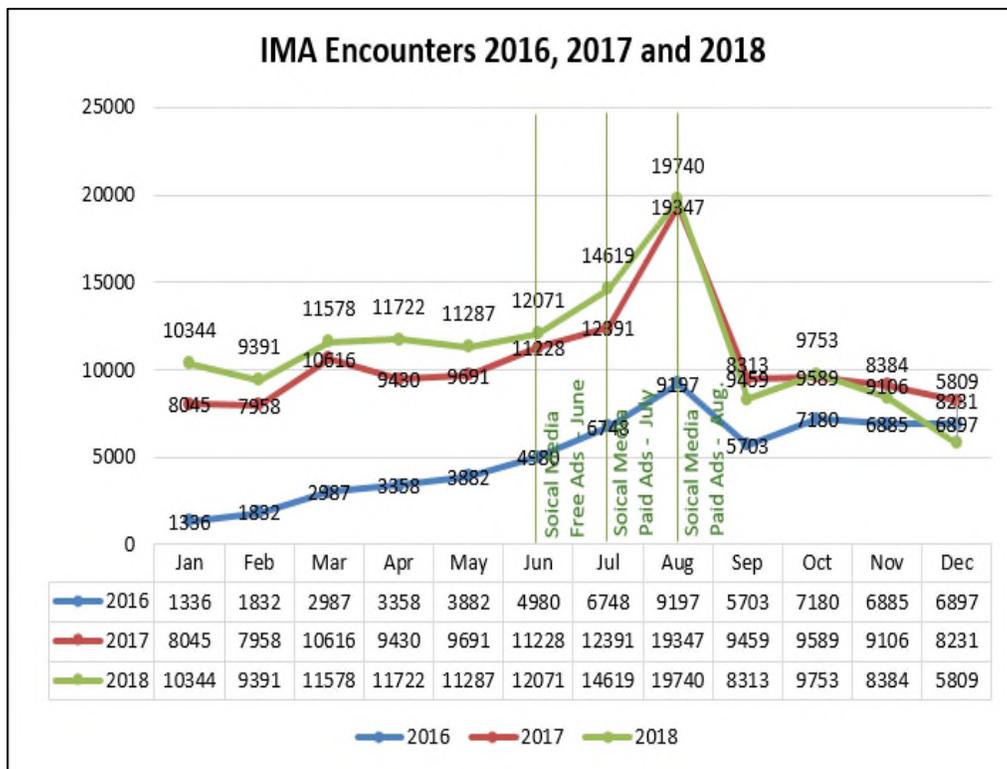
In addition to the Facebook paid ads in August of 2018, L.A. Care had a free Twitter post reminding members that August is National Immunization Awareness month and encouraged parents and/or guardians

to get their children vaccinated before back-to-school time. This free twitter post had 505 impressions, 12 total engagements, 4 likes, 4 details expanded, 2 retweets, 1 media engagement and 1 link click.

In August of 2018 there were also two free Facebook posts regarding IMA-2. The first free post reached 124 people, had 3 likes/comments/shares and 2 post clicks. The second free Facebook post was in Spanish and specifically discussed the TDAP and HPV vaccine. This post reached 119 people.

L.A. Care continues to work with DHS on a HPV data project. On October 23, 2018, L.A. Care held a meeting with the HPV team to decide next steps for the HPV data project. L.A. Care will continue internal meetings to determine the feasibility of sharing data.

Lastly, a learning collaborative to improve HPV immunization rates is being established between the National Improvement Partnership Network (NIPN) and the Academic Pediatric Association (APA). This collaborative is working to recruit health care practices that serve adolescents to participate in a 9-month, virtual, quality improvement project starting in November 2018. This project is funded by the CDC, and provides training in QI methodology and implementing evidence-based practice changes to increase immunization rates and reduce missed opportunities for HPV vaccine administration. Participants can also earn credit for project participation (25 credits towards MOC, Part 4 from the American Board of Pediatrics).



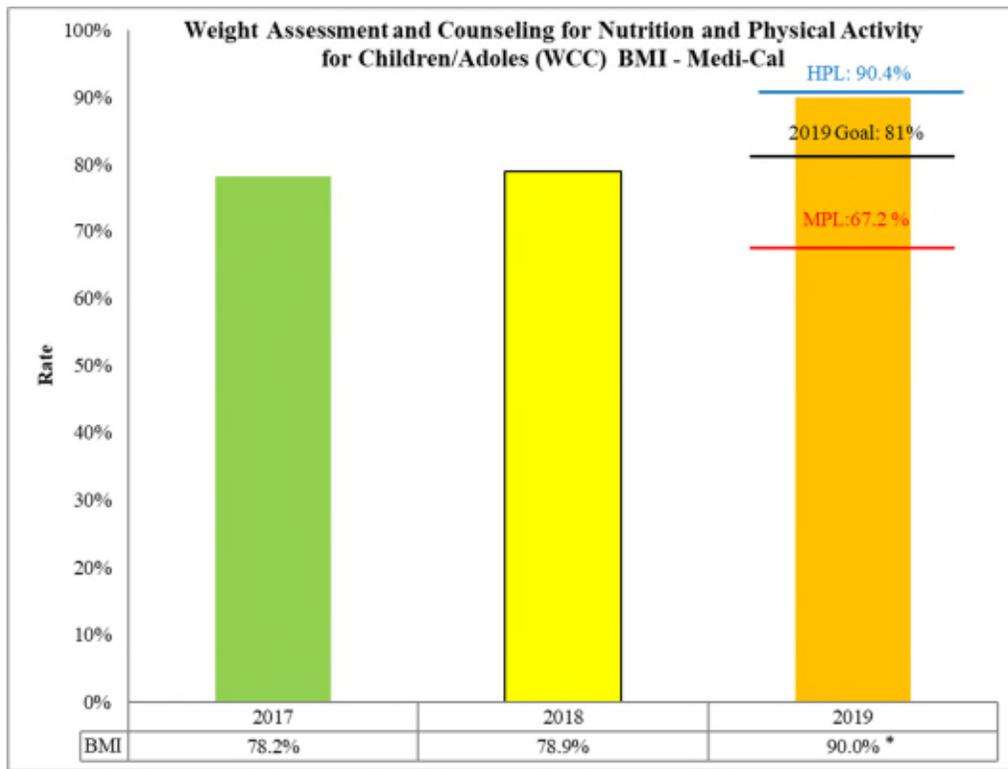
The graph above exemplifies that in August of 2018 when there were paid social media ads encounters hit their peak for IMA. Additionally, in June and July of 2018 which there were also IMA paid ads on social media encounters were higher in 2018 versus in 2017.

RESULTS

Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents (WCC) (Hybrid Rate on Sample)

Obesity is a rising health concerns for children and adolescents. Over the last three decades' obesity has become one of the top concerns parents have in regard to their children and adolescents. The effects of childhood obesity can produce negative long term effects⁹.

The following graph compares L.A. Care's Medi-Cal WCC HEDIS rates from HEDIS 2017-2019 to L.A. Care's HEDIS 2019 goal.



ANALYSIS

Quantitative Analysis – BMI Percentile

L.A. Care's WCC BMI percentile rate for the Medi-Cal population in 2019 was 90.0%. When comparing 2019 to 2018 the results were statistically significant. L.A. Care exceeded its goal of 81% and the MPL, most importantly it was close to reaching the HPL of 90.4%.

Qualitative Analysis – WCC

There were no specific interventions for this HEDIS measure.

⁹ <https://www.ncqa.org/hedis/measures/weight-assessment-and-counseling-for-nutrition-and-physical-activity-for-children-adolescents/>

WCC Disparity Table – BMI Percentile, Age 3-11, Medi-Cal

Admin	Race/Ethnicity					Language		
HEDIS 2019	African American	Hispanic	Asian	White	Other/Unknown	English	Spanish	Other/Unknown
Numerator	12,935	105,398	7,293	113,098	10,394	83,895	55,560	2,113
Denominator	20,818	196,072	14,163	215,908	19,409	150,167	108,508	7,667
Rate	62.13%	53.75%	51.49%	52.38%	53.55%	55.87%	51.20%	27.56%

WCC Disparity Table – BMI Percentile, Age 12-17, Medi-Cal

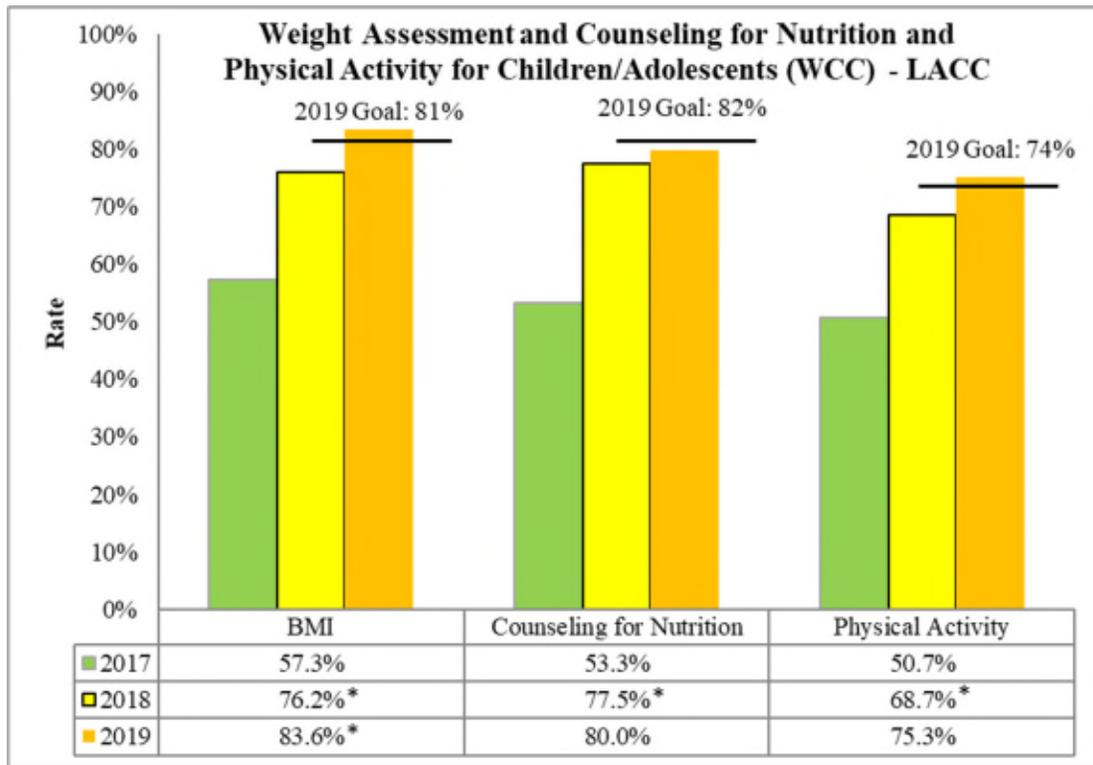
Admin	Race/Ethnicity					Language		
HEDIS 2019	African American	Hispanic	Asian	White	Other/Unknown	English	Spanish	Other/Unknown
Numerator	6,930	65,414	4,932	69,932	4,833	39,840	44,086	1,516
Denominator	11,316	122,177	9,832	134,093	9,124	72,002	84,674	5,392
Rate	60.36%	53.54%	50.16%	52.15%	52.97%	55.33%	52.07%	28.12%

Disparity Analysis – BMI Percentile

African Americans had the highest rate of BMI percentile documentation for the 3-11 and 12-17 age range with a PCP or OB/GYN (62.13% and 60.36%, consecutively). The lowest documentation based on race/ethnicity happened amongst Asians for both age groups (51.49% and 50.16%).

[Disparity analysis based on administrative data while graph utilized hybrid data.]

The following graph compares L.A. Care’s LACC WCC HEDIS rates from HEDIS 2016-2018 to L.A. Care’s HEDIS 2018 goal.



*Statistically Significant Difference

ANALYSIS

Quantitative Analysis – BMI Percentile

L.A. Care’s WCC BMI percentile rate for the LACC population in 2019 was 83.6%. This exceeds the goal for 2019. The difference for WCC BMI for LACC in 2019 was statistically significant.

Counseling for nutrition

L.A. Care’s WCC counseling for nutrition rate for the LACC population in 2019 was 80.0%. It did not meet the 2019 goal of 82%. The difference for this measure was statistically significant.

Counseling for physical activity

L.A. Care’s WCC counseling for physical activity rate for the LACC population in 2019 was 75.3%, a 6.6 percentage point increase from 2018. It exceeded the L.A. Care goal of 74% by 1.3 percentage points. The difference for this measure was statistically significant.

Qualitative Analysis – WCC

There were no specific interventions for this HEDIS measure.

WCC Disparity Table – BMI Percentile, Age 12-17, LACC

Admin	Race/Ethnicity					Language		
HEDIS 2019	African American	Hispanic	Asian	White	Other/Unknown	English	Spanish	Other/Unknown
Numerator	N/A	N/A	29	N/A	193	141	66	15
Denominator	N/A	N/A	67	N/A	465	380	109	43
Rate	N/A	N/A	43.28%	N/A	41.51%	37.11%	60.55%	34.88%

WCC Disparity Table – BMI Percentile, Age 3-11 LACC

Admin	Race/Ethnicity					Language		
HEDIS 2019	African American	Hispanic	Asian	White	Other/Unknown	English	Spanish	Other/Unknown
Numerator	N/A	1	33	2	305	246	55	39
Denominator	N/A	1	73	2	661	558	87	91
Rate	N/A	100%	45.21%	100%	46.14%	44.09%	63.22%	42.86%

Disparity Analysis – BMI Percentile

Population sample sizes for this measure were small and several subgroups had rates of 0% or were not reported. Hispanics (n=1) had the highest rating of BMI documentation in the 3-11 age range with a 100%. African American’s did not have any scores reported

[Disparity analysis based on administrative data while graph utilized hybrid data.]

WCC Disparity Table – Counseling for Nutrition, Age 3-11, LACC

Admin	Race/Ethnicity					Language		
HEDIS 2019	African American	Hispanic	Asian	White	Other/Unknown	English	Spanish	Other/Unknown
Numerator	NR	1	NR	2	327	234	56	39
Denominator	NR	1	NR	2	734	558	87	91
Rate	NR	100%	NR	100%	44.55%	41.94%	64.37%	42.86%

WCC Disparity Table – Counseling for Nutrition, Age 12-17, LACC

Admin	Race/Ethnicity					Language		
HEDIS 2019	African American	Hispanic	Asian	White	Other/Unknown	English	Spanish	Other/Unknown
Numerator	NR	NR	28	NR	188	139	61	16
Denominator	NR	NR	67	NR	465	380	109	43
Rate	NR	NR	41.79%	NR	40.43%	36.58%	55.96%	37.21%

Disparity Analysis – Counseling for nutrition

Population sample sizes for this measure were small and several subgroups had rates of 0% or were not reported. Whites had the highest percentage of nutrition counseling in the 3-11 age range (100%) whereas Asians had the highest for the 12-17 age range (41.79%). African American’s and Asian’s had NR for the 3-11 age range.

[Disparity analysis based on administrative data while graph utilized hybrid data.]

WCC Disparity Table – Counseling for Physical Activity, Age 3-11, LACC

Admin	Race/Ethnicity					Language		
HEDIS 2019	African American	Hispanic	Asian	White	Other/Unknown	English	Spanish	Other/Unknown
Numerator	NR	1	21	2	256	196	50	33
Denominator	NR	1	73	2	661	558	87	91
Rate	NR	100%	28.77%	100%	38.73%	35.13%	57.47%	36.26%

WCC Disparity Table – Counseling for Physical Activity, Age 12-17, LACC

Admin	Race/Ethnicity					Language		
HEDIS 2019	African American	Hispanic	Asian	White	Other/Unknown	English	Spanish	Other/Unknown
Numerator	NR	NR	25	NR	181	133	59	14
Denominator	NR	NR	67	NR	465	380	109	43
Rate	NR	NR	37.31%	NR	38.92%	35.00%	53.13%	32.56%

Disparity Analysis – Counseling for physical activity

Population sample sizes for this measure were small and several subgroups had rates of 0% or were not reported. Hispanics had the highest rate of counseling on physical activity (100%, n=1) in the 3-11 age range while Asians had the lowest (n=73). For the 12-17 age range, other/unknown had the highest rate of counseling on physical activity (38.92%, n=465) whereas other race and ethnicities NR rating except for Asians which had a rate of 37.31%.

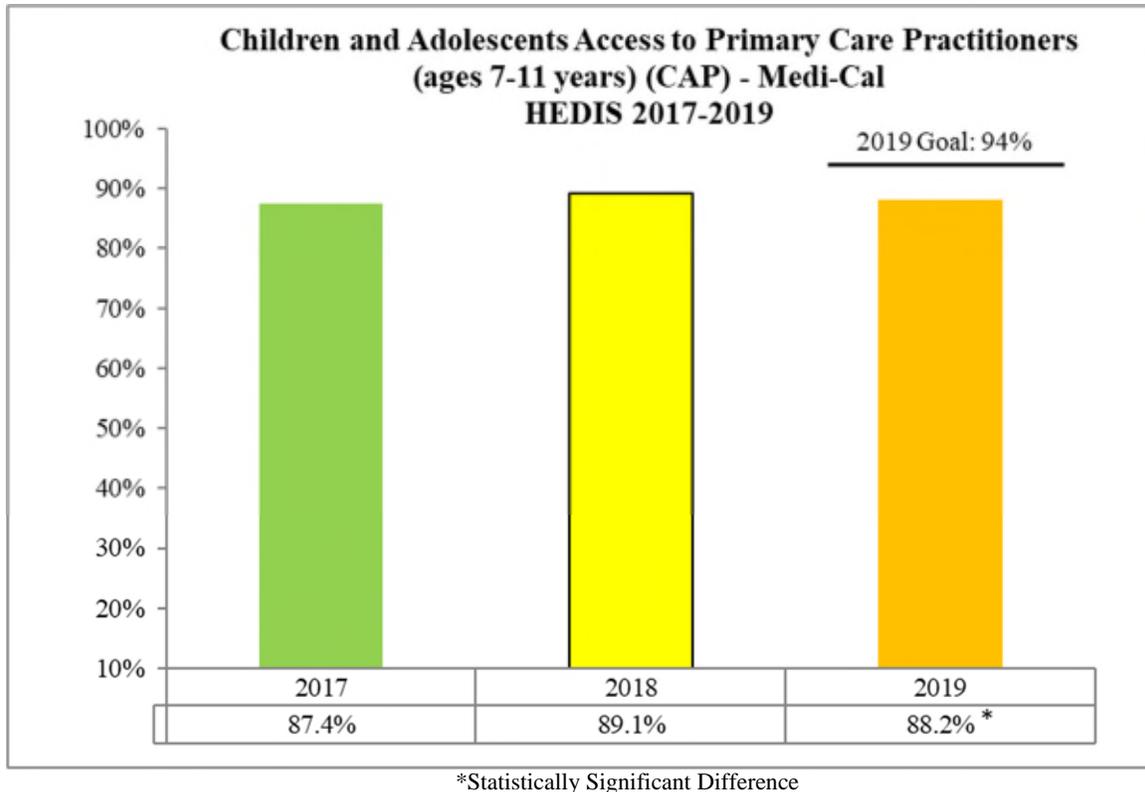
[Disparity analysis based on administrative data while graph utilized hybrid data.]

RESULTS

Children and Adolescents' Access to Primary Care Practitioners (CAP)

There is a myriad of reasons that it is important for a member to establish care with a primary care provider. Some of the benefits a member receives when establishing care with a primary care provider are: familiarity with the member's intricacies of health and prevention and condition management ¹⁰.

The following graph compares L.A. Care's Medi-Cal CAP HEDIS rates from 2018-2019 to L.A. Care's 2019 goal.



ANALYSIS

Quantitative Analysis

L.A. Care's Medi-Cal CAP HEDIS rate for the 7-11-year-old population was 88.2%, a decrease of 0.9 percentage points from 2018. When comparing 2019 to 2018 the results are statistically significant. It did not reach the L.A. Care Plan goal of 94%.

Qualitative Analysis

No specific interventions were conducted for this measure.

¹⁰ <https://mayoclinichealthsystem.org/hometown-health/speaking-of-health/the-importance-of-a-primary-care-provider>

Disparity Table, Age 12-24 months

Admin	Race/Ethnicity					Language		
HEDIS 2019	African American	Hispanic	Asian	White	Other/Unknown	English	Spanish	Other/Unknown
Numerator	2,347	18,710	1,562	20,963	2,853	18,891	7,816	553
Denominator	2,750	20,053	1,717	22,521	3,164	20,701	8,331	600
Rate	85.35%	93.30%	90.97%	93.08%	90.17%	91.26%	93.82%	92.17%

Disparity Table, Age 25 months – 6 years

Admin	Race/Ethnicity					Language		
HEDIS 2019	African American	Hispanic	Asian	White	Other/Unknown	English	Spanish	Other/Unknown
Numerator	12,185	105,718	8,353	117,696	12,727	93,419	50,693	4,159
Denominator	16,506	122,396	9,985	137,221	16,066	114,456	57,223	4,805
Rate	73.82%	86.37%	83.66%	85.77%	79.22%	81.62%	88.59%	86.56%

Disparity Table, Age 7-11 years

Admin	Race/Ethnicity					Language		
HEDIS 2019	African American	Hispanic	Asian	White	Other/Unknown	English	Spanish	Other/Unknown
Numerator	12,610	114,669	7,447	125,654	10,283	80,895	68,940	4,387
Denominator	16,004	127,359	8,554	140,240	12,014	94,999	74,877	4,873
Rate	78.79%	90.04%	87.06%	89.60%	85.59%	85.16%	85.15%	90.03%

Disparity Table, Age 12-19 years

Admin	Race/Ethnicity					Language		
HEDIS 2019	African American	Hispanic	Asian	White	Other/Unknown	English	Spanish	Other/Unknown
Numerator	16,592	165,014	13,528	181,472	8,924	9,9247	114,208	7,683
Denominator	21,154	189,151	16,335	209,013	7,683	120,349	128,919	8,924
Rate	78.43%	87.24%	82.82%	86.82%	86.09%	82.47%	88.59%	86.09%

Disparity Analysis

African Americans had the lowest rate for children and adolescents access to primary care practitioners across all age groups. Spanish speakers also rated above English speakers across all age groups except for ages 7-11 where English is 85.16% and Spanish is 85.15%.

[CAP is not reported for the LACC population.]

[Disparity analysis based on administrative data while graph utilized hybrid data.]

There are no rates to report for this HEDIS measure.

Adolescent Well-Care Visits (AWC)

Admin	Race/Ethnicity					Language		
HEDIS 2019	African American	Hispanic	Asian	White	Other/Unknown	English	Spanish	Other/Unknown
Numerator	10,483	116,879	10,587	127,625	8,559	66,904	82,375	5,465
Denominator	29,397	253,018	23,724	281,384	21,263	170,273	167,632	12,322
Rate	35.66%	46.19%	44.63%	45.36%	40.25%	39.29%	49.14%	44.35%

Disparity Analysis

African American's had the lowest rate for AWC compared to Hispanics, Asians and Whites. English had the lowest rates at 39.29%.

RESULTS

Well-Child Visits in the First 15 Months of Life (W15)

Disparity Table

Admin	Race/Ethnicity					Language		
HEDIS 2019	African American	Hispanic	Asian	White	Other/Unknown	English	Spanish	Other/Unknown
Numerator	1,337	8,128	821	9,181	1,830	9,472	3,162	281
Denominator	9,359	56,896	5,747	64,267	12,810	66,304	22,134	1,967
Rate	14.29%	14.29%	14.29%	14.29%	14.29%	14.29%	14.29%	14.29%

SUMMARY OF INTERVENTIONS FOR 2018

The table below summarizes the barrier analysis with the actions for each measure:

For effectiveness of intervention/outcome results can be seen above in respective sections.

HEDIS Measure	Barrier	Action
Well-Child Visits in the Third, Fourth, Fifth and Sixth Years of Life (W34)	<ul style="list-style-type: none"> • Large eligible population. • Members/Caregivers do not perceive the importance of Well-Child visits. • While some Members/Caregivers do perceive the importance of Well Child visits, due to their work schedules they don't always have time to make an appointment during normal business hours. 	<ul style="list-style-type: none"> • Social media posts regarding this topic. • Auto dialed calls occurred to all members who were eligible and non-compliant for their well child visit.
Childhood Immunization Status: Combination 3 (CIS-3) Combination 10 (CIS-10)	<ul style="list-style-type: none"> • Due to the complexity of the immunization schedule, parents may not fully understand the recommended immunization schedule for their children. • Lack of education about the importance of adhering to the recommended vaccination schedule to parents of members. PCV protects against systemic pneumococcal infection during the first 12 months of life, when most vulnerable. • Parents may have difficulty taking time off from work to get their child immunized. • Missed opportunities - physicians should take advantage of all appropriate patient contacts, including acute office visits for minor illnesses, to keep children's immunizations current. • Incomplete/inaccurate coding of immunizations results. • Providers that the patient visits might not be using CAIR and tracking the immunizations. • Language and RCAC region disparity. • Some providers that have foreign born patients in their panel have the following barrier with CIS 10, "rotavirus shot can only can be given to children 	<ul style="list-style-type: none"> • CIS-3 Performance Improvement Project which focused on providers and members in the San Gabriel Valley. • Working on an incentive for providers to use CAIR. • Lapsed user project with California Department of Public Health. • Healthy Baby IVR and mailers to parents. • Same actions taken for CIS-10 as taken for CIS-3.

HEDIS Measure	Barrier	Action
Childhood Immunization Status: Combination 3 (CIS-3) Combination 10 (CIS-10) (cont.)	<p>under seven months. Most of the patients in their clientele have transferred from other clinics, and China or when they come in them already over the age, in this case, they cannot get rotavirus after seven months old.”</p>	
Appropriate Treatment for Children With Upper Respiratory Infection (URI)	<ul style="list-style-type: none"> • Providers prescribing antibiotics (antibiotic misuse) to patients despite diagnosis of an upper respiratory infection 	<ul style="list-style-type: none"> • Alliance Working for Antibiotic Resistance Education (AWARE) 2018-2019 toolkits to high prescribing physicians
Appropriate Testing for Children with Pharyngitis (CWP)	<ul style="list-style-type: none"> • Lack of Group A streptococcus testing among members prescribed antibiotics by their providers 	<ul style="list-style-type: none"> • Alliance Working for Antibiotic Resistance Education (AWARE) 2018-2019 toolkits to high prescribing physicians • L.A. Care conducted a CWP outreach effort together with Anthem and Care 1st. In total, the effort reached 10 PPG’s. From this, L.A. Care learned that six PCPs were not aware of the necessity of a strep test. Another potential contributing factor to the low CWP rate is incorrect coding of the swab test itself. Additionally, some providers requested an incentive in order to avoid the out of pocket expense of the strep test.
Immunization for Adolescents, Combination 2 (IMA)	<ul style="list-style-type: none"> • IMA-2 includes the HPV vaccine which is difficult for many members to receive for the various reasons listed reasons: 1. Parents have misconceptions regarding the vaccine. 2. It requires more than one dose which can be difficult for members to follow through on. 3. While minor consent laws allow for members to receive this vaccine without their parents’ consent very few opt to do this. 4. While the HPV vaccine is available at school based health centers/wellness centers many students/members do not 	<ul style="list-style-type: none"> • L.A. Care is part of the Los Angeles HPV Vaccine Coalition. This coalition meets quarterly and discusses ideas regarding the HPV vaccine for adolescents. • Paid Social Media Ads during back to school season. • HPV Vaccination Week was celebrated with Social media posts.

HEDIS Measure	Barrier	Action
Immunization for Adolescents, Combination 2 (IMA) (cont.)	option to get the vaccine at those locations as there is a stigma associated with school based health centers being viewed as “sexual health” clinics.	
Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents (WCC)	<ul style="list-style-type: none"> N/A 	
Children and Adolescents’ Access to Primary Care Practitioners (CAP) 7-11 Years of Age	<ul style="list-style-type: none"> Perceived lack of need to visit the primary care practitioners, especially when there aren’t many recommended immunizations during this time period 	

LOOKING FORWARD

L.A. Care continues to work on increasing HEDIS rates with successful interventions:

- L.A. Care will continue to encourage provider use of CAIR2 and will continue to work on developing an incentive.
- L.A. Care will continue to utilize auto dialed calls for members who are non-compliant for W34 and in the future utilize text messaging.
- L.A. Care will continue to use social media to spread awareness to our members and providers regarding these HEDIS measures.
- L.A. Care will start to implement a Performance Improvement Project (PIP) to improve CIS-10 rates.
- L.A. Care will conduct education to providers who are high prescribers of antibiotics of best practices.

2020 WORK PLAN GOALS:

HEDIS Measure	2020 Medi-Cal Goal	2020 L.A. Care Covered Goal
Childhood Immunization Status: Combination 3 (CIS-3)	75%	85%
Childhood Immunization Status: Combination 10 (CIS-10)	35%	85%
Well-Child Visits in the Third, Fourth, Fifth and Sixth Years of Life (W34)	79%	77%
Appropriate Treatment for Children With Upper Respiratory Infection (URI)	92%	93%
Appropriate Testing for Children with Pharyngitis (CWP)	34%	67%

FLUORIDE VARNISH

It is important to address dental cavities for young children as it is deemed as a public health issue. The untreated dental cavities process has the ability to result in progressive destruction of the crowns of the teeth. This often is accompanied by severe pain and suffering, affecting the quality of life of the young child. It is noted that fluoride varnish which is one of the most important materials to prevent early childhood cavities is easy to apply and well tolerated by children¹¹.

Once a child has a tooth, their doctor may recommend that he/she receive fluoride varnish treatments to prevent tooth decay. This can be done in the pediatrician's office up to three times in a 12-month period and is covered by L.A. Care. It is suggested that members ask their child's doctor for more information.

L.A. Care has a Fluoride Varnish Policy that is reviewed annually and updated during the time of review (if necessary). In August 2019 L.A. Care updated their member website to include more information regarding fluoride varnish. Fluoride varnish information can be found under dental services on the L.A. Care website. Additionally, in August 2019 L.A. Care discussed the fluoride varnish rates with Blue Shield Promise and Anthem during the Child and Adolescent Health Workgroup meeting. Respective Plan Partner fluoride varnish rates were shared with both Anthem and Blue Shield Promise via email. Additionally, during the December 2019 ECAC meeting L.A. Care's QI Project Manager presented regarding fluoride varnish to our members.

Additionally, in July 2019 L.A. Care advertised that CHDP was providing online training regarding dental fluoride application. The online training dates were as follows: July 10, 2019-December 30, 2019.

All of the fluoride varnish rates for L.A. Care and plan partners are listed below for fiscal year 2017 and 2018. For Q1 2017, there were no treatment data available. This could be due to the data source change in 2017. When comparing Q2-Q4 FY 2018 to 2017 MCLA and Plan Partner rates have gone down every quarter with the exception of Kaiser.

Mishra, P., Fareed, N., Battur, H., Khanagar, S., Bhat, M. A., & Palaniswamy, J. (2017). Role of fluoride varnish in preventing early childhood caries: A systematic review. *Dental research journal*, 14(3), 169-176.

¹¹ doi:10.4103/1735-3327.208766

<https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5504868/#!po=10.0000>

Plan Partner	Quarter	Measurement Fiscal Year 2017 Flouride Varnish Utilization			Measurement Fiscal Year 2018 Flouride Varnish Utilization		
		Total Treatments	Member Months	PTPY	Total Treatments	Member Months	PTPY
BCSC	1	0	160110	0.00	143	149230	11.50
	2	206	158277	15.62	173	144743	14.34
	3	246	156880	18.82	150	140735	12.79
	4	166	153443	12.98	79	136038	6.97
	Total	618	628710	11.80	545	570746	11.46
CFST	1	0	160110	0.00	143	149230	11.50
	2	206	158277	15.62	173	144743	14.34
	3	246	156880	18.82	150	140735	12.79
	4	166	153443	12.98	79	136038	6.97
	Total	618	628710	11.80	545	570746	11.46
KAIS	1	0	82574	0.00	566	82910	81.92
	2	638	83086	92.15	697	81644	102.44
	3	623	84104	88.89	624	81376	92.02
	4	709	84177	101.07	435	79996	65.25
	Total	1970	333941	70.79	2322	325926	85.49
MCLA	1	0	290166	0.00	401	287898	16.71
	2	476	297490	19.20	358	283629	15.15
	3	515	299346	20.65	281	283957	11.88
	4	396	293897	16.17	86	281945	3.66
	Total	1387	1180899	14.09	1126	1137429	11.88
Medi-Cal	1	0	692960	0.00	1253	669268	22.47
	2	1526	697130	26.27	1401	654759	25.68
	3	1630	697210	28.05	1205	646803	22.36
	4	1437	684960	25.18	679	634017	12.85
	Total	4593	2772260	19.88	4538	2604847	20.91

B.3 ADULT HEALTH

AUTHOR: SINTHU KUMAR, MPH

REVIEWER: MARIA CASIAS, RN & JAMES KYLE, MD

BACKGROUND

Breast cancer affects American women more than any other type of cancer¹² and is estimated to affect 12.8% of women at some point during their lifetime.¹¹ Cervical cancer, on the other hand, was once the leading cause of cancer death for women in the United States; but during the past four decades, the incidence and mortality from cervical cancer have declined significantly, to less than 1% of all cancers,¹¹ primarily due to early detection through screening. Early detection of breast and cervical through regular screenings is a key step for prompt and more effective treatments for these diseases; thus reducing mortality rates.

Sexually Transmitted Diseases (STDs) in the United States have reached record highs, with chlamydia remaining the most commonly reported infectious disease in the United States.¹³ In Los Angeles county, chlamydia rates have steadily increased since 2006 with reported rates in 2017 at 529 per 100,000; highest among African Americans regardless of age group.¹²

Chlamydia infections are usually asymptomatic and can cause infertility, ectopic pregnancy, and chronic pelvic pain. Because of the large burden of disease and risks associated with infection, Centers for Disease Control and Prevention (CDC) recommends annual chlamydia screening of all sexually active women younger than 25 years of age.¹²

Inappropriate antibiotic use is very common in the United States. The CDC estimates that 30% of all antibiotic prescriptions are unnecessary, and for outpatient prescriptions for acute respiratory conditions such as bronchitis, about half are inappropriate.¹⁴ These causeless prescriptions pose risk to patients for allergic reactions and *Clostridium difficile* and exacerbates the growing issue of antibiotic resistance. While California maintains the third lowest antibiotic dispense rate in the country, in 2016 a total of 567 prescriptions were issued per 1,000 individuals.¹⁵

Colorectal cancer impacts 4.2% of men and women over their lifetimes, although diagnosis rates have fallen an average of 2.4% each year over the last ten years, representing 8.3% of new cancer diagnoses.¹⁶ According to the American Cancer Society (ACS), there will be an estimated 101,420 new cases of colon cancer in the United States. Among both men and women, colorectal cancer screening is the second most common cause of cancer deaths in the United States.¹⁷

Research suggests that most men do not benefit from PSA-based screening, leading to men receiving an unnecessary procedure that may result in significant harm for the individual due to complications from biopsies.¹⁸ To eliminate unnecessary screening for prostate cancer, L.A. Care tracks the amount of men who were unnecessarily screened. Thus, a lower score for PSA indicates better performance.

¹² <https://gis.cdc.gov/Cancer/USCS/DataViz.html>

¹³ <https://www.cdph.ca.gov/Programs/CID/DCDC/Pages/STDCBRacialDisparities.aspx>

¹⁴ <https://www.cdc.gov/media/releases/2016/p0503-unnecessary-prescriptions.html>

¹⁵ <https://gis.cdc.gov/grasp/PSA/AUMapView.html>

¹⁶ <https://seer.cancer.gov/statfacts/html/colorect.html>

¹⁷ <https://www.cancer.org/cancer/colon-rectal-cancer/about/key-statistics.html>

¹⁸ <https://www.ncqa.org/hedis/measures/non-recommended-psa-based-screening-in-older-men/>

Approximately 50% of Medi-Cal members are delegated to Plan Partners Anthem Blue Cross, Blue Shield Promise, and Kaiser Permanente. L.A. Care is responsible for conducting member outreach for the remainder of Medi-Cal (MCLA) members. Medi-Cal graphs in the following sections depict aggregate data of L.A. Care and its Plan Partners.

2019 WORK PLAN GOALS:

This section reviews the goals and rates for HEDIS 2019. Interventions conducted in 2018 are detailed, as this represents to the period in which services were rendered. The goals below were established based off of reaching the next NCQA quartile (estimated).

HEDIS Measure	2019 Medi-Cal Goal	2019 Medi-Cal Rate	2019 Cal MediConnect Goal	2019 Cal MediConnect Rate	2019 L.A. Care Covered Goal	2019 L.A. Care Covered Rate	2019 Goal Met
Avoidance of Antibiotic Treatment in Adults with Acute Bronchitis (AAB)	30%	35.54%	N/A	N/A	32%	24.32%	Medi-Cal: Yes CMC: NA LACC: No
Breast Cancer Screening (BCS)	61%	60.98%	64%	63.66%	71%	72.99%	Medi-Cal: Yes CMC: Yes LACC: Yes
Cervical Cancer Screening (CCS)	64%	66.08%	N/A	N/A	57%	53.53%	Medi-Cal: Yes CMC: NA LACC: No
Chlamydia Screening (CHL)	67%	66.77%	N/A	N/A	63%	59.04%	Medi-Cal: Yes CMC: N/A LACC: No
Colorectal Cancer Screening (COL)	N/A	N/A	61%	61.04%	54%	53.77%	Medi-Cal: NA CMC: Yes LACC: Yes
Non-Recommended PSA-Based Screening in Older Men (PSA)	N/A	N/A	28%	28.64%	N/A	N/A	Medi-Cal: NA CMC: No LACC: N/A

MAJOR ACCOMPLISHMENTS

- Avoidance of Antibiotic Treatment in Adults with Acute Bronchitis (AAB)
 - Medi-Cal rates increased from 2018 to 2019 for AAB by 1.94%. Medi-Cal goal was met for 2019.
- Breast Cancer Screening (BSC)
 - BCS rates for CMC and LACC went up by 3.56% and 8.39%, respectively. LACC BCS goal was met for 2019.
 - BCS reminder phone calls and mailers were made to MCLA and CMC members in September 2018.
 - LACC had an incentive program for BCS that ran from April to December 2018. Members received a mailer with a detachable card. The card was to be filled by the provider and mailed back to L.A. Care to receive the \$50 incentive for completing the mammogram.
- Cervical Cancer Screening
 - CCS rates went up for Medi-Cal and LACC from 2018 to 2019 by 5.48% and 2.53%, respectively.

- CCS reminder phone calls were made to MCLA and LACC members in March 2018 and August 2018. Mailers were sent to MCLA and LACC members in the 90044 zip code in July 2018.
- CCS social media campaign was launched in April and May 2018.
- Chlamydia Screening
 - CHL for Medi-Cal members went up by 2.07% from the previous year & CHL for LACC went up by 9.84% from the previous year.
 - The Youth Empowerment for Chlamydia Screenings (YES) Program ran from July 2018 to November 2018 to increase CHL rates amongst female L.A. Care Medi-Cal Direct (MCLA) and L.A. Care Covered (LACC) members ages 16-24.
- Colorectal Cancer Screening (COL)
 - The LACC Colorectal Screening rates in on a 4-year upward trend. The CMC rate of 61.04% went up 3.34 percentage points from last year. The LACC rate of 53.77% went up 4.57 percentage points from the prior year. Both CMC and LACC goals were met.
 - In March and September 2018, automated calls went out to Medi-Cal, CMC and LACC to remind non-compliant members to go in for their colorectal screening.
 - In May 2018, there was a Women’s Wellness Week at the Inglewood Family Resource Center. The Health Education unit had a Health Educator on site to run awareness workshops for women screenings and included colorectal cancer screenings.
 - In June 2018, An ACS co-branded brochure was sent to MCLA, CMC, and LACC non-compliant members encouraging them to go in for their colorectal cancer screening.
 - L.A. Care continued to send Provider Opportunity Reports, which include lists of non-compliant members for many HEDIS measures, including COL to PCPs and PPGs.
- Other Accomplishments
 - From May 14-May 18, 2018 QI & the Inglewood FRC held a Women’s Wellness Week to educate women on cervical cancer and breast cancer screenings. Promotional flyers were handed out and bus shelter messaging was used in the Inglewood area.
 - L.A. Care continued to send Provider Opportunity Reports, which include lists of non-compliant members for CCS, BCS, and CHL, to PCPs and PPGs.

Description of measures:

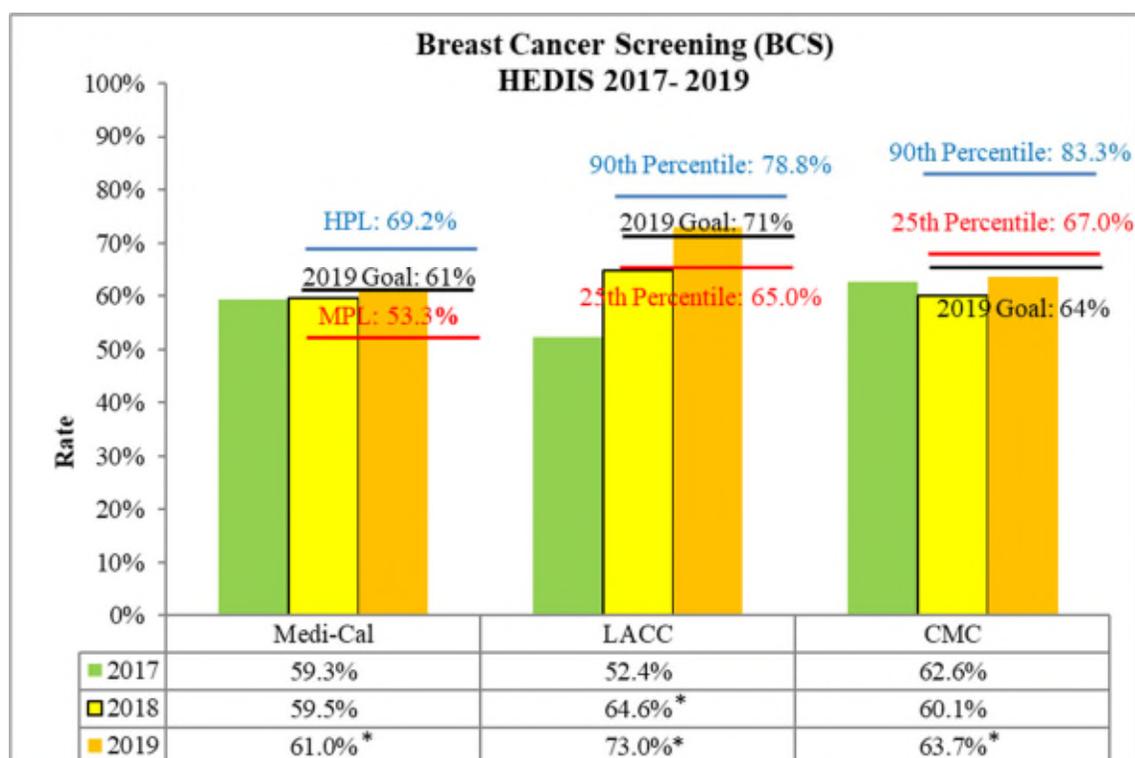
HEDIS Measure	Specific Indicator(s)	Measure Type
Avoidance of Antibiotic Treatment in adults with Acute Bronchitis	The percentage of adult members ages 18-64 with a diagnosis of acute bronchitis who were <i>not</i> dispensed an antibiotic prescription	Administrative
Breast Cancer Screening	The percentage of members who are women aged 50-74 years and have received one or more mammograms on or between October 1 two years prior to the measurement year and December 31 of the measurement year.	Administrative
Cervical Cancer Screening	The percentage of women aged 21-64 years who received one or more screening tests for Cervical Cancer during or within the three years prior to the measurement year or 5 years for women 30-64 with HPV co-testing.	Hybrid
Chlamydia Screening in Women	The percentage of women aged 16-24 years who were identified as sexually active and who had at least one test for Chlamydia during the measurement year.	Administrative
Colorectal Cancer Screening	The percentage of members 50–75 years of age who had appropriate screening for colorectal cancer. Either FOBT during the measurement year, a flexible sigmoidoscopy during in the past 5 years, or a colonoscopy within the past 10 years.	Hybrid

HEDIS Measure	Specific Indicator(s)	Measure Type
Non-Recommended PSA-Based Screening in Older Men (PSA)	The percentage of men 70 years and older who were screened unnecessarily for prostate cancer using prostate-specific antigen (PSA)-based screening. Note: a lower rate indicates better performance.	Administrative CMC

BREAST CANCER SCREENING

RESULTS

The following graphs compare L.A. Care BCS rates for HEDIS 2017, 2018, and 2019:



*Statistically Significant Difference

Covered California Quality Rating System 25th and 90th percentiles

ANALYSIS

Medi-Cal

Quantitative Analysis

L.A. Care's HEDIS 2019 BCS rate for Medi-Cal was 61.0%. The rate increased by 1.5 percentage points from the prior year, which is a statistically significant increase. BCS is on a three-year upward trend and met the goal of 61%. The rate exceeded the national 50th percentile of 58%.

LACC

Quantitative Analysis

For HEDIS 2019, the Breast Cancer Screening rate for L.A. Care Covered (LACC) was 73.0%. This was an increase of 8.4 percentage points over HEDIS 2018, and is statistically significant. BCS met the 2019 LACC goal of 71% or the 50th percentile for the Quality Rating System (QRS).

CMC

Quantitative Analysis

HEDIS 2019 is the fourth year of official rates for CMC. For BCS, CMC members had a rate of 63.7%. This was an increase of 3.6 percentage points over HEDIS 2018, and is statistically significant. The rate met the goal of 64%.

Disparity Analysis

Rates by Ethnicity and Language

Admin	Race/Ethnicity					Language		
HEDIS 2019	African American	Hispanic	Asian	White	Other/Unknown	English	Spanish	Other/Unknown
Numerator	6,217	27,786	8,387	37,994	13,885	24,730	24,373	7,027
Denominator	11,852	41,207	13,473	59,752	23,648	46,521	34,463	10,900
Rate	52.46%	67.43%	62.25%	63.59%	58.72%	53.16%	70.72%	64.47%

L.A. Care conducts a disparity analysis annually for its priority Medi-Cal HEDIS measures, based on administrative data. Rates continue to be lower for Blacks/African Americans than all other ethnic groups (52.46%), although the rate for this group increased by 1.66 percentage points from the previous year. Hispanic members have the highest rates at 67.43%, up from 66.3%. Rates for all racial/ethnic groups increased. Rates for Asians and Whites increased by 0.75 and 1.49 percentage points, respectively, compared to HEDIS 2018. Rates are much higher for Spanish speakers than English speakers (70.72 % versus 53.16 %). Rates for both languages improved by less than one percentage point from the previous HEDIS year.

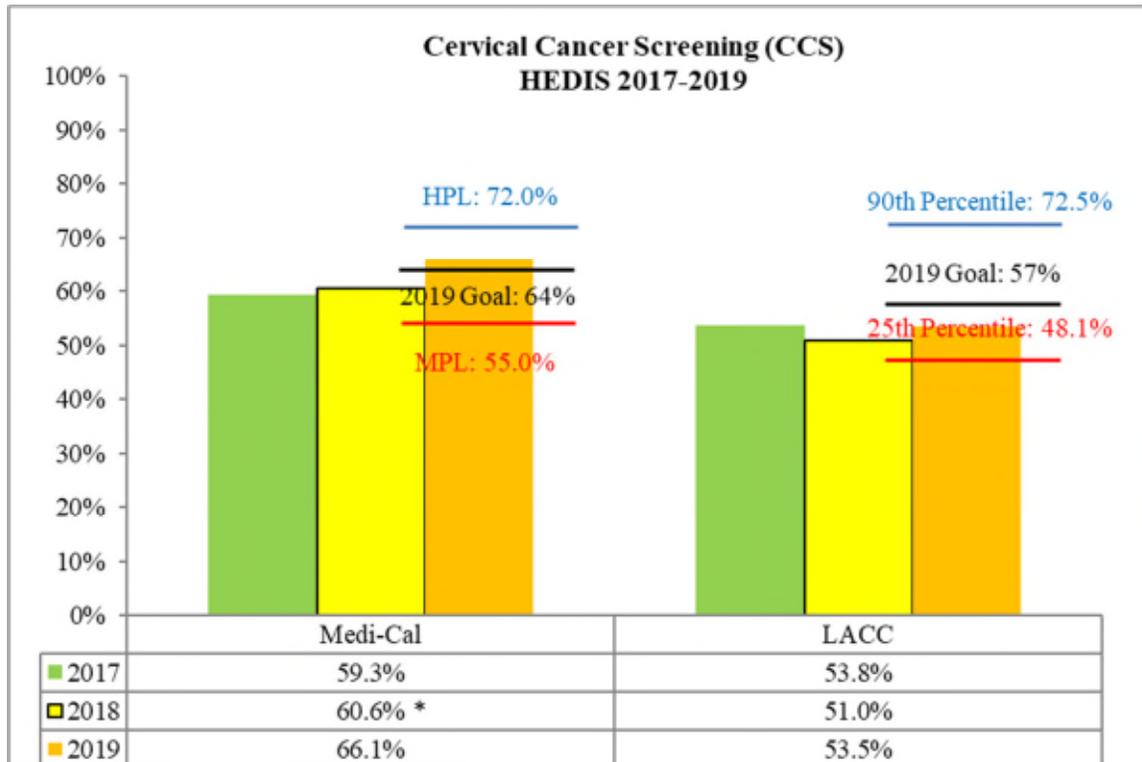
Qualitative Analysis

In September 2018, non-compliant MCLA and CMC members due for breast cancer screening received a reminder automated phone call and mailer. The overall reach rate for the automated calls was 72.26%. The reminder mailer was sent to 33,437 noncompliant MCLA and CMC members. Of this number, 2,479 (7%) members received their mammogram screening within 90 days of receiving the mailer and 2,727 members received their mammogram within the HEDIS year (for a total increase of 20% of compliant breast cancer screenings). This increase in screening rates may be attributed to the reminder mailer, but it is important to note that multiple interventions could have been occurring at the same time such as reminder calls from the member's primary care physician. Additionally, LACC members were eligible for a \$50 gift card incentive for completing the screening. Members were made aware of the availability of the incentive through emails, mailers, and robo-calls. A total of 53 members were awarded, out of 1579 eligible. The program launched in April and was continued until December 31, 2018.

CERVICAL CANCER SCREENING

RESULTS

The following graphs compare L.A. Care CCS results for HEDIS 2017, 2018, and 2019. The rates below are based on a hybrid sample augmented by chart review.



*Statistically Significant Difference

Covered California Quality Rating System 25th and 90th percentiles

ANALYSIS

Medi-Cal

Quantitative Analysis

L.A. Care's Medi-Cal CCS rate was 66.1% for HEDIS 2019. This was an increase of 5.5 percentage points from the prior year, which is not statistically significant. The rate met the MPL and the 75th percentile. The rate also met the goal of 64%.

LACC

Quantitative Analysis

L.A. Care's Cervical Cancer Screening rate for HEDIS 2019 was 53.53%. This was an increase of 2.53 percentage points from the previous year, but was not statistically significant. The rate did not meet the 2018 goal of 63%, but it did meet the 25th percentile for the QRS.

CMC

Cervical Cancer Screening is not a CMC measure and is not included in this report.

Disparity Analysis

Rates by Ethnicity and Language

Admin	Race/Ethnicity					Language		
HEDIS 2019	African American	Hispanic	Asian	White	Other/Unknown	English	Spanish	Other/Unknown
Numerator	29,025	115,676	22,393	153,838	20,211	149,131	55,286	14,926
Denominator	50,131	189,709	39,999	259,953	37,983	268,582	84,628	24,295
Rate	57.90%	60.98%	55.98%	59.18%	53.21%	55.53%	65.33%	61.44%

L.A. Care also conducted an analysis based on ethnicity, language, and RCAC regions to examine whether disparities exist in getting cervical cancer screenings. Rates for women in the Other/Unknown category had the lowest rate of all the racial/ethnic groups (53.21%), followed by Asian women (55.98%). Rates for each racial/ethnic group improved from the HEDIS 2018 rates. Hispanics were the highest performing group at a rate of 60.98%. Spanish speakers had higher rates than English speakers (65.33% versus 55.53%). Both groups improved by three to four percentage points from HEDIS 2018.

Qualitative Analysis

The CCS Medi-Cal rate is on a four-year upward trend, in part due to increased data availability for a three to six year look back.

MCLA and LACC members received a robocall reminding them to get screened in March 2018. The reminder mailer was sent to 1,595 noncompliant MCLA and LACC members. Of this number, 80 (5%) members received their cervical screening within 90 days of receiving the mailer and 149 members received their screening within the HEDIS year (for a total increase of 9% of compliant cervical cancer screenings). This increase in screening rates may be attributed to the reminder mailer, but it is important to note that multiple interventions could have been occurring at the same time such as reminder calls from the member's primary care physician.

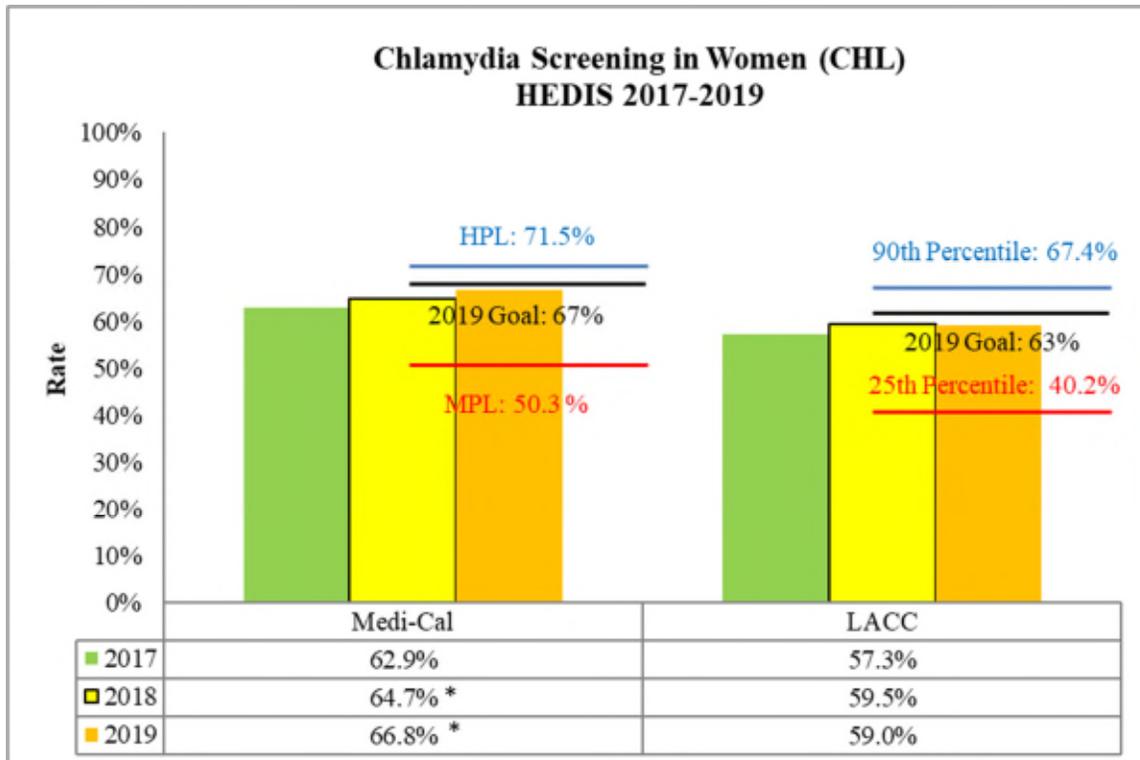
From January to February 2018, there were Facebook advertisement campaigns to promote breast cancer and cervical cancer awareness. 1,595 total mailers went out to MCLA, LACC and CMC members in July 2018.

The Quality Improvement team also partnered with the Inglewood Family Resource Center to run a Women's Wellness Week in May 2018. The wellness week was promoted using a Facebook Ad campaign that ran from April to May 2018 along with post cards and flyers to promote the event. Bus Shelter advertisements were also used to promote the event in Inglewood and its surrounding zip codes: 90044, 90305, 90303, 90044, and 90003.

CHLAMYDIA SCREENING

RESULTS

The following graph compares L.A. Care for HEDIS 2017, 2018, and 2019:



*Statistically Significant Difference

Covered California Quality Rating System 25th and 90th percentiles

ANALYSIS

Quantitative Analysis

Medi-Cal screening rate increased by 2.1 percentage points from 64.7% in 2018 to 66.8% in 2019, which is statistically significant. There is a two-year upward trend in the rate for CHL. By plan partners, the increase from 2017 to 2018 are as follows: Anthem by 0.98 points, Blue Shield California by 1.05 points, Kaiser by 0.88 points, and MCLA by 4.23 points. While Kaiser continues to outperform other plan partners and L.A. Care each year since HEDIS 2014, MCLA has shown the greatest increase from 2017 to 2018. The MCLA rate has continued to increase over the past six years; 53.3% in 2014, 57.6% in 2015, 59.4% in 2016, 60.2% in 2017, 64.7% in 2018, and 66.8% in 2019.

The Medi-Cal rate of 66.8% exceeded the MPL of 50.3% by 16.5 percentage points and did not meet the Medi-Cal goal for this year.

L.A. Care's Chlamydia screening rate for LACC decreased by 0.5 percentage points from 59.5% in 2018 to 59.0% in 2019, which was not statistically significant. The LACC rate met the 75th percentile of 57.50% by 1.54 percentage points.

Disparity Analysis

L.A. Care conducted an analysis based on Plan Partner, race/ethnicity, language, RCAC regions and SPAs to examine whether disparities existed in getting chlamydia screenings. In HEDIS 2018, the disparity by ages 16-20 (60.77%) and 21-24 (68.67%) was a 7.9 percentage point difference. For HEDIS 2019, the disparity by ages 16-20 (58.82%) and 21-24 (59.09%) was a 0.27 percentage point difference. This reduction in disparity by age can be attributed to the Youth Empowerment for Chlamydia Screening (YES) program that targets parents of female members 16-17 years old to take their child in for a chlamydia screening. Asian Members were the least likely to be screened (37.50%, compared to 50.43% for White members, and 63.16% for Black members). Rates were consistent across RCAC regions and SPAs.

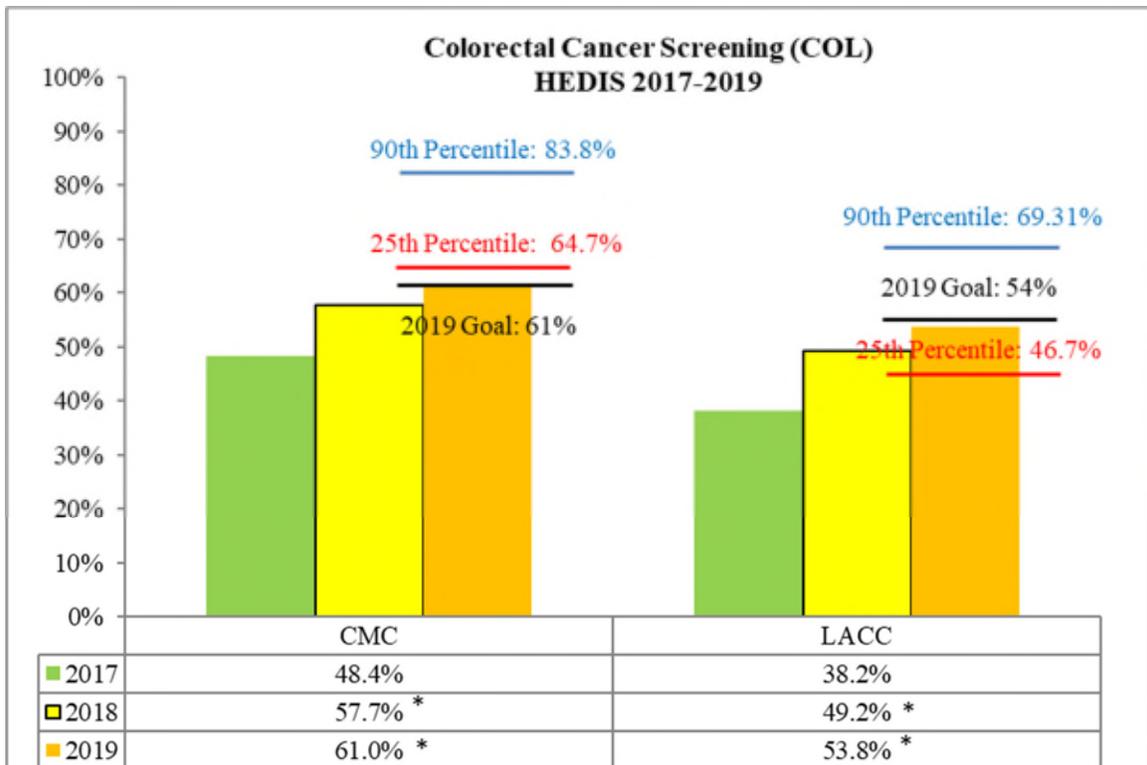
Qualitative Analysis

Multiple barriers still exist in members receiving Chlamydia screening, including a lack of knowledge of the benefit of testing, inhibitions about discussing sexual health, fear about discovery of a sexually transmitted disease (STD), and physicians’ non-adherence to recommended guidelines. As a result, L.A. Care’s Health Education unit continued their efforts with the YES Program, which was launched in 2015. The program consisted of three components: 1) a letter to parents of female members 16-17 years old, 2) a provider fax blast, and 3) a Facebook ad campaign that targets zip codes with a high percentage of female members that are within the HEDIS measurement specifications. The campaign launched from July 2018 to November 2018.

COLORECTAL CANCER SCREENING

RESULTS

The following graph compares L.A. Care COL rates for HEDIS 2017, 2018, and 2019:



*Statistically Significant Difference

Covered California Quality Rating System 25th and 90th percentiles

ANALYSIS

Quantitative Analysis

CMC

The CMC rate for COL was 61.00%. This was an increase of 3.3 percentage points, which is statistically significant. This measure met the 2019 goal of 61%, but did not meet the 25th percentile of 64.7% by 3.7 percentage points.

LACC

The LACC rate for COL was 53.8%. This was an increase of 4.6 percentage points, which is statistically significant. This measure met did not meet the goal of 54%, but was above the 25th percentile by 7.1 percentage points.

Medi-Cal

Colorectal Cancer Screening is not a Medi-Cal measure and is not included in this report.

Medi-Cal Disparity Analysis

Rates by Ethnicity and Language

Admin	Race/Ethnicity					Language	
HEDIS 2019	African American	Hispanic	Asian	White	Other/Unknown	English	Spanish
Numerator	9,663	36,363	12,313	51,005	9,900	38,379	31,098
Denominator	26,830	79,530	26,538	120,501	26,027	105,335	63,635
Rate	36.02%	45.72%	46.40%	42.33%	38.04%	36.44%	48.87%

L.A. Care conducted an analysis based on ethnicity, language, and regions to examine whether disparities exist in colorectal cancer screenings, using administrative data (thus explaining the lower rates). African American members had the lowest rate at 36.02%, followed by White members at 42.33%. Hispanic and Asian members were higher performing at 45.72% and 46.40%, respectively. Spanish speakers were much more likely to have been screened for colorectal cancer, compared to English-speaking members (48.87% versus 36.44%).

Qualitative Analysis

The LACC COL rate is on a four-year upward trend. The LACC rates is lower than the CMC rate by 7.27 percentage points. This may be because LACC members fear potential cost-sharing, despite COL being a preventive service not subject to cost-sharing.

In 2018, L.A. Care co-branded brochures with the American Cancer Society, which were mailed out to Medi-Cal, CMC, and LACC members to remind them to go in for their colorectal screening. Automated calls were also done to reach non-compliant members for the COL measure in March and September 2018 to members with Medi-Cal, CMC, and LACC. The mailing highlighted the importance of screening and the need to discuss screening options with the member's provider.

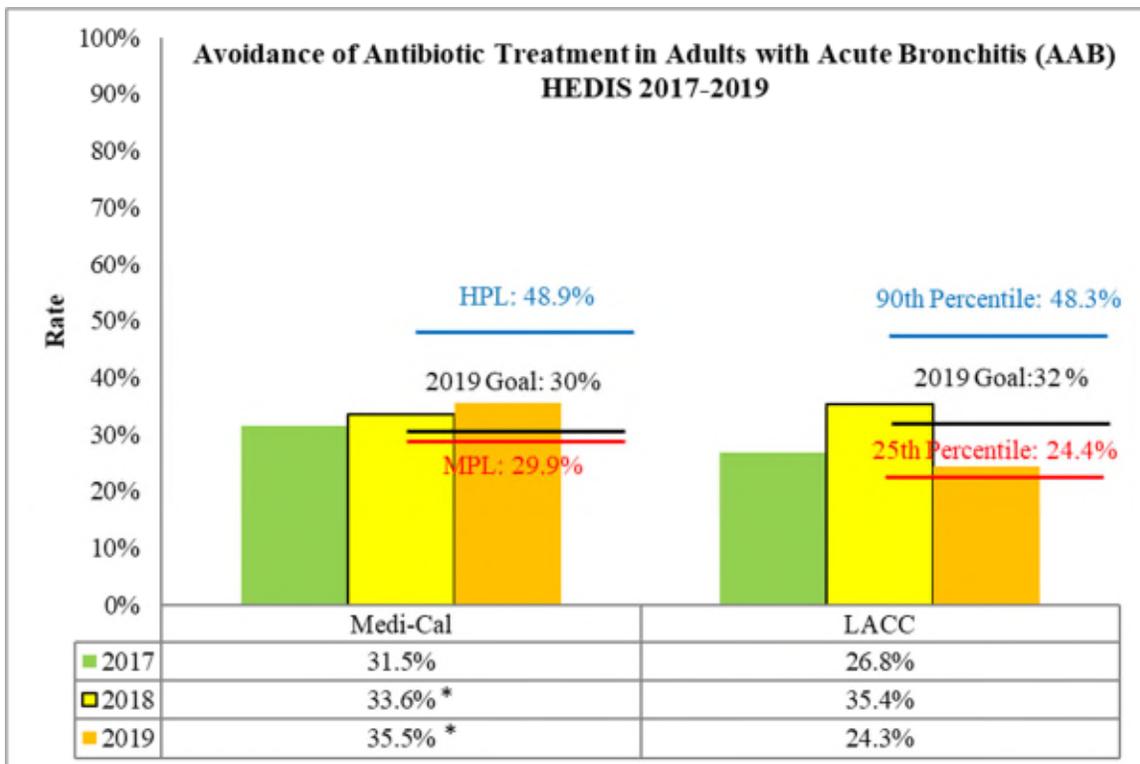
The reminder mailer was sent to 112,339 noncompliant MCLA, CMC, and LACC members. Of this number, 8,773 (8%) members received their colorectal screening within 90 days of receiving the mailer and 17,646 members received their screening within the HEDIS year (for a total increase of 16% of compliant colorectal cancer screenings). This increase in screening rates may be attributed to the reminder mailer, but it is important to note that multiple interventions could have been occurring at the same time such as stool kits provided from the member’s primary care physician.

COL awareness was also prominent during our Women’s Wellness Week at the Inglewood Family Resource Center. The Health Education unit had a Health Educator on site to run awareness workshops for women screenings and included colorectal cancer screenings. The Health Educator was readily available with educational tools to inform the members. L.A. Care continued to send Provider Opportunity Reports, which include lists of non-compliant members for many HEDIS measures, including COL to PCPs and PPGs.

AVOIDANCE OF ANTIBIOTIC TREATMENT IN ADULTS WITH ACUTE BRONCHITIS

RESULTS

The following graph compares L.A. Care rates for AAB in HEDIS years 2017, 2018, and 2019:



*Statistically Significant Difference

Covered California Quality Rating System 25th and 90th percentiles

ANALYSIS

Medi-Cal

Quantitative Analysis

The Medi-Cal rate for AAB was 35.5%. This was an increase of 1.9 percentage points from HEDIS 2018 and is statistically significant. This measure exceeded the MPL of 29.9% by 5.6 percentage points and met the 2019 goal of 30% by 5.5 percentage points.

LACC

The LACC rate for AAB was 24.3%. This is a decrease of 11.1 percentage points from HEDIS 2018, but is not statistically significant. This measure did not meet the goal of 32% and met the 25th percentile for the QRS. However, in HEIS 2018, this measure did meet the goal for 2018 and met the 75th percentile for QRS.

CMC

AAB is not a CMC measure and is not included in this report.

Disparity Analysis

Medi-Cal Rates by Ethnicity and Language

Admin	Race/Ethnicity					Language		
HEDIS 2019	African American	Hispanic	Asian	White	Other/Unknown	English	Spanish	Other/Unknown
Numerator	711	2,742	766	3,803	1,052	3,908	1,600	529
Denominator	1,201	4,310	1,025	5,940	1,652	6,274	2,440	719
Rate	40.80%	36.38%	25.27%	35.98%	36.32%	37.71%	34.43%	26.43%

L.A. Care conducted an analysis based on ethnicity, language, and RCAC regions to examine whether disparities exist in this measure. Asian members were the lowest performing race/ethnicity at 25.27%. Hispanic and White members had about the same rate – 36.38% and 35.98%, respectively, while Black members were higher performing at 40.80%. English speakers were less likely to have received inappropriate antibiotics, when compared to Spanish-speakers (37.71% vs 34.43%).

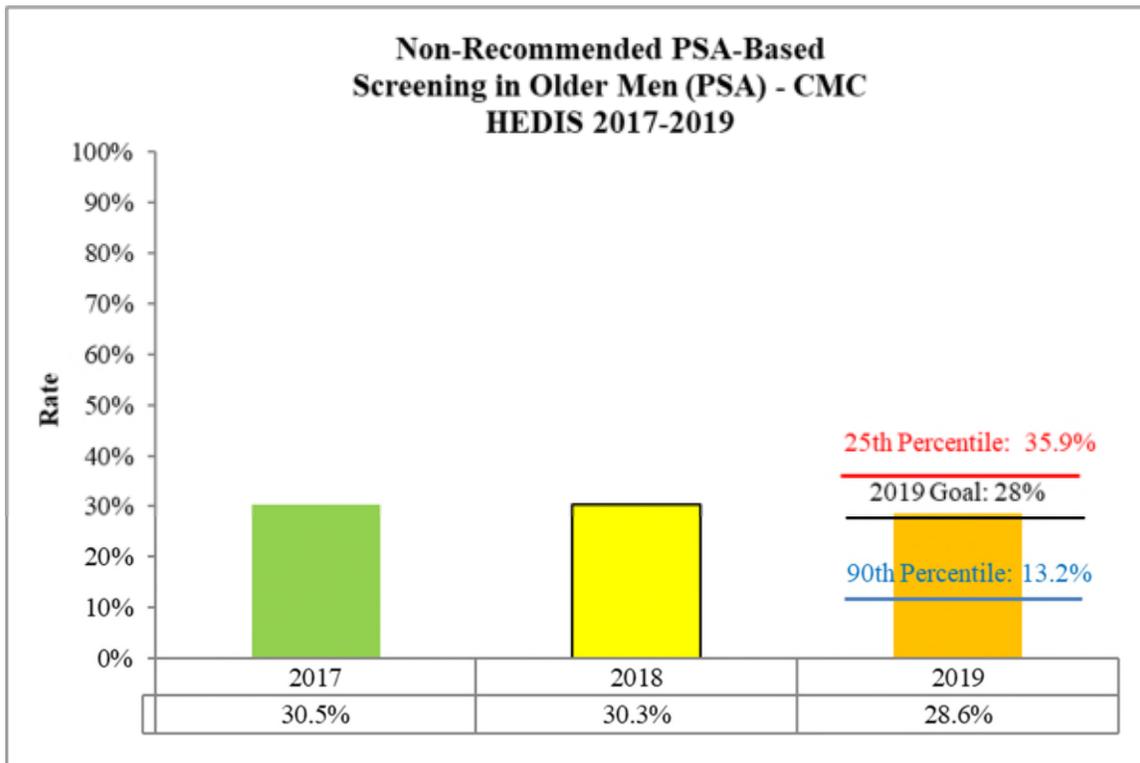
Qualitative Analysis

The Medi-Cal rate has had modest improvements for the past four years, however the LACC rate declined this year by 11.08 percentage points. This may be due to a member education issue or LACC providers willingness to provider antibiotics for members without proper education about improper antibiotic use.

In February 2018, L.A. Care distributed the Alliance Working for Antibiotic Resistance Education (AWARE) toolkits to high prescribing physicians.

While there were Facebook advertisements to parents launched in December 2018 for the URI measure, there has been no educational material or advertisements created for adults for HEDIS 2019 to target adults between the ages of 18-64, as per the HEDIS specifications for AAB. Further outreach is needed for the adult population for AAB to continue increasing Medi-Cal rates and improve the decline in LACC rates.

Non-Recommended PSA-Based Screening in Older Men (PSA)



ANALYSIS

Quantitative Analysis

Please note that for this measure, a lower rate indicates better performance. In 2019, the percentage of men 70 and over who were screened unnecessarily for prostate cancer using the PSA-based screening in the CMC population was 28.6%, which is not statistically significant. This did not meet the goal of 28% by 0.6 percentage points.

Disparity Analysis

Too many unknowns to report.

Qualitative Analysis

There were no specific interventions for this HEDIS Measure. However, this measure is showing improvement since 2018. The 2018 rate was 30.3% and the 2019 rate is 28.64%. Since this is an inverse measure, this is showing a 1.7 positive percentage point increase.

SUMMARY OF INTERVENTIONS FOR 2018

HEDIS Measure	Barriers	Actions	Effectiveness of Intervention/ Outcome
Avoidance of Antibiotic Treatment in Adults with Acute Bronchitis	<ul style="list-style-type: none"> Members may expect to be prescribed antibiotics when they are feeling sick not knowing that antibiotics does not help the common cold and flu. Providers may find it easier to prescribe antibiotics rather than educate on antibiotics overuse or may not have time to explain the difference between bacterial and viral infections 	<ul style="list-style-type: none"> Distributed AWARE guidelines to providers 	<ul style="list-style-type: none"> Rates improved for Medi-Cal, but decreased for LACC.
Breast Cancer Screening	<ul style="list-style-type: none"> Members may disagree with the frequency guidelines for screening, especially after having undergone a previous screening with a negative result. Discomfort associated with mammography Fear of the test and the test results Member confusion with screening guidelines Members unaware of direct access to imaging centers Providers unsure of screening guidelines and recommendations Providers are unaware of when a patient is due for services. 	<ul style="list-style-type: none"> Automated reminder calls were made to members needing mammograms. Members also received an educational mailer. L.A. Care includes Breast Cancer screening as one of the clinical measures for both the Value Initiative for IPA performance (VIIP) incentive and the Physician P4P incentive programs. Providers receive a list of members in need of services. LACC members were offered a \$50 gift card for completing a breast cancer screening from April to December 2018. In Q2, L.A. Care conducted a Women’s Wellness Week at the Inglewood FRC and promoted breast cancer awareness. Facebook advertisements were also used to promote the wellness week event & education women in Inglewood and surrounding areas of breast cancer screenings. 	<ul style="list-style-type: none"> Rates improved for Medi-Cal, LACC, and CMC
Cervical Cancer Screening	<ul style="list-style-type: none"> Lack of knowledge of the test itself. Fear of the test and the test results. Doctor insensitivity to invasiveness of the test. Cultural inhibitions. Personal modesty/ embarrassment. 	<ul style="list-style-type: none"> Non-compliant members received a Robocall reminding them to be screened. Women from Inglewood and surrounding zip codes were targeted on social media to increase awareness of the need for cervical cancer screening In Q2, L.A. Care held a Women’s Wellness Week at the Inglewood 	<ul style="list-style-type: none"> The Medi-Cal rate improved, but LACC rate decreased

HEDIS Measure	Barriers	Actions	Effectiveness of Intervention/ Outcome
Cervical Cancer Screening (cont.)	<ul style="list-style-type: none"> Discomfort associated with screening. Members may not understand the importance of getting the screening. Long wait times for appointments. Providers are unaware of who is in need of CCS screenings PCPs often refer to specialists for services. 	<p>FRC and promoted cervical cancer awareness.</p> <ul style="list-style-type: none"> L.A. Care includes Cervical Cancer screening as one of the clinical measures for both the LA P4P provider group incentive and the Physician P4P incentive programs. 	
Chlamydia screening	<ul style="list-style-type: none"> Physicians do not adhere to recommended Chlamydia screening practices because they believe that the prevalence of Chlamydia is low, are uncomfortable testing and talking to young members about sexually transmitted diseases and do not understand that there are available tests (i.e. urine test) that are easy to administer. Members' lack of awareness and comfort level in discussing sexual health, were unsure of the consequences of chlamydia infection, and lack of guidance. Members' concern that someone will know if they were tested or tested positive. 	<ul style="list-style-type: none"> L.A. Care offers LA P4P to primary care providers to complete chlamydia screenings. L.A. Care has a Youth Empowerment for Chlamydia Screening (YES) program that does the following outreaches: <ul style="list-style-type: none"> 1) a letter to parents of female members 16-17 years old, 2) a provider fax blast, and 3) a Facebook ad campaign that targets zip codes with a high percentage of female members that are within the HEDIS measurement specifications. 	<ul style="list-style-type: none"> Medi-Cal rate went up, but LACC rate decreased
Colorectal Cancer Screening	<ul style="list-style-type: none"> PCPs may refer COL out to specialists. Providers may not know about the multiple screening options and how to discuss them Improperly documented/coded past colon cancer screenings Lab supply of iFOBT/FIT kits to provider offices may not be adequate to meet demand. Members may not be aware of the need or value of 	<ul style="list-style-type: none"> Automated calls went out in two different months to Medi-Cal, CMC and LACC non-compliant members for the COL measure to get screened. An educational mailer was sent out to MCLA, CMC and LACC mailers discussing different testing options to encourage them to get their screening. In Q2, L.A. Care conducted a Women's Wellness Week at for the Inglewood Family Resource Center, which included educating members on Colorectal Cancer. 	<ul style="list-style-type: none"> CMC and LACC rates have increased.

HEDIS Measure	Barriers	Actions	Effectiveness of Intervention/ Outcome
Colorectal Cancer Screening (cont.)	<ul style="list-style-type: none"> having regular colon cancer screenings. • Discomfort associated with colonoscopy • Members may receive an iFOBT/FIT kit from their provider but then not complete and return the test. • The long look back period results in difficulty of compiling complete administrative data for the COL measure. 	<ul style="list-style-type: none"> • L.A. Care continued to send Provider Opportunity Reports, which include lists of non-compliant members for many HEDIS measures, including COL to PCPs and PPGs. 	
Non-Recommended PSA-Based Screening in Older Men (PSA)	<ul style="list-style-type: none"> • L.A. Care tracks this rate but does not have many interventions that coincide with the measure. 	<ul style="list-style-type: none"> • There are no known interventions for PSA. 	<ul style="list-style-type: none"> • Lower means better. PSA is improving in a positive direction for CMC.

LOOKING FORWARD

- L.A. Care plans to continue robocalls and mailers to increase awareness and the importance of Breast Cancer and Cervical Cancer Screenings.
- L.A. Care will focus more on looking at disparity reports to have targeted interventions based on communities with highest needs.
- L.A. Care plans to continue outreach to members and providers on the chlamydia screening guidelines.
- L.A. Care plans to develop more education tools for appropriate antibiotic use to raise awareness and reduce unnecessary prescriptions.
- QI staff will work with the Quality Performance Management team to explore additional methods of evaluating the effectiveness of interventions, including return on investment analysis.
- L.A. Care plans to continue member outreach campaigns for colorectal cancer screening & will be discussing additional outreach efforts to increase colorectal cancer screening.

2020 WORK PLAN GOALS:

HEDIS Measure	2020 Goal for Medi-Cal	2020 Goal for Cal MediConnect	2020 Goal for L.A. Care Covered
Avoidance of Antibiotic Treatment in Adults with Acute Bronchitis (AAB)	39%	N/A	27%
Breast Cancer Screening (BCS)	65%	66%	75%
Cervical Cancer Screening (CCS)	69%	N/A	57%
Chlamydia Screening (CHL)	73%	N/A	62%
Colorectal Cancer Screening (COL)	N/A	65%	56%
Non-Recommended PSA-Based Screening in Older Men (PSA)	N/A	28%	N/A

B.4 PERINATAL HEALTH

AUTHOR: JACQUELINE KALAJIAN

REVIEWER: ELAINE SADCCHI-SMITH, FNP, MPH, CHES & JAMES KYLE, MD

BACKGROUND

Perinatal services which include timeliness of prenatal visits and postpartum care are an important component of maternal and child health. Inadequate prenatal care may result in pregnancy-related complications and may lead to potentially serious consequences for both the mother and the baby¹⁹.

Approximately 50% of L.A. Care’s Medi-Cal line of business (LOB) members are delegated to Plan Partners Anthem Blue Cross, Care 1st and Kaiser Permanente. L.A. Care is responsible for conducting member outreach for the remainder of Medi-Cal (DLOB-MCLA) members. Medi-Cal prenatal and postpartum care graphs depict aggregate data of L.A. Care and its Plan Partners.

2019 WORK PLAN GOALS:

HEDIS Measure	2019 Medi-Cal Goal	2019 Medi-Cal Rate	2019 L.A. Care Covered Goal	2019 L.A. Care Covered Rate	2019 Goal Met/ Not Met
Timeliness of Prenatal Care	84%	87.9%	85%	88.3%	Medi-Cal: Yes LACC: Yes
Postpartum Care	60%	62.7%	65%	69.4%	Medi-Cal: Yes LACC: Yes

MAJOR ACCOMPLISHMENTS

- L.A. Care’s “Healthy Mom” postpartum program, which provides assistance and support to women to schedule their postpartum visit, reached 2,826 women of which 41% completed their postpartum visit in FY 2018-2019.
- L.A. Care’s Health Education Unit sends out trimester-specific perinatal education packets to identified pregnant MCLA members. The packets include information on the importance of timely prenatal care, breastfeeding, WIC, and the “Healthy Mom” postpartum program.
- Starting October 2018, “Healthy Mom” program data was obtained from hospital discharge data via eConnect system. The eConnect data includes discharge data from 44 hospitals.
- The Health Education Advocate continues to provide assistance and support to schedule prenatal visit to pregnant MCLA members in their first trimester.
- L.A. Care contracted with CrowdCircle Inc. dba HealthCrowd Inc. and is in the process of launching prenatal and postpartum text messaging campaigns. The goal of the campaign is to increase the rates of completed prenatal and postpartum appointments by educating members about the importance of perinatal care, inform them about available incentives for L.A. Care’s perinatal programs, and serve as a reminder to schedule and attend their appointments,
- L.A. Care’s VIIP+P4P provider group incentive program includes timeliness of prenatal care as one of the clinical measures. The VIIP+P4P program also distributes performance and payment reports that inform groups of their performance on these measures.
- L.A. Care promoted Text4Baby, a free program that provides education about prenatal and postpartum care to members via text messaging. Text4Baby was promoted throughout the network in monthly perinatal education packets and on the website.

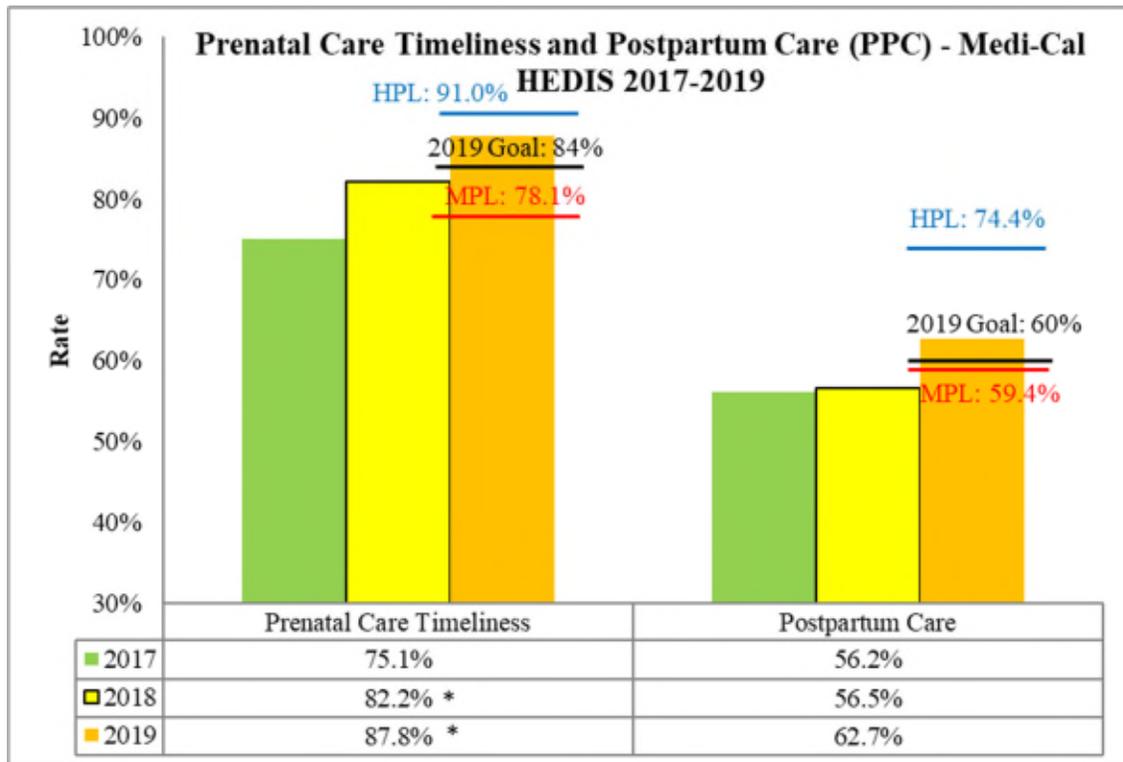
¹⁹ http://kidshealth.org/parent/pregnancy_newborn/pregnancy/medical_care_pregnancy.html

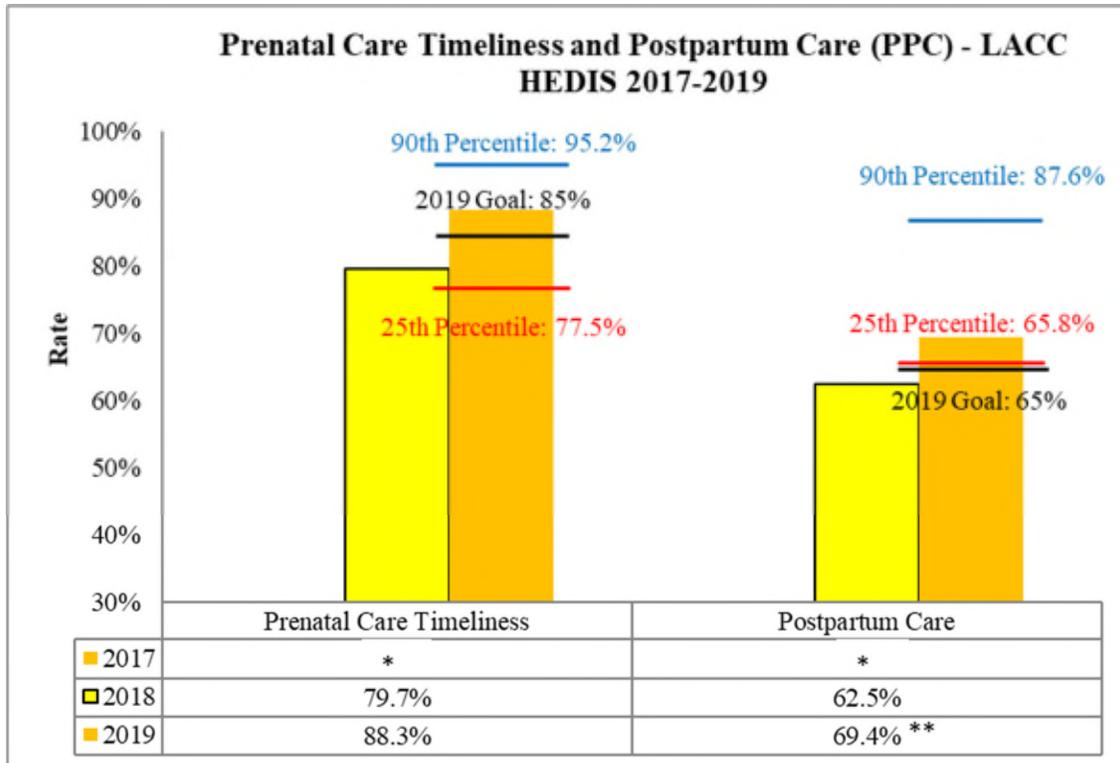
- L.A. Care offered various classes in both English and Spanish at multiple Family Resource Centers. The class topics include education on stages of labor, breastfeeding, postpartum care, postpartum depression, preparing for the hospital stay, and parenting.

RESULTS

Description of measures:

HEDIS Measure	Specific Indicator(s)	Measure Type
Timeliness of Prenatal Care	Percentage of eligible members who received a prenatal care visit in the first trimester or within 42 days of enrollment if the member was pregnant at the time of enrollment. Qualifying visits must be made with an obstetrician, family practitioner, general internist, or certified nurse practitioner.	Hybrid
Postpartum Care	Percentage of eligible members who received a postpartum visit on or between 21 days and 56 days after delivery during the measurement year.	Hybrid





*Denominators less than 30

**Statistically Significant Difference

Covered California Quality Rating System 25th and 90th percentiles

PRENATAL CARE

ANALYSIS

Quantitative Analysis

Medi-Cal rates for prenatal care have increased from HEDIS 2018. The timeliness of prenatal care rate increased by 5.6 percentage points; from 82.2% in 2018 to 87.8% in 2019. The increase was statistically significant. The overall increase is attributed to all Plan Partners (Kaiser, Anthem Blue Cross, and Blue Shield of California Promise) and MCLA experiencing increases in the measure. MCLA’s performance (85.5%) is slightly lower compared to Plan Partners Blue Shield of California Promise, Anthem Blue Cross and Kaiser Permanente (90.36%, 89.16% and 91.3% respectively). The 2019 rate was above the MPL of 78.1%. The timeliness of prenatal care rate for Medi-Cal met the 2018 goal of 84%.

LACC rates for prenatal care have increased from HEDIS 2018. The timeliness of prenatal care rate increased by 8.6 percentage points; from 79.7% in 2018 to in 88.3% 2019. The increase was not statistically significant. The LACC rate was above the 25th percentile rate of 77.5%. The timeliness of prenatal care rate for LACC did meet the 2019 goal of 85%.

Disparity Analysis (Administrative)

L.A. Care conducted an analysis based on Plan Partner, SPD status, age, gender, race/ethnicity, region (RCAC and SPA), and language to examine whether disparities exist in getting timely prenatal care. The HEDIS 2019 results indicate that Asian women had lower rates (69.4%) than other race/ethnic groups.

Timeliness of Prenatal Care

Hybrid	Race/Ethnicity					Language		
HEDIS 2019	African American	Hispanic	Asian	White	Other/Unknown	English	Spanish	Other/Unknown
Numerator	1,752	9,202	675	10,770	2,338	12,810	2,210	394
Denominator	2,689	13,266	1,038	15,487	3,558	18,711	3,287	547
Rate	65.2%	69.4%	65.0%	70.0%	66.7%	68.5%	67.2%	72.0%

POSTPARTUM CARE

ANALYSIS

Quantitative Analysis

The Medi-Cal rates for postpartum care have increased from HEDIS 2018. Postpartum care increased by 6.1 percentage points; from 56.5% in 2018 to 62.7% in 2019. The 2019 rate met the MPL of 59.4% and exceeded the 2018 goal of 60.0% by 2.7 percentage points. The overall increase is attributed to Anthem Blue Cross and Blue Shield of California Promise experiencing increases in the measure despite the decrease in rate from Kaiser. Anthem Blue Cross experienced an increase in rate from 52.34% in 2018 to 57.83% in 2019, an increase by 5.50 percentage points. Blue Shield of California Promise also experienced an increase in rate from 47.83% in 2018 to 57.83% in 2019, an increase by 10 percentage points. However, the Kaiser rate slightly decreased from 83.67% in 2018 to 82.61% in 2019, a decrease by 1.06 percentage points. MCLA experienced an increased rate from 56.05% in 2018 to 62.18% in 2019, an increase of 6.13 percentage points.

LACC rates for postpartum care have increased from HEDIS 2018. The timeliness of postpartum care rate increased by 6.9 percentage points; from 62.5% in 2018 to 69.4% in 2019. The difference was statistically significant. The LACC rate was above the 25th percentile rate of 65.8%. The timeliness of postpartum care rate for LACC did meet the 2019 goal of 65%.

Disparity Analysis (Administrative)

L.A. Care conducted an analysis based on Plan Partner, SPD status, age, gender, race/ethnicity, region (RCAC and SPA), and language to examine whether disparities exist in getting postpartum care. The HEDIS 2019 results indicate that African-American women had lower rates of getting postpartum care (44.9%) than other race/ethnic groups.

Postpartum Care

Hybrid	Race/Ethnicity					Language		
HEDIS 2019	African American	Hispanic	Asian	White	Other/Unknown	English	Spanish	Other/Unknown
Numerator	1,206	7,524	634	8,725	1,848	9,975	1,964	322
Denominator	2,684	13,251	1,037	15,468	3,557	18,688	3,286	545
Rate	44.9%	56.8%	61.1%	56.4%	52.0%	53.4%	59.8%	59.1%

Qualitative Analysis (Prenatal and Postpartum)

The Medi-Cal auto-selection process may contribute to declining prenatal and postpartum quality measures in that members who do not select a health plan may be less engaged and may not schedule appointments in a timely manner. Appointment availability likely impacts timely prenatal care. The complexity of our delegated network and lingering confusion over the open access standard for women seeking routine

women’s preventive health services from an in-network OB/GYN are additional barriers. Additionally, it is difficult to identify a pregnant member within 42 days of enrollment even with monthly enrollment data from the State. It is more challenging to identify existing members who become pregnant due to data lags with claims data and lab data and the uncertain nature of initial pregnancy diagnosis with respect to possible termination or miscarriage. Barriers to successful member outreach, including inaccurate phone numbers, is also a factor.

Despite the overall increase in Medi-Cal postpartum rates, issues such as member’s perception of insignificance of the postpartum visits (particularly for multiparous women), transportation, and child care issues serve as barriers for women to complete the appropriate postpartum visits. Women who are post C-section are more likely to be seen prior to 21 days post-partum and may not see a need for another visit between days 21-56 following delivery. Appointment availability may affect this measure as well.

In addressing perceived member barriers for prenatal and postpartum care, L.A. Care distributed several educational materials to members, notified providers of members needing these services and contacted postpartum women. In 2019, 4,875 pregnant members were identified and sent educational packets. Currently, efforts are being made to improve the identification of more pregnant women to improve overall rates. The Healthy Pregnancy program continued live agent calls to pregnant members within the first trimester (for continuously enrolled) or within 45 days of enrollment (newly enrolled members). A live agent contacts the member and offers assistance to scheduling the next prenatal visit. The table below summarizes the barrier analysis with the actions for each measure:

HEDIS Measure	Barriers	Actions
Timeliness of prenatal care	<ul style="list-style-type: none"> • Identification of pregnant women. • Challenges reaching pregnant women (e.g. accurate contact information) • Members do not perceive the urgency for prenatal care, especially multi-gravida women. • Misunderstanding by members of referral authorizations for prenatal care as a preauthorization approval, and complexity of specialty networks for delegates, interfering with the option for direct access to in-network OB/GYN practices. • Cultural issues/traditions. • Potential transportation and child care issues. • Challenges with the Department of Public Social Services (DPSS) system and eligibility workers. 	<ul style="list-style-type: none"> • The LA P4P provider group incentive program includes timeliness of prenatal care as one of the clinical measures. • L.A. Care continued to promote Text4Baby, a free program that provides education about prenatal and postpartum care to members via text messaging. • L.A. Care distributes trimester-specific perinatal health education packages to identified MCLA pregnant women. • L.A. Care’s “Healthy Pregnancy” program includes an additional program component; to provide assistance and support to women to schedule their prenatal visit. • Continue to educate provider offices and monitor access standard for initial prenatal visit. • Continue to educate provider offices and members regarding regulations and standards that prohibit the requirement of referral authorization for routine prenatal care from in-network OB/GYN providers.

HEDIS Measure	Barriers	Actions
Postpartum care	<ul style="list-style-type: none"> • Timely identification of recent live births. • Cultural issues/traditions. • Members do not perceive the urgency for a postpartum check-up. • Potential transportation and child care issues. • Lack of OB/GYN availability, long provider wait times or member reaches voicemail. • Postpartum care occurs before or after the 21-56-day recommendation (e.g. post C-section). • Resistance from OB/GYN office staff to schedule an additional postpartum visit after a postpartum visit has been completed before the 21-56 days recommendation. • Multi-gravida postpartum women may not perceive the importance of the postpartum visit. • Loss of member eligibility. 	<ul style="list-style-type: none"> • L.A. Care continued to promote Text4Baby, a free program that provides education about prenatal and postpartum care to members via text messaging. • L.A. Care distributes trimester-specific perinatal health education packages to identified MCLA pregnant women. • L.A. Care’s “Healthy Mom” postpartum program, which provides assistance and support to women to schedule their postpartum visit. Members also receive a gift card for attending the postpartum visit. In 2019, L.A. Care called 6,707 women, reached 2,826 and provided appointment assistance to 334 of them. The program reported that 2,456 women completed their postpartum visit.

LOOKING FORWARD

In addition to continuing the above interventions, L.A. Care also plans the following:

- L.A. Care will continue the “Healthy Mom” postpartum program, which will provide assistance and support to women to schedule their postpartum visits for MCLA, CMC, and L.A. Care Covered/Direct members.
- L.A. Care will continue the “Healthy Pregnancy” prenatal program with trimester-specific mailings to MCLA newly pregnant women.
- L.A. Care will continue member outreach calls to all pregnant women in their first trimester identified by the state application.
- L.A. Care will launch an automated phone call targeting newly enrolled members in their second or third trimester of pregnancy. The call script will educate the member on the importance of prenatal care and provide contact information for the member to call if she needs assistance in scheduling an appointment.
- The LA P4P provider group incentive program will continue to include timeliness of prenatal care as one of the clinical measures.
- Explore text messaging options to provide outreach and education to members about the importance of perinatal care.
- Continue to promote open access to in-network OB/GYN practices for routine women’s preventive services, including prenatal care and reinforce that referral authorizations cannot be a barrier.
- The changes made to the HEDIS 2020 prenatal and postpartum measures are projected to eliminate certain barriers in completing a prenatal and postpartum visit. These changes capture the inclusion of the incision wound check for members who had C-section deliveries as a complete postpartum visit and the extension of the postpartum period from 21-56 days to 7-84 days.

2020 WORK PLAN GOALS:

HEDIS Measure	2020 Medi-Cal Goal	2020 L.A. Care Covered Goal
Timeliness of Prenatal Care	92%	92%
Postpartum Care	69%	76%

C. MANAGING MEMBERS WITH EMERGING RISK

C.1 CHRONIC CONDITION MANAGEMENT

AUTHOR: IZARO ELORDUY, MSG, MBA, CCM & STEVEN CHANG

REVIEWER: MARIA CASIAS, R.N & JAMES KYLE, MD

C.1.a. ASTHMA DISEASE MANAGEMENT PROGRAM

BACKGROUND

Asthma is one of the most common chronic conditions experienced by L.A. Care members. L.A. Care’s Asthma Disease Management (DM) Program addresses a range of interventions, including condition monitoring, monitoring patient adherence to the treatment plans, medical and behavioral health co-morbidities, health behaviors, psychosocial issues, and depression screenings. These interventions were also provided by Care Managers, internally at L.A. Care or at the delegated PPG, with members engaged in the care management program. Medi-Cal (MCLA), L.A. Care Covered (LACC) and Cal MediConnect (CMC) members with asthma are identified through their Health Risk Assessments (HRA), medical utilization and pharmacy claims, as well as through direct conversations with members during care plan building. Each member’s individualized care plan (ICP) determines the type and intensity of support and interventions he or she receives.

L.A. Care’s Care Management plans to implement a restructuring of its Disease Management programs by the second quarter of 2020. For standalone asthma management of members who otherwise do not meet criteria for care management, members will receive support in the form of educational mailers and materials to manage their symptoms. These mailings will subsequently be managed by L.A. Care’s Health Education department. For members in care management, asthma management interventions will continue to be provided through the course of routine care management activities with their assigned Care Managers in accordance with their ICP.

2019 WORK PLAN GOALS:

Measures	Specific Indicators	2019 Goals	2019 Rates	Goals Met	Measure Type
Medication Management for People with Asthma 75% compliance (MMA).	Percentage of eligible members with persistent asthma who remained on an asthma controller medication for at least 75% of their treatment period.	MCLA: 45% LACC: 81%	MCLA: 43.6% LACC: 52.6%	MCLA: No LACC: No	Administrative
Asthma Medication Ratio (AMR) with members with an AMR rate less than 0.50.	Ratio of eligible members with asthma with an AMR rate less than 0.50.	MCLA: 59%	MCLA: 55.6%	MCLA: No	Administrative
Asthma Action Plan (AAP)	Percentage of members with an asthma action plan.	65% All Lines of Business (ALOB):	DM Survey Not Conducted in 2019		DM Survey

Measures	Specific Indicators	2019 Goals	2019 Rates	Goals Met	Measure Type
Flu shot	Percentage of members who had a flu shot between September 1, 2017 and March 31, 2018.	All LOB: 65%	DM Survey Not Conducted in 2019		DM Survey
Overall Member Satisfaction	Percentage of members who are overall satisfied with the program (strongly agree or agree)	All LOB: 90%	DM Survey Not Conducted in 2019		DM Survey

Member Satisfaction

The summer of 2019 was a period of transition, so the decision was made to not conduct a mail-based survey for DM programs in 2019 since this is no longer a mandatory requirement. The last Disease Management annual mail-based surveys were conducted in July, 2018. The surveys were originally mandated by NCQA's QI6 Standards. When the QI6 Standards were retired in 2017, the survey was continued for an additional year through 2018.

COMPLAINTS

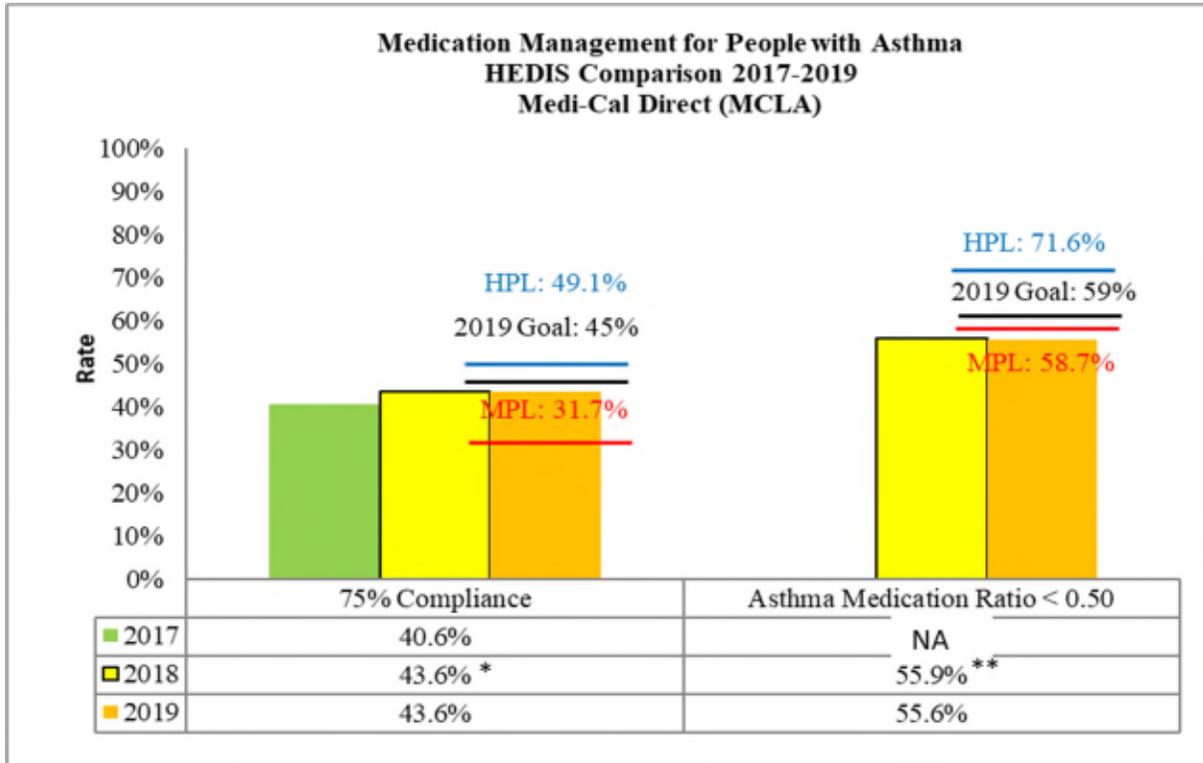
Member complaints are evaluated by program to identify opportunities to improve satisfaction with the disease management process. Complaints related to the disease management program are identified through each incoming and outgoing call to the Care Management department. The Care Management Department migrated to the Clinical Care Advance (CCA) platform, which is the main system for documentation. These complaints are tracked within the contact form template within CCA and dealt with immediately through a manager or, if appropriate, forwarded through L.A. Care's grievance process. In addition, all complaints made by asthma disease management program participants are aggregated annually and analyzed. Additionally, the Customer Solutions staff keeps a log of all member complaints related to disease management. The log is searched monthly for key words related to asthma disease management.

In 2019 there were no complaints related to asthma disease management. This data is gathered from the Resource Line Log only.

RESULTS

L.A. Care Medi-Cal Direct (MCLA)

Quantitative Analysis



*Statistically Significant Difference ** Baseline Year
 Source: 2017, 2018 and 2019 HEDIS Results MPL and HPL Percentile Source: NCQA Quality Compass

Analysis of 2019 HEDIS for MCLA results and findings:

- Medication Management for People With Asthma with 75% medication compliance (MMA) was 43.6%, which did not meet the 2019 goal of 45%. The 2019 HEDIS rate exceeded the Medi-Cal Minimum Performance Level (MPL) (25th percentile) benchmark of 31.7% but did not reach the Medi-Cal High Performance Level (HPL) (90th percentile) benchmark of 49.1%. MMA 75% compliance did not change from 2018.
- Asthma Medication Ratio (AMR) with members with an AMR rate less than 0.50 was 55.6%, which was a decrease of 0.3% from 2018.

Qualitative Analysis

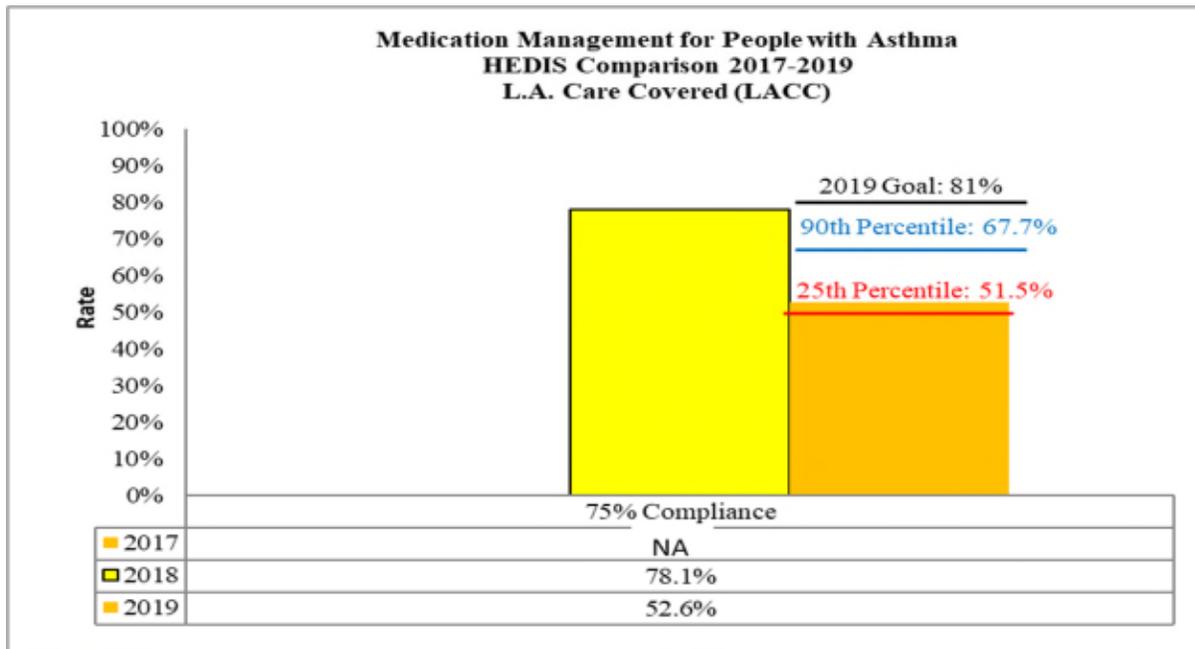
MCLA MMA rate held steady from 2018 for people with asthma with 75% compliance, showing no change in medication compliance.

Other Considerations: Cultural and Linguistic and age related considerations

Materials are culturally and linguistically appropriate, and continue to be mailed in English and Spanish. The mailings include an attachment to the cover letter indicating that the information is available in sixteen (16) different languages, larger print, Braille, audio or TTY as requested.

However, L.A. Care Health Plan’s inability to reach members who require more education and monitoring, by phone or by mail due to incorrect addresses or no address (transient and homeless populations) contributes to the member-related barriers. With the higher severity level members, the Care Managers make two call attempts to reach the member, but often these phone numbers are invalid and members are lowered to a mail only intervention. Thus the members are not receiving the full benefits of the program.

L.A. Care Covered (LACC):



NA: Denominator less than 30

Quantitative Analysis

Analysis of 2019 Results and Findings:

- Medication management for people with asthma with 75% medication compliance (MMA) was 52.6% which did not meet the 2019 goal of 81%. The compliance rate goal from 2018 was 47%, but the actual rate was 78.1%, so the expectation was to exceed that in 2019.

Qualitative Analysis

The LACC MMA 75% compliance rates increased significantly between 2017 and 2018, but returned to a lower rate in 2019. The denominator is too small to calculate significance because slight variations in MMA 75% Compliance can cause large swings in the rate. The increase could have been due to data optimization in which the data was mapped with NDC Pharmacy codes which significantly raised the MMA measure. Additionally, LACC members may have been more motivated to manage their asthma care as they pay into their healthcare costs and may have fewer comorbidities. This could also be due to increase in medication compliance and refill interventions during 2017, such as Disease Management Care Managers calling members who showed gaps in refilling their controller medication, and developing care plans with individualized goals for medication refills. This allows Care Managers to schedule call backs, intervention follow up and increase coaching to empower the member to take actions on their care.

Opportunities

There remain opportunities to improve the use of appropriate medications for people with asthma, especially in the adult population. L.A. Care is going to reassess and redesign its disease management approach in 2020.

INTERVENTIONS

HEDIS Measure	Barriers	Actions
Medication Management for People with Asthma 75% compliance (MMA)	<ul style="list-style-type: none"> • Providers not adhering to clinical practice guidelines • Providers not completing Asthma Action Plans with members • Member education on appropriate use of controller vs. reliever medications • Home environmental triggers exacerbating asthma symptoms • Ability to connect with members on the telephone, creating challenges in building relationships telephonically with members. • Asthma medication samples received by patients and prescriptions received during an emergency room visit or hospital stay do not appear in the pharmacy data collected by L.A. Care. • members with multiple prescriptions for asthma inhalers may also affect the accuracy of the controller/reliever ratio. • Low-severity members who do not comply with asthma medication and have opted out of the program can affect compliance rates as they are still counted in the denominator. • Needing to use translation services for some members due to the diversity of cultures within L.A. Care’s disease programs. • Not all providers are using the Asthma Action Plan to help members with their medication compliance • Low practitioner adherence to clinical practice guidelines. • Lack of patient education regarding asthma care, self-management, and decreased medication compliance. 	<ul style="list-style-type: none"> • To address the barrier of practitioner adherence to clinical practice guidelines L.A. Care’s Disease Management department provides practitioners, the EPR-3 Guidelines for the diagnosis and management of asthma that emphasizes best practices, including use of the Asthma Action Plan on the Provider portal. • L.A. Care’s Care Managers provide multiple educational materials regarding asthma, allergies, flu shots, and annual preventative guidelines including mailings and a booklet that addresses asthma and allergy triggers, medications, reminders and care plan and goals that are developed for Level 2 and 3 members are discussed during monitoring calls. • CMs participate in health education classes at the Community Resource Centers and are available to members to answer asthma management questions. • High severity members (levels 2 and 3) may require assistance such as a home visit by an L.A. Care Community Health Worker. These visits include: a review of medical history; asthma education; home environmental assessment, review and reinforcement of asthma treatment plan, identification of triggers, and counseling members on how to talk with their provider.
Asthma Medication Ratio (AMR) with members with an AMR rate less than 0.50.		

2020 WORK PLAN GOALS:

Measures	2020 MCLA Goal	2020 LACC Goals
Medication Management for People with Asthma 75% compliance (MMA).	46%	57%
Asthma Medication Ratio (AMR) with members with an AMR rate less than 0.50.	58%	79%

C.1.b DIABETES DISEASE MANAGEMENT PROGRAM

BACKGROUND

Diabetes is the world's most prevalent metabolic disease and it is the leading cause of adult blindness, renal failure, gangrene and the necessity for limb amputations. According to the Centers for Disease Control and Prevention, there are about 34.2 million children and adults (10.5% of the total United States population) living with diabetes. This included 26.9 million people diagnosed and 7.3 million who were not diagnosed. Additionally, there are 88 million adults diagnosed as pre-diabetic.

L.A. Care's diabetes disease management program addresses a range of interventions, including condition monitoring, monitoring patient adherence to the treatment plans, medical and behavioral health co-morbidities, health behaviors, psychosocial issues, and depression screenings. Like other disease management, these interventions are also provided by Care Managers, internally at L.A. Care or at the delegated PPG, with members engaged in the care management program. Medi-Cal (MCLA), L.A. Care Covered (LACC) and Cal MediConnect (CMC) members with diabetes are identified through their Health Risk Assessments (HRA), medical utilization and pharmacy claims, as well as through direct conversations with members during care plan building. Each member's individualized care plan (ICP) determines the type and intensity of support and interventions he or she receives to manage their diabetes and cope effectively.

L.A. Care's Care Management plans to implement a restructuring of its Disease Management programs by the second quarter of 2020. For standalone diabetes management of members who otherwise do not meet criteria for care management, members will receive support in the form of educational mailers and materials to manage their condition. These mailings will subsequently be managed by L.A. Care's Health Education department. For members in care management, diabetes management interventions will continue to be provided through the course of routine care management activities with their assigned Care Managers in accordance with their ICP.

2019 WORK PLAN GOALS:

Measures	Specific Indicators	2019 Goal (Hybrid)	2019 Hybrid Rates	Goals Met	Measure Type
Hemoglobin A1c screening (HbA1c)	Percentage of eligible members 18-75 years of age with diabetes (type 1 and type 2) who had A1c testing.	MCLA: 88% LACC: 93% CMC: 92%	MCLA: 83.9% LACC: NA CMC: 93.6%	MCLA: No LACC: NA CMC: Yes	Hybrid
A1c good control (< 8%)	Percentage of eligible members 18-75 years of age with diabetes (type 1 and type 2) who had A1c control (<8.0%).	MCLA: 54 % LACC: 64% CMC: 66%	MCLA: 50.0% LACC: 61.6% CMC: 62.2%	MCLA: No LACC: No CMC: No	Hybrid
A1c poor control (> 9%)*	Percentage of members 18-75 years of age with diabetes (type 1 and type 2) who had A1c poor control (>9.0%)	MCLA: 28% CMC: 22%	MCLA: 35.6% CMC: 24.2%	MCLA: No CMC: No	Hybrid
Retinal eye exam	Percentage of members 18-75 years of age with diabetes (type 1 and type 2) who had retinal eye exam performed.	MCLA: 69% LACC: 53% CMC: 76%	MCLA: 63.7% LACC: 60.3% CMC: 75.6%	MCLA: No LACC: Yes CMC: Yes	Hybrid

Measures	Specific Indicators	2019 Goal (Hybrid)	2019 Hybrid Rates	Goals Met	Measure Type
Medical Attention for Nephropathy	Percentage of members 18-75 years of age with diabetes (type 1 and type 2) who had medical attention for nephropathy.	MCLA: 94% LACC: 96% CMC: 99%	MCLA: 91.0% LACC: 94.9% CMC: 97.0%	MCLA: No LACC: No CMC: No	Hybrid
Overall Member Satisfaction	Percentage of members will be satisfied with the Diabetes Disease Management Program (agree or strongly agree)	ALOB: 90%	DM Survey Not Conducted in 2019		Survey

*Lower rate indicates better performance

Member Satisfaction

2019 was a period of transition for the Disease Management and Care Management teams, so the decision was made to not conduct a mail-based survey for DM programs in 2019, particularly since this was no longer a requirement. The last Disease Management annual mail-based surveys were conducted in July, 2018. The surveys were originally mandated by NCQA's QI6 Standards.

COMPLAINTS

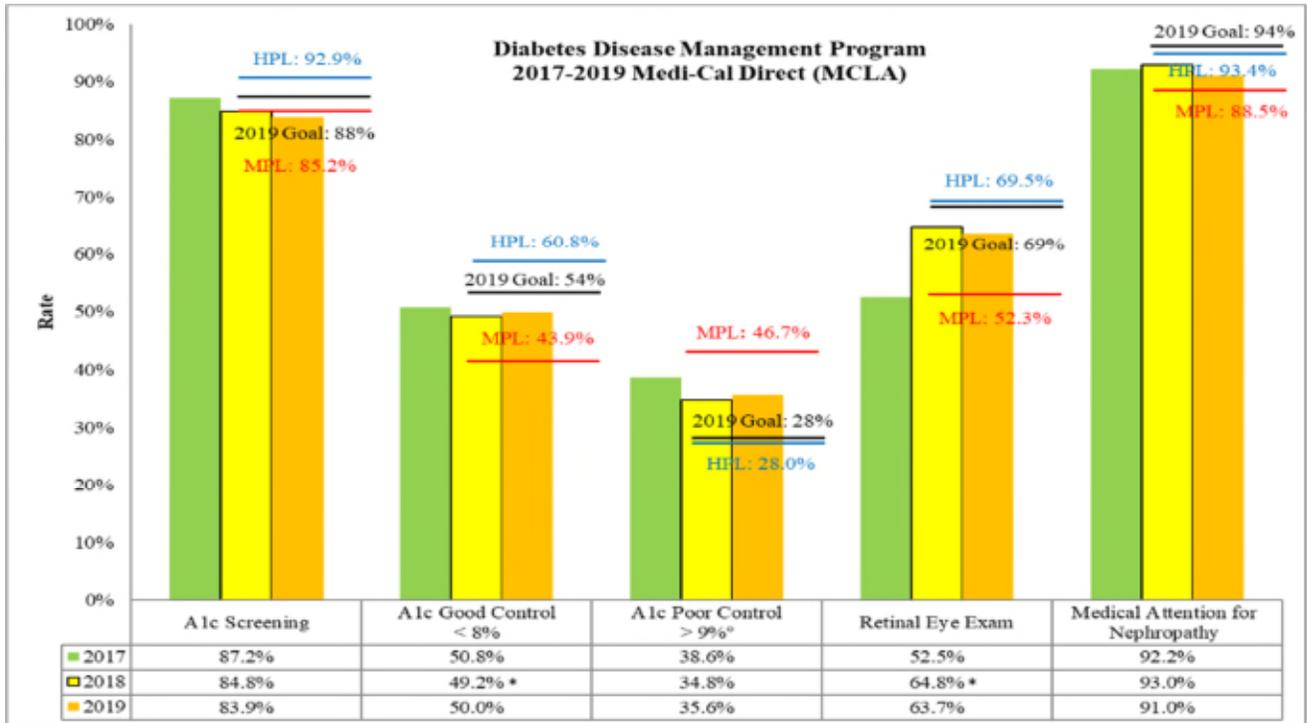
Member complaints are evaluated to identify opportunities to improve satisfaction with the disease management process. Complaints related to the disease management program are identified through each incoming and outgoing call to the Care Management department. These complaints are tracked within the contact form template within CCA and dealt with immediately through a manager or if appropriate forwarded through L.A. Care's grievance process. Additionally, the Customer Solutions staff keeps a log of all member complaints and inquiries related to disease management. The log is searched monthly for key words related to diabetes disease management.

In 2019 there were no complaints related to diabetes disease management.

RESULTS

L.A. Care Medi-Cal Direct (MCLA)

Quantitative Analysis



*Statistically Significant Difference

Source: 2017, 2018, and 2019 HEDIS Results MPL and HPL Percentile Source: NCQA Quality Compass

Analysis of 2019 Hybrid MCLA results:

- Diabetes A1c screening of 83.9% did not meet the HEDIS 2019 measure goal of 88% or the Medi-Cal Minimum Performance Level (MPL) (25th percentile) 85.2% or High Performance Level (HPL) (90th percentile) 92.9% benchmarks and is a decrease of 0.9 percentage points from 2018's 84.8%. This decrease was not a statistically significant decrease, but still shows an area of needed improvement.
- Diabetes A1c good control < 8% of 50.0% did not meet the HEDIS 2019 measure goal of 54% or the Medi-Cal High Performance Level (HPL) (90th percentile) benchmark of 60.8%, but did meet the Medi-Cal Minimum Performance level (MPL) (25th percentile) Benchmark of 43.9%. The 2019 rate is an increase of 0.8 percentage points from 2018's 49.2%. This was a statistically significant increase, but it is still an area of needed improvement.
- Diabetes A1c poor control > 9% of 35.6% is worse than the HEDIS 2019 measure goal of 28% and below the Medi-Cal Minimum Performance Level (MPL) (25th percentile) Benchmark of 46.7%, but better than the Medi-Cal High Performance Level (HPL) (90th percentile) Benchmark of 28.0%, and is an increase of 0.8 percentage points from 2018's 34.8%. This was not a statistically significant increase, but showed a slight decline in performance.
- Retinal eye exam of 63.7% is below the HEDIS 2019 measure goal of 69% and the Medi-Cal High Performance Level (HPL) (90th percentile) benchmark of 69.5%, but above the Medi-Cal Minimum Performance Level (MPL) (25th percentile) 52.3% benchmark, and a decrease of 1.1 percentage

points from 2018's 64.8%. This was a statistically significant decrease, and showed a slight decline in performance.

- Medical Attention for Nephropathy of 91.0% did not meet the HEDIS 2019 measure goal of 94% and is below the Medi-Cal High Performance Level (HPL) (90th percentile) benchmark of 93.4, but above the Medi-Cal Minimum Performance Level (MPL) (25th percentile) benchmark of 88.5%, and is a decrease of 2.0 percentage points from 2018's 93.0%. This was not a statistically significant decrease, but showed a slight decline in performance.

Qualitative Analysis

The MCLA A1c members with good control (< 8%) exceeded the 2018 Hybrid results, but showed a slight decline for MCLA members' management and control of diabetes in all other areas.

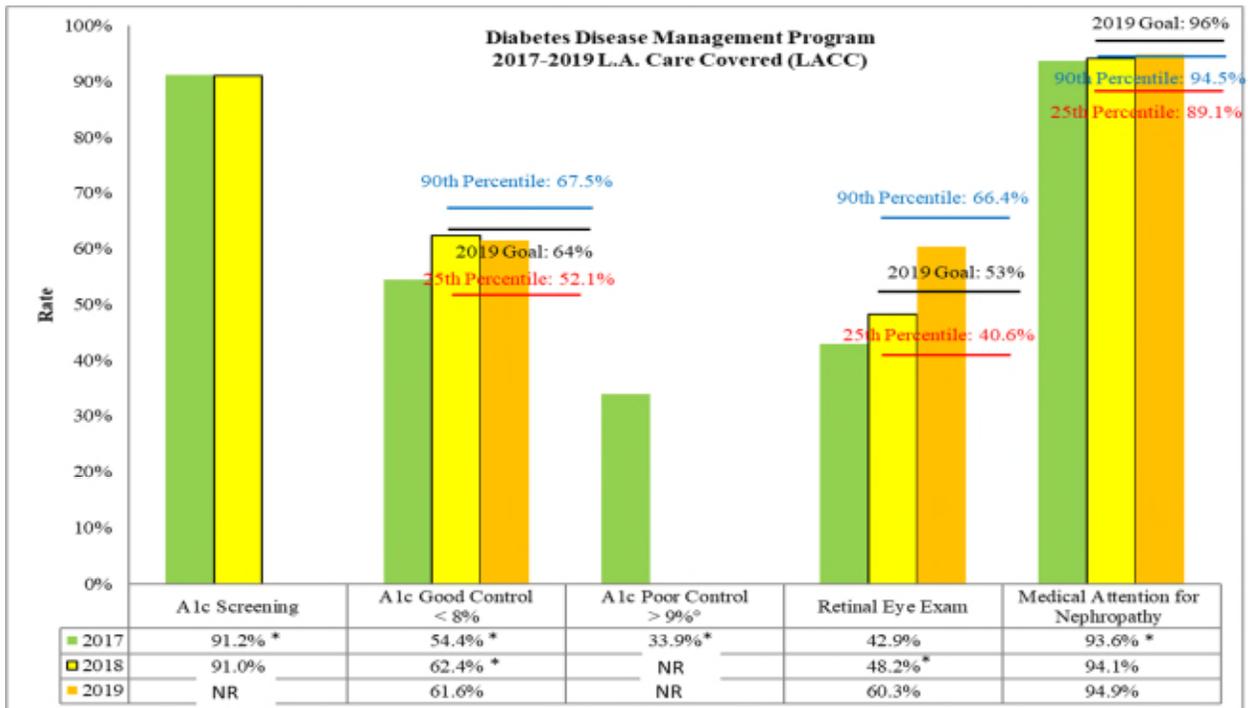
Other Considerations: Cultural, linguistic and age related considerations.

Materials are culturally and linguistically appropriate, and continue to be mailed in English and Spanish. The mailings include an attachment to the cover letter indicating that the information is available in sixteen (16) different languages, larger print, Braille, audio or TTY as requested.

However, L.A. Care Health Plan's inability to reach members who require more education and monitoring, by phone or by mail due to incorrect addresses or no address (transient and homeless populations) contributes to the member-related barriers. With the higher severity level members, the Care Management Care Managers make two call attempts to reach the member, but often these phone numbers are invalid and members are lowered to a mail only intervention. Thus the members are not receiving the full benefits of the program.

L.A. Care Covered (LACC):

Quantitative Analysis



*Statistically Significant Difference NR - Not Required
Covered California Quality Rating System 25th and 90th percentiles

Analysis of 2019 LACC Hybrid results or findings:

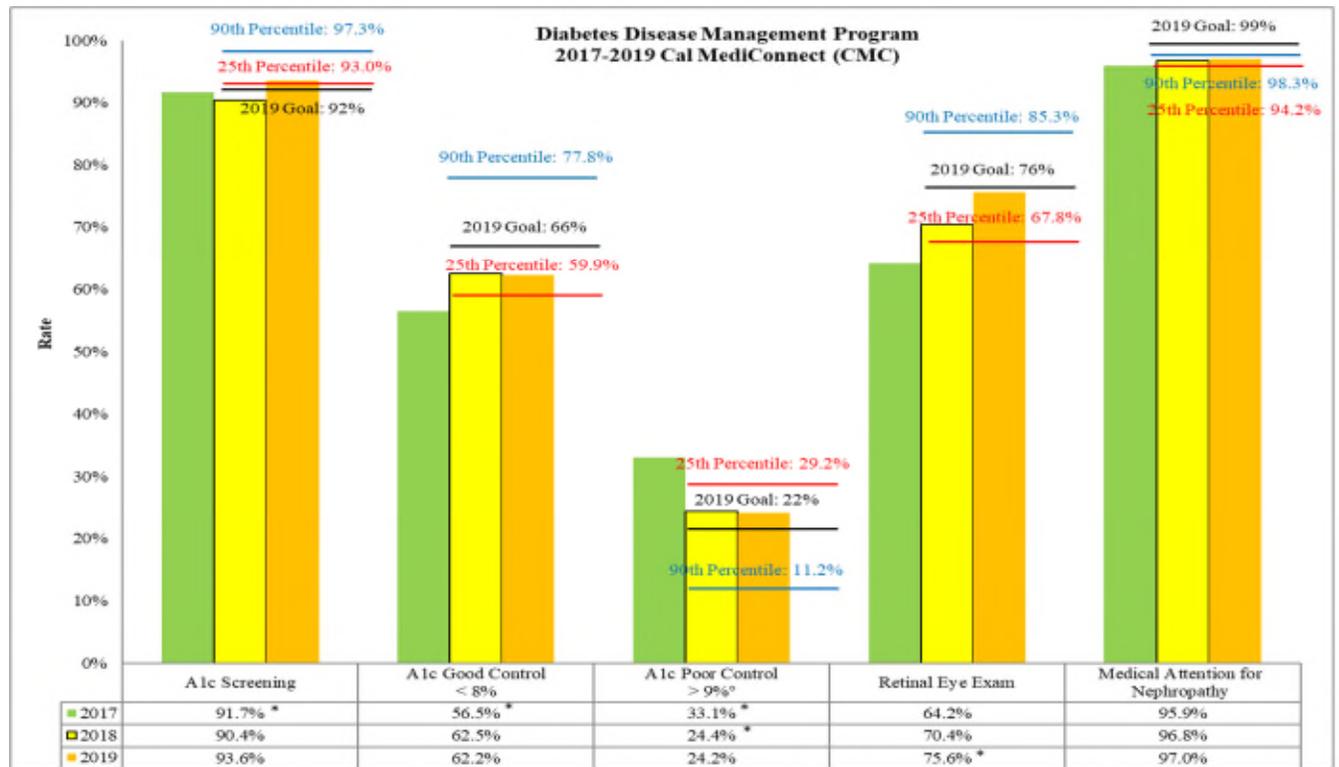
- Diabetes A1C screening hybrid rate was not reported in 2019.
- Diabetes A1C good control < 8% hybrid rate of 61.6% did not meet the 2019 HEDIS goal of 64%. The 2019 rate is above the 25th percentile of 52.1% but below the 90th percentile of 67.5%, and a decrease of 0.8 percentage points from 2018's, 62.4% hybrid rate. This was not a statistically significant decrease, but shows a slight decline in performance.
- Diabetes A1C poor control > 9% was not reported in 2019.
- Retinal eye exam hybrid rate of 60.3% is above the 2019 HEDIS goal of 53%. The 2019 rate is above the 25th percentile of 40.6%, but below the 90th percentile of 66.4% and an increase of 12.1 percentage points from 2018's 48.2% hybrid rate. This was a statistically significant increase.
- Medical Attention to Nephropathy hybrid rate of 94.9% did not meet the 2019 HEDIS goal of 96%. The 2019 rate is above the 25th percentile of 89.1% and the 90th percentile of 94.5%, and is an increase of 0.8 percentage points from 2018's 94.1% hybrid rate. This increase was not a statistically significant increase.

Qualitative Analysis

Over the course of 2019, there was a slight decrease in A1c good control with the LACC population. Medical Attention to Nephropathy had a slight improvement and Retinal Eye Exam had a statistically significant improvement. This could be due to LACC members being more motivated to manage their diabetes care as they pay into their healthcare costs and may have fewer comorbidities than the other lines of business. This could also be due to increase in medication compliance and diabetic exam/test interventions during 2019, such as Disease Management Care Managers calling members who showed gaps in refilling their diabetic medication and who were missing diabetes care exams/tests and developing care plans with individualized goals for medication refills and diabetic exams/tests.

Cal MediConnect (CMC)

Quantitative Analysis



^oInverse measure (lower number better)

25th and 90th Percentile Source: NCQA Quality Compass

*Statistically Significant Difference

Analysis of 2019 Hybrid results or findings:

- Diabetes A1c screening hybrid rate of 93.6% met the 2019 HEDIS goal of 92% but was below the 25th percentile of 92.1% and the 90th percentile of 97.3% with an increase of 3.2 percentage points from 2018's 90.4% hybrid rate.
- Diabetes A1c good control < 8% hybrid rate of 62.2% did not meet the 2019 HEDIS goal of 66% or the 90th percentile of 77.3%, but did meet the 25th percentile of 58.6% and is a decrease of 0.3 percentage points from 2018's 62.5% hybrid rate.
- Diabetes A1c poor control > 9% hybrid rate of 24.2% (an inverse measure in which a lower number is better) did not meet the 2019 HEDIS goal of 23% nor the 90th percentile of 11.9%, but did meet the 25th percentile of 31.0%, and is an increase of 0.2 percentage points from 2018's 24.4% hybrid rate, which shows slight improvement.
- Diabetes retinal eye exam hybrid rate of 75.6% did not meet the 2019 HEDIS goal of 76%, nor the 90th percentile of 84.5%, but did meet the 25th percentile of 64.7%, and is an increase of 5.2 percentage points from 2018's 70.4% hybrid rate.
- Diabetes Medical Attention to Nephropathy hybrid rate of 97.0% did not meet the 2019 HEDIS goal of 99%, nor the 90th percentile of 98.5%, but met the 25th percentile of 94.6%, and is an increase of 0.2 percentage points from 2018's 96.8% hybrid rate.

Qualitative Analysis

Over the course of 2019, there was improvement in the A1c screening rate, A1c poor control, retinal eye exam, and Medical Attention to Nephropathy with the CMC population, with statistically significant

improvement in A1c retinal exams. This could be due to higher engagement rates with this population. This could also be due to increase in medication compliance and diabetic exam/test interventions, such as Care Managers calling members who showed gaps in refilling their diabetic medication and who were missing diabetes care exams/tests and developing care plans with individualized goals for medication refills and diabetic exams/tests.

Opportunities

There remain opportunities to improve diabetes treatment and care management. L.A. Care is going to reassess and redesign its disease management approach in 2020.

INTERVENTIONS

HEDIS Measure	Barriers	Actions
A1c Screening (CDC)	<ul style="list-style-type: none"> • Ability to connect with members on the telephone, creating challenges in building relationships telephonically with members. • Diabetes medication samples received by patients and prescriptions received during an emergency room visit or hospital stay do not appear in the pharmacy data collected by L.A. Care. 	<ul style="list-style-type: none"> • L.A. Care offers various health education and program initiatives to address these barriers these include, “Healthier Living” which teaches skills to help individuals manage chronic conditions and “Weight Watchers” which helps individuals with weight management.
A1c Good Control <8% (CDC)		
A1c Poor Control >9% (CDC)		
Retinal Eye Exam (CDC)		
Medical Attention for Nephropathy (CDC)	<ul style="list-style-type: none"> • Low-severity members who do not comply with diabetes medication and have opted out of the program can affect compliance rates as they are still counted in the HEDIS denominator. • Needing to use translation services for some members due to the diversity of cultures within L.A. Care’s disease programs. • Barriers to care (i.e. financial, transportation and access to care). • Lack of knowledge regarding how to navigate through the healthcare system to help themselves, limiting the member’s motivation and self-efficacy to change behavior. • Lack of basic knowledge of diabetes. • Low practitioner adherence to clinical practice guidelines 	<ul style="list-style-type: none"> • The Medical Nutrition Therapy (MNT) program uses specific nutrition interventions to treat an illness, injury or condition. The program objectives are to optimize blood glucose levels, lipids and/or blood pressure, prevent and treat chronic complications such as retinopathy and medical attention to nephropathy, adapt dietary intake to individual’s differences (culture and willingness to change), and integrate insulin regimens into usual eating and physical activity habits. • To address the barrier of practitioner adherence to clinical practice guidelines L.A. Care’s Care Management department provides practitioners Diabetes Clinical Guidelines through the Provider Portal. • L.A. Care’s Care Management department provides multiple educational materials regarding diabetes care, lifestyle management, flu shots, and annual preventative guidelines including mailings and a booklet that addresses diabetes management and reminders and education to Level 3 and 4 members discussed during monitoring calls. • The Quality Improvement Department conducted a member incentive program for members who completed the A1c screening, Retinal Eye Exam and Nephropathy test in 2017.

2020 WORK PLAN GOALS:

Measure	2020 Goal MCLA (Hybrid)	2020 Goal LACC (Hybrid)	2020 Goal CMC (Hybrid)
A1c screening	86%	NA	NA
A1c good control (< 8%)	51%	63%	64%
A1c poor control (>9%)	31%	NA	NA
Retinal eye exam	66%	63%	78%
Medical Attention for Nephropathy	92%	95%	98%

C.1.c REDUCING CARDIOVASCULAR RISK

BACKGROUND

Reducing cardiovascular risk was selected as a Chronic Care Improvement Program (CCIP) and Disease Management program based on multiple factors. Heart disease remains the leading cause of death in both men and women and persons 65 years and older (National Vital Statistics Reports, Deaths, 2017). While heart disease can lead to death, disability, or a reduced quality of life, national clinical treatment guidelines, such as the National Cholesterol Education Program, provide guidance on how risk factors for heart disease can be managed and controlled with patient self-management, lifestyle changes and pharmaceutical treatment (Source: CDC Million Hearts®). The high adult prevalence estimates in Los Angeles County for heart disease and its risk factors (heart disease-5.6%, high cholesterol 24.2%, hypertension 24.8%, cigarette smoking 15.2%, being overweight 23.7%, being obese 36.7% sedentary lifestyle/no physical inactivity 27.1%) influenced L.A. Care's decision to implement a cardiovascular risk reduction program (Source: California Health Interview Survey 2005-2011). Cardiovascular conditions are key diagnoses for L.A. Care. *L.A. Cares About Your Heart®* disease management program identifies members with hypertension and hypercholesterolemia as well as members identified with other cardiovascular risk factors to be included in the program.

2019 WORK PLAN GOALS:

Measures	Specific Indicators	2019 Goals	2019 Rates	Goals Met	Measure Type
Controlling High Blood Pressure (CBP, HEDIS)	Percent of adult members who had a diagnosis of hypertension (HTN) and whose BP was adequately controlled(<140/90) during the measurement year	MCLA: 67% LACC: 61% CMC: 56%	MCLA: 70.4% LACC: 68.1% CMC: 73.2%	MCLA: Yes LACC: Yes CMC: Yes	Hybrid
Adult BMI Assessment (ABA, HEDIS)	Percent of adult members who had their body mass index (BMI) and weight documented during an outpatient visit either by a claim or as a medical record entry during the measurement year or year prior	MCLA: 98% LACC: 95% CMC: 98%	MCLA: 94.7% LACC: 95.3% CMC: 97.1%	MCLA: No LACC: Yes CMC: No	Hybrid
Annual Monitoring for Patients on Persistent Medications-ACEI/ARB (MPM-ACE)	Percent of adult Medicare Part D members who adhere to their prescribed drug therapy for angiotensin converting enzyme inhibitor (ACEI) or angiotensin receptor blocker (ARB) medications.	MCLA: NR LACC: 88% CMC: NR	MCLA: NR LACC: 88.8% CMC: NR	MCLA: NR LACC: Met CMC: NR	Administrative

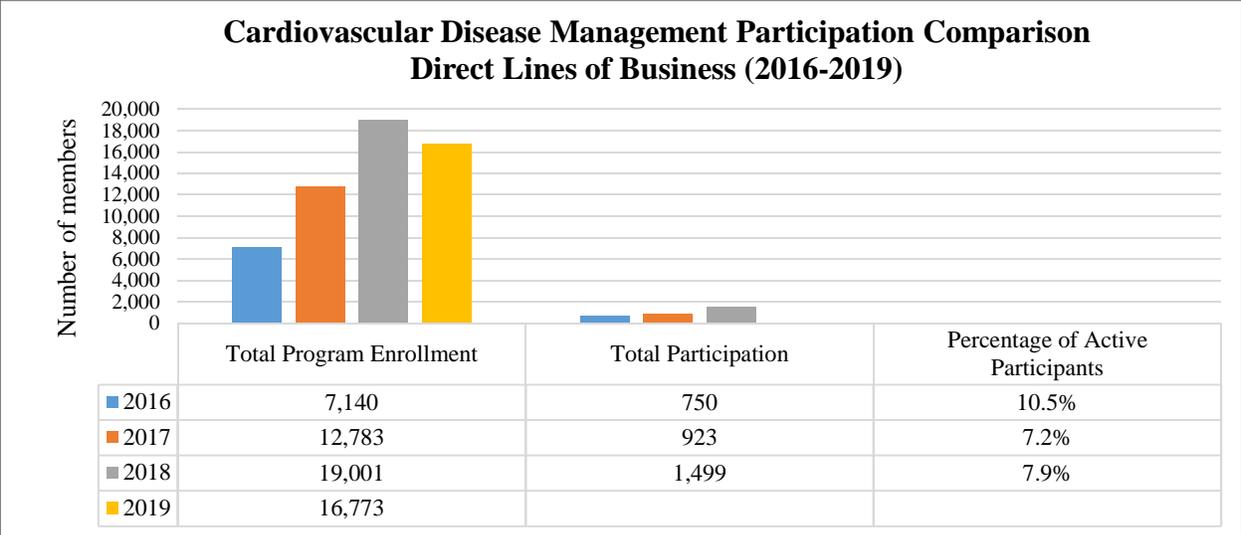
Measures	Specific Indicators	2019 Goals	2019 Rates	Goals Met	Measure Type
Overall Member Satisfaction	Percentage of members who are overall satisfied with the program (strongly agree or agree)	ALOB: 90%	DM Survey Not Conducted in 2019		DM Survey

L.A. Care’s About Your Heart® Program addresses a range of interventions, including condition monitoring by Care Managers, monitoring member’s adherence to the treatment plans, addresses other medical and behavioral health co-morbidities, lifestyle modification, psychosocial issues and depression screenings. members are identified on a monthly basis and are stratified into one of three risk levels (Levels 1, 2, and 3 being the highest acuity) based on claims, encounter, utilization and pharmacy data. In addition, L.A. Care annually notifies PCPs via mail and newsletter that the CPGs are available to them for the management and treatment of CVD risk, and are available through the L.A. Care website with a hard copy available upon request. These guidelines include the 2013 ACC/AHA Guideline on the Assessment of Cardiovascular Risk, the 2013 Guidelines on the Treatment of Cholesterol to Reduce Atherosclerotic Cardiovascular Risk in Adults and the 2014 Evidence-Based Guideline for the Management of High Blood Pressure in Adults (JNC-8). Pocket guides for the JNC-8 guidelines have been distributed to interested practices as a convenient reference. Obesity Tool Kits for adults and for child/adolescents are available to practitioners on the Provider website as well as a Pre-Post Bariatric Surgery Toolkit.

Identification

In 2019, L.A. Care identified eligible members monthly and stratified them based on their risk level using an algorithm to identify hypertensive and hypercholesterolemic members as well as members with other cardiovascular risk factors, such as chronic kidney disease and obesity. The tables below show L.A. Care eligible L.A. Care Covered (LACC) and Cal MediConnect (CMC) members over the age of 18 that have been identified with hypertension, hypercholesterolemia and other cardiovascular risk factors based on specific ICD 10 codes to meet eligibility criteria. Members are excluded if they are in the L.A. Care’s About Diabetes® program, enrolled at Level 3 or Level 4 or identified with end stage renal disease or renal failure. L.A. Care’s About Your Heart® utilizes an opt-out enrollment method, which means that eligible members are enrolled unless they actively opt out. For the year-end membership, 16,773 members were identified as eligible for the program with the majority of the members in the MCLA line of business (14,547 members), followed by LACC (1,478 members) and CMC (748 members).

The graphs and tables below show L.A. Care eligible CVD members.



2019 Year-End membership				
LOB	MCLA	Cal Medi-Connect	L.A. Care Covered	Total
		14,547	748	1,478
Stratification	Level 1		Level 2	Level 3
	7,018		864	8,891

Member Satisfaction

The summer of 2019 was a period of transition, so the decision was made to not conduct a mail-based survey for DM programs in 2019 since this is no longer a requirement. The last Disease Management annual mail-based surveys were conducted in July, 2018. The surveys were originally mandated by NCQA’s QI6 Standards

COMPLAINTS

Member complaints are evaluated to identify opportunities to improve satisfaction with the disease management process. Complaints related to the disease management program are identified through each incoming and outgoing call to the Care management department. These complaints are tracked within the contact form template within CCA and dealt with immediately through a manager or if appropriate forwarded through L.A. Care’s grievance process. In addition, complaints made by CVD disease management program participants are aggregated annually and analyzed. Customer solutions staff also keep a log of all member complaints and inquiries related to disease management. The log is searched monthly for key words related to CVD disease management. This data is gathered from the Resource Line Log only.

In 2019 there were no complaints, consistent with prior periods.

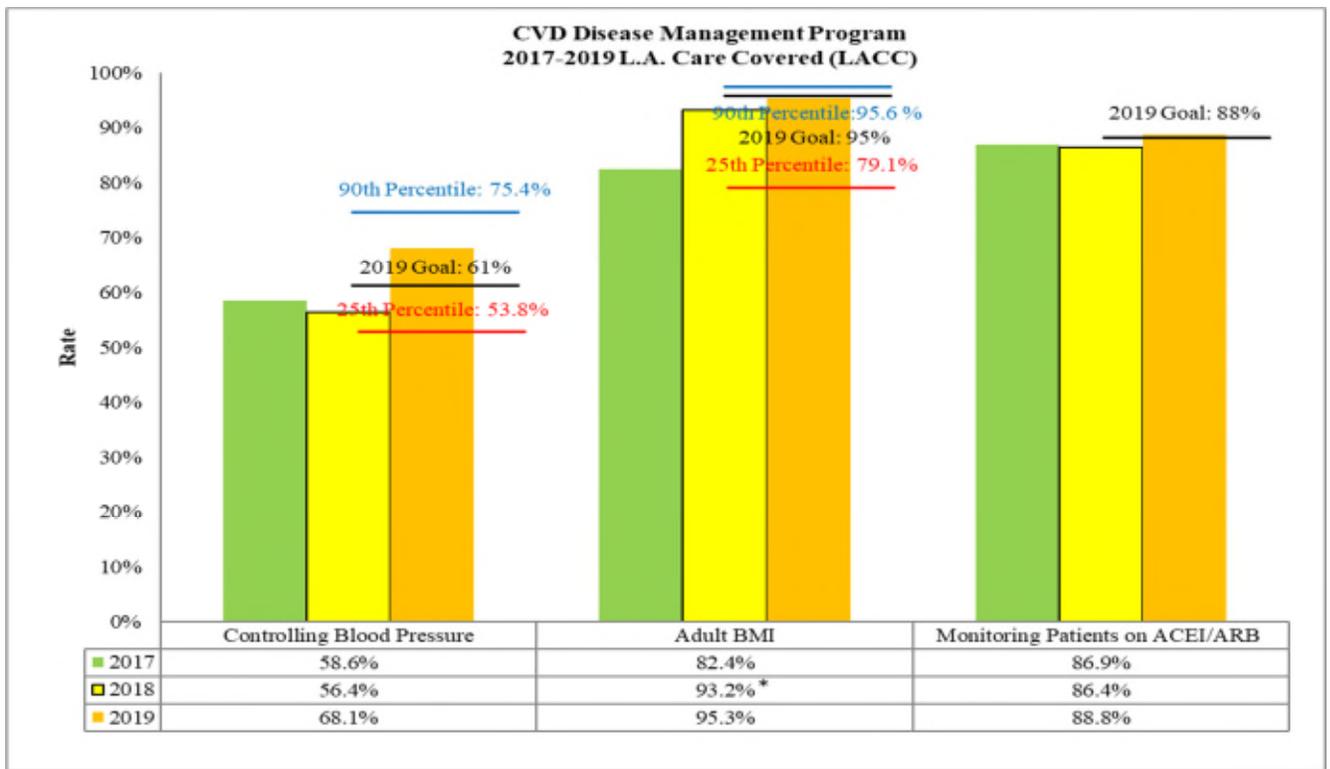
Other Considerations: Cultural, Linguistic, and age related considerations

Materials are culturally and linguistically appropriate, and continue to be mailed in English and Spanish. The mailings include an attachment to the cover letter indicating that the information is available in sixteen (16) different languages, larger print, Braille, audio or TTY as requested.

However, L.A. Care Health Plan’s inability to reach members who require more education and monitoring, by phone or by mail due to incorrect addresses or no address (transient and homeless populations) contributes to the member-related barriers. With the higher severity level members, the Care Management RNs make two call attempts to reach the member, but often these phone numbers are invalid and members are lowered to a mail only intervention. Thus the members are not receiving the full benefits of the program.

L.A. Care Covered (LACC):

Quantitative Analysis



*Statistically Significant Difference

Covered California Quality Rating System 25th and 90th percentiles

Analysis of 2019 HEDIS LACC Results/Findings:

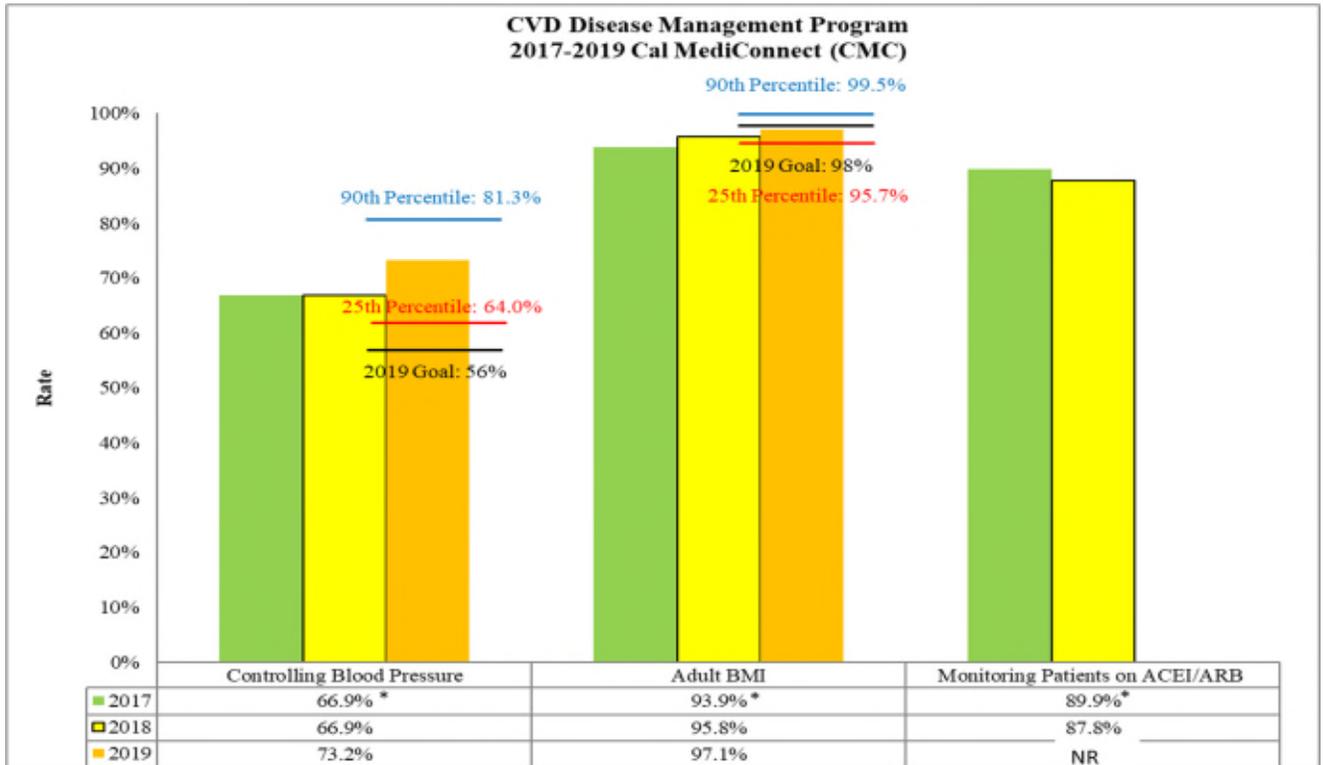
- Controlling high blood pressure of 68.1% is above the HEDIS measurement goal of 61%. The 2019 rate is above the 25th percentile of 53.8%, but below the 90% percentile of 75.4%, and is an increase of 11.7 percentage points from 2018’s rate of 56.4%.
- Adult BMI measurement of 95.3% is above the HEDIS measurement goal of 95%. The 2019 rate is above the 25th percentile of 79.1%, and the 90th percentile of 95.6%, and was an increase of 2.1 percentage points from 2018’s rate of 93.2%. This was not a statistically significant increase.
- Annual monitoring for patients on persistent medications-ACEI/ARB of 88.8% is above the HEDIS measurement goal of 88%, and was an increase of 2.4 percentage points from 2018’s rate of 86.4%. This was not a statistically significant increase.

Qualitative Analysis

All the 2019 measures showed increases and were above the 2019 HEDIS goals showing that focused interventions for LACC members on better management and control of measures impacting the risk of heart disease is making a positive impact. Interventions during 2019, included Care Managers calling members for condition monitoring. This allows RNs to schedule call backs, intervention follow up and increase coaching to empower the member to take actions on their care. In addition, the Quality Improvement department provided posters to providers on proper blood pressure monitoring and members were sent a mailing on ACEI/ARB compliance.

Cal MediConnect (CMC)

Quantitative Analysis



*Statistically Significant Difference 25th and 90th Percentile Source: NCQA Quality Compass NR - Not Required

Analysis of 2019 HEDIS CMC Results/Findings:

- Controlling high blood pressure hybrid rate of 73.2% met the HEDIS measurement goal of 56%, the Quality Withhold Benchmark of 56% and is above the 25th percentile 61.8% but below the 90th percentile of 86.5% and was an increase of 6.3 percentage points from 2018’s rate of 66.9%.
- Adult BMI assessment hybrid rate of 97.1% did not meet the HEDIS measurement goal of 98% or the 90th percentile of 100%, but was above the 25th percentile of 92.7% and was an increase of 1.3 percentage points from 2018’s rate of 95.8%. This increase was not a statistically significant increase.
- Annual monitoring for patients on persistent medications-ACEI/ARB rate was not reported for 2019 and a goal was not set.

Qualitative Analysis

Controlling high blood pressure and Adult BMI assessment showed improvement from 2018 results. In addition, the Quality Improvement department provided posters to providers on proper blood pressure monitoring and members were sent a mailing on ACEI/ARB compliance.

Opportunities

There remain opportunities to improve CVD treatment and care management. The Care Management department is developing and continuing existing interventions to help improve CVD treatment and care compliance. For 2020, in addition to telephonic coaching and reminder call interventions, face to face member interaction in the Community Resource Centers are planned to provide an even higher touch intervention to address compliance in heart health medication compliance and controlling high blood pressure as applicable.

INTERVENTIONS

HEDIS Measure	Barriers	Actions
Controlling Blood Pressure (CBP)	<ul style="list-style-type: none"> • Low practitioner adherence to clinical practice guidelines. • Ability to connect with members on the telephone, creating challenges in building relationships telephonically with members. • Needing to use translation services, especially with CMC members, due to the diversity of cultures within L.A. Care’s member population. • Barriers to care (i.e. financial, transportation and access to care). • Low-severity members who do not comply with CVD medication and have opted out of the program can affect compliance rates as they are still counted in the denominator. • Lack of knowledge regarding how to navigate through the healthcare system to help themselves, limiting the member’s motivation and self-efficacy to change behavior. • Lack of basic knowledge of the impact of the risk of heart disease. 	<ul style="list-style-type: none"> • L.A. Care’s Disease Management department provides multiple educational materials regarding knowing their blood pressure and cholesterol numbers, healthy heart lifestyles and behaviors, flu shots, and annual preventative guidelines including mailings and a booklet that addresses CVD risk factors, medications and reminders and education to Level 2 and 3 members discussed during monitoring calls. • <i>L.A. Cares About Your Heart</i>® continued telephonic outreach condition monitoring to members to conduct a CVD assessment, inquire about member health status and questions as well as provide education and resources to members. • Posters on blood pressure monitoring were provided by L.A. Care’s Quality Improvement department to providers to encourage practicing clinical guidelines on blood pressure control by provider request and at special conferences throughout the year. • Continue notifying practitioners by mail and how to access on the LA Care website the clinical practice guidelines for the management and treatment of cardiovascular risks. • Continue the “Provider Opportunity Report.” L.A. Care quarterly sends this report to PCPs. The report contains their specific members’ detail of needed screenings or services (e.g. cholesterol screening, flu and pneumonia vaccine).
Adult BMI (ABA)	<ul style="list-style-type: none"> • Low practitioner adherence to clinical practice guidelines. • Ability to connect with members on the telephone, creating challenges in building relationships telephonically with members. • Needing to use translation services, especially with CMC 	<ul style="list-style-type: none"> • L.A. Care’s Disease Management department provides multiple educational materials regarding knowing their blood pressure and cholesterol numbers, healthy heart lifestyles and behaviors, flu shots, and annual preventative guidelines including mailings and a booklet that addresses CVD risk factors, medications and reminders and education to Level 2 and 3 members discussed during monitoring calls.

HEDIS Measure	Barriers	Actions
	<p>members, due to the diversity of cultures within L.A. Care’s member population.</p> <ul style="list-style-type: none"> • Barriers to care (i.e. financial, transportation and access to care). • Lack of knowledge regarding how to navigate through the healthcare system to help themselves, limiting the member’s motivation and self-efficacy to change behavior. 	<ul style="list-style-type: none"> • <i>L.A. Cares About Your Heart®</i> continued telephonic outreach condition monitoring to members to conduct a CVD assessment, inquire about member health status and questions as well as provide education and resources to members. • Continue notifying practitioners by mail and how to access on the LA Care website the clinical practice guidelines for the management and treatment of cardiovascular risks. • Continue the “Provider Opportunity Report.” L.A. Care quarterly sends this report to PCPs. The report contains their specific members’ detail of needed screenings or services (e.g. cholesterol screening, flu and pneumonia vaccine).
<p>Annual Monitoring for Patients on Persistent Medications-ACEI/ARB (MPM-ACE)</p>	<ul style="list-style-type: none"> • CVD medication samples received by patients and prescriptions received during an emergency room visit or hospital stay do not appear in the pharmacy data collected by L.A. Care. • Low-severity members who do not comply with CVD medication and have opted out of the program can affect compliance rates as they are still counted in the denominator. • Low practitioner adherence to clinical practice guidelines. • Ability to connect with members on the telephone, creating challenges in building relationships telephonically with members. • Needing to use translation services, especially with CMC members, due to the diversity of cultures within L.A. Care’s member population. • Barriers to care (i.e. financial, transportation and access to care). • Lack of knowledge regarding how to navigate through the healthcare system to help themselves, limiting the member’s motivation and self-efficacy to change behavior. 	<ul style="list-style-type: none"> • L.A. Care’s Disease Management department provides multiple educational materials regarding knowing their blood pressure and cholesterol numbers, healthy heart lifestyles and behaviors, flu shots, and annual preventative guidelines including mailings and a booklet that addresses CVD risk factors, medications and reminders and education to Level 2 and 3 members discussed during monitoring calls. • <i>L.A. Cares About Your Heart®</i> continued telephonic outreach condition monitoring to members to conduct a CVD assessment, inquire about member health status and questions as well as provide education and resources to members. • Medication adherence was addressed through the Medication Therapy Management Program (MTMP) and for CMC members through the high-touch STARS adherence program in which members with poor medication adherence to ACEI/ARBs and statins are contacted to address barriers (access to providers, etc.)

2020 WORK PLAN GOALS:

Measures	2020 MCLA Goal	2020 CMC Goal	2020 LACC Goal
Controlling High Blood Pressure (CBP, HEDIS)	96%	98%	98%
Adult BMI Assessment (ABA, HEDIS)	73%	76%	70%

MAJOR ACCOMPLISHMENTS IN 2019:

- During 2019, L.A. Care's Core System Clinical Care Advance (CCA) was upgraded to version 5.6 which included user interface improvements and efficiencies.
- The L.A. Cares About Asthma® contract with QueensCare Health Centers to provide high-touch in-home interventions for asthma members participating in the L.A. Cares About Asthma® Disease Management program ended on May 31, 2019.
- All Care Managers have continued training in motivational interviewing to help improve communication and engagement with the diverse populations in which the program interacts.

LOOKING FORWARD - 2020

- Disease Management programs is anticipated to be restructured by the second quarter of 2020.
- Care Managers will be placed in the Community Resource Centers to see members face to face for condition monitoring in disease management as needed.
- L.A. Care's Care Management department in partnership with other stakeholders will revise and reassess the disease management approach within the care management department.

C.1.d ANNUAL MONITORING OF PATIENTS ON PERSISTENT MEDICATIONS (MPM)

AUTHOR: RACHEL MARTINEZ, RN

REVIEWER: MARIA CASIAS, RN & JAMES KYLE, MD

BACKGROUND

Adverse drug events contribute to patient injury and increased health care costs. For patients on persistent medications, appropriate monitoring can reduce the occurrence of preventable adverse drug events.²⁰ Annual monitoring of these medications allows providers to assess for side-effects and address any adverse events more efficiently. The costs of annual monitoring are offset by the reduction in health care costs associated with complications arising from lack of monitoring and follow-up of patients on long-term medications.²¹ Due to its importance in patient safety, the Annual Monitoring of Patients on Persistent Medication Health Effectiveness Data and Information Set (HEDIS) measure is part of the Managed Care Accountability Sets (MCAS) previously External Accountability Set (EAS) which is a set of performance measures that Department of Health Care Services DHCS selects for annual reporting by Medi-Cal managed care plans (MCPs).

²⁰ NCQA. Annual Monitoring of patients on persistent medication.2016. <http://www.ncqa.org/report-cards/health-plans/state-of-health-care-quality/2016-table-of-contents/persistent-medications>. Accessed on January 8, 2017.

²¹ National Quality Measures Clearing House. AHRQ. 2015. Measure Summary. <https://www.qualitymeasures.ahrq.gov/summaries/summary/49741>. Accessed on January 8, 2017.

2019 WORK PLAN GOALS:

HEDIS Measure	2019 Medi-Cal Goal	2019 Medi-Cal Rate	2019 L.A. Care Covered Goal	2019 L.A. Care Covered Rate	2019 Goal Met/ Not Met
Annual Monitoring of Patients on Persistent Medication- ACE Inhibitors (ACE)/ARBs	91%	88.61%	88%	88.75%	Medi-Cal: Not Met LACC: Met
Annual Monitoring of Patients on Persistent Medication- Diuretics (MPM)	91%	88.06%	87%	88.26%	Medi-Cal: Not Met LACC: Met

MAJOR ACCOMPLISHMENTS

- In October of 2019, L.A. Care mailed a postcard to 9,450 L.A. Care Medi-Cal Direct (MCLA) and 3,257 L.A. Care Covered (LACC) members informing them of the importance of having an annual monitoring event while on these medications.
- Both MPM LACC goals were met.

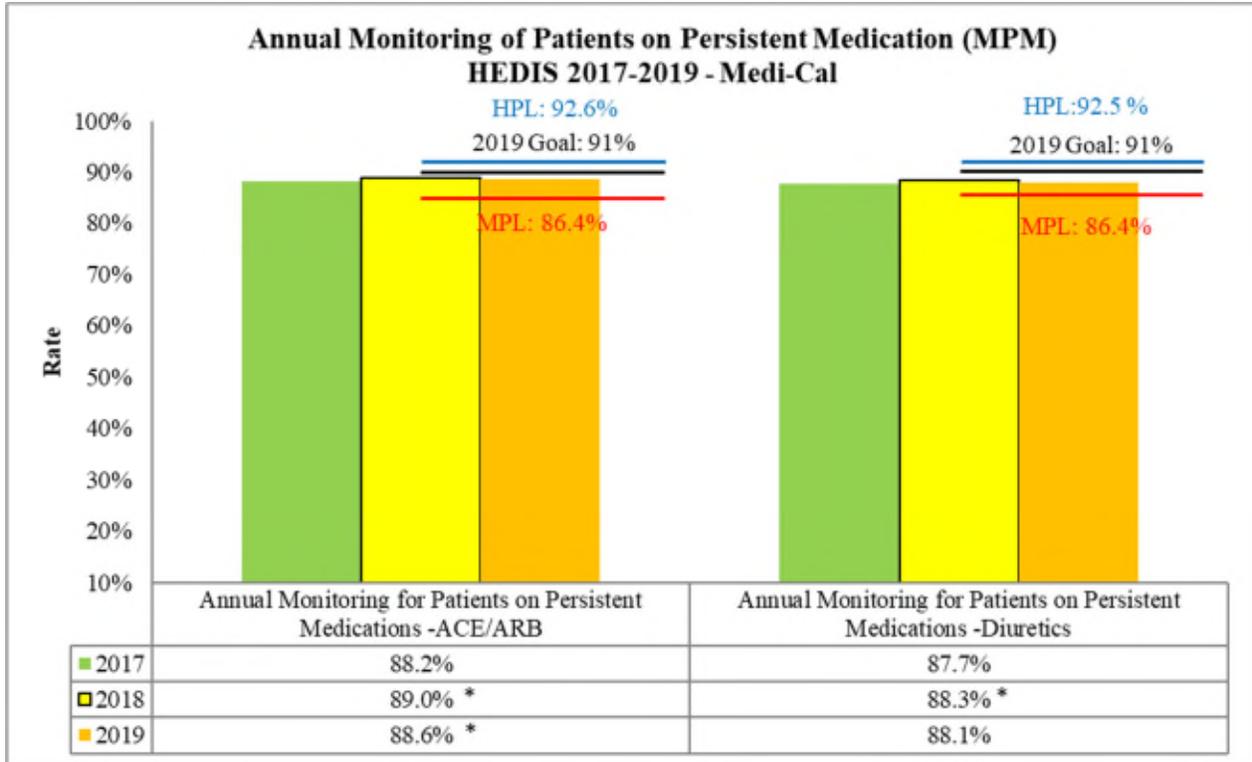
ANNUAL MONITORING OF PATIENTS ON PERSISTENT MEDICATION (MPM)

Description of measures:

HEDIS Measure	Specific Indicator(s)	Measure Type
Annual Monitoring of Patients on Persistent Medication- ACE Inhibitors/ARBs	The percentage of members 18 years and older who received at least 180 treatment days of ambulatory medication therapy for a select therapeutic agent during the measurement year, and received at least one therapeutic monitoring event for the therapeutic agent in the measurement year.	Admin
Annual Monitoring of Patients on Persistent Medication- Diuretics	A therapeutic monitoring event is a serum potassium and a serum creatinine test.	Admin

RESULTS

The following graph compares L.A. Care’s Medi-Cal 2017-2019 MPM HEDIS rates for ACE/ARB’s and diuretics to L.A. Care’s HEDIS 2019 goal:



*Statistically Significant Difference

Medi-Cal

Quantitative Analysis

The rates for monitoring ACE/ARBs and diuretics have declined from the prior year. The rate for ACE/ARBs for 2018 was 89.0% compared to 2019 at 88.6%, a decrease of 0.4% which was statistically significant. The rate for diuretics for 2018 was 88.3% compared to 2019 at 88.1%; the rate decreased by 0.02% from 2018, however this change was not statistically significant. The 2019 goal for both measures were not met.

Disparity Analysis

MPM –ACE/ARB Rates by Ethnicity and Language

Admin	Race/Ethnicity					Language		
HEDIS 2019	African American	Hispanic	Asian	White	Other/Unknown	English	Spanish	Other/Unknown
Numerator	9564	37,046	10,751	50,718	8,975	39,622	28,579	8,792
Denominator	10,927	41,270	12,088	57,160	10,109	45,451	31,436	10,025
Rate	87.53%	89.76%	88.94%	88.73%	88.78%	87.18%	90.91%	87.70%

MPM- Diuretics Rates by Ethnicity and Language

Admin	Race/Ethnicity					Language		
HEDIS 2019	African American	Hispanic	Asian	White	Other/Unknown	English	Spanish	Other/Unknown
Numerator	8,064	15,164	3,872	24,022	4,812	23,381	12,567	3,655
Denominator	9,353	16,945	4,394	27,110	5,444	27,022	13,807	4,158
Rate	86.22%	89.5%	88.12%	88.61%	88.39%	86.53%	91.02%	87.90%

L.A. Care also conducted an analysis based on ethnicity, and language to examine whether disparities exist in receiving these tests. All racial groups achieved a monitoring rate of ACE/ARB's between 87.53% and 89.76% with African Americans scoring the lowest and Hispanics scoring the highest. African Americans also experienced the lowest monitoring rate of diuretics (86.22%) while Hispanics/Latinos experienced the highest rate (89.5%). For both ACE/ARBs and Diuretics, Whites and Asians fell between both ethnic groups. Whites had slightly higher rates than Asians for ACE/ARB's. Spanish speakers performed better than English speakers by 3.73% for the ACE/ARB's and 4.49% for Diuretics.

Qualitative Analysis

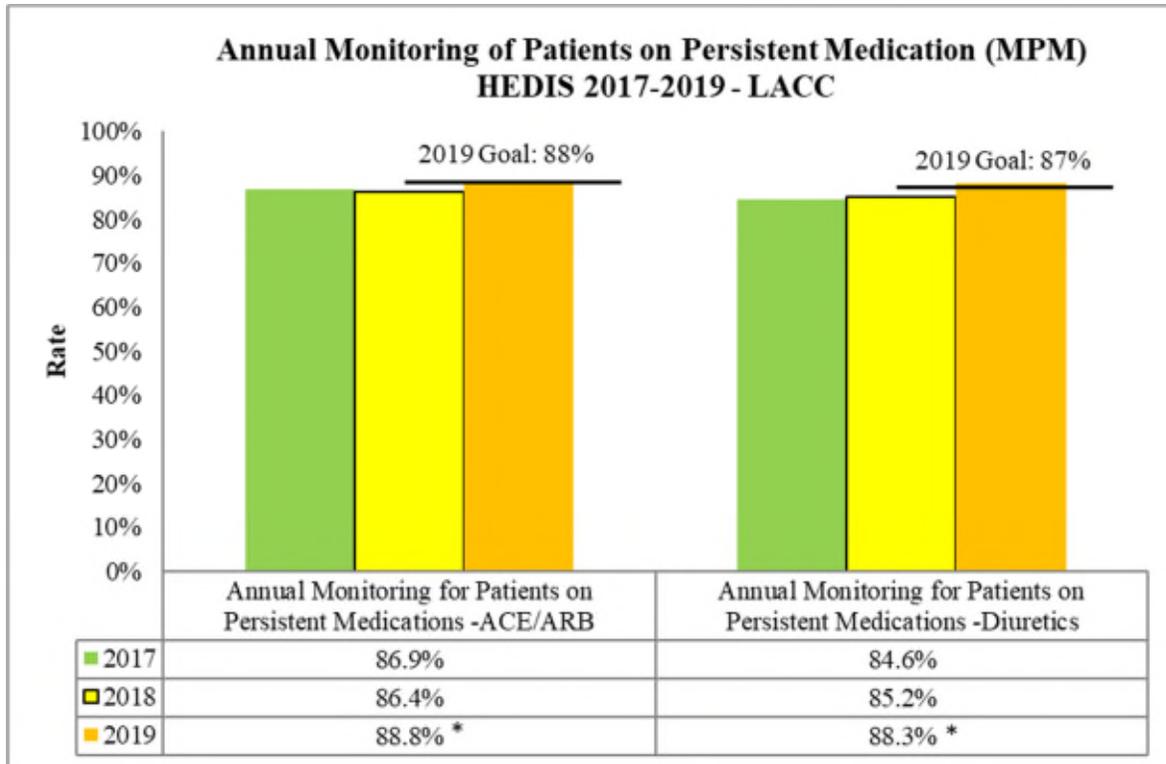
Medi-Cal rates experienced a decline for both measures. Although there was a decline from the prior year's MPM rates, these rates for 2019 are still higher than in 2017 and 2016. In the summer of 2018, as part of the Provider Opportunity Reports, Providers received lists of members that were showing as non-compliant; when members reached the 180-day mark prescribed medication. Annually Members receive a mailer in Q3. Additionally, Medi-Cal offered a provider incentive via the Physician P4P program in 2018.

Upon further review with L.A. Care Plan Partners it was found that their rate for MPM was lower than the direct LOB, MCLA which is contributing to an overall lower rate. Both Blue Shield of California Promise and Blue Cross rates were at 86.03 and 85.73 respectively for ACE/ARBs and Diuretics 85.70 and 85.11, respectively, both contributing to lowering the rate for overall Medi-Cal. The DHS rates were higher at 92.05 and 91.89 respectively.

The Department of Health Services (DHS), the single largest provider for Medi-Cal members, receives their list of members on these medications during the first half of the year to conduct follow-up. DHS may not always be aware of members who have been prescribed these drugs outside of their health system. This has been cited as a common barrier by providers with large panels. Other barriers include: Members may also switch providers often, which makes it difficult to see and/or establish routine testing. An additional barrier was the edit on the mailer to members that required DHCS approval which delayed mailing an additional 6-8 weeks. L.A. Care revised the MPM mailer to members to include language that states "You need to get lab work done at least once a year if you take any of these medicines and at your doctor recommendation".

RESULTS

The following graph compares L.A. Care’s LACC 2017-2019 MPM HEDIS rates for ACE/ARB’s and diuretics to L.A. Care’s HEDIS 2019 goal:



*Statistically Significant Difference

LACC

Quantitative Analysis

The 2019 rates for monitoring patients on persistent ACE/ARB’s and diuretics had a statistically significant change from the year prior. The rate for patients on ACE/ARB’s was 88.8% an increase of 2.4 percentage points from 2018, which met the 2019 goal of 88%. Monitoring of diuretics rate was 88.3% an increase of 3.1 percentage points from 2018. The 2019 goal of 87% was met.

Qualitative Analysis

LACC rates did have a statistically significant increase for both measures from the last year. In addition, L.A. Care was able to meet the 2019 goal for both measures as well. In the summer of 2018, as part of the Provider Opportunity Reports, Providers received lists of members that were showing as non-compliant, when members reached the 180-day mark prescribed medication. Annually members receive a mailer in Q3.

L.A. Care revised the MPM mailer to members to include language that states “You need to get lab work done at least once a year if you take any of these medicines and at your doctor recommendation”. The only differences between LACC and Medi-Cal are that Medi-Cal offers a provider incentive via the Physician P4P program. A barrier noted in both lines of business are that Providers are unaware of who their members are that fall into these measures thus affecting their ability to request appropriate lab testing especially with providers who have large panel of members. Members may also switch providers often, which makes it difficult to see and/or establish routine testing. An additional barrier was the edit on the mailer to members which required DHCS approval which delayed mailing an additional 6-8 weeks.

INTERVENTION EFFECTIVENESS

In the fall of 2019, QI evaluated the data for 2018 MPM mailer, it was found that 32% of the population who received the mailer completed their screening within 90 days (9/10/2018 - by 12/10/2018). This suggest the intervention was successful since the rates for screening completion in the fourth quarter are less than 5% such as breast cancer screening and colorectal screening. However, we are not able to determine how many members had existing appointments for the test. Based on other screenings rates and the low cost of the intervention we determined it was highly successful.

SUMMARY OF ACTIVITIES FOR 2018

HEDIS Measure	Barriers	Actions	Effectiveness of Intervention/ Outcome
Annual Monitoring Of Patients On Persistent Medication (MPM)	<ul style="list-style-type: none"> • Providers may be unfamiliar with member’s medication history. • Providers do not know the member is part of their panel. • Providers are unaware of need for lab tests. • Members may not know that these drugs need annual monitoring. • Incomplete capture of lab data may be contributing to lower rates • Providers may not know which of their members fall into the measure by being on the medication for 180 days. • Delay in mailing for DHCS approval by 6-8 weeks. • Members switch providers making it difficult to establish routine testing. 	<ul style="list-style-type: none"> • Provider Opportunity Reports included the MPM measures were distributed to all PCPs including Medi-Cal and LACC PCPs for 2018. • In 2018, the LA P4P and the P4P program continued to include MPM total rate in their incentive program. • In September 2018, members were sent a mailer explaining the need for lab tests and to contact their doctor to schedule a test(s). • In May 2018, DHS received a report with all members on MPM related drugs. (Medi-Cal only) • In October of 2019 members were sent a revised MPM mailer reminding them to attain a test at least once a year and as recommended by their provider. 	<ul style="list-style-type: none"> • Rates improved on both measure for LACC from the prior year. These interventions continued in 2019. • Rates for Medi-Cal members did not improve. Mailers are not effective. • MPM mailer edited to further explain to members test can be done at least annually and at the provider discretion. • If mailer is sent earlier in the year this may give members and providers more time to obtain the needed lab testing.

LOOKING FORWARD

Due to the removal of MPM from regulatory requirements we will no longer have interventions for this measure in 2020. Since the mailer was successful, QI may relaunch the intervention should this measure ever become a requirement again.

C.1.e PHARMACOTHERAPY MANAGEMENT OF COPD EXACERBATION (PCE)

AUTHOR: SINTHU KUMAR, MPH

REVIEWER: MARIA CASIAS, RN & JAMES KYLE, MD

BACKGROUND

Chronic Obstructive Pulmonary Disease (COPD) is a major cause of morbidity and mortality around the world.²² Chronic lower respiratory diseases, which includes COPD, is the fourth leading cause of death in the United States. An estimated 15.7 million adults in the United States have COPD.²³ Those with COPD are much more likely to visit the emergency room and have more overnight stays in the hospital. They are also more likely to report having depression or other mental health conditions and report a fair or poor health status.²² While COPD cannot be cured, it can be treated. COPD management of exacerbation events is important in reducing hospitalizations, readmission, and progression of the disease. L.A. Care monitors the rates of pharmacotherapy for COPD after an in-patient or emergency department admission.

2019 WORK PLAN GOALS:

HEDIS Measure	2019 Medi-Cal Goal	2019 Medi-Cal Rate	2019 Cal MediConnect Goal	2019 Cal MediConnect Rate	2019 Goal Met/ Not Met
Pharmacotherapy Management of COPD Exacerbation (dispensed a systemic corticosteroid within 14 days of the event)	62%	68.47%	62%	76.02%	Medi-Cal: Yes CMC: Yes
Pharmacotherapy Management of COPD Exacerbation (dispensed a bronchodilator within 30 days of the event)	80%	83.61%	88%	83.26%	Medi-Cal: Yes CMC: No

²² CDC. National Vital Statistics Reports. Deaths: Leading Causes for 2017.

https://www.cdc.gov/nchs/data/nvsr/nvsr68/nvsr68_06-508.pdf

²³ CDC. Basics of COPD. <https://www.cdc.gov/copd/basics-about.html>

MAJOR ACCOMPLISHMENTS

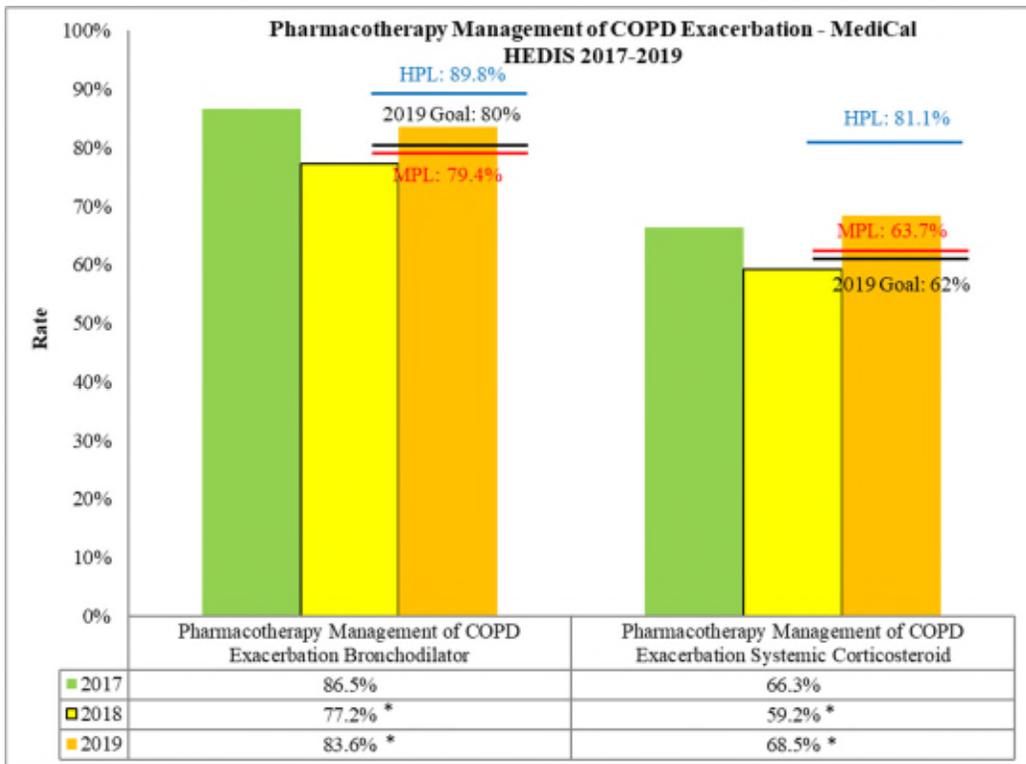
- There were no major accomplishments for HEDIS 2019.

Description of measures:

HEDIS Measure	Specific Indicator(s)	Measure Type
Pharmacotherapy Management of COPD Exacerbation (dispensed a systemic corticosteroid within 14 days of the event)	The percentage of COPD exacerbations for members 40 years of age and older who had an acute inpatient discharge or ED visit on or between January 1–November 30 of the measurement year and who were dispensed appropriate medications.	Admin
Pharmacotherapy Management of COPD Exacerbation (dispensed a bronchodilator within 30 days of the event)	Note: The eligible population for this measure is based on acute inpatient discharges and ED visits, not on members. It is possible for the denominator to include multiple events for the same individual.	

RESULTS

The following graph compares L.A. Care rates in 2017, 2018, and 2019 among the different product lines:



*Statistically Significant Difference

Medi-Cal

Quantitative Analysis

The HEDIS 2019 rate for Medi-Cal for Pharmacotherapy Management of COPD Exacerbation Bronchodilator was 83.6%. This was an increase of 6.4 percentage points from HEDIS 2018, and was statistically significant. The rate exceeded the MPL of 79.4% by 4.2 percentage points and met our Medi-Cal goal of 80% as well.

The HEDIS 2019 rate for Medi-Cal for Pharmacotherapy Management of COPD Exacerbation Systemic Corticosteroid was 68.5%. This was an increase of 9.3 percentage points from HEDIS 2018 rate of 59.2%, which is statistically significant. The MPL of 63.7% was met by 4.8 percentage points and the 2019 Medi-Cal goal of 62% was met.

Disparity Analysis

Admin	Race/Ethnicity					Language	
HEDIS 2019	African American	Hispanic	Asian	White	Other/Unknown	English	Spanish
Numerator	1,094	496	95	1,282	762	2,778	268
Denominator	1,464	675	122	1,779	1,345	3,992	403
Rate	74.73%	73.48%	77.87%	72.06%	56.65%	69.59%	66.50%

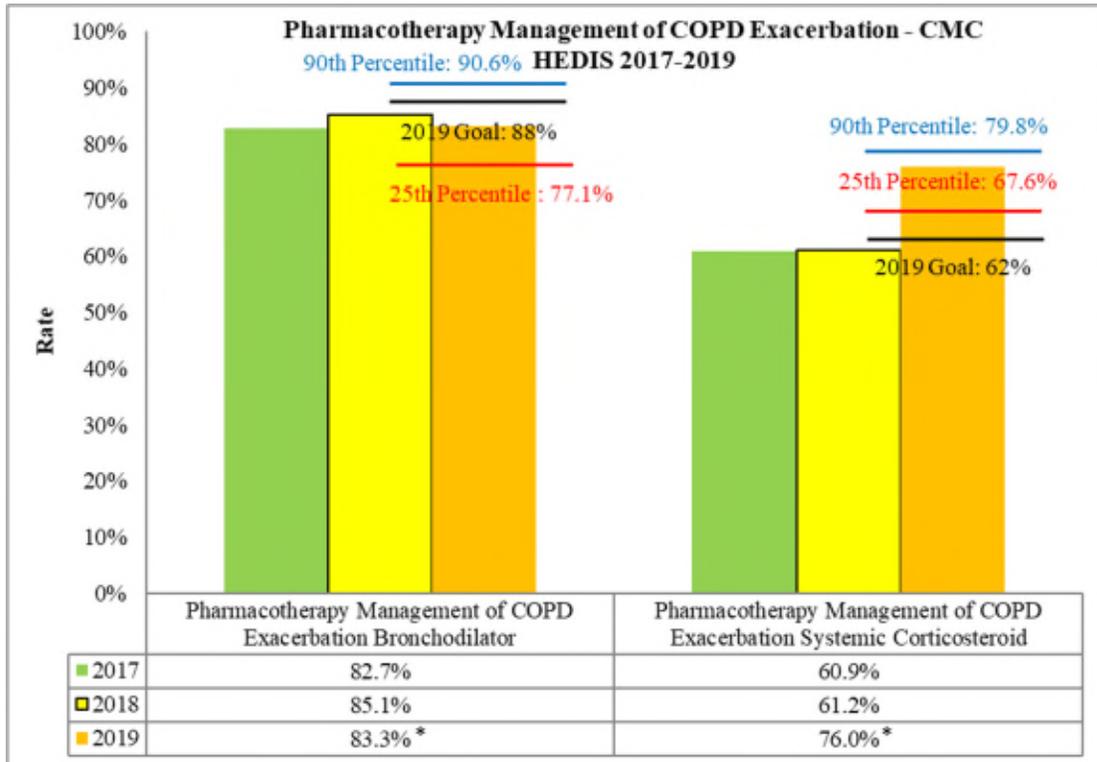
Disparity Analysis

The rates by ethnicity range from 56.65%-77.87% with Asians having the highest rate of compliance and White having the lowest rate. English speakers had higher rates of compliance (69.59%) compared with Spanish speakers (66.50%).

Qualitative Analysis

Pharmacotherapy Management of COPD Exacerbation Bronchodilator and COPD Exacerbation Systemic Corticosteroid have been trending at a high percentile up until HEDIS 2018. Analysis was done in HEDIS 2019 by the Quality Performance Management (QPM) team to see why there was a decrease. For Systemic Corticosteroids, the major reason for the rate drop was that 24% of member episodes have no pharmacy claims, even though the members had COPD discharges. For Bronchodilators, the analysis showcased that 15% of the member episodes have no pharmacy claims, even though the members had COPD discharges.

As a result of this analysis, the following data optimization interventions taken by the QPM team were: incorporating inpatient pharmacy claims, which bumped the rate back up to the rate we were able to see during HEDIS 2017, received NDC directories from plan partners to identify the NDC codes missing from the NCQA medications list and Blue Shield also have the QPM team more pharmacy data for HEDIS 2019 compared to HEDIS 2018. As a result of QPM's data optimization efforts, HEDIS 2019 rates have increased from HEDIS 2018 by 6.4 percentage points for Pharmacotherapy Management of COPD Exacerbation Bronchodilator and 9.3 percentage points for Pharmacotherapy Management of COPD Exacerbation Systemic Corticosteroid.



*Statistically Significant Difference

Quantitative Analysis

The HEDIS 2019 rate for Cal MediConnect (CMC) for Pharmacotherapy Management of COPD Exacerbation Bronchodilator was 83.3%. This was a decrease of 1.8 percentage points from HEDIS 2018 rate of 85.1%, which is statistically significant. The 2019 goal of 88% was not met, but the rate exceeded the MPL of 77.1% by 6.2 percentage points.

The HEDIS 2019 rate for Cal MediConnect for Pharmacotherapy Management of COPD Exacerbation Systemic Corticosteroid was 76.0%. This was an increase of 14.8 percentage points from HEDIS 2018 rate of 61.2%, which is statistically significant. The rate met the 2019 goal of 62% and exceeded the 25th percentile of 67.6% by 8.4 percentage points.

Disparity Analysis

There was not enough race/ethnicity data available to conduct an analysis.

Qualitative Analysis

Rates increased due to data optimization efforts from the QPM team. Please refer to Qualitative analysis section under Medi-Cal Pharmacotherapy Management of COPD.

LOOKING FORWARD

- Two interventions are currently being developed for COPD. The first is an informational packet to mail to all members with COPD to direct them to resources for help managing this disease. Another intervention that is currently in the works is a COPD intervention to members with a COPD diagnosis who were currently discharged from the hospital to remind these members to fill their medications to help with management of this disease.

2020 WORK PLAN GOALS

HEDIS Measure	2020 Medi-Cal Goal	2020 Cal MediConnect Goal
Pharmacotherapy Management of COPD Exacerbation (dispensed a systemic corticosteroid within 14 days of the event)	72%	77%
Pharmacotherapy Management of COPD Exacerbation (dispensed a bronchodilator within 30 days of the event)	86%	86%

C.2 BEHAVIORAL HEALTH

AUTHOR: ANDREW GUY

REVIEWER: MARIA CASIAS, RN & JAMES KYLE, MD

BACKGROUND

Mental health, along with physical health, remains a priority for L.A. Care to ensure a holistic wellbeing for our members. About one third of adults in the United States suffer from some form of mental illness or substance abuse disorder. The life expectancy for someone with a mental health disorder can be 25 years shorter than the normal population.²⁴ Mental illness can also be costly. In 2006, mental health disorders were among the top five most costly conditions in the United States.²⁵ Mental health plays a role in a person’s ability to maintain their physical health. Providing appropriate behavioral health care can help reduce the burden of disease on a population and reduce costs.

L.A. Care aims to improve the care our members are receiving for mental health and/or substance use disorders. In January 2014, a new set of behavioral health benefits were added to the Medi-Cal program administered by the health plan. The new set of benefits provides treatments for members who meet the level of functional impairments ranging from mild to moderate. Beacon Health Options (Beacon) is the Managed Behavioral Health Organization (MBHO) that is responsible for administering these benefits for Medi-Cal and CMC members with mild to moderate mental health conditions, and all mental health services for LACC and PASC-SEIU members. Specialty mental health services, for those members in the CMC and Medi-Cal lines of business with a serious mental illness, is carved out to the Los Angeles County Department of Mental Health (DMH). Substance abuse services are also carved out to the LA County Department of Public Health/Substance Abuse Prevention and Control (DPH) for Medi-Cal and CMC members. As a result of this fragmentation of care, many primary care providers are often unaware their patients are receiving mental health services. In addition, primary care providers may not know how to refer for these types of services. These barriers along with the social stigma of having a mental illness means there is ample opportunity to improve care.

In 2016, a Behavioral Health cross functional work group was established to create interventions that address barriers to receiving appropriate screening, follow-up care, and medication management for members in our Medi-Cal, Medicare, and Marketplace lines of business. Each year, the work group focuses on specific HEDIS measures to work on to improve the care of its members.

2019 WORK PLAN GOALS

HEDIS Measure	2019 Medi-Cal Goal	2019 Medi-Cal Rate	2019 Cal MediConnect Goal	2019 Cal MediConnect Rate	2019 L.A. Care Covered Goal	2019 L.A. Care Covered Rate	2019 Goal Met/ Not Met
Antidepressant Medication Management (AMM), Acute Phase	N/A	59.57%	N/A	64.79%	65%	65.13%	Medi-Cal: N/A CMC: N/A LACC: Yes
Antidepressant Medication Management (AMM), Continuation Phase	50%	43.14%	56%	57.16%	53%	47.69%	Medi-Cal: No CMC: Yes LACC: No

²⁴ https://www.who.int/mental_health/management/info_sheet.pdf

²⁵ <https://www.apa.org/monitor/2017/03/numbers>

HEDIS Measure	2019 Medi-Cal Goal	2019 Medi-Cal Rate	2019 Cal MediConnect Goal	2019 Cal MediConnect Rate	2019 L.A. Care Covered Goal	2019 L.A. Care Covered Rate	2019 Goal Met/ Not Met
Diabetes Screening for People with Schizophrenia/Bipolar Disorder Who are Using Antipsychotic Medication (SSD)	87%	78.85%	N/A	N/A	N/A	N/A	Medi-Cal: No CMC: N/A LACC: N/A
Follow-Up After Hospitalization for Mental Illness (FUH), 7-day	NB	NB	30%	29.53%	31%	26.23%	Medi-Cal: NB CMC: Yes LACC: No
Follow-Up After Hospitalization for Mental Illness, (FUH) 30-day	NB	NB	56% (QUALITY WITHHOLD)	48.99%	N/A	N/A	Medi-Cal: NB CMC: No LACC: N/A
Follow-Up for Children Prescribed ADHD Medication (ADD), Initiation Phase	N/A	40.88%	N/A	N/A	N/A	*	Medi-Cal: N/A CMC: N/A LACC: N/A
Follow-Up for Children Prescribed ADHD Medication (ADD), Continuation and Maintenance Phase	48%	43.20%	N/A	N/A	N/A	N/A	Medi-Cal: No CMC: N/A LACC: N/A
Depression Screening and Follow-Up for Adolescents and Adults (DSF) - Screening	N/A	.03%	N/A	NQ	N/A	N/A	N/A
Depression Screening and Follow-Up for Adolescents and Adults (DSF) – Follow-up	N/A	27.5%	N/A	NQ	N/A	N/A	N/A
Initiation and Engagement of Alcohol or Other Drug Abuse or Dependence Treatment (IET) – Initiation Total	NB	NB	N/A	42.19%	29%	33.14%	Medi-Cal: N/A CMC: N/A LACC: Yes
Initiation and Engagement of Alcohol or Other Drug Abuse or Dependence Treatment (IET) – Engagement Total	NB	NB	4%	4.55%	2%	4.51%	Medi-Cal: NB CMC: Yes LACC: Yes

NR: Not reported

NQ: Not required

NB: Not Benefit

*Denominator less than 30

MAJOR ACCOMPLISHMENTS

- LACC surpassed their goals for AMM Acute Phase and CMC surpassed its goal for AMM Continuation Phase
- The Cal MediConnect AMM rate for Effective Continuation Phase treatment surpassed its goal.
- Initiation and Engagement of Alcohol or Other Drug Abuse or Dependence Treatment (IET) for CMC and LACC surpassed their goal.

Description of Measures

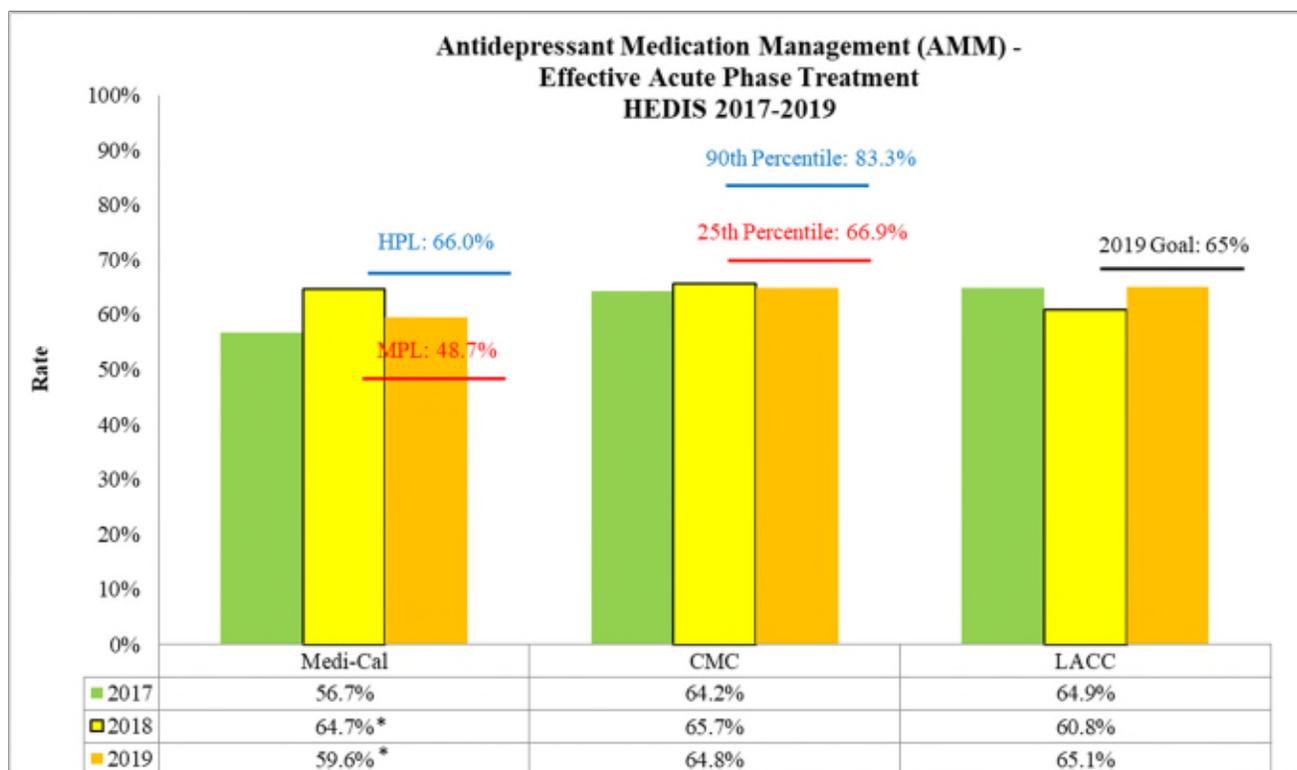
HEDIS Measure	Specific Indicator(s)	Measure Type
Antidepressant Medication Management (AMM), Acute Phase	<p>The percentage of members 18 years of age and older who were treated with antidepressant medication, had a diagnosis of major depression and who remained on an antidepressant medication treatment. Two rates are reported:</p> <ol style="list-style-type: none"> 1. Effective Acute Phase Treatment. The percentage of members who remained on an antidepressant medication for at least 84 days (12 weeks). 2. The percentage of members 18 years of age and older who were treated with antidepressant medication, had a diagnosis of major depression and who remained on an antidepressant medication treatment. 	Administrative
Antidepressant Medication Management (AMM), Continuation Phase		
Diabetes Screening for People with Schizophrenia/Bipolar Disorder Who are Using Antipsychotic Medication (SSD)	The percentage of members 18–64 years of age with schizophrenia or bipolar disorder, who were dispensed an antipsychotic medication and had a diabetes screening test during the measurement year.	Administrative
Follow-Up After Hospitalization for Mental Illness, 7-day	<p>The percentage of discharges for members 6 years of age and older who were hospitalized for treatment of selected mental illness diagnoses and who had a follow-up visit with a mental health practitioner. Two rates are reported:</p> <ol style="list-style-type: none"> 1. The percentage of discharges for which the member received follow-up within 30 days after discharge. 2. The percentage of discharges for which the member received follow-up within 7 days after discharge. 	Administrative
Follow-Up After Hospitalization for Mental Illness, 30-day		
Follow-Up for Children Prescribed ADHD Medication (ADD), Initiation Phase	<p>The percentage of children newly prescribed attention-deficit/hyperactivity disorder (ADHD) medication who had at least three follow-up care visits within a 10-month period, one of which was within 30 days of when the first ADHD medication was dispensed. Two rates are reported:</p> <ol style="list-style-type: none"> 1. <i>Initiation Phase</i>. The percentage of members 6–12 years of age as of the IPSP with an ambulatory prescription dispensed for ADHD medication, who had one follow-up visit with practitioner with prescribing authority during the 30-day Initiation Phase. 2. <i>Continuation and Maintenance (C&M) Phase</i>. The percentage of members 6–12 years of age as of the IPSP with an ambulatory prescription dispensed for ADHD medication, who remained on the medication for at least 210 days and who, in addition to the visit in the Initiation Phase, had at least two follow-up visits with a practitioner within 270 days (9 months) after the Initiation Phase ended. 	Administrative
Follow-Up for Children Prescribed ADHD Medication (ADD), Continuation and Maintenance Phase		

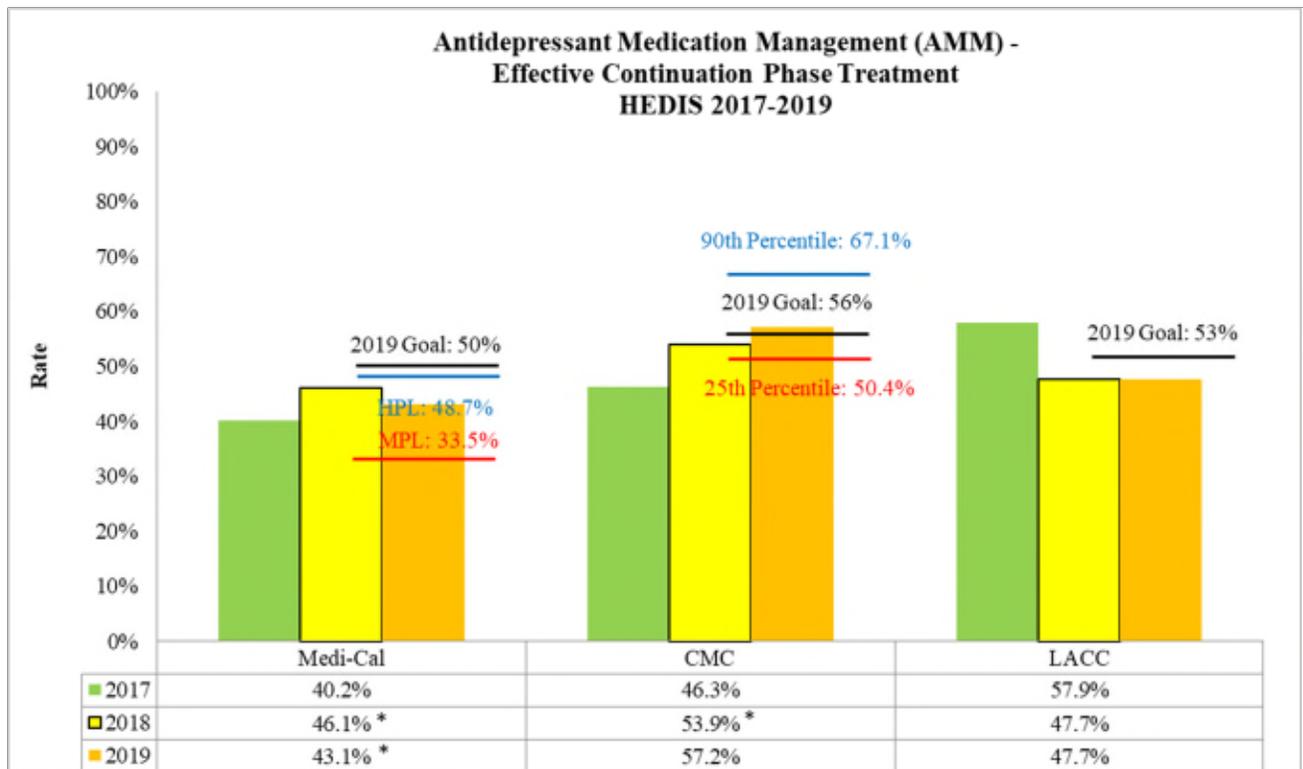
HEDIS Measure	Specific Indicator(s)	Measure Type
Depression Screening and Follow-Up for Adolescents and Adults (DSF)	The percentage of members 12 years of age and older who were screened for clinical depression using a standardized instrument and, if screened positive, received follow up care. <ol style="list-style-type: none"> <i>Depression Screening.</i> The percentage of members who were screened for clinical depression using a standardized instrument. <i>Follow-Up on Positive Screen.</i> The percentage of members who received follow-up care within 30 days of screening positive for depression. 	Administrative
Initiation and Engagement of Alcohol or Other Drug Abuse or Dependence Treatment (IET)	The percentage of adolescent and adult members with a new episode of alcohol or other drug (AOD) abuse or dependence who received the following. <ol style="list-style-type: none"> <i>Initiation of AOD Treatment.</i> The percentage of members who initiate treatment through an inpatient AOD admission, outpatient visit, intensive outpatient encounter or partial hospitalization <i>Engagement of AOD Treatment.</i> The percentage of members who initiated treatment and who had two or more additional AOD services or MAT within 34 days of the initiation visit. 	Administrative

Antidepressant Medication Management (AMM)

RESULTS

The following graphs compare L.A. Care rates in 2017, 2018, and 2019 among the different product lines:





*Statistically Significant Difference

ANALYSIS

Quantitative Analysis

Medi-Cal

The rate for Effective Acute Phase was 59.6%. There was a five percent decrease from the previous year, and the decrease was statistically significant. No goal was established for this measure for 2019, but one will be set for 2020.

The Medi-Cal Effective Continuation Phase Treatment was 43.1% which was a three percent decrease from last year. The decline was statistically significant. The measure did not meet its goal of 50% but did exceed the minimum performance level (MPL) of 33.5%.

CMC

The rate for Effective Acute Phase was 64.8%. The rate decreased by 0.9% from the previous year, but the decline was not statistically significant. No goal was established for this measure for 2019, but one will be set for 2020.

The rate for the Effective Continuation Phase Treatment was 57.2% and was 3.3 percentage points higher than the prior year. This increase was not statistically significant. It exceeded both the goal and minimum performance level for 2019.

LACC

The rate for Effective Acute Phase was 65.1%. This rate was 4.3 percentage points higher than the previous year, but the increase was not statistically significant. The rate met the goal of 65%.

The rate for the Effective Continuation Phase was 47.7% and was 10.2 percentage points lower than the prior year. This decrease was not statistically significant ($p < 0.05$). This rate also exceeded the minimum performance level, but did not reach the goal for the year of 53%.

Disparity Analysis

Medi-Cal

Admin	Race/Ethnicity					Language		
HEDIS 2019	African American	Hispanic	Asian	White	Other/Unknown	English	Spanish	Other/Unknown
Numerator	968	3379	378	5343	1534	5925	1691	524
Denominator	2830	8107	806	11813	3627	13963	4047	846
Rate	34.20%	41.68%	46.90%	45.23%	42.29%	42.43%	41.78	61.94%

Analysis of demographic data reveals disparities for this measure by region as well as spoken language and race. For Effective Acute Phase treatment, analyzing by SPA, the SPA regions of Metro Los Angeles and South Los Angeles have significantly lower rates of compliance, at 57.1% and 52.3% respectively, than the population as a whole. Chinese speakers show disparately low rates of compliance as well, at 52.3%, and black/African American members also show lower rates than the larger population, at 51.6%.

Effective Continuation Phase disparities are present in some of these same groups, with the South Los Angeles SPA at 34.7%, Chinese speakers at 40%, and black/African American members at 34.2% compared to 43.1% for the entire population.

CMC

Demographic data for the Effective Acute Treatment Phase show disparities for several groups. Analyzing the data by SPA, the Metro Los Angeles (58.5%) and South Los Angeles (60.38%) regions have significantly lower rates of compliance than the population as a whole. Asian (57.14%) and black/African American members (61.1%) also have disparately low compliance rates.

For the Effective Continuation Phase Treatment measure, members in the Antelope Valley and Metro Los Angeles had significantly lower rates than the general population, at 52.5% and 50% respectively. Chinese speaking members had a significantly lower rate of compliance as well, at 40%. Finally, Asian and black/African American members had lower rates of compliance at 52.4% and 51.6%.

LACC

For the Effective Acute Phase Treatment measure, data for the LACC line of business shows disparities in the San Gabriel Valley (60%), South Los Angeles (40.6%), and West Los Angeles (60%) SPAs. Members who speak Spanish also had a lower rate of compliance at 55.7%. Race and ethnicity data is largely unavailable for this measure, as most members are listed as “unknown”, so racial and ethnic disparities are not available.

For the Effective Continuation Phase Treatment measure, disparities exist in the San Gabriel (43.8%) and South Los Angeles (18.8%) SPAs. Spanish speaking members also showed disparately low compliance

rates at 37.4%. Once again, race and ethnicity data is not reliable as most members are classified as “unknown”.

Qualitative Analysis

Both Medi-Cal Effective Acute Phase and Continuation Phase rates decreased from the previous year. L.A. Care’s HEDIS auditor required the plan to remove pharmacy reversals from the data set, which was not a requirement in previous years. A pharmacy reversal occurs when a prescription ordered by a physician is filled but not picked up by the member. In year past, these unpicked up prescriptions were counted toward compliance, artificially inflating HEDIS rates. Removing them this year caused a decline in medication adherence measures generally, and was a significant factor in the decline of the AMM rate from the prior year.

While the CMC rate for Effective Acute Phase decreased, the rate for Effective Continuation increased. A mailer which reminds participants to pick up prescriptions was sent later in the year, in September. We plan to send mailers out much earlier in the cycle in order to maximize impact on future rates.

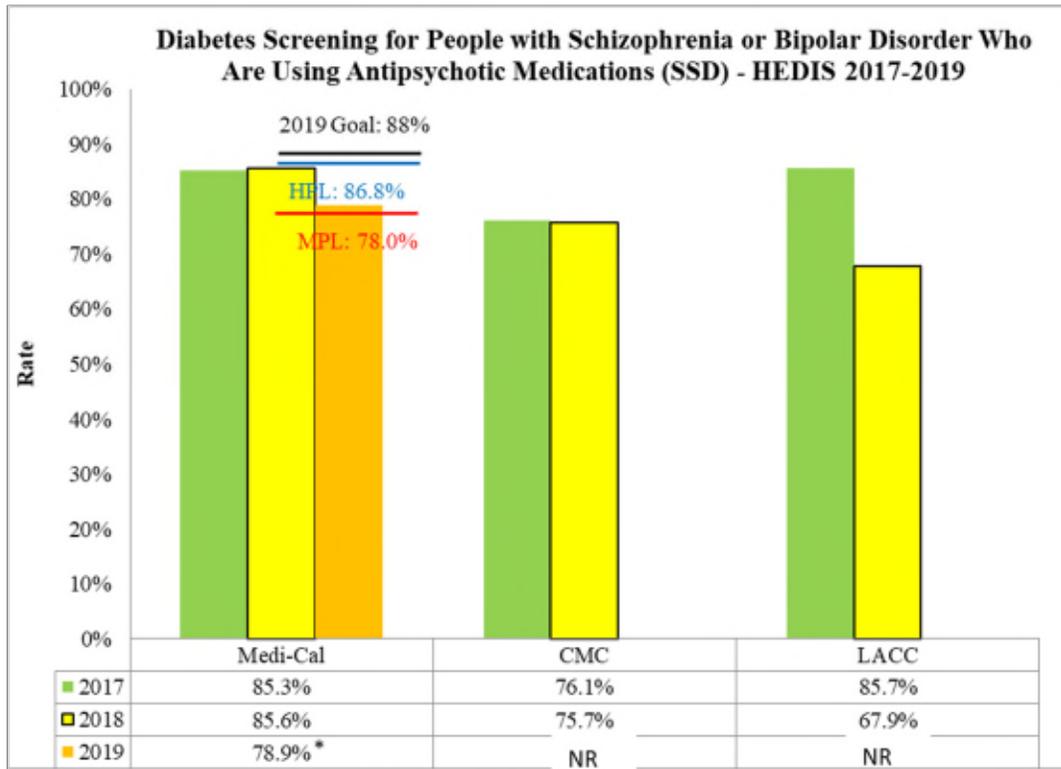
The rate for Effective Acute Phase for LACC was higher, but the rate for Effective Continuation Phase was lower. A possible underlying factor may be filled prescriptions not picked up or unfilled prescriptions, especially for refills. This trend may contribute to the overall decrease in Continuation Phase rates.

In 2018, L.A. Care sent a one-time mailing to members who had filled an anti-depressant prescription educating them about the importance of maintaining their medication in order to maximize the effectiveness of their treatment. Analysis done in 2019 showed that compliance rates for the LACC, Medi-Cal, and CMC lines of business for the Effective Acute Phase Treatment measure were 22.9%, 9.4%, and 27.4% higher respectively for members who received the mailer than for members who had not. L.A. Care will resume the mailer in 2020 on a semi-annual basis to expand its reach, and expects that this will improve the score for the AMM measures across lines of business.

Diabetes Screening for People with Schizophrenia/Bipolar Disorder Who Are Using Antipsychotic Medication (SSD)

RESULTS

The following graphs compare L.A. Care rates in 2017, 2018, and 2019 for the Medi-Cal product line:



*Statistically Significant Difference

NR: Not required

ANALYSIS

Medi-Cal

Quantitative Analysis

The SSD rate was 78.9% and was seven percent lower than the previous year. The decline was statistically significant. The rate did not meet the goal for the year but did exceed the minimum performance level.

Disparity Analysis

Diabetes Screening for People with Schizophrenia/Bipolar Disorder who are Using Antipsychotic Medication (SSD)

Medi-Cal

Analysis of stratified data by SPA region shows fairly similar rates for all members, with the exception of members in the SPAs servicing the San Fernando Valley and the Westside, where the rates were 75.9% and 75.8%, respectively.

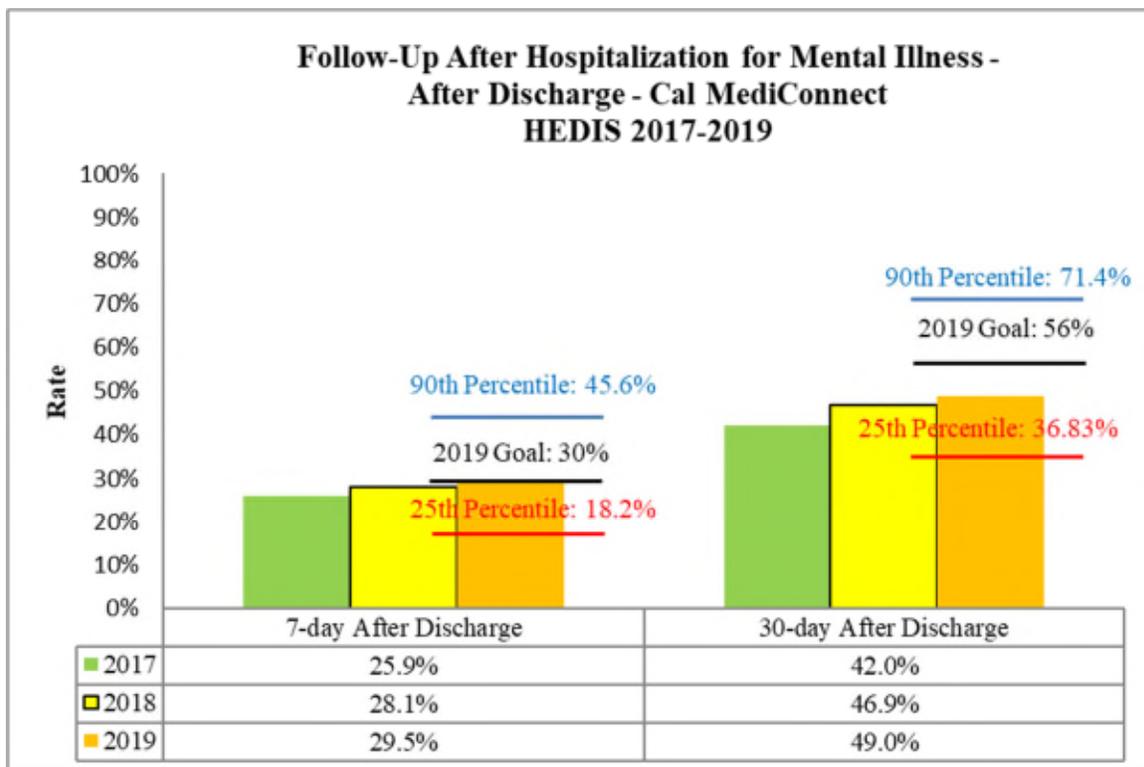
Qualitative Analysis

Medi-Cal members with serious and persistent mental illness are managed by the Department of Mental Health. For MY 2018, L.A. Care continued an intervention from the prior year where data obtained from the Department of Mental Health regarding which of our members were on antipsychotic medications was passed along to members' PCPs in a letter reminding them to screen these patients for diabetes. While this effort may have led to a nearly 10 percentage point increase in 2016, its effectiveness appears to have reached a plateau. Beginning in 2019, at the request of some large provider groups L.A. Care began including SSD data in the Provider Opportunity Report, or POR, a list of gaps in care that providers can close for incentive payments. Rates for HEDIS 2020 will show whether or not this is a more effective method of communication than the mailings that have been done for this measure so far.

Follow-Up After Hospitalization for Mental Illness (FUH)

RESULTS

The following graph compares L.A. Care rates in 2017, 2018, and 2019 for both 7- and 30-day follow up in the CMC product line:



ANALYSIS

Quantitative Analysis

CMC

The FUH 7-Day rate was 29.5% and improved by 1.5 percentage points from the prior year. This increase in the rate was not statically significant ($p < 0.05$). The FUH 30-Day rate also improved from the prior year, from 47% to 49%, though this was not found to be statistically significant. Both of these rates met the minimum performance level, but neither met their goal for the year.

LACC

The rate for LACC was 26.2%, and could not be compared to the rate from the previous year as the denominator was under 30.

Medi-Cal

The FUH 7-Day and 30-day rate for Medi-Cal is not reported here since services are carved out to the Department of Mental Health.

Disparity Analysis

The race, ethnicity, and language data for this measure were unreliable, as the majority of members were listed as “unknown”. Analysis by SPA is also unreliable as the population was distributed unevenly and many SPAs had 30 members or fewer.

Qualitative Analysis

The CMC FUH 7-day and 30-Day rates improved slightly over the previous year. The Behavioral Health workgroup continued to work with Beacon Health Options to ensure the capture of data not reflected in the standard claims process, as well as a more rigorous identification and mapping of provider specialties which were likely to be missing in claims and encounters. Both of these efforts likely played a contributing role in these rates’ improvement. The member incentive program launched in October 2017 awarded 79 members in 2018, and likely also contributed to the increase in rates.

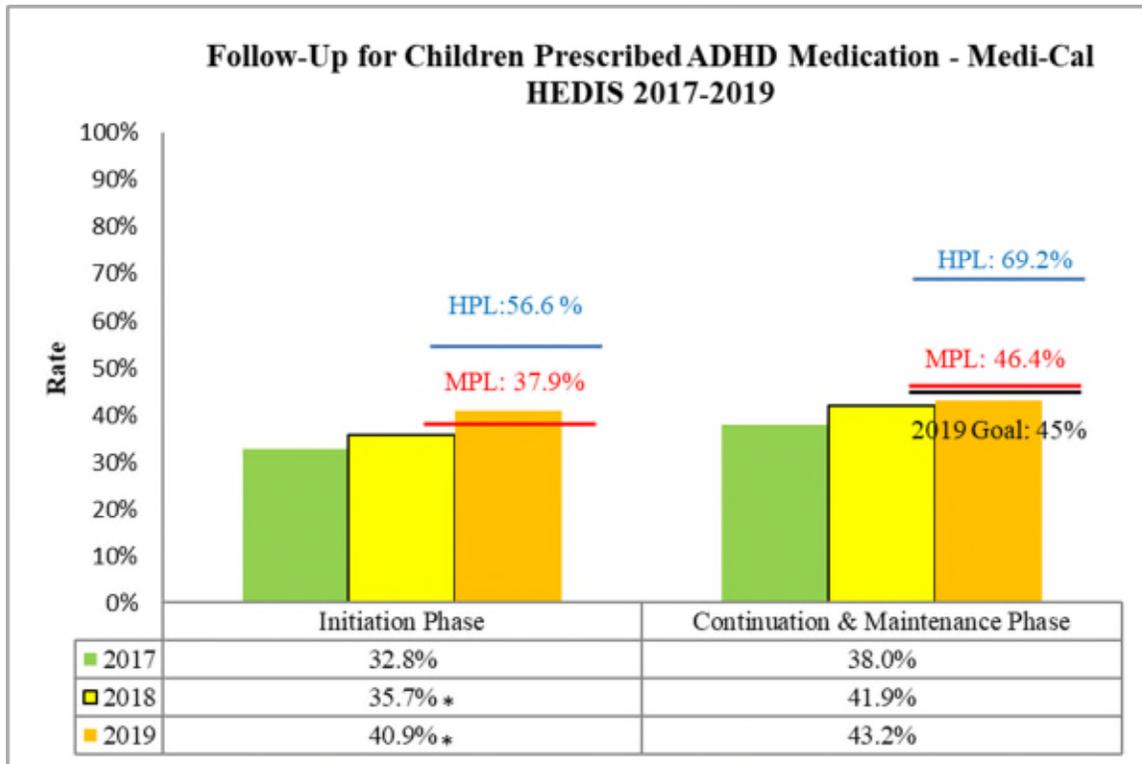
The Behavioral Health workgroup launched two initiatives in 2019 to help continue the improvement in the rates for this measure. The first is replacing the emergency preparedness kits from the incentive launched in October 2017 with a \$25 debit card. This was initially planned for summer 2019, but issues with state approvals and coordinating with the vendor delayed the launch to mid November. While the original emergency kit was seen as an appropriate incentive for a population of which 25% is experiencing homelessness, it is thought that the \$25 debit card will be a stronger incentive both for this subset and for the population as a whole.

The second initiative is a home-based therapy program developed by Beacon Health. Called the Recovery, Education, and Access to Community Health (REACH) program, the initiative is a field-based treatment approach meant to increase 7-day and 30-day FUH rates, reduce readmissions, connect members with a behavioral health provider, ensure quick and successful transition back into the community after a hospitalization, and increase tenure in the community with sustained aftercare treatment. This program launched in July 2019, but so far has not had any referrals. Beacon and the Behavioral Health Workgroup have worked to mitigate barriers to the program’s success, including expanding eligibility to include members who have an existing relationship with a clinician from the Department of Mental Health but no history of engagement, as well as increased effort to recruit providers into the network. As the largest barrier appears to be members’ unwillingness to participate, it is hoped that the new debit card incentive will help recruit members into the program as well.

Follow-Up for Children Prescribed ADHD Medication (ADD)

RESULTS

The following graphs compare L.A. Care rates in 2017, 2018, and 2019 in the Medi-Cal product line:



*Statistically Significant Difference

ANALYSIS

Quantitative Analysis Medi-Cal

The ADD Initiation Phase rate was 40.9% and increased about 5 percentage points over the prior year. This increase was statistically significant ($p < 0.05$). The Continuation phase was 43.2%, an increase of 1.3% from the prior year, which was not statistically significant and did not meet the minimum performance level or the goal.

CMC

The ADD measure is not reported here since it does not apply to this product line.

LACC

The denominator for LACC was below 30 and was not reported in 2018.

Disparity Analysis

Follow-Up for Children Prescribed ADHD Medication (ADD), Initiation and Maintenance Phases Medi-Cal: An analysis of demographic data for the measures shows that the greatest disparities could be found at the SPA level, with the San Gabriel Valley (35.02%), the South Bay (38.25%) and the West side (35.53%) having the lowest rate for the Continuation and Maintenance phase compared to the product line rate of 43.2%. Spoken language disparities were apparent as well, with Chinese (28.57%) and Spanish (38.51%) speakers having significantly lower rates of compliance than the population as a whole.

Qualitative Analysis

The three-year trend for the Medi-Cal rate has shown a slight increase each year for both the Initiation and Continuation phase rates. The monthly letter to providers whose patients have recently been prescribed an ADHD medication continues to go out, which is likely partially responsible for the measure's improvement. A revision was made to the letter in 2018 that adopts a more collaborative tone and reminds physicians that one of the two follow-up visits required by the measure may be conducted via telehealth.

In 2019, L.A. Care also partnered with Beacon Health Options to make calls to the parents of members who have recently been prescribed ADHD medications to educate them on the importance of timely follow-up appointments to ensure the medication is effective. These calls started in February 2019, and so their impact is not reflected in the data for HEDIS 2019. An initial evaluation of encounter data comparing members who Beacon reported having reached and members who Beacon had not reached showed that both sets of members kept follow-up appointments at similar rates, indicating that the intervention may not be effective:

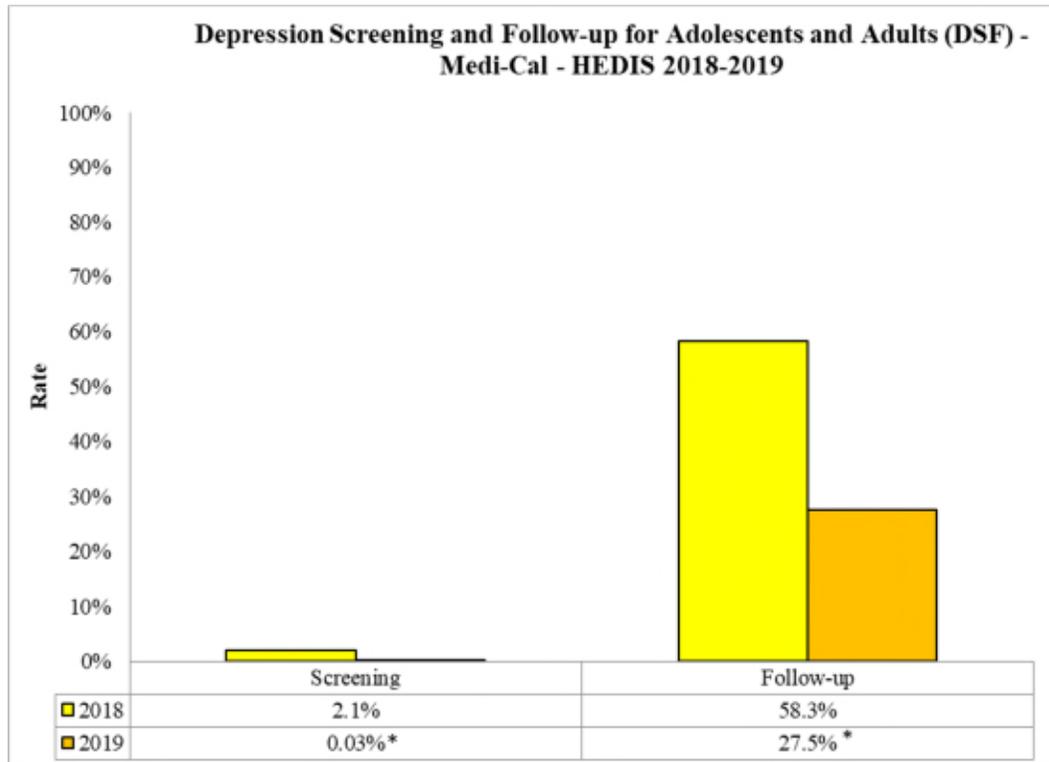
Reached/Not Reached	Unique Members Reached	Had an appt. within 30 days of prescription service date	Had an appt. within 270 days (of those who had within 30 days)	% who had a 30 day	% who had a 270 day
Members Reached	158	78	58	49.37%	36.71%
Members Not Reached	84	45	31	53.57%	36.90%
Members Reached who had a prescription service date in July or earlier	84	52	48	61.90%	57.14%
Members Not Reached who had a prescription service date in July or earlier	38	25	21	65.79%	55.26%

Based on these results and the fact that not all data for the year has been received, the Behavioral Health Workgroup has decided to further evaluate the calls' success using HEDIS data in 2020.

Depression Screening and Follow-Up for Adolescents and Adults (DSF)

RESULTS

The following graph shows the 2018 and 2019 rates for DSF for Medi-Cal.



*Statistically Significant Difference

ANALYSIS

MEDI-CAL

Quantitative Analysis

In 2019, the DSF measure was not required for reporting to NCQA, and the organization required a fee to audit the measure. As a result, L.A. Care reported only to DHCS, and so only a Medi-Cal rate is available. The HEDIS 2019 rate for Medi-Cal for DSF was 0.03%. This is a statistically significant decline of 2.07% from 2018, the first year L.A. Care began to monitor this measure. The 2019 Follow up on Positive Screening rate for Medi-Cal is 27.5%, a statistically significant decline of 30.84% from the previous year's rate.

Disparity Analysis

Depression Screening Rates by Race/Ethnicity and Language (Medi-Cal)

The extremely low rate for the Depression Screening measure makes a disparity analysis difficult, with rates varying along geographic, ethnic, and racial lines by 0.01-0.02%. Similarly, because the denominator for the Follow-Up rate is dependent on the numerator for the Screening rate, sample sizes are too small to draw meaningful conclusions from available data, with all geographic, ethnic, and racial groups having denominators of fewer than 30 members.

Qualitative Analysis

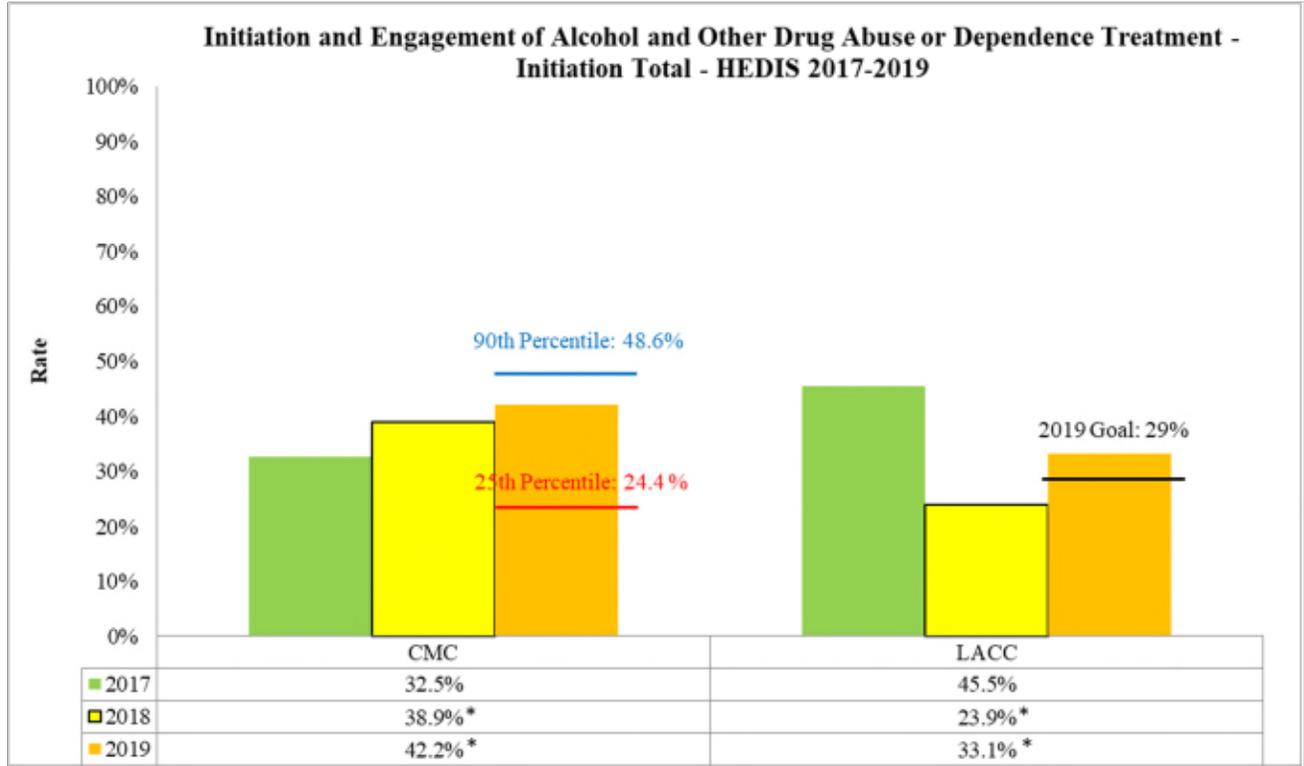
For HEDIS 2019 L.A. Care reported the DSF Electronic Clinical Data Systems (ECDS) measure to DHCS. This was the first time the organization reported any ECDS measure. L.A. Care reported this to go through the process of reporting ECDS measures as a test run for future ECDS reporting. L.A. Care gathered internal case management data to report the ECDS measure. The internal data contained about 1000 PHQ2 and PHQ9 cases, but due to the two assessments being housed in the same case management assessment there were screenings with overlapping scores and that could not be coded.

Additionally, changes to the HEDIS specifications for HEDIS 2019 excluded the G-Codes formerly used to demonstrate compliance for the measure, meaning only LOINC codes can be used. This change was largely responsible for the sharp decline in the DSF rate in 2019.

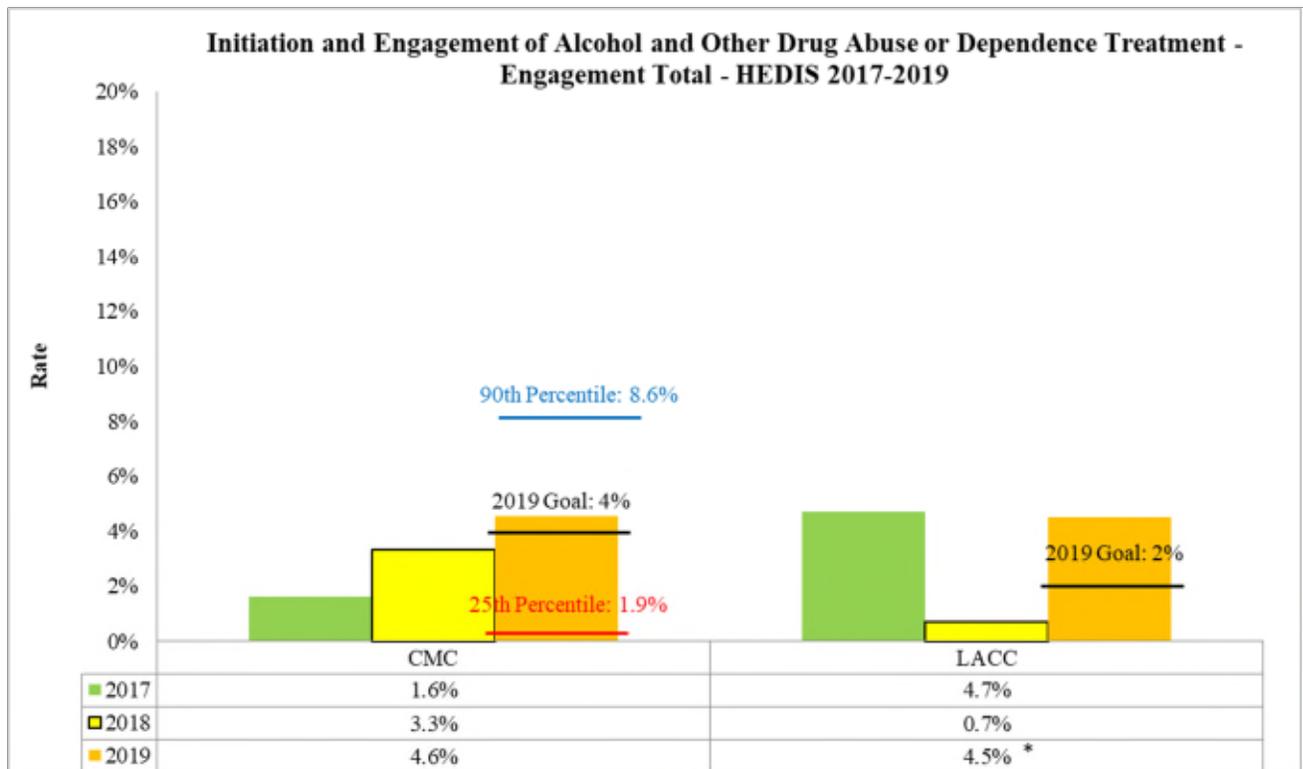
Initiation and Engagement of Alcohol or Other Drug Abuse or Dependence Treatment (IET)

RESULTS

The following graphs compare L.A. Care rates in 2017, 2018, and 2019 for CMC and LACC.



*Statistically Significant Difference



*Statistically Significant Difference

ANALYSIS

Quantitative Analysis

CMC

The Initiation rate for CMC was 42.2%. This is an improvement of 3.3% over 2018 and was determined to be a statistically significant increase. The Engagement rate was 4.6%, an increase of 1.3% over 2018 which was not found to be statistically significant. There was no goal set for the Initiation rate for this measure. The Engagement rate for 2018 exceeded the goal of 2%.

LACC

The Initiation rate for LACC was 33.1%, an increase of 9.8% from the 2018 rate that was found to be statistically significant. The Engagement rate was 4.5%, an increase of 3.8% from 2018 and was found to be statistically significant. There was no goal set for the Initiation rate, and the goal for the 2018 Engagement rate was not met.

Medi-Cal

Medi-Cal data is carved out to the state for this measure. No rate is available for Medi-Cal as of this update.

Disparity Analysis

For the Initiation measure in the CMC line of business, disparities geographic disparities are most prevalent along geographic lines. The SPAs covering the Antelope Valley (47.4%), East Los Angeles (52.3%), and West Los Angeles (52.4%) were significantly higher than the line of business as a whole, while Metro Los Angeles (39.8%), the San Fernando Valley (34.8%), and the San Gabriel Valley (34.7%) rates were significantly lower.

Ethnic and racial disparities were present as well, with Chinese speakers (25%) and Asian members (15.4%) having lower rates than the sample as a whole. However, with denominators of 4 and 13 members respectively, these figures are not reliable.

For the Engagement rate for CMC, geographic disparities are present, though they do not fit the same pattern as with the Initiation rate. The SPAs covering East Los Angeles (7.7%), San Fernando Valley (6.7%), and West Los Angeles (9.5%) all scored higher than the rate for the entire line of business, while the rates for Metro Los Angeles (2%) and the San Gabriel Valley (1.4%) were lower.

Looking at data pertaining to ethnicity, Hispanic/Latinx members had higher rates of engagement than the rest of the line of business (5.9%), while Spanish speakers actually had lower rates (3.6%).

For the LACC line of business and the Initiation measure, geographic disparities are present, with the SPAs covering Metro Los Angeles (27.7%), South Los Angeles (12.7%) and the South Bay/Harbor area (28.6%) performing below the line of business as a whole, and the SPAs covering East Los Angeles (54.6%), the San Gabriel Valley (37.1%) and West Los Angeles (40%) performing significantly better. Much of this variability can likely be explained by the relatively low denominators across SPAs, with no SPA having 100 members or more. There are also geographic disparities within the LACC Engagement measure, but with even smaller denominators that data is unreliable.

Data pertaining to race and ethnicity for this measure and line of business is unreliable, as the majority of members' race and ethnicity is "unknown".

Qualitative Analysis

Treatment for substance abuse disorder is carved out to the state for Medi-Cal and Cal MediConnect lines of business, making interventions for this measure difficult. For the LACC line of business, an analysis by Beacon Health showed that screening for substance abuse disorder is not being done by most primary care physicians, and IET data is only received when members go to the hospital, complicating L.A. Care's ability to stage a timely intervention. These issues may be mitigated with the implementation of electronic data capture streams, such as the Los Angeles Network for Enhanced Services, which will allow for more timely and complete exchanges of data. It might also be worthwhile to consider ensuring the effective capture of those screenings that are being performed by distributing tip sheets with appropriate CPT codes for the measure to PCP offices.

SUMMARY OF INTERVENTIONS FOR MY 2018

HEDIS Measure	Barriers	Actions	Effectiveness of Intervention/ Outcome
<p>Antidepressant Medication Management (AMM), Acute Phase & Continuation Phase</p>	<ul style="list-style-type: none"> • Members may not want to take medication due to the perceived social stigma of having depression • Members may stop taking medication if they experience any negative side effect • Members may discontinue medication if they are feeling better and feel they do not need medication • PCPs do not encourage members to stay on medication for the appropriate length of time • PCPs prescribe for 30 days • Pharmacy reversals were removed from data 	<ul style="list-style-type: none"> • Annual provider letter with a brochure that could be distributed to patients regarding depression sent out in March. • Member letter that encourages appropriate medication management was sent to members on antidepressants. 	<ul style="list-style-type: none"> • Decreases in all rates except for CMC Continuation Phase and LACC Acute Phase • Evaluation demonstrated the mailer was effective
<p>Diabetes Screening for People with Schizophrenia/Bipolar Disorder Who are Using Antipsychotic Medication (SSD)</p>	<ul style="list-style-type: none"> • Providers may be unaware patient is on medication • Specialty mental health providers may not report diabetes screening. • Point of care testing may not be documented or coded correctly 	<ul style="list-style-type: none"> • In November, providers were sent an updated Provider Opportunity Report which included data for SSD. • Data from the State on Antipsychotic drugs was included in HEDIS data collection process 	<ul style="list-style-type: none"> • Decline from previous year
<p>Follow-Up After Hospitalization for Mental Illness, 7-day & 30-day</p>	<ul style="list-style-type: none"> • Members refuse to attend after care appointments due to stigma or their mental illness or substance use • Members may be experiencing homelessness and are difficult to contact for follow up 	<ul style="list-style-type: none"> • Supplemental data collected from Beacon Emergency preparedness kit incentive program implemented in October for members who complete follow-up visit within 30 days of discharge. • Improved identification of provider specialty. 	<ul style="list-style-type: none"> • Supplemental data collection once again appears to be effective. Impact of incentive program unclear, with statistically insignificant improvement over HEDIS 2018. • Incentive program rewarded 79

HEDIS Measure	Barriers	Actions	Effectiveness of Intervention/ Outcome
Follow-Up After Hospitalization for Mental Illness, 7-day & 30-day (cont.)		<ul style="list-style-type: none"> Implemented REACH Program. Revised incentive program to award \$25 debit card in lieu of emergency preparedness kit. 	compliant members in 2018
Follow-Up for Children Prescribed ADHD Medication (ADD), Continuation and Maintenance Phase	<ul style="list-style-type: none"> Member care occurs outside of the primary care setting and not reported to the health plan Many providers are unaware that children may be receiving care through schools or specialty mental health providers. Parents may not seek care for their children due to social stigma 	<ul style="list-style-type: none"> Mailer sent to providers in on a monthly basis informing them that member has been prescribed ADHD medication and advising follow up. Beacon Health Options calls to parents of members taking ADHD medications 	<ul style="list-style-type: none"> Statistically significant increase in Initiation Phase, statistically insignificant increase in Continuation Phase Early evaluation shows Beacon calls aren't very effective.

LOOKING FORWARD

- L.A. Care will resume a mailer to members who have been prescribed an antidepressant advising them of the importance of maintaining treatment, as an evaluation demonstrated it was effective. The mailer will be done on a semi-annual basis in 2020.
- L.A. Care will formalize an agreement with the Los Angeles County Department of Mental Health (DMH) to standardize data sharing and ensure all data elements necessary for compliance with behavioral health measures are included. This is expected to be finalized in mid-2020.
- L.A. Care will continue with a debit card incentive program for timely follow-up care for the FUH measure that began in late November 2019. It is expected that this incentive will increase participation in the REACH program and the rate of timely follow-up care overall.
- L.A. Care will continue with the distribution of SSD non-compliance information in the Provider Opportunity Report, which began in 2019 and has not yet been reflected in HEDIS data.
- L.A. Care will continue an effort launched by the Pharmacy in Q3 2019 to convert members on anti-depressants to a 90-day supply of their medications in order to increase compliance for the AMM measure.

2020 WORK PLAN GOALS:

HEDIS Measure	2020 Medi-Cal Goal	2020 Cal MediConnect Goal	2020 L.A. Care Covered Goal
Antidepressant Medication Management (AMM), Acute Phase	63%	N/A	68%
Antidepressant Medication Management (AMM), Continuation Phase	46%	61%	50%

HEDIS Measure	2020 Medi-Cal Goal	2020 Cal MediConnect Goal	2020 L.A. Care Covered Goal
Diabetes Screening for People with Schizophrenia/Bipolar Disorder Who are Using Antipsychotic Medication (SSD)	82%	N/A	N/A
Follow-Up After Hospitalization for Mental Illness (FUH), 30-day	N/A	51%	N/A
Follow-Up After Hospitalization for Mental Illness (FUH), 7-day	36%	35%	30%
Follow-Up for Children Prescribed ADHD Medication (ADD), Continuation and Maintenance Phase	47%	N/A	*

*Prior year denominator <30

N/A: Not applicable

C.3 CLINICAL PRACTICE AND PREVENTIVE HEALTH GUIDELINES

AUTHOR: RACHEL MARTINEZ, RN

REVIEWER: MARIA CASIAS, RN & JAMES KYLE, MD

2019 WORK PLAN GOAL:

Review both Clinical Practice and Preventive Health Guidelines and obtain approval through Joint Performance Improvement Collaborative Committee (PICC) & Provider Quality Committee (PQC) at least annually or as necessary.

BACKGROUND

As part of the Quality Improvement Program, L.A. Care Health Plan (L.A. Care) systematically reviews and adopts evidence-based clinical practice and preventive health guidelines (PHG) collated from peer reviewed sources for diseases and health conditions identified as most salient to its membership for the provision of preventive, acute or chronic medical and behavioral health services known to be effective in improving health outcomes. L.A. Care monitors network compliance with specific clinical and preventive health guidelines through measures including: Healthcare Effectiveness Data Information Set (HEDIS®); Consumer Assessment of Healthcare Providers and Systems (CAHPS®); and other measures as appropriate. Performance is compared to goals and/or benchmarks, which can be from the National Committee for Quality Assurance (NCQA) Quality Compass, Centers for Medicare and Medicaid Services (CMS) Star rating technical specification, or the Medicare National HMO Averages from The State of Health Care Quality.

L.A. Care receives regular clinical practice and preventive health guideline updates sponsored by government and non-government organizations including, but not limited to, the Center for Disease Control and Prevention, the U.S. Preventive Services Task Force and the California Department of Health Care Services. New and revised clinical practice and preventive health guidelines are presented annually, and/or as necessary, to L.A. Care's Joint Performance Improvement Collaborative Committee and Physician Quality Committee (PICC/PQC) for review, approval, and adoption in an effort to improve the delivery of primary and preventive health care services to our members and reduce unnecessary variation in care. L.A. Care's provider newsletter is used to inform physician partners of where they can locate the latest clinical practice and preventive health guidelines adopted by L.A. Care; these guidelines are disseminated via L.A. Care's website. At least three of the non-preventive guidelines provide the clinical basis for L.A. Care's chronic care improvement and disease management programs for diabetes, cardiovascular risk, and asthma. L.A. Care annually measures performance of at least two important aspects for selected clinical and preventive health guidelines. The guidelines may be used for quality-of-care reviews, member and provider education and/or incentive programs, and to assure appropriate benefit coverage.

In April of 2019, L.A. Care reviewed and approved the guidelines listed in this report. In addition, two HEDIS measures are used to assess compliance with the clinical practice guidelines. The two guidelines presented in this section are Use of Imaging Studies for Low Back Pain (LBP) and Depression Screening and Follow-up for Adolescents and Adults (DSF). Several other performance measures are reported throughout the annual evaluation that measure the performance of the clinical and preventive guidelines. LBP was chosen based on the prevalence of compliance by Americans. Approximately 75% of adults will experience low back pain at some time in their lives²⁶. In addition, approximately 2.5 million Americans will visit an outpatient clinical setting for low back pain in a year.²⁶ Evidence has shown that unnecessary or routine imaging for low back pain is not associated with improved outcomes, when in fact it exposes

²⁶ National Committee for Quality Assurance NCQA. Retrieved September 19, 2019, from <https://www.ncqa.org/hedis/measures/use-of-imaging-studies-for-low-back-pain/>

Americans to unnecessary harm from radiation as well as further unnecessary treatment. For the majority, pain improves within the first two weeks of onset.

Depression was chosen because it is projected to become the second largest cause of disability by 2020²⁷. In the United States, depression affects an estimated 8% of patients and accounts for more than \$210 billion in health care costs annually²⁸. Depression not only affects health care costs but also productivity costs. Due to the statistics and the understanding that primary care offices have a vital role in identifying those in need, L.A. Care measures screening and follow-up care for adolescents and adults for depression. L.A. Care understands this important health issue and has attained the assistance from Beacon to provide behavioral health care to its members. It is understood that effective treatment for depression reduce symptoms associated with the disease, it can reduce the risk of suicide, but can also improve functioning and offset the negative effects that depressive symptoms can have on physical well-being of each individual.

CLINICAL PRACTICE AND PREVENTIVE HEALTH GUIDELINES

L.A. Care takes seriously its responsibility to adopt and disseminate clinical practice guidelines relevant to its members for the provision of preventive, acute, and chronic medical services and behavioral healthcare services. The following guidelines are a select set monitored against performance data throughout the annual evaluation. The list of clinical guidelines is available on lacare.org. In addition to the following: On April 30, 2019, all the guidelines listed below were taken to PICC/PQC for review and approval. In July of 2019, L.A. Care mailed to direct network providers a copy of both English and Spanish PHG for Child/Adolescent and Adult brochures with a letter on how to attain more copies including brochures in L.A. Care’s threshold languages. L.A. Care included in the provider mailing a copy of the Recommendations for Preventive Pediatric Health Care recommended by Bright Futures and American Academy of Pediatrics (AAP) also referred to as the AAP Periodicity Schedule by Bright Futures. L.A. Care also provided to the Facility Site Review nurses copies of the Periodicity Schedule to provide to practitioners at site visits. After the mailing was sent to providers, L.A. Care obtained a report where additional copies of the PHG have been ordered in English and Spanish, as well as a few of L.A. Care’s threshold languages; Armenian, Farsi, and Vietnamese for Adult, Child and CMC lines of business. In addition, L.A. Care mailed a copy of either Spanish or English of the Child/Adolescent or Adult PHG per household to the direct network members. L.A. Care’s quarterly newsletter for physician partners entitled ‘Progress Notes’ was used to inform practitioners of where they can locate the latest clinical practice and preventive health guidelines adopted by L.A. Care; these guidelines include those listed below and are disseminated via L.A. Care’s website <http://www.lacare.org/providers/provider-resources/clinical-practice-guidelines>.

CLINICAL PRACTICE GUIDELINES

Medical Conditions	Clinical Practice Guideline	PICC/PQC Review Dates
Behavioral Health	American Psychiatric Association Practice Guidelines for the Psychiatric Evaluation of Adults, 3 rd Edition (2015).	4/30/2019

²⁷ Maurer, D.M. (January 15, 2012) Screening for Depression [PDF file]. Retrieved from <https://www.aafp.org/afp/2012/0115/p139.html>

²⁸ Maurer, D.M., Tyler, J.R. & Davis, B.N. (October 15, 2018) Depression: Screening and Diagnosis [PDF file]. Retrieved from <https://www.aafp.org/afp/2018/1015/p508.html>

Medical Conditions	Clinical Practice Guideline	PICC/PQC Review Dates
Behavioral Health (cont.)	Attention Deficit Hyperactivity Disorder (ADHD): Clinical Practice Guideline for the Diagnosis, Evaluation, and Treatment of ADHD in Children and Adolescents. American Academy of Pediatrics (2011).	4/30/2019
	Current Pharmacologic Treatment of Dementia: A Clinical Practice Guidelines from the American College of Physicians and the American Academy of Family Physicians (2008).	4/30/2019
	Identifying Infants and Young Children with Developmental Disorders in the Medical Home: An Algorithm for Developmental Surveillance and Screening. American Academy of Pediatrics (2006).	4/30/2019
	Practice Guideline for the Treatment of Patients with Major Depressive Disorder. Third Edition. American Psychiatric Association (2010).	4/30/2019
	Screening and Behavioral Counseling Interventions in Primary Care to Reduce Alcohol Misuse. U.S. Preventive Services Task Force (2013).	4/30/2019
	Standards of Care for the Health of Transsexual, Transgender, and Gender-Nonconforming People, V7World Professional Association for Transgender Health. (2012).	4/30/2019
	The National Practice Guideline for the Use of Medications in the Treatment of Addiction Involving Opioid Use. American Society of Addiction Medicine (2015).	4/30/2019
Cardiovascular Risk	2013 American College of Cardiology/American Heart Association (ACC/AHA) Guideline on the Assessment of Cardiovascular Risk: A Report of the ACC/AHA Task Force on Practice Guidelines (2014).	4/30/2019
	2013 ACC/AHA Guideline on the Treatment of Blood Cholesterol to Reduce Atherosclerotic Cardiovascular Risk in Adults (2014).	4/30/2019
	2013 ACCF/AHA Guideline for the Management of Heart Failure.	4/30/2019
	2017 ACC/AHA/HFSA Focused Update Guideline for the Management of Heart Failure.	4/30/2019
	2017 ACC/AHA Guideline for the Prevention, Detection, Evaluation, and Management of High Blood Pressure in Adults.	4/30/2019

Medical Conditions	Clinical Practice Guideline	PICC/PQC Review Dates
Cardiovascular Risk (cont.)	<u>2018 ACC/AHA/ESC Guidelines for the Management of Patients with Atrial Fibrillation.</u>	4/30/2019
	<u>American College of Cardiology. Acute Management of Pulmonary Embolism (2017).</u>	4/30/2019
	Antithrombotic Therapy for VTE Diseases: CHEST Guideline and Expert Panel Report (2016).	4/30/2019
Endocrine	American Diabetes Association (ADA) Standards of Medical Care in Diabetes (2019).	4/30/2019
Infectious Diseases	Adult and Pediatric Acute Infection Guideline Summary. Physicians for a Healthy California (2018).	4/30/2019
	California Department of Public Health. Sexually Transmitted Disease (STD) Clinical Guidelines and Job Aids.	4/30/2019
	CA Adult Tuberculosis Risk Assessment & User Guide for L.A. County (2018).	4/30/2019
	Infectious Disease Society of America (IDSA) Practice Guidelines for Common Conditions Impacting Primary Care Practice (2018).	4/30/2019
	Infectious Disease Society of America (IDSA) Updates Guideline for Managing Group A Streptococcal Pharyngitis (2012).	4/30/2019
	Infectious Diseases Society of America/American Thoracic Society Consensus Guidelines on the Management of Community-Acquired Pneumonia in Adults (2007).	4/30/2019
	International Guidelines for Management of Severe Sepsis and Septic Shock. Society of Critical Care Medicine (2017).	4/30/2019
	Sexually Transmitted Diseases (STD) Treatment Guidelines. Centers for Disease Control and Prevention (2015).	4/30/2019

Medical Conditions	Clinical Practice Guideline	PICC/PQC Review Dates
Musculoskeletal	American College of Occupational and Environmental Medicine. Cervical and Thoracic Spine Disorders (2016).	4/30/2019
	<u>American College of Rheumatology. Recommendations for the Use of Nonpharmacologic and Pharmacologic Therapies in Osteoarthritis of the Hand, Hip and Knee (2012).</u>	4/30/2019
	American College of Rheumatology. Guideline for the Treatment of Rheumatoid Arthritis (2015).	4/30/2019
	Diagnostic Imaging for Low Back Pain: Advice for High-value Health Care from the American College of Physicians - Annuals of Internal Medicine (2011).	4/30/2019
	Noninvasive Treatment for Acute, Subacute, and Chronic Low Back Pain: A Clinical Practice Guideline from the American College of Physicians- Annuals of Internal Medicine (2017).	4/30/2019
	Treatment of Low Bone Density or Osteoporosis to Prevent Fractures in Men and Women: A Clinical Practice Guideline Update from the American College of Physicians (2017).	4/30/2019
Obesity	American Academy of Pediatrics. The Role of the Pediatrician in Primary Prevention of Obesity (2015).	4/30/2019
	National Heart, Lung, and Blood Institute. Managing Overweight and Obesity in Adults: Systematic Evidence Review from the Obesity Expert Panel (2013).	4/30/2019
	Physicians for a Health California/ CMA Foundation Child & Adolescent Obesity Provider Toolkit (2011-2012).	4/30/2019
	Physicians for a Healthy California/CMA Foundation Pre/Post Bariatric Surgery Provider Toolkit (2013).	4/30/2019
	Physicians for a Healthy California/CMA Foundation Adult Obesity Provider Toolkit (2013).	4/30/2019
Obstetrics and Perinatal Care	Guidelines for Perinatal Care, 8th Edition. American Academy of Pediatrics and American College of Obstetricians and Gynecologists (2017). https://reader.aappublications.org/guidelines-for-perinatal-care-8th-edition/1	4/30/2019

Medical Conditions	Clinical Practice Guideline	PICC/PQC Review Dates
Obstetrics and Perinatal Care (cont.)	Procedures to Prevent Perinatal Hepatitis B Virus Transmission. Centers for Disease Control And Prevention (2019).	4/30/2019
	Safe Prevention of the Primary Cesarean Delivery. American College of Obstetricians and Gynecologists (2016).	4/30/2019
	Smoking Cessation during Pregnancy. The American Congress of Obstetricians and Gynecologists (2017).	4/30/2019
Pain Management	CDC Guideline for Prescribing Opioids for Chronic Pain - United States (2016).	4/30/2019
Respiratory	<u>Global Initiative for Chronic Obstructive Lung disease (GOLD). Global Strategy for the diagnosis, management, and prevention of Chronic Obstructive Pulmonary Disease Report 2019 Report (2019).</u>	4/30/2019
	Guidelines for the Diagnosis and Management of Asthma (EPR-3). National Heart, Lung and Blood Institute, and National Institutes of Health (2007).	4/30/2019
	Treating Tobacco Use and Dependence: 2008 Update. U. S. Department of Health and Human Service (2008).	4/30/2019
	Centers for Disease Control and Prevention. Smoking & Tobacco Use (2018).	4/30/2019
	Community-Acquired Pneumonia Clinical Decision Support Implementation Toolkit (2018).	4/30/2019
	GOLD Pocket Guide that professionals can use for easy reference in the office:	4/30/2019
	<u>National Institutes of Health. Asthma Care Quick Reference. Diagnosing and Managing Asthma (2012).</u>	4/30/2019

PREVENTIVE HEALTH GUIDELINES

Preventive Screenings	Guidelines	PICC/PQC Review Date
Ages 0-18 Years	American Academy of Pediatric Dentistry. Guideline on Periodicity of Examination, Preventive Dental Services, Anticipatory Guidance/Counseling and Oral Treatment of Infants, Children, and Adolescents (2013).	4/30/2019
	Recommended Child and Adolescent Immunization Schedule for ages 18 years or younger. United States – 2019. CDC (2019).	4/30/2019
	L.A. Care Health Plan. Health Education Tools. Fluoride Varnish Application Video.	4/30/2019
	Recommendations for Preventive Pediatric Health Care. Bright Futures/American Academy of Pediatrics (AAP) (2019).	4/30/2019

Preventive Screenings	Guidelines	PICC/PQC Review Date
Ages 19 And Older	Recommended Adult Immunization Schedule. United States – CDC (2019).	4/30/2019
	U.S. Preventive Services Task Force (USPSTF) Grade A and B Recommendations.	4/30/2019
	National Cancer Institute. Breast Cancer Risk Assessment Tool (2018).	4/30/2019

C.3.a USE OF IMAGING STUDIES FOR LOW BACK PAIN (LBP)

2019 WORK PLAN GOALS:

HEDIS Measure	2019 Medi-Cal Goal	2019 Medi-Cal Rate	2019 LACC Goal	2019 LACC Rate	2019 Goal Met
Use of Imaging Studies for Low Back Pain	68%	71.7%	72%	71.4%	Medi-Cal: yes LACC: No

MAJOR ACCOMPLISHMENTS

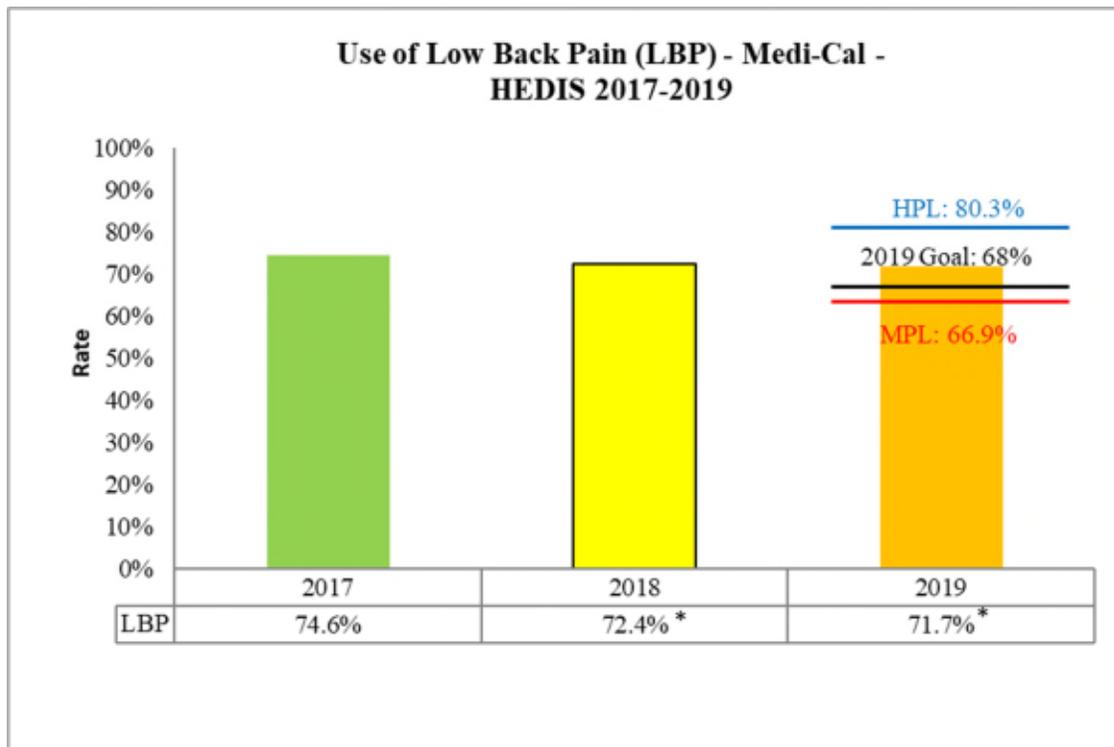
On August 27, 2019, providers received a letter explaining the need for appropriate treatment, a flyer that is an at-a-glance diagnosis and treatment algorithm adapted from evidenced based guidelines, and a pocket card that includes a short patient questionnaire and scoring tool. This was sent to direct network providers in the Medi-Cal and L.A. Care covered lines of business which consisted of 130 providers who have 10 or more assigned members and who fell below the 80%. This accounted for about 20% of membership.

Description of measure:

HEDIS Measure	Specific Indicator(s)	Measure Type
Use of Imaging Studies for Low Back Pain	The percentage of members with a primary diagnosis of low back pain who did not have an imaging study (plain X-ray, MRI, CT scan) within 28 days of the diagnosis.	Admin

RESULTS

The following graph compares L.A. Care in 2017, 2018, and 2019:



*Statistically Significant Difference

MEDI-CAL

Quantitative Analysis

The 2019 rate for Medi-Cal for LBP was 71.7%. This was a decrease of 0.67 percentage points from the 2018 rate of 72.4%, this was a statistically significant change. The 25th percentile of 66.9% and the 50th percentile of 71.6% were met. The 2019 goal of 68% was met.

Disparity Analysis

Rates by Race/Ethnicity and Language (Medi-Cal)

Admin	Race/Ethnicity					Language		
HEDIS 2019	African American	Hispanic	Asian	White	Other/Unknown	English	Spanish	Other/Unknown
Numerator	675	2,687	238	3,500	768	3,855	1,026	246
Denominator	2,677	9,257	936	11,917	2,806	13,892	3,431	793
Rate	74.79%	70.97%	74.57%	70.63%	72.63%	72.25%	70.10%	68.98%

L.A. Care conducts a disparity analysis annually for its priority Medi-Cal HEDIS measures. Differences in rates between race/ethnic group and language spoken are within a four percentage point range. African American members were the highest performing group, a trend also observed in HEDIS 2018. White members were the lowest performing group, meaning they have the highest level of imaging. This is not surprising as research has suggested that pain is under-treated by physicians in patients of color.

The variation in rates across languages spoken was also small, within three percentage points. However, English speakers were more likely to avoid unnecessary imaging for low back pain, compared to members who speak other languages. This is consistent with results seen in HEDIS 2018.

Qualitative Analysis

In July 2018, the Quality Improvement Initiatives team mailed to high-volume, low performing PCPs, a low back pain screening tool for providers, as well as a member educational material which providers can utilize in conversations with patients about why imaging may not be appropriate. The provider guide includes an at-a-glance algorithm flyer: Back Pain in Adults: Guidelines for Diagnosing and Treatment and a patient questionnaire scoring tool pocket card: The Keel STarT Back Screening Tool. This information is also incorporated into our Clinical Practice Guidelines. The mailer was targeted to providers with low LBP scores and 30 or more members. The materials have also been made available at conferences and providers can also have them delivered to their office at no cost. This measure is challenging to address because very few providers have large volume of patients that meet the criteria making it difficult to target providers efficiently. Furthermore, patient demand for imaging and the need for visual evidence continue to be a barrier in improving rates²⁹. An additional barrier is the data lag from facilities, such as hospitals submitting claims over six months to one-year-old.

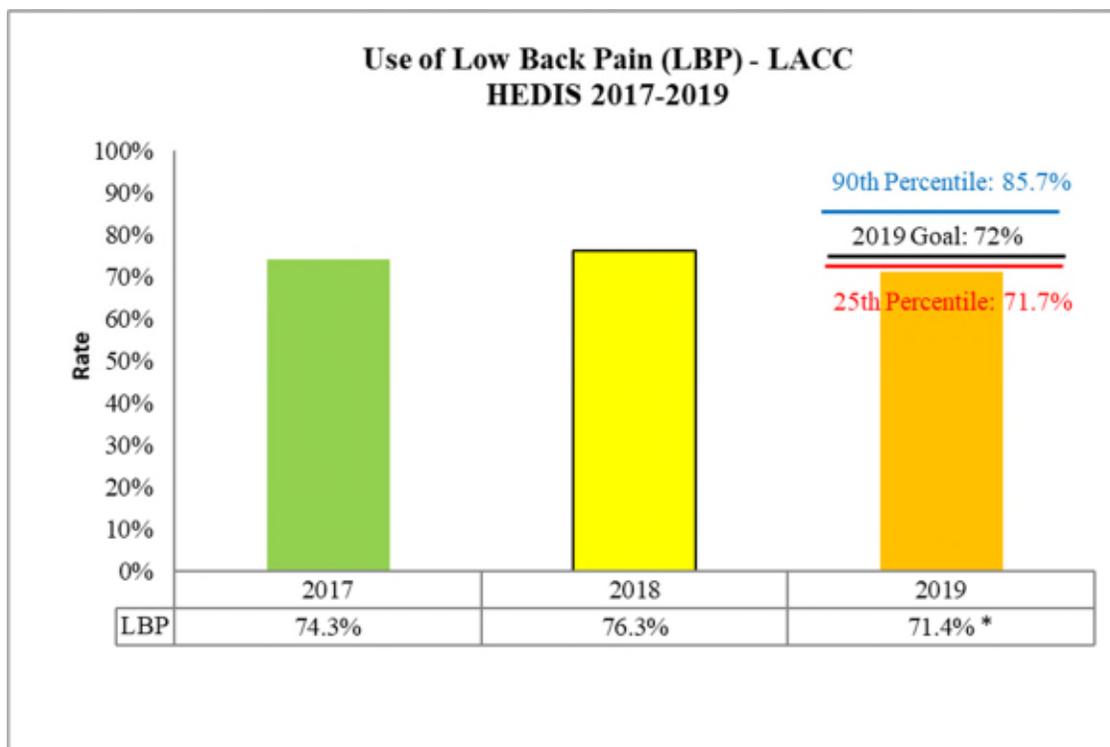
In evaluating the effectiveness of the 2018 intervention, L.A. Care determined that 9% of the targeted providers showed a statistically significant improvement and 49% showed any improvement in MY2018 compared to MY 2017. In further review of the outcomes, it was determined that the target list for the 2018 intervention was pulled incorrectly; because this is an inverted measure, the high-performing providers were mistakenly identified as low performing. Still, the results on the high-performing group seem encouraging. L.A. Care will evaluate the outcomes of the 2019 intervention in 2020. The denominator for LBP increased by 26% from the previous year, we believe the positive impact on the interventions was mitigated by the increase in denominator. L.A. Care will continue to promote and make available the clinical practice guidelines along with the screening tool to help steer members and providers away from unnecessary imaging.

²⁹ Chou R, Qaseem A, Owens DK, Shekelle P, for the Clinical Guidelines Committee of the American College of Physicians. Diagnostic Imaging for Low Back Pain: Advice for High-Value Health Care from the American College of Physicians. *Ann Intern Med*;154:181–189.

In 2019 providers were identified by flagging those physicians who requested more images for uncomplicated low back pain, the mailing was sent L.A. Care Covered and Medi-Cal direct network providers with 10 or more members and scored below 80%. In 2019 the mailing was sent to 130 providers who account for over 20% of the membership.

RESULTS

The following graph compares L.A. Care in 2017, 2018, and 2019:



Covered California Quality Rating System 25th and 90th percentiles

LACC

Quantitative Analysis

The LACC HEDIS 2019 rate for LBP was 71.4%. This was a decrease of 5.0 percentage points from the 2018 rate of 76.3%, the decrease was statistically significant. The 25th percentile of 71.7% was not met. This measure was 0.3 percentage points below the 25th percentile. The 2019 goal of 72% was not met.

The denominator for this measure for 2018 was 409 which is an increase from last year by 291 members. We will continue to monitor rates going forward; we expect the denominator to increase as enrollment increases.

Qualitative Analysis

In July 2018, the Quality Improvement Initiatives team mailed to high-volume, low performing PCPs, a low back pain screening tool for providers, as well as a member educational material which providers can utilize in conversations with patients about why imaging may not be appropriate. The provider guide includes an at-a-glance algorithm flyer: Back Pain in Adults: Guidelines for Diagnosing and Treatment and a patient questionnaire scoring tool pocket card: The Keel STarT Back Screening Tool. The mailer was

targeted to providers with low LBP scores and 30 or more members. The materials have also been made available at conferences and providers can also have them delivered to their office at no cost. This measure is challenging to address because very few providers have large volume of patients that meet the criteria making it difficult to target providers efficiently. Furthermore, patient demand for imaging and the need for visual evidence continue to be a barrier in improving rates³⁰. An additional barrier is the data lag from facilities, such as hospitals submitting claims over six months to one-year-old.

In evaluating the effectiveness of the 2018 intervention, L.A. Care determined that 9% of the targeted providers showed a statistically significant improvement and 49% showed any improvement in MY2018 compared to MY 2017. In further review of the outcomes, it was determined that the target list for the 2018 intervention was pulled incorrectly; because this is an inverted measure, the high-performing providers were mistakenly identified as low performing. Still, the results on the high-performing group seem encouraging. L.A Care will evaluate the outcomes of the 2019 intervention in 2020. L.A. Care will continue to promote and make available the clinical practice guidelines along with the screening tool to help steer members and providers away from unnecessary imaging.

While this product line likely experience the same level of barriers as Medi-Cal, patient demand for service and the need for visual evidence by physicians, this product line may also be more sensitive to cost. LACC members have copays, unlike Medi-Cal members. In 2019 providers were identified by flagging those physicians who requested more images for uncomplicated low back pain, the mailing was sent L.A. Care Covered and Medi-Cal direct network providers with 10 or more members and scored below 80%.

We will continue to promote the clinical practice guidelines and tools to ensure that members are appropriately screened.

2020 WORK PLAN GOALS

HEDIS Measure	2020 Medi-Cal Goal	2020 LACC Goal
Use of Imaging Studies for Low Back Pain	76%	74%

³⁰ Chou R, Qaseem A, Owens DK, Shekelle P, for the Clinical Guidelines Committee of the American College of Physicians. Diagnostic Imaging for Low Back Pain: Advice for High-Value Health Care from the American College of Physicians. *Ann Intern Med*;154:181–189.

C.3.b DEPRESSION SCREENING AND FOLLOW-UP FOR ADOLESCENTS AND ADULTS (DSF)

2019 WORK PLAN GOALS

HEDIS Measure	2019 Medi-Cal Goal	2019 Medi-Cal Rate	2019 CMC Goal	2019 CMC Rate
Depression Screening - Total	N/A	0.03%	N/A	0.27%
Follow-up on Positive Screening - Total	N/A	27.50%	N/A	0%

*New HEDIS measure in 2018

MAJOR ACCOMPLISHMENTS

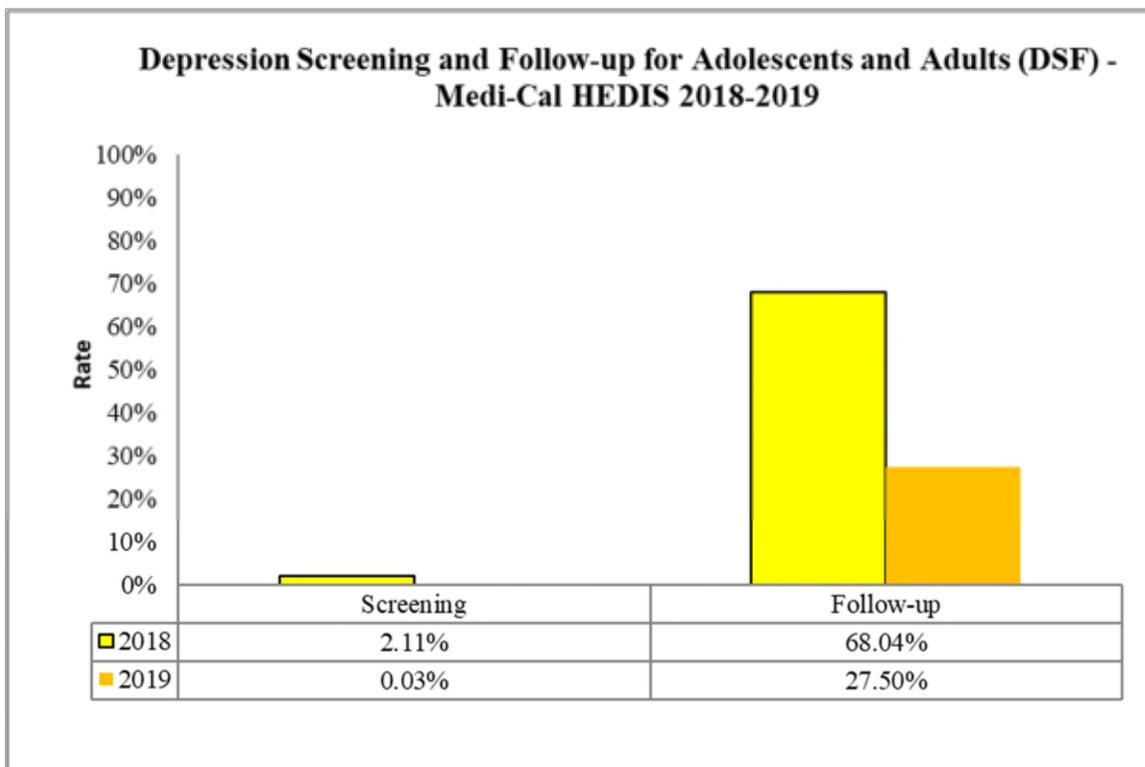
- N/A

Description of Measure

HEDIS Measure	Specific Indicator(s)	Measure Type
Depression Screening and Follow-up for Adolescents and Adults (DSF)	The percentage of members 12 years of age and older who were screened for clinical depression using a standardized tool and, if screened positive, who received follow-up care within 30 days.	Admin

RESULTS

MEDI-CAL



Quantitative Analysis
Medi-Cal

The 2019 rate for Medi-Cal for Depression Screening for Adolescents and Adults was 0.03% which is 2.08 percentage points lower than the 2018 rate. This is the second year we have started to monitor this measure and as a result there are no benchmarks or goals. The Follow up on Positive Screening rate was 27.50%, this was 40.54 percentage points lower than the 2018 rate.

CMC

The HEDIS 2019 rate for Depression Screening was 0.27%. The Follow up for Positive Screening was 0%.

Disparity Analysis

Depression Screening Rates by Race/Ethnicity and Language (Medi-Cal)

ECDS*	Race/Ethnicity					Language		
HEDIS 2018	African American	Hispanic	Asian	White	Other/Unknown	English	Spanish	Other/Unknown
Numerator	58	172	18	215	36	172	147	6
Denominator	111,406	538,273	98,691	685,826	111,506	624,024	300,651	55,185
Rate	0.05%	0.03%	0.02%	0.03%	0.03%	0.03%	0.05%	0.01%

*Electronic Clinical Data System (ECDS)

L.A. Care conducts a disparity analysis annually for its priority Medi-Cal HEDIS measures. Asian American members were the lowest performing group. African American members were the highest performing group. While White and Hispanics fell in between both groups.

Spanish speakers were almost twice as likely to be screened for depression at 0.05% as English speakers which is consistent with the finding for ethnicity. Those who spoke something other than those two languages or if the language was unknown had the lowest rates (0.01%). Rates by Ethnicity for the Follow up rate were not calculated due to a small sample size

Quantitative Analysis

Rates for depression screening are low for Medi-Cal. The Behavioral Health work group, has stated that depression screening has become more common over the years but this information is infrequently coded. Depression screening information is often recorded in survey such as the PHQ-2 and/ or PHQ-9 in the medical record including electronic health records (EHRs). This HEDIS measures relies on electronic data and as a result rates appear very low. L.A. Care only receives data from a few EHRs and this is likely the main reason rates appear low.

Depression Screening rates are higher among CMC members than Medi-Cal members (0.27% vs. 0.03%, respectively). This may be due to several factors unique to Medicare. CMS has been incentivizing a similar measure in the past and there may be more knowledge among providers about screening members. Secondly, there are several opportunities for providers to document this information such as their Annual Wellness Exam and the Health Risk Assessment (HRA) that must be conducted on all members may have an effect on Screening. Interestingly, the rate for Follow up after a positive screen is lower among CMC members than Medi-Cal members. This may be due to fewer members initiating medication use after screening positive for depression or due to missing data. Data loss may be high among CMC member since their care may be happening through our MBHO. The subject matter experts from the Behavioral Health work group, have stated depression screening has become more common over the years but this information

is infrequently coded. Depression screening information is often recorded in survey such as PHQ-9 in the medical record including electronic health records (EHRs). This HEDIS measures relies on electronic data and rates appear very low. Educating providers to code screenings and/or capture that information in electronic health records is key to increasing rates.

In August 2019, QI hosted a webinar with BH and QPM team titled “L.A. Care’s Depression Screening and Follow Up” to educate providers on the importance of screening and following up on depression which include CPT codes to use for billing purposes.

2020 WORK PLAN GOALS:

HEDIS Measure	2020 Medi-Cal Goal
Depression Screening and Follow-up for Adolescents and Adults (DSF)	Medi-Cal Screening: 3% Medi-Cal Follow-Up: 30%

D. PATIENT SAFETY OR OUTCOMES ACROSS SETTINGS

D.1 PHARMACY INITIATIVES AND MANAGEMENT

AUTHOR: ANN PHAN, PHARM.D, NICOLE QUANG, PHARM.D, & MARY ANNE CHOI, PHARM.D
REVIEWER: MARIA CASIAS, RN & JAMES KYLE, MD

BACKGROUND

L.A. Care's Pharmacy Benefit Manager (PBM) group, Navitus, is delegated the following functions: Coverage Determinations, Formulary Administration, and Clinical Programs.

CONCURRENT DRUG UTILIZATION REVIEW (DUR) --info from Navitus

Administered by Navitus, this program (applies to all LOBs) helps pharmacists in protecting member health and safety by ensuring they receive the appropriate medications through hard and soft electronic rejects at point-of-sale in the pharmacy. Hard rejects require outreach to Navitus Customer Care for evaluation before the claim can adjudicate. Soft rejects require review by a pharmacist and can be overridden at point-of-sale.

<i>Drug Drug Interactions (DDI)</i>	<i>Claim history indicates fills of two or more drugs that when taken together, can cause unpredictable or undesirable effects</i>
<i>High Dose Alert (HD)</i>	<i>Dose prescribed is considered excessive or dangerous when compared to the recommended dosing</i>
<i>Low Dose Alert (LD)</i>	<i>Dose prescribed is considered low or ineffective when compared to the recommended dosing</i>
<i>Underuse (LR)</i>	<i>Member has not followed the expected refill schedule to ensure the recommended therapy duration</i>
<i>Insufficient Duration (MN)</i>	<i>The duration of the prescription may not be able to fulfill the adequate therapeutic effect</i>
<i>Excessive Duration (MX)</i>	<i>The period of time for the prescription is considered excessive or dangerous when compared to the recommended dosing</i>
<i>Patient Age (PA)</i>	<i>Medication is contraindicated, unintended, or untested for use by patients of this age</i>
<i>Drug Sex (SX)</i>	<i>Medication is contraindicated, unintended, or untested for use by patients of this sex</i>
<i>Therapeutic Duplication (TD)</i>	<i>This service identifies prescriptions that provide the same therapeutic effect.</i>
<i>Morphine Equivalent Dose (ER)</i>	<i>Detects members that have ≥ 90mg Morphine Equivalent Doses, two or more pharmacies and two or more doctors for active opioid claims</i>

<i>Dose Range (DR)</i>	<i>Identifies a member whose acetaminophen use was greater than 4 grams (4,000 mg) per day</i>
<i>Opioid Naïve (925)</i>	<i>Identifies members with an incoming fill of an opioid claim for greater than 7 days supply if had not filled an opioid claim in the past 108 days</i>

Medi-Cal

CDUR Edits	# of Claims with Safety Edit			
	Q3 2018	Q4 2018	Q1 2019	Q2 2019
DDI (<i>Drug-Drug Interaction</i>)	491,188	507,259	486,423	466,602
DDI (<i>Benzo + Opioid</i>)	-	-	19,437	17,509
<i>DDI Stayed Rejected</i>	2,957	3,283	6,451	5,885
HD (<i>High Dose</i>)	44,929	49,738	59,817	51,919
<i>HD Stayed Rejected</i>	1,286	1,318	1,700	1,616
LD (<i>Low Dose</i>)	83,319	82,673	76,307	69,867
LR (<i>Underuse</i>)	399,650	397,805	423,727	403,755
MN (<i>Insufficient Duration</i>)	9,677	9,406	10,071	8,909
MX (<i>Excessive Duration</i>)	45,225	45,317	42,508	37,535
SX (<i>Drug-Sex</i>)	1,180	1,211	1,095	713
PA (<i>Patient-Age</i>) Levels 1-3	149,000	155,084	154,145	143,166
PA <i>Codeine/Tramadol & Cough & Cold</i>	149,000	155,084	154,145	143,166
<i>PA Stayed Rejected</i>	-	-	64	44
TD (<i>Therapeutic Buprenorphine</i>)	-	-	-	-
TD (<i>Long Acting Opioids</i>)	-	-	724	200
TD (<i>Other Therapeutic Duplication</i>)	225,662	232,012	267,962	228,513
<i>TD (Other Therapeutic Duplication) Stayed Rejected</i>	N/A	N/A	75	47

CDUR Edits	# of Claims with Safety Edit			
	Q3 2018	Q4 2018	Q1 2019	Q2 2019
DR (Dose Range - APAP)	2,434	2,651	3,001	2,440
<i>DR Stayed Rejected</i>	978	1,047	1,244	890
ER (Morphine Equivalent Dose)	376	252	204	163
<i>ER Stayed Rejected</i>	155	119	98	64
Totals	1,452,672	1,483,427	1,548,214	1,431,364

The number of claims in our Medi-Cal population with a CDUR safety edit has remained stable. The most common type of CDUR edit across all LOBs is for Drug-Drug Interactions, which can result in either a message to the pharmacist or a soft reject depending on the severity level of the identified interaction, and would require the pharmacist to resolve the issue prior to dispensing the medication.

CMC

CDUR Edits	# of Claims with Safety Edit			
	Q3 2018	Q4 2018	Q1 2019	Q2 2019
925 – Opioid Naïve	-	-	306	294
Opioid Naïve Stayed Rejected	-	-	180	172
DDI (<i>Drug-Drug Interaction</i>)	38,155	39,801	38,797	37,720
DDI (Benzo + Opioid)	N/A	N/A	1,551	1,467
<i>DDI Stayed Rejected</i>	207	238	635	589
HD (<i>High Dose</i>)	2,019	2,185	2,147	2,223
<i>HD Stayed Rejected</i>	1	-	5	4
LD (<i>Low Dose</i>)	4,132	4,250	3,751	3,618
LR (<i>Underuse</i>)	17,220	16,915	18,301	17,720
MN (<i>Insufficient Duration</i>)	653	684	678	623

CDUR Edits	# of Claims with Safety Edit			
	Q3 2018	Q4 2018	Q1 2019	Q2 2019
MX (<i>Excessive Duration</i>)	1,791	1,905	1,597	1,485
SX (<i>Drug-Sex</i>)	51	55	39	23
PA (<i>Patient-Age</i>) Levels 1-3	26,515	25,948	23,112	23,234
PA Codeine/Tramadol & Cough & Cold	-	-	-	-
<i>PA (Stayed Rejected)</i>	-	-	-	-
TD (Buprenorphine)	-	-	140	24
TD (Long-acting Opioids)	-	-	86	17
TD (<i>Other Therapeutic Duplication</i>)	16,627	17,299	19,804	17,422
<i>TD (Stayed Rejected)</i>	-	-	17	6
DR (<i>Dose Range-APAP</i>)	90	94	104	106
<i>DR Stayed Rejected</i>	43	68	60	59
ER (<i>Morphine Equivalent Dose</i>)	8	19	23	22
<i>ER Stayed Rejected</i>	4	12	15	12
Totals	107,287	109,191	110,552	105,998

The CDUR edits for CMC members did decrease across Q3 2018 to Q2 2019, which may correlate with a slight decrease in membership (from 16,182 members in Q3 2018 to 15,961 in Q2 2019). A new CDUR edit was put in place, 925-Opioid Naïve, to curb overutilization of opioids when it is the first time a member is picking up an opioid prescription.

Covered CA

CDUR Edits	# of Claims with Safety Edit			
	Q3 2018	Q4 2018	Q1 2019	Q2 2019
<i>DDI (Drug-Drug Interaction)</i>	24,614	25,555	23,445	27,447
<i>DDI (Benzo + Opioid)</i>	-	-	747	757
<i>DDI Stayed Rejected</i>	200	175	314	346
<i>HD (High Dose)</i>	1,562	1,588	1,763	2,227
<i>HD Stayed Rejected</i>	58	45	78	192
<i>LD (Low Dose)</i>	3,775	3,837	3,427	3,645
<i>LR (Underuse)</i>	24,010	25,128	28,171	28,171
<i>MN (Insufficient Duration)</i>	672	624	712	712
<i>MX (Excessive Duration)</i>	1,552	1,537	1,319	1,319
<i>SX (Drug-Sex)</i>	59	57	26	26
<i>PA (Patient-Age)</i>	6,866	7,384	7,879	7,879
<i>PA Codeine/Tramadol & Cough & Cold</i>	-	-	1	1
<i>PA Stayed Rejected</i>	-	-	-	-
<i>TD (Buprenorphine)</i>	11	6	4	8
<i>TD (Long-acting Opioids)</i>	-	-	71	23
<i>TD (Other Therapeutic Duplication)</i>	11,867	12,700	14,000	14,847
<i>TD (Stayed Rejected)</i>	-	-	11	11
<i>DR (Dose Range-APAP)</i>	35	31	29	25
<i>DR Stayed Rejected</i>	5	5	7	4
<i>ER (Morphine Equivalent Dose)</i>	4	7	10	3
<i>ER Stayed Rejected</i>	1	-	1	1
Totals	75,030	78,454	77,867	87,090

The growth seen in the amount of CDUR edits increased from Q3 2018 to Q2 2019 is correlated to increasing membership and prescription count (from 71,717 members in Nov 2018 to 81,549 members in Aug 2019).

PASC

CDUR Edits	# of Claims with Safety Edit			
	Q3 2018	Q4 2018	Q1 2019	Q2 2019
<i>DDI (Drug-Drug Interaction)</i>	17,874	18,453	18,196	18,280
<i>DDI (Benzo + Opioid)</i>	-	-	731	666
<i>DDI Stayed Rejected</i>	101	117	240	222
<i>HD (High Dose)</i>	985	1,002	1,024	1,179
<i>HD Stayed Rejected</i>	37	42	57	75
<i>LD (Low Dose)</i>	2,225	2,188	1,983	1,648
<i>LR (Underuse)</i>	17,519	17,876	18,670	18,544
<i>MN (Insufficient Duration)</i>	322	303	315	301
<i>MX (Excessive Duration)</i>	927	850	777	629
<i>SX (Drug-Sex)</i>	60	47	36	8
<i>PA (Patient-Age) Levels 1-3</i>	6,827	6,799	6,612	6,883
<i>PA Codeine/Tramadol & Cough & Cold</i>	-	-	-	-
<i>PA Stayed Rejected</i>	-	-	-	-
<i>TD (Buprenorphine)</i>	4	5	40	7
<i>TD (Long-acting Opioids)</i>	N/A	N/A	50	17
<i>TD (Other Therapeutic Duplication)</i>	7,317	7,687	9,297	8,142
<i>TD Stayed Rejected</i>	1	1	8	5
<i>DR (Dose Range-APAP)</i>	16	14	12	10
<i>DR Stayed Rejected</i>	4	3	-	1
<i>ER (Morphine Equivalent Dose)</i>	2	3	5	6
<i>ER Stayed Rejected</i>	-	2	3	3
Totals	54,079	55,227	57,828	56,320

The numbers of interventions for PASC have remained relatively stable from Q3 2018 to Q2 2019 in relation to its member population of 50,680 as of August 2019.

RETROSPECTIVE DUR (info from Navitus)

Administered by Navitus, the following are safety measures in place for L.A. Care members in all LOBs.

Product Name	Prescriber Message	Value for Member Identification/ Inclusion
<i>Morphine Milligram Equivalent (MME) - NEW for 7/2019</i>	The Morphine Milligram Equivalent (MME) program identifies patients who have been prescribed an average of 90 MME or greater per day by one or more physicians within a specific timeframe.	Patient's average daily MME is \geq 90 during 4 months of timeframe, excluding members with cancer
<i>Multi-Prescriber</i>	The Multi-Prescriber Program identifies patients that have utilized multiple prescribers to obtain prescription medications during the last four months. Patients who seek prescriptions from multiple prescribers are at a higher risk for duplicate therapy and/or dug-to-drug interactions.	Patient received prescriptions from 7 or more <i>unique</i> prescribers per month in 2 of 4 months
<i>Controlled Substance Monitoring (CSM)</i>	The Controlled Substance Monitoring (CSM) Program highlights patients with potential overuse of controlled medications (schedules II through V). The profiles identified contain an unusually high number of prescribers, pharmacies and prescriptions for controlled medications during the last four months.	Patient had 9 or more controlled substance prescriptions + Prescribers + Pharmacies in 2 of 4 months
<i>CSM Repeat Alert + Repeat Alert</i>	CSM Repeat Alert is an extension of our CSM program for patients with regular, high utilization of controlled medications. CSM Repeat Alert identifies patients who have been included in the CSM program at least four times in the last two years.	Patient identified in original CSM product mailing 4 or more times over 2-year period
<i>Duplicate Therapy</i>	The Duplicate Therapy program identifies patients using multiple drugs in the same therapeutic class consistently during the last four months. Duplicate therapy has the potential for additive toxicity, adverse effects and may cause therapeutic redundancy without increased benefit to the patient. Additionally, simplifying the patient's drug regimen to one drug may save the patient money and lead to greater adherence.	Patient had 2 or more prescriptions in the same drug class during 4 month look-back period
<i>Multi-Prescription</i>	The Multi-Prescription Program identifies patients with a high number of medications, and that have demonstrated a consistent pattern of utilization during the last four months. Research has shown that as the number of medications used by a patient increases the potential for adverse drug events increases exponentially.	Patient received 13 or more prescriptions per month in previous 2 of 4 months
<i>Expanded Fraud, Waste & Abuse</i>	The Expanded Fraud, Waste and Abuse Program identify patients whose last four months of claims include medications with potential for overuse or abuse. Continued abuse of these drugs over time could result in unfavorable health outcomes.	Patient had 7 or more <i>non-controlled prescriptions</i> with abuse potential + Prescribers + Pharmacies per month for 2 out of 4 months

Product Name	Prescriber Message	Value for Member Identification /Inclusion
Triple Threat + Repeat Alert	Navitus Health Solutions' Triple Threat program uses retrospective claims data to identify patients who have concurrent use of opioids, benzodiazepines/hypnotics and skeletal muscle relaxants in the past four months. This combination of drugs can be subject to abuse as it produces euphoric sensations similar to heroin. Using these medications together has led to many reported overdoses and emergency room visits in the past decade. The repeat alert identifies patients who have been included in the Triple Threat Program at least four times in the last two years.	Patient had 7 RXs for each of the following drug classes: opioids, muscle relaxants, and benzodiazepines/sleep aids in a month for 2 of 4 months

Medi-Cal

Safety Intervention Name	November 2018 Look-Back Period: 7/1/2018 – 10/31/2018		March 2019 Look-Back Period: 11/1/2018 – 2/28/2019		July 2019 Look-Back Period: 3/1/201 – 6/30/2019	
	Members Identified	% Improved	Members Identified	% Improved	Members Identified	Prescribers Mailed
Morphine Miligram Equivalent	-	-	-	-	762	426
Multi-Prescriber	271	52.77%	245	53.47%	258	2,363
Controlled Substance Monitoring	135	61.48%	116	63.79%	84	376
CSM Repeat Alert	47	57.45%	24	50%	18	95
Duplicate Therapy	530	46.42%	595	50.92%	570	681
Triple Threat	786	48.09%	628	45.06%	481	807
Triple Threat Repeat Alert	505	20.79%	514	26.07%	433	566
Multi-Prescription	2,576	26.20%	2,529	27.72%	2,434	4,155
Expanded Fraud, Waste & Abuse	83	62.65%	107	71.03%	68	215
Totals	4,933	34.64%	4,758	36.02%	5,108	9,684

RDUR safety interventions appear to have contributed to the reduction of controlled substance overutilization since a steady decline of members identified for controlled substance monitoring and repeat alerts over the last three quarters. A new Morphine Milligram Equivalent measure started in July 2019 across all lines of businesses which will further help curb overutilization of controlled medications.

CMC

Safety Intervention Name	November 2018 Look-Back Period: 7/1/2018 – 10/31/2018		March 2019 Look-Back Period: 11/1/2018 – 2/28/2019		July 2019 Look-Back Period: 3/1/201 – 6/30/2019	
	Members Identified	% Improved	Members Identified	Prescribers Mailed	Members Identified	Prescribers Mailed
Morphine Miligram Equivalent	-	-	-	-	44	56
Multi-Prescriber	20	45%	19	52.63%	24	242
Controlled Substance Monitoring	10	30%	7	71.43%	2	7
CSM Repeat Alert	2	50%	2	50%	0	0
Duplicate Therapy	38	63.16%	40	52.50%	41	66
Triple Threat	58	48.28%	35	51.43%	32	70
Triple Threat Repeat Alert	39	20.51%	41	29.27%	31	65
Multi-Prescription	143	25.87%	147	28.57%	131	411
Expanded Fraud, Waste & Abuse	6	83.33%	2	50%	2	5
Totals	316	36.39%	293	37.54%	307	922

The number of RDUR interventions appear to be stable over the course of 2018 into 2019. A trend is difficult to discern for CMC due to its smaller membership in comparison to Medi-Cal and resulting low volume of RDUR safety interventions.

Covered CA

Safety Intervention Name	November 2018 Look-Back Period: 7/1/2018 – 10/31/2018		March 2019 Look-Back Period: 11/1/2018 – 2/28/2019		July 2019 Look-Back Period: 3/1/201 – 6/30/2019	
	Members Identified	% Improved	Members Identified	Prescribers Mailed	Members Identified	Prescribers Mailed
Morphine Miligram Equivalent	-	-	-	-	29	30
Multi-Prescriber	2	100%	0	-	2	22
Controlled Substance Monitoring	6	33.33%	3	33.33%	1	6
CSM Repeat Alert	1	100%	0	-	1	5
Duplicate Therapy	10	30%	16	68.74%	20	32
Triple Threat	34	44.12%	33	51.52%	29	61
Triple Threat Repeat Alert	9	0%	5	20%	9	27
Multi-Prescription	9	44.44%	11	45.45%	14	59
Expanded Fraud, Waste & Abuse	1	100%	6	33.33%	1	2
Totals	72	38.89%	64	50%	106	244

The increase in Covered CA can be attributed to the increase invoiced membership.

PASC

Safety Intervention Name	November 2018 Look-Back Period: 7/1/2018 – 10/31/2018		March 2019 Look-Back Period: 11/1/2018 – 2/28/2019		July 2019 Look-Back Period: 3/1/201 – 6/30/2019	
	Members Identified	% Improved	Members Identified	Prescribers Mailed	Members Identified	Prescribers Mailed
Morphine Miligram Equivalent	-	-	-	-	35	39
Multi-Prescriber	1	100%	1	0%	2	19
Controlled Substance Monitoring	3	100%	1	100%	2	6
CSM Repeat Alert	0	-	0	-	0	0
Duplicate Therapy	22	45.45%	10	50%	13	20
Triple Threat	34	56.52%	22	63.64%	5	15
Triple Threat Repeat Alert	25	13.33%	12	16.67%	13	23
Multi-Prescription	22	45.45%	11	45.45%	16	61
Expanded Fraud, Waste & Abuse	3	100%	1	0%	1	2
Totals	67	47.76%	58	46.55%	87	185

The number of RDUR interventions for PASC have increased from November 2018 to July 2019; however, still relatively remains incremental compared to the total PASC member population (50,680 members as of August 2019)

COVERAGE DETERMINATIONS

Navitus is also delegated the coverage determination process for all LOBs. L.A. Care’s Pharmacy and Formulary Department is monitoring Navitus’ coverage determination processes to assure they meet state and federal regulations.

APPEALS

Pharmacists from L.A. Care’s Pharmacy and Formulary Department provide clinical consulting services to the Appeals and Grievances (A&G) department on reviewing pharmacy appeal cases.

The pharmacist assists the A&G team by obtaining additional necessary medical information and providing a complete report on the appeal request, which is then sent to the medical director for a review and decision to overturn or uphold the appeal request.

D.1.a APPROPRIATE MEDICATION MANAGEMENT

CLINICAL PROGRAMS FOR MEDICARE, MEDI-CAL, AND COVERED CA

The following programs were implemented in 2019 to address pharmacy specific quality measures. The clinical pharmacy team continued and launched several in-house initiatives and also collaborated with our Quality Improvement (QI) and Behavioral Health (BH) departments, along with Navitus and SinfoniaRx on several additional programs.

- Pharmacy Star Measures
 - Medication Adherence for Diabetes Medications (D10)
 - Medication Adherence for HTN (RAS Antagonists) (D11)
 - Medication Adherence for Statins (D12)
 - Comprehensive Medication Reviews (D13)

- Pharmacy NCQA Accreditation Measures
 - Osteoporosis Management in Women Who Had a Fracture (OMW)
 - Disease- Modifying Anti-Rheumatic Drug Therapy for Rheumatoid Arthritis (ART)
 - Avoidance of Antibiotic Therapy for Adults with Acute Bronchitis (AAB)
 - Use of High Risk Medication in the Elderly (DAE)
 - Potentially Harmful Drug-Disease Interaction in the elderly (DDE)
 - Statin Therapy for Patients with Diabetes (SPD)
 - Statin Therapy for Patients with Cardiovascular Disease (SPC)
 - Flu Vaccinations for Adults Ages 18-64 (FVA)
 - Flu Vaccinations for Adults Ages 65 and Older (FVO)
 - Pneumonia Vaccination Status for Older Adults (PNU)

MEDICATION ADHERENCE FOR DIABETES MEDICATIONS, HYPERTENSION (RAS ANTAGONISTS), AND STATINS

L.A. Care's pharmacy department relaunched an in-house adherence program March 2019 through August 2019. The program involves a high-touch approach to ensuring adherence is achieved and maintained for CMC members. Technicians in the pharmacy department conduct outbound calls to members, pharmacies and prescribers to investigate barriers to adherence and to remedy the situation when appropriate. Over the course of six months, outreach has been made to over 150 members with a Proportion of Days Covered (PDC) rate of less than 85% to assist with improving medication adherence. In addition, the pharmacy department continued our partnership with Kroger Mail Order Pharmacy to service our members as the mail order pharmacy vendor. Collaborating with Kroger Mail Order Pharmacy will allow our members to benefit from having 90-day supplies of their maintenance medications delivered to their home.

Since July 2018, providers have been receiving a scorecard letter as distributed by Navitus on a quarterly basis. This letter and supplemental tables detail all the members under a respective provider's care that may be exhibiting non-adherence behaviors. Providers are able to quickly identify L.A. Care patients that may need encouragement and counseling in continuing with regular administration of their chronic medications.

With these interventions, PDC rates improved overall from August 2018 to August 2019, with the largest increase observed in diabetes medication adherence (3.9% increase, from 87.9% to 91.8%), followed by RAS antagonist adherence (3.2% increase, from 88.8% to 92%) and statin medication adherence (2% decrease, from 88% to 90%).

The following programs have been in place for 2019 with Navitus and SinfoníaRx. These programs, known as Targeted Medication Reviews (TMR), utilize prescription claims data to identify lapses in therapy and involve quarterly interventions, which entail mailings to the members and providers.

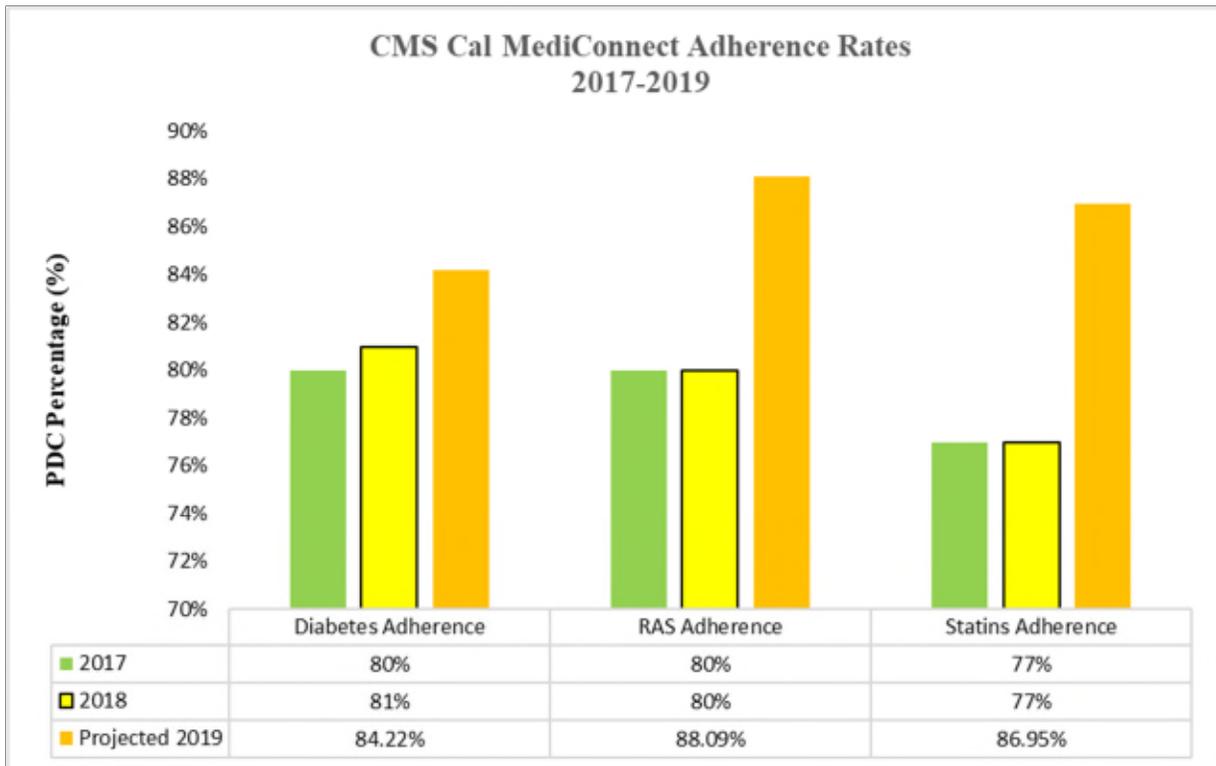
- Cholesterol medication adherence
- RAS antagonist adherence
- Diabetes medication adherence
- High-risk medication identification
- Potentially harmful drug-disease interaction in the elderly
- 90-day conversion program – Prescription faxes to the provider encouraging 90-day supplies
- Statin Therapy for Patients with Diabetes (SPD)
- Statin Therapy for Patients with Cardiovascular Disease (SPC)

MAJOR ACCOMPLISHMENTS

- L.A. Care’s pharmacy team has successfully outreached 158 members (12% of the 1,356 total possible to contact) starting in March 2019, and concluding August 2019, we educated 158 members on vaccinations and converted 30 members to 90-day supply or enrolled in mail order.

RESULTS

The following graphs compare L.A. Care adherence performance at the end of year for 2017, 2018 and projected 2019:



Quantitative Analysis

The Cal MediConnect (CMC) medication adherence rates from contract year (CY) 2018 to CY 2019 saw a slight improvement based upon monthly medication adherence data trends released by CMS via the Acumen Patient Safety Reports (Acumen, LLC; *Patient Safety Analysis 2019*). For CY 2018, the final medication adherence rates were 77%, 80%, and 81% for the Statins, RAS Antagonists, and Diabetes measures, respectively. Given the challenge of resolving barriers to adherence, the pharmacy department targeted members with live telephonic outreach calls with highly trained pharmacy technicians starting earlier in the year (March 2019). The pharmacy team identified cues for non-adherence, such as difficulty obtaining refills or transportation issues, and appropriately mitigated them. The prescriber scorecard, mentioned above, has also contributed to an overall improvement this measurement year. The final 2019 rates listed above are calculated as a forecast for the end of 2019 based on the trends of monthly data from Acumen, and may not be accurate to the true final rate for 2019. In addition, collaborating with Navitus and using the prior CMS Technical Specifications, the pharmacy department projected the medication adherence rates and cut-points for CY 2019. Based upon current projections, we will finish CY 2019 at 86%, 88%, and 84% for the Statins, RAS Antagonists, and Diabetes measures, respectively. Based on cut point projections, we will achieve a 3-star rating for the Diabetes adherence measure and 4-star rating for Statins and RAS Antagonist adherence measures for this measurement year. We will also exceed our original 2019 goals of 77% (Statin), 83% (RAS Antagonists), and 84% (Diabetes).

Qualitative Analysis

Pharmacy aimed to resolve barriers to medication adherence with the ultimate goal of increasing the quality of life for our members and moving the needle in the positive direction for our CMS 5-Star quality measures. If our PDC trends as forecasted, we will remain at a 3-Star rating for Diabetes adherence, and advance to a 4-star rating for the RAS Antagonist and Statin adherence. By the end of 2019, we will also be projected to exceed our 2019 goals of 77% for Statin Adherence, 83% for RAS Antagonists Adherence, and 84% goal for Diabetes Adherence. Cut points for CMS Star measures are updated annually and typically shift upwards (meaning, rate thresholds for each Star level increase) due to changes in the specifications of the measure or changes in the average performance of health plans across the country. This year, with the implementation of the adherence initiatives early on, we anticipate on meeting these cut points.

With the continuation of the medication refill reminder program, we identified and targeted common barriers to medication adherence, such as transportation concerns, difficulty obtaining prescriptions or refills from the provider or pharmacy, side-effects, lack of understanding of a medication's benefit or indication, forgetfulness, and more. Our team also implemented several interventions to triage members and provided the appropriate resources to best aid them in resolving their barriers to medication adherence; However, our department is limited to a finite amount of resources (e.g., staff and time to conduct calls) and cannot reach every eligible member for the Star adherence measures. To assist with these limitations, an IVR refill reminder call campaign is also currently in effect. An additional barrier includes members that state they are adherent with their therapies, though claims data may suggest non-adherence. Nevertheless, our improvement/sustainment in star ratings across all measures demonstrate the effectiveness of our interventions for 2019. With the continuation of the prescriber scorecard in July 2019, we hope to see a consistent increase in adherence performance for measurement year 2020. Some additional barriers identified with the scorecard include improper mailing address of the identified provider (as determined via HMS and claims data), change in providers and coordination of care, misalignment of claims data before and after distribution of the letters, and providers feeling unable to contribute to improved adherence outcomes if members are unwilling to take medications. With these barriers in mind, pharmacy will continue to work with Navitus to find solutions to these problems and educate providers on how best to intervene with their patients' adherence behaviors.

INTERVENTIONS

CMS Cal MediConnect Medication Adherence Measures	Barriers	Actions	Effectiveness of Intervention/ Outcome
Medication Adherence for Diabetes Medications	<ul style="list-style-type: none"> Members experience difficulty in obtaining refills from the pharmacy or provider Members express forgetfulness Members identify transportation issues to getting to their pharmacy for provider Members express a lack of understanding of their medication indication or instructions Member has concerns of side effects from medications 	<ul style="list-style-type: none"> Contact member's pharmacy or provider to assist in obtaining refills for medications Provide tips for adherence Provide Transportation Resources Offer to contact provider for 90-day supply prescription or mail-order pharmacy services Warm transfer to Clinical Pharmacist for consultation Implementation of Kroger Mail Order pharmacy to further assist in boosting adherence 	<ul style="list-style-type: none"> Increase in PDC rate for Diabetes medication adherence measures Advance to estimated 4-Star Rating for RAS Antagonists and Statin medication adherence measures Increase in 90-day supply prescription count
Medication Adherence for Hypertension Medications (RAS Antagonist)			
Medication Adherence for Statins			

LOOKING FORWARD

In addition to continuing the above interventions, L.A. Care also plans the following:

- The goal is to further increase adherence by conducting member outreaches starting end of Q1 of the year and continuing follow-up through the end of August 2019.
- Continue to grow our partnership with Kroger Mail Order Pharmacy to assist in driving adherence and 90-day supply prescription rates up.
- Continue collaborating with Navitus in refining the Provider Scorecard report to deliver provider-specific medication adherence data, measure their performance on each measure, and provide actionable recommendations to improve medication adherence.

MEDICATION THERAPY MANAGEMENT (CMR COMPLETION RATE)

Since the launch of Medicare Part D in October 2006, Part D prescription drug plan sponsors are required to establish a Medication Therapy Management Program (MTMP) that is designed to optimize therapeutic outcomes for target beneficiaries by improving medication use and reducing adverse events. For each contract year since 2008, L.A. Care has been required to submit targeted criteria for eligibility in the MTMP.

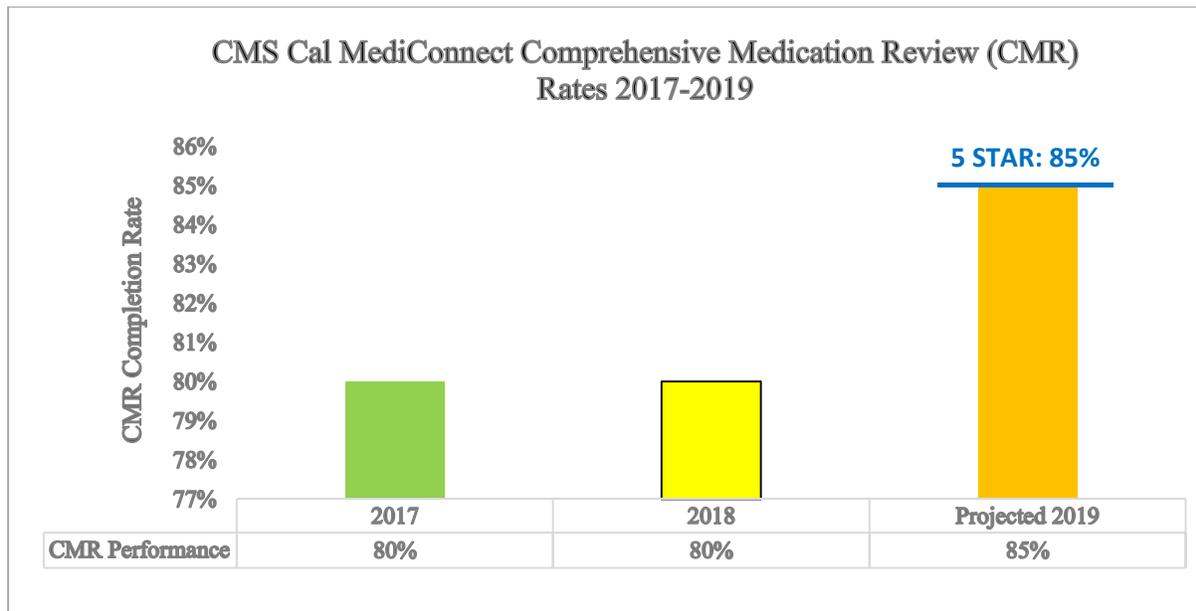
SinfoníaRx currently administers MTM for L.A. Care CMC members. Telephonic Comprehensive Medication Reviews (CMRs) are conducted by SinfoníaRx personnel.

For Contract Year 2019, each beneficiary may receive MTM intervention based on the following criteria:

- 3 or more chronic diseases
- 8 or more covered Part D drugs
- Incurred annual cost of \$4,044 in covered Part D drugs
- Beneficiary is allowed to Opt-Out of the MTM program

As of July 2019, the CMR rate is reported at 54% and approaching goal of 85% by the end of this year. Pharmacy and SinfoníaRx have several year-end interventions planned, including: on-site CMR reviews at prescriber offices and warm-transferring MTM eligible members to a SinfoníaRx pharmacist during live medication reminder calls.

RESULTS



Quantitative Analysis

The Medication Therapy Management (MTM) Comprehensive Medication Review (CMR) Completion Rate measure was added by CMS as a part of the Star Rating in 2016 as a process measure. L.A. Care has partnered with SinfoníaRx to provide our CMC members MTM services. In CY 2018, L.A. Care reached a CMR rate of 80%. The expected CMR completion rate for CY 2019 will be 85%. The pharmacy department developed the 2019 MTM program to ensure members are engaged early to further push our CMR completion rate higher.

Qualitative Analysis

Pharmacy will continue to work with SinfoniaRx to meet the 5-star benchmark for CMR completion.

CMS Cal MediConnect Medication Adherence Measures	Barriers	Actions	Effectiveness of Intervention/Outcome
Medication Therapy Management (MTM)	<ul style="list-style-type: none"> Member engagement by MTM vendor 	<ul style="list-style-type: none"> Warm transfer members during refill reminder calls Engaged Care Management team to encourage MTM eligible members to utilize service 	<ul style="list-style-type: none"> Increase in CMR rate

LOOKING FORWARD

- The goal is to exceed the 5-star goal for 2019 for CMR completion at 85%.

Cal MediConnect CMS Medication Adherence & MTM Measures	2019 Measurement Year Rate (Jul 2019)	Expected End of Year Rate	Projected Star Rating	2019 Goal Rate
Medication Adherence for Diabetes Medications	90.2%	84.2%	3	84.0%
Medication Adherence for Hypertension Medications (RAS Antagonists)	90.4%	88.0%	4	83.0%
Medication Adherence for Statins	89.5%	86.9%	4	77.0%
Medication Therapy Management (MTM)	54.0%	85.0%	5	85.0%

HEDIS MEASURES

L.A. Care Health Plan’s pharmacy department launched several in-house pilot programs to target pharmacy specific HEDIS measures, including: ART and OMW. Highly trained pharmacy interns conducted outreach calls to prescribers to encourage reassessment for members who met the specifications for the Rheumatoid Arthritis and Osteoporosis measures. With the preliminary results from the various pilot programs showing positive responses from providers, pharmacy launched an intervention for OMW to conduct high-touch telephonic outreach to members starting September 2019. The pharmacy interns will educate the affected members on the importance of receiving a DEXA scan or osteoprotective medication. The goal for conducting outreach to members is for the member to make the appointment and have the conversation with their provider, ultimately filling a prescription for an osteoprotective medication or receiving a DEXA scan.

To help boost immunization rates, pharmacy team members encouraged Cal MediConnect members to discuss the flu and pneumococcal vaccines with their PCP or pharmacist during their medication refill reminder calls.

Pharmacy has also collaborated with other teams and departments for their measures as well. In targeting the AAB measure, pharmacy worked with the Quality Improvement team and developed the “Bacteria vs. Virus” poster for distribution among providers identified as high volume prescribers of potentially unnecessary antibiotics. This poster was delivered to providers’ offices end of January 2019. Pharmacy also worked closely with QI, BH, and Navitus to develop a program to target prescribers of ADHD medications with weekly letters and reports, encouraging re-evaluation of the member within a specified timeframe.

After reviewing and submitting for negative CMC formulary changes to high risk medications (HRMs) in the elderly (effective 1/1/2019), pharmacy worked with Navitus in mailing out letters informing providers of the change as well as recommending safer covered alternatives. 734 unique providers received the letter. In addition, pharmacy team outreached to 694 unique prescribers successfully. Pharmacy coordinated with Risk Adjustment and distributed flyers directly to providers’ offices to reduce the rate for DAE.

Effective January 1, 2019, the Opioid Home Program for CMC, mirroring the current Pharmacy Home Program for non-CMC Lines of Business with the addition of a provider-level lock-in, started. The Policy and Procedure for this intervention has been completed as per the CMS Final Rule. To date, there aren't any CMC members locked into the Opioid Home Program. Identification of members are through internal pharmacy reports, HPMS communications, and MARx platform.

INTERVENTIONS

NCQA Accreditation Measures	Barriers	Actions	Effectiveness of Intervention/ Outcome
Osteoporosis Management in Women Who Had a Fracture	<ul style="list-style-type: none"> Members not seeing PCP for follow-up related to their fracture 	<ul style="list-style-type: none"> Calling PCP offices of members identified as not meeting numerator of the measure Faxing PCP offices of members identified as not meeting numerator of the measure High-touch telephonic outreaches to members identified as not meeting numerator of the measure 	<ul style="list-style-type: none"> 7 of the 62 providers outreached either referred member for DEXA Scan or prescribed osteoprotective agent NCQA <25th
Use of High Risk Medications in the Elderly/Potential Harmful Drug-Disease Interactions in the Elderly	<ul style="list-style-type: none"> Risk vs benefit of use of HRMs Removal of original PA criteria for the HRM medication in years prior. 	<ul style="list-style-type: none"> Negative changes to various HRM in CMC formulary effective Jan. 2019 Called and sent mailers to providers identified as prescribing HRM with negative formulary changes Call to members identified as utilizing HRM with formulary changes for next year Worked with Risk Adjustment to distribute flyers directly to providers' offices 	<ul style="list-style-type: none"> 50 providers reported discontinuation of HRM 54 members reported no longer taking HRM Effectiveness will be assessed by trending HRM prescribing via Patient Safety Report
Avoidance of Antibiotic Treatment in Adults with Acute Bronchitis	<ul style="list-style-type: none"> Members not understanding difference between viral and bacterial infections (requiring antibiotics) 	<ul style="list-style-type: none"> Sent a poster to MDO of providers identified as high-volume antibiotic prescribers 	<ul style="list-style-type: none"> Posters distributed end of January 2019 NCQA 75th
Adult Vaccinations	<ul style="list-style-type: none"> Members not understanding pharmacy benefit and coverage of vaccinations 	<ul style="list-style-type: none"> Inclusion of vaccine clinical and pharmacy benefit information on lacare.org (landing site on CMC website as well) High-touch telephonic outreach to members, educating them on importance of receiving vaccinations Advertising to members on receiving flu vaccinations at FRCs and pharmacies 	<ul style="list-style-type: none"> 2018- 65% Effectiveness of interventions will be assessed after the conclusion of the flu campaign

NCQA Accreditation Measures	Barriers	Actions	Effectiveness of Intervention/ Outcome
Statin Therapy for Patients with Cardiovascular Conditions and Diabetes	<ul style="list-style-type: none"> • Members express forgetfulness • Members express a lack of understanding of their medication indication or instructions • Member has concerns of side effects from medications 	<ul style="list-style-type: none"> • Contact member's pharmacy or provider to assist in obtaining refills for medications • Provide tips for adherence • Offer to contact provider for 90-day supply prescription or mail-order pharmacy services • Implementation of Kroger Mail Order pharmacy to further assist in boosting adherence 	<ul style="list-style-type: none"> • To be determined

LOOKING FORWARD

L.A. Care Health Plan's pharmacy department aims to build upon its current quality improvement initiatives and grow relationships with internal and external resources for our 2020 clinical programs.

In addition to the current programs in place, the following are additional programs set to launch in late 2019 to early 2020:

- Pharmacy will be collaborating with QPM to collect data, then pharmacy team will conduct high-touch telephonic outreaches to CMC members who have a diabetes diagnosis that are currently non-adherent to statin therapy.
- Pharmacy will be assisting BH with the AMM measure and conduct high-touch telephonic outreaches to CMC members that do not meet the numerator.
- Continue expanding pilot programs for provider outreach on various HEDIS measures through the pharmacy intern program or the pharmacy residency program.
- Pharmacy team integrating flu campaign into Shingrix outreach calls
- Pharmacy team will be implementing a high-touch telephonic outreach initiative for the SPD and SPC measures in which members that had one fill of a statin medication with either diagnosis of diabetes or cardiovascular disease will be educated and encouraged to fill for a 90-day supply and/or enroll in mail order to increase adherence.

D.2 PATIENT SAFETY

AUTHOR: CHRISTINE CHUEH, RN

REVIEWER: MARIA CASIAS, RN & JAMES KYLE, MD

Patient Safety monitoring ensures protection for the welfare of those receiving care. The patient safety monitoring effort is accomplished through the Potential Quality of Care Issue (PQI) investigation and peer review process. Pharmaceutical safety is another example of an area of focus for patient safety efforts. There are three pharmaceutical safety programs in place: Retrospective Drug Use Evaluation (DUE), Potentially Inappropriate Medication (PIM) and Level 1 (highest) severity drug-drug interactions.

The QI department conducts a thorough internal investigation on all PQIs. In 2019, the investigation and referral processes continued to be enhanced. Criteria for PQI case review was updated to better identify PQI issues specifically for L.A. Care Customer Solution Center call center, Appeal and Grievances and L.A. Care internal care management and health services teams. The Quality Improvement (QI) department worked with Learning and Development Team and developed a self-paced online PQI training to raise L.A. Care staff's understanding of appropriate identification of PQIs. This training was launched June 2019. The PQI referral had a significantly increase in 2018 and it continued in 2019, particularly with referrals from the call center. The QI department continues working with all referral sources to monitor appropriate submission of PQIs. The vetting for an electronic system started in 2018 and continued in 2019. The electronic system solution would further enhance the review process and documentation. In addition to referral based on PQI criteria, a mortality report is being developed allowing a stringent review of encounter data to proactively identify potential quality of care concerns.

Critical Incident (CI) Reporting is another patient safety monitoring program in place to promote the health, safety and welfare of L.A. Care's Cal MediConnect members. All L.A. Care staff and network providers are trained to identify and report all Critical Incidents (abuse, exploitation, neglect, disappearance/missing member, a serious life threatening event, restraints or seclusion, suicide attempt or unexpected death) by member when identified. Starting in 2018 and continuing in 2019, the QI department worked closely with Learning and Career Services to enhance the Critical Incident Training process and modules to better identify CI's as well as increase compliance with CI reporting from all contracted/delegated entities. The QI department takes every opportunity to educate L.A. Care internal departments about Critical Incident Reporting. The Critical Incident Reporting information was included in the self-paced online PQI training that was launched in June 2019. The Quality Improvement (QI) department is responsible for tracking and trending of all CIs, and reporting them to L.A. Care Compliance department.

L.A. Care also enhanced patient safety through the facility site review (FSR) process by monitoring elements related to patient health and safety. The two measures monitored were: (a) Needle stick safety precautions practiced on site, and (b) Spore testing of autoclave/steam sterilizer with documented results (at least monthly). Compliance with needle stick precautions increased from 73% in 2018 to 78% in 2019. Spore testing increased from 79% in 2018 to 80% in 2019. Neither was statistically significant.

D.3 POTENTIAL QUALITY ISSUES AND CRITICAL INCIDENT REPORTING AND TRACKING

SECTION 1: POTENTIAL QUALITY ISSUES

AUTHOR: CHRISTINE CHUEH, RN

REVIEWER: MARIA CASIAS, RN & JAMES KYLE, MD

2019 WORK PLAN GOAL:

- 100% of Potential Quality Issues (PQIs) will be closed within 6 months.

BACKGROUND

Investigation of PQIs is a fundamental, but extremely valuable way to monitor patient safety in the network and identify opportunities to reduce the risk of recurrence. A Potential Quality Issue is defined as an individual occurrence or occurrences with a potential or suspected deviation from accepted standards of care, including diagnostic or therapeutic actions or behaviors that are considered the most favorable in affecting the patient's health outcome, which cannot be affirmed without additional review. A potential quality issue may include, but is not limited to, a physician's medical knowledge, clinical skill, judgment, appropriate record documentation, medication management, appropriate diagnosis, continuity and coordination of care, and medical errors—all of which impact patient safety and/or health outcomes. Sources of PQIs include, but are not limited to, Utilization Management staff, Care Management staff, Customer Solution Center staff, other physicians, member grievances and overturned appeals. Provider Quality Review (PQR) Nurses in the Quality Improvement Department (QI) conduct a thorough internal investigation on all potential quality issues, including a review of the incident as reported or alleged as well as responses from the provider group/practitioner and relevant medical records, when appropriate. The nurse assigns the quality of care or quality of service category and a preliminary level, obtaining input from the Medical Director, if needed. For cases with a severity level 3 or 4 (moderate or serious quality of care concern), at the discretion of the Medical Director, PQIs are presented to the Peer Review Committee for review and final leveling and action. An external physician review may be obtained at any point, if needed. Upon the peer review committee's determination that care is not appropriate, remedial measures include, but are not limited to, education or Corrective Action Plan. All cases must be closed within six months. If a PQI investigation cannot be completed within six months, a one-month extension maybe granted with a medical director's or designee's approval. The approved extension shall be documented in the case summary. PQI investigation is a delegated QI activity to plan partners (Anthem Blue Cross Health Plan, Blue Shield Promise Health Plan and Kaiser Permanente Health Plan) for the Medi-Cal line of business as well as to Specialty Health Plan (SHP) Beacon Health Strategies for Behavior Health Services. Plan Partners and SHP are required to comply with the PQI policy and procedure and close all investigations within six calendar months. The QI department conducts delegation oversight of PQI activities through quarterly report reviews and annual oversight audits.

MAJOR ACCOMPLISHMENTS

- L.A. Care Quality Improvement (QI) continued the collaborative work with Customer Solution Center Member Retention Unit, Appeal & Grievances (A&G) Unit to review and streamline PQI referrals throughout the year 2019. In 2019, QI received 4,090 PQI referrals for Provider Quality Review (PQR), which was a significant increase (196%) from 2,086 in 2018 and 442% increase from 924 in 2017. The increase in the volume was mainly attributed from two departments: Appeals and Grievances and Customer Solution Center (CSC) Call Center. Particularly with the influx of PQI referrals from Customer Solution Center starting April 15, 2019, as a result, the executive leadership team requested an end-to-end process review to eliminate redundancy and waste in the process. The teams met as frequent as weekly to thoroughly review the referral process

and review examples of PQI referrals that did not meet the referral criteria. The PQI policy and procedure was updated incorporating Compliance input with a comprehensive review of regulatory requirements and added oversight monitoring process to capture potential missed opportunity for PQI referrals. The PQI referral criteria was further enhanced with examples requiring PQI review.

- A new PQI Screening and Triage process created was so PQR Nurses could appropriately screen all referrals and assign the case review based on the urgency and the type of issues. Upon initial review of the referral information and the available records, the PQR Nurses apply their clinical evaluation of the concern and select one of the triage codes: Triage 0 – Does not meet PQI Referral Criteria, Triage 1 – PQR to conduct clinical review, Triage 2 – PQR to conduct additional clinical review, Triage 3 – PQR to request additional information for clinical review and Triage 4 – PQR to escalate the concern to Medical Director.
- On June 24, 2019, an online, self-paced PQI training was launched on L.A. Care University's Learning Management System (LMS). The online course was designed to help the staff deciphering PQI using various scenarios. The PQI training was required by all staffs in Customer Solution Center Call Center, Member Retention Unit, Member Grievance and Appeal Team, all Health Services Team (Behavioral Health, Care Management, Facility Site Review, Managed Long Term Services & Supports, Quality Improvement, and Utilization Management). Each assigned staff must complete the course within 30 days of the assigned date (June 24, 2019) with a pass rate of 80% or higher, and complete the subsequent evaluation. The evaluation data provided by the Learning and Development (L&D) team recorded 417 completed the course and evaluation surveys at the end of the training out of 432 (96.5%). Overall 80+ percent of the staff agreed the course improved their knowledge and understanding of PQI and they found the training beneficial.
- To address the influx of PQI cases and ensure compliance with closing PQIs within 6 months, 8 additional staff were added to the Provider Quality Review team in 2019; three QI Project Specialists (two temporary and one permanent full-time employee [FTE]), one Provider Quality Coordinator (temporary) and two Provider Quality Specialist Nurses (one permanent FTE, one at-limited-duration (ALD) for one year).
- The Provider Quality Review team vetted through various system solutions and decided to work with L.A. Care's Care Catalyst development team to build the PQR review module in SyntraNet/Thrasys. PQR completed and presented a comprehensive Business Requirement Document (BRD) for all PQR functionalities and related operational performance analytics and reporting to the Care Catalyst development team as well as the consulting Optum team. The PQR team participated in weekly meetings with the development team and worked toward the implementation plan for October 2020 launch date.
- During the annual delegation oversight audit of Plan Partners and Specialty Health Plan, the PQI auditor conducted review of PQI cases and interviewed the responsible parties on their PQI review process. A special arrangement was made with Anthem Blue Cross Health Plan to review the plan's policies on grievances and PQIs. Through detail review of the Plan policies, program documents and work flow, Anthem Blue Cross' Medical Director was able to demonstrate an end-to-end process ensuring the quality process was in place to review quality of care concerns by appropriate staff. No deficiency was noted for PQI process in 2019 annual oversight audit of Plan Partners and Specialty Health Plan.

RESULTS

In 2019, the PQI referral volume continued to increase for L.A. Care Health Plan which includes all line of businesses with Medi-Cal Direct, Cal MediConnect, PASC-SEIU and L.A. Care Covered. The increased referrals were mainly from both L.A. Care Appeals and Grievance department and Customer Solution Center. Effective April 15, 2019, L.A. Care Customer Solution Center Staff were trained to identify PQI using the PQI Referral Criteria. PQIs were identified and flagged for all calls including formal grievances

as well as member inquiries and exempt grievances which were member concerns that were resolved within 24 hours from the time of call.

Anthem Blue Cross PQI volume remained small compared to other Plan Partners. During the annual delegation oversight audit, Anthem Blue Cross reported that PQI training was conducted as well as development of a decision tree allowing better capturing of potential quality of care issues in the 4th quarter of 2018. A spike of increased referrals was evidenced post training. Anthem Blue Cross confirmed all clinical grievances were reviewed by the Plan Medical Director, who determined when a potential quality of care existed and reviewed all investigations done for the potential care issue.

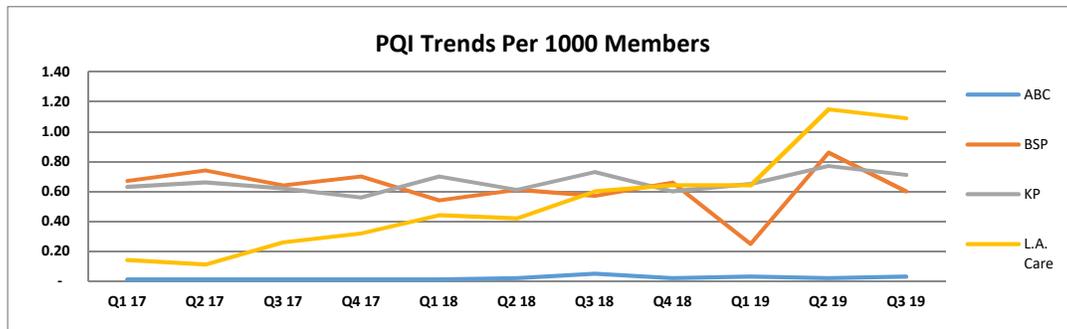
On 1/1/2019, Blue Shield of California Promise Health Plan completed the merger process with Care 1st Health Plan. No significant change in PQI processing was reported and therefore no significant change in PQI volume was reported. Blue Shield Promise reported a low number in Q1 2019 because they were holding cases from the Appeal & Grievance Department to PQI until Q2 2019 due to the transition of software. It explained the uptick of the volume reported in Q2 2019. Kaiser reported no change in their PQI process and therefore the PQI volume was fairly consistent throughout this fiscal year.

The following table shows the total number of PQIs opened by L.A. Care and Plan Partners:

	Total PQI Cases (Oct 2017 – Sept 2018)	Total PQI Cases (Oct 2018 – Sept 2019)
L.A. Care*	2086	4090
Anthem Blue Cross	40	42
BlueShield Promise / Care 1st	829	772
Kaiser	518	547
Beacon	2	7

*Includes all lines of business (Medi-Cal, Medicare, PASC-SEIU and L.A. Care Covered)

The following graph shows the PQIs opened by L.A. Care and Plan Partners in relation to the membership size per 1000 members:



The following table shows the total number of PQIs closed by L.A. Care and Plan Partners in FY 2018-2019 and its compliance with PQI closure within 6 months.

	Total PQI Cases FY2017-2018	Total PQI Cases FY2018-2019	Compliant with 6- Months Closure
L.A. Care*	1293	2008	No
Anthem Blue Cross	22	35	Yes
Care 1st/Blue Shield Promise	860	744	Yes
Kaiser	493	561	No

	Total PQI Cases FY2017-2018	Total PQI Cases FY2018-2019	Compliant with 6- Months Closure
Beacon	2	7	Yes

*Includes all lines of business (Medi-Cal, Medicare, PASC-SEIU and L.A. Care Covered)

L.A. Care Health Plan completed 2008 provider quality reviews in 2019 with 172 cases falling out of the required timeframe of six months. Therefore, the compliance for timely process dropped from 99.9% to 91.4% this year. The influx of PQI referrals had reached the maximum capacity with the original staff of three Provider Quality Specialist nurses, one coordinator and the nurse manager, and therefore the cases were backlogged and were not processed timely. The backlog was accumulating every month. By September 2019, cases were triaged at the 5th-6th month from the time of receipt and therefore did not allow sufficient time for clinical review to be completed by the 6th month. Throughout the year, a total of seven positions including three Provider Quality Specialist Nurses, three Quality Improvement Project Specialists and one Provider Quality Coordinator were added to the review team supporting the Provider Quality Review process. The capacity of the team with the additional staff was increased from an average of 120 cases per month in the beginning of the year to 210 cases by the end of the year. With the additional staff and enhanced review with the screening process and triage process, the team would continue to increase capacity of review in the upcoming year.

Both Anthem Blue Cross and Blue Shield Promise/Care 1st Health Plan reported 100% compliance with six months processing time.

Kaiser also reported non-compliance with 6 months processing time, with 17 cases out of 561 (97%) closed cases falling out of the 6-month timeframe. The delays were attributed to staffing and leadership changes in a few clinics. Kaiser confirmed that the affected areas have implemented improved workflow and reporting processes. They further confirmed with the improved workflow, combined with regional oversight, it will mitigate risk moving forward.

Beacon Health Options was delegated to conduct quality of care review as they oversights and monitored behavioral health network providers. L.A. Care Health Plan and Beacon met quarterly and review quality improvement interventions and activities quarterly in L.A. Care Behavioral Health Quality Improvement Committee. All quality of care issue identified was reviewed during the committee.

ANALYSIS

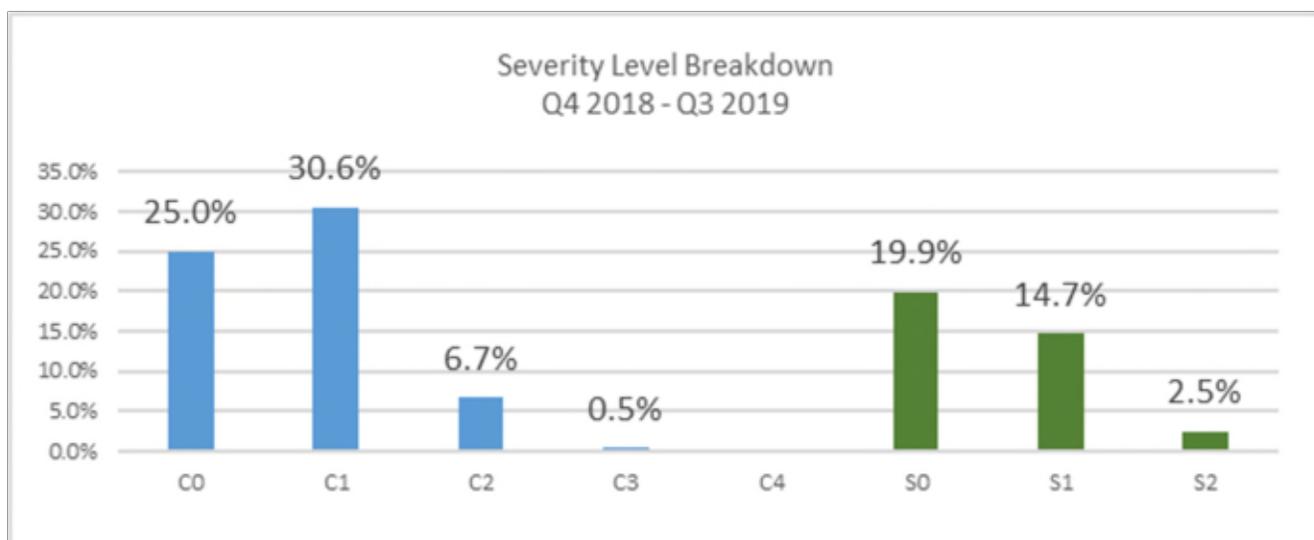
QI included all PQI cases closed by L.A. Care Health Plan, Anthem Blue Cross and Blue Shield Promise Health Plan in the 4th quarter 2018 through 3rd quarter 2019 as the three plans contracted with similar provider groups and providers. In FY 2018 - 2019, 84.1.0% of 2787 cases reviewed were for Medi-Cal members, 7.3% for L.A. Care Covered, 6.6% for Cal Medi-Connect and 2.0% for PASC-SEIU line of business. Though majority of case reviews were for Medi-Cal members, the ratio of numbers of cases in relations to the membership size per thousand members per month (PTMPM) show a higher ratio (11.4) for CMC product line. The breakdown of cases per line of business:

LOB	Line of Business	#	%	Membership	PTMPM
CMC	Cal MediConnect	183	6.6%	16,046	11.4
LACC	L.A. Care Covered	203	7.3%	79,855	2.5
Medi-Cal	Medi-Cal	2,344	84.1%	2,002,248	1.2
PASC-SEIU	PASC-SEIU	57	2.0%	50,774	1.1
Grand Total		2,787			

The top two issues reviewed were Treatment/Diagnosis/Inappropriate Care (31.7%), and Delay in Service (16.1%). These were consistently the top two issues in previous years. In 2018-2019, due to increased referrals from the call center which were more service related issues, the communication/conduct (12.7%) code increased from the previous years and now ranked in the top 3rd issue.

Issue Code	Issue Description	#	%
PQ1	DME/ Supplies	65	2.3%
PQ2	Benefits	51	1.8%
PQ3	Delay in Service	448	16.1%
PQ4	Denial of Services	205	7.4%
PQ5	Refusal of Care/ Prescription by Provider	237	8.5%
PQ6	Refusal of Referral	87	3.1%
PQ7	Treatment/ Diagnosis/ Inappropriate Care	883	31.7%
PQ8	Delay in Authorization	87	3.1%
PQ9	Access to Care	193	6.9%
PQ10	Continuity and Coordination of Care	87	3.1%
PQ11	Communication/Conduct	353	12.7%
PQ12	Physical Environment	48	1.7%
PQ13	Medical Records/Documentation	17	0.6%
PQ14	Non-Emergency Care Services rendered by non-credentialed provider	1	0.0%
PQ15	System Issue	25	0.9%
Grand Total		2,787	100%

Out of 2,787 cases reviewed, 6.7% of cases had quality of care concerns with potential adverse impact (leveled C2). It's an increase from the previous year of 3% in 2018 and 5% in 2017. There were also increase number of cases (14) leveled as moderate quality of care (Leveled C3) and increase number of cases (2) leveled as serious/significant quality of care (Level C4). The issues identified had been resolved and addressed individually at the case level. The majority of review found no quality of care (28%) or care was appropriate (30.6%). The severity level breakdown from all closed cases are showed in the graph and table below.



PQI Severity Level Assigned	Total	
C0 /No Quality of Care concern	697	25.0%
C1 /Appropriate Quality of Care	852	30.6%
C2 /Borderline Quality of Care concern	188	6.7%
C3 /Moderate Quality of Care concern	14	0.5%
C4 /Serious Quality of Care concern	2	0.1%
S0 /No Quality of Service concern	555	19.9%
S1 /Quality of Service identified	410	14.7%
S2 /Quality of Service identified, member change provider or dis-enrolled	69	2.5%
Total	2,787	100.0%

A PQI could be identified from any department, yet 94.4% came from Grievances and Appeals in L.A. Care Health Plan. Over the year through PQI training, more staff were educated and learned to be vigilant in identifying PQI using the criteria provided. The sources of PQI referrals continued to be extended to more departments within the Plan every year, including Special Investigation Unit (SIU) and Credentialing Department and QI process with Critical Incident Reporting. In 2019, the QI PQR team also started working with the Health Informatics Team to develop a mortality report. The design of the report focus on identifying potential issue from members' recent encounter data for those who recently deceased. Moving forward in the next fiscal year, QI PQR team would continue to explore potential sources for PQI collaborating with Behavioral Health team involving Applied Behavioral Analysis (ABA) Therapy for Autism, and Utilization Management team managing Provider Preventable Reportable Condition etc.

Referral Sources (L.A. Care Health Plan only)	#	%
Appeal Overturned	206	10.3%
Critical Incident	2	0.1%
Care Management/Disease Management	9	0.4%
Compliance	1	0.0%
Credentialing	2	0.1%
Customer Solution Center	30	1.5%
Department of Managed Health Care	54	2.7%
Grievance	1,688	84.1%
Pharmacy	4	0.2%
Special Investigation Unit	2	0.1%
Utilization Management	10	0.5%
Grand Total	2,008	100%

At the end of FY 2018-2019, all cases closed were tracked and trended to identify any outlier and/or trend of concerns. All Plan Partners and Specialty Health Plan adapted different trending methodology and calculation and which process and analysis are reviewed during the annual oversight audit. L.A. Care Health Plan QI applied 4-point system to all severity levels. Upon reaching the threshold of 5 points or more, further analysis was done to identify trends or patterns of issues.

- One (1) individual practitioner was identified meeting the threshold.

Provider Specialty	Analysis of Issues
Orthopedic Surgery	<p>Six PQI cases were viewed for concern relating to treatment (4), delay in service (1) and refusal of care/prescription by provider (1).</p> <p>All treatment related concerns were leveled as appropriate quality of care and/or service issue resulting in inconvenience or dissatisfaction to a member.</p>

- 14 Provider Groups were identified meeting the threshold. Both sum of the track and trend points and per thousand members per month ratio are factored into evaluation of provider groups meeting the threshold. Regal Medical Group (86 points with PTMPM ratio 1.01), HealthCare Partners Medical Group (20 points with PTMPM ratio 0.95), and Lakeside Medical Group (17 points with PMPM ratio 0.76) were the top 3 provider groups with high volume PQIs.
- Regal Medical Group and Lakeside Medical Group consistently show up on trending reports years over years since 2017.

PROVIDER GROUP	SUM OF POINT	MEMBERSHIP SIZE as of 9/2019	PTMPM
ALLIED PHYSICIANS IPA	12	122,706	0.10
ALTAMED HEALTH SERVICES	6	99,978	0.06
APPLECARE MEDICAL GROUP	12	29,430	0.41
CITRUS VALLEY PHYSICIANS GROUP	7	16,527	0.42
COMMUNITY FAMILY CARE	19	97,958	0.19

PROVIDER GROUP	SUM OF POINT	MEMBERSHIP SIZE as of 9/2019	PTMPM
GLOBAL CARE IPA (MEDPOINT MGMT)	8	62,427	0.13
HARBOR-UCLA MEDICAL CENTER	5	17,732	0.28
HEALTH CARE LA, IPA (MEDPOINT MGMT)	19	338,894	0.06
HEALTHCARE PARTNERS MEDICAL GROUP	20	21,044	0.95
HIGH DESERT MEDICAL GROUP	6	9,799	0.61
LAKESIDE MEDICAL GROUP	17	22,431	0.76
PREFERRED IPA	18	187,262	0.10
REGAL MEDICAL GROUP	86	84,936	1.01
SAN FERNANDO HEALTH CENTER	5	7,341	0.68

- Both transportation vendors, LogistiCare which contract was terminated on 3/31/2019 and transitioned to Call-the-Car, exceeded the threshold. Members continued to report concerns with untimely pick-up or drop off, driver behaviors and accidents happening during transportation. According to Call-The Car monthly report for 2019, the monthly rides dispatched from July 2019 to September 2019 were 127,723 rides. The ratio per thousand members per month would be 0.09. The key of PQI review on transportation issue were to ensure the concerns were addressed at the individual case level with the driver involved by the transportation vendor. PQR team would continue to work with CTC to monitor compliance with timeliness of transportation services to improve member satisfaction.
- Los Angeles Community Hospital received 10 points from total 27 cases. No quality of care concern (17) was determined. Five cases were leveled as appropriate quality of care in the absence of negligence of a provider and five cases were service issues resulting in convenience or dissatisfaction to a member.
- There were 45 complaints (total 28 points) against L.A. Care Health Plan involving various different departments with concerns from service/communication issue, utilization management processing and system related issues with inability to verify member eligibility or verify claim payment. Concerns were addressed at the individual case level.

VENDOR/HOSPITAL	SUM OF T&T POINT	Comments
CALL THE CAR	12	Monthly rides dispatched: 127,723 (July – Sept 2019)
LA CARE	28	Total 45 cases. 20 cases were leveled no quality of care/service issues. 2 cases were leveled C1. 19 cases were leveled S1. 1 case was leveled C2. 2 cases were leveled S2.
LA COMMUNITY HOSPITAL	10	Total 27 cases. 17 cases were leveled no quality of care issue. 5 cases were leveled C1. 5 cases were leveled S1.
LOGISTICARE	94	Total 120 cases. 38 cases were no quality of care/services. 3 cases were leveled C1. 67 cases were leveled S1. 5 cases were leveled C2. 7 cases were leveled S2. The contract was terminated 3/31/2019.

2020 WORK PLAN GOAL:

The Provider Quality Review process will continue to be enhanced in 2020, which will include but not limited to working collaboratively with all departments to identify PQIs appropriately, working collaboratively with internal and external stakeholders to improve efficiency of medial record and response collections and providing in-services and tools to improve clinical review process. The 2020 goal is to manage the backlog so 65% of Potential Quality Issues (PQIs) will be closed within 6 months.

SECTION 2: CRITICAL INCIDENT REPORTING AND TRACKING

2019 WORK PLAN GOAL:

- 100% of Delegates of Cal MediConnect line of business will submit quarterly critical incident tracking report.

BACKGROUND

Critical Incident (CI) reporting is required by Welfare and Institutions Code (WIC), Title 22, California Code of Regulation, Medi-Cal 2020 Waiver and Centers for Medicare & Medicaid Services. L.A. Care has a mechanism in place for reporting, collecting and tracking Critical Incidents (abuse, exploitation, neglect, disappearance/missing member, a serious life threatening event, restraints or seclusion, suicide attempt or unexpected death) by member for the health, safety and welfare of L.A. Care's members. Particularly for Cal MediConnect (CMC) line of business, L.A. Care requires all delegates providing services to CMC members to report critical incidents. L.A. Care Health Plan required all external stakeholders serving CMC members as well as internal staff to complete online annual Cal MediConnect Critical Incident Training. The training covered identification and reporting all Critical Incidents immediately upon awareness to the appropriate authority or to ensure appropriate actions are taken. The Quality Improvement Department (QI) should be notified within 48 hours from the time CI was reported for individual practitioners or staff or at least quarterly from the delegates. The QI department tracks all reports from CMC delegates for submission of quarterly reports.

MAJOR ACCOMPLISHMENTS

In 2019, the QI department continued to provide consultation and education about the CI reporting program as well as emphasizing the importance in compliance with Critical Incident Tracking and Reporting.

The CI tracking process is closely linked with Potential Quality of Care investigation review process. A PQI investigation will be initiated when a concern is identified from Critical Incident Reporting.

For CMS reporting, all incidents are shared with the HS Reporting and Support Services/Enterprise Data Strategy team. A Clinical Data Analyst generates CMC CA 2.1 Enrollee Protections report and identifies numbers of members receiving HISS, CBAS, MSSP, or NF services. The HS Reporting and Support Services/Enterprise Data Strategy team submits the report to Medicare Operations for review. The Compliance Department submits the quarterly reports to CMS. In 2019, all reports were submitted timely.

RESULTS

With all the collaborative work with CBAS and PNM teams, the compliance for quarterly submission achieved 100% by Q3 2019; all CMC delegates submitted critical incident quarterly report by Q3 2019.

2020 WORK PLAN GOAL:

Maintain 100% of Delegates of Cal MediConnect line of business will submit quarterly critical incident tracking report.

D.4 FACILITY SITE REVIEW/MEDICAL RECORDS INITIATIVES

AUTHOR: SONIA RICHARD, RN & EVAN CRUISE, RN

REVIEWER: MARIA CASIAS, RN & JAMES KYLE, MD

BACKGROUND

L.A. Care is committed to developing and implementing activities to enhance patient safety. L.A. Care also enhanced patient safety through the facility site review (FSR) process by monitoring elements on patient health/safety. In the FSR process, the two (2) measures that have not met the 80% standard since 2010 include: (a) Needlestick safety precautions practiced on site, and (b) Spore testing of autoclave/steam sterilizer with documented results (at least monthly). As defined by the Department of Health Care Services (DHCS), a passing score is 80%. L.A. Care's goal was lowered from the standard 80% passing score due to consistency in scoring below 80% for both measures over several years. The goal was lowered to be a more reasonable and attainable score for our network of primary care providers (PCPs) surveyed within a defined timeframe.

2019 WORK PLAN GOALS:

- Needlestick safety precaution – 80%
- Spore testing of autoclave/sterilizer – 85%

RESULTS

Needlestick Safety Precaution

2017 Results	2018 Results	2019 Results	Goal Met	2019 Goal
72.0%	73.0%	78.0%	No	80%

ANALYSIS

Quantitative Analysis

The 2018 goal for needlestick safety precaution was not met. The compliance score for needlestick safety increased by 5.00 percentage points from 2017. The difference in rates is not quite statistically significant (p value = 0.0508) compared to 2017 results; however, there has been improvements in regards to the compliance to this criterion since 2017.

Spore Testing of Autoclave/Sterilizer

2017 Results	2018 Results	2019 Results	Goal Met	2019 Goal
80%	79%	80%	No	85%

Quantitative Analysis

The provider offices reviewed did not meet the 2019 goal for spore testing of autoclave/steam sterilizers. The compliance score increased by 1.00 percentage point from 2018. The 2019 results increased from previous years; however, the difference between 2018 and 2019 was not statistically significant (p value = 0.9362).

Qualitative Analysis (Needlestick Safety & Spore Testing)

It is a continuous challenge to meet the goals and to change provider office behavior. The following reasons may contribute to this compliance score:

- Reverting back to previous behaviors after an audit has been completed and the corrective action plan has been approved and closed by the Managed Care Plan (MCP).
- Cost of purchasing needlestick safety devices may cause a financial burden to provider offices/facilities.
- Staff, due to high office staff turnover, do not know the requirements for needlestick safety precautions.
- Staff, due to high office staff turnover, do not know the requirements for spore testing of autoclave/sterilizer.
- Staff are not properly trained upon hire to inform them of the requirements for needlestick safety precautions and spore testing of autoclave/sterilizer.
- Medical supply companies still have non-safety needles/syringes available for purchase. This may cost less than the safety devices.
- New provider sites participating in our network are not knowledgeable of the requirements.

Upon in-depth review of the available data, it was noted that new provider offices that received an additional educational visit were compliant and most providers were slowly transitioning out of utilizing autoclave/steam sterilization equipment. For the audit period of 10/1/2018 to 9/30/2019 there were a total of 88 Primary Care Provider (PCP) sites utilizing an autoclave, in which 18 PCP sites were noted to be noncompliant.

LOOKING FORWARD

Certified Site Reviewer (CSR) Nurses will continue to monitor and educate provider offices regarding Local, State, and Federal regulations, and provide educational material and information every 18 months or sooner to assist in compliance with these patient safety measures.

2020 WORK PLAN GOALS:

- Needlestick: 80%
- Spore Testing: 85%

MEDICAL RECORDS INITIATIVES

2019 WORK PLAN GOAL:

Aggregate network PCP sites should score at least 80% in the following key facility site review areas:

- Ease of retrieving medical records (FSR G1 &2)
- Confidentiality of Medical Records (records are stored securely; only authorized staff have access to records, etc. (FSR H4)

Aggregate network PCP sites should score at least 80% in the following key medical record review documentation areas:

- Allergies and adverse reactions (2A)
- Problem list (2B)
- Current continuous medications are listed (2C)
- History and Physical (3A)
- Unresolved or continuing problems are addressed in subsequent visits (3E)

- Documentation of clinical findings and evaluation for each visit:
 - Working diagnosis consistent with findings (3B)
 - Treatment plans consistent with diagnosis (3C)
 - Instruction for follow-up care is documented (3D)
- Preventive services or risk screening (4 & 5C)

BACKGROUND

L.A. Care Health Plan has established medical record standards to facilitate communication, coordination and continuity of care and to promote safe, efficient, and effective treatment. L.A. Care requires practitioners to maintain medical records in a manner that is current, detailed, and organized. L.A. Care assesses the site’s compliance with regulations and L.A. Care policies by utilizing the *mandated* Department of Health Care Services (DHCS) survey tools. This report provides an annual analysis of medical record keeping standards for the time period of October 1, 2016 – September 30, 2019 of primary care practitioner (PCP) sites (practitioner’s office or clinic) to measure compliance with appropriate medical record documentation requirements. At minimum, a three-year cycle is utilized to be consistent with the credentialing process. This analysis allows L.A. Care to measure site’s compliance with current documentation standards and develop interventions to make improvements. The use of electronic health record (EHR) improves documentation, coordination of care, and therefore, has a great impact on improving patient safety and care. In addition, conducting medical record reviews also provides L.A. Care the ability to identify potential quality of care concerns.

MAJOR ACCOMPLISHMENTS

- All standards met and/or exceeded the 2019 goal of 80% with the exception of one criteria noted below. Practitioners continue to be educated on site during the Facility Site Review (FSR), Medical Record Review, or Physician Quality Improvement Liaison (PQIL) visits.

RESULTS

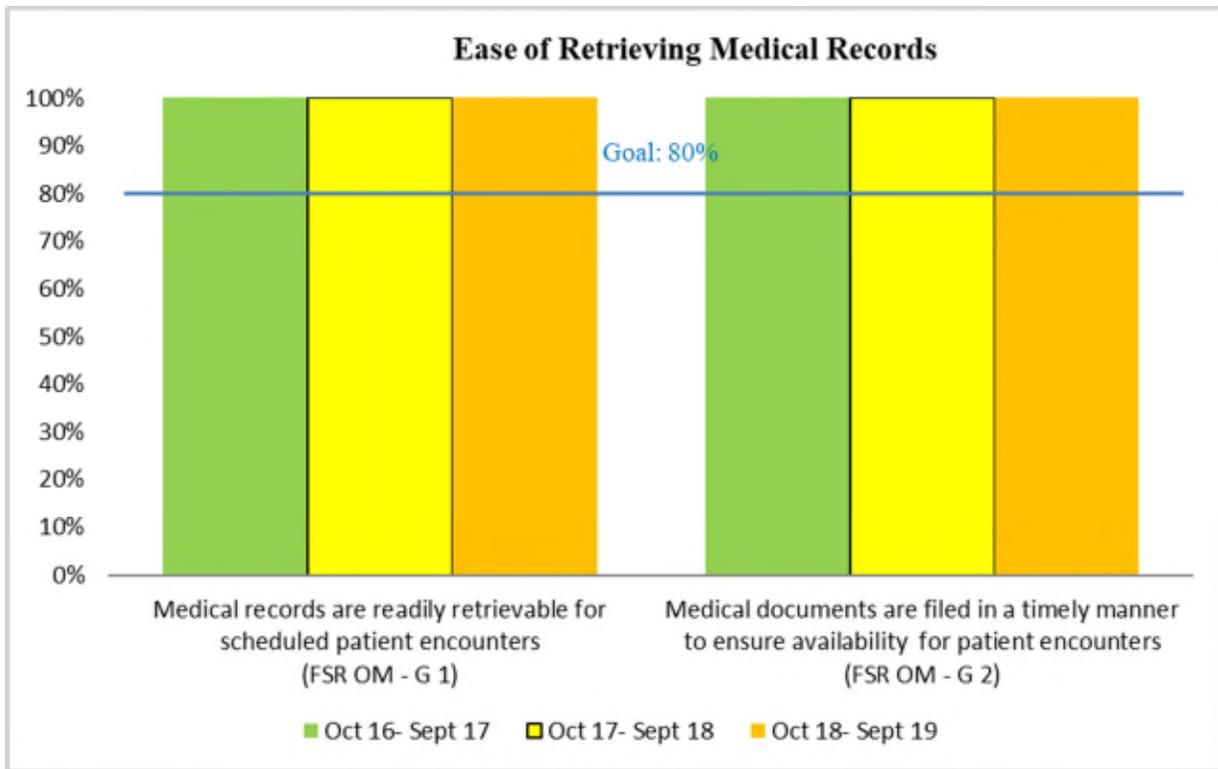
Fiscal Year	Site #	Total Number of Medical Records Reviewed
2017	560	5,005
2018	661	6,048
2019	565	5,453

The following tables and graphs show the results of the FY 2016–2019 review of practitioner’s sites and medical records. These FY 2016–2019 results are compared to the previous two years. During this period of time, the FSR Department experienced a shortage of staff (RN’s and PARs reviewers) which resulted in a decreased number of site and medical record reviews conducted, as compared to previous years.

Ease of Retrieving Medical Records

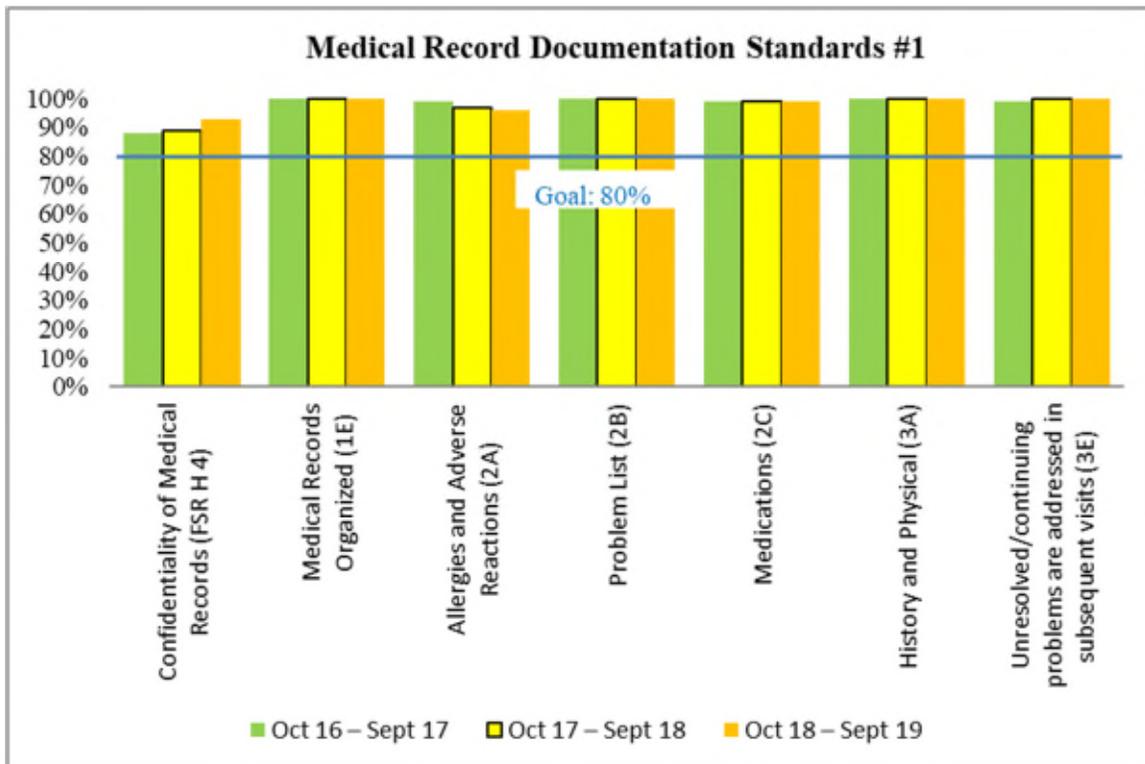
Criteria	Oct 16 – Sept 17	Oct 17 – Sept 18	Oct 18 - Sept 19	% change from Oct 17 to Sept 19	% from 80% Goal
Medical records are readily retrievable for scheduled patient encounters (FSR OM - G 1)	100%	100%	100%	0%	+20%

Criteria	Oct 16 – Sept 17	Oct 17 – Sept 18	Oct 18 Sept 19	% change from Oct 17 to Sept 19	% from 80% Goal
Medical documents are filed in a timely manner to ensure availability for patient encounters. (FSR OM - G 2)	100%	100%	100%	0%	+20%



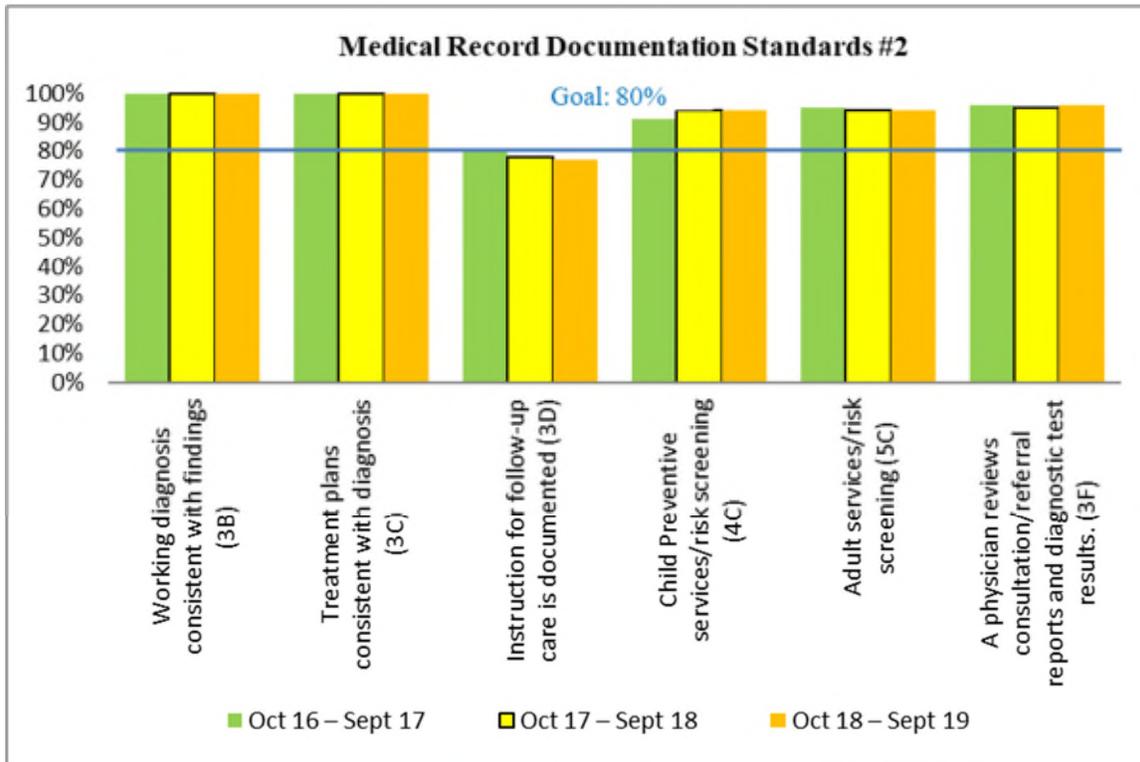
Medical Record Documentation Standards #1

Criteria	Oct 16 – Sept 17	Oct 17 – Sept 18	Oct 18 – Sept 19	% change from Oct 16 to Sept 18	% from 80% Goal
Confidentiality of Medical Records (FSR H 4)	88%	89%	93%	1.00%	+13%
Medical Records Organized (1E)	100%	100%	100%	0.00%	+20%
Allergies and Adverse Reactions (2A)	99%	97%	96%	-1.00%	+16 %
Problem List (2B)	100%	100%	100%	0.00%	+20%
Medications (2C)	99%	99%	99%	1.00%	+19%
History and Physical (3A)	100%	100%	100%	0.00%	+20%
Unresolved/continuing problems are addressed in subsequent visits. (3E)	99%	100%	100%	1.00%	+20%



Medical Record Documentation Standards #2

Criteria	Oct 16 – Sept 17	Oct 17 – Sept 18	Oct 18 Sept 19	% change from Oct 16 to Sept 19	% from 80% Goal
Working diagnosis consistent with findings (3B)	100%	100%	100%	0.00%	+20%
Treatment plans consistent with diagnosis (3C)	100%	100%	100%	0.00%	+20%
Instruction for follow-up care is documented (3D)	81%	78%	77%	-1.00%	-3 %
Child Preventive services/risk screening (4C)	91%	94%	94%	0 .00%	+14%
Adult services/risk screening (5C)	95%	94%	94%	0 .00%	+14%
A physician reviews consultation/referral reports and diagnostic test results. (3F)	96%	95%	96%	1.00%	+16%



ANALYSIS

Quantitative Analysis

The 2019 audits achieved the 80% goal in all criteria selected for this study with the exception of “Instructions for follow-up care is documented” in the Medical Record Review Survey in the Coordination/Continuity of Care section with a score of 77%.

Qualitative Analysis

The 2019 goals have been achieved with either slight increases in some compliance rates or remained the same. Although compliance rates had slightly improved or remained the same the following ongoing barriers may need to be considered:

- The 80/20 rule for scoring is no longer accepted by DHCS.
- Perceived reimbursement issues leading physicians to believe they will not be reimbursed for AAP/Bright Futures periodicity.
- Medical record forms require time to complete and may not include all required elements. Forms vary among Physician Provider Groups, practitioner offices and state mandated forms.
- There is an increased number of sites transitioning to or have implemented an electronic health record (EHR) system. There are many choices of EHR vendors making the decision complex and puzzling for physicians. In addition, adding additional fields to accommodate medical record documentation standards and requirements may incur increase costs to physician offices.
- Time needed to document patient services and care rendered may be limited depending on patient volume.
- There are inconsistent or no processes in place to document care rendered to patients.

INTERVENTIONS

Based on the barrier analysis and feedback from physicians, L.A. Care will continue the interventions to maintain or improve medical record keeping.

Measure	Barrier	Action	Effectiveness of Intervention/ Outcome
All measures	<ul style="list-style-type: none"> • Medical record forms require time to complete and may not include all required elements. Forms vary among Participating Provider Groups, practitioner offices and state mandated forms. • There is an increase number of sites transitioning or have implemented an electronic health record (EHR). There are many choices of EHR vendors making the decision complex and puzzling for physicians. In addition, adding additional fields to accommodate medical record 	<ul style="list-style-type: none"> • Medical Record Reviews are ongoing. • An established corrective action plan (CAP) process for provider offices that need to address deficiencies noted during a site review survey. • Provide technical assistance as appropriate and necessary. 	All measures met goal.

Measure	Barrier	Action	Effectiveness of Intervention/ Outcome
	<p>documentation standards may incur increase costs to physician offices.</p> <ul style="list-style-type: none"> • Time needed to document patient services and care rendered may be limited depending on patient volume. • There are inconsistent or no processes in place to document care rendered to patients. 		

LOOKING FORWARD

Medical record review will continue in 2020. During the review process, practitioner and office staff continue to be educated, and sample medical record documents and policies are distributed as necessary. If the provider falls below the California state requirement score of 80% for any section of the medical record review survey regardless of score, a corrective action plan will be requested from the PCP site. The 2020 goal is to meet or exceed 80% compliance goal and to implement use of the new Facility Site Review (FSR) and Medical Record Review (MRR) Tool effective July 1, 2020.

2020 WORK PLAN GOAL:

Aggregate network PCP sites should score at least 80% in the following key facility site review areas:

- Ease of retrieving medical records and timely filing of documents (FSR G1 &2)
- Confidentiality of Medical Records (records are stored securely; only authorized staff have access to records, etc. (FSR H4)

Aggregate network PCP sites should score at least 80% in the following key medical record review documentation areas:

- Allergies and adverse reactions (2A)
- Problem list (2B)
- Current continuous medications are listed (2C)
- History and Physical (3A)
- Unresolved or continuing problems are addressed in subsequent visits (3E)
- Documentation of clinical finding and evaluation for each visit
 - Working diagnosis consistent with findings (3B)
 - Treatment plans consistent with diagnosis (3C)
 - Instruction for follow-up care is documented (3D)
- Preventive services or risk screening (4 & 5C)

D.5 HOSPITAL PATIENT SAFETY

AUTHOR: DAVID KAGAN, MD, CAROLINA COLEMAN, MPP, & SINTHU KUMAR, MPH
REVIEWER: MARIA CASIAS, RN & JAMES KYLE, MD

BACKGROUND

Section 1 will review a report from Covered California’s partner, Cal Hospital Compare (CHC), which is charged with comparing patient safety performance across California Hospitals. This is an annual aggregate report of 2018 hospital performance that fulfills Covered California’s push for plans to evaluate and engage hospitals in the network to reinforce the expectations and goals on quality and patient safety. CHC produces three Hospital Honor Rolls: Maternity Care, a Patient Safety Honor Roll and a Leapfrog Hospital Safety Grade. The CHC report also generated Patient Safety poor performers to identify hospitals who have fall below the median rate for the following for Calendar Year 2017: Central Line Associated Blood Stream Infections (CLABSI), Catheter-Associated Urinary Tract Infections (CAUTI), Surgery Site Infection-Colon (SSI –Colon), Methicillin-Resistant Staphylococcus Aureus (MRSA), and Clostridium difficile (CDIFF).

Section 2 will cover L.A. Care Quality Improvement reviews standardized infection ratios (SIRs) and Nulliparous, Term, Singleton, Vertex (NTSV) C-section rates for network hospitals, which is presented annually. Information presented is for Calendar Year 2017. All rates reviewed and presented below reflect data across all payers and are not limited to L.A. Care membership.

The Inpatient Care Workgroup agreed to continue to monitor rates, while pursuing contract amendments that will de-incentivize C-sections and put hospitals partially at risk for quality performance. A hospital pay for performance incentive program has been created with a focus on multiple metrics, including readmissions, Health Information Exchange (HIE) implementation, vaccine rates, hospital acquired infections and C-section rates. L.A. Care is partnering with multiple agencies on data collection, including the California Maternal Quality Care Collaborative (CMQCC) and the National Hospital Safety Network (NHSN).

SECTION 1: CAL HOSPITAL COMPARE DATA

MATERNITY HONOR ROLL

The Maternity Honor Roll program recognizes California hospitals that meet the “Healthy People 2020” target goal of 23.9 percent or below for low risk, first birth cesarean delivery. Cesarean deliveries were an important focus for CHC because there is an association between higher risk of respiratory issues with babies who received cesareans. Moreover, mothers also have an increased risk of post-surgical complications from a cesarean delivery. CHC measured the cesarean rate at 235 California maternity hospitals to see if they have met the 23.9 percent or below rate. For calendar year 2018, 16 of 73 (21.9%) in network L.A. Care facilities made the Maternity Honor Roll List.

Maternity Honor Roll List – Calendar Year 2018	
In Network L.A. Care Facilities	NTSV C-Section Rate
Long Beach Memorial Medical Center	23.4
Garfield Medical Center	23.3
Citrus Valley Medical Center, QV Campus	22.9
Centinela Hospital Medical Center	22.3
Mission Community Hospital	21.6
LAC+USC Medical Center	21.5
PIH Health Hospital, Downey	21.4
California Hospital Medical Center, Los Angeles	21.1

Maternity Honor Roll List – Calendar Year 2018	
PIH Health Hospital, Whittier	20.5
LAC/Olive View UCLA Medical Center	19.8
Henry Mayo Newhall Hospital	18.7
Northridge Hospital Medical Center	18.4
Pomona Valley Hospital Medical Center	17.6
LAC/Harbor UCLA Medical Center	17
Greater El Monte Community Hospital	16
Martin Luther King Jr. Community Hospital	6.2

PATIENT SAFETY HONOR ROLL

The Patient Safety Honor Roll evaluates hospitals across 12 patient safety measures across the following domains: hospital acquired infections, adverse patient safety events, sepsis management, patient experience, and Leapfrog Hospital Safety Grade. Hospitals must be above the 50th percentile of good performance and have no measures fall below the 10th percentile. Tiers are based on the following criteria:

Tier 1: Two-thirds of the measures are above the 50th percentile for good performance and none are below the 10th percentile **and** has Leapfrog Grades of at least an A for the last three reporting periods.

Tier 2: Two-thirds of the measures are above the 50th percentile of good performance and none are below the 10th percentile **or** has a Leapfrog Grades of at least an A for the last three reporting periods.

Using the above criteria, 2 in network L.A. Care Facilities were Tier 1 and 8 were Tier 2:

Patient Safety Honor Roll - Calendar Year 2018	
In Network L.A. Care Facilities	Leap Frog Honor Roll
Adventist Health White Memorial	Tier 1
San Dimas Community Hospital	Tier 1
Adventist Health Glendale	Tier 2
Centinela Hospital Medical Center	Tier 2
Huntington Memorial Hospital	Tier 2
PIH Health Hospital, Whittier	Tier 2
Providence Little Company of Mary San Pedro	Tier 2
Providence Little Company of Mary Torrance	Tier 2
Ronald Reagan UCLA Medical Center	Tier 2
Whittier Hospital Medical Center	Tier 2

POOR PATIENT SAFETY PERFORMANCE

CHC identified poor patient safety performance hospitals using the following criteria for calendar year 2017: two-thirds of measures are below the 50th percentile of good performance and/or has a Leapfrog Grades of at least a D,D,F for the last three reporting periods. Utilizing this criteria, the following 12 in network L.A. Care facilities were considered poor performing:

Poor Patient Safety Performance - Calendar Year 2017
In Network LA Care Facilities
Beverly Hospital
Adventist Health Glendale
Good Samaritan Hospital, Los Angeles
PIH Health Hospital, Downey
Lakewood Regional Medical Center
LAC/Olive View UCLA Medical Center
Memorial Hospital of Gardena
Northridge Hospital Medical Center
Monterey Park Hospital

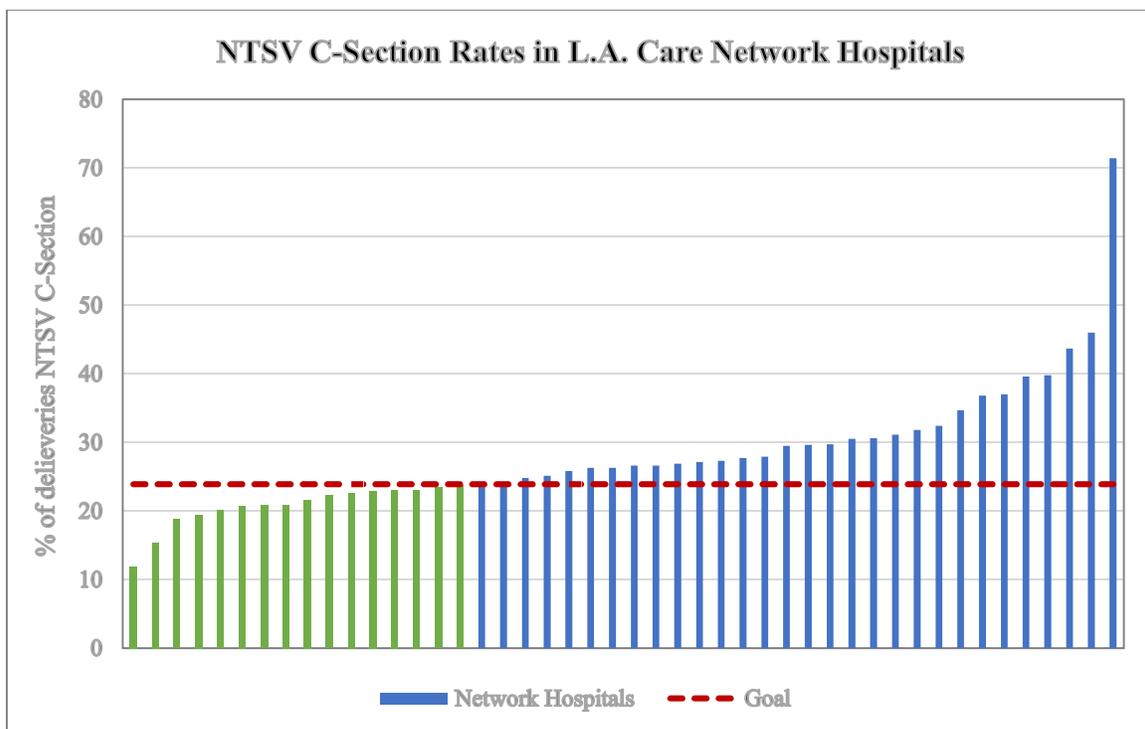
Poor Patient Safety Performance - Calendar Year 2017
In Network LA Care Facilities
Olympia Medical Center
Providence Saint John's Health Center
USC Verdugo Hills Hospital

It is important to emphasize that the poor patient safety performance data is from calendar year 2017. Thus, an improvement can be seen for Adventist Health Glendale. In 2017, Adventist Health Glendale was on the Poor Patient Safety performance list. However, in 2018 Adventist Health Glendale made the patient safety honor roll list.

SECTION 2: 2017 RATE COMPARISONS

NTSV C-SECTIONS

The 2017 NTSV C-section rate, reported by the California Maternity Quality Care Collaborative (CMQCC) for each network hospital providing maternity care, was reviewed (see graph below).



Sixteen hospitals in network for at least one L.A. Care LOB met the CMQCC goal of no more than 23.9% of NTSV deliveries performed via C-section, an improvement over nine hospitals meeting the goal in the previous year. A total of 65% of in-network hospitals showed some improvement from 2016. Five hospitals improved by five points or more, demonstrating a commitment to lowering C-Section rates. While 51% of hospitals statewide met the goal, only 35% of L.A. Care network hospitals did so; although it should be noted that Los Angeles county is a low-performing region in the state.

Thirty hospitals in network did not meet the goal, including eight hospitals that were 10 or more percentage points above the goal. Pacifica Hospital of the Valley was an extreme outlier, with a NTSV C-section rate of 71.4%, which was a nearly 13-point increase from the previous year. While these findings are

concerning, the vast majority of NTSV deliveries (through any coverage source) occur at hospitals that met or are close to the goal; the lowest performing hospitals perform relatively few deliveries.

While Covered California has indicated that plans should not contract with hospitals who do not meet quality goals (unless there is justification for keeping these facilities in the network), most of the hospitals with high NTSV C-section rates are Essential Community Providers.

In 2018, a C-Section dashboard was created on Tableau so that L.A. Care can monitor C-Section rates, not specific to NTSV deliveries, by facility, IPA, and provider.

NTSV C-Section Rate by L.A. Care Network Hospital, 2017		
Hospital	NTSV C-Section Rate [%]	Rate Difference 2017 vs. 2016
Pacifica Hospital Of The Valley	71.4	12.9
East Los Angeles Doctors Hospital	46	-2.1
USC Verdugo Hills Hospital	43.7	9
Beverly Hospital	39.8	0.8
Memorial Hospital Of Gardena	39.6	-5.6
San Dimas Community Hospital	37	5.7
Adventist Health Glendale	36.8	5.2
Foothill Presbyterian Hospital-Johnston Memorial	34.7	5.6
Monterey Park Hospital	32.4	-0.7
Glendale Memorial Hospital And Health Center	31.8	-6.4
Providence Tarzana Medical Center	31.1	1.2
Providence Saint Joseph Medical Center	30.6	1.9
Whittier Hospital Medical Center	30.5	-1.4
Hollywood Presbyterian Medical Center	29.7	0.7
Huntington Memorial Hospital	29.6	0.3
PIH Hospital - Downey	29.5	-0.3
Valley Presbyterian Hospital	27.9	-1.7
St. Francis Medical Center	27.7	-0.9
Methodist Hospital Of Southern California	27.3	-0.7
Good Samaritan Hospital-Los Angeles	27.1	-0.8
Antelope Valley Hospital	26.9	-2.4
Torrance Memorial Medical Center	26.6	-4.1
Adventist Health White Memorial	26.6	0.7
Providence Little Company Of Mary Medical Center Torrance	26.3	-3.6
LAC/Harbor-UCLA Medical Center	26.3	0.3
St. Mary Medical Center - Long Beach	25.8	-2.9
Providence Holy Cross Medical Center	25.1	-2.4
Ronald Reagan UCLA Medical Center	24.8	-0.9
San Gabriel Valley Medical Center	24.2	2.2
Cedars Sinai Medical Center	24.1	-2.9
Garfield Medical Center	23.7	-0.6
California Hospital Medical Center - Los Angeles	23.4	3.7
Memorialcare Long Beach Medical Center	23.1	-0.6
Earl And Loraine Miller Childrens Hospital	23.1	-0.6
Citrus Valley Medical Center - Qv Campus	22.9	-1.2
Providence Little Company Of Mary Mc - San Pedro	22.6	-9.2
Centinela Hospital Medical Center	22.3	-2.7
Santa Monica - UCLA Orthopaedic Hospital	21.6	-2
La Palma Intercommunity Hospital	20.9	10.4
LAC+USC Medical Center	20.8	-2.9
Los Angeles County Olive View-UCLA Medical Center	20.7	3.9
Providence Saint John's Health Center	20.1	-7
Presbyterian Intercommunity Hospital	19.4	-1.3

NTSV C-Section Rate by L.A. Care Network Hospital, 2017		
Hospital	NTSV C-Section Rate [%]	Rate Difference 2017 vs. 2016
Pomona Valley Hospital Medical Center	18.8	-3.1
Greater El Monte Community Hospital	15.4	-9
Martin Luther King, Jr. Community Hospital	11.9	-2.1

CENTRAL LINE ASSOCIATED BLOOD STREAM INFECTIONS (CLABSI)

2017 CLABSI rates, reported by the California Department of Public Health (CDPH), for network hospitals were reviewed and compared to rates from 2016.

Thirty-six hospitals in network for L.A. Care met or fell below the California Pooled Average SIR of 0.85, while 31 facilities exceeded the average. Forty-two facilities met Covered California's goal of SIR less than 1.0. When compared to the predicted rate, which takes into account the size of the facility, only three hospitals had SIRs statistically higher than their predicted rate. Los Angeles Community Hospital was an outlier, with a SIR of 3.26, although the rate for this facility improved considerably from the previous year. Nine facilities reported zero CLABSIs for 2017. The rates overall represent an improvement from the previous year with fewer outliers.

CLABSI SIR By L.A. Care Network Hospital, 2017				
Facility	Infections Reported	SIR	Statistical Comparison	2017 vs. 2016
PIH Health Hospital, Downey	5	1.79	Same	0.41
PIH Health Hospital, Whittier	14	1.2	Same	N/A
Los Angeles Community Hospital	5	3.26	Worse	-3.02
Memorial Hospital of Gardena	5	2.67	Same	1.31
Pacifica Hospital of the Valley	2	2.58	Same	2.58
College Medical Center	3	2.04	Same	2.04
Lakewood Regional Medical Center	10	1.85	Same	0.14
Garfield Medical Center	7	1.84	Same	0.23
Mission Community Hospital	5	1.76	Same	0.83
LAC+USC Medical Center	51	1.63	Worse	0.17
San Gabriel Valley Medical Center	3	1.56	Same	1.05
West Hills Hospital & Medical Center	12	1.43	Same	1.19
Beverly Hospital	3	1.31	Same	0.47
Providence Holy Cross Medical Center	14	1.3	Same	0.21
Saint Vincent Medical Center	10	1.24	Same	-0.84
Hollywood Presbyterian Medical Center	8	1.22	Same	-0.25
Centinela Hospital Medical Center	11	1.15	Same	-0.09
Providence Saint Joseph Medical Center	13	1.05	Same	0.11
Glendale Memorial Hospital and Health Center	5	1.04	Same	0.28
Good Samaritan Hospital, Los Angeles	13	1	Same	-0.5
LAC/Harbor UCLA Medical Center	16	0.96	Same	-0.05
Ronald Reagan UCLA Medical Center	78	0.95	Same	0.09
Antelope Valley Hospital	12	0.89	Same	-0.34
Coast Plaza Hospital	1	0.89	Same	0.89
Providence Tarzana Medical Center	6	0.86	Same	-0.29
Silver Lake Medical Center	1	0.86	Same	0.86
Providence Little Company of Mary Torrance	6	0.84	Same	-0.08
Pomona Valley Hospital Medical Center	9	0.81	Same	-0.43
Long Beach Memorial Medical Center	19	0.81	Same	-0.28
Southern California Hospital at Culver City	4	0.8	Same	-1.11
Children's Hospital Los Angeles	55	0.8	Same	-0.24
California Hospital Medical Center, Los Angeles	10	0.8	Same	-0.29
Palmdale Regional Medical Center	3	0.79	Same	-0.25

San Dimas Community Hospital	1	0.77	Same	-0.91
Valley Presbyterian Hospital	8	0.75	Same	-0.62
Martin Luther King Jr. Community Hospital	1	0.73	Same	-2.4
Foothill Presbyterian Hospital - Johnston Memorial	2	0.71	Same	0.29
Earl & Loraine Miller Children's Hospital	12	0.7	Same	-0.56
Cedars-Sinai Medical Center	46	0.7	Better	0
St. Mary Medical Center, Long Beach	5	0.66	Same	-0.16
Adventist Health White Memorial	5	0.62	Same	-0.15
Whittier Hospital Medical Center	1	0.58	Same	-0.73
Adventist Health Glendale	5	0.54	Same	-0.45
Huntington Memorial Hospital	7	0.51	Same	0.15
Providence Little Company of Mary San Pedro	1	0.5	Same	-0.5
East Los Angeles Doctors Hospital	1	0.49	Same	0.49
Saint Francis Medical Center	5	0.48	Same	-0.81
Sherman Oaks Hospital	1	0.44	Same	0.12
Methodist Hospital of Southern California	3	0.4	Same	0.26
Torrance Memorial Medical Center	9	0.38	Better	-0.11
Alhambra Hospital Medical Center	1	0.29	Same	0.29
Citrus Valley Medical Center, QV Campus	2	0.17	Better	0.17
LAC/Olive View UCLA Medical Center	1	0.14	Better	-0.48
Monterey Park Hospital	0	0	Same	-2.51
Community Hospital of Huntington Park	0	0	Same	-2.05
Greater El Monte Community Hospital	0	0	Same	-1.62
Providence Saint John's Health Center	0	0	Better	-0.81
Encino Hospital Medical Center	0	0	Same	0
La Palma Intercommunity Hospital	0	0	Same	0
Norwalk Community Hospital	0	0	Same	N/A
Southern California Hospital at Hollywood	0	0	Same	-2.53
Citrus Valley Medical Center, IC Campus	0	0	Better	-0.84
West Covina Medical Center	0	not reported		
USC Verdugo Hills Hospital	4	1.9	Same	0.63
USC Kenneth Norris Jr. Cancer Hospital	8	1.66	Same	-0.01
City of Hope Helford Clinical Research Hospital	72	1.18	Same	-0.73
Keck Hospital of USC	30	1.06	Same	-0.01
Community Hospital Long Beach	1	0.42	Same	
Glendora Community Hospital	1	2.47	Same	
Henry Mayo Newhall Hospital	1	0.2	Better	
Marina Del Rey Hospital	5	2.86	Worse	
Miracle Mile Medical Center	0			
Northridge Hospital Medical Center	8	0.78	Same	
Olympia Medical Center	8	2.8	Worse	
Pacific Alliance Medical Center	0	0	Same	

METHICILLIN-RESISTANT STAPHYLOCOCCUS AUREUS (MRSA)

2017 MRSA rates, reported by CDPH, for network hospitals were reviewed and compared to rates from 2016.

Thirty-six facilities met or fell below the state average SIR of 0.87, while 30 hospitals exceeded the average. Twenty-nine facilities were above Covered California's goal of SIR less than 1.0. Six hospitals had SIRs statistically higher than their predicted rate. Los Angeles Community Hospital, Sherman Oaks Hospital, Southern California Hospital at Hollywood, and West Hills were outliers, with SIRs of 5.72, 4.39, 4.12, and 3.03, respectively. Thirteen facilities reported zero infections in 2016. Overall, the MRSA rates were fairly similar to the prior year.

MRSA SIR By L.A. Care Network Hospital, 2017				
Facility	Infections Reported	SIR	Statistical Comparison	Rate Difference 2017 vs. 2016
Los Angeles Community Hospital	6	5.72	Worse	-4.13
Sherman Oaks Hospital	4	4.39	Worse	1.42
Southern California Hospital at Hollywood	4	4.12	Worse	N/A
Centinela Hospital Medical Center	7	3.03	Worse	1.46
West Hills Hospital & Medical Center	6	2.84	Worse	N/A
Providence Holy Cross Medical Center	9	2.4	Worse	1.88
Norwalk Community Hospital	1	2.13	Same	N/A
Southern California Hospital at Culver City	5	2.02	Same	0.36
Martin Luther King Jr. Community Hospital	2	1.99	Same	1.99
Santa Monica - UCLA Orthopaedic Hospital	8	1.92	Same	1.16
Coast Plaza Hospital	1	1.92	Same	-0.49
Hollywood Presbyterian Medical Center	4	1.87	Same	-1.08
Citrus Valley Medical Center, IC Campus	3	1.76	Same	-1.32
Encino Hospital Medical Center	1	1.73	Same	0.1
Glendale Memorial Hospital and Health Center	3	1.58	Same	-0.12
Memorial Hospital of Gardena	2	1.45	Same	-2.18
Lakewood Regional Medical Center	3	1.44	Same	-1.38
LAC/Olive View UCLA Medical Center	5	1.42	Same	0.51
St. Mary Medical Center, Long Beach	4	1.32	Same	-0.89
Beverly Hospital	2	1.27	Same	0.68
USC Verdugo Hills Hospital	1	1.25	Same	1.25
Alhambra Hospital Medical Center	1	1.21	Same	1.21
Providence Saint Joseph Medical Center	6	1.21	Same	0.6
Torrance Memorial Medical Center	4	1.18	Same	0.7
Antelope Valley Hospital	4	1.12	Same	0.61
Methodist Hospital of Southern California	4	1.11	Same	0.78
Adventist Health Glendale	5	1.06	Same	0.12
Earl & Loraine Miller Children's Hospital	2	1	Same	-0.05
Saint Vincent Medical Center	3	1	Same	-0.74
Foothill Presbyterian Hospital - Johnston Memorial	1	0.95	Same	0.95
City of Hope Helford Clinical Research Hospital	6	0.87	Same	0.44
LAC+USC Medical Center	12	0.85	Same	0.16
Long Beach Memorial Medical Center	5	0.82	Same	0.08
Keck Hospital of USC	5	0.82	Same	-0.33
Whittier Hospital Medical Center	1	0.81	Same	0.81
California Hospital Medical Center, Los Angeles	3	0.78	Same	-0.17
Pomona Valley Hospital Medical Center	4	0.76	Same	-0.27
PIH Health Hospital, Downey	1	0.75	Same	N/A
Ronald Reagan UCLA Medical Center	12	0.71	Same	-0.27
Valley Presbyterian Hospital	3	0.71	Same	-0.52
Citrus Valley Medical Center, QV Campus	2	0.69	Same	0.32
Huntington Memorial Hospital	5	0.67	Same	-0.09
San Gabriel Valley Medical Center	1	0.67	Same	-0.64
LAC/Harbor UCLA Medical Center	6	0.62	Same	0.01
Providence Little Company of Mary Torrance	2	0.54	Same	0.54
Mission Community Hospital	1	0.51	Same	N/A
PIH Health Hospital, Whittier	2	0.51	Same	N/A
Good Samaritan Hospital, Los Angeles	2	0.47	Same	-2.14
Saint Francis Medical Center	2	0.38	Same	0.22
Providence Tarzana Medical Center	1	0.31	Same	-2.68
Cedars-Sinai Medical Center	5	0.29	Better	-0.18
Garfield Medical Center	1	0.29	Same	-0.4
Adventist Health White Memorial	1	0.22	Same	-0.39
East Los Angeles Doctors Hospital	0	0	Same	0
Greater El Monte Community Hospital	0	0	Same	0

MRSA SIR By L.A. Care Network Hospital, 2017				
Facility	Infections Reported	SIR	Statistical Comparison	Rate Difference 2017 vs. 2016
La Palma Intercommunity Hospital	0	0	Same	0
Monterey Park Hospital	0	0	Same	0
Silver Lake Medical Center	0	0	Same	0
Children's Hospital Los Angeles	0	0	Same	-0.2
Palmdale Regional Medical Center	0	0	Same	-0.58
College Medical Center	0	0	Same	-0.7
Providence Saint John's Health Center	0	0	Same	-1.07
USC Kenneth Norris Jr. Cancer Hospital	0	0	Same	-1.54
Providence Little Company of Mary San Pedro	0	0	Same	-1.59
San Dimas Community Hospital	0	0	Same	-1.83
Community Hospital of Huntington Park	0	0	Same	-2.52

SURGERY SITE INFECTION (SSI) – COLON

2017 SSI - Colon rates and confidence intervals, reported by CDPH, for network hospitals were reviewed and compared to rates from 2016.

Forty-four facilities met or fell below the state average SIR of 0.97, while 15 hospitals exceeded the average. No facilities had a SIR statistical higher than their predicted rate. Fourteen facilities exceeded Covered California's goal of SIRs less than 1.0. West Hills and White Memorial were outliers, with SIRs of 3.14 and 2.17, respectively. Several facilities that were extreme outliers in the previous year showed notable improvements in 2017. Thirty-one facilities conducted at least one colon surgery but reported zero colon surgery site infections in 2017.

Colon Surgical Site SIR By L.A. Care Network Hospital, 2017					
Facility Name	Procedures Reported	Infections Reported	SIR	Statistical Comparison	Rate Difference 2017 vs. 2016
West Hills Hospital & Medical Center	41	3	3.14	Same	N/A
White Memorial Medical Center	49	3	2.7	Same	2.7
Providence Holy Cross Medical Center	142	6	1.77	Same	0.03
Glendale Adventist Medical Center	91	3	1.71	Same	0.67
LAC/Olive View UCLA Medical Center	17	1	1.71	Same	0.52
Pomona Valley Hospital Medical Center	132	5	1.53	Same	0.74
Ronald Reagan UCLA Medical Center	264	10	1.38	Same	0.32
PIH Health Hospital, Downey	35	1	1.31	Same	N/A
California Hospital Medical Center, Los Angeles	80	3	1.29	Same	0.92
Providence Tarzana Medical Center	140	4	1.28	Same	0.55
Valley Presbyterian Hospital	92	3	1.28	Same	0.16
Cedars-Sinai Medical Center	590	20	1.21	Same	-5.24
Saint Francis Medical Center	103	4	1.14	Same	-0.1
Long Beach Memorial Medical Center	236	5	1.04	Same	-0.69
Keck Hospital of USC	349	11	0.98	Same	0.19
Palmdale Regional Medical Center	98	2	0.97	Same	-0.45
Providence Little Company of Mary Torrance	182	3	0.76	Same	0.24
Torrance Memorial Medical Center	312	5	0.74	Same	-0.15
Antelope Valley Hospital	166	3	0.72	Same	-0.47
Glendale Memorial	74	1	0.71	Same	0.2
Huntington Memorial Hospital	292	6	0.71	Same	0.45
Citrus Valley Medical Center, QV Campus	79	2	0.65	Same	0.24
Santa Monica - UCLA Orthopaedic Hospital	83	1	0.55	Same	0.04
LAC/Harbor UCLA Medical Center	45	1	0.51	Same	-0.56
Foothill Presbyterian Hospital – Johnston	77	1	0.35	Same	-0.07
Methodist Hospital of Southern California	153	1	0.31	Same	-0.02
Providence Saint John's Health Center	156	1	0.29	Same	-0.45

Colon Surgical Site SIR By L.A. Care Network Hospital, 2017					
Facility Name	Procedures Reported	Infections Reported	SIR	Statistical Comparison	Rate Difference 2017 vs. 2016
PIH Health Hospital, Whittier	172	1	0.28	Same	N/A
Alhambra Hospital Medical Center	80	0	0	Same	0
Beverly Hospital	15	0	0	Same	0
Centinela Hospital Medical Center	217	0	0	Same	0
Children's Hospital Los Angeles	3	0	0	Same	0
Good Samaritan Hospital, Los Angeles	44	0	0	Same	-0.37
Children's Hospital of Orange County	5	0	0	N/A	N/A
Citrus Valley Medical Center, IC Campus	60	0	0	Same	-0.41
LAC+USC Medical Center	70	0	0	Same	0
Coast Plaza Hospital	5	0	0	N/A	0
Martin Luther King Jr. Community Hospital	11	0	0	Same	0
Mission Community Hospital	13	0	0	Same	0
Garfield Medical Center	80	0	0	Same	0
Pacifica Hospital of the Valley	9	0	0	Same	-4.33
Providence Little Company of Mary	30	0	0	Same	0
Providence Saint Joseph Medical Center	201	0	0	Better	-1.74
Henry Mayo Newhall Hospital	59	0	0	Same	-2.04
Hollywood Presbyterian Medical Center	54	0	0	Same	-2.04
La Palma Intercommunity Hospital	23	0	0	Same	0
Lakewood Regional Medical Center	47	0	0	Same	0
USC Verdugo Hills Hospital	26	0	0	Same	-1.89
Memorial Hospital of Gardena	25	0	0	Same	0
Monterey Park Hospital	19	0	0	Same	-6.45
Saint Vincent Medical Center	51	0	0	Same	-1.64
San Dimas Community Hospital	35	0	0	Same	0
San Gabriel Valley Medical Center	27	0	0	Same	-0.37
Southern California Hospital at Culver City	14	0	0	Same	-1.66
St. Mary Medical Center, Long Beach	25	0	0	Same	-0.97
Whittier Hospital Medical Center	53	0	0	Same	0
College Medical Center	7	0	0	N/A	0
Community Hospital of Huntington Park	3	0	0	N/A	0
Earl & Loraine Miller Children's Hospital	3	0	0	N/A	0

CLOSTRIDIUM DIFFICILE (C. DIFF)

2017 C. diff rates, reported by CDPH, for network hospitals were reviewed and compared to rates from 2016.

Thirty-five facilities met or fell below the state average SIR of 0.85, while 34 hospitals exceeded the average. Six hospitals had SIRs statistical higher than their predicted rate. Twenty-four facilities exceeded Covered California's goal of SIRs less than 1.0. There were no outliers this year. Only one facility, West Covina Medical Center, reported zero C. diff infections in 2017.

C. diff SIR By L.A. Care Network Hospital, 2017				
Facility Name	Infections Reported	SIR	Statistical Comparison	Rate Difference 2017 vs. 2016
Children's Hospital Los Angeles	60	1.59	Worse	0.5
City of Hope Helford Clinical Research Hospital	110	1.45	Worse	-0.07
USC Verdugo Hills Hospital	18	1.42	Same	0.27
Beverly Hospital	36	1.41	Worse	-0.21
West Hills Hospital & Medical Center	51	1.41	Worse	N/A
Providence Saint John's Health Center	45	1.39	Worse	-0.14
Children's Hospital of Orange County	31	1.38	Same	N/A
Monterey Park Hospital	7	1.31	Same	-0.9
Garfield Medical Center	37	1.29	Same	0.08
Antelope Valley Hospital	66	1.24	Same	0.11
Ronald Reagan UCLA Medical Center	139	1.22	Worse	0.04
Coast Plaza Hospital	7	1.22	Same	0.69
Foothill Presbyterian Hospital - Johnston Memorial	16	1.16	Same	0.06
Providence Little Company of Mary Torrance	48	1.14	Same	0.32
Santa Monica - UCLA Orthopaedic Hospital	47	1.13	Same	-0.04
Palmdale Regional Medical Center	30	1.12	Same	0.24
Pomona Valley Hospital Medical Center	72	1.11	Same	-0.65
Long Beach Memorial Medical Center	65	1.09	Same	-0.55
Los Angeles Community Hospital	9	1.09	Same	0.72
Mission Community Hospital	15	1.09	Same	N/A
Lakewood Regional Medical Center	20	1.06	Same	0.07
Good Samaritan Hospital, Los Angeles	36	1.04	Same	0.15
Valley Presbyterian Hospital	45	1.01	Same	-0.03
Keck Hospital of USC	46	0.99	Same	-0.37
Southern California Hospital at Culver City	28	0.98	Same	-0.23
San Gabriel Valley Medical Center	21	0.94	Same	-0.47
Torrance Memorial Medical Center	59	0.94	Same	-0.4
Providence Tarzana Medical Center	31	0.92	Same	-0.25
LAC/Harbor UCLA Medical Center	55	0.92	Same	-0.15
LAC/Olive View UCLA Medical Center	30	0.88	Same	-0.38
Providence Saint Joseph Medical Center	40	0.88	Same	-0.08
Providence Holy Cross Medical Center	32	0.86	Same	-0.18
Huntington Memorial Hospital	82	0.86	Same	-0.1
Saint Vincent Medical Center	53	0.84	Same	0.28
San Dimas Community Hospital	10	0.84	Same	0.36
USC Kenneth Norris Jr. Cancer Hospital	14	0.83	Same	-0.57
St. Mary Medical Center, Long Beach	26	0.81	Same	-0.13
Sherman Oaks Hospital	12	0.79	Same	0.27
Encino Hospital Medical Center	5	0.78	Same	0.14
Silver Lake Medical Center	5	0.77	Same	-1.81
Alhambra Hospital Medical Center	14	0.75	Same	-0.24
Community Hospital of Huntington Park	2	0.73	Same	-0.04
Citrus Valley Medical Center, QV Campus	26	0.73	Same	-0.14
Centinela Hospital Medical Center	27	0.72	Same	-0.15
Cedars-Sinai Medical Center	99	0.71	Better	-0.56
PIH Health Hospital, Downey	15	0.71	Same	N/A
Earl & Loraine Miller Children's Hospital	12	0.7	Same	-0.41
PIH Health Hospital, Whittier	35	0.69	Better	N/A
Glendale Memorial Hospital and Health Center	22	0.67	Same	-0.29
Hollywood Presbyterian Medical Center	13	0.65	Same	0.09
Saint Francis Medical Center	43	0.62	Better	0
Methodist Hospital of Southern California	18	0.62	Better	0.04
Pacifica Hospital of the Valley	4	0.62	Same	0.31
Memorial Hospital of Gardena	7	0.61	Same	0.06
Glendale Adventist Medical Center	31	0.6	Better	-0.36

C. diff SIR By L.A. Care Network Hospital, 2017				
Facility Name	Infections Reported	SIR	Statistical Comparison	Rate Difference 2017 vs. 2016
La Palma Intercommunity Hospital	5	0.6	Same	N/A
Whittier Hospital Medical Center	9	0.59	Same	-0.02
Adventist Health White Memorial	30	0.57	Better	-0.36
East Los Angeles Doctors Hospital	3	0.5	Same	0.11
Providence Little Company of Mary San Pedro	7	0.44	Better	-0.82
College Medical Center	6	0.4	Better	-0.03
Martin Luther King Jr. Community Hospital	5	0.37	Better	-0.4
LAC+USC Medical Center	36	0.36	Better	-0.67
Greater El Monte Community Hospital	4	0.36	Better	-0.09
California Hospital Medical Center, Los Angeles	7	0.23	Better	-0.25
Norwalk Community Hospital	1	0.2	Better	N/A
Southern California Hospital at Hollywood	1	0.18	Better	-0.18
West Covina Medical Center	0	0	Same	0

Catheter-Associated Urinary Tract Infections (CAUTI)

CAUTI rates, from 10/1/2017 to 9/30/2018, as reported by CMS Hospital Compare, were reviewed for network hospitals and compared to a national benchmark.

Forty hospitals had SIRs below the state average of 0.97. Twenty facilities’ SIRs exceeded the California average of 0.97, six of which were statistical higher than national benchmark. Nineteen facilities exceeded Covered California’s goal of SIRs less than 1.0. Torrance Memorial and Mission Community Hospital were outliers with SIRs of 2.33 and 2.16, respectively. Thirteen facilities reported zero CAUTIs in this time period.

CAUTI SIR by L.A. Care Network Hospital, 10/1/2017-9/30/18				
Facility	Infections Reported	SIR	Statistical Comparison to National Benchmark	Rate Difference 2017 vs. 2016
Torrance Memorial Medical Center	26	2.33	Worse	1.09
Mission Community Hospital	9	2.16	Worse	N/A
Garfield Medical Center	11	1.93	Worse	1.05
LAC/Harbor-UCLA Med Center	35	1.81	Worse	0.15
Beverly Hospital	10	1.71	Same	0.52
Providence Little Co Of Mary Med Ctr San Pedro	4	1.64	Same	1.39
Providence Little Company Of Mary Med Ctr Torrance	9	1.59	Same	1.05
Hollywood Presbyterian Medical Center	8	1.58	Same	-0.42
Good Samaritan Hospital	18	1.57	Same	0.46
Keck Hospital Of USC	25	1.57	Worse	0.82
LAC+USC Medical Center	42	1.48	Worse	0.93
St Mary Medical Center	7	1.38	Same	0.46
Monterey Park Hospital	2	1.36	Same	0.79
Providence Saint Joseph Medical Ctr	10	1.32	Same	-0.66
Whittier Hospital Medical Center	2	1.12	Same	0.70
Antelope Valley Hospital	18	1.11	Same	0.43
Ronald Reagan UCLA Medical Center	43	1.10	Same	0.19
San Gabriel Valley Medical Center	4	1.09	Same	0.57
Los Angeles Community Hospital	2	1.06	Same	1.06
Providence Holy Cross Medical Center	7	0.98	Same	-1.67
Pomona Valley Hospital Medical Center	11	0.94	Same	-0.92
Glendale Adventist Medical Center	9	0.94	Same	-0.08
Long Beach Memorial Medical Center	14	0.91	Same	0.25

CAUTI SIR by L.A. Care Network Hospital, 10/1/2017-9/30/18				
Facility	Infections Reported	SIR	Statistical Comparison to National Benchmark	Rate Difference 2017 vs. 2016
Children's Hospital Of Los Angeles	7	0.88	Same	N/A
Saint Francis Medical Center	9	0.83	Same	0.18
Huntington Memorial Hospital	12	0.81	Same	-0.11
Santa Monica - UCLA Orthopaedic Hospital	6	0.78	Same	0.02
PIH Health Hospital-Whittier	6	0.74	Same	N/A
Foothill Presbyterian Hospital	3	0.71	Same	0.16
Cedars-Sinai Medical Center	48	0.70	Better	0.04
LAC/Olive View-UCLA Medical Center	3	0.69	Same	-1.37
West Hills Hospital & Medical Center	4	0.67	Same	N/A
College Medical Center	2	0.66	Same	0.66
Palmdale Regional Medical Center	3	0.60	Same	-0.42
California Hospital Medical Center LA	5	0.59	Same	-0.60
Saint Vincent Medical Center	3	0.59	Same	0.07
Southern California Hospital At Hollywood	4	0.56	Same	-0.95
White Memorial Medical Center	2	0.46	Same	-0.07
Methodist Hospital Of Southern Ca	7	0.46	Better	-0.40
Emanate Health Inter-Community Hospital	6	0.42	Better	N/A
USC Verdugo Hills Hospital	1	0.42	Same	-0.46
Sherman Oaks Hospital	1	0.40	Same	-0.25
Memorial Care Miller Children's & Women's Hosp	1	0.32	Same	N/A
PIH Hospital - Downey	1	0.30	Same	N/A
Glendale Mem Hospital & Hlth Center	1	0.18	Better	-0.63
Valley Presbyterian Hospital	1	0.15	Better	-0.85
Providence Tarzana Medical Center	1	0.12	Better	-1.44
Alhambra Hospital Medical Center	0	0	Same	0.00
Centinela Hospital Medical Center	0	0	Better	-0.73
Coast Plaza Hospital	0	0	Same	0.00
Community Hospital Of Long Beach	0	0	Same	-0.82
Encino Hospital Medical Center	0	0	Same	0.00
Greater El Monte Community Hospital	0	0	Same	0.00
La Palma Intercommunity Hospital	0	0	Same	0.00
Lakewood Regional Medical Center	0	0	Better	-1.04
Martin Luther King, Jr. Community Hospital	0	0	Same	0.00
Memorial Hospital Of Gardena	0	0	Same	-1.90
Providence Saint John's Health Center	0	0	Better	-0.86
San Dimas Community Hospital	0	0	Same	-0.38
Silver Lake Medical Center	0	0	Same	0.00

LOOKING FORWARD

2018 SIR and NTSV C-Sections rates should become available early 2020. QI Initiatives will analyze the 2018 rates and determine intervention, if appropriate. QI will coordinate with Utilization Management and Provider Network Management (PNM) hospital managers for any intervention plans. We will also review whether any of these metrics will be used as a quality based contract element for hospital contracts.

E. MANAGING MULTIPLE CHRONIC ILLNESS

E.1 MANAGING MULTIPLE CHRONIC ILLNESS

E.1.a RISK STRATIFICATION PROCESS USING DATA

AUTHOR: IZARO ELORDUY, MSG, MBA, CCM

REVIEWER: MARIA CASIAS, RN & JAMES KYLE, MD

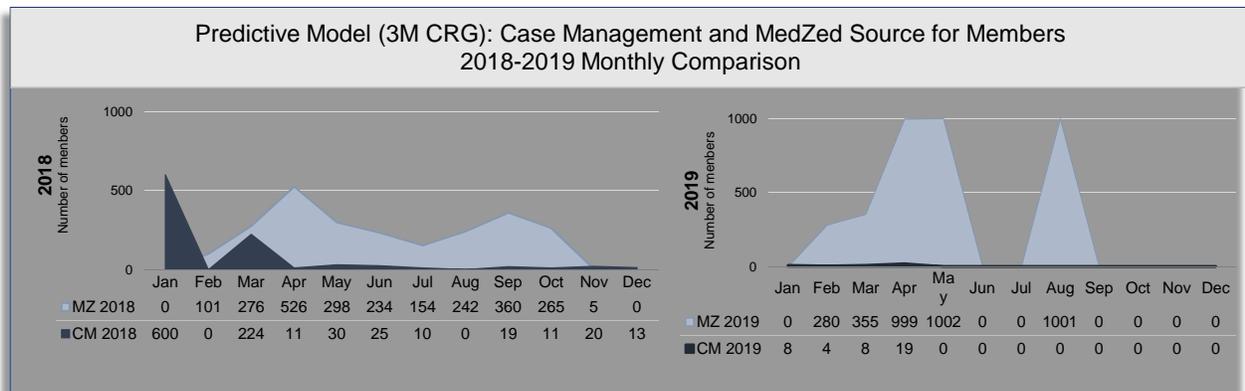
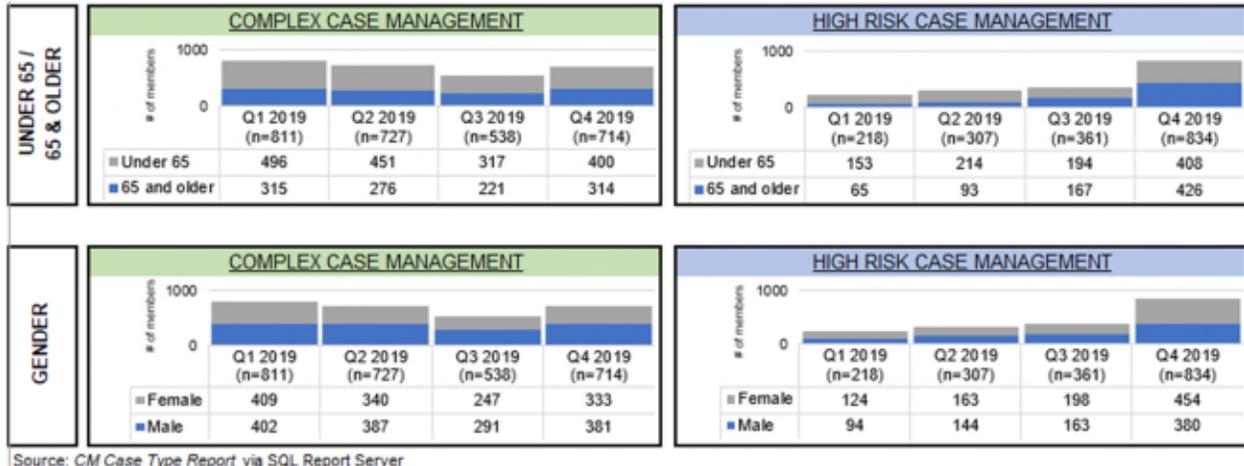
L.A. Care uses three distinct risk stratification processes to help identify, categorize and develop member centric integrated service delivery. Prior to enrollment, L.A. Care uses historical claims data to create the first risk stratification into High or Low risk. This initial risk stratification creates time tables for completing the Health Risk Assessment (HRA). For CMC members, L.A. Care attempts to complete an HRA within 45 days for all risk levels. For Medi-Cal SPD members, L.A. Care attempts to complete an HRA within 45 days for all risk levels. The second risk stratification is through the Health Risk Assessment. This second step categorizes members into complex, high, or low risk. L.A. Care’s Care Management directly works with the complex and high risk members. Members stratified as low risk are delegated to the Preferred Provider Groups for care coordination and follow-up. The third risk stratification is done through the QI/Health Information Management (HIM) using the 3M Clinical Risk Grouper (CRG) that uses diagnoses and time-based patterns of utilization to categorize overall member health risk. The claims-based initial risk stratification is done only once at enrollment. The CRG is run monthly on the entire L.A. Care membership and available for view as a Tableau dashboard report.

The CRG tool is utilized to identify the most complex members in L.A. Care’s direct lines of business (CMC, MCLA, LACC, PASC/SEIU). The tool uses clinical risk groupings to categorize each member into one of 9 CRGs, from healthy to catastrophic conditions. An internal clinical claims review determined complex cases were more likely to occur beginning at status 7, severity 4 (noted by a red X). This category includes individuals with a dominant chronic disease in three or more organ systems (e.g., Chronic Renal Failure, Diabetes, and another dominant chronic disease).

Aggregate CRG status	Severity Level					
	1	2	3	4	5	6
1 Healthy						
2 History of Significant Acute Disease						
3 Single Minor Chronic Disease	X	X				
4 Minor Chronic Disease in Multiple Organ Systems	X	X	X	X		
5 Single Dominant or Moderate Chronic Disease	X	X	X	X	X	X
6 Significant Chronic Disease in Multiple Organ Systems	X	X	X	X	X	X
7 Dominant Chronic Disease in Three or More Organ Systems	X	X	X	X	X	X
8 Dominant, Metastatic and Complicated Malignancies	X	X	X	X	X	
9 Catastrophic Conditions	X	X	X	X	X	X

The CRG risk tool is utilized to provide potential members for CM programs as well as a source of potential members for the telehealth project with MedZed. The risk tool is sorted based on utilization metrics, including emergency room visits, inpatient admissions and readmissions, and the 30-day ACR. Graphs below shows referrals provided to MedZed and referrals to the CM program(s).

For the past years L.A. Care Management has utilized a CRG tool to risk stratify members into High or Low Risk. In 2020 L.A. Care Management is implementing a new risk stratification tool made available by OPTUM Impact Pro. This tool will facilitate retrieval of member information in a central location. This will increase productivity by having information readily available.



E.1.b RISK STRATIFICATION USING HEALTH APPRAISAL

Health Appraisal-My Health In Motion™:

Health In Motion™ is L.A. Care Health Plan’s health education services. *Health In Motion™* offers engaging, high-touch health education group appointments to Designated Line of Business (DLOB) members and their families/caregivers in easily-accessible locations including high-volume provider sites, community centers, and L.A. Care’s Family Resource Centers (FRCs). Individual telephonic consultations are available for DLOB members unable to attend a group appointment. Delivered by Registered Dietitians and Health Educators, health education services promote positive health behavior, wellness, and chronic disease self-management. *Health In Motion™* is available to members upon physician referral, L.A. Care staff referral, targeted recruitment by diagnosis, or self-referral. All services are available at no cost to the member and are conducted in English and Spanish. Interpreters are available upon request for other languages.

Health In Motion™ Summary of Services

Health In Motion™ Referrals

In FY18-19, *Health In Motion*™ received 2,302 referrals, a 9.93% increase over the 2,094 referrals received in FY17-18. Network providers were the top referral source (42%), followed by L.A. Care staff (32%) and member self-referrals (26%). Internal L.A. Care staff referrals were received from Care Management, Disease Management, Social Work, and the FRC's. Approximately 35.8% of members who were referred to *Health In Motion*™ resulted in an Unable to Contact (UTC) and 3.6% of referrals resulted in a Member Not Interested.

Health In Motion™ Encounters

The Health Education Unit conducted 2,946 health education encounters in FY 18-19. Both *Health In Motion*™ phone consults and group appointment participation by DLOB members increased in FY 18-19 compared to last fiscal year. Telephone consults accounted for 77% and group appointments contributed the remaining 23%. The Health Education Unit hosted 46 group appointments at L.A. Care's Family Resource Centers and other community sites, a 20% decrease from the 58 group appointments conducted in FY 17-18. Member participation in group appointments did increase this fiscal year by 32%, while non-member participation in group appointments decreased this fiscal year by 86%. One factor that contributed to the decrease in group appointment offerings was the change in strategy from having the Health Education Unit provide direct services at the FRC to partnering with the existing classes the FRCs were already offering. The transition caused some challenges with accurate data collection from the FRC. In FY 19-20, we will work with the FRCs to ensure we cannot only expand on the class offerings but collect data on attendance by line of business in addition to participant evaluation of each class.

Health In Motion™ Summary

Overall, L.A. Care's DLOB membership increased by 12.03% from last year precipitating an increase in the number of DLOB health education encounters and an increased rate of health education encounters per 1,000 members as presented in Table 1 for FY 18-19.

Table 1: Rate of Health Education Encounters per 1000 Members – Three Year Trend

Fiscal Year	Health Education Encounters	Average DLOB Membership	Rate (Total Health Education Encounters/
FY 2015-2016	2,662	940,587	2.8301
FY 2016-2017	2,328	1,126,863	2.0659
FY 2017-2018	2,003	1,182,087	1.6944
FY 2018-2019	2,946	1,234,346	2.8367

E.1.c RISK STRATIFICATION AND CARE PLANNING USING THE HRA

AUTHOR: IZARO ELORDUY, MSG, MBA, CCM

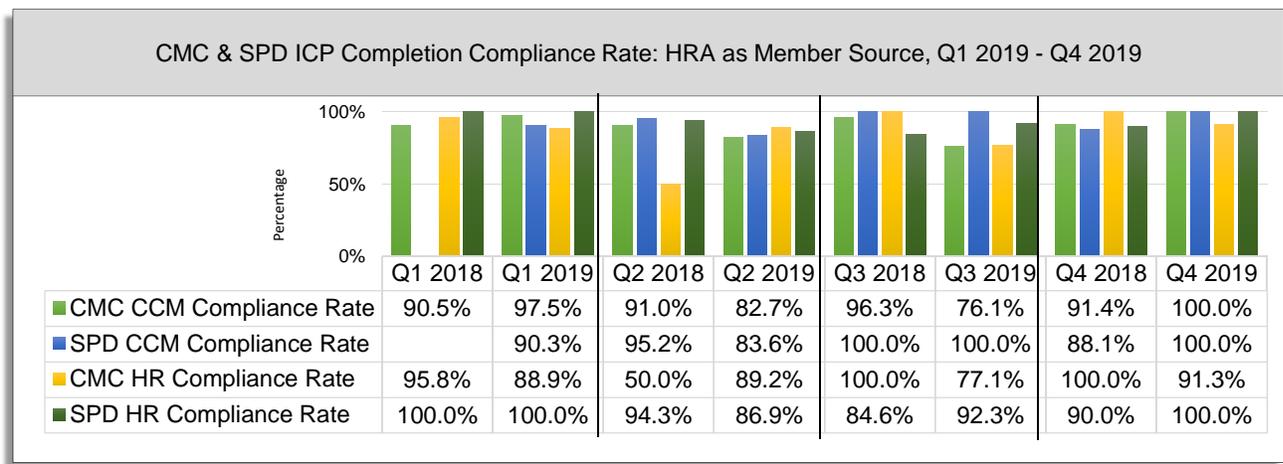
REVIEWER: MARIA CASIAS, RN & JAMES KYLE, MD

The Health Risk Assessment is a survey offered to members in the CMC and SPD lines of business as face-to-face through a home visit vendor or performed telephonically by L.A. Care's Customer Solution Center with the member upon member enrollment during the welcome call. The HRA contains 37 questions with associated triggers to guide determination of placing members into complex, high, or low risk programmatic levels as well as other appropriate services or programs.

The HRA results are used by Care Managers to support constructing an Individualized Care Plan (ICP). High risk cases post-HRA goes to CM in-house through CCA queue. A daily report is available to identify members who completed HRAs and their corresponding results and stratification. Low risk members post HRA are assigned to PPGs for management. Members we cannot reach to complete the HRA or who decline the HRA are also assigned to the PPG for management. Summary, Detail and PDF versions of the HRA scores and stratification details are posted per assignment in the group specific folder on the Provider Portal.

Individualized Care Plan (ICP):

On a monthly basis, Case Management submits individualized care plan data for CMC and SPD members who completed an HRA to Center for Organizational Excellence, formerly Regulatory Audits and Governance, Compliance Department and Clinical Assurance monthly. The data includes number of care plans completed and number completed within 30 business days of referral/HRA completion. The graph below shows an adjusted compliance rate of approximately almost 90% (88.8%) across both CM programs (CCM and HR) for 2019. The 2019 compliance is 4.1 percentage points lower than the 2018 compliance rate of 92.9%



	Q1 2018	Q1 2019	Q2 2018	Q2 2019	Q3 2018	Q3 2019	Q4 2018	Q4 2019
CMC CCM ICPs Completed	95	79	133	75	135	46	163	43
SPD CCM ICPs Completed	0	103	147	116	18	9	84	21
CMC HR ICPs Completed	24	9	2	37	2	105	2	195
SPD HR ICPs Completed	25	2	87	61	13	13	10	64

Individualized Care Plans (ICPs) are considered to be compliant when completed within 30 days of case open date.

Source: Monthly *CM ICP Compliance* report to S. Alsawaf, Compliance Advisor II.

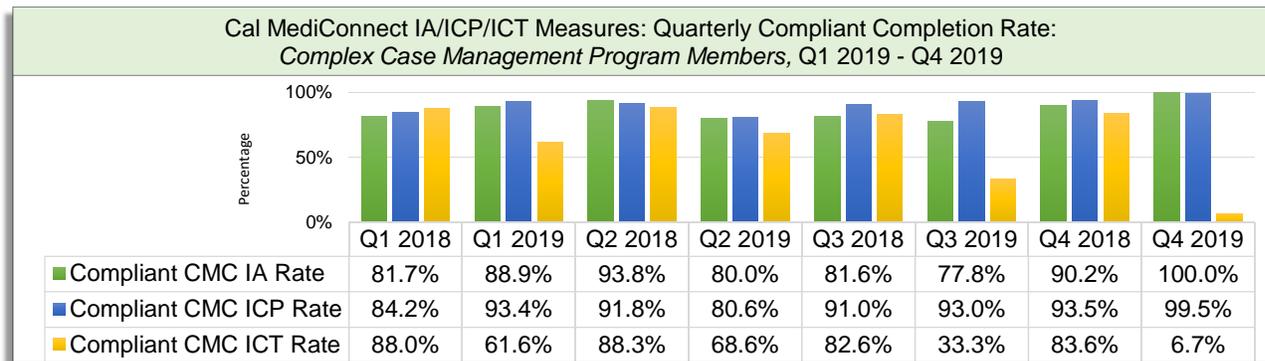
Original data source: *CM Case Type Report* via SQL Report Server

Initial Assessment/Individualized Care Plan/Interdisciplinary Care Team Completion Compliance Rates: Cal MediConnect (CMC) Line of Business:

A monthly report by program and line of business (CMC, MC+, SPD) is created within CM that details the:

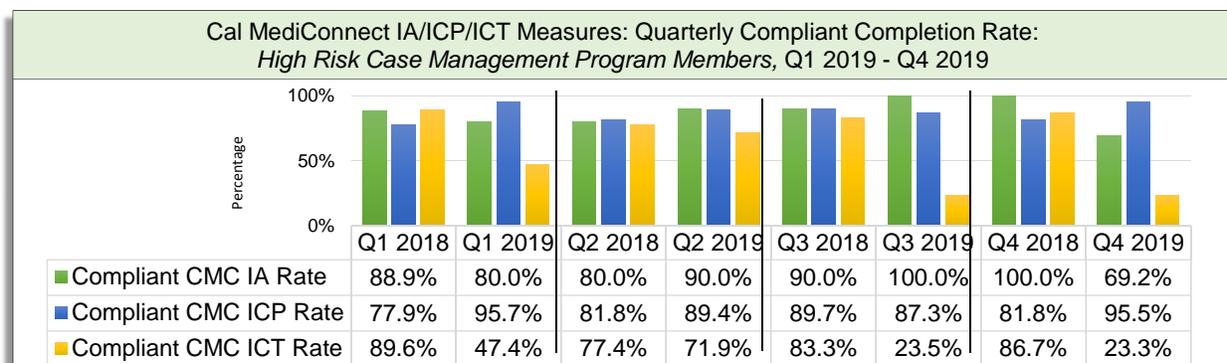
- Number of completed initial assessments (HRA) and compliance with completion timeframes.
- Number of completed individualized care plans (ICP) and compliance with completion timeframes.
- Number of interdisciplinary care teams (ICT) conducted and compliance with completion timeframes.

Complex Care Management



	Q1 2018	Q1 2019	Q2 2018	Q2 2019	Q3 2018	Q3 2019	Q4 2018	Q4 2019
CMC CCM IAs Completed	60	18	65	20	49	9	51	6
CMC CCM ICPs Completed	183	121	219	124	199	128	186	196
CMC CCM ICTs Completed	200	99	179	86	190	12	73	15

High Risk Care Management



	Q1 2018	Q1 2019	Q2 2018	Q2 2019	Q3 2018	Q3 2019	Q4 2018	Q4 2019
CMC HR IAs Completed	27	5	5	10	10	12	6	13
CMC HR ICPs Completed	77	23	11	47	29	134	11	419
CMC HR ICTs Completed	96	19	31	32	18	17	15	43

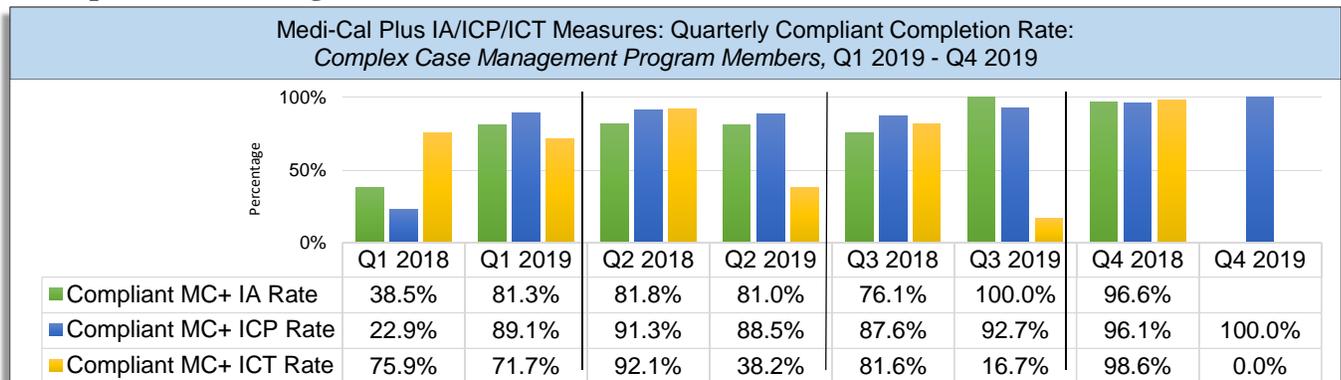
Initial Assessments (IA) are considered compliant when completed within 30 calendar days of case open date. Individualized Care Plans (ICP) are considered compliant when completed within 30 calendar days of case open date. Interdisciplinary Care Team (ICT) are considered compliant when completed within 20 calendar days of ICP creation.

Source: *CM Case Type Report* via SQL Report Server.

In 2019, L.A. Care de-delegated low risk case management from a PPG resulting in a significant increase in the number of members needed to be presented in ICT meetings. Despite efforts to increase ICT days from three (3) to four (4) days and from one and a half (1.5) hours per session to two (2) hours, the backlog persisted due to resource limitations. In an effort to address the issue, the care management team redesigned pieces of the ICT documentation, retrained staff, and streamlined scheduling of ICT case presentations. However, this new process did not become effective until 2/2020.

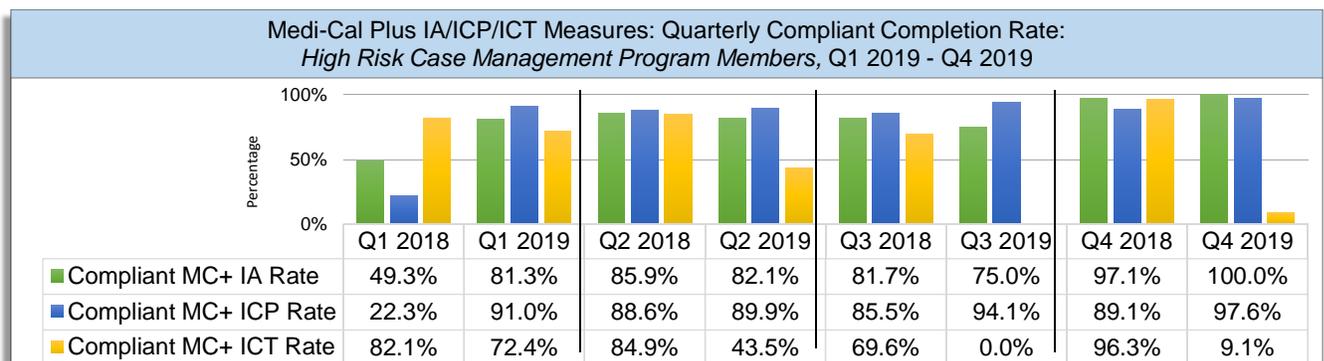
Initial Assessment/Individualized Care Plan/Interdisciplinary Care Team Completion Compliance Rates: Medi-Cal Plus (MC+) Lines of Business

Complex Care Management



	Q1 2018	Q1 2019	Q2 2018	Q2 2019	Q3 2018	Q3 2019	Q4 2018	Q4 2019
MC+ CCM IAs Completed	26	48	55	63	46	12	58	0
MC+ CCM ICPs Completed	70	304	208	322	201	55	232	37
MC+ CCM ICTs Completed	29	92	89	55	98	6	71	3

High Risk Care Management



	Q1 2018	Q1 2019	Q2 2018	Q2 2019	Q3 2018	Q3 2019	Q4 2018	Q4 2019
MC+ HR IAs Completed	71	16	99	28	60	4	35	3
MC+ HR ICPs Completed	206	89	308	158	249	34	129	85
MC+ HR ICTs Completed	78	29	86	23	46	3	27	11

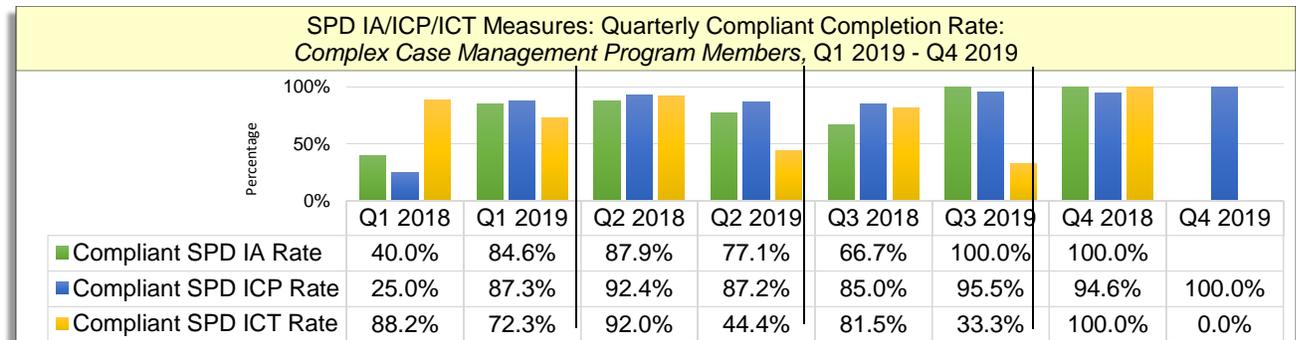
Initial Assessments (IA) are considered compliant when completed within 30 calendar days of case open date. Individualized Care Plans (ICP) are considered compliant when completed within 30 calendar days of case open date. Interdisciplinary Care Team (ICT) are considered compliant when completed within 20 calendar days of ICP creation.

Source: *CM Case Type Report* via SQL Report Server.

In 2019, Care Management prioritized CMC line of business activities over other lines of business due to the 2019 CMS CCQIPE re-validation audit. As a result of staffing constraints, this resulted in lower than desired capacity to manage other populations.

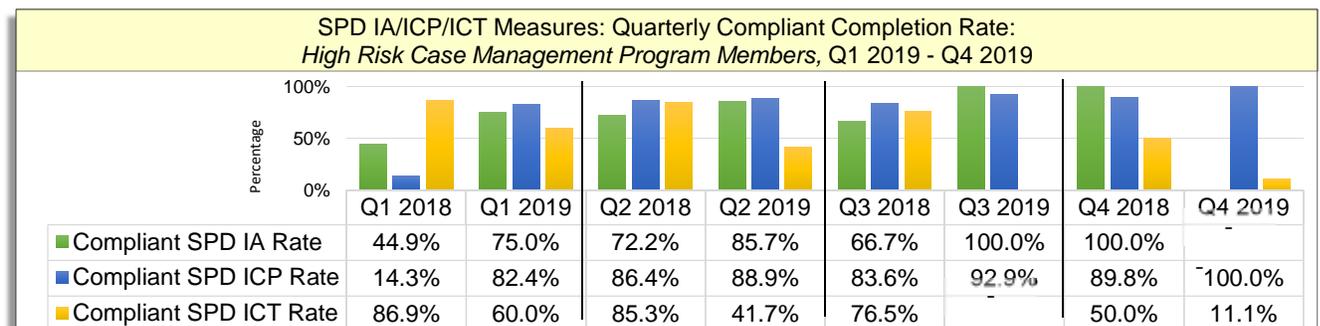
Initial Assessment/Individualized Care Plan/Interdisciplinary Care Team Completion Compliance Rates: Seniors and Persons with Disabilities (SPD)

Complex Case Management



	Q1 2018	Q1 2019	Q2 2018	Q2 2019	Q3 2018	Q3 2019	Q4 2018	Q4 2019
SPD CCM IAs Completed	10	26	33	35	15	6	25	0
SPD CCM ICPs Completed	20	165	145	188	40	22	112	24
SPD CCM ICTs Completed	17	47	75	36	54	3	33	2

High Risk Case Management



	Q1 2018	Q1 2019	Q2 2018	Q2 2019	Q3 2018	Q3 2019	Q4 2018	Q4 2019
SPD HR IAs Completed	49	4	36	14	3	1	17	0
SPD HR ICPs Completed	147	17	140	81	55	14	49	65
SPD HR ICTs Completed	61	5	68	12	17	0	2	9

Initial Assessments (IA) are considered compliant when completed within 30 calendar days of case open date. Individualized Care Plans (ICP) are considered compliant when completed within 30 calendar days of case open date. Interdisciplinary Care Team (ICT) are considered compliant when completed within 20 calendar days of ICP creation.

Source: *CM Case Type Report* via SQL Report Server.

In 2019, Care Management prioritized CMC line of business activities over other lines of business due to the 2019 CMS CCQIPE re-validation audit. As a result of staffing constraints, this resulted in lower than desired capacity to manage other populations.

E.1.d COMPLEX CASE MANAGEMENT

AUTHOR: IZARO ELORDUY, MSG, MBA, CCM

REVIEWER: MARIA CASIAS, RN, & JAMES KYLE, MD

Once members are initially identified for care management via data or referral sources, they are further reviewed by L.A. Care's Care Management Department to research and review available member information (i.e. claims, PCP records, pharmacy profiles) to confirm the appropriate CM risk level. CM communication of the outcome of the referral, member's participation decision, and the updated ICP and/or ICT are sent via fax to the PPG and PCP. L.A. Care's Care Management Department has adopted a model and philosophy which includes:

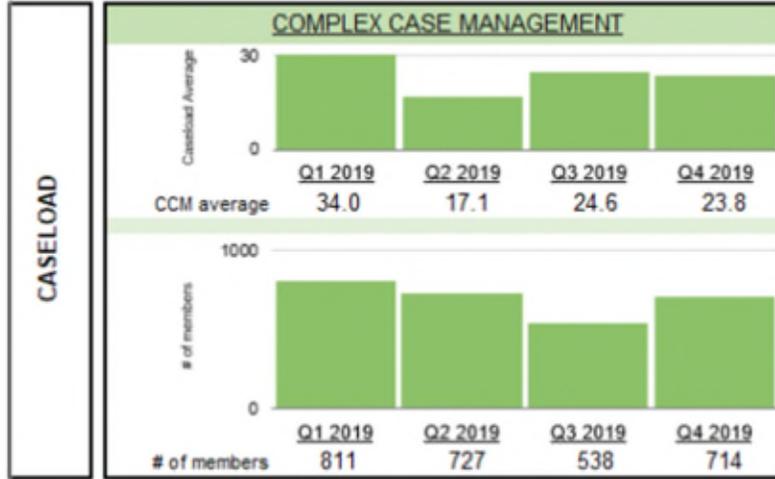
- Member directed care through member engagement and activation in the care planning process.
- An integrated care management approach. This involves coordination of care which is inclusive of Behavioral Health (BH), Social Work (SW), Disease Management (DM), Managed Long Term Services and Supports (MLTSS), Utilization Management (UM) Home & Community Based Services (HCBS), and other supportive services as directed or needed by the member.
- The expanded care team with additional roles added to the team such as community health workers and enhanced role of the care coordinators to meet the needs of the member.
- Increased utilization of field based services.

The Care Management program is designed to:

1. Minimize the risk of exacerbations or deterioration of the medical conditions based on early assessment of physical, behavioral, cognitive, functional status and social determinates by the:
 - a. Early assessment and identification of rehabilitation needs
 - b. Early identification of and intervention for mental/behavioral health issues
 - c. Early identification of and interventions for poly-pharmacy issues
 - d. Early identification of social supportive needs
2. Identify barriers to compliance with physician prescribed treatment regimen such as member's or caregiver's lack of understanding, motivation, transportation or financial needs
3. Identify and address social determinants of health that compromise member's optimal health and functioning
4. Identify and address person and environmental safety issues
5. Provide dedicated staff to assist in coordinating care needs between primary care provider, multiple specialists, specialty centers, ancillary vendors and pharmacies
6. Provide appropriate access to care in the right setting
7. Support Low Risk, High Risk, Complex and Specialty Care populations in a culturally sensitive manner.

Members who have been identified for or referred to care management are contacted within seven (7) business days. Urgent referrals submitted by providers or determined to be urgent by the Care Manager are processed within three (3) business days. Escalated referrals are addressed the same day they are received. Routine requests are processed within seven (7) business days. Care Managers and/or Care Coordinators will make three (3) attempts to contact newly identified or referred members to engage the member in the care management program. Contacts will include at least three (3) telephone calls and one (1) letter.

Total number of new referrals to the Complex Case Management (CCM) program in 2019 was 1,414. One-quarter (24.2%) (342 members) were unable to be reached. Over half (52.6%) of the members consented to CCM services.



Caseload average excludes case managers who are transitioning out of their current roles and case managers with less than 3 months on the job
 Source: *CM Case Type Report* via SQL Reporting Services.

High Risk Case Management (HRCM):

The total number of new referrals to the High Risk Case Management (CCM) program in 2019 was 1,235. Almost one-fifth (16.0%) of members (n=198) were unable to be reached.



Caseload average excludes case managers who are transitioning out of their current roles and case managers with less than 3 months on the job
 Source: *CM Case Type Report* via SQL Reporting Services.

Member Satisfaction with the Case Management Program

Goal: Achieve 90% of members answering “satisfied” or “very satisfied” to L.A. Care Management Program for all lines of business.

MEASURING CARE MANAGEMENT EFFECTIVENESS MEMBER SATISFACTION & APPEALS AND GRIEVANCE REPORTING



10. Overall how satisfied are you with LA Care's Care Management Program				
Measure	Q1 2019	Q2 2019	Q3 2019	Q4 2019
Number of respondents: Care Management (CM) Program	49	52	75	62
Care Management Member Satisfaction Score (% Fav)	93.6%	100.0%	93.2%	93.4%
Number of respondents: Care Management (CCM) Program	35	42	34	27
Complex Case Management Member Satisfaction Score (% Fav)	91.2%	100.0%	91.2%	92.6%
Number of respondents: Care Management (HR) Program	14	10	41	35
High Risk Case Management Member Satisfaction Score (% Fav)	100.0%	100.0%	94.9%	94.1%

¹Q10. Overall how satisfied are you with LA Care's Care Management Program?

Source(s): CCM_HRMemberSatisfactionSurveyListsMMYYYY file provided by L. Andrade, MORE Supervisor, on a monthly basis.

Data are analyzed by the Case Management Business/Data Analyst on a monthly, quarterly, and annual basis.

Results: 94.8% of members answered “satisfied” or “very satisfied” with L.A. Care Management Program for all lines of business (CCM: 94.1%; HR: 95.8%).

ANALYZING MEMBER COMPLAINTS FINDINGS *from Appeals and Grievances*

During 2019 Appeals and Grievances department received 13 complaints from 11 members classified under Case Management. Most complaints were in regard to PPGs and/or PPG/facility case manager. Only one (1) complaint from 1 member was received that was directly related to Case Management. One complaint had to do with dissatisfactions with the case manager. See Figure 3 and Table 2.

Member complaints data were reviewed separately as an indicative component of satisfaction. In collecting data from L.A. Care’s Appeals & Grievances department, we are able to assess the volume of complaints.

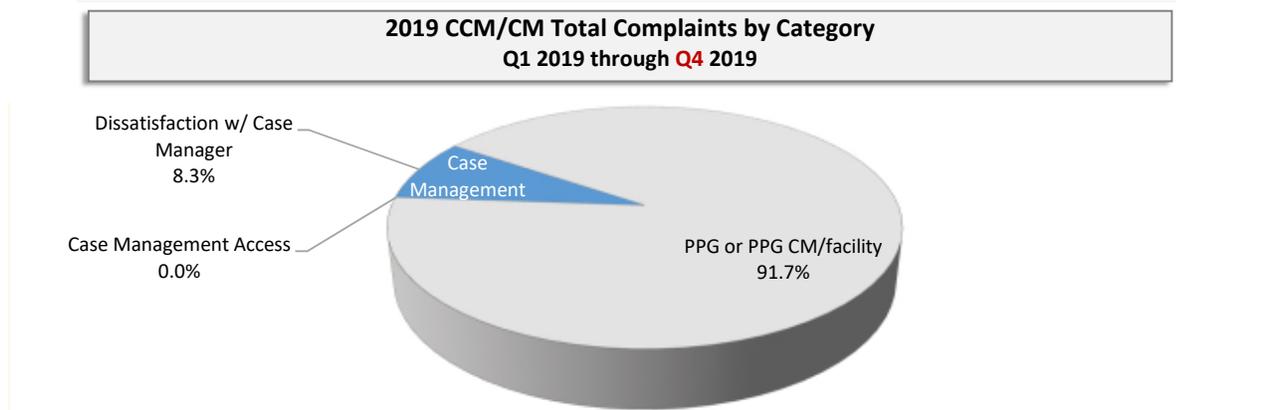


Table 2

2019 Complex Case Management Complaints	Q1 2019	Q2 2019	Q3 2019	Q4 2019	Total Q1-Q4
Case Management Access	0	0	0	0	0
Dissatisfaction with Case Manager	0	1	0	0	0
PPG or PPG Case Manager/Facility	8	2	1	1	12
Total Complaints	8	3	1	1	13

Source: Annual Member Experience - CM_Q1-2019 through Q4 2019 report prepared by Grievance and Appeals Department

Case Management Effectiveness: Impact on ED visits, inpatient admissions/readmissions, and average length of stay

Enterprise Data Strategy and Analytics (EDSA) evaluated the frequency of utilization: emergency department visits, inpatient admissions, inpatient readmissions, and average length of stay, pre- and post-CM program participation.

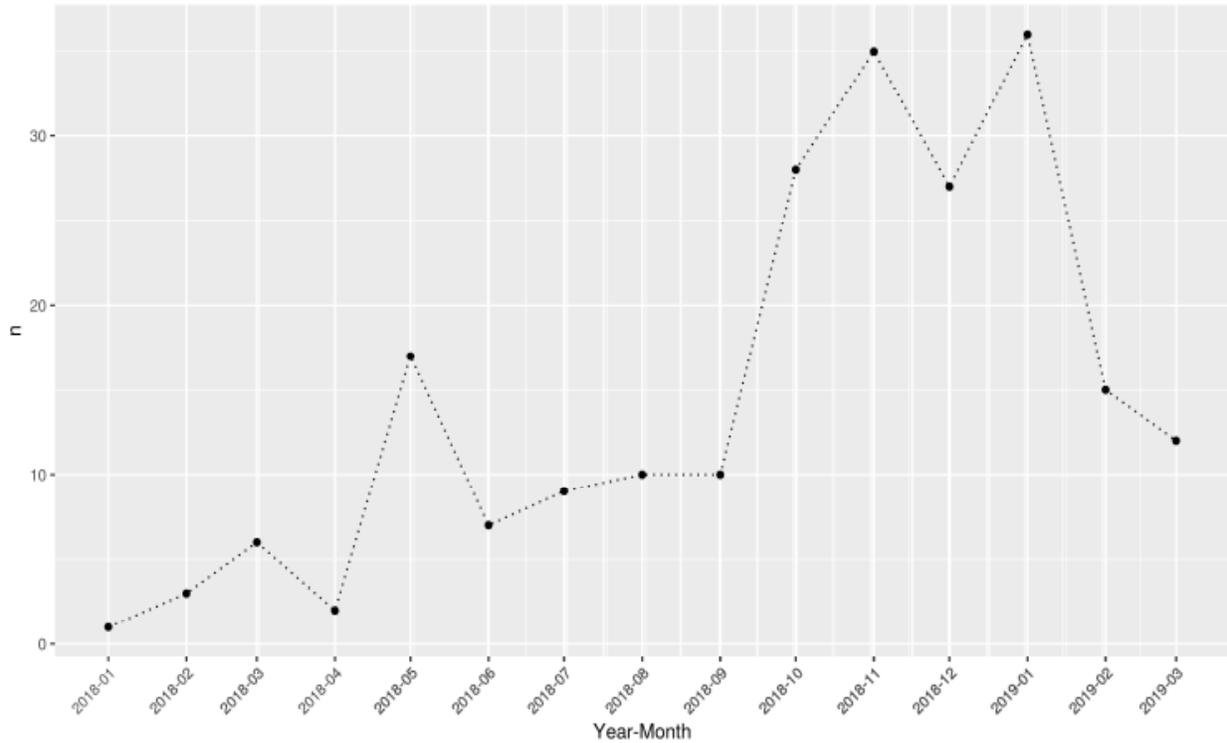
Evaluation includes the following members that had an Individualized Care Plan (ICP) opened on or after 01-01-2019:

- Complex Care Management participants w/ at least 60 days in program OR High Risk participants w/ at least 45 days in program.
- At least 6 months of enrollment before and after the ICP open date, using a 3-month lag from the run date (10-08-2019) to account for lag in utilization submission.
- 265 met the criterion mentioned above (n = 265).
- Paired t-tests have been used to evaluate whether or not a statistically significant change has occurred in Emergency Room and In-Patient utilization between the 6 months before and the 6 months after each member’s ICP open date.

Study Cohort

After taking into consideration eligibility (i.e. they were eligible 6 months before and after starting the program), and 3 months of claims IBNR, the study sample included 218 of the original 467 members.

Distribution of New Study Cohort Participants by Month

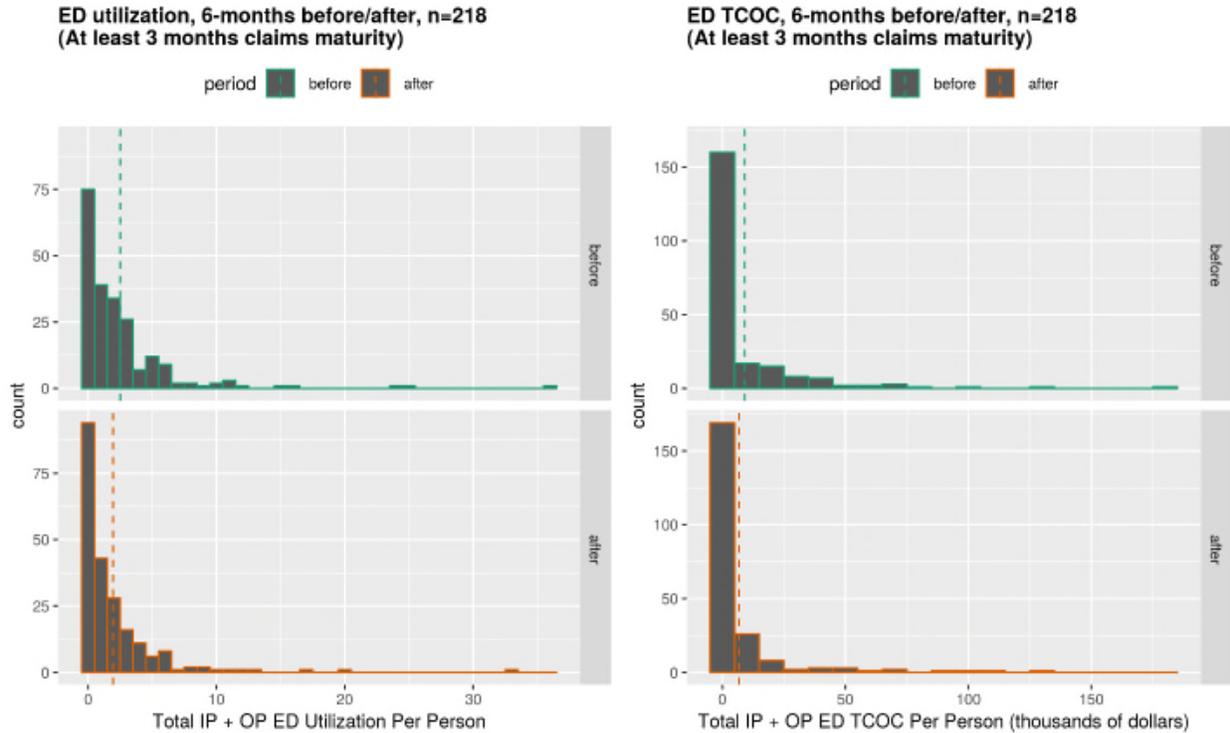


ED Utilization & Total Cost of Care (TCOC)

Overall ED utilization - inpatient admits from the ED + outpatient ED visits:

Total ED utilization (ED admits and visits) count decreased from 547 to 426, or an average of 2.5 to 2.0 per member, an observed 22.1% reduction. If the same trend continues for a year, the projected decrease is 242 in total ED utilization for these 218 members. This result is statistically significant. (p-value = 0.009)

Average cost of total ED utilization decreased from \$9,086 to \$6,829 per member over the 6 months before/after comparison, an observed 24.8% reduction. If the same trend continues for a year, the total ED utilization projected savings are \$983,697 for these 218 members. This result is not statistically significant. (p-value = 0.061)



Inpatient admits from the ED only:

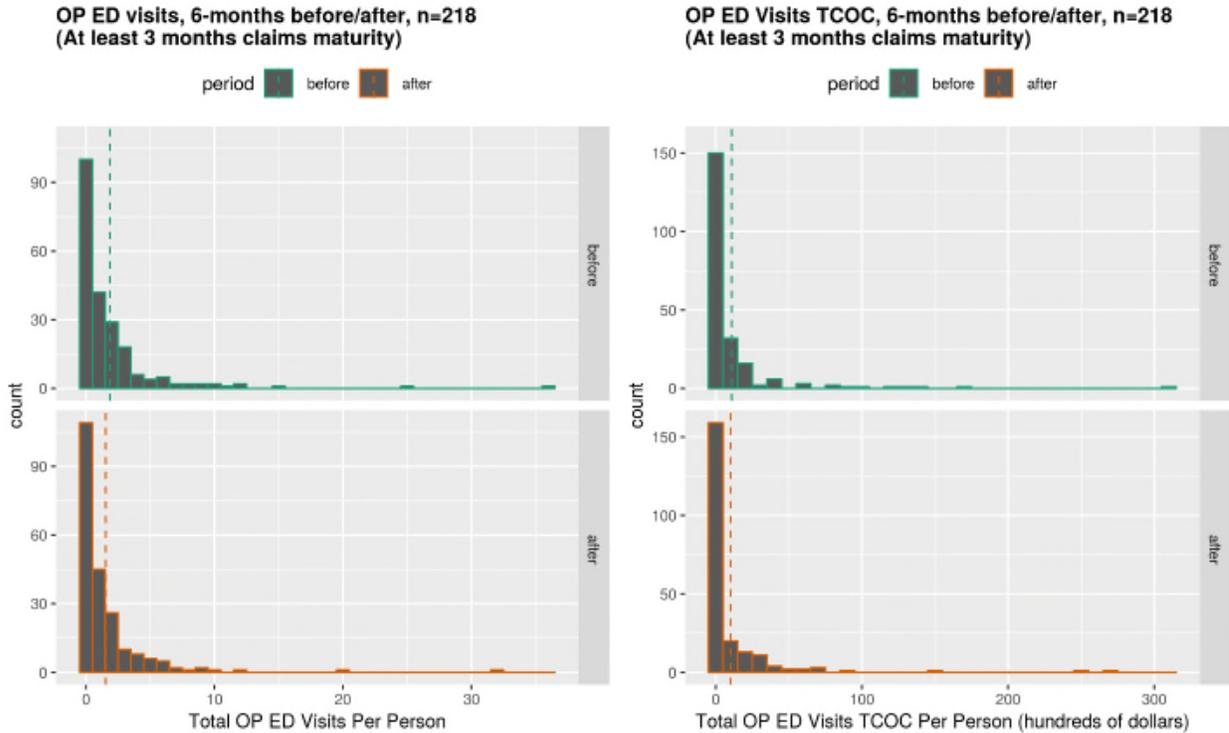
Total inpatient admits from the ED count decreased from 140 to 93, or an average of 0.6 to 0.4 per member, an observed 33.6% reduction. If the same trend continues for a year, the projected decrease is 94 in total inpatient admits from the ED for these 218 members. This result is statistically significant. (p-value = 0.009)

Average cost of inpatient ED admits decreased from \$7,994 to \$5,829 per member over the 6 months before/after comparison, an observed 27.1% reduction. If the same trend continues for a year, the inpatient ED admits projected savings are \$944,186 for these 218 members. This result is not statistically significant. (p-value = 0.064)

Outpatient ED visits only:

Total outpatient ED visits count decreased from 407 to 333, or an average of 1.9 to 1.5 per member, an observed 18.2% reduction. If the same trend continues for a year, the projected decrease is 148 in total outpatient ED visits for these 218 members. This result is statistically significant. (p-value = 0.043)

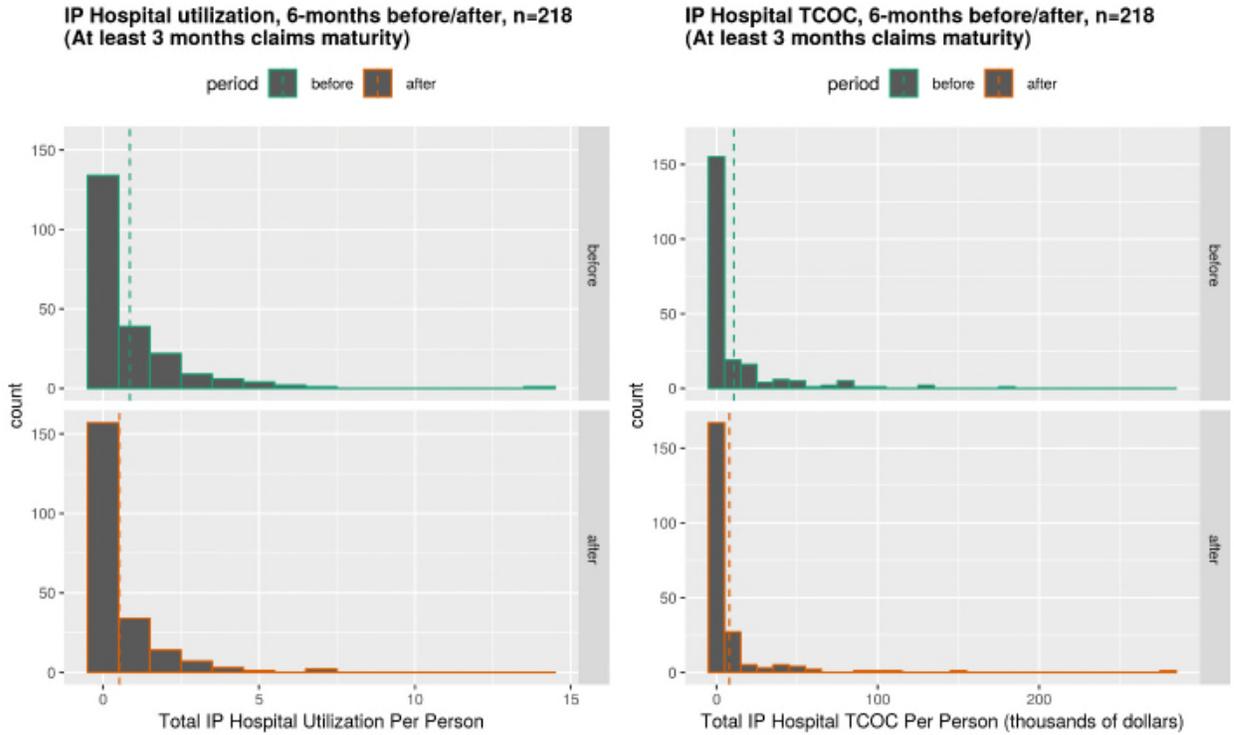
Average cost of outpatient ED visits decreased from \$1,092 to \$1,001 per member over the 6 months before/after comparison, an observed 8.3% reduction. If the same trend continues for a year, the ED visits projected savings are \$39,511 for these 218 members. This result is not statistically significant. (p-value = 0.318)



IP Hospital Utilization & Total Cost of Care (TCOC)

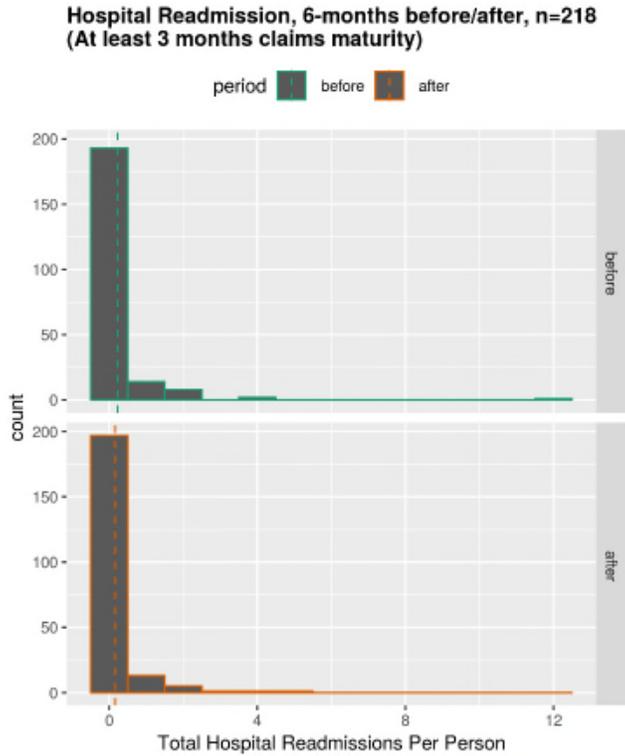
Total inpatient admits count decreased from 187 to 114, or an average of 0.9 to 0.5 per member, an observed 39.0% reduction. If the same trend continues for a year, the projected decrease is 146 in total inpatient admits for these 218 members. This result is statistically significant. (p-value = 0.014)

Average cost of inpatient admissions decreased from \$10,776 to \$7,944 per member over the 6 months before/after comparison, an observed 26.3% reduction. If the same trend continues for a year, the inpatient admissions projected savings are \$1,235,027 for these 218 members. This result is not statistically significant. (p-value = 0.088)



Hospital Readmissions

Total inpatient readmissions count decreased from 50 to 35, or an average of 0.2 to 0.2 per member, an observed 30.0% reduction. If the same trend continues for a year, the projected decrease is 30 in total inpatient readmissions for these 218 members. This result is not statistically significant. (p-value = 0.154)



Program Evaluation: Performance and Health Outcome Measurement

On an annual basis, an evaluation of the Care Management Program is documented in the CM Program evaluation to ensure that the scope, goals, performance measures and planned activities are consistent with the identified plans. The Health Services Leadership team is responsible for the monitoring and evaluation of the model of care effectiveness which includes an aggregate data review of the measurable goals and program satisfaction results.

The evaluation included:

- Comparison of actual program e.g., data from member satisfaction survey reports, and complaints that are related to care management.
- Input on trends and action plans related to internal care management activities.

Identifying Opportunities for Improvement

Goals not met in the expected timeframe based on the results of measurements and analysis will prompt actions which include implementation of performance improvement measures. Opportunities for improvement will be re-evaluated at pre-determined timeframes using methods consistent with the initial measurement.

The annual Care Management Program evaluation is presented to the Utilization Management Committee and the Quality Oversight Committee prior to being presented to the Board of Directors.

LOOKING FORWARD

Based on the 2019 CM Program Evaluation, Care Management plans to focus on these areas in 2020.

- 1) Staffing
 - a) Expand staffing as per the approved organizational restructure inclusive of various disciplines (management, nurses, social workers, coordinators and community health workers).
 - b) Hiring an auditor internally dedicated to auditing care management cases for individual performance measurement and monitoring.
- 2) Training
 - a. Complete redesign of the training curriculum
 - b. Develop training for all roles within the department
 - c. Develop new training tools better suited to support learning of processes (Visio workflows, quick reference guides, etc.)
 - d. Include early ICT participation in onboarding
 - e. Include CHW ride alongs as part of training curriculum for all staff
 - f. Establish early and frequent touch points with direct supervisors during onboarding and training
- 3) Regulatory and Accreditation Requirements
 - a. Implement individual staff performance monitoring for all line staff roles to ensure compliance with regulatory and accreditation compliance
- 4) ICT Process
 - a. Redesign of Interdisciplinary Care Team (ICT) process.
 - b. Ensure training is provided to all disciplines.
- 5) Letters/Communication
 - a. Review of all current letters within Care Management and revise as appropriate.

- b. Submit revised letters through process within L.A. Care and regulatory bodies, as needed.
 - c. Develop an internal tracking system to identify when a letter was created, updated, submitted internally to PODIO, and approved by regulators.
- 6) Standardization Process and Documentation
 - a. Evaluate current CM and CC process and standardize documentation in order to streamline processes for efficiency.
- 7) Reports
 - a. Ensure all reports have documented logic and methodology.
 - b. Develop new care management reporting tool to monitor operational performance and compliance.
- 8) Community Based Care Management Model
 - a. Deploy community outreach activities to educate the community about LA Care's community care management services
 - b. Leverage CHW to search for members unable to be located through telephonic outreach
 - c. Continue to build the model for a potential future ECM participation
- 9) Technology
 - a. Design and support the build of new CM SyntraNet software for execution in 2021.
- 10) Health Information Form
 - a. Redesign and streamline HIF redesign to address inefficiencies.
- 11) Disease Management Redesign
 - a. CM to maintain disease management program for CVD
 - b. Health Education to implement Asthma and Diabetes management programs based primarily on educational mailers and materials
 - c. Reinforce Asthma and Diabetes management as provided within the context of routine care management activities for members who meet criteria to be in care management.

Note: These goals are subject to change by senior leadership based on business or organizational needs

F. CONTINUITY AND COORDINATION OF CARE

F.1 CONTINUITY AND COORDINATION OF MEDICAL CARE

AUTHOR: SINTHU KUMAR, MPH

REVIEWER: MARIA CASIAS, RN & JAMES KYLE, MD

BACKGROUND

Continuity of care is important to ensure that members receive the highest quality of care possible. L.A. Care Health Plan monitors performance areas affecting and reflecting coordination of care on an annual basis. Although studies show that in most instances, practitioners are able to detect and bridge gaps in continuity of care, incidents can result from breakdowns in communication. L.A. Care uses information at its disposal and continues to build its network's ability to communicate effectively so as to facilitate continuity and coordination of medical care across its delivery system.

This report provides an overview and analysis of several key initiatives aimed at improving coordination of care across transitions in management and inpatient and outpatient settings. The table below summarizes the settings of care that L.A. Care is focusing on, the data collected that is used to identify opportunities for improvements, and the goals that are set based on the analysis of that data.

2019 Summary: Settings, Data Collection, and Goals

Settings	Data Collection to Identify Opportunity for Improvement	2019 Goals	2019 Goal Met/ Not Met
Transition in Management: Long-term Care to Hospital Long-term Care to Emergency Department.	<ul style="list-style-type: none"> • Emergency department admission from Long-Term Care Facilities • Hospital Admissions from Long-Term Care Facilities 	By 12/31/2019, reduce the rate of potentially avoidable hospital admissions based on a diagnoses based algorithm for nursing facility residents assigned to selected IPA by 10% or 0.04 from CY2018 baseline rate of 0.43.	Not Met
Transitions in Management: Hospital to Outpatient	Postpartum Care Rates	Achieve a rate of 60% of new mothers receiving postpartum care within 21-56 days of delivery	Met

Settings	Data Collection to Identify Opportunity for Improvement	2019 Goals	2019 Goal Met/ Not Met
Outpatient Setting: Polypharmacy	Tracking members identified as having polypharmacy based on the following parameters: - More than 13 unique chronic medications - From 7 or more prescribers during a 4-month period -Receiving 2 or more prescriptions in the same drug class	Notify 90% of providers of members that meet criteria	Met
Outpatient Setting: Specialist to PCP	Survey	80% of SCPs will rate their communication with PCPs as receiving adequate clinical information for patient that were referred	Not Met
Outpatient Setting: PCP to Specialist	Survey	80% of PCPs will rate the frequency of adequate clinical feedback from specialists to whom they have referred a patient	Not Met

SECTION I. CONTINUITY AND COORDINATION OF CARE - TRANSITIONS IN MANAGEMENT

A. TRANSITIONS IN MANAGEMENT: REDUCING ADMISSION FROM LONG-TERM CARE FACILITIES TO HOSPITAL AND EMERGENCY DEPARTMENT.

BACKGROUND

CMS defines dually eligible beneficiaries as low-income elderly and disabled Medicare beneficiaries who also received certain Medicaid benefits based on their income and states’ eligibility standards and coverage provisions. Duals in general are higher utilizers than non-dual Medicare beneficiaries. Data as of 2012 found that 97.4% of duals access services compared to 85.5% of non-duals. 25.8% of duals have an inpatient hospitalization versus 14.8% of non-duals. Duals also rely on skilled nursing facilities at a higher rate than non-duals which results in higher spending. In 2012, the average skilled nursing facility payment for a dual beneficiary was \$1335 compared to \$521 for a non-dual beneficiary.³¹

Many Long-Term Care (LTC) facility residents are enrolled in both the Medicare and Medicaid programs (Medicare-Medicaid enrollees) and rely on well-coordinated and consistent care management to stabilize their physical and emotional health. In 2010, CMS data showed that the rate of potentially avoidable

³¹ <http://www.medpac.gov/docs/default-source/data-book/june-2016-data-book-section-4-dual-eligible-beneficiaries.pdf?sfvrsn=0> (accessed 2017)

hospitalizations for dually-eligible beneficiaries in LTC facilities was 227 per 1,000 beneficiaries.³² Initiatives currently in place are targeting this area and have already shown some improvement, with a rate of 157 per 1,000 in 2015. Approximately 45% of hospital admissions among individuals receiving either Medicare skilled nursing facility services or Medicaid nursing facility services could have been avoided, accounting for 314,000 potentially avoidable hospitalizations and \$2.6 billion in Medicare expenditures in 2005.

Potentially avoidable inpatient hospitalizations are expensive, disruptive, and disorienting for frail, dual members. LTC facility residents are especially vulnerable to the risks that accompany hospital stays and uncoordinated transitions between LTC facilities and hospitals, including medication errors and hospital-acquired infections. A principal desired outcome of the PDSA is to reduce potentially avoidable inpatient hospitalizations and potentially avoidable ED visits for L.A. Care Cal MediConnect members residing in nursing facilities assigned to the selected IPA (AppleCare) during the duration of the time period measured, 1/1/2019-6/30/2019. The overall baseline rate changed from 2018 to 2019 due to changes in reporting structure methodology. Due to a claim lag from L.A. Care’s end, it was decided that in 2019, IPA will report based on their claims and that L.A. Care will validate the results sent by the selected IPA when data has been processed by L.A. Care. Data is shared below.

Measure	2019 PDSA Goal
Potentially Avoidable, or non-elective, Hospital Admissions	By 12/31/2019, reduce the rate of potentially avoidable hospital admissions based on a diagnoses-based algorithm for nursing facility residents assigned to selected IPA by 10% or 0.04 from CY2018 baseline rate of 0.43.
Potentially Avoidable, or all, Outpatient ED visits	By 12/31/2019, reduce the rate of potentially avoidable ED visits (that did not result in inpatient admission) based on a diagnoses-based algorithm for nursing facility residents assigned to selected IPA by 10% of CY2018 baseline rate of 0.43.

MAJOR ACCOMPLISHMENTS

- L.A. Care developed a summary report of potentially avoidable hospitalizations and ER visits and distributed this to AppleCare to discuss with the facilities. Due to Prospect non-compliance and poor performance, LA Care terminated its long term care contract with Prospect and are not included in this evaluation. The report includes diagnoses that occurred multiple times, where the patient discharged from the hospital to, the number of cases labeled with a secondary diagnosis that was different from the first, and the number of cases that were potentially avoidable based on the diagnoses based algorithm.
- L.A. Care collaborated with AppleCare to ensure on-call availability of a nurse practitioner or physician to provide timely triage advice when symptoms are identified for diagnostic and treatment interventions.
- AppleCare conducts daily inpatient rounds and weekly readmission rounds.

³² <https://blog.cms.gov/2017/01/17/data-brief-sharp-reduction-in-avoidable-hospitalizations-among-long-term-care-facility-residents/> (accessed 2017)

- AppleCare continues to educate staff, administrators, and the Director of Nursing (DON) to facilitate early identification of changes in clinical status that warrant further evaluation, and communication of changes in status to the assigned nurse practitioner or on-call practitioner and continue to use “Stop and Watch” tool at LTC Facilities.
- L.A. Care in collaborative with The Managed Long Term Services and Supports (MLTSS) department shares with AppleCare their monthly census of CMC members residing at a LTC facility through sFTP site. This has allowed AppleCare to identify their assigned members and LTC location in order to potentially avoid hospitalizations and ED visits.

DESCRIPTION OF MEASURES

RESULTS

Measure	Specific Indicator(s)	Measure Type
Potentially Avoidable (Non-Elective) Hospital Admissions	Reduce the baseline rate of potentially avoidable hospital admissions for nursing facility residents assigned to the two selected IPAs by 10%.	Administrative
Potentially Avoidable Outpatient ED visits	Reduce the baseline rate of potentially avoidable outpatient ED visits (that did not result in inpatient admission) for nursing facility residents assigned to the two selected IPAs by 10%.	Administrative

Table 1.0 Rates of Potentially Preventable Hospitalizations per Thousand Members per Year (PTMPY)

	CY 2018	Jan-19	Feb-19	Mar-19	Apr-19	May-19	Jun-19	Q1	Q2
AppleCare avoidable admission rate per 1,000 member per year (PTMPY)	0.43	0.77	0.00	0.00	0.00	0.98	1.15	0.26	0.71
Number of avoidable admissions	7	1	0	0	0	1	1	1	2
Total number of admissions	49	4	2	4	1	2	1	10	4

Table 2.0 Table Rates of Potentially Preventable ED Visits per Thousand Members per Year (PTMPY)

	CY 2018	Jan-19	Feb-19	Mar-19	Apr-19	May-19	Jun-19	Q1	Q2
AppleCare avoidable ED rate per 1,000 member per year (PTMPY)	0.43	0.77	0.00	0.00	0.00	0.00	0.00	0.26	0.00
Number of avoidable ED visits	7	1	0	0	0	0	0	1	0
Total number of ED visits	43	4	3	5	2	1	1	12	4

METHODOLOGY

L.A. Care calculates the rates using data submitted directly by AppleCare to avoid a claims lag when reporting rates. AppleCare submit their admission data to L.A. Care. L.A. Care calculates rates for all hospitalizations and ED visits, uses Ambulatory Care Sensitive Conditions (ACSC) developed by AHRQ to determine “avoidable” admissions. L.A. Care provides rates based on this methodology back to AppleCare on a monthly basis.

Quantitative Analysis

The rates for 2018 are based on the ED Visits and Hospitalizations provided to L.A. Care by the IPA. The tables above are for Potentially Preventable Rates for Admissions and ED visits only as this is the focus of the PDSA. Due to the small sample size of members, less than 50, we have included the denominator for total admissions and ED visit reported by the AppleCare and the Numerator is the potentially avoidable admissions or ED visits. The results from both tables may appear to be similar because ED admissions can lead to hospital admissions. However, as expected, there were more ED visits reported than hospital admissions.

The 2018 rate for AppleCare for potentially preventable hospitalizations was 0.43 (PTMPY). AppleCare’s potentially avoidable ED visits rate was 0.43(PTMPY). The number of members in a long-term care facility are small. This makes it difficult to identify a statistically significant change and has led to the fluctuations in the month to the month rates.

In Q1 for AppleCare we can see that there is a decrease from baseline of 0.26 from 0.43 which is a 0.17 decrease however in Q2 we can see an increase from CY2018 from 0.43 to 0.71 which is a 0.28 increase from CY2018. However, the potentially avoidable ED rates for Q1 0.26 and Q2 of 0.00 are both less than baseline CY 2018 of 0.43.

Qualitative Analysis

L.A. Care worked to develop and continue interventions that address identified barriers to improve the rates of potentially avoidable hospital admissions and ED visits among nursing facility residents assigned to AppleCare for this project. To identify members at risk of hospital or ER admission, L.A. Care, along with AppleCare, continued to focus on timely identification and communication of changes in clinical status, using the INTERACT “Stop and Watch” tool and reinforcing use of the “Situation, Background, Assessment, Recommendation (SBAR)” for effective communication of any pertinent changes to the on-call practitioner. These interventions build on existing one-page resource sheets that are placed in the patient’s chart to identify the responsible IPA with on-call contact information and contracted hospitals. On-call availability of a nurse practitioner or physician to provide timely triage advice when symptoms are identified for diagnostic and treatment intervention. In order to better coordinate management of information to the AppleCare about potentially avoidable hospitalizations and ER visits, L.A. Care developed a summary report of information including diagnoses that occurred multiple times, where the patient discharged from the hospital to, the number of cases labeled with a secondary diagnosis that was different from the first diagnosis, and the number of cases that were potentially avoidable based on the diagnoses based algorithm. AppleCare conducts daily inpatient rounds and weekly readmission rounds. AppleCare continues to educate staff, administrators, and the DON to facilitate early identification of changes in clinical status that warrant further evaluation, and communication of changes in status to the assigned nurse practitioner or on-call practitioner and continue to use “Stop and Watch” tool at LTC Facilities.

AppleCare communicated to L.A. Care that they were unable to act on behalf of some of their assigned CMC members because they were unaware of the LTC location. L.A. Care in collaboration with MLTSS department share with AppleCare their monthly census of CMC members residing at a LTC facility through

sFTP site. This will allow AppleCare to identify their assigned members and LTC location to further assist in potentially avoidable admissions and ED visits. L.A. Care meets with AppleCare on a monthly basis or as needed.

INTERVENTIONS

Measures	Barriers	Actions
<p>Potentially Avoidable (Non-Elective) Hospital Admissions & Potentially Avoidable Outpatient ED visits</p>	<ul style="list-style-type: none"> • Los Angeles County encompasses a widespread service area with a large number of LTC facilities and a disproportionate geographic distribution of LTC facilities. Some geographic areas have a sparse concentration of LTC facilities. This results in wide variation in care experienced by members residing in nursing facilities. • L.A. Care CMC members living in an institution who fall into the denominator for this project is now small population, given the departure of Prospect IPA. • The management of members residing in nursing facilities requires a collaboration among the medical group, nursing facility, hospital, and L.A. Care Health Plan. This partnership has been inconsistent and variable depending on the medical group, hospital, and nursing facility involved. • The availability of on-site practitioners varies depending on the nursing facility and IPA. A best practice is the availability of on-site medical practitioners at LTC facilities in addition to 24/7 on-call coverage. This allows for diagnosis and treatment of members in a facility and may reduce the need for a transition to another care setting. • Facilities have staff turnover thus affecting the consistency of staff contacting the appropriate NP on member’s chart to identify potentially avoidable admissions and ED visits based on signs and symptoms from tool. 	<ul style="list-style-type: none"> • L.A. Care held monthly meetings with IPA to improve consistency in collaboration. • L.A. Care confirmed that one-page resource sheets are placed in the patient’s chart to identify the responsible IPA with on-call contact information and contracted hospitals. An on-call nurse practitioner or physician provide timely triage advice when symptoms are identified for diagnostic and treatment interventions. • AppleCare continue to educate staff, administrators, and the DON to facilitate early identification of changes in clinical status that warrant further evaluation, and communication of changes in status to the assigned nurse practitioner or on-call practitioner and continue to use “Stop and Watch” tool at LTC facilities. • L.A. Care provides to AppleCare information about all and potentially avoidable hospitalizations and ED visits, so that they may review with their facilities. The information will be in a summary report format and will include primary and secondary diagnoses, discharge outcome (back to LTC facility, other location or death), the number of cases labeled with a secondary diagnosis different from the primary diagnosis, and the number of cases that were potentially avoidable based on the diagnosis based algorithm.

	Barriers	Actions
	<ul style="list-style-type: none"> • Due to encounter data lag, L.A. Care does not receive data timely enough to review during the PDSA cycle quarters from this data source. • Data sharing between AppleCare and L.A. Care has been inconsistent. Initially the correspondence was done by secure email to protect PHI, however AppleCare correspondent has been unable to retrieve the data as of March 2019, and this has caused a delay in providing the monthly summary to AppleCare for potentially avoidable admissions and ED visits. • AppleCare shared with L.A. Care their lack of information regarding their assigned members and the LTC facility the member is residing at. This has delayed AppleCare's ability to act on behalf of the members where the LTC facility is unknown. • AppleCare has agreed to service CMC members at 80 LTC facilities that are within a geographical services area for their contracted providers, however for those CMC members who are assigned outside those facilities, AppleCare has a difficult time coordinating their care. 	<ul style="list-style-type: none"> • AppleCare conducts daily inpatient rounds and weekly readmission rounds. • L.A. Care will utilize a sFTP site to coordinate secure data sharing with AppleCare. • L.A. Care obtained from its MLTSS department the census for CMC members residing at a LTC facility. This was created from approved authorizations for LTC, and consists of member's CIN, name, assigned IPA, LTC facility and assignment. L.A. Care shares this census with AppleCare through sFTP site to further assist AppleCare in managing the members at the LTC. • L.A. Care in collaboration with MLTSS department plans to provide AppleCare with a monthly census of their assigned member and the LTC facility where the member is residing.

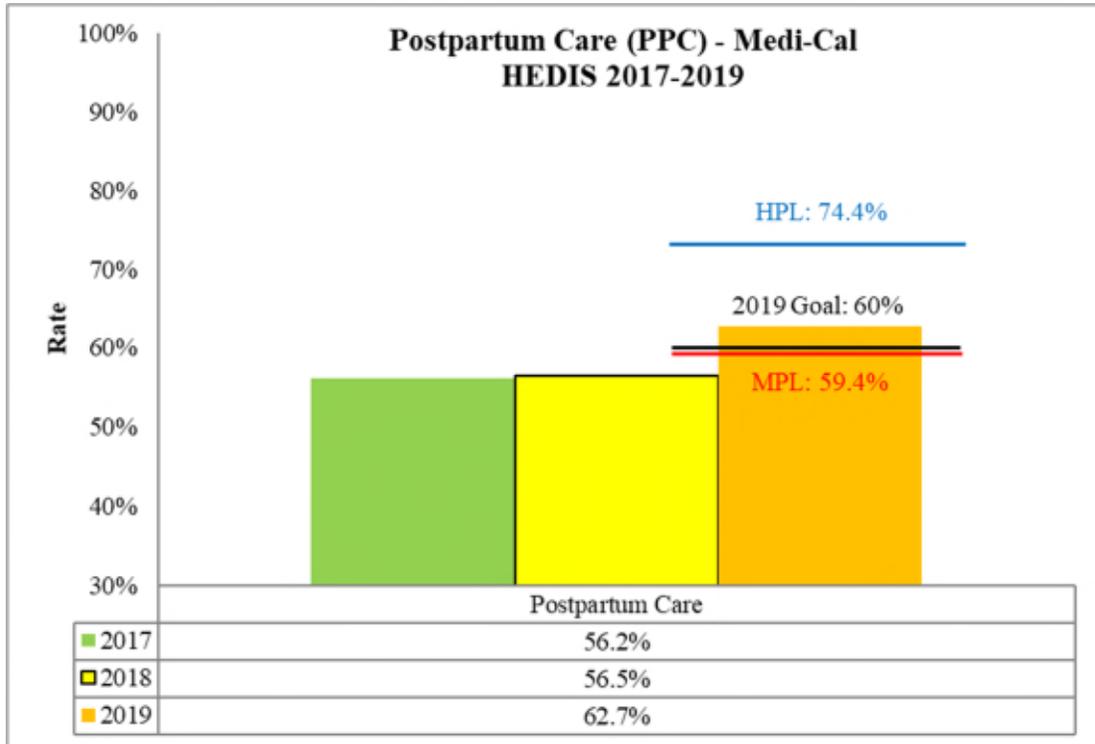
LOOKING FORWARD

L.A. Care plans to continue to meet with AppleCare IPA on a monthly basis, or more as needed. L.A. Care with the assistance of MLTSS department and IT, will provide AppleCare with a census of their assigned members and the LTC facility the member can be located at, via secure sFTP site. This will assist AppleCare in preventing potentially avoidable admission and ED visits for their assigned CMC members living at a LTC. L.A. Care will continue to collaborate with the AppleCare IPA to evaluate the intervention and identify new interventions for their newly identified members. Due to the barriers and low performance L.A. Care is transitioning the model of care for these members from iPPG model to SNFist model. The current interventions will continue while L.A. Care determines next steps.

B. TRANSITIONS IN MANAGEMENT: HOSPITAL TO OUTPATIENT

Postpartum Care (PPC)

L.A. Care monitors the Postpartum Care rate for Medi-Cal and LACC in an effort to improve maternal health. Due to volume, L.A. tracks the data for Medi-Cal and LACC but applies interventions across all product lines. The Postpartum Care portion of the Prenatal Care Timeliness and Postpartum Care (PPC) HEDIS metric measures the rate of members who receive postpartum care within 21-56 days of giving birth. Postpartum care is typically provided by an OB GYN in an outpatient setting.



Quantitative Analysis

The postpartum care rate was 62.7% and improved by 6.2 percentage points from the prior year. The rate was not statistically significant, but met the goal of 60% and met the DHCS 50th percentile.

Identifying and Acting on an Opportunity for Improvement

Though the rate for PPC postpartum care is increasing slightly year over year, it continues to performance at or below the minimum standard set for Medi-Cal, which is an area of major concern. As part of L.A. Care’s efforts to increase Postpartum scores, L.A. Care has identified the following barriers and actions to take place:

HEDIS Measure	Barriers	Actions
Postpartum care	<ul style="list-style-type: none"> • Incomplete identification of recent live births. • Cultural issues/traditions. • Members do not perceive the urgency for a postpartum check-up. • Potential transportation and child care issues. • Lack of OB/GYN availability, long provider wait times or member reaches voicemail. • Multi-gravida postpartum women may not perceive the importance of the postpartum visit. • Loss of member eligibility. 	<ul style="list-style-type: none"> • L.A. Care is exploring the implementation of additional sources to identify recent live births. • L.A. Care continued to promote Text4Baby, a free program that provides education about prenatal and postpartum care to members via text messaging. • L.A. Care distributes trimester-specific perinatal health education packages to identified MCLA pregnant women. • L.A. Care’s “Healthy Mom” postpartum program, which provides assistance and support to women to schedule their postpartum visit. Members also receive a gift card for attending the postpartum visit.

METHODOLOGY & RESULTS

In November 2018 L.A. Care began another intervention designed to address the same barriers, especially around the difficulty of scheduling an appointment for postpartum care within the necessary timeframe. For this intervention, a L.A. Care Project Manager makes calls to the OB GYNs of women who have given birth between the timeframe of 9/24/2019 and 11/26/2019. These women, targeted for the intervention, are also ones that Outreach Coordinators for the Healthy Mom incentive program have not been able to reach. The Project Manager asks the OB GYN providers to facilitate scheduling an appointment for postpartum care within 21-56 days of delivery. L.A. Care began this intervention with the goal of improving upon the existing Healthy Moms incentive campaign by increasing the coordination of care for new mothers between the plan and the provider. L.A. Care also believe that members who do not answer the Outreach Coordinator’s calls may be more likely to respond to direct calls from their OB GYN.

L.A. Care continued the “Healthy Mom” postpartum program in 2019, in order to provide women with support and to help them schedule their postpartum visits. After the women complete their postpartum visit, they received a gift card as incentive. Reports are generated on a quarterly basis and reach rates are reported below. There are over 2,000 calls made with over 500 confirmed appointments each quarter, helping members connect to their providers to receive quality care.

2019 Quarter 1					
Total calls	2,708	Total # of gift cards sent	595	Total # of confirmed appointments	582
January	1,044	January	173	January	214
February	807	February	212	February	204
March	857	March	210	March	164

2019 Quarter 2					
Total calls	2,403	Total # of gift cards sent	544	Total # of confirmed appointments	546
April	862	April	163	April	204
May	838	May	201	May	179
June	703	June	180	June	163

2019 Quarter 3					
Total calls	2,539	Total # of gift cards sent	610	Total # of confirmed appointments	614
July	831	July	167	July	217
August	873	August	228	August	179
September	835	September	215	September	218

LOOKING FORWARD

L.A. Care anticipates the postpartum completion rate to increase next year due to the spec changes in the HEDIS 2020 PPC measure. The updated specs include additional criteria that will constitute as a complete postpartum visit. The 21 to 56 days postpartum period has also been extended to include any postpartum visit that occurs between 7 to 84 days after delivery. This will allow women a larger timeframe to receive their postpartum care.

SECTION II. CONTINUITY AND COORDINATION OF CARE – OUTPATIENT SETTING

A. OUTPATIENT SETTING: PHYSICIAN’S OFFICE, POLYPHARMACY

Data Collection - Polypharmacy

L.A. Care collects and utilizes pharmacy claims data in partnership with L.A. Care’s contracted Pharmacy Benefits Manager (PBM). From the health plan perspective, administrative pharmacy claims data is utilized to support polypharmacy interventions as the data includes member, provider, and medication specific details that are vital to the intervention process.

Identification of Polypharmacy

Although the term polypharmacy has no single-source consensus definition, polypharmacy may be described as potentially inappropriate/excessive utilization of medication therapy within the context of population health management. As multiple aspects of drug utilization contribute to the pattern of

polypharmacy, identification of polypharmacy in 2019 is based upon one or more of the following observations:

- **Multi-Prescriber** – Patients who have received prescriptions from 7 or more unique prescribers for at least 2 months during a 4-month period.
 - *The Multi-Prescriber Program identifies patients that have utilized multiple prescribers to obtain prescription medications during the last four months. Patients who seek prescriptions from multiple prescribers are at a higher risk for duplicate therapy and/or drug-to-drug interactions.*
- **Multi-Prescription** – Patients who have received 13 or more prescriptions per month for at least 3 months during a 4-month period.
 - *The Multi-Prescription Program identifies patients with a higher number of medications and that have demonstrated a consistent pattern of utilization during the last four months. Research has shown that as the number of medications used by a patient increases the potential for adverse drug events increases exponentially.*
- **Duplicate Therapy** – Patients who have received 2 or more prescriptions in the same drug class for at least 3 months during a 4-month period.
 - *The Duplicate Therapy program identifies patients using multiple drugs in the same therapeutic class consistently during the last four months. Duplicate therapy has the potential for additive toxicity, adverse effects and may cause therapeutic redundancy without increased benefit to the patient. Additionally, simplifying the patient’s drug regimen to one drug may save the patient money and lead to greater adherence.*

Quantitative and Causal Analysis - Polypharmacy

The “Members Identified, Prescribers Mailed & Outcomes” table below highlights the number of members that were identified with pharmacy claims data as having met patterns of potentially inappropriate polypharmacy as described above (having multiple prescribers, multiple prescriptions, and/or duplication of therapy). Members were identified during 3 separate periods throughout 2018 and 2019 with 4 month look back periods to identify polypharmacy patterns. As seen on the table below, 100% of in network prescribers who have contributed towards the criteria above were mailed.

Opportunities for Improvement

Better understanding of processes and behaviors that impact rates of polypharmacy, L.A. Care has identified an opportunity to improve the exchange of L.A. Care’s pharmacy data to providers so that providers are aware of which of their members meet the parameters for polypharmacy.

Members Identified, Prescribers Mailed and Outcomes

LOB	Intervention	November 2018 Look back period: 7/1/18 - 10/31/18		March 2019 Look back period: 11/1/2018- 2/28/2019			July 2019 Look back period: 3/1/2019-6/30/2019	
		Member Identified	% Improved	Member Identified	Prescribers Mailed	% Improved	Member Identified	Prescribers Mailed
Medi-Cal	Multi-Prescriber	271	52.77%	245	2,238	53.47%	258	2,363
	Duplicate Therapy	518	46.42%	582	713	50.92%	559	682
	Multi-Prescription	2,576	26.2%	2,529	4,280	27.72%	2,434	4,155

	Intervention	November 2018 Look back period: 7/1/18 - 10/31/18		March 2019 Look back period: 11/1/2018- 2/28/2019			July 2019 Look back period: 3/1/2019-6/30/2019	
		Member Identified	Outcomes -% Members Improved Mailed	Member Identified	Prescribers Mailed	% Improved	Member Identified	Prescribers Mailed
Cal MediConnect	Multi-Prescriber	20	45%	19	195	52.63%	24	242
	Duplicate Therapy	38	63.16%	39	63	52.50%	41	66
	Multi-Prescription	143	25.87%	147	482	28.57%	131	411
L.A. Care Covered	Multi-Prescriber	1	100%	6	25	-	2	22
	Duplicate Therapy	10	30%	39	63	68.74%	20	32
	Multi-Prescription	9	44.44%	147	482	45.45%	14	59

Intervention to act on Opportunity: Polypharmacy Provider Outreach

The intervention for identified members is a prescriber mailing campaign administered by Navitus on behalf of L.A. Care, known as the Retrospective Drug Utilization Review (RDUR) Safety Program. The goal is to provide notification to 90% of the providers with members that meet the polypharmacy criteria to help address polypharmacy, if needed. For each identified member, Navitus sends out mailings to all prescribers that have played a role in the member's identification for having multiple prescribers, multiple prescriptions, and/or duplication of therapy. The mailing to prescribers includes details on the history of prescriptions filled (fill date, drug name, prescriber information, pharmacy information, etc.). The mailings occur in conjunction with the identification periods described in the previous section. The mailings have a

100% reach rate since Navitus automatically sends the reports to prescribers when the system recognizes criteria mentioned above.

The prescriber letter informs a prescriber of a patient's medication utilization of which the prescriber may not be aware. Although letters are sent for all members identified with potential polypharmacy concerns, it is important to note that the prescriber must determine whether or not members truly have polypharmacy issues that need to be addressed. Certain identified members may be appropriately utilizing pharmacy services depending on factors such as the number of co-morbidities and complexity of their overall health status. The letter also includes a brief recommendation on steps to be taken, which is intended to aid prescribers in addressing polypharmacy issues, when applicable.

Measuring Intervention Effectiveness: Change in Polypharmacy Drug Utilization Patterns

While the main goal is to notify providers, an important outcome is to reduce polypharmacy among members. For the purposes of this evaluation, the prescriber letter is considered to have contributed to an improved outcome under the following circumstance:

- Member is identified for one or more interventions (Multi-Prescriber, Multi-Prescription, and/or Duplicate Therapy) during a given intervention period.
- Member no longer qualifies for the same intervention(s) during the next intervention mailing period.
- Example: Member has 8 different prescribers and meets criteria for Multi-Prescriber mailings in March. From March to June, the number of different prescribers for the member has decreased to four (4) and member no longer meets the criteria for Multi-Prescriber mailings in July.

Quantitative Analysis

In contrast to previous methods used to measure intervention effectiveness (monitoring provider response rates to mailings), the intervention effectiveness of the prescriber mailing campaign is based upon actual changes in drug utilization patterns related to polypharmacy. A prescriber letter intervention is considered to have made a contribution towards a positive outcome when members previously identified as having a polypharmacy issue no longer meet criteria in subsequent mailing periods. The mailing of the prescriber mailers may have led to a decrease in multi-prescriptions, duplicate therapy, and multiple prescribers.

November 2018 (Look back period 7/1/18 - 10/31/18)

For the Medi-Cal members, the letters may have contributed to a decrease of 26.2% for multi-prescriptions, 46.42% for duplicate therapy, and 52.77% for multiple prescribers. The CMC line of business saw greater improvement, and with 25.87% for multi-prescriptions, 63.16% for duplicate therapy, and 100% for multiple prescribers.

March 2019 (Look back period: 11/1/2018-2/28/2019)

For the Medi-Cal members, the letters may have contributed to a decrease of 27.72% for multi-prescriptions, 50.92% for duplicate therapy, and 53.47% for multiple prescribers. For the CMC line of business, there was a decrease of 28.57% for multi-prescriptions, 52.50% for duplicate therapy and 52.63% for multi-prescribers.

For the LACC members, the rates were highly variable, likely due to the small numbers in the health plan. There are several limitations to the above measured effectiveness of the intervention including the following: exclusion of disenrolled members during subsequent mailing periods was not incorporated and difficulty in concluding the exact cause of decrease in decrease in drug utilization patterns.

This intervention will continue based on the rates of improvement. In the near future, L.A. Care will explore different avenues to communicating patients’ medication, such as using the provider portal to flag any potential polypharmacy cases to the PCP.

A. OUTPATIENT SETTING: PRIMARY CARE AND SPECIALIST

1. Data Collection – PCP/SCP Communication

L.A. Care measures Specialty Care Provider/Specialist (SCP) and Primary Care Provider (PCP) communication through a yearly Provider Satisfaction Survey (PSS). Providers are asked to respond to the following questions measuring continuity of care:

- (a) How frequently do you receive adequate clinical feedback from specialists to whom you have referred a patient? – Question specifically asked to PCPs.
- (b) How frequently do you receive adequate clinical information from Primary Care Physicians who refer a patient to you? – Question specifically asked to SCPs.

For the 2019 year, the above questions were accidentally removed from the PSS. To account for this removal, the Quality Improvement team sent these questions to PCPs and SCPs using Survey Monkey for data collection purposes. The Quality Improvement team also ensured these questions will be added to PSS 2020.

For all lines of business, L.A. Care has set a goal of having 80% of both PCPs and SCPs reporting that they “always” or “often” receive adequate clinical information as this would be an indicator of more consistent and effective communication and coordination of care.

2. Survey Monkey Survey Responses (2019)

Note that weighted data is used for each table below. Providers responding as “always” or “often” are grouped as “regularly exchanging adequate clinical information for their members” during a visit.

- (a) PCP: How frequently do you receive adequate clinical feedback from specialists to whom you have referred a patient?

Percent of PCPs Responding Always or Often		Survey Method	
All Lines of Business	2018	42.8%	Provider Satisfaction Survey
	2019	25%	Survey Monkey

- (b) SCP: How frequently do you receive adequate clinical information from Primary Care Physicians who refer a patient to you?

Percent of PCPs Responding Always or Often		Survey Method	
All Lines of Business	2018	38.9%	Provider Satisfaction Survey
	2019	60%	Survey Monkey

3. Quantitative and Qualitative Analysis – PCP/SCP Communication

Quantitative Analysis

The percent of PCPs reporting that they regularly received adequate information from SCPs declined by 17.8 percentage points in 2019 to 25.0% from its 2018 level of 42.8% and did not meet the goal of 80%. The percent of SCPs reporting that they regularly received adequate clinical information from PCPs increased by 21.1 percentage points in 2019 to 60% from its 2018 level of 38.9%, but did not meet the goal of 80%. The significant differences can be attributed to the fact that the survey measure methodology had to change for 2019. While this question was on the provider satisfaction survey up until 2018, it was accidentally removed for 2019 so a separate survey had to be created to collect this information. However, the survey vendor has been contacted to reinsert these questions to the PSS 2020.

Qualitative Analysis

Adequate communication between PCPs and SCPs is the key to ensure that providers receive sufficient clinical information regarding their patients to maintain continuity and improve coordination of medical care. Providers may not have the system capabilities to communicate and exchange information in a timely manner nor resources to commit staff in an effort to improve continuity of care. These barriers in communication affect our patients' overall health and sometimes lead to unnecessary duplicative testing. Moreover, analyzing comments submitted by PCPs and SCPs on the open ended responses from the survey, PCPs and SCPs felt that their communication with one another was often lacking and provided feedback on helpful ways to improve communication. These barriers in communication affect our patients' overall health and sometimes lead to unnecessary duplicative testing. Two of the most popular suggestions were sending consultation notes immediately after seeing the patient and reducing time spent on hold when providers call other offices with updates. Best practices on sharing clinical notes were sent to providers in the quarterly newsletter. Providers were informed to include reasons for current visit, the scope of examination, pertinent examination findings, diagnosis or impression, treatment details and future recommendations and clear documentation of oral communications (phone calls, in person conversations, etc.).

The findings presented here should be examined in light of several limitations. First, the sample size was relatively small (n=28 for PCP data and n=5 for SCP data) and is not an actual representation of all providers that L.A. Care partners with. Given the small sample sizes these findings should be reviewed with caution. As such, the goal is not to provide conclusive evidence about PCP/SCP communication, but to open channels for further exploration on how L.A. Care can help strengthen these communication channels between PCPs and SCPs. Second, since this question was removed from PSS 2019 and was recreated as a Survey Monkey, there is a possibility of the survey reaching a different PCP/SCP sample than last year. While the survey accounted for asking whether it was a SCP, SCP Office Staff, PCP, or PCP Staff, those who completed the survey could be different from the staff or provider responsible for entering data, and, as such, there may be differences between perceptions of use and actual utilization.

OPPORTUNITIES FOR IMPROVEMENT

In fielding these questions to providers L.A. Care has identified an opportunity to put interventions in place to enhance PCP and SCP communication, coordination, and continuity around member care. Results collected from PCPs and SCPs on how to strengthen communication were collected by L.A. Care and findings from the Survey Monkey regarding PCP and SCP communication were shared in L.A. Care's Progress Notes newsletters that get sent out to Providers on a quarterly basis.

Other opportunities of improvement L.A. Care will consider for next year include target outreach efforts to providers who are most likely to engage. As the L.A. Care program team begins to streamline outreach strategies, they may want to consider targeted outreach and messaging to potential high users i.e. users who tend to be younger than 60 and who have large practices with multiple clinicians and staff. This may

include a tailored strategy, with adequate staff and resources, to identify and sustain high users. This may be a way to maximize impact and return on investment over the longer term.

F.2 MANAGED LONG-TERM SERVICES & SUPPORTS (MLTSS)

AUTHOR: JUDY CUA-RAZONABLE, RN

REVIEWER: MARIA CASIAS, RN & JAMES KYLE, MD

BACKGROUND

Service from L.A. Care’s Managed Long Term Services and Supports (MLTSS) Department help members remain living independently in the community; MLTSS also oversees custodial long-term care provided in a skilled nursing or intermediate care facility. Members receive care through Community Based Adult Services (CBAS), Long Term Care (LTC) Nursing Facilities, Multipurpose Senior Services Program (MSSP), Care Plan Options (CPO) and In-Home Supportive Services (IHSS). Our Care Plan Options program also refers Cal MediConnect (CMC) members to “free” community-based services (such as meal delivery and transportation) and to “paid” CPO services (such as grab bars, personal emergency response systems, and home modifications) when eligible and all other resources have been exhausted.

MLTSS 2019 QUALITY OVERSIGHT GOALS AND ACHIEVEMENTS

Four goals continued to guide the MLTSS 2020 quality oversight strategy for MLTSS:

- **Goal #1:** Build a “high touch” culture for members and providers.
- **Goal #2:** Improve MLTSS member health through stronger partnerships.
- **Goal #3:** Enhance member and provider satisfaction.
- **Goal #4:** Establish strategies for effectiveness and efficiency.

“High Touch” Culture for Members and Providers

MLTSS focused on three program initiatives to support a “high touch” culture that fosters member and provider engagement.

SPA-Based Neighborhood Approach. Created a member-focused neighborhood approach organized by Service Planning Area (SPA) for serving frail elders and their caregivers. MLTSS collected zip code data and mapped MLTSS membership and providers. An analysis of L.A. Care members with MLTSS by SPA shows:

- SPA 1 (Antelope Valley)
- SPA 2 (San Fernando Valley)
- SPA 3 (San Gabriel Valley)
- SPA 4 (Metro)
- SPA 5 (West)
- SPA 6 (South)
- SPA 7 (East)
- SPA 8 (South Bay)

Expansion of MLTSS Nurse Specialist Role. Since the MLTSS Nurse Specialists transitioned to a field based role last year, all CBAS centers and LTC facilities have been visited at least once per the defined criteria. By conducting regular site visits, MLTSS Nurse Specialists have focused on managing both member and provider relationships. On-site presence provides additional support to both Care Management and members enrolled in the Care Management program. Identifying social determinants of health, improving care coordination as well as strengthening provider partnerships by in-person interactions continues to be the Nurses’ priority. Provide cross departmental support such as with Credentialing and Provider Network Management (PNM) in identification of preferred providers. Support Care Management in their community based care model through onsite collaboration at the Community Resource Centers

(CRC). Partner with UM on Post-Acute care coordination to improve transition of members through the continuum of care.

Community Transitions. By helping dually-eligible individuals in nursing facilities transition back to the community, and those residing in the community to remain living safely there, MLTSS Nurses continue their efforts to divert placement of members *to LTC* and also help members transition *from LTC* settings. During the Interdisciplinary Care Team (ICT) and authorization process, our Nurses have identified members with the potential to return back to the community. Nurses work with the Nursing Facility staff, and Service Providers to refer members to the various state and waiver programs including the Assisted Living Waiver (ALW), Community Care Transition (CCT) (extended through December 2019), Housing for Health (HfH), and Home and Community Based Alternatives (HCBA) programs.

In collaboration with our internal Social Services team, we have worked on expansion of HfH to include 20 slots allotted to transition LTC members to Board and Care facilities as a placement disposition for members who did not have other housing resources. Also under HfH, we engaged in training from Department of Health Services (DHS) on the Countywide Benefits Entitlement Services (CBEST) which helps qualified members apply for SSI/SSDI which would satisfy HfH resource requirements. We are planning a broader learning opportunity on relevant state waiver programs with Department of Health Care Services (DHCS) partners. Our goal is to further enhance our understanding of these programs and services needed (i.e., housing and supportive services) to return a Nursing Facility resident to community living.

Provider Network Quality. As a continued support to L.A. Care's Quality Improvement (QI) and Credentialing Departments, we share Nursing Facility information gathered from onsite visits that include our Nurses' observations and subjective recommendations as to the facility's performance. The Credentialing team may take the Nurses' feedback into consideration upon re-credentialing of a facility. Our LTC team is collaborating with QI on a Plan Do Study Act (PDSA) project with AppleCare Medical Group focusing on prevention of admission and readmissions to institutional settings.

Caregiver Support. Continued partnership with California Long Term Care Education Center. The ongoing successful pilot's objective is to train IHSS providers to enhance their skills in caring for our members in order to decrease potential utilization (i.e. ED visits, hospital admissions and readmissions). Vendor shares. MLTSS brochures with the IHSS providers for awareness of other MLTSS benefits their clients may be eligible to. Likewise, the MLTSS team continue to share and promote these skills based training opportunity with members and providers.

Improve MLTSS member health through stronger partnerships

Skilled Nursing Facility (SNF) Direct Network. MLTSS in partnership with UM and PNM have developed a SNFist program, a Direct Network of physician providers to round on members in Skilled Nursing Facilities (SNF). Transitioning from the old Institutional Participating Provider Group (IPPG) to this new SNFist model eliminates multiple touch points within the organization and improves Nursing Facility members' care. All CMC and MCLA members have been assigned to a SNFist to oversee their care while in the LTC facility.

Palliative Care Program Expansion. MLTSS has been actively working with UM and CM to enhance L.A. Care's Palliative Care program. A collaboration with DHS to transition clinic members receiving Palliative Care to community based Palliative Care is underway. MLTSS hosted a training event with guest speaker, Dr. Van Zyl (Keck School of Medicine, USC) to provide continuing education for our Care Managers, focusing on how to have conversations with patients on Palliative Care. By equipping internal staff with useful tools, MLTSS aims to increase the number of Palliative Care referrals and enrollment in alignment with the goals of SB 1004. MLTSS also hosted a Palliative Care Conference for the provider community

arranged through L.A. Care's provider continuing education team. The conference was well attended and included a variety of topics presented by guest speakers from the medical community in relation to the fundamentals of Palliative Care, benefits of the program, patient outcomes and SB 1004.

MLTSS is recruiting for a Palliative Care Nurse Specialist. This newly approved role will be dedicated to MLTSS to support the program expansion, including oversight and support to the eleven contracted Palliative Care Vendors.

Enhance Member and Provider Satisfaction

MLTSS offered training and gathered data to evaluate impact and guide innovation for member and provider satisfaction. Highlights include:

- Ongoing participation in Care Management's Interdisciplinary Care Teams (ICT) weekly to educate other Health Services care team members about MLTSS and community resources that support member access to MLTSS.
- Ongoing staff education to help ensure member-focused care coordination and customer service. MLTSS *All Staff* meetings focused MLTSS staff training on a variety of topics including: L.A. Care's Provider Network Management (PNM) Contracting Process; MLTSS Refresher on all services; Health Homes, and other benefit and community resources. MLTSS staff also provided trainings to L.A. Care staff, PPGs, CBAS, LTC Nursing Facilities, and community-based partners.
- MLTSS training incorporated in Customer Solution Center (CSC) New Hire Academy curriculum for new call center staff; training with CSC supervisors/managers and Member Advocate team resulted in opportunities to update their outdated department procedures on MLTSS referral processes.
- Conducted a learning event for care coordination staff at our contracted MLTSS vendors (AltaMed Health Services, Human Services Association, Huntington Hospital Senior Care Network, Jewish Family Service, Partners in Care Foundation, Independence at Home-SCAN to learn more about L.A. Care's Health Services programs and how to access plan benefits. Guest speakers included: BH, CM, DM, UM, SS and Community Resource Centers.
- Ongoing collaboration with PNM for joint visits to CBAS centers to engage providers in process improvement, providing feedback and opportunities resulting in new CBAS Eligibility Determination Tool process enhancements and update to UM authorization processing guidelines to expedite access to services). MLTSS will collaborate with PNM to host quarterly provider webinars for CBAS and LTC providers as a forum to train on various topics improve communication and engagement.
- MLTSS has been working with Medicare Operations and Sales/Marketing teams to create better understanding and promotion of CPO services for CMC members. Through newly created member material, training and ongoing discussions, MLTSS will continue to review the program for improved referral pathways. Services such as home delivered meals, personal care, minor home modifications and personal emergency response systems are examples of CPO when CMC members are otherwise unable to receive these services through plan benefits or free community resources.

Strategies for Effectiveness and Efficiency

MLTSS developed processes to enhance operating efficiency and meet organizational and regulatory requirements, including:

- Partnership with UM in Post-Acute care coordination to improve provider and patient satisfaction, and prevent hospital admissions, readmission emergency room visits, and grievances)
- Developed a more robust Vendor Oversight Reporting process to monitor performance and quality of our contracted Vendors doing assessment work for Health Risk Assessment (HRA), Post HRA Outreach (PHO), CBAS Eligibility Determination Tool (CEDT) and Care Plan Options (CPO).

- Weekly monitoring activities by MLTSS Specialists ensures Vendors meet performance measures. Results are discussed on monthly Vendor calls for transparency and continued process improvement when needed.
- By updating and aligning the Scope of Work (SOW) in Vendor contracts for HRA/PHO & CPO, MLTSS has been able to better manage the workflow, budget and accountability of our Vendors
- MLTSS launched an initiative to transition Vendor reimbursement from invoice payment activities to claims based payments. The scope includes HRA, PHO, CEDT, CPO and MSSP. This will alleviate the administrative work of invoice reconciliation and manual reporting.
- In accordance with the guidelines outlined in the California DHCS All Plan Letter 17-012, MLTSS continues to conduct their Assessment Review process which includes central storage of assessments and care plans; stratification to identify highest risk MLTSS members; document review to identify unmet needs, calls to members with IHSS and CBAS caregivers; action plans to address unmet needs; and referrals to MLTSS and community services. Assessment Reviews are conducted on L.A. Care members receiving care in CBAS, IHSS or MSSP. In addition, MLTSS Coordinators share care plans completed by Vendors and MSSP providers with the member's Primary Care Physician (PCP) by fax. This process is currently being automated to use the Provider Portal to transmit care plans to the Providers. This will eliminate manual work of faxing and improve efficiency.
- MLTSS sought out guidance on expanding staff's user roles in CCA to have permissions to work out of both the UM and CM modules. This was completed and has improved the ability to access case notes and related information for a more complete view. In addition to accessibility, MLTSS will begin to use CCA case types in the Care Management module which will allow better visibility of MLTSS specific notes and timely coordination of care amongst other care team staff. This will be launched as a post CCA upgrade project with IT partners.
- Integrating Field Visit Reports that MLTSS Nurses use into SharePoint will eliminate paper forms and enable to capture trends more effectively.
- MLTSS continues to develop their team structure by defining roles of clinical and non-clinical staff, changing job titles to remove program specific titles (i.e. IHSS Coordinator, MSSP Coordinator, etc.) and reclassifying as either MLTSS Coordinator, MLTSS Specialist or MLTSS Nurse Specialist. This removes silos and creates a broader focus of staff roles and expectations throughout the department.

MLTSS 2019 QUALITY OVERSIGHT GOALS

For 2020, MLTSS will continue to focus on the four quality oversight goals:

- **Goal #1:** Build a "high touch" culture for members and providers.
- **Goal #2:** Improve MLTSS member health through stronger partnerships.
- **Goal #3:** Enhance member and provider satisfaction.
- **Goal #4:** Establish strategies for effectiveness and efficiency.

RESPONSIBILITY, AUTHORITY AND ACCOUNTABILITY

The L.A. Care Board of Directors delegates' authority to the Compliance and Quality Committee, which is responsible and accountable for the quality of care and service provided to L.A. Care members. The L.A. Care Chief Medical Officer (CMO) oversees and provides direction to L.A. Care's Quality Oversight Program and ensures that program objectives are accomplished and encompass the unique care and service needs of MLTSS, including quality oversight.

F.3 CONTINUITY AND COORDINATION BETWEEN MEDICAL AND BEHAVIORAL HEALTHCARE

AUTHOR: ANDREW GUY & NICOLE LEHMAN, MSW

REVIEWER: MARIA CASIAS, RN & JAMES KYLE, MD

BACKGROUND

The Behavioral Health Services Department aims to ensure behavioral health and physical health care integration occurs for members with a range of mental health and substance use disorder conditions. In January 2014, mild to moderate behavioral health services were added as a benefit to Medi-Cal managed care to be administered by the health plan. Beacon Health Options (Beacon) is L.A. Care's Managed Behavioral Health Organization (MBHO) responsible for administering mental health services to Medi-Cal members who meet criteria for mild to moderate level of care. The Los Angeles County Department of Mental Health (DMH) is responsible for providing services to Medi-Cal members with severe and persistent mental illness who are experiencing moderate to severe functional impairments. Substance use disorder treatment and services are the responsibility of the Los Angeles County Department of Public Health/Substance Abuse Prevention and Control (DPH/SAPC). L.A. Care has a Memorandum of Understanding (MOU) with both entities to coordinate the appropriate level of care based on medical necessity.

In 2019, L.A. Care continued to collaborate with behavioral healthcare practitioners to monitor and improve coordination between medical care and behavioral healthcare. This coordination is vital, as people experiencing mental illness tend to have shorter life expectancies—13-30 years shorter than the general population, in the case of people with severe mental illness (SMI)—with mortality caused primarily by treatable physical conditions.³³ To drive collaboration, L.A. Care collects data in 6 areas: Exchange of information between PCPs and Behavioral Health Practitioners (BHPs); appropriate diagnosis, treatment, and referral of behavioral health disorders commonly seen in primary care; appropriate uses of psychopharmacological medications; management of treatment access and follow up for members with coexisting medical and behavioral disorders; prevention programs for behavioral health; and special needs of members with severe and persistent mental illness.

2019 WORK PLAN GOALS:

Measure	2019 Medi-Cal Goals	2019 Cal MediConnect Goals	2019 L.A. Care Covered Goals
Exchange of information	80% of providers will be always/usually satisfied with the exchange of information between PCP and Behavioral Health Practitioners	80% of providers will be always/usually satisfied with the exchange of information between PCP and BHPs	80% of providers will be always/usually satisfied with the exchange of information between PCP and BHPs

³³ DE Hert M, Correll CU, Bobes J, et al. Physical illness in patients with severe mental disorders. I. Prevalence, impact of medications and disparities in health care. *World Psychiatry*. 2011;10(1):52-77.

Measure	2019 Medi-Cal Goals	2019 Cal MediConnect Goals	2019 L.A. Care Covered Goals
Appropriate diagnosis, treatment, and referral of behavioral health disorders commonly seen in primary care	50% of providers will meet clinical practice guidelines for members with depression: Percent of members(18+) newly diagnosed with depressive disorder who received two or more outpatient Behavioral Health (BH) visits within 84 days (12 weeks) of initial diagnostic visit and who received one or more medication visits within 84 days (12 weeks) of initial diagnostic visit	50% of providers will meet clinical practice guidelines for members with depression: Percent of members(18+) newly diagnosed with depressive disorder who received two or more outpatient Behavioral Health (BH) visits within 84 days (12 weeks) of initial diagnostic visit and who received one or more medication visits within 84 days (12 weeks) of initial diagnostic visit	50% of providers will meet clinical practice guidelines for members with depression: Percent of members(18+) newly diagnosed with depressive disorder who received two or more outpatient Behavioral Health (BH) visits within 84 days (12 weeks) of initial diagnostic visit and who received one or more medication visits within 84 days (12 weeks) of initial diagnostic visit
Appropriate uses of Psychopharmacological medications	100% of providers will be notified of members who meet criteria (9 or more of the following): RXs for controlled substances + unique prescribers + unique pharmacies in 2 of 4 months	100% of providers will be notified of members who meet criteria (9 or more of the following): RXs for controlled substances + unique prescribers + unique pharmacies in 2 of 4 months	100% of providers will be notified of members who meet criteria (9 or more of the following): RXs for controlled substances + unique prescribers + unique pharmacies in 2 of 4 months
Management of treatment access and follow up for member with coexisting medical and behavioral disorders	100% of providers will be notified of members on diabetes and antipsychotic medication	100% of providers will be notified of members on diabetes and antipsychotic medication	100% of providers will be notified of members on diabetes and antipsychotic medication
Primary or Secondary prevention behavioral health program implementation	Conduct provider education to improve substance abuse screening	Conduct provider education to improve substance abuse screening	Conduct provider education to improve substance abuse screening
Special needs of members with severe and persistent mental illness	Notify 100% of providers for patients taking anti-psychotics and patients taking anti-psychotics and diabetes medications of the need for diabetes screening and monitoring.	Notify 100% of providers for patients taking anti-psychotics and patients taking anti-psychotics and diabetes medications of the need for diabetes screening and monitoring.	Notify 100% of providers for patients taking anti-psychotics and patients taking anti-psychotics and diabetes medications of the need for diabetes screening and monitoring.

I. EXCHANGE OF INFORMATION

L.A. Care measures in-network providers' satisfaction with continuity and coordination of care they have experienced with behavioral health specialists (Beacon and DMH). The frequency and quality of communication is essential to the integration of medical and behavioral health care and ensures that members receive the highest quality of care and most appropriate level of care possible.

RESULTS

METHODOLOGY

In previous years, L.A. Care has used an outside vendor to conduct the behavioral health related exchange of information survey. In 2019 L.A. Care embedded these survey questions into the organization wide Provider Satisfaction Survey. This may result in a level of inconsistency from previous year's survey results, however, it will ensure that the providers being surveyed are consistent across the organization thus providing more consistent results. The data exchange survey had resided with an outsourced vendor. The scattered data responses suggest that there has not been much congruency in the data collection. The vendor reported that many of those answering the survey are office staff for the primary care doctors and not the doctors themselves. This is in part why L.A. Care brought this survey into the broader Provider Satisfaction Survey. This will help ensure the accuracy and quality of the data on information exchange.

The survey methodology used a combination of mail, email, fax, and phone outreach. One key change was how faxes were incorporated into fielding. Unlike in previous years, participants were not faxed actual surveys, but instead were sent a fax invitation with a link to complete the survey online. This was primarily due to the increased survey length which reduced the practicality of faxing longer surveys to providers.

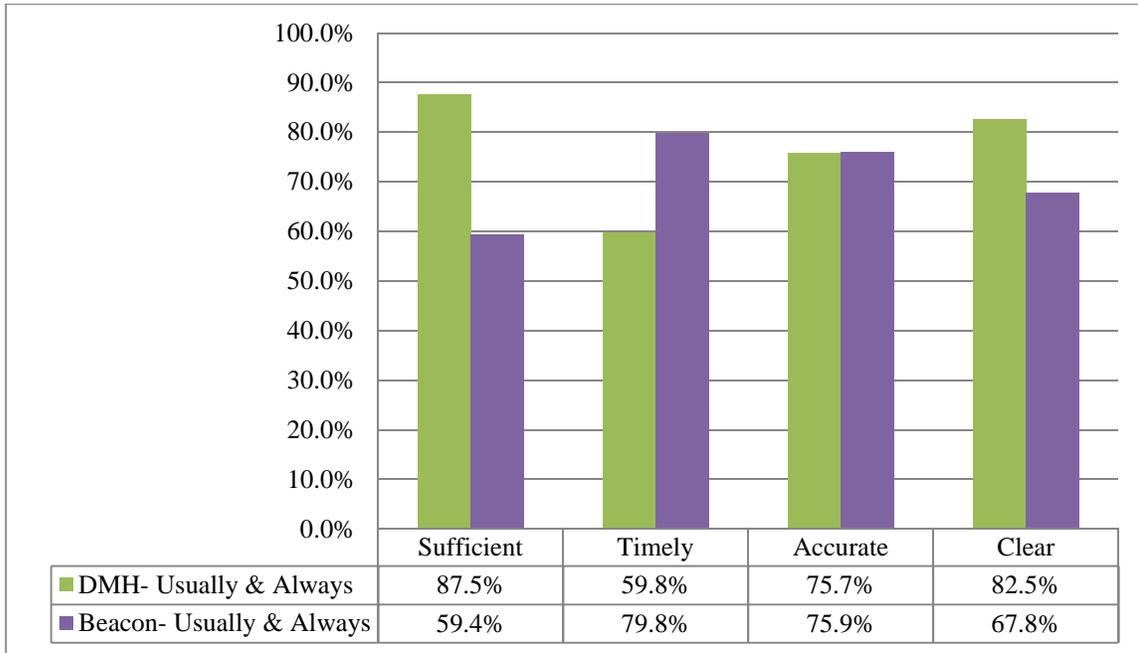
The Behavioral Health portion of the survey consists of two Likert scale questions related to the sufficiency, timeliness, accuracy and clarity of the communication from the Los Angeles Department of Mental Health (DMH) and Beacon Health Strategies (Beacon). This year also included a question asking providers to identify barriers to exchanging information with mental health providers.

The PCP & SCP survey included new questions specific to PCPs about their experience with behavioral healthcare. Providers were asked to rate the feedback provided by Beacon and the Department of Mental Health (DMH). These questions used a Never-Sometimes-Usually-Always scale and the summary rates shown are the proportion of respondents choosing the Usually or Always options.

DESCRIPTION OF MEASURE

Measure	Specific Indicator(s)	Measure Type
Exchange of Information	Percentage of PCPs in L.A. Care's network that responded to the question, "Please Rate the Feedback Provided from the Behavioral Health Specialist to whom you refer most often (e.g. Treatment Plans, Consultation Reports, etc.)" The Feedback Was Sufficient, Timely, Accurate and Clear: Always, Usually, Sometimes, Never."	Survey Question

2018



2019

Exhibit 9: Behavioral Health Program Feedback

Survey Item	% Always or Usually		Responses (n)	
	Beacon	DMH	Beacon	DMH
PCP's experience with behavioral health feedback				
The feedback was sufficient	64.9%	62.7%	441	420
The feedback was timely	64.9%	62.7%	442	422
The feedback was accurate	70.3%	64.8%	478	435
The feedback was clear	72.8%	66.0%	493	441

ANALYSIS

Quantitative Analysis

Exhibit 9 results indicate that PCPs rated Beacon’s feedback more favorably than DMH in all four information exchange categories. The overall results compared to the previous year are significantly lower across both organizations and nearly all categories. However, the 2018 results came from a larger sample size (approximately 2,000 responders compared to fewer than 500 in 2019, and only used telephonic outreach. This limited the respondents to mostly office staff who were comfortable answering the survey questions to a live representative, which is likely to have had an effect on the results.

Compared to the results from 2018, DMH’s information exchange rates dropped in the areas of information sufficiency, accuracy and clarity by 24.8%, 10.9% and 16.5%, respectively. Timeliness of information exchange increased by 2.9%. The rates for Beacon dropped in two categories and increased in two categories. Information exchange timeliness and accuracy dropped by 14.9% and 5.6%, respectively. The rates for sufficiency and clarity increased by 5.5% and 5%, respectively.

The substantial drops in a majority of measures (5 of the total 8) across both DMH and Beacon cannot be directly attributed to prior years' actions due to the significant data collection change. The addition of asking providers to identify barriers to exchange is expected to greatly assist in accurately identifying opportunities for improvement and supportive actions with intended outcomes.

Qualitative Analysis for Beacon and DMH

PCPs were also asked to identify the single biggest barrier to exchanging information (Exhibit 10). About one third of respondents indicated that lack of responsiveness from mental health providers was the largest barrier. Providers also indicated that educating both patients and providers are ways for L.A. Care to help encourage information exchange.

Exhibit 10: Barriers to Exchanging Information with Mental Health Providers

Survey Item	%	Responses (n)
Single biggest barrier		
Time limitations	21.1%	79
HIPAA/legal restrictions	18.9%	71
Do not know how to contact the MH provider	21.1%	79
Lack of responsiveness from MH providers	31.5%	118
Other	7.5%	28
Ways L.A. Care can help		
Provide education about information exchange to providers	70.9%	390
Improve or standardize health information exchange systems	67.6%	372
Educate patients about the value of information exchange	63.5%	349
Other	5.6%	31

INTERVENTIONS

Measure	Identified Deficiency	Attributed Barriers	Opportunities for Improvement	Actions	Effectiveness of Intervention/ Outcome
Coordination of Care/Exchange of Information between PCPs and Behavioral Health Providers	Timeliness of Information	Time limitations HIPAA/Legal Restrictions	Providing education on information exchange to providers	L.A. Care collaborated with Beacon regarding provider communication when PCP's submit referrals to foster care coordination Conducted presentation to DMH providers regarding importance of care coordination with Health Plans	Unable to assess effectiveness due to change in survey sample and methodology.
	Sufficiency of Information	Not knowing how to contact the MH provider	Improvement or standardization on health information exchange systems		Unable to assess effectiveness due to change in survey sample and methodology.
	Accuracy of Information	Lack of responsiveness from MH Providers	Educate patients on the value of information exchange		Unable to assess effectiveness due to change in survey sample and methodology.
	Clarity of Information				Unable to assess effectiveness due to change in survey sample and methodology.

II. APPROPRIATE DIAGNOSIS, TREATMENT, AND REFERRAL OF BEHAVIORAL HEALTH DISORDERS COMMONLY SEEN IN PRIMARY CARE

Beacon: Depression Guideline Measures: Beacon tracks claims data to monitor provider adherence of Clinical Practice Guidelines (CPG) across all three product lines.

RESULTS

Medi-Cal

Measures	Goal	2016	2017	2018
Clinical Practice Guideline Measure Depression: The percentage of members (18+) newly diagnosed with depressive disorder who received 2 or more outpatient Behavioral Health visits within 84 days of diagnosis	50%	43.8%* (1516/3458)	46.8%* (1998/4274)	Q1: Q1: 28.5% (182/639) Q2: Q2: 27.5% (181/657) Q3: Q3: 28.7% (192/670) Q4: Q4: 26.8% (141/526)
Clinical Practice Guideline Measure Depression: The percentage of members (18+) newly diagnosed with depressive disorder who received (one) 1 or more medication visits within 84 days of diagnosis	35%	25.4%* (878/3458)	23.3%* (995/4272)	Q1: 13.3% (85/639) Q2: 16.0% (105/657) Q3: 16.7% (112/670) Q4: 15.6% (82/526)
The percentage of members (18+) newly diagnosed with depressive disorder who received one (1) or more medication visits within 84 days of the first medication	95%	87.0%* (764/878)	89.9% (895/995)	Q1: 89.4% (76/85) Q2: 87.6% (92/105) Q3: 88.4% (99/112) Q4: 92.7% (76/82)

Cal MediConnect

Measures	Goal	2016	2017	2018
Clinical Practice Guideline Measure Depression: The percentage of members (18+) newly diagnosed with depressive disorder who received two (2) or more Outpatient Behavioral Health visits within 84 days of diagnosis	50%	46.3% (44/95)	47.3% (78/165)	Q1: 20.0% (3/15) Q2: 12.5% (1/8) Q3: 35.7% (5/14) Q4: 20.0% (3/15)
Clinical Practice Guideline Measure Depression: The percentage of members (18+) newly diagnosed with depressive disorder who received (one) 1 or more medication visits within 84 days of diagnosis	35%	29.5% (28/95)	23% (38/165)	Q1: 6.7% (1/15) Q2: 0.0% (0/8) Q3: 7.1% (1/14) Q4: 13.3% (2/15)
The percentage of members (18+) newly diagnosed with depressive disorder who received one (1) or more medication visits within 84 days of the first medication visit.	95%	71.4%* (20/28)	91.2%* (35/38)	Q1: 100% (1/1) Q2: NA (0/0) Q3: 100% (1/1) Q4: 50.0% (1/2)

L.A. Care Covered

Measures	Goal	2016	2017	2018
Clinical Practice Guideline Measure Depression: The percentage of members (18+) newly diagnosed with depressive disorder who received 2 or more Outpatient Behavioral Health visits within 84 days of diagnosis	50%	55.9% (99/177)	49.1%* (142/289)	Q1: 29.2% (28/96) Q2: 34.4% (43/125) Q3: 35.5% (39/110) Q4: 26.7% (4/15)
Clinical Practice Guideline Measure Depression: The percentage of members (18+) newly diagnosed with depressive disorder who received (one) 1 or more medication visits within 84 days of diagnosis	35%	34.5%* (61/177)	35.3% (102/289)	Q1: 19.8% (19/96) Q2: 21.6% (27/125) Q3: 23.6% (26/110) Q4: 20.0% (3/15)
The percentage of members (18+) newly diagnosed with depressive disorder who received one (1) or more medication visits within 84 days of the first medication visit.	95%	95.1% (58/61)	92.2% (94/102)	Q1: 89.5% (17/19) Q2: 92.6% (25/27) Q3: 88.5% (23/26) Q4: 66.7% (2/3)

Quantitative Analysis

Cal MediConnect: During Q4 2018, three (3) out of fifteen (15) members (20.0%) who were newly diagnosed with depressive disorder received two (2) or more outpatient BH visits within 84 days of diagnosis. Two (2) members received medication visits within 84 days of diagnosis. It is important to note that Q1 – Q4 2018 data was has not been updated to account for some claims lag.

Medi-Cal: For Q4 2018, 26.8% of members newly diagnosed with depressive disorder had received two (2) or more outpatient BH visits within 84 days of diagnosis. Out of the 526 members diagnosed with depression, 82 (15.6%) of members received one (1) or more medication visit within 84 days. Moreover, of the 82 members, 76 (92.7%) of the members received another medication visit within the initial medication visit.

L.A. Care Covered: For Q4, 2018, 26.7% of members newly diagnosed with depressive disorder had received two outpatient BH visits within 84 days of diagnosis. Out of 15 members, 20.0% of them received one or more medication visits within 84 days of diagnosis. Lastly, 66.7% of the commercial members had another follow-up appointment within 84 days of the first appointment with the prescriber.

Qualitative Analysis

As Beacon only has access to Behavioral Health claims, we are unable to capture members that may have received Behavioral Health services from their Primary Care Physician. Because Beacon lacks access to Primary Care Physician claims data, measurement estimates maybe artificially low. Although we do not attribute the low rates entirely to lack of data, we believe it is a contributing factor. Below are additional barriers believed to affect members' depression treatment:

- Providers may not be aware of best practices for prescribing antidepressant medications
- Providers may give samples to supplement prescriptions which could hinder refills in a timely manner
- Providers may not educate patients about the importance of outpatient behavioral health visits and medication adherence.
- Providers may have inadequate follow up plans for newly prescribed members.
- Providers are not regularly informed of their HEDIS AMM performance, specifically when there are opportunities to improve their rates.
- Members may be resistant to treatment due to social stigma or cultural barriers.
- Members may not adhere to instructions for treating depression.
- Members may not be aware that it takes time for medication to take effect and may discontinue use if they do not experience changes or if they experience side effects.
- Members may discontinue therapy sessions if they do not experience immediate changes.
- Members may have chronic co-morbid medical conditions that make accessing outpatient care for depression difficult.
- Members have difficulty with transportation, childcare, and other resources that prevent them from keeping scheduled appointments.
- Deductibles and co-payments may impact member adherence.
- Generic medications may be cheaper to buy outright than to pay a co-payment.

INTERVENTIONS COMPLETED

- Continued to review, approve and disseminate guidelines on depression as part of the guideline review process through quality packets, PCP Toolkit and Provider Bulletin (Ongoing).
- Trained Beacon staff on 2018 HEDIS BH measures, which include AMM measures, measure rationale, and changes for 2018 (January 09 and January 10, 2018).
- Initiated HEDIS leadership meetings. This meeting is designed to discuss and identify western region-specific interventions for AMM (January 19, 2018).
- Continued to educate providers (BH and PCPs) on Beacon's Quality Program through distribution of "Quality Packets" as well as through PCP Toolkit on Beacon's website (Ongoing).
- Informed Beacon providers about information and updates to all Depression Management tool that are available on Beacon's website via postcard. 2,671 postcards were mailed on August 10th 2018.
- Weekly analyze no-show cases to identify reason for no-show and develop strategies to minimize "Unable to Reach" category.
- Initiated HEDIS Steering/Performance Improvement Committee. The committee is responsible for oversight and accountability for the entire performance improvement process for HEDIS measures with subject matter experts representing all Regions from key areas working collaboratively to ensure the fidelity of the HEDIS production and performance improvement processes. The committee also includes 5 different subcommittees:
 - **Business Requirement/Documentation:** Develop and maintain business rules, which translate interim HEDIS measurements and/or internal reporting/tracking supporting the QM process into requirements for rate production. Go-live: 08/15/2018 (Monthly)
 - **Code Production:** Develop and maintain, annually, stored procedures which follow the technical specification to generate HEDIS and QARR measures. Go-live: TBD
 - **Data Quality/Report Output:** Design and manage the process for delivery of data to and from clients including milestones and limitations on ad hoc, redundant or unnecessary deliverables. Go-live: 08/13/2018 (Monthly)
 - **Client Management:** Annually provide to the HSPIC list of contractually required deliverables of HEDIS measures and interim measurements or internal tracking requirements based upon the Beacon-defined process of delivery, and financial incentives and penalties for delivery of HEDIS measures. Go-live: TBD
 - **Performance Improvement:** Identification of opportunities for improvement and recommendations for interventions to improve performance. Go-live: 07/02/2018 (Monthly)
- Presented provider profiler to the providers (Quarterly):
 - Quarterly data for member utilization, average therapy visits, initial assessment rate, engagement rate
- Created strategic plan for every provider to improve clinical and operational performance (Quarterly).
- Continue to educate providers on the importance of PCP support and "peer-to-peer" support. Providers can call Beacon psychiatrists for advice on members and medication (Quarterly).
- In lieu of pharmacy and medical claims, identified providers treating members 18 years or older diagnosed with depressive disorder and outreached those providers with education materials around HEDIS[®] AMM (Ongoing). Number of LA Care providers outreached:
 - 150 in February 2018
- In collaboration with MPPs, continued to promote the PCP Toolkit which now links interactively with Achieve Solutions, Beacon's health and wellness information library.
- In coordination with Provider Quality, identify high volume providers and create facility specific report card, thus setting provider performance goals around depression measures (June 2018).
- In coordination with Provider Quality Managers, present report cards to high volume facilities regarding HEDIS AMM and depression, importance of medication management and best practices (August 2018).
- Through provider bulletin, educate providers regarding HEDIS AMM measures and the importance of antidepressant medication (August 2018).
- Provided Suicide Prevention & Awareness training to all health plans and PCPs (June 28, 2018 and July 08, 2018).

- Enhanced Beacon's website to include link to Achieve Solutions health library, which includes articles, quizzes, resources and interactive self-assessment tools related to depression on member pages.

NEXT STEPS

- Explore opportunities to promote best practices for treatment of members with chronic medical and BH conditions, such as complex care management models and initiatives for members with dual eligibility (Ongoing).
- Collaborate with health plan clients to identify and outreach to newly prescribed members that qualify for HEDIS AMM measure with educational materials around common side effects and the importance of follow-up appointments. Similarly, outreach and educate prescribers, both BH and PCP around HEDIS AMM measure and best practice.
- Continue to collaborate with the health plan around exchange of Medical and Pharmacy data for production of HEDIS AMM and accurate production of CPG measures. Additionally, access to real time data will ensure real time and effective interventions.
- Continue to educate Beacon providers and PCPs about information and updates to all depression management tools that are available on Beacon's website via postcard and Provider Bulletin (Annual).
- Promote use of online resources to members and providers through plan newsletters Beacon Provider Bulletins, site visits and Provider Advisory Councils.
- Ensure depression materials and screening tools on website are up-to-date and easily available (Ongoing).

Measures	Barriers/Opportunities for Improvement	Next Steps	Effectiveness of Intervention/ Outcome
<p>Clinical Practice Guideline Measure Depression: Percent of members (18+) newly diagnosed with depressive disorder who received two or more OP BH visits within 84 days (12 weeks) of initial diagnostic Visit</p>	<ul style="list-style-type: none"> • Providers are not regularly informed of their HEDIS AMM performance, specifically when there are opportunities to improve their rates. • Members may be resistant to treatment due to social stigma or cultural barriers. • Members may discontinue therapy sessions if they do not experience immediate changes. • Members may have chronic co-morbid medical conditions that make accessing outpatient care for depression difficult. • Members have difficulty with transportation, childcare, and other resources that prevent them from keeping scheduled appointments. 	<ul style="list-style-type: none"> • Explore opportunities to promote best practices for treatment of members with chronic medical and BH conditions, such as complex care management models and initiatives for members with dual eligibility (Ongoing). • Collaborate with health plan clients to identify and outreach to newly prescribed members that qualify for HEDIS® AMM measure with educational materials around common side effects and the importance of follow-up appointments. Similarly, outreach and educate prescribers, both BH and PCP around HEDIS® AMM measure and best practice. • Continue to collaborate with the health plan around exchange of Medical and Pharmacy data for production of HEDIS® AMM and accurate production of CPG measures. Additionally, access to real time data will ensure real time and effective interventions. • Continue to educate Beacon providers and PCPs about information and updates to all depression management tools that are available on Beacon’s website via postcard and Provider Bulletin (Annual). • Promote use of online resources to members and providers through plan newsletters Beacon Provider Bulletins, site visits and Provider Advisory Councils. • Ensure depression materials and screening tools on website are up-to-date and easily available (Ongoing). 	<p>Data shows a decreases across all 2018 (Quarters 1-3)</p>

Measures	Barriers/Opportunities for Improvement	Next Steps	Effectiveness of Intervention/ Outcome
<p>Clinical Practice Guideline Measure Depression: Percent Of Members (18+) newly diagnosed with depressive disorder who received one or more medication visits within 84 days (12 weeks) of initial diagnostic visit</p>	<ul style="list-style-type: none"> • Providers may not be aware of best practices for prescribing antidepressant medications • Providers may give samples to supplement prescriptions which could hinder refills in a timely manner Providers may not educate patients about the importance of outpatient behavioral health visits and medication adherence. • Providers may have inadequate follow up plans for newly prescribed members. • Members may not be aware that it takes time for medication to take effect and may discontinue use if they do not experience changes or if they experience side effects. • Members may be resistant to treatment due to social stigma or cultural barriers. • Members may have chronic co-morbid medical conditions that make accessing outpatient care for depression difficult. • Deductibles and co-payments may impact member adherence. • Generic medications may be cheaper to buy outright than to pay a co-payment. • Members have difficulty with transportation, childcare, and other resources that prevent them from keeping scheduled appointments. 	<ul style="list-style-type: none"> • Explore opportunities to promote best practices for treatment of members with chronic medical and BH conditions, such as complex care management models and initiatives for members with dual eligibility (Ongoing). • Collaborate with health plan clients to identify and outreach to newly prescribed members that qualify for HEDIS® AMM measure with educational materials around common side effects and the importance of follow-up appointments. Similarly, outreach and educate prescribers, both BH and PCP around HEDIS® AMM measure and best practice. • Continue to collaborate with the health plan around exchange of Medical and Pharmacy data for production of HEDIS® AMM and accurate production of CPG measures. Additionally, access to real time data will ensure real time and effective interventions. • Continue to educate Beacon providers and PCPs about information and updates to all depression management tools that are available on Beacon’s website via postcard and Provider Bulletin (Annual). • Promote use of online resources to members and providers through plan newsletters Beacon Provider Bulletins, site visits and Provider Advisory Councils. • Ensure depression materials and screening tools on website are up-to-date and easily available (Ongoing). 	<p>Data shows a decreases across all 2018 (Quarters 1-3)</p>

Measures	Barriers/Opportunities for Improvement	Next Steps	Effectiveness of Intervention/ Outcome
<p>Clinical Practice Guideline Measure Depression: The percentage of members (18+) newly diagnosed with depressive disorder who received one (1) or more medication visits within 84 days of the first medication visit.</p>	<ul style="list-style-type: none"> • Providers may not be aware of best practices for prescribing antidepressant medications • Providers may give samples to supplement prescriptions which could hinder refills in a timely manner Providers may not educate patients about the importance of outpatient behavioral health visits and medication adherence. • Providers may have inadequate follow up plans for newly prescribed members. • Members may not be aware that it takes time for medication to take effect and may discontinue use if they do not experience changes or if they experience side effects. • Members may be resistant to treatment due to social stigma or cultural barriers. • Members may have chronic co-morbid medical conditions that make accessing outpatient care for depression difficult. • Deductibles and co-payments may impact member adherence. • Generic medications may be cheaper to buy outright than to pay a co-payment. • Members have difficulty with transportation, childcare, and other resources that prevent them from keeping scheduled appointments. 	<ul style="list-style-type: none"> • Explore opportunities to promote best practices for treatment of members with chronic medical and BH conditions, such as complex care management models and initiatives for members with dual eligibility (Ongoing). • Collaborate with health plan clients to identify and outreach to newly prescribed members that qualify for HEDIS® AMM measure with educational materials around common side effects and the importance of follow-up appointments. Similarly, outreach and educate prescribers, both BH and PCP around HEDIS® AMM measure and best practice. • Continue to collaborate with the health plan around exchange of Medical and Pharmacy data for production of HEDIS® AMM and accurate production of CPG measures. Additionally, access to real time data will ensure real time and effective interventions. • Continue to educate Beacon providers and PCPs about information and updates to all depression management tools that are available on Beacon’s website via postcard and Provider Bulletin (Annual). • Promote use of online resources to members and providers through plan newsletters Beacon Provider Bulletins, site visits and Provider Advisory Councils. • Ensure depression materials and screening tools on website are up-to-date and easily available (Ongoing). 	<p>Data shows a decreases across all 2018, except for Medi-Cal Q4</p>

III. APPROPRIATE USE OF PSYCHOPHARMACOLOGICAL MEDICATIONS

L.A. Care collects and monitors prescription claims data in partnership with L.A. Care’s contracted Pharmacy Benefits Manager (PBM), Navitus, to assess appropriate use of psychopharmacological medications; in particular, tracking occurs on the utilization of controlled substance medications with abuse potential. Members identified as having potential overuse of controlled substances are subject to interventions that aim to reduce inappropriate overutilization.

CONTROLLED SUBSTANCES MONITORING (CSM) AND “TRIPLE THREAT” RETROSPECTIVE DRUG UTILIZATION REVIEW (RDUR) SAFETY PROGRAM

PROGRAM DESCRIPTION AND METHODOLOGY

One program for members identified as having potential overuse of controlled substances is a targeted prescriber mailing campaign administered by Navitus on behalf of L.A. Care, known as the Controlled Substances Monitoring (CSM) and the “Triple Threat” Retrospective Drug Utilization Review (RDUR) Safety Program. For identified members, Navitus sends out mailings to all prescribers that have played a role in the member’s identification (e.g., provided a controlled substance prescription filled by the member). Mailings occur in conjunction with the identification periods as described below:

- **Controlled Substance Monitoring Criteria** – Patients who have received a combination of 9 or more of the following for at least 2 months during a 4-month period:
 - Controlled substance (CII – CV) prescriptions
 - Unique prescribers
 - Unique pharmacies

Members who receive multiple prescriptions for controlled substances, have multiple prescribers, and/or visit multiple pharmacies may be at a higher risk of potential inappropriate use of controlled substance medications.

- **Triple Threat Criteria** – Patients who have received prescriptions for each of the following drug classes in a month for at least 2 months during a 4-month period:
 - Opioids
 - Skeletal muscle relaxants
 - Benzodiazepines/hypnotics (sleep aids)

Members who received prescriptions for opioids, skeletal muscle relaxants, and benzodiazepines/hypnotics may be at a higher risk of potential respiratory depression, overdose, and death.

Mailings occur 3 times a year (in March, July, and November) for members identified as meeting the above criteria in the 4-month measurement period prior to a mailing month. The main goal of the RDUR program is to leverage prescription claims information to inform prescribers regarding their patients’ controlled substance utilization patterns and empower prescribers to make educated decisions when conducting follow-up assessments to determine the appropriateness of observed controlled substance utilization. Although mailings are sent for all members identified with potential controlled substance overutilization concerns, it is important to note that this is the only source of information that the prescriber must take into consideration when assessing whether or not there is truly an overutilization concern. There may be certain members who are identified for mailing where utilization may be appropriate.

RESULTS

CONTROLLED SUBSTANCES MONITORING (CSM) RETROSPECTIVE DRUG UTILIZATION REVIEW (RDUR)

Line of Business	November 2018 Look-Back Period: 7/1/2018-10/31/2018		March 2019 Look-Back Period: 11/1/2018-2/28/2019		July 2019 Look-Back Period: 3/1/2019-6/30/2019	
	Members Identified	Prescribers Mailed	Members Identified	Prescribers Mailed	Members Identified	Prescribers Mailed
MCLA	1135	8628	1116	7517	184	7376
CMC	10	434	17	525	82	37
LACC	26	619	43	19	51	26
PASC	3	113	51	23	2	46

TRIPLE THREAT RETROSPECTIVE DRUG UTILIZATION REVIEW (RDUR)

Line of Business	November 2018 Look-Back Period: 7/1/2018-10/31/2018		March 2019 Look-Back Period: 11/1/2018-2/28/2019		July 2019 Look-Back Period: 3/1/2019-6/30/2019	
	Members Identified	Prescribers Mailed	Members Identified	Prescribers Mailed	Members Identified	Prescribers Mailed
MCLA	786	1140	628	965	481	807
CMC	58	124	35	76	32	70
LACC	34	813	33	73	29	61
PASC	23	44	22	51	5	15

*Outcomes for mailings sent in July 2019 will be measured in November 2019. Please refer to description below of what is considered an improved outcome.

OUTCOMES ANALYSIS

Measuring Intervention Effectiveness

For the purposes of this evaluation, the prescriber mailing intervention is considered to have contributed to an improved outcome under the following circumstances:

- Member is identified for the CSM/Triple Threat RDUR intervention during a given intervention period.
- Member no longer meets criteria to qualify for the intervention during the next intervention mailing period.
- *Example: John is taking 5 different controlled substance medications, has 3 doctors that he regularly sees, and regularly visits 2 different pharmacies to fill his controlled substance prescriptions. After mailings are sent out to his 3 doctors, the claims data demonstrates that John is now only filling prescriptions from 2 doctors and is now only filling prescriptions for 3 different controlled substances instead of 5 (i.e., 1 doctor may have decided to discontinue 2 of the prescriptions that John is on based on knowledge of the other 3 medications). Four months after the mailing during the next mailing period, John continues to visit his 2 regular pharmacies, but is now only on 3 controlled substances from 2 doctors (< 9, John no longer meets criteria for the mailing intervention).*

Quantitative Analysis

Medi-Cal: Three mailing periods have occurred since last year's evaluation (11/2018, 3/2019, and 7/2019). During this time, 1,521 mailings (CSM) and 2,912 mailings (Triple Threat) were sent to Medi-Cal providers to inform them of their patients' controlled substance medication utilization. The number of members identified during four-month measurement periods ranged from 84 to 135 for CSM and 481 to 786 for Triple Threat. Improvement in outcomes was 63.79% (CSM) and 45.06% (Triple Threat) for one mailing period to another. In total, 100% of providers with members meeting the aforementioned CSM criteria were sent a mailing.

Cal MediConnect: 66 mailings (CSM) and 270 mailings (Triple Threat) were sent to providers. The number of members identified within a measurement period ranged from 2-10 for CSM and 32-58 for Triple Threat. The program showed outcome improvements of approximately 71.43% for CSM and 51.43% for Triple Threat.

L.A. Care Covered: During the measurement period shown above, 34 mailings (CSM) and 215 mailings (Triple Threat) were sent out to L.A. Care Covered providers. 1-6 members were identified for CSM and 29-34 members for Triple Threat per measurement period. The program showed outcome improvements of approximately 33.33% for CSM and 51.52% for Triple Threat.

PASC: During the measurement period shown above, 22 mailings (CSM) and 110 mailings (Triple Threat) were sent out to L.A. Care Covered providers. 1-3 members were identified for CSM and 5-23 members for Triple Threat per measurement period. The program showed outcome improvements of approximately 100% for CSM and 63.64% for Triple Threat.

Qualitative Analysis

Based on the results shown above, the CSM and Triple Threat RDUR Safety Programs appear to have an overall positive impact on controlled substance utilization patterns. For CSM-identified members that continue to meet criteria for mailing and are identified four or more times in the last two years, separate letters are also sent highlighting this fact to providers. There are several limitations to the above measured outcome improvements including the following: disenrollment of members during subsequent periods may not be fully incorporated into the measurement and we cannot rule out other contributions to decreases in controlled substance utilization patterns that may have occurred during this timeframe. Nevertheless, despite these limitations in perceived improvement for short-term outcomes from one mailing period to another, a sustained improvement in positive outcomes has also been observed over a longer timeframe as well and can arguably be attributed in part to the CSM and Triple Threat RDUR programs. This improvement is particularly evident in the Medi-Cal population (our largest population) where the total number of members who were identified for mailings has continued to decrease from mailing period to mailing period (from 628 to 376 for CSM, and 1,140 to 807 for Triple Threat), despite overall growth in membership size since 2015 (from around 900,000 members in 11/2015 to around 1,036,627 members in 9/2019). For the Cal MediConnect and L.A. Care Covered lines of business, small membership population sizes may preclude us from seeing the same level of impact as Medi-Cal; however, improvements are observed between mailing periods. In conclusion, the CSM and Triple Threat RDUR Safety Program appears to be an effective intervention for influencing controlled substance utilization patterns of identified members.

COLLABORATIVE ACTIVITY

PHARMACY HOME PROGRAM

PROGRAM DESCRIPTION AND METHODOLOGY

The Pharmacy Home Program is an effort to reduce drug abuse or injury from opioid overutilization for L.A. Care Covered, PASC-SEIU, and Medi-Cal lines of business. (Cal MediConnect members are monitored through the Overutilization Monitoring System [OMS] implemented by CMS.) Members enrolled into this program are limited to filling controlled substances at one provider of pharmaceutical services (known as a Pharmacy Home) for a

12-month period. Results of the program are reported to the quarterly Behavioral Health Quality Improvement Committee for comment and further collaboration.

- **Pharmacy Home Inclusion Criteria** – Members will be considered for enrollment into the Pharmacy Home Program if they have met both of the following criteria during a three-month period:
 - 3 or more providers +
 - 3 or more pharmacies

Members may also be referred from the L.A. Care Special Investigation Unit (SIU) team, the Navitus SIU team, or directly from our PPGs. Members are enrolled into the Pharmacy Home Program based on diagnosis, pharmacy claims data, review of the Department of Justice Controlled Substance Utilization Review and Evaluation System (CURES) report, and discussion with the prescriber regarding medical necessity. If warranted, members may alternatively be referred to Care Management. Members who are ineligible for the Program may also be provided resources for substance abuse treatment programs and/or referred to Behavioral Health services.

- **Pharmacy Home Exclusion Criteria** – Members may be exempt from the Pharmacy Home Program if s/he:
 - Has a foster care aid code or is identified by the County of Los Angeles Social Services Agency as being in the foster care system;
 - Has recently been diagnosed with cancer or is in hospice care;
 - Is or has become a Medicare beneficiary;
 - Is no longer prescribed controlled substances; or
 - Identifies, or if L.A. Care identifies, access or quality of care issues that affect the selected Member's ability to obtain needed covered services, or that subject the select Member to unnecessary medical risk.

Members enrolled into the Pharmacy Home Program are sent warning letters and are monitored for continued controlled substance overutilization for 90 days. Prior to receiving a warning letter, the L.A. Care Pharmacy team will contact the member's prescribers and pharmacies to ensure that they are aware of the member's overutilization of controlled substances. Members who then continue to exhibit controlled substance overutilization (after 3 months of receiving the warning letter) are sent Notice of Action (NOA) letters describing the program and how to select a pharmacy as their Pharmacy Home. If the member does not select a pharmacy within 30 days of receipt of the NOA letter, L.A. Care will assign a pharmacy based on claims history and geographical proximity to the member's residence. Navitus, the PCP, and the designated pharmacy will be notified upon enrollment. To date, 130 members were referred/identified for potential enrollment in the Pharmacy Home Program. From October 2018, 32 new cases were identified and 3 cases are currently within the 12-month lock in period. Since the inception of the program, nine members completed the yearlong pharmacy home program. 4 members (4.44%) were reviewed for a re-lock in for another 12 months, 4 members disenrolled or became homeless (4.44%), and 1 member (1.11%) improved in controlled substance utilization.

Measure	Barriers	Opportunities for Improvement	Action	Effectiveness of Intervention/Outcome
<p>CSM RDUR Criteria – Patients who have received a combination of 9 or more of the following for at least 2 months during a 4 month period:</p> <ul style="list-style-type: none"> · Controlled substance (CII – CV) prescriptions + · Unique prescribers + · Unique Pharmacies. 	<ul style="list-style-type: none"> • Limited exchange of information between different providers for the same member. • Continued prescribing of controlled substances from multiple prescribers. • Emergency fills for controlled substances outside of the Pharmacy Home (e.g., fills at other pharmacies due to stocking issues, ED visits, etc.) 	<ul style="list-style-type: none"> • Additional interventions for members identified in the CSM RDUR criteria more than 2 times within a calendar year. For example, such members may be referred to Case Management or Behavioral Health. • Additional interventions to involve the prescriber. • Target members with repetitive ED visits. 	<ul style="list-style-type: none"> • The CSM RDUR program notifies providers of all members on 9 or more prescriptions. • Beacon will continue provider chart audits to review provider’s compliance with APA Clinical Practice Guideline for the Treatment of Patients with Substance Abuse Disorder. Provide feedback, education and assistance to those providers that perform “poorly” (score of <65%) on questions related to Substance abuse (Quarterly). • L.A. Care’s pharmacy department reviews eligible members per inclusion/exclusion criteria through review of claims data, CURES report, and prescriber outreach to access medical necessity. • Navitus implements lock-in program for enrolled members, thus limiting fills for controlled substances to one pharmacy. • L.A. Care’s pharmacy department refers excluded Pharmacy Home members to Care Management who may benefit from care coordination and case management. • Since July 2019, Pharmacy in collaboration with Navitus, is sending out opioid scorecard for prescribers identified for high-dose and high volume opioid prescribing behaviors. . 	<p>The outcomes of the interventions ranges depending on the line of business. Overall, the RDUR mailing program has shown positive outcomes within in each measurement period, as observed in the number of identified number of members and prescribers trending downwards (meaning, less members meet Triple Threat criteria as a result of the mailing program over the course of the year). The Pharmacy Home program demonstrated measurable results (7 members locked-in and 94 members referred to program within the past year). Results for this program will be evaluated in the future.</p>
<p>Pharmacy Home Criteria – Members that have met the following criteria during a three-month period:</p> <ul style="list-style-type: none"> · 3 or more providers + · 3 or more pharmacies 				
<p>Triple Threat Criteria – Patient who have received prescriptions for each of the following drug classes: in a month for 2 of 4 months:</p> <ul style="list-style-type: none"> - Opioids + - Skeletal muscle relaxants + - Benzodiazepines/ hypnotics (sleep aids) 				

IV. MANAGEMENT OF TREATMENT ACCESS AND FOLLOW-UP FOR MEMBERS WITH COEXISTING MEDICAL AND BEHAVIORAL DISORDERS AND THOSE WITH SEVERE AND PERSISTENT MENTAL ILLNESS

BACKGROUND – DIABETES MONITORING FOR PEOPLE WITH DIABETES AND SCHIZOPHRENIA (SMD)

L.A. Care uses the HEDIS measure Diabetes Monitoring for People with Diabetes and Schizophrenia (SMD) to monitor care coordination for people with co-existing medical and behavioral disorders. The following table shows the rates for the HEDIS measure Diabetes Monitoring for People with Diabetes and Schizophrenia. It reflects the rate of members taking antipsychotics who have received appropriate monitoring for their diabetes.

RESULTS

Diabetes Monitoring for People with Diabetes and Schizophrenia			
Line of Business	HEDIS 2019	HEDIS 2018	HEDIS 2017
CMC	76.42%	78.82%	79.22%
Medi-Cal	73.02%	70.40%	71.60%
LACC	-	-	-

The denominator for the SSD measure for the LACC line of business was less than 30 in 2017, 2018, and 2019, and so a rate was not generated.

BACKGROUND – DIABETES SCREENING FOR PEOPLE WITH SCHIZOPHRENIA OR BIPOLAR DISORDER WHO ARE USING ANTIPSYCHOTIC MEDICATIONS (SSD)

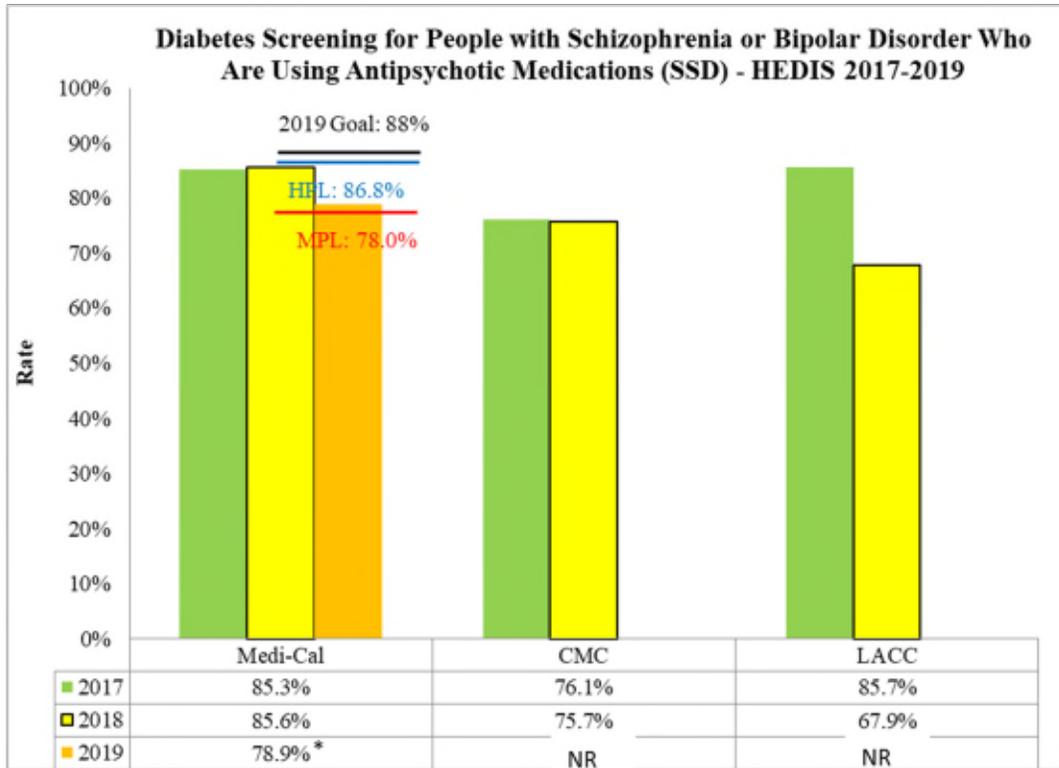
L.A. Care monitors the coordination of care for people with severe and persistent mental illnesses using the rate for the Diabetes Screening for People with Schizophrenia or Bipolar Disorder Who are Using Antipsychotic Medications (SSD) measure.

The following graph shows the rates for the HEDIS measure Diabetes Screening for People with Schizophrenia or Bipolar Disorder Using Antipsychotic Medications (SSD), which shows the number of members on antipsychotics who received a screening for diabetes:

RESULTS

Diabetes Screening for People with Schizophrenia or Bipolar Disorder Who are Using Antipsychotic Medications			
Line of Business	HEDIS 2019	HEDIS 2018	HEDIS 2017
CMC	74.4%	76.1%	76.1%
Medi-Cal	78.9%	85.3%	85.3%
LACC	81.9%	-	-

The denominator for the SMD measure for the LACC line of business was less than 30 in 2018 and 2017, and so a rate was not generated.



*Statistically Significant Difference

NR: Not required

INTERVENTIONS

Measure	Barriers	Opportunities for Improvement	Action
<ul style="list-style-type: none"> SMD, SSD 	<ul style="list-style-type: none"> Antipsychotic is a carve out drug to the State. Carve out drug information receiving from the State has a 6-month lag. No medication reconciliation between different providers due to fear of HIPAA violation without member consent 	<ul style="list-style-type: none"> PCPs lack information on what type of medication their patients are receiving from behavioral health specialists. Members lack knowledge of how medications can affect their glucose levels. 	<ul style="list-style-type: none"> L.A. Care sent PCPs list of members on Antipsychotics and Antidiabetics.

L.A. Care uses pharmacy data to identify members with coexisting medical and behavioral disorders. The pharmacy data is used to identify members on antipsychotics and anti-diabetics. In 2018, L.A. Care adopted a new method of sharing this data with providers.

Members in all lines of business who are in the denominator for either SMD or SSD, and for whom L.A. Care has no data indicating a screening or appropriate monitoring for diabetes, were added to L.A. Care's Provider Opportunity reports. These reports are sent to PCPs on a quarterly basis to notify them of patients who are due for important tests and screenings. The efforts impact the SMD and SSD HEDIS rates.

These efforts provide PCPs with information they may not receive from the behavioral health specialist(s) and it encourages them to conduct metabolic screening, and impact the SMD HEDIS rating. L.A. Care also shares this data with the diabetes disease management program, *L.A Cares About Diabetes®*, so their staff is aware of which members are on antipsychotics and may need closer monitoring.

Data on the number of providers notified, and the number of members in each line of business included in the outreach effort, are shown below:

Measure	PCPs with Medi-Cal Members	PCPs Sent POR Report	Percentage of PCPs Notified
Diabetes Monitoring for People with Diabetes and Schizophrenia (SMD)	1680	1677	99.8%
Diabetes Screening for People with Schizophrenia or Bipolar Disorder Who Are Using Antipsychotic Medications (SSD)	3350	3346	99.9%

Measure	PCPs with CMC Members	PCPs Sent POR Report	Percentage of PCPs Notified
Diabetes Monitoring for People with Diabetes and Schizophrenia (SMD)	179	179	100%
Diabetes Screening for People with Schizophrenia or Bipolar Disorder Who Are Using Antipsychotic Medications (SSD)	703	703	100%

Measure	PCPs with LACC Members	PCPs Sent POR Report	Percentage of PCPs Notified
Diabetes Monitoring for People with Diabetes and Schizophrenia (SMD)	16	16	100%
Diabetes Screening for People with Schizophrenia or Bipolar Disorder Who Are Using Antipsychotic Medications (SSD)	194	194	100%

Quantitative Analysis

The PORs went out in September of 2019, and we notified doctors based on our internal data and that of the State. The rates for the Diabetes Screening for People with Schizophrenia or Bipolar Disorder Who Are Using Antipsychotic Medications (SSD) and Diabetes Monitoring for People with Diabetes and Schizophrenia (SMD) for HEDIS 2019, which reflect a similar intervention done in November of 2018, are inconclusive.

While the rate for SMD for CMC declined by 2.4%, this drop was not statistically significant. For Medi-Cal, the rate increased by 2.62% and was statistically significant. For SSD, the CMC rate declined from 74.4% to 76.06%. This decline was not statistically significant. For Medi-Cal, the SSD rate declined from 85.25% to 78.85%, which was statistically significant.

Qualitative Analysis

L.A. Care does not yet have data that would demonstrate the effectiveness of the approach we undertook in 2019, which was to send providers gap in care information for SMD and SSD via their POR reports. The effectiveness of this intervention will be measurable in HEDIS 2020, when data for service year 2019 is generated. The data we do have, for service year 2018, reflects an earlier intervention when this data was mailed to providers. The change in rates shows that the results of this approach are mixed, with the SMD rate for Medi-Cal improving slightly and the other rates either declining or remaining statistically static.

One approach that L.A. Care might take is focusing more intensive provider outreach to groups that show disparately low rates for these measures. For the Medi-Cal SMD population, these groups include residents of the Service Planning Areas (SPAs) of East, Metro, and West Los Angeles, which showed rates of 69.7%, 69.43% and 67.76%, respectively, compared to the rate of 73.02% for the line of business as a whole. Disparity data was not available for the SMD measure for the CMC line of business, but for SSD, the SPAs of South Los Angeles, the South Bay/Harbor area, and West Los Angeles had rates of 68.48%, 69.62% and 68%, respectively, compared to the rate of 74.4% for the line of business as a whole. The SPAs for West Los Angeles and the San Fernando Valley showed the largest disparities for the Medi-Cal SSD rate, with rates of 75.88% and 75.9% respectively, compared to 78.9% for the line of business as a whole.

V. PREVENTIVE BEHAVIORAL HEALTHCARE SUBSTANCE ABUSE SCREENING IN PRIMARY CARE SETTINGS

Studies show that alcohol and substance use disorders are associated with detrimental physical, social, and psychological consequences. In addition, adults with alcohol and substance use disorders are overrepresented in primary care and emergency department (ED) settings. Therefore, it is important that substance abuse screenings are utilized in primary care settings. In 2019, L.A. Care continued collecting encounter data on the utilization of substance abuse screenings in the primary care setting to improve patient care. In 2018 the Department of Health Care Services released APL 18-014 which supersedes ALP 17-016 and as a result the SBIRT (Screening, Brief Intervention, and Referral to Treatment) has been replaced with the AMSC (Alcohol Misuse: Screening and Behavioral Counseling) interventions in Primary Care. This APL sets forth the State’s expectation for providers to screen for alcohol use on an annual basis. Providers are expected to provide brief counseling and/or refer members to appropriate resources when necessary.

RESULTS

ALCOHOL MISUSE: SCREENING AND BEHAVIORAL COUNSELING INTERVENTIONS IN PRIMARY CARE

Measure	1/1/2017-12/31/2017	01/01/2018 – 12/18/2018	01/01/2019 – current
Number of Unique PCPs Using SBIRT (Numerator)	719	734	543
Number of Unique L.A Care PCPs who served L.A. Care Members during the same time period as above (Denominator)	5,297	5,431	5,311
% Numerator/Denominator*100	13.57%	13.52%	10.22%

Quantitative Analysis

Since the AMSC, formerly known as SBIRT, L.A. Care has seen a X% increase in the number of unique providers using the screening tool. There has also been an overall increase from last year for the number of PCP’s serving members who use the AMSC/SBIRT of X%.

Qualitative Analysis

The AMSC has been difficult to track as a majority of PCP’s do not regularly bill for this service as it not reimbursed under the current payment structure. However, it is believed that more PCP’s do provide the service than those represented above despite the payment structure.

INTERVENTION

L.A. Care has been hosting a series of trainings on substance use disorder and treating patients in primary care for substance use disorder. For year 2019, L.A. Care Health Plan’s Provider Continuing Education (PCE) Program planned, developed, and implemented five (4) directly provided CME/CE activities related to Substance Use Disorder (SUD):

- **Wednesday, April 24, 2019 Cannabis Use Disorder & Clinical Effects**, CME/CE Dinner Event, Main Presenter Dr. Larissa Mooney from UCLA Integrated Substance Abuse Programs (ISAP), Shiraz Restaurant, Glendale, CA, 2 CME/CE credits, **Total of 63 attendees.**
- **Saturday, April 27, 2019 Opioid Epidemic Conference**, Various Presenters, Hilton Garden Inn Palmdale, CA, 5 CME/CE credits, **Total of 75 attendees.**
- **Saturday, May 4, 2019 BH Integration and Substance Use Disorder (SUD) Conference**, Various Presenters and Collaborated Effort with LA County Department of Health Services, Marriott Torrance Hotel, Torrance, CA, 6 CME/CE credits, **Total of 210 attendees.**
- **Wednesday, June 26, 2019 SBIRT Screening, Brief Intervention and Referral to Treatments**, CME/CE Dinner Event, Main Presenter Dr. Sherry Larkins from UCLA ISAP, Shiraz Restaurant, Glendale, CA, 2 CME/CE credits, **Total of 87 attendees.**

A total of 435 attendees (mixed audience of MDs, DOs, PAs, PsyDs, PharmDs, NPs, RNs, LCSWs, LMFTs, and others) were educated through the CME/CE activities.

INTERVENTION SUMMARY

Measure	Barriers	Opportunities for Improvement	Action	Effectiveness of Intervention/ Outcome
Substance use disorder (SUD) screening in primary care settings.	<ul style="list-style-type: none"> • PCP reluctant to screen for substance use. • Limited substance use disorder treatment providers. 	<p>Members are not adequately screened in the primary care setting.</p> <p>Providers are not familiar with what tools to use to screen members for SUD.</p> <p>Providers are not familiar with how to code/bill for SUD screening.</p>	L.A. Care provides sessions on who to conduct AMSC screening for providers.	Rate is steadily increasing

2020 WORK PLAN GOALS:

Measure	2020 Medi-Cal Goals	2020 Cal MediConnect Goals	2020 L.A. Care Covered Goals
Exchange of information	80% of providers will be always/usually satisfied with the exchange of information between PCP and Behavioral Health Practitioners (BHPs)	80% of providers will be always/usually satisfied with the exchange of information between PCP and BHPs	80% of providers will be always/usually satisfied with the exchange of information between PCP and BHPs
Appropriate Diagnosis, treatment, and referral of behavioral health disorders commonly see in primary care	50% of providers will meet clinical practice guidelines for members with depression: Percent of members(18+) newly diagnosed with depressive disorder who received two or more outpatient Behavioral Health (BH) visits within 84 days (12 weeks) of initial diagnostic visit and who received one or more medication visits within 84 days (12 weeks) of initial diagnostic visit	50% of providers will meet clinical practice guidelines for members with depression: Percent of members(18+) newly diagnosed with depressive disorder who received two or more outpatient Behavioral Health (BH) visits within 84 days (12 weeks) of initial diagnostic visit and who received one or more medication visits within 84 days (12 weeks) of initial diagnostic visit	50% of providers will meet clinical practice guidelines for members with depression: Percent of members(18+) newly diagnosed with depressive disorder who received two or more outpatient Behavioral Health (BH) visits within 84 days (12 weeks) of initial diagnostic visit and who received one or more medication visits within 84 days (12 weeks) of initial diagnostic visit
Appropriate uses of Psychopharmacological medications	100% of providers will be notified of members who meet criteria (9 or more of the following): RXs for controlled substances + unique prescribers + unique pharmacies in 2 of 4 months	100% of providers will be notified of members who meet criteria (9 or more of the following): RXs for controlled substances + unique prescribers + unique pharmacies in 2 of 4 months	100% of providers will be notified of members who meet criteria (9 or more of the following): RXs for controlled substances + unique prescribers + unique pharmacies in 2 of 4 months

Measure	2020 Medi-Cal Goals	2020 Cal MediConnect Goals	2020 L.A. Care Covered Goals
Management of treatment access and follow up for member with coexisting medical and behavioral disorders	100% of providers will be notified of members on diabetes and antipsychotic medication	100% of providers will be notified of members on diabetes and antipsychotic medication	100% of providers will be notified of members on diabetes and antipsychotic medication
Primary or secondary prevention behavioral health program	Continue to conduct provider education to improve substance abuse screening	Continue to conduct provider education to improve substance abuse screening	Continue to conduct provider education to improve substance abuse screening
Special needs of members with severe and persistent mental illness	Notify 100% of providers for patients taking anti-psychotics and patients taking anti-psychotics and diabetes medications of the need for diabetes screening and monitoring.	Notify 100% of providers for patients taking anti-psychotics and patients taking anti-psychotics and diabetes medications of the need for diabetes screening and monitoring.	Notify 100% of providers for patients taking anti-psychotics and patients taking anti-psychotics and diabetes medications of the need for diabetes screening and monitoring.

**F.4 CARE COORDINATION AND QUALITY IMPROVEMENT PROGRAM EFFECTIVENESS
(CCQIPE) FOR THE MEDICAID/ MEDICARE DUAL DEMONSTRATION**

AUTHOR: VERONICA MONES, RN & MARIE MARTIN
REVIEWERS: MARIA CASIAS, RN & JAMES KYLE, MD

2019 WORK PLAN GOALS:

Measures	2019 Goal	*2019 Rate	2019 Goal Met/Not Met
Health Risk Assessment (Core 2.1) Initial *Q3 2018 to Q2 2019	90%	100%	Met
Health Risk Assessment (Core 2.3) Reassessment *2018	51%	28%	Not Met
Members with an ICP Completed CA 1.5 *Q3 2018 - Q2 2019	At or above the CA national average for each quarter	See table below	Not Met
Hospital Bed Days - Excluding OB delivery *Q3 2018 - Q2 2019	1134/K	1200.27	Met
Hospital Admissions - Excluding OB delivery *Q3 2018 - Q2 2019	220/K	258.92	Not Met
Hospital Average Length of Stay - Excluding OB delivery *Q3 2018 - Q2 2019	4.2/K	4.63	Not Met
Readmission rate (PCR) Quality Withhold-CW6 (based on Star rate calculation) *2019 trending at	O/E less than 1	0.61	Met
Emergency Room Visits	688.86	778.54	Not Met
Medication Compliance Diabetes *2019 Trending at	81%	90.23%	Met
Breast Cancer Screening (BCS) *Annual HEDIS	64%	63.66%	Not Met

*Rates calculated for consecutive year based on data availability for trending.

BACKGROUND

The Care Coordination and Quality Improvement Program Effectiveness (CCQIPE) provides the structure for care management processes that enable the provision of coordinated care for our Dual Eligible population (Cal MediConnect). L.A. Care has designed its CCQIPE to meet the individualized needs of the population. The CCQIPE has goals and objectives for the targeted population, including a specialized provider network, uses nationally-recognized clinical practice guidelines, conducts health risk assessments to identify the needs of members and adds services for the most vulnerable members including, but not limited to those who are frail, disabled, or near the end-of-life. The initial CCQIPE developed as part of the Cal MediConnect (CMC) readiness review process was initially approved for the length of the demonstration until 12/31/17 and has been extended until 12/31/2022. In this QI evaluation, the following components of CCQIPE are evaluated: Clinical Practice Guideline compliance, Care Coordination, medication compliance and improving access to preventative health services. Other components of the CCQIPE evaluation are found in the Utilization Management/Care Management evaluation.

RESULTS

The Cal MediConnect program commenced in April 2014 and received first voluntary enrollment of members in May 2014. The performance of the Care Management/Care Coordination measures; Health Risk Assessment, Individualized Care Plan (ICP) and Interdisciplinary Care Team (ICT), are monitored on a monthly basis, compiled on a quarterly basis and reported through regulatory reporting requirements to

Centers for Medicare and Medicaid Services (CMS) and Department of Health Care Services (DHCS) and shared with internal governing committees (Regulatory, Utilization, Quality).

HEALTH RISK ASSESSMENT (HRA) COMPLETION RATES:

The HRA completion rates for CMC were set as a part of the care management work plan goals. The table below reports Q3 2018- Q2 2019- results and the status of the goal and recommendations for 2020 based on the 2019 results.

INTERVENTION AND LOOKING FORWARD

In March 2017, L.A. Care reported a large decline in percentages of completed reassessments from Calendar Year (CY) 2015 to CY 2016.

Root cause analysis identified the following five factors that attributed to the decrease:

- Limited resources and support from Care Management.
- Untimely outreach to members.
- Untimely assignment of cases due for reassessment.
- Inability to obtain timely reassessment compliance reports to track performance.
- Outreach results-members requesting paper HRA or requesting delay in completion.

Intervention in June 2017 was established by monthly monitoring and the following improvement processes:

- Reassignment of annual HRA to Customer Solution Center Even MORE (CSC).
- Established a weekly monitoring process which includes identification of priority cases to ensure timely outreach.
- Weekly monitoring includes identifying unassigned cases by focusing on cases with zero attempts.
- Members due for reassessments are provided with a paper HRA and outreached 3 months prior to the due date to prevent delay in completion.

Health Risk Assessment, Core 2.1 New members with an assessment completed within 90 days of enrollment, excluding unwilling and unable to reach.

2019 Goal	2017 Q3-2016 to Q2-2017	2018 Q3-2017 to Q2-2018	2019 Q3-2018 to Q2-2019	Recommend for 2020 Work plan
Maintain the goal of 90% or greater compliance	97%	100%	100%	Maintain the goal of 90% or greater

Health Risk Assessment, Core 2.3 (Reassessment)

2019 Goal At or above the CA Average	Annual Report	Percent of Currently Enrolled Members That Had a Reassessment Completed During the Current Reporting Period that was Within 365 Days of the Most Recent Assessment Completed During the Previous Reporting Period		Recommend for 2020 Work plan
		CY 2017	CY 2018	
CA Average 51.0%	Rate of HRA Reassessment Completion	31%	28%	51.0%

Members with an ICP Completed, CA 1.5

	* Percent of High Risk Members Enrolled for 90 Days or Longer Who Had an ICP Completed at of the End of the Reporting Period		Percent of Low Risk Members Enrolled for 90 Days or Longer Who Had an ICP Completed as of the End of the Reporting Period		2020 Goal Percent of High Risk Members Enrolled for 90 Days or Longer Who Had an ICP Completed as of the End of the Reporting Period	2020 Goal Percent of Low Risk Members Enrolled for 90 Days or Longer Who Had an ICP Completed as of the End of the Reporting Period
	Q3-2017 to Q2-2018	Q3-2018 to Q2- 2019	Q3-2017 to Q2- 2018	Q3-2018 to Q2-2019		
Percent of Members with ICP Completed	Q3 31.8% Q4 37.3% Q1 58.9% Q2 59.6%	Q3 57.6% Q4 57.4% Q1 58.4% Q2 59.2%	Q3 32.3% Q4 36.1% Q1 57.3% Q2 58.0%	Q3 65.9% Q4 67.0% Q1 73.0% Q2 70.8%	67.7%*	69.5% *
CA Average	Q3 69.7% Q4 70.9% Q1 69.4% Q2 65.1%	Q3 68.8% Q4 69.2% Q1 71.5% Q2 67.7%	Q3 69.9% Q4 71.2% Q1 70.0% Q2 65.0%	Q3 70.2% Q4 70.5% Q1 72.8% Q2 69.5%	*Goal based on last Q CA Avg.	

*This measure reports on High Risk members separately from Low Risk members with each having a different time component for completion.

The decrease in this measure is attributed to an increase in members who are unable to be contacted by customer solutions center to complete a health risk assessment (HRA) or unwilling to participate in the ICP. For 2019 the HRA was the initial document utilized to develop an ICP; therefore, if a member refused to complete the HRA no ICP was completed.

Interventions to Increase ICP Compliance and Care Goals Discussions

- For 2019 forward care plans will be developed regardless if the member is unable to be contacted or unwilling to complete.
- Care Management uses a case management report and care coordination logs for compliance timelines and shares with Clinical Assurance.
 - Currently using the HRA Daily Activity Log
 - Care Management training for data input to allow for data mapping for report generation
 - Quarterly monitoring of compliance rate

LOOKING FORWARD

The CMC management staff will continue to monitor and oversee the key performance measures of internal staff on a monthly basis as a part of the audit process. In addition, care management leadership develop and deploy training to improve ICP and ICT completion and documentation on an on-going basis.

2019 CCOIPE Performance and Outcome Measures

L.A. Care formally adopts and maintains goals against which performance is measured and assessed. Specific goals and health outcomes are included in the Quality Improvement (QI) Program and are monitored quarterly via the QI work plan. On an annual basis, a comprehensive review and analysis is conducted via the QI Program Annual Report and Evaluation. The Annual Report and Evaluation summarizes and highlights the key accomplishments of the quality improvement program for each calendar year specifically for the Cal MediConnect. The report provides a detailed discussion of quality improvement activities in the priority areas of clinical care, patient safety, member experience/satisfaction and access to care. The evaluation documents activities undertaken to achieve work plan goals and establishes the groundwork for future quality improvement activities.

		2019 Benchmark	Data Source	2017 Rate	2018 Rate	2019 Rate	2020 Goal
Hospital Utilization							
Hospital Bed Days Excluding OB delivery	Monitor bi-monthly; measure annually	10% reduction in total bed days/K Target: 1134/k	Claims/ Encounter Data	1165.68/1000 Jul.2016 – Jun.2017	1144.25/1000 Jul.2017 – Jun.2018	1200.27/1000 Jul.2018 – Jun.2019	1134/k
Hospital Admissions Excluding OB delivery	Monitor bi-monthly; measure annually	10% reduction in total bed days/K Target: 220/K	Claims/ Encounter Data	227/1000 Jul.2016 – Jun.2017	235.15/1000 Jul.2017 – Jun.2018	235.15/1000 Jul.2018 – Jun.2019	220/K
Hospital Average Length of Stay Excluding OB delivery	Monitor bi-monthly; measure annually	10% reduction in length of stay Target: 4.2/K	Claims/ Encounter Data	4.84/1000 Jul.2016 – Jun.2017	4.87/1000 Jul.2017 – Jun.2018	4.63/1000 Jul.2018 – Jun.2019	4.2/1000
Readmission rate (PCR) QW-CW6 (based on Star rate calculation)	Monitor bi-monthly; measure annually	Target: O/E Ratio less than 1	HEDIS PCR	9.16%	0.71 Final	0.61 Trending	O/E Ratio less than 1
Ambulatory Services							
Emergency Room Visits	Monitor bi-monthly; measure annually	10% reduction from the previous year Target 765.41	Claims Encounter	722.91/1000 Jul.2016 – Jun.2017	755.99/1000 Jul.2017 – Jun.2018	778.54/1000 Jul.2018 – Jun.2019	688.86
Medication Compliance							
Medication Compliance Diabetes	Monitor bi-monthly; measure annually	82% - 4 Star Rating	Navitus	88% 4 Star Rate	81% 3 Star Rate	90.23% Trending at 5 star	85% 5 Star

2020 WORK PLAN GOALS:

Measures	2020 Goal
Health Risk Assessment (Core 2.1) Initial *Q3 2018 to Q2 2019	Maintain the goal of 90% or greater
Health Risk Assessment (Core 2.3) Reassessment *2018	51.0%
Members with an ICP Completed CA 1.5 *Q3 2018 - Q2 2019	67.7% - 69.5%

G. QUALITY IMPROVEMENT PROJECTS (QIPs, PIPs, & PDSAs)

G.1 REDUCING AVOIDABLE INPATIENT AND EMERGENCY ROOM VISITS FROM THE LONG-TERM CARE SETTING (MEDICARE PDSA) – CMC

AUTHOR: RACHEL MARTINEZ, RN

REVIEWER: MARIA CASIAS, RN & JAMES KYLE, MD

2019 PLAN DO STUDY ACT (PDSA) GOAL

Measure	2019 PDSA Goal
Potentially Avoidable, or non-elective, Hospital Admissions	By 12/31/2019, reduce the rate of potentially avoidable hospital admissions based on a diagnoses based algorithm for nursing facility residents assigned to selected IPA by 10% or 0.04 from CY2018 baseline rate of 0.43.
Potentially Avoidable, or all, Outpatient ED visits	By 12/31/2019, reduce the rate of potentially avoidable ED visits (that did not result in inpatient admission) based on a diagnoses based algorithm for nursing facility residents assigned to selected IPA by 10% or 0.04 of CY2018 baseline rate of 0.43.

BACKGROUND

CMS defines dually eligible beneficiaries as low-income elderly and disabled Medicare beneficiaries who also received certain Medicaid benefits based on their income and states' eligibility standards and coverage provisions. Duals in general are higher utilizers than non-dual Medicare beneficiaries. Data as of 2012 found that 97.4% of duals access services compared to 85.5% of non-duals. 25.8% of duals have an inpatient hospitalization versus 14.8% of non-duals. Duals also rely on skilled nursing facilities at a higher rate than non-duals which results in higher spending. In 2012, the average skilled nursing facility payment for a dual beneficiary was \$1335 compared to \$521 for a non-dual beneficiary.³⁴

Many Long-Term Care (LTC) facility residents are enrolled in both the Medicare and Medicaid programs (Medicare-Medicaid enrollees) and rely on well-coordinated and consistent care management to stabilize their physical and emotional health. In 2010, CMS data showed that the rate of potentially avoidable hospitalizations for dually-eligible beneficiaries in LTC facilities was 227 per 1,000 beneficiaries.³⁵ Initiatives currently in place are targeting this area and have already shown some improvement, with a rate of 157 per 1,000 in 2015. Approximately 45% of hospital admissions among individuals receiving either Medicare skilled nursing facility services or Medicaid nursing facility services could have been avoided, accounting for 314,000 potentially avoidable hospitalizations and \$2.6 billion in Medicare expenditures in 2005.

³⁴ <http://www.medpac.gov/docs/default-source/data-book/june-2016-data-book-section-4-dual-eligible-beneficiaries.pdf?sfvrsn=0> (accessed 2017)

³⁵ <https://blog.cms.gov/2017/01/17/data-brief-sharp-reduction-in-avoidable-hospitalizations-among-long-term-care-facility-residents/> (accessed 2017)

Potentially avoidable inpatient hospitalizations are expensive, disruptive, and disorienting for frail, dual members. LTC facility residents are especially vulnerable to the risks that accompany hospital stays and uncoordinated transitions between LTC facilities and hospitals, including medication errors and hospital-acquired infections. A principal desired outcome of the PDSA is to reduce potentially avoidable inpatient hospitalizations and potentially avoidable ED visits for L.A. Care Cal MediConnect members residing in nursing facilities assigned to the selected IPA (AppleCare) during the duration of the time period measured, 1/1/2019-8/31/2019. Data is shared below.

MAJOR ACCOMPLISHMENTS

- L.A. Care developed a summary report of potentially avoidable hospitalizations and ER visits and distributed this to AppleCare to discuss with the facilities. The report includes diagnoses that occurred multiple times, where the patient discharged from the hospital to, the number of cases labeled with a secondary diagnosis that was different from the first, and the number of cases that were potentially avoidable based on the diagnoses based algorithm.
- L.A. Care collaborated with AppleCare to ensure on-call availability of a nurse practitioner or physician to provide timely triage advice when symptoms are identified for diagnostic and treatment interventions.
- AppleCare conducts daily inpatient rounds and weekly readmission rounds.
- AppleCare continues to educate staff, administrators, and the Director of Nursing (DON) to facilitate early identification of changes in clinical status that warrant further evaluation, and communication of changes in status to the assigned nurse practitioner or on-call practitioner and continue to use “Stop and Watch” tool at LTC Facilities.
- L.A. Care in collaborative with MLTSS department shares with AppleCare their monthly census of CMC members residing at a LTC facility through sFTP site. This has allowed AppleCare to identify their assigned members and LTC location in order to potentially avoid hospitalizations and ED visits.

DESCRIPTION OF MEASURES

Measure	Specific Indicator(s)	Measure Type
Potentially Avoidable (Non- Elective) Hospital Admissions	Reduce the baseline rate of potentially avoidable hospital admissions for nursing facility residents assigned to select IPA by 10% or 0.04 from CY2018 baseline rate of 0.43.	Administrative
Potentially Avoidable Outpatient ED visits	Reduce the baseline rate of potentially avoidable outpatient ED visits (that did not result in inpatient admission) for nursing facility residents assigned to select IPA by 10% or 0.04 from CY2018 baseline rate of 0.43.	Administrative

RESULTS

Table 1.0 Rates of Potentially Preventable Hospitalizations per Thousand Members per Year (PTMPY)

	CY 2018	Jan-19	Feb-19	Mar-19	Apr-19	May-19	Jun-19	Q1	Q2
AppleCare avoidable admission rate per 1,000 member per year (PTMPY)	0.43	0.77	0.00	0.00	0.00	0.98	1.15	0.26	0.71
Number of avoidable admissions	7	1	0	0	0	1	1	1	2
Total number of admissions	49	4	2	4	1	2	1	10	4

Table 2.0 Table Rates of Potentially Preventable ED Visits per Thousand Members per Year (PTMPY)

	CY 2018	Jan-19	Feb-19	Mar-19	Apr-19	May-19	Jun-19	Q1	Q2
AppleCare avoidable ED rate per 1,000 member per year (PTMPY)	0.43	0.77	0.00	0.00	0.00	0.00	0.00	0.26	0.38
Number of avoidable ED visits	7	1	0	0	0	0	0	1	1
Total number of ED visits	43	4	3	5	2	1	1	12	5

METHODOLOGY

L.A. Care calculates the rates using data submitted directly by AppleCare to avoid a claims lag when reporting rates. AppleCare submit their admission data to L.A. Care. L.A. Care calculates rates for all hospitalizations and ED visits, uses Ambulatory Care Sensitive Conditions (ACSC) developed by AHRQ to determine “avoidable” admissions. L.A. Care provides rates based on this methodology back to AppleCare on a monthly basis.

Quantitative Analysis

The rates for 2018 are based on the ED Visits and Hospitalizations provided to L.A. Care by the IPA. The tables above are for Potentially Preventable Rates for Admissions and ED visits only as this is the focus of the PDSA. Due to the small sample size of members, less than 50, we have included the denominator for total admissions and ED visit reported by the AppleCare and the Numerator is the potentially avoidable admissions or ED visits.

The 2018 rate for AppleCare for potentially preventable hospitalizations was 0.43 (PTMPY). AppleCare’s potentially avoidable ED visits rate was 0.43(PTMPY). The number of members in a long-term care facility are small. This makes it difficult to identify a statistically significant change and has led to the fluctuations in the month to the month rates.

In Q1 for AppleCare we can see that there is a decrease for both potential avoidable admissions and ED visits from baseline of 0.26 from 0.43 which is a 0.17 decrease. However, in Q2 for potentially avoidable hospitalizations there is an increase from CY2018 from 0.43 to 0.71 which is a 0.28 increase. With potentially avoidable ED visits in Q2 rate is 0.38 which continues to be less than CY2018 by 0.05.

BASELINE DATA

Qualitative Analysis

L.A. Care worked to develop and continue interventions that address identified barriers to improve the rates of potentially avoidable hospital admissions and ED visits among nursing facility residents assigned to AppleCare for this project. To identify members at risk of hospital or ER admission, L.A. Care, along with AppleCare, continued to focus on timely identification and communication of changes in clinical status, using the INTERACT “Stop and Watch” tool and reinforcing use of the “Situation, Background, Assessment, Recommendation”(SBAR)³⁶ for effective communication of any pertinent changes to the on-call practitioner. These interventions build on existing one-page resource sheets that are placed in the patient’s chart to identify the responsible IPA with on-call contact information and contracted hospitals. On-call availability of a nurse practitioner or physician to provide timely triage advice when symptoms are identified for diagnostic and treatment intervention. In order to better coordinate management of information to the AppleCare about potentially avoidable hospitalizations and ER visits, L.A. Care developed a summary report of information including diagnoses that occurred multiple times, where the patient discharged from the hospital to, the number of cases labeled with a secondary diagnosis that was different from the first diagnosis, and the number of cases that were potentially avoidable based on the diagnoses based algorithm. AppleCare conducts daily inpatient rounds and weekly readmission rounds. AppleCare continues to educate staff, administrators, and the DON to facilitate early identification of changes in clinical status that warrant further evaluation, and communication of changes in status to the assigned nurse practitioner or on-call practitioner and continue to use “Stop and Watch” tool at LTC Facilities.

AppleCare communicated to L.A. Care that they were unable to act on behalf of some of their assigned CMC members because they were unaware of the LTC location. L.A. Care in collaboration with MLTSS department share with AppleCare their monthly census of CMC members residing at a LTC facility through sFTP site. This will allow AppleCare to identify their assigned members and LTC location to further assist in potentially avoidable admissions and ED visits. L.A. Care meets with AppleCare on a monthly basis or as needed.

INTERVENTIONS

Measures	Barriers	Actions
Potentially Avoidable (Non-Elective) Hospital Admissions & Potentially Avoidable Outpatient ED visits	<ul style="list-style-type: none"> Los Angeles County encompasses a widespread service area with a large number of LTC facilities and a disproportionate geographic distribution of LTC facilities. Some geographic areas have a sparse concentration of LTC facilities. This results in wide variation in care experienced by members residing in nursing facilities. L.A. Care CMC members living in an institution who fall into the denominator for this project is now small population, given the departure of Prospect IPA. 	<ul style="list-style-type: none"> L.A. Care held monthly meetings with IPA to improve consistency in collaboration. L.A. Care confirmed that one-page resource sheets are placed in the patient’s chart to identify the responsible IPA with on-call contact information and contracted hospitals. An on-call nurse practitioner or physician provide timely triage advice when symptoms are identified for diagnostic and treatment interventions.

³⁶ <http://www.pathway-interact.com/wp-content/uploads/2017/04/Assisted-Living-Stop-and-Watch.pdf>

Measures	Barriers	Actions
	<ul style="list-style-type: none"> • The management of members residing in nursing facilities requires a collaboration among the medical group, nursing facility, hospital, and L.A. Care Health Plan. This partnership has been inconsistent and variable depending on the medical group, hospital, and nursing facility involved. • The availability of on-site practitioners varies depending on the nursing facility and IPA. A best practice is the availability of on-site medical practitioners at LTC facilities in addition to 24/7 on-call coverage. This allows for diagnosis and treatment of members in a facility and may reduce the need for a transition to another care setting. • Facilities have staff turnover thus affecting the consistency of staff contacting the appropriate NP on member’s chart to identify potentially avoidable admissions and ED visits based on signs and symptoms from tool. • Due to encounter data lag, L.A. Care does not receive data timely enough to review during the PDSA cycle quarters from this data source. • Data sharing between AppleCare and L.A. Care has been inconsistent. Initially the correspondence was done by secure email to protect PHI, however AppleCare correspondent has been unable to retrieve the data as of March 2019, and this has caused a delay in providing the monthly summary to AppleCare for potentially avoidable admissions and ED visits. • AppleCare shared with L.A. Care their lack of information regarding their assigned members and the LTC facility the member is residing at. This has delayed AppleCare’s ability to act on behalf of the members where the LTC facility is unknown. • AppleCare has agreed to service CMC members at 80 LTC facilities that are within a geographical services area for their contracted providers, however for those CMC members who are assigned 	<ul style="list-style-type: none"> • AppleCare continue to educate staff, administrators, and the DON to facilitate early identification of changes in clinical status that warrant further evaluation, and communication of changes in status to the assigned nurse practitioner or on-call practitioner and continue to use “Stop and Watch” tool at LTC facilities. • L.A. Care provides to AppleCare information about all and potentially avoidable hospitalizations and ED visits, so that they may review with their facilities. The information will be in a summary report format and will include primary and secondary diagnoses, discharge outcome (back to LTC facility, other location or death), the number of cases labeled with a secondary diagnosis different from the primary diagnosis, and the number of cases that were potentially avoidable based on the diagnosis based algorithm. • AppleCare conducts daily inpatient rounds and weekly readmission rounds. • L.A. Care will utilize a sFTP site to coordinate secure data sharing with AppleCare. • L.A. Care obtained from its MLTSS department the census for CMC members residing at a LTC facility. This was created from approved authorizations for LTC, and consists of member’s CIN, name, assigned IPA, LTC facility and assignment. L.A. Care shares this census with AppleCare through sFTP site to further assist AppleCare in managing the members at the LTC.

Measures	Barriers	Actions
	outside those facilities, AppleCare has a difficult time coordinating their care.	<ul style="list-style-type: none"> <li data-bbox="1052 222 1474 409">• L.A. Care in collaboration with MLTSS department plans to provide AppleCare with a monthly census of their assigned member and the LTC facility where the member is residing

LOOKING FORWARD

L.A. Care plans to continue to meet with AppleCare IPA on a monthly basis, or more as needed. L.A. Care with the assistance of MLTSS department and IT, will provide AppleCare with a census of their assigned members and the LTC facility the member can be located at, via secure sFTP site. This will assist AppleCare in preventing potentially avoidable admission and ED visits for their assigned CMC members living at a LTC. L.A. Care will continue to collaborate with the AppleCare IPA to evaluate the intervention and identify new interventions for their newly identified members. Due to the barriers and low performance L.A. Care is transitioning the model of care for these members from iPPG model to SNFist model. The current interventions will continue while L.A. Care determines next steps.

G.2 HSAG/DHCS: CAL MEDICONNECT MEDICARE-MEDICAID INDIVIDUALIZED CARE PLAN (ICP) (PIP) (2018-2020)

AUTHOR: KEREN MAHGEREFTEH, MPP

REVIEWER: MARIA CASIAS, RN & JAMES KYLE, MD

BACKGROUND

This performance improvement project aims at increasing the number of completed individualized care plans (ICP) for high risk and low risk Cal MediConnect (CMC) members. It also aims to increase the number of members who received an ICP and had care goals discussed. Individualized Care Plans are a crucial part of taking care of older adult/elderly CMC members. One of the most significant reasons to have an individualized care plan for CMC members is to decrease the possibility of illness or accidents.³⁷ It also allows for CMC members to have optimal functioning within their limitations. An individualized care plan consists of identifying a problem (or potential problem), outlining the steps to solve it, and re-evaluating those steps after a certain length of time, or when circumstances change³⁸.

The intervention for the ICP Performance Improvement Project (PIP) is a cross functional effort. It includes collaboration between Care Management, Quality Improvement, Clinical Assurance and Medicare Operations.

STUDY QUESTION

Do targeted interventions increase the percentage of eligible members with the ICP completed (CA 1.5) and the percentage of eligible members with documented discussion of care goals (CA 1.6).

GOAL OF THE PIP

Improve and implement new processes that will increase the completion rate of an Individualized Care Plans and the documented discussion of care goals for our beneficiaries that will lead to improved health outcomes and member experience.

State Designated Goal or Benchmark: To achieve statistically significant improvement over the prior year.

Measure 1.5:	
1. CMC members initially stratified as high risk, enrolled 90 days or longer at the end of the reporting period and had an Individualized Care Plan completed.	Baseline rate -2017 Q4 37.27% Remeasurement 1 Period Goal: 39% Q1 2018 59% Q2 2018 60% Q3 2018 58% **Q4 2018 57% Statistically significant results for 2018 Remeasurement 2 period goal 60% Q1 2019 58% Q2 2019 59%

³⁷ <https://blog.ioaging.org/home-care/individualized-care-plans-crucial-part-play-senior-homecare/>

³⁸ <https://blog.ioaging.org/home-care/individualized-care-plans-crucial-part-play-senior-homecare/>

Measure 1.5:	
2. CMC members initially stratified as low risk, enrolled 90 days or longer at the end of the reporting year and had an ICP completed.	Baseline rate- 2017 Q4 36.06% Remeasurement 1 Period Goal: 40% Q1 2018 57% Q2 2018 58% Q3 2018 66% **Q4 2018 67% Statistically significant results for 2018 Remeasurement 2 period goal 70% Q1 2019 73% Q2 2019 71%

Measure 1.6:	
1. CMC Members who had an Individualized Care Plan (ICP) and had at least one documented discussion of care goals in the initial ICP.	Baseline rate for 2017 100% Remeasurement 1 Period Goal: 100% Q1 2018 100% Q2 2018 96% Q3 2018 100% Q4 2018 100% Remeasurement 2 period goal 100% Q1 2019 100% Q2 2019 100%

INTERVENTION

Scorecard to be provided to delegates on a quarterly basis to all PPG’s. The scorecard will have their ICP completion rate and will rank them among peers. In addition, the Clinical Assurance team will review 30 cases quarterly to ensure that the ICP’s have at least one care goal discussed. Feedback will be provided to the delegates if care goals are not documented. This occurs through the use of scorecards which show the compliance rate for each delegate.

BARRIERS

Some of the identified barriers of the PPGs not receiving feedback is that L.A. Care’s Clinical Assurance team has been short staffed and has not had the bandwidth to provide the feedback to delegates in a timely manner. Another, a barrier that was identified in regard to the delegates is that they don’t always have a large population so their compliance rate can easily fluctuate. Additionally, some PPGs have undergone leadership changes and staff changes which can serve as a barrier to keep compliance rates up. If a PPG demonstrates continued poor performance L.A. Care will issue a corrective action plan.

ICP PIP RESULTS

Study Indicator 1 (CA 1.5), the percentage of high risk members enrolled for 90 days or longer who had an ICP completed, had a rate for Q2 2019 of 59%. The baseline rate (Q4 2017) was 37% and the remeasurement year period goal is 60%. In Q1 2019 the rate was 58%. This shows that study indicator 1 is one percentage points below the measurement year goal. However, it is 22 percentage points above the baseline rate (Q4 2017) and is 1 percentage point above Q1 2019.

For Study Indicator 2 (CA 1.5), the percentage of low risk members who were enrolled for 90 days or longer and had an ICP completed, had a rate for Q2 2019 of 71%. The baseline rate (Q4 2017) was 36% and the remeasurement year goal is 70%. In Q1 2019 the rate was 73%. This shows that study indicator 2 is one percentage points above the measurement year goal. It is 35 percentage points above the baseline rate (Q4 2017) and is 2 percentage points below Q1 2019.

Both study indicator 1 and 2 had a percentage point increase from Q4 2018 to Q1 2019. In Q1 2019, CA reporting requirements were updated by CMS to stipulate high risk members must be enrolled for 90 days or longer and still be enrolled until the last day of the reporting period. Previously, these members could be disenrolled and still be included. This change only impacts CA 1.5 high risk.

For Study Indicator 3 (CA 1.6), the percentage of members with a documented discussion of care goals, L.A. Care's baseline rate was 100%. The rate for Study Indicator 3 is reported annually by all MMPs. L.A. Care's Clinical Assurance Team monitors compliance on a quarterly basis by randomly selecting a sample of 30 charts. In Q2 2019 the rate was maintained at 100%.

We continue to believe the scorecard is a valuable intervention and is contributing to the maintenance and improvement in the rates since there has been improvement among our PPGs. In Q1 2019, the average overall compliance rate for all groups including L.A. Care was 78%. Two of the groups received a 100% compliance rate and nine of the groups had a compliance rate between 95%-73%. Among the 15 groups in Q1 2019 the three lowest performing groups were Health Smart, HealthCare Partners and Cedars-Sinai Medical Group. But, overall the PPGs have improved over time and we plan to continue the intervention with only the slight changes noted earlier. Cedars-Sinai Medical Group is the lowest performing group with a 0% compliance rate in January, February and March of Q1 2019. In March 2019 Seoul Medical Group's contract terminated. They only provided HRA information for January 2019. In January 2019 Seoul Medical Group had a 100% compliance rate.

In Q2 2019, the average compliance rate for all groups including L.A. Care was 67%. One group received a 100% and eight of the groups had a compliance rate between 98%-67%. Among all of the groups in Q2 2019 the three lowest groups were HealthSmart, Cedars-Sinai Medical Group and Seoul. Cedars-Sinai Medical Group's contract was termed on 4/30/19 and Seoul's contract was termed on 3/31/19.

When comparing Q1 2019 to Q2 2019 the overall compliance rate dropped 11 percentage points. In Q2 2019 one contract was termed and therefore had a compliance rate of 0% in April and no score in May and June. In Q2 2019 another one of the groups only reported in April with a rate of 0% and no score was reported in May and June. Additionally, one of the groups that was reporting in Q1 2019 had their contract termed on the last day of the quarter 3/31/19 and were not included in Q2 2019. In the beginning of Q1 2019 there were 15 groups including L.A. Care that were part of this intervention and at the end of Q2 2019 there were 13 groups including L.A. Care that remained part of the intervention.

LOOKING FORWARD

We will continue this PIP and intervention into 2020 and look to make statistically significant improvement over the prior year.

G.3 DIABETES DISPARITY PERFORMANCE IMPROVEMENT PROJECT (PIP)

AUTHOR: CAROLINA COLEMAN, MPP

REVIEWER: MARIA CASIAS, RN & JAMES KYLE, MD

2019 DIABETES DISPARITY PERFORMANCE IMPROVEMENT PROJECT (PIP) GOAL:

Measure	2019 PIP Goal
Proportion Days Covered (PDC) for diabetic agents in African American Medi-Cal Direct (MCLA) members 35-45 years old	38%

BACKGROUND

Treatment of diabetes involves diet and physical activity, along with lowering blood glucose with oral medications and/or insulin. Medication therapy is typically required and adherence is paramount to achieving desired clinical outcomes. Adherence can be challenging and lower adherence rates have been observed among certain ethnic groups including African Americans.

L.A. Care conducts Performance Improvement Projects (PIPs) for its Medi-Cal population as mandated by the Department of Health Care Services (DHCS) in areas in need of improvement. For the 2017-2019 PIP cycle, L.A. Care selected adherence to diabetic agents in the African American population because a disparity was evident when compared with other racial and ethnic group and diabetes management is an organizational priority. The population was further narrowed down to members ages 35 to 45, because the disparity was widest amongst this group. Department of Health Services (DHS) members were excluded because of limitations on pharmacy data for medications filled at DHS sites.

The global aim of the PIP was to improve the health of people with diabetes by optimizing disease management. The Specific, Measureable, Achievable, Realistic, and Timely (SMART) Aim was to, by June 30, 2019, decrease the rate of African American Medi-Cal Direct members 35-45 years old, who are not assigned to DHS and have a PDC for diabetes medication of less than 0.8, from 54% to 38%. The baseline rate was determined by the PDC of the target population from September 2016 through August 2017.

PLAN-DO-STUDY-ACT (PDSA) INTERVENTION

Based on the failure modes and key drivers identified, L.A. Care tested the following interventions:

Intervention 1: L.A. Care staff contacted members who missed at least one refill by phone to address barriers the member faces and offer solutions, inform members of a mail order program in which they can receive a 90-day supply of medication, and attempt to secure refills for the member.

Intervention 2: L.A. Care launched a public awareness campaign focused on the importance of medication adherence in a high volume zip code. QI in collaboration with the Marketing department purchased advertisements in billboard and bus shelter format with messaging customized to appeal to the target population.

PDSA RESULTS

Both interventions showed some success. For the barrier calls, half of those successfully reached filled their medication after the call - this was a lower success rate than we would have liked but still shows some effectiveness. Unfortunately, this amounted to only 59 members, and thus was not a large enough group to reach the goal, given the monthly denominator of approximately 350. For the public awareness campaign,

two thirds of members in the target region filled their medication during the two-month testing period. While we did not meet the SMART Aim goal, we were able to move closer to the goal rate, improving from baseline, once the interventions were in place. During the call intervention, the rate of members with PDCs lower than 0.8 fell to as low as 44%, from the baseline of 54%.

Over time, it became clear that it usually takes multiple consecutive months of adherence for members to increase their PDC from nonadherent (<0.8) to above 0.8. While 32 members refilled their medication in the month of or the month after the call, only nine were able to increase their PDC to 0.8 or higher during the testing period. The rolling 12-month methodology meant that even though they became adherent after the call, their prior history of nonadherence made it difficult to increase PDC rates to the benchmark.

Additionally, it was challenging to meet the SMART Aim goal given that some members in the denominator may have been included inappropriately. Of the members we reached by phone, 12% indicated that they do not have diabetes and an additional 9% indicated that their provider had discontinued their medication. In these cases, it is both inappropriate to be monitoring PDC and to be promoting medication use, but these members are considered part of the denominator.

Barriers Cited by Members Successfully Contacted Through PIP	
Barrier	Cited by % of Members Reached
"None"	29%
Changed dosage or frequency (includes MD discontinuing)	13%
Side effects	12%
Forgetfulness	12%
"Not diabetic"	12%
MD office delay with authorizing refills	9%
Lack of understanding or indication or instruction	6%
Difficulty obtaining a refill from pharmacy	6%
Want to change PCP	4%
Transportation	3%

Percentages do not add to 100%, as members sometimes cited multiple barriers

The public awareness campaign was launched in May 2019 – the billboard advertisement can be seen below. The results in May and June show some change in behavior amongst the members in the target region, although we would have preferred to test the intervention for a longer period of time. A total of 66% of members in the target region had a fill during the intervention period. This is a higher rate of fills than with the call campaign. Nearly half (46%) of members increased their PDC from the baseline of 5/1/19 to the end of the intervention 6/30/19, with two members increasing from below 0.8 to above 0.8. A total of 57% of members filled their medication in June after the launch of the ads, an increase from the baseline three-month average of 41%.

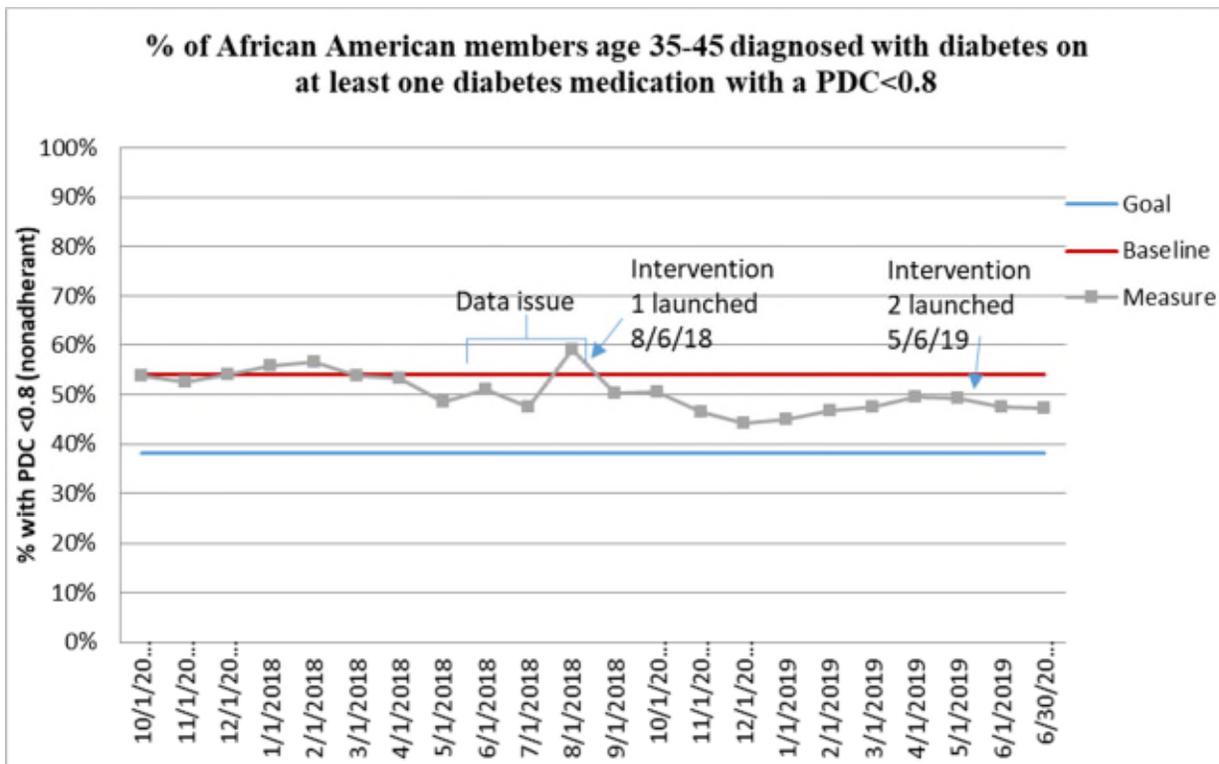


I take my **DIABETES** medications so I can be there for my family.



lacare.org/diabetes

Ultimately, we feel that the second intervention was not implemented for long enough to fully evaluate effectiveness, particularly given that it generally takes multiple months to significantly increase PDC values using the rolling 12-month methodology. The rate of fills during a given month increased during the intervention period in the targeted zip codes, showing some evidence of success. Although again, the number of members impacted by the intervention was too small to meet the SMART Aim. We would have preferred to test this intervention for longer than two months and preferably in a larger region with a higher denominator, if the resources are available.



We saw some improvement to the SMART Aim as a result of both of the interventions, but the number of members impacted through the interventions was too small to reach the goal. For each of the intervention effectiveness measures, some improvements to PDC and fill rates were demonstrated, but only for about half of members. The remaining half of members seem to need additional or alternative interventions.

LESSONS LEARNED:

- Forgetfulness is often not the primary barrier to medication nonadherence. Only 12% of members reached via call cited forgetfulness as a barrier.
- Nearly a third (29%) of members claim they don't face barriers of any kind to obtaining refills or taking medication, despite our records indicating nonadherence. This may indicate that members are unwilling to share information with the health plan.
- Half of members reached did not positively respond to outreach from L.A. Care by engaging with the call representative and did not refill their medication as coached.
 - Some members have a desire not to be on medication, not feeling sick/understanding the importance of diabetes control, and/or feeling unable to commit to taking medications due to other priorities.
- Members were resistant to switching to mail order refills.
- More than a quarter of members can be expected to disenroll over an approximately nine-month period.
- It takes multiple months of adherence to bring members from a PDC of <0.8 to above 0.8.
- Most members already receive refill reminders from their pharmacies.
- Younger adult members may be harder to engage in medication adherence.
- Health-focused advertisements do not drive traffic to webpages.

LOOKING FORWARD

Because we were only able to reach a small fraction of eligible members through phone calls, and thus were not able to meet the SMART Aim, L.A. Care does not plan to continue contacting members who have missed refills. We hope to re-launch the public awareness campaign in the future.

G.4 L.A. CARE COVERED (LACC) DISPARITY QUALITY IMPROVEMENT PROJECT (QIP)

AUTHOR: MARINA ACOSTA, MPH & LYNNE KEMP, MPH

REVIEWER: NAI KASICK, MPH/MARIA CASIAS, RN & JAMES KYLE, MD

2019 LACC DISPARITY QUALITY IMPROVEMENT PROJECT (QIP) GOAL:

Measure	2019 QIP Goal
Percentage of American Indian/Alaskan Natives (AIAN) and Black/African-Americans (BAA) adult members with diabetes with an HbA1c (<8%).	46.53% (AIAN) 44.05% (BAA)

BACKGROUND

It is well established that diabetes disproportionately affects Black/African-Americans (BAA) and American Indian/Alaskan Natives (AIAN) nationally and in L.A. County. Nationally, AIAN population has the highest diabetes prevalence at 15.1%, and second is BAA at 12.7%; these figures are in comparison to White, non-Hispanic at 7.4%³⁹. In Los Angeles County, BAA and AIAN populations have the highest prevalence of diabetes (13.7% and 15.2% respectively) compared to the general population rate (9.8%)⁴⁰.

L.A. Care HEDIS data confirms the existence of disparities within the BAA and AIAN populations. HEDIS 2018 HbA1c (<8%) aggregate results of Medi-Cal and L.A. Care Covered (LACC) combined show that BAAs (43.26%) and AIANs (41.11%) are approximately 4% and 6% respectively lower than the overall population (47.00%) and the White population (47.40%).

As a result, for the new required Covered California Quality Improvement Plan (QIP) in which plans were required to identify a health disparity and prioritize a subgroup, L.A. Care selected the measure of improving uncontrolled diabetes due to the observed disparity of this measure among the L.A. Care Covered (LACC). We plan to implement all parts of the intervention by January 2020. The interventions will be ongoing as measurement year 2020 will be used to evaluate the effectiveness of the interventions based on the annual data submission to Covered California.

GOAL

As a result of these identified racial/ethnic disparities, the goal of the Quality Improvement Project (QIP) is to implement interventions that will reduce disparities observed in uncontrolled diabetes for L.A. Care populations that indicate that they are BAA and AIAN as measured by HbA1c (<8.0%).

PLANNED INTERVENTIONS

To reduce uncontrolled diabetes in the target populations, L.A. Care will implement a multi-pronged intervention approach including member, provider, and administrative interventions.

Member Interventions

L.A. Care will be promoting, encouraging and incentivizing LACC BAA and AIAN participation in an online American Diabetes Association-recognized Diabetes Self-Management Education (DSME) program available through L.A. Care's health and wellness portal, My Health in Motion™. The Program is six to eight weeks in duration and focuses on a new topic related to diabetes education which will increase members' awareness and self-efficacy. The content is designed to motivate members and their management

³⁹ Centers for Disease Control. (2017). National Diabetes Statistics Report, 2017: Estimates of diabetes and its burden in the United States. Retrieved from <https://www.cdc.gov/diabetes/pdfs/data/statistics/national-diabetes-statistics-report.pdf>

⁴⁰ County of Los Angeles Public Health. (2015) 2015 L.A. County Health Survey. Retrieved from <http://publichealth.lacounty.gov/ha/LACHSDataTopics2015.htm>

of their blood sugar. Members will have the ability to communicate directly with L.A. Care's Senior Health Educators and the vendor's Registered Dietitians through the portal. Members are eligible to receive an incentive, a \$75 gift card redeemable at a retailer of members' choice, upon receipt of post-programs (immediate and 3-months) self-reported behavior change and blood glucose or HbA1c levels.

Provider Interventions

In parallel with the member intervention, L.A. Care will increase provider engagement by sending information about this disparity intervention, provide a list of eligible patients, encourage clinicians to review and adhere to current clinical guideline and include up-to-date medication list from L.A. Care's formulary, and referrals information to L.A. Care's Registered Dietitians. The Pharmacy Department, Health Education and Health Services departments are working collaboratively to operationalize this component of the program.

Administrative Interventions

In order to capture any missing lab data, L.A. Care is working to increase lab results capture for those members that already received services, but capture missing lab data from the measurement year. L.A. Care will establish a file exchange system to receive lab data directly from a limited Participating Physician Groups (PPGs) contracted laboratories that currently do not have the ability. This will enable L.A. Care to capture better data for BAA and AIAN members.

PCPs will also receive updated gaps-in-care reports with members that are missing tests to encourage providers to complete tests to better manage members' diabetes and improve capture of lab data and related services.

Finally, Quality Improvement and Provider Network Management staff will track and update changes to PPG lab providers and serve as liaison to provider organizations and lab providers.

EVALUATION METHODS

This intervention will be evaluated by annual HbA1c testing and results reported to Covered California annually through HEDIS 2022.

The following evaluation methods will also be utilized:

- DSME online program initiation, participation, and completion rates
- Post-DSME program survey results
- Blood glucose or HbA1c levels
- Enhancement of lab encounter/claims data (accuracy, timely or competence)
- HbA1c results reported annually to Covered California through 2022

EXPECTED YEAR OVER YEAR IMPROVEMENT

	H2016 (MY 2015)	H2017 (MY 2016)	H2018 (MY 2017)	H2019 (MY 2018)	H2020 (MY 2019)	H2021 (MY 2020)	H2022 (MY 2021)	H2018 (MY 2017) VS H2022 (MY 2021)		
Metric Description	Reported Rate	Reported Rate	Reported Rate	Reported Rate	Projected Rate	Projected Rate	Projected Rate	Z test H2018 (MY 2017) VS H2022 (MY 2021)	p < value	Test of Significance
American Indian, Alaskan										
Diabetes Care: A1C Control < 8.0% (NQF 0575)	31.29%	38.75%	41.11%	37.37%	46.53%	49.24%	51.95%	2.0130	0.0441	YES
Black or African American										
Diabetes Care: A1C Control < 8.0% (NQF 0575)	37.30%	36.07%	43.26%	43.88%	44.05%	44.42%	44.80%	2.1424	0.0322	YES

The current rate for HbA1c for AIAN (41.11%) and BAA (43.26%) was entered into a “z-test” calculator to identify the rates needed to yield statistically significant improvements – in this case AIAN (51.95%) and BAA (44.80%). The difference was divided by four years to identify year-to-year improvement or 2.71% and 0.39% per year, respectively, assuming membership remains relatively stable.

The member, provider and administrative interventions build upon each other to address HbA1c disparities in LACC BAA and AIAN populations. Members need to be educated and supported in behavior changes to effectively manage their chronic condition. Treatment of diabetes involves a healthy diet and physical activity, along with lowering blood glucose with oral medications and/or insulin.⁴¹ Diabetes self-management education (DSME) provides members with education and tools to implement behavior changes, which can eventually lead to improved glycemic levels. DSME is a necessary component to prevent further complications from the disease.⁴² Providers play an important role in assisting members control chronic conditions such as diabetes. They must clearly communicate to members the severity, necessity and actions to take in order to manage their diagnosis. Providers’ failure to stress disease management to members, also known as clinical inertia, may impact members’ reluctance or lack in acuity to control HbA1c levels. To avoid clinical inertia, interventions that educate, inform and remind providers of appropriate guideline therapies, especially for more impacted populations, will facilitate behavior change and hopefully improve HbA1c numbers.⁴³ Finally, there is an opportunity to streamline data collection process to increase efficiency and accuracy for quality reporting and monitoring. Thus, it is our belief with these combined activities L.A. Care will reach projected goals for disparities observed with HbA1c >8 for LACC BAA and AIAN populations.

LOOKING FORWARD

Currently all interventions efforts are being operationalized. It is expected that all interventions will implemented in the Winter of 2019. This intervention will be ongoing as measurement year 2020 will be used to assess the performance guarantee for the intervention based on the annual data submission.

⁴¹ World Health Organization. (2018). Diabetes. Retrieved from <https://www.who.int/en/news-room/fact-sheets/detail/diabetes>

⁴² Hass, L. & Maryniuk, M. (2014). National Standards for Diabetes Self-Management Education and Support. Diabetes Care. DOI: 10.2337/dc14-S144

⁴³ Okemah, J., Peng, J. & Quiñones, M. (2018). Addressing Clinical Inertia in Type 2 Diabetes Mellitus: A Review. Advances in Therapy. DOI: 10.1007/s12325-018-0819-5

G.5 CHILDHOOD IMMUNIZATION STATUS COMBINATION-3 (CIS-3) PERFORMANCE IMPROVEMENT PROJECT (PIP)

AUTHOR: CAROLINA COLEMAN, MPP

REVIEWER: MARIA CASIAS, RN & JAMES KYLE, MD

2019 CIS-3 PERFORMANCE IMPROVEMENT PROJECT (PIP) GOAL:

Measure	2019 PIP Goal
CIS-3 completion amongst children turning two in the San Gabriel Valley	51%

BACKGROUND

Vaccines continue to be one of the safest and most cost-effective ways to provide immunity and prevent illness, disability and death from vaccine-preventable diseases such as diphtheria, tetanus, pertussis, and pneumonia. The pediatric population are one of the most vulnerable populations to diseases; hence, it is important that vaccines are given to protect them.

L.A. Care conducts Performance Improvement Projects (PIPs) for the Medi-Cal population as mandated by the Department of Health Care Services (DHCS) in areas in need of improvement. For the “DHCS-Priority” PIP, L.A. Care chose to focus on the CIS-3 measure due to its importance as an auto-assignment and External Accountability Set measure, and its impact on the CIS-10 accreditation measure.

The global aim of the PIP was to improve children’s health by reducing vaccine preventable illnesses, disabilities, and deaths. The Specific, Measureable, Achievable, Realistic, and Timely (SMART) Aim was to, by June 30, 2019, increase the rate of CIS-3 completion by age two in the San Gabriel Valley from 40.9% to 51%. The baseline rate was based on CIS-3 completion in the San Gabriel Valley (Regional Community Advisory Committee region 3) from January to December 2016. The San Gabriel Valley was selected as the narrowed focus because it is a low performing area, with a manageable denominator of approximately 1,700 members.

PLAN-DO-STUDY-ACT (PDSA) INTERVENTION

Based on the failure modes and key drivers identified, L.A. Care selected the following intervention:

L.A. Care offered assistance to provider offices who do not actively utilize the California Immunization Registry (CAIR). Assistance will focus on connecting EHRs to CAIR and/or coaching staff on data entry and use of CAIR. During this process, providers will also be educated about the Advisory Committee on Immunization Practices (ACIP) immunization schedule, utilizing written materials that document the schedule, and will be provided with culturally sensitive member materials. Providers and/or staff will be trained on how to run reminder recall reports and generate custom letters and reminder cards in CAIR. A Plan-Do-Study-Act (PDSA) intervention was implemented targeting high-volume, low-performing providers in the San Gabriel Valley in order to address the key drivers and help achieve the global and SMART aims of the PIP.

PDSA RESULTS

The intervention began in July 2018. QI staff worked with the offices of nine high-volume, low-performing providers in the San Gabriel Valley. QI discussed the current workflows for checking the immunization status of patients, along with the immunization schedule, and advantages of using CAIR. Each provider periodically received lists of members assigned to their practice who had yet to turn two that year and were missing vaccines, along with a list of members who will turn two in the following year. All providers were

encouraged to check CAIR for missing vaccines, document historical vaccines in CAIR, and contact members who had yet to turn two and were missing vaccines to schedule any remaining shots.

QI found that providing care gaps lists to providers and coaching them on CAIR utilization was an effective intervention. We feel that the intervention was effective because over time vaccine rates increased for the targeted practices, while, based on historical trends, there is no reason to expect the rates to increase without intervention. Most providers welcomed a visit from staff who could answer questions and indicated that gaps lists helped them identify both patients in need of vaccines and immunization data that was not properly transmitted to L.A. Care. Providers reached out to members due for vaccines but reported mixed results of these efforts – some parents scheduled visits, while others could not be reached, had moved out of the area, or simply refused services. Provider offices did not find the vaccine schedule information to be helpful; they were already very well-versed on recommended vaccinations. They also did not cite vaccine hesitancy or parental refusal as a driver of low rates and did not indicate a need for member educational materials. Instead, providers indicated that low rates were mainly due to data gaps or members lost to follow up. Most offices already had procedures in place for scheduling the next vaccination at the conclusion of a visit, and for reaching out to families that missed appointments.

CAIR adoption and utilization was a key component of the provider coaching. About half of the offices were using CAIR at the initiation of the intervention – those offices had higher initial rates than offices that didn't use CAIR. Even amongst offices that used CAIR, we often found incomplete utilization of the Registry, mainly that the data for the first Hepatitis B shot administered in the hospital after birth was often not entered. L.A. Care staff coached the offices on data entry and how to use valuable features of the CAIR system, including how to check for vaccines received at other sites so that services are not duplicated. Some offices reported difficulties connecting their EMRs to CAIR or a cost associated with doing so. Through the intervention, we were able to launch CAIR use for two offices.

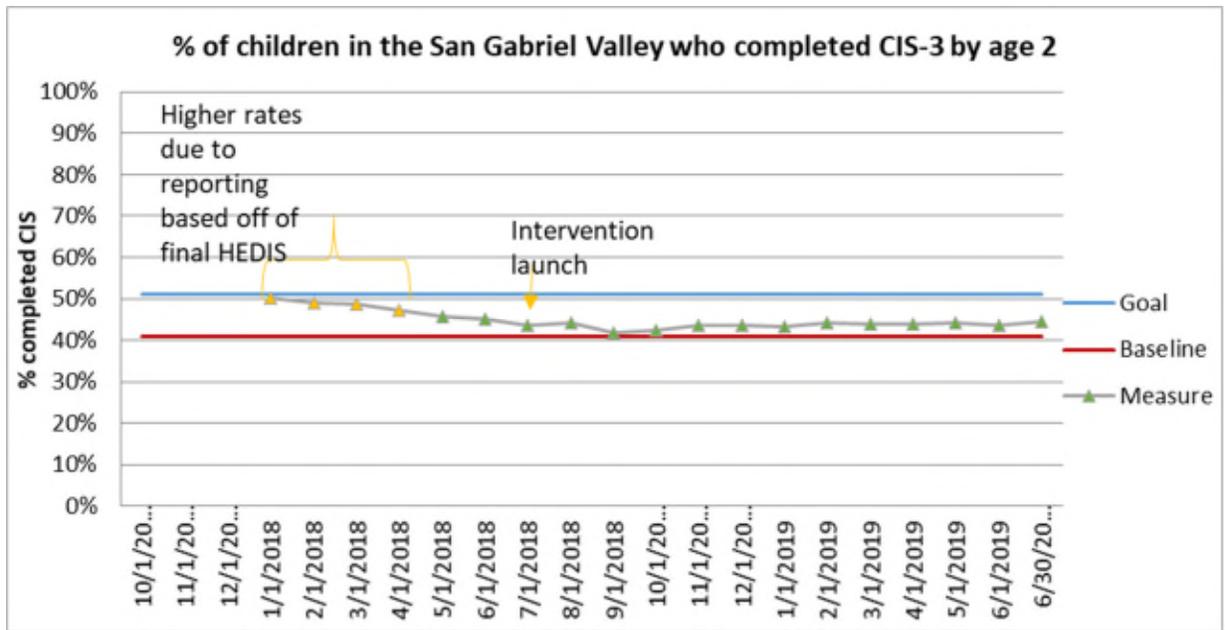
We unfortunately saw very little change to the CIS-3 completion rate in RCAC 3 during the intervention testing, although we did see an increase in vaccination rates amongst members assigned to the targeted providers (described below). We were unable to meet the SMART Aim because the distribution of membership in the San Gabriel Valley was across more than 350 providers; only nine providers had 30 or more members in the CIS denominator in RCAC 3 assigned to their practice. While the providers we targeted improved their vaccination rates, their impact on the overall CIS rate was small, accounting for only 24% of the membership in the measure denominator for the region, due to the large number of providers.

In July 2018, prior to the intervention, the providers who participated in the intervention had an aggregate 27% CIS-3 compliance rate. At the end of the intervention, in July 2019, this increased to 41%, which was a statistically significant increase. Most providers improved their rates after the intervention, including two offices that started with a rate of 0%. Providers who did not receive the intervention also improved from 34% in July 2018 to 42% in July 2019, but this eight percentage point increase was smaller than the 13 percentage point change in the intervention group. The intervention was able to increase rates for low-performing providers (with rates that started at six percentage points below the average) to just one point below the new, higher average of 42%. This is evidence that the intervention was effective.

Change in Prospective CIS-3 rates in RCAC 3 in Providers Who Received the Intervention					
	Numerator	Denominator	Rate – July 2019	Rate – July 2018	Change in percentage points
Provider A	39	80	49%	16%	33%
Provider B	32	70	46%	37%	9%
Provider C	38	56	68%	54%	14%
Provider D	16	45	36%	8%	28%
Provider E	4	43	9%	13%	-4%
Provider F	3	30	10%	0%	10%
Provider G	13	25	52%	50%	2%
Provider H	2	23	9%	0%	9%
Provider I	20	37	54%	70%	-16%

LESSONS LEARNED:

- Providers did not need education on the vaccination schedule. They are aware of clinical guidelines and were not very receptive to education from the Health Plan on guidelines. Providers were more receptive to gaps lists and information about data transmission and potential payment.
- Many providers found detailed gaps lists more valuable than PORs (periodic gaps-in-care reports that only indicate compliance with the CIS measure as a whole, rather than by antigen).
- Providers cited data submission issues, members not returning for follow-up appointments, and some members being assigned to their practice but never making an appointment as the primary reasons for low vaccination rates.
- Some medical record systems charge fees for integration with CAIR, which is a barrier to some providers.
- Some provider sites benefitted from coaching visits to discuss common pitfalls and resolve issues they experience with CAIR.
- Using rolling 12-month methodology, it takes a number of months for rates to improve after the intervention, because rates measure children as they turn two and the gaps lists include children with birthdays throughout the year. Thus, there is a delay between the time vaccinations are administered and when the child becomes part of the denominator for this methodology.



*Rates from 1/1/2018 – 4/1/2018 were based off of the final HEDIS 2019 report created in May 2018. No report was available until this date. These rates are higher than we would expect them to be if calculated at the measurement date because the data lag is mitigated over time.

LOOKING FORWARD

While the SMART Aim was not achieved, we are confident that this intervention is effective. To expand the reach of the intervention, we plan to incorporate antigen-specific gaps into our POR process and continue coaching on common immunization pitfalls during provider visits and communications. This will make the reports available to our entire network of providers and IPAs, with reports refreshed regularly. High volume, low-performing practices may also receive additional outreach to review vaccination gaps and practices.

G.6 POSTPARTUM CARE PLAN, DO, STUDY, ACT (PDSA)

AUTHOR: ANDREW GUY

REVIEWER: MARIA CASIAS, RN & JAMES KYLE, MD

2019 POSTPARTUM CARE PDSA GOAL:

Measure	2019 PDSA Goal
<i>Postpartum Care.</i> The percentage of deliveries that had a postpartum visit on or between 21 and 56 days after delivery.	An increase in the rate of postpartum care appointments scheduled from 4.57% to 5%

BACKGROUND

Each year, the California Department of Healthcare Services (DHCS) establishes a minimum performance level (MPL) for a list of measures called the External Accountability Set (EAS). Plans that perform below the MPL for the EAS measures are required to undertake certain steps to improve their performance, including establishing a rapid-action Plan, Do, Study, Act (PDSA) project. The PDSA is intended to allow for the implementation of interventions for targeted improvement, the collection of data from the intervention, and the modification or continuation of the intervention based on that data, within a rapid timeframe.

For the 2017 measurement year, L.A. Care rate (56.5%) fell below the minimum performance level of 59.6% for the Postpartum Care (PPC) measure, which rates plans on the number of deliveries that had a postpartum visit between 21-56 days after delivery. Because of this, L.A. Care was required to complete a two-cycle PDSA for the PPC measure.

For the 2019 PDSA cycle, L.A. Care had planned to address barriers around members not seeing the value of postpartum care by using text messages for health education. Unfortunately, DHCS subsequently issued guidance that all text message campaigns were to be placed on hold pending the development of a departmental policy governing them. At this point, L.A. Care needed to quickly develop an alternative intervention that would have an impact on the global aim, which was to increase the Medi-Cal PPC rate to at least the MPL.

L.A. Care chose instead to address the barrier of not receiving charts from providers. Data gathered during the pre-planning phase indicated that a significant barrier to compliance for this measure was providers not cooperating with record retrieval efforts during HEDIS operations. A review of all the non-compliant cases in the HEDIS hybrid sample of 2017 dates of service revealed that the third leading cause of non-compliance for the PPC-Postpartum measure was that the requested chart had not been received. Table 1 shows that these cases accounted for nearly 5% of members in the denominator, enough to bring L.A. Care's rate for the measure up to the minimum performance level of 60%.

Reason for a Non-Compliant Chart	Number Charts	% of Reviewed* Non-Compliant Cases
Member Did Not Receive Service	87	52.41%
Service Given Early	33	8.15%
No Chart Received	19	4.69%
Service Given Too Late	16	3.95%

Table 1. Results from the Medical Record Review		
Reason for a Non-Compliant Chart	Number Charts	% of Reviewed* Non-Compliant Cases
Insufficient Documentation	9	2.22%
Member Should Have Been Excluded	2	0.49%
Total Non-Compliant Cases	166	100.00%

*10 non-compliant cases were not reviewed.

Given the significance of these provider refusals to the overall rate, L.A. Care decided to make this the targeted barrier for this cycle of the PDSA. L.A. Care decided to focus efforts on collecting records that were either denied or simply received no response from providers during HEDIS operations, which typically occur between March and May.

PLANNING

The SMART objective for this PDSA cycle was that L.A. Care would decrease the rate of PPC chases with no response to 0% between 3/6/19 and 5/9/19 by retrieving the requested chart or obtaining written notification from the provider that no chart is available. The baseline rate was 4.69%, which was the rate of record requests that received no response during our baseline year. L.A. Care hoped to see a decrease in this rate. The plan targeted provider offices included in the hybrid sample for the PPC postpartum measure in L.A. County.

L.A. Care contracts with a vendor to retrieve medical records from provider offices each year. Records that are sought but not received are added to a “pend list” along with the reason why retrieval was not completed, and this list is sent back to L.A. Care for resolution.

For this intervention, three L.A. Care staff made calls to the offices of providers who indicated to the medical record vendor that they would not be submitting the requested chart demonstrating timely postpartum care. The L.A. Care staff asked the provider office to submit the requested record. In the planning phase, it was decided that if the staff refused, L.A. Care staff would offer to come to the provider office and retrieve the requested records in person. As a last resort, L.A. Care had budgeted funds to pay for lunch for the provider office staff, as a goodwill gesture and incentive to allow L.A. Care staff to visit, in spite of disruptions to the provider office workday such a visit might cause. In the event that after these attempts, the provider office still refused to assist in the collection effort, L.A. Care planned to enlist the assistance of the plan’s acting Medical Director for Quality, to speak peer to peer with the physician in question, relay the importance of the collection effort, and convince them to assist.

The intervention was planned to be conducted jointly by L.A. Care’s Initiatives and Quality Performance Management (QPM) teams. On a weekly basis, L.A. Care’s QPM team would send the Initiatives team a “pend list” of record requests that were refused by the provider office. Staff on the initiatives team would make calls to the provider offices and request the records. The first calls would be made starting approximately 3/6/2019 and continue through 5/9/2019, which was the last day that medical record data could be counted toward the final HEDIS rate.

INTERVENTION

Calls began the week of 3/06/19 and ended 5/09/19. During this period, a total of 66 records were pended. The final outcome of these collection efforts is listed in Table 2 below:

Calls began the week of 3/06/19 and ended 5/09/19. During this period, a total of 66 records were pended. The final outcome of these collection efforts is listed in Table 2 below:

Table 2

Final Outcome	Count	Percentage of Sample
Compliant Record Received	47	11.6%
No Compliant Record Available	9	2.2%
Unable to Reach Provider	10	2.5%
Total Pended	66	16.2%
Total PPC Records in Sample	405	100%

The primary barrier to the successful retrieval of these records was faulty provider information. There were four instances where a member was never seen at the provider office that was contacted (in addition to the remaining five where there was not a qualifying PPC visit). There were another fifteen cases where the contact information L.A. Care had on file for a provider was inaccurate. These two categories are reflected in the “unable to reach provider” row of Table 1. Note that for some of these cases, the patient had been seen by another provider on staff. For others, phone numbers were disconnected, rang with no answer, or were for an ER or hospital.

There were no provider refusals to cooperate with this retrieval effort. Records were pended by the medical record retrieval vendor either because of an inability to contact the provider in question or because the office staff at the provider’s office had requested payment in exchange for the medical record. When L.A. Care staff called the same provider offices, no payment was requested, and where L.A. Care staff were able to make contact with a provider’s office where a patient had been seen, they were generally able to retrieve the record.

RESULTS

There were a total of 66 “pended” PPC postpartum records that L.A. Care staff pursued as a part of this PDSA cycle, out of a total sample of 405. Of these, 47 charts, or 11.6% of the total sample, were successfully retrieved; 9 of the charts, or 2.2%, were responded to with a “no record on file” designation from the provider; and 10 records, or 2.5%, did not receive a response.

The SMART goal for this project of a 0% rate of postpartum records with no response within the two-month cycle was not met. The “no response” rate fell to 2.5% of the PPC sample from the baseline of 4.69%. With the receipt of 71.2% of pended records, and the confirmation that an additional 13.6% were unavailable, a combined total of 84.8% of pended records were accounted for by the end of the cycle.

Given that the most significant barrier was incomplete provider data, it does not appear likely that a 100% retrieval rate is feasible without identifying and addressing the reasons behind the apparent discrepancies in provider contact data and member-provider association.

Despite this shortcoming, this intervention allowed L.A. Care to decrease the number of records “not received” from 19 in 2017 to 9 in 2019. L.A. Care’s 2019 projected PPC postpartum rate improved to meet the minimum performance level. It is likely that this was a result of the plan’s efforts over the course of this PDSA. While the first cycle involved working with providers to help schedule appointments for members in 2019, which would not be directly reflected in the HEDIS 2019 score, that effort may have made provider offices more responsive to our record collection efforts. In addition, because this cycle required time for the medical record retrieval vendor to be in the field before coming back with a list of providers for follow up, L.A. Care was motivated to draw the HEDIS sample earlier, allowing more time for record retrieval. This intervention also had the direct benefit of bringing in an additional 47 records. Between all of these factors, it appears likely that the PDSA had an impact in bringing the plan’s 2019 PPC Postpartum score above the minimum performance level.

Adopting focused follow-up for priority measures for records that have been “pended” as irretrievable by the medical record retrieval vendor made a significant difference during this intervention, and is worth continuing in future HEDIS efforts. Putting additional resources into identifying the root cause of the issue of flawed provider data would assist this effort.

H. SERVICE IMPROVEMENT ACTIVITIES

H.1. MEMBER EXPERIENCE

H.1.a APPEALS AND GRIEVANCES

AUTHOR: LISAMARIE GOLDEN

REVIEWER: MARIA CASIAS, RN & JAMES KYLE, MD

BACKGROUND

L.A. Care Health Plan demonstrates its commitment to improving member satisfaction through an annual assessment of all complaints and appeals.

Appeals and grievance trends, barriers, and interventions are presented directly to Commercial & Group Product Management teams and other Operational business units as needed. Quarterly reports demonstrating barriers, trends and interventions are presented to the following internal cross-departmental multidisciplinary committees and public advisory board committees: Member Quality Service Committee (MQSC), Quality Improvement Committee (QOC), Utilization Management Committee (UMC), Behavioral Health Quality Committee (BHQC), Internal Compliance Committee (ICC), Compliance & Quality Committee (C&Q Committee), Executive Community Advisory Committee (ECAC) and Credentialing & Provider Network Management.

ACCOMPLISHMENTS

- Evaluated all registered member complaints and appeals
- Conducted a quantitative analysis from combined complaints and appeals

SECTION 1: GRIEVANCES AND APPEALS

GRIEVANCES/COMPLAINTS AND APPEALS

L.A. Care Health Plan demonstrates its commitment to providing access to member-centric quality services. The Appeal and Grievance business unit works diligently with other departments in L.A. Care to identify, document, manage, resolve, and track & trend member concerns. The report contains priorities followed by opportunities identified for improvement and measured effectiveness.

CLINICAL AND ADMINISTRATIVE COMPLAINTS AND APPEALS

METHODOLOGY

L.A. Care Health Plan conducted an analysis of complaints and appeals for the 12-month period of October 1, 2018 – September 30, 2019:

The data provided below is reported in terms of rates defining the number of complaints by membership and in terms of actual complaint counts by product by category to allow for a drill down into the issues.

Grievance/Complaints

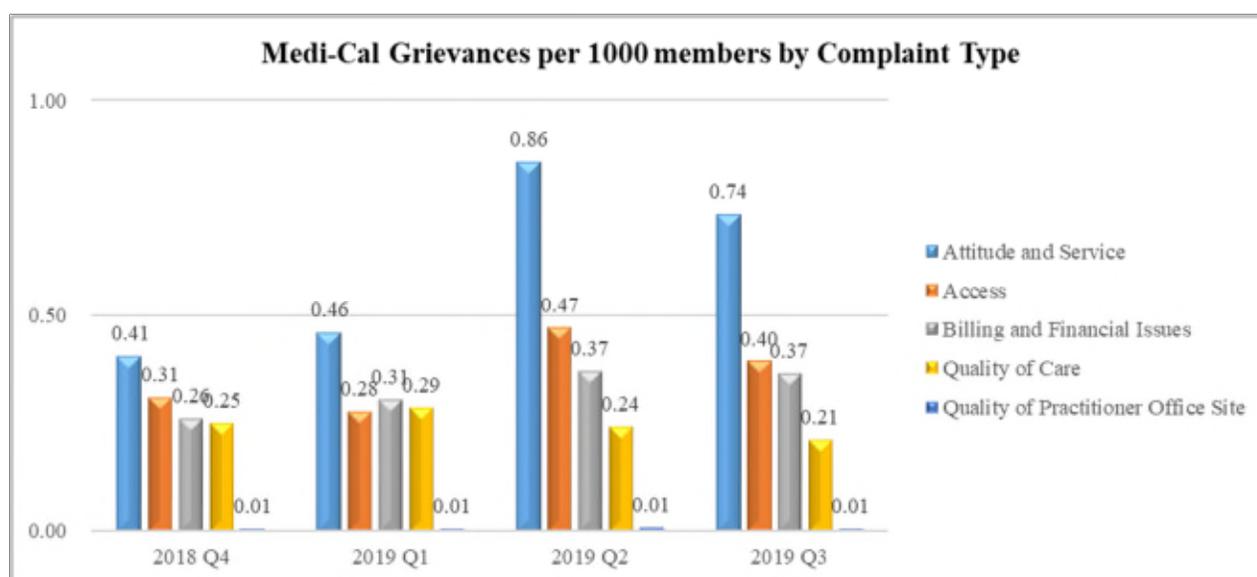
The Grievances/Complaints data for this section are reflective of the fourth quarter of 2018 through the third quarter of 2019.

Grievances/Complaints

Medi-Cal

Category	FY17-18			FY18-19		
	Count	Rate*	%	Count	Rate*	%
Attitude and Service	4,651	0.37	33%	7,657	0.62	39%
Access	2,771	0.22	20%	4,529	0.36	23%
Billing and Financial Issues	3,824	0.31	27%	4,053	0.33	20%
Quality of Care	2,811	0.22	20%	3,084	0.25	16%
Quality of Practitioner Office Site	79	0.01	1%	85	0.01	0%
Grand Total	14,136	0.23	100%	19,408	0.31	98%

*Rate per 1000 is calculated based on the average for the months within the measurement period



Quantitative Analysis

An analysis of the Medi-Cal complaint data reveals the following:

- Grievances related to Attitude and Service delivered by our network providers and plan staff is the top category during this measurement period. The percentage rate for this category increased by 3% based on the previous measurement period.
 - 29% of grievances in these categories are related to Transportation services
- Grievances related to Access issues increased by 3% based on the percentage rate reported for the previous measurement period.
- Grievances related to Billing and Financial Issues decreased by 7% based on the percentage rate reported for the previous measurement period.
- Grievances related to Quality of the Practitioner's Office site ranked the lowest year over year. The percentage rate is at a steady rate of less than 1% of overall grievances and a run rate of 0.01 per 1000 members.
- Grievances related to Quality of Care decreased by 3% based on the percentage rate reported for the previous measurement period.

Qualitative Analysis

Overall, the member’s experience and measurement of satisfaction is based on the perceived delivery and quality of service provided by the treating practitioner, practitioner’s office staff, and/or Plan staff (inclusive of our delegated entities). Based upon review of the data for this measurement period, the top two categories are Attitude and Service and Access. The data supports the top two reasons for dissatisfaction in these categories are related to the following:

- Dissatisfaction with their Transportation services
- Dissatisfaction with their Primary Care Physician and/or office staff

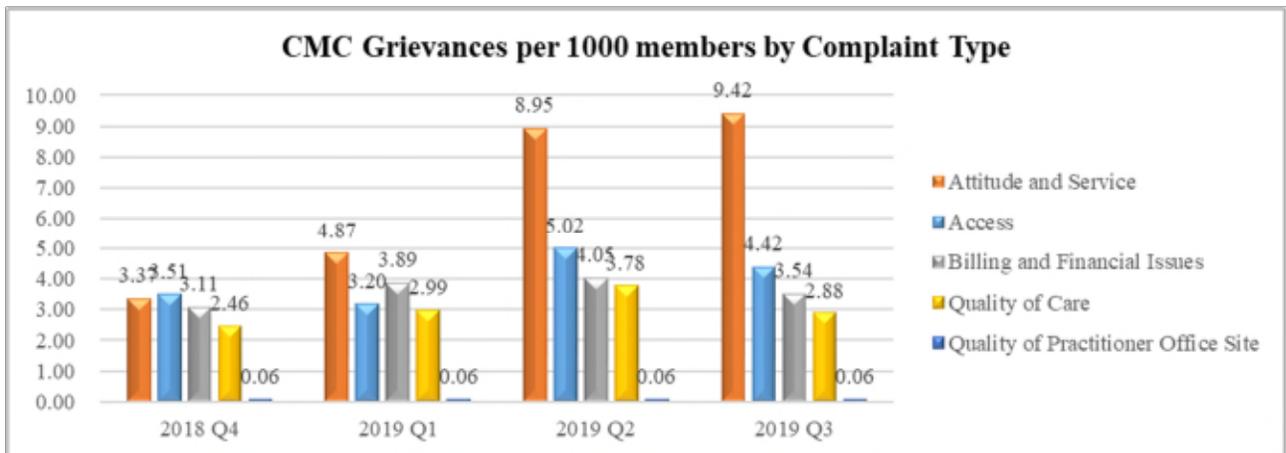
Transportation related grievances were the top category. Due to ongoing issues with transportation services, the Plan transitioned transportation services to a new vendor in May 2019. As a result, the Plan experienced a 61% increase during the first month of the transition. The Plan conducted daily and weekly meetings with the new transportation vendor during the initial 30 days. The grievance rate decreased by 43% by June 2019 and continued to decrease each month for the remainder of the current measurement period.

The data also supports a decrease (7%) in grievances related to Billing and Financial Issues when compared to the previous measurement period. This can be attributed to continued member education regarding presenting the correct insurance card when accessing emergency services.

Cal MediConnect (CMC)

Category	FY17-18			FY18-19		
	Count	Rate*	%	Count	Rate*	%
Attitude and Service	533	2.84	30%	1,290	6.62	37%
Access	319	1.70	18%	785	4.03	23%
Billing and Financial Issues	631	3.36	35%	710	3.65	20%
Quality of Care	301	1.60	17%	589	3.02	17%
Quality of Practitioner Office Site	5	0.08	0%	8	0.06	0%
Grand Total	1,789	1.92	100%	3,382	3.48	97%

*Rate per 1000 is calculated based on the average for the months within the measurement period



Quantitative Analysis

An analysis of the Cal MediConnect (CMC) complaint data reveals the following:

- Grievances related to Attitude and Service increased by 2% during this measurement period
- Grievances related to Access issues increased by 3% during this measurement period
- Grievances related to Billing & Financial Issues decreased by 10% when compared to the previous measurement period
- Grievances related to Quality of the Practitioner’s Office site continue to rank the lowest year over year
- Grievances related to Quality of Care demonstrated an increase in grievances rates per 1000 members when compared to the previous measurement period

Qualitative Analysis

Based upon review of the data for the Cal MediConnect line of business, the top two categories for initiating a grievance is related to Attitude and Service and Access issues. An analysis of the data indicates the primary reason is:

- Dissatisfaction with transportation services

Due to ongoing issues with transportation services, the Plan transitioned transportation services for the Cal MediConnect line of business to a new vendor in March 2019. As a result, the Plan experienced an increase during the three months of the transition. The Plan conducted daily and weekly meetings with the new transportation vendor during the initial 90 days. The grievance rate decreased by June 2019 and continued to decrease each month for the remainder of the current measurement period.

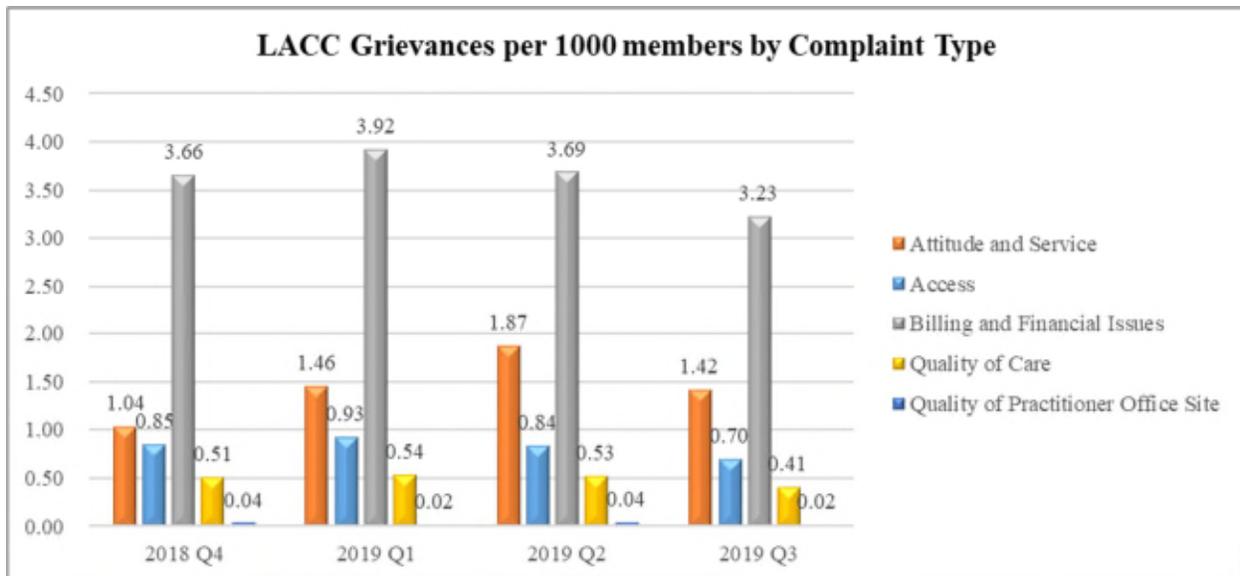
The data also supports an increase for Quality of Care grievances when compared to the previous measurement period. This can be attributed to increased quality monitoring for grievances related to quality of care issues. As part of the Appeal and Grievance Quality Monitoring program, the quality scorecard was modified to include an element to measure appropriate referral of Potential Quality Issues (“PQIs”) to the Quality Department.

The data also supports a decrease (10%) in grievances related to Billing and Financial Issues when compared to the previous measurement period. This can be attributed to continued member education regarding presenting the correct insurance card when accessing emergency services.

L.A. Care Covered (LACC)

Category	FY17-18			FY18-19		
	Count	Rate*	%	Count	Rate*	%
Attitude and Service	1,086	5.79	30%	1,418	1.46	22%
Access	500	2.66	18%	805	0.83	12%
Billing and Financial Issues	2,668	14.21	35%	3,514	3.62	53%
Quality of Care	354	1.89	17%	480	0.50	7%
Quality of Practitioner Office Site	8	0.10	0%	28	0.03	0%
Grand Total	4,616	4.93	100%	6,245	1.29	95%

*Rate per 1000 is calculated based on the average for the months within the measurement period



Quantitative Analysis

An analysis of the LACC grievance data reveals the following:

- Grievances related to Billing & Financial Issues increased in total volume and percentage of overall grievances when compared to the previous measurement period. However, the grievance rate per thousand has decreased by 75%.
- Grievances related to Attitude and Service delivered by our network providers and plan staff is the second highest category quarter over quarter.
- Grievances related to Quality of Care and Quality of Practitioner’s Office Site continue to be the lowest reason for dissatisfaction year over year.
- Grievance rate per thousand and has decreased in all categories.

Qualitative Analysis

The Covered California line of business data demonstrates the top three reasons for initiating a grievance is related to Billing and Financial issues. Based on the existing coding structure the top three sub-categories related to Billing and Financial issues are:

- Premium
- Billing Discrepancy
- Reimbursement

After further drill down for these sub-categories, the data supports Covered California members are grieving regarding billing and financial matters associated with the following:

- Premium payments
- Out-of-pocket maximums

The data also supports members grievances are related to receipt of billing notice after a premium has been settled. The Plan continues to educate the members once the due date is missed a statement is triggered. The mailing date may occur after the premium has been settled. Billing discrepancy grievances are related to Out of Pocket Maximum accumulators. The Plan has identified there is a delay in encounter data and reconciliation at the time the claim is paid is based on encounter data on file. The Plan is working with delegates and internal departments to improve the timeframe to complete reconciliation of encounter data to ensure previously processed claims are reconsidered as appropriate.

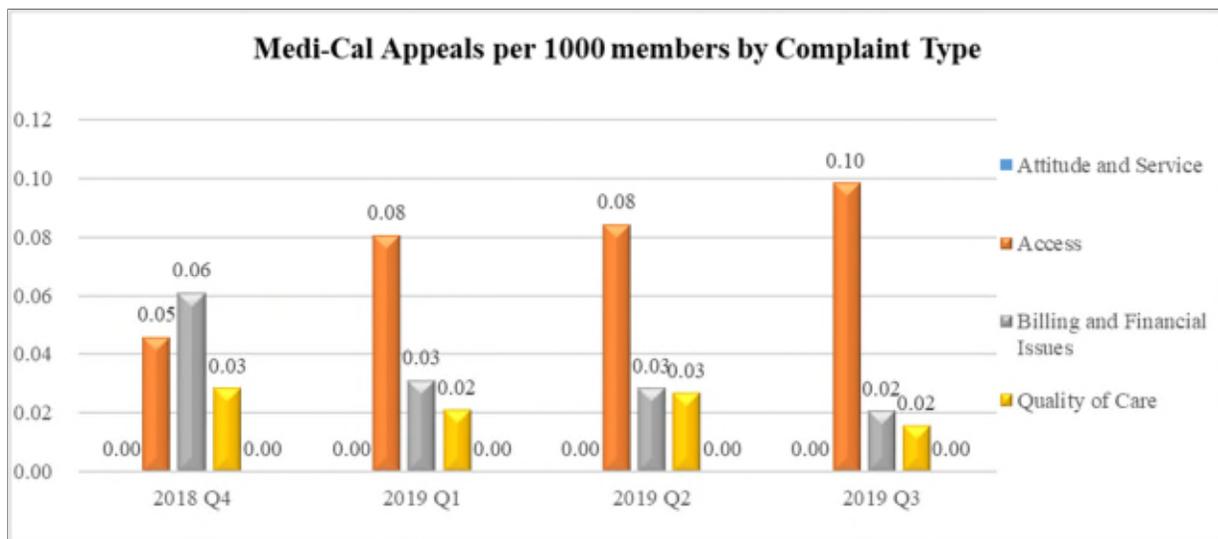
Secondary reason for dissatisfaction is based on the member’s perceived delivery and quality of service provided by the Plan staff. Ongoing coaching is provided and refresher Customer Service training is delivered monthly.

APPEALS

Medi-Cal

Category	FY17-18			FY18-19		
	Count	Rate*	%	Count	Rate*	%
Attitude and Service	0	0.00	30%	0	0.00	0
Access	638	0.05	18%	960	0.08	57%
Billing and Financial Issues	1,118	0.09	35%	439	0.03	26%
Quality of Care	170	0.01	17%	282	0.02	17%
Quality of Practitioner Office Site	0	0.00	0%	0	0.00	0
Grand Total	1,926	0.03	100%	1,681	0.03	100%

*Rate per 1000 is calculated based on the average for the months within the measurement period



Quantitative Analysis

An analysis of the Medi-Cal appeals data reveals the following:

- Rate of appeals per 1000 members decreased for appeals related to Billing and Financial Issues when compared to the previous measurement period
- Access Issues represent the highest percentage rate for appeals. However, the rate per thousand did not experience a significant increase
- Overall, 34% of all appeals are related to Pharmacy
- Appeal overturn rate of 45% decreased by 9% when compared to the previous measurement period
- 48% of the overturned appeals are related to Pharmacy appeals

Qualitative Analysis

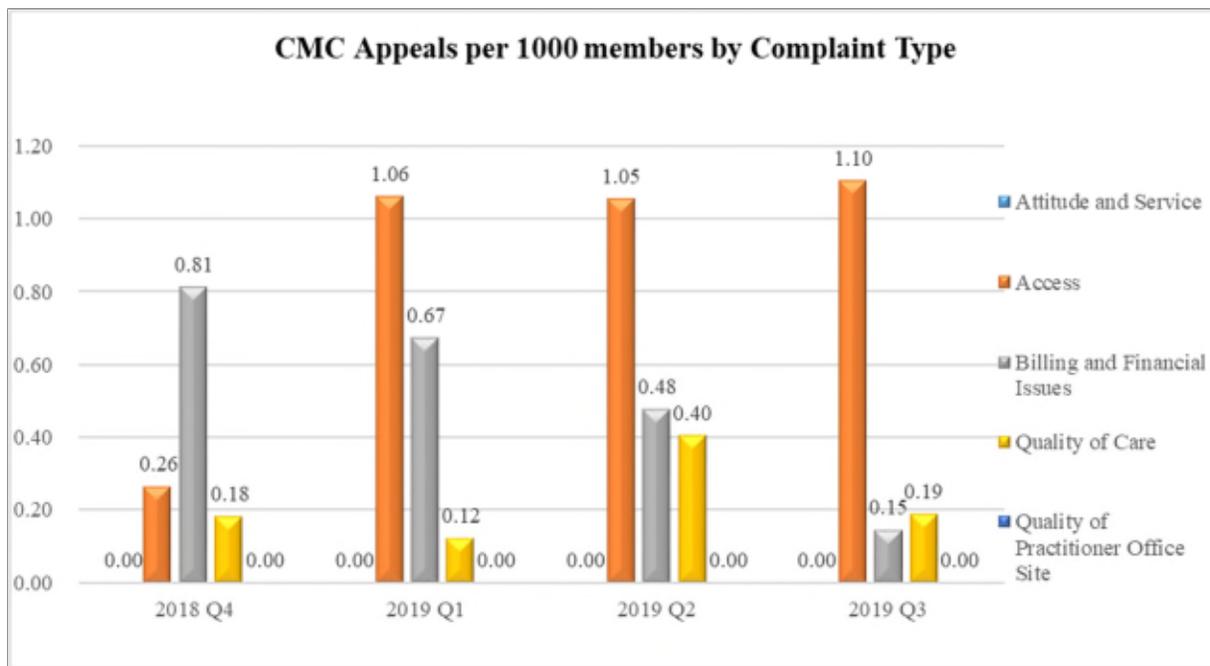
The top category for appeals filed are related to Access issues. Upon review, 48% of the overturns are related to pharmacy services. This can be attributed to prescribers failed to respond to a request for

additional information within the allotted timeframe. As a result, the request is denied due to lack of sufficient evidence to support approval at the time of the initial request. Upon receipt of the denial notice the prescriber submits supporting documentation and an appeal will often result in an overturn.

Cal MediConnect (CMC)

Category	FY17-18			FY18-19		
	Count	Rate*	%	Count	Rate*	%
Attitude and Service	0	0.00	30%	0	0.00	0
Access	51	0.27	18%	169	5.76	57%
Billing and Financial Issues	146	0.78	35%	103	3.20	26%
Quality of Care	36	0.23	17%	34	2.10	17%
Quality of Practitioner Office Site	0	0.00	0%	0	0.00	0
Grand Total	233	0.26	100%	306	2.21	100%

*Rate per 1000 is calculated based on the average for the months within the measurement period



Quantitative Analysis

An analysis of the Cal MediConnect (CMC) appeal data reveals the following:

- Access related appeals increased by 43% compared to the previous measurement period
- Billing & Financial related appeals decreased by 12% compared to the previous measurement period
- Access related appeals represent the highest rate for appeals.
- 35% of the appeal volume is related to pharmacy
- Overall, 31% result in an overturn
- 43% of appeals overturned are related to pharmacy

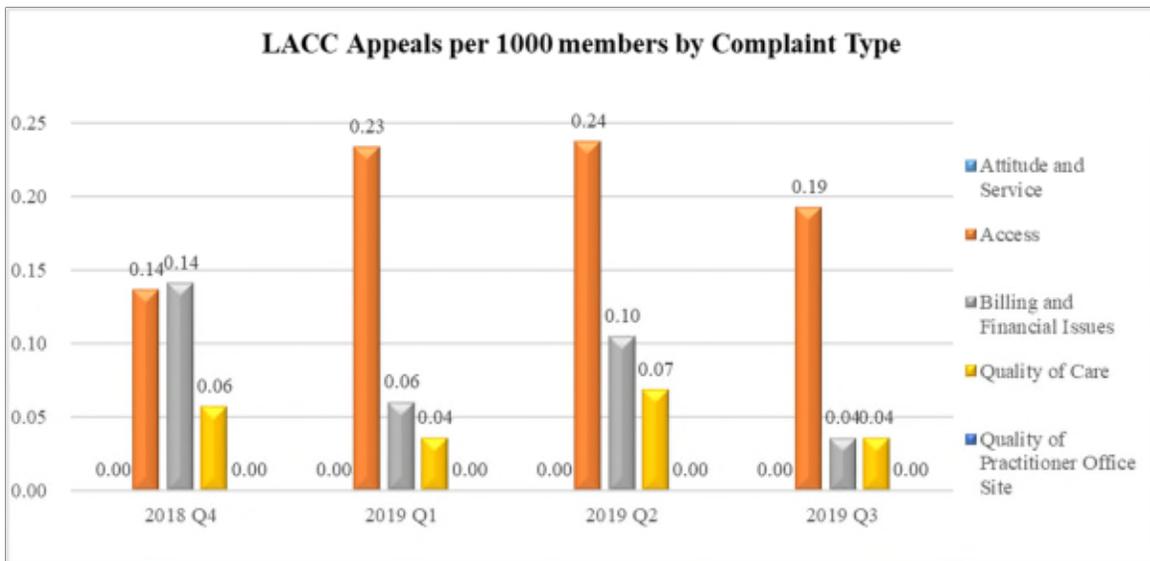
Qualitative Analysis

The top category for appeals filed are related to Access issues. Upon review, 43% of the overturns are related to pharmacy services. This can be attributed to prescribers failed to respond to a request for additional information within the allotted timeframe. As a result, the request is denied due to lack of sufficient evidence to support approval at the time of the initial request. Upon receipt of the denial notice the prescriber submits supporting documentation and an appeal will often result in an overturn.

L.A. Care Covered (LACC)

Category	FY17-18			FY18-19		
	Count	Rate*	%	Count	Rate*	%
Attitude and Service	0	0.00	30%	0	0.00	0
Access	82	0.13	18%	196	1.32	57%
Billing and Financial Issues	137	0.20	35%	77	0.95	26%
Quality of Care	27	0.05	17%	47	0.31	17%
Quality of Practitioner Office Site	0	0.00	0%	0	0.00	0
Grand Total	246	0.08	100%	320	0.52	100%

*Rate per 1000 is calculated based on the average for the months within the measurement period



Quantitative Analysis

An analysis of the LACC appeals data reveals the following:

- Access related appeals increased by 39% compared to the previous measurement period
- Billing & Financial related appeals decreased by 9% compared to the previous measurement period
- Overall, 32% of the appeals are overturned
- 45% of appeal overturns are related to pharmacy

Qualitative Analysis

Quality monitoring has resulted in staff education regarding appropriate code classification. As a result, the increase in Access related appeals and decrease in Billing and Financial issues can be attributed to continued coaching and development to drive consistency in code selection.

The top category for appeals filed are related to Access issues. Upon review, 45% of the overturns are related to pharmacy services. This can be attributed to prescribers failed to respond to a request for additional information within the allotted timeframe. As a result, the request is denied due to lack of sufficient evidence to support approval at the time of the initial request. Upon receipt of the denial notice the prescriber submits supporting documentation and an appeal will often result in an overturn.

Appeal & Grievance Identified Barriers

In addition to the annual evaluation of the trends, barriers, and improvement activities, the Appeal & Grievance unit presents trends, barriers and improvement activities on a quarterly basis for discussion in collaborative forums. The committee discussions include representation from Member Services, Provider Network Services, Quality Improvement, Claims, Product, Compliance, Legal, Claims. The data is also presented to various governing body committees. Additional recommendations made during the quarterly meetings have been included in the annual evaluation. Lastly, the annual evaluation was presented to the Member Experience workgroup which includes representation from Quality Improvement, Provider Network Services, Product Operations, Member Services, Enrollment, Healthcare Analytics, and Claims. During this measurement period, the barriers impacting performance as it relates to quality of care and service can be attributed to the following:

- Ineffective communication between members and providers
- Lack of member knowledge regarding coverage benefit limits and managed care requirements
- Members submitting premium payments after the due date and after the past due notice is triggered
- Clinicians not following proper protocol for submitting claims and/or referrals for services
- Prescribing physicians initiating exceptions without appropriate supporting documentation and failing to respond/submit requested information timely (prior to adverse notification)
- Transitioned to a new transportation vendor

Appeal & Grievance Interventions

Based upon the barriers identified, the following interventions were initiated during this measurement period:

- Ability to identify the IPA/PPG
- Ability to report how many issues are related to Potential Quality Issues
- Participated in monthly business review meetings with cross functional leaders to share appeal and grievance outcomes
- Presentation of Appeal and Grievance data at Advisory Council meetings to expand member education
- Ongoing development/addition of codes to provide granular reporting capabilities
- Transitioned to a new transportation vendor
- Daily, weekly and monthly Joint Operations Meeting with transportation vendor
- Weekly meetings with member advocacy groups to identify trends and/or barriers in service and care delivery system for transportation services

Appeal & Grievance Proposed Next Steps

During the next measurement year, the Plan will need to continue to focus on improving the ability to capture actionable data and drive cross functional workgroups to share the outcomes based on appeal and grievance data. In support of this effort, the following actions will need to continue:

- Ongoing cross functional meetings to share appeal and grievance trends/barriers
- Ongoing enhancement of grievance resolution categories to support data analytics. Currently, an option to document the resolution is “Completed”. Further analysis of the outcomes associate with this resolution will need to be vetted in the development of new resolution code structure

- Ongoing enhancement of appeal categories to support reason for overturn
- Ongoing assessment of opportunities to educate members regarding their responsibilities to ensure appropriate benefit card is provided to servicing provider

H.1.b BEHAVIORAL HEALTH SERVICES GRIEVANCES AND APPEALS ASSESSMENT, INTERVENTIONS, AND IMPROVEMENT

AUTHOR: NICOLE LEHMAN, MSW

REVIEWER: MARIA CASIAS, RN & JAMES KYLE, MD

BACKGROUND

L.A. Care provides Behavioral Health services through a Managed Behavioral Health Organization (MBHO), Beacon Health Options (Beacon). Since 2014, Beacon has been contracted to provide behavioral health services to all lines of business. There are several administrative services that are contractually delegated to Beacon however; appeals and grievances are retained by L.A. Care. In 2015, L.A. Care began to directly contract for Applied Behavioral Analysis (ABA) services for the Medi-Cal line of business only. L.A. Care’s Grievance and Appeals department addresses incoming grievances and/or appeals with the applicable party within L.A. Care, including the Behavioral Health Department, the Behavioral Health Treatment team, Quality Improvement, and other Health Services departments in addition to working directly with members accessing behavioral health services.

By accessing grievance and appeal data, L.A. Care is able to address opportunities for improvement in member care across all lines of business. The purpose of this report is to identify trends, areas for improvement, recognize barriers, develop interventions, and measure the effectiveness of those interventions.

The following report will address the data and analysis, and identified interventions addressed with the collaboration of the Behavioral Health Quality Improvement Committee.

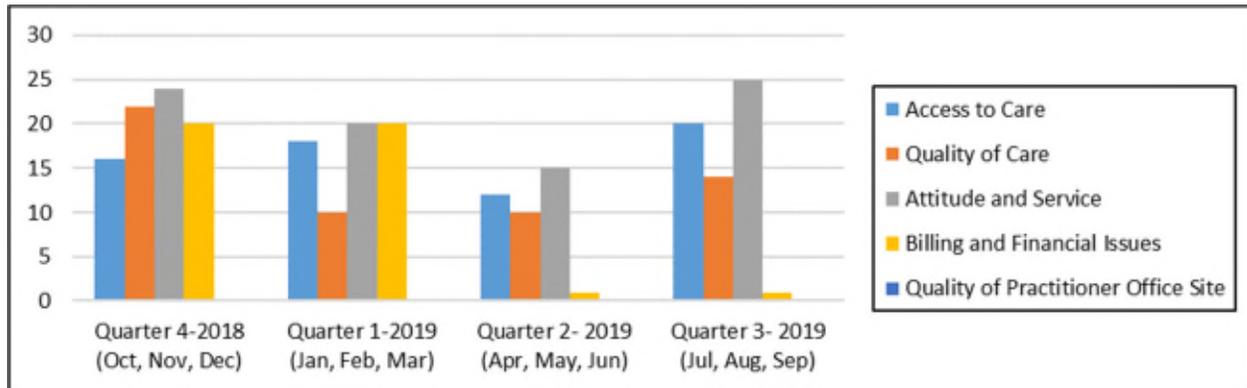
RESULTS

The following analysis is focused on Quarter 4 2018 - Quarter 3 2019 and hereon will be referred to as reporting period 2018/2019. References to the previous reporting period will be referring to the Quarter 4 2017- Quarter 1 2018 and/or the 2017/2018 reporting period.

Medi-Cal: Grievances

Grievances	Q4 17- Q3 18 Total	Quarter 4- 2018 (Oct, Nov, Dec)	Quarter 1- 2019 (Jan, Feb, Mar)	Quarter 2- 2019 (Apr, May, Jun)	Quarter 3- 2019 (Jul, Aug, Sep)	Q4 18- Q3 19 Total
Access to Care	30	16	18	12	20	66
Quality of Care	31	22	10	10	14	56
Attitude and Service	39	24	20	15	25	84
Billing and Financial Issues	27	20	20	1	1	42
Quality of Practitioner Office Site	0	0	0	0	0	0
Grand Total	127	82	68	38	60	248

Quantitative Analysis



- A total of 248 grievances were received during the reporting period, which still exceeds the grievances received during the entire previous reporting year by 64.5%.
 - Seven of these grievances were in reference to carved-out services provided by LA County DMH.
 - Seven grievances were related to the Behavioral Health Treatment benefit.
 - One grievance was related to the Transgender Health Program.
- Attitude and Service were the most prevalent categories of grievances (84) during the reporting period.
- Billing and Financial Issues increased from 27 during the previous reporting period to 42 during this period, an increase of 43%
- Access to Care grievances increased by 120% compared to the previous reporting period.

Overall, the MCLA Line of Business had approximately 1.2 million members during the reporting period.

Qualitative Analysis

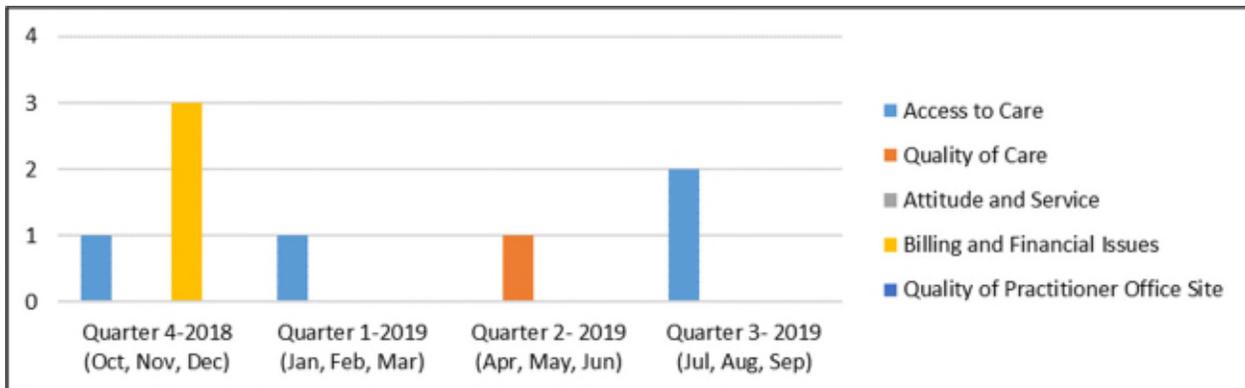
- Grievances related to issues with prescriptions were represented in both Quality of Care and Access to services.
 - Additional grievances related to psychiatric care included accessibility of psychiatrists.
- Each category (aside from Quality of Practitioner Site and Billing and Financial) included several grievances for services provided by the Department of Mental Health and/or the Department of Public Health.
 - Services provided by the Department of Mental Health and Department of Public Health are considered Medi-Cal Carve Out/Specialty Mental Health services where grievances should be filed through the Patients' Rights office through the Department of Mental Health.
- Under Billing and Financial issues member's grievances were related both to being charged for services and calling on behalf of their provider in need of claims payment.
- Grievances related to Beacon staff were represented in both Quality of Care and Access to services.

Medi-Cal: Appeals

Quantitative Analysis

Appeals	Q4 17- Q3 18 Total	Quarter 4- 2018 (Oct, Nov, Dec)	Quarter 1- 2019 (Jan, Feb, Mar)	Quarter 2- 2019 (Apr, May, Jun)	Quarter 3- 2019 (Jul, Aug, Sep)	Q4 18- Q3 19 Total
Access to Care	4	1	1	0	2	4
Quality of Care	0	0	0	1	0	1
Attitude and Service	0	0	0	0	0	0
Billing and Financial Issues	0	3	0	0	0	3
Quality of Practitioner Office Site	0	0	0	0	0	0
Grand Total	0	4	1	1	2	8

- There were seven total appeals during the reporting period.
- Four appeals were received related to Access to Care, one to Quality of Care, and three Billing and Financial Issues.
 - During the previous reporting period all appeals were related to Access to Care.



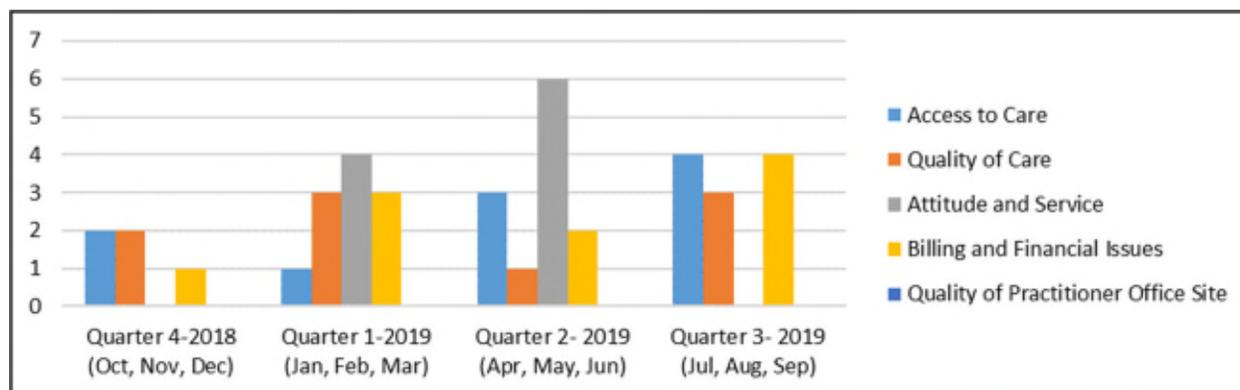
Qualitative Analysis

- A majority of the appeals were related to the Behavioral Health Treatment benefit.
- The overturned appeals were due to necessary documentation to determine medical necessity being provided.
- The remaining appeals were due to a lack of documentation in order to determine medical necessity, services being requested in non-covered locations and request for treatment from an out of network provider.

Cal MediConnect: Grievances

Grievances	Q4 17- Q3 18 Total	Quarter 4- 2018 (Oct, Nov, Dec)	Quarter 1- 2019 (Jan, Feb, Mar)	Quarter 2- 2019 (Apr, May, Jun)	Quarter 3- 2019 (Jul, Aug, Sep)	Q4 18- Q3 19 Total
Access to Care	4	2	1	3	4	10
Quality of Care	2	2	3	1	3	9
Attitude and Service	5	0	4	6	0	10
Billing and Financial Issues	4	1	3	2	4	10
Quality of Practitioner Office Site	0	0	0	0	0	0
Grand Total	15	5	11	12	11	39

Quantitative Analysis



- Total grievances increased by 89% over the previous reporting period.
 - All categories experienced an increase over the previous reporting period.
 - Attitude and Service had the highest number of grievances; it doubled compared to the previous reporting period.
- There were no reported grievances regarding Practitioner Office site.

Qualitative Analysis

- Grievances regarding psychiatric medication were represented in the Access to Care category.
- Under Billing and Financial issues, member's grievances were related both to being charged for services and calling on behalf of their provider in need of claims payment.
 - Several grievances were related to a Department of Mental Health facility. Services provided by the Department of Mental Health are considered Medi-Cal Carve Out/Specialty Mental Health services where grievances should be filed through the Patients' Rights office through the Department of Mental Health.
- Issues related to Beacon included being provided numbers for clinicians who were unresponsive and or reported no longer accepting Beacon/LA. Care.

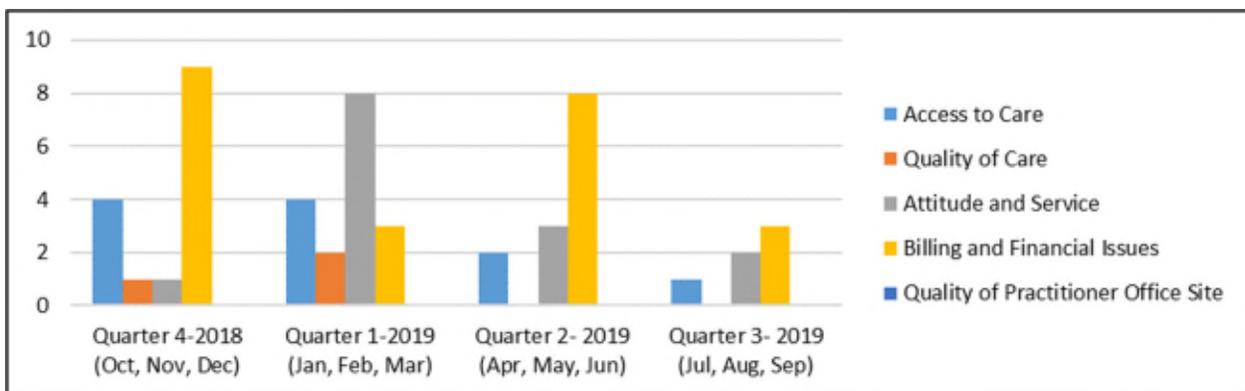
Cal MediConnect: Appeals

Appeals	Q4 17- Q3 18	Quarter 4- 2018 (Oct, Nov, Dec)	Quarter 1- 2019 (Jan, Feb, Mar)	Quarter 2- 2019 (Apr, May, Jun)	Quarter 3- 2019 (Jul, Aug, Sep)	Q4 18- Q3 19 Total
Access to Care	0	0	0	0	0	0
Quality of Care	0	0	0	0	0	0
Attitude and Service	0	0	0	0	0	0
Billing and Financial Issues	0	0	0	0	0	0
Quality of Practitioner Office Site	0	0	0	0	0	0
Grand Total	0	0	0	0	0	0

There were no Cal MediConnect Appeals during this time period.

LACC: Grievances

Grievances	Q3 17- Q3 18	Quarter 4- 2018 (Oct, Nov, Dec)	Quarter 1- 2019 (Jan, Feb, Mar)	Quarter 2- 2019 (Apr, May, Jun)	Quarter 3- 2019 (Jul, Aug, Sep)	Q4 18- Q3 19 Total
Access to Care	9	4	4	2	1	11
Quality of Care	5	1	2	0	0	3
Attitude and Service	3	1	8	3	2	14
Billing and Financial Issues	13	9	3	8	3	23
Quality of Practitioner Office Site	0	0	0	0	0	0
Grand Total	36	15	17	13	6	51



Quantitative Analysis

- Overall, the number of grievances increased by 34% compared to the previous reporting period.
- Billing and Financial Issues were the most frequent source of grievances followed by Attitude and Service.
- Membership in the LACC line of business increased to approximately 80,000 members during this reporting period.

LACC: Appeals

Appeals	Q3 17- Q3 18	Quarter 4- 2018 (Oct, Nov, Dec)	Quarter 1- 2019 (Jan, Feb, Mar)	Quarter 2- 2019 (Apr, May, Jun)	Quarter 3- 2019 (Jul, Aug, Sep)	Q4 18- Q3 19 Total
Access to Care	0	0	0	0	1	1
Quality of Care	0	0	0	0	0	0
Attitude and Service	0	0	0	0	0	0
Billing and Financial Issues	0	0	0	0	0	0
Quality of Practitioner Office Site	0	0	0	0	0	0
Grand Total	0	0	0	0	0	1

Qualitative Analysis

- A majority of the Billing and Financial grievances were attributed to members being erroneously billed after the service or being required to pay a higher co-payment than what was expected.
- LACC grievances related to Beacon staff, as well as other providers, often cited unresponsiveness and general customer service dissatisfaction.
- Grievances regarding psychiatric medication crossed over Access to Care and Quality of Care.

Quantitative Analysis

- This is the first Behavioral Health appeal for LACC.

Qualitative Analysis

- The appeal was concerning substance use disorder services and a lack of medical necessity.
- The appeal was upheld.

Behavioral Health Quality Committee: Barriers & Proposed Interventions

Identified Barriers:

- Barriers and opportunities for improvement regarding member grievances:
- Care coordinators at provider offices are not necessarily responsive.
- Providers do not always call back.
- Providers to whom members are referred may no longer be accepting Beacon/L.A. Care insurance.
- Members may become frustrated while waiting for psychotropic medication refills.

Proposed Interventions:

- Grievance and Appeals department will provide Beacon with a quarterly updated list of members with access and availability grievances for additional inquiry and network refinement through Beacon's internal processes.
- Beacon presentation of grievances at Behavioral Health Quality Committee to increase departmental communication.
- Continued provider education on access and availability.

Propose Measures:

- Global reduction of grievances.

Selected Intervention:

- Continued provider education on access and availability.

INTERVENTIONS

All LOB Grievances	Previous Year (Q4 2017- Q3 2018)	Current Measurement Year (Q4 2018- Q3 2019)	Percentage Change
Access to Care	43	87	68% +

MEASURING EFFECTIVENESS

- *Intervention implemented: Provider Education*
 - *Through provider bulletin, educated providers regarding access and availability standards (September 2019).*

Quantitative Analysis

Grievances concerning Access to Care increased across all lines of business. Medi-Cal increased by 75%, Cal MediConnect by 85% and L.A. Care Covered increased by 22%. Beacon published and Access and Availability article in Beacon’s provider newsletter which is distributed to all contracted providers. The article reminded providers of the standards and reminded providers of their quarterly requirement to complete a survey on their practice’s access and availability.

Qualitative Analysis

Access to Care Grievances increased across all lines of business. It is not clear that the article proved as an effective intervention. Many members continued to report providers no longer accepting Beacon regardless of their contact information being given to members as active resource. There still appears to be a need for a better process to ensure the provider network is accurately updated. The overall increase in Grievances across all lines of business can be attributed towards internal organizational focus to improving the algorithm to ensure all Behavioral Health related calls were properly identified and coded.

For Medi-Cal, another contributing factor towards the increase in Grievances can be accredited toward the growth of the directly contracted Behavioral Health Treatment benefit provider network.



September 2019 Provider Newsletter

Access & Availability Standards

In order to ensure members receive effective care in a timely manner, and in accordance with state regulations, it is required that you, as a provider, follow set standards for appointment availability. Please note that pursuant to your contract, *provider shall promptly notify BEACON/CHIPA in the event that Provider (a) is no longer accepting new Members; (b) is available during limited hours or only in certain settings; (c) has any other restrictions on*

M/S Business Operations & Solutions/Katie/LA_Care/Provider Bulletins Newsletters/2019/Beacon Health Options September 2019 Bulle...

Beacon Health Options September 2019 Bulletin

treating Members; or (d) is temporarily or permanently unable to meet these standards for appointment access. For your reference, the access standards are as follows:

- **Routine/Non-Urgent Services: Within 10 Business Days**
- **Urgent Care: Within 48 Hours**
- **Emergency, Non-Life Threatening Services: Immediately, within 6 hours, or at minimum have mechanisms in place to refer patients**
- **Member calls should be returned within 24 hours**

If you are permanently or temporarily unable to meet these standards, please notify us by emailing provider.inquiry@beaconhealthoptions.com today so that we may place a hold on new referrals to your practice.

INTERVENTION SAMPLE: MONITORING OF PROVIDER ACCESS AND AVAILABILITY



2019 Quarter 1 Access and Availability Survey (Region 4)

Welcome to Beacon Health Options's Quarter 1 Access and Availability

Thank you for participating in our survey, below you will find some helpful hints on completing the survey:

1. If all your practice locations fall within the same Access and Availability guidelines, only ONE survey is required.
2. If you practice locations only accept internal referrals or require a PCP assignment, please complete the survey for members that fall within that criteria.

Please note that pursuant to your contract, provider shall promptly notify BHO/CHIPA's Provider Relations Department at Provider.Inquiry@beaconHealthOptions.com in the event that Provider:

- is no longer accepting new Members
- is available during limited hours or only in certain settings
- has any other restrictions on treating Members
- is temporarily or permanently unable to meet these standards for appointment access.

For your reference, the access standards are as follows:

Non-life threatening emergency services within 6 hours*

Urgent care services within 48 hours

Initial visit for routine care within 10 business days

Return member phone calls within 24 hours

Edit page
Require
Delete

New version available!
Saving changes...

H.1.c BEHAVIORAL HEALTH MEMBER SATISFACTION SURVEY

AUTHOR: NICOLE LEHMAN, MSW

REVIEWER: MARIA CASIAS, RN, & JAMES KYLE, MD

BACKGROUND

Beacon Health Options (Beacon) is the Managed Behavioral Health Organization responsible for administering behavioral health benefits for members with mild to moderate mental health conditions and impairments to level of functioning. Beacon conducts an annual member experience survey and documents their analysis in their annual trend report to L.A. Care. L.A. Care reviews the results in its Behavioral Health Quality Committee meeting. Beacon reports its results annually at the end of Q1 for the prior year. Below is a summary of their 2018 results.

In 2018, Beacon Health Options (Beacon) changed its survey vendor from FactFinders to Morpace to administer the - Behavioral Health Member Satisfaction survey for the service year 2018. The change in survey vendor led to a review and modification of Beacon's survey process that included a redesigned survey. As the review resulted in changes to the survey (i.e. the question phrasing and response scales for survey questions), questions that experienced:

- Minimal question phrasing changes in service year 2018: data from previous years are presented for trending.
- Major question phrasing and/or change in response scale in 2018: data from previous years' questions with similar content are shown. These comparisons are for reference only. These results cannot necessarily be trended, due to changes in question or response scale modification.

This report summarizes results derived from the Member Satisfaction Survey as applied to a random sample of L.A. Care Covered, Medi-Cal and Duals members. In general, member satisfaction is presented by Summary Rate Scores, which represent the percent of respondents who chose the most positive responses.

METHODOLOGY

Members were randomly selected to be in the sample based on a data file that Beacon provided to Morpace. The data file comprised of behavioral health claims data from quarter 4 2017, quarter 1 2018, and quarter 2 2018. Once the data file was received by Morpace, it was deduped to ensure that no more than one member per household was included in the sample. The sample size was defined by Morpace based on market proportions by line of business, age, and gender.

The survey administration (which was offered in both English and Spanish) consisted of:

- First mailing: mailing a cover letter, a survey, and a return envelope to all members in the sample.
- Second mailing: mailing a cover letter, a survey, and a return envelope to all members who did not respond in the first mailing.
- Telephone: calling all members (on different days and at different times, up to three attempts) who did not respond in the second mailing.

BEACON PERFORMANCE GOALS

In survey years 2017 and 2018, the performance goal set by Beacon is a Summary Rate Score of 85 percent for each question in all domains; for overall satisfaction with Beacon, the benchmark is 90 percent.

MEDI-CAL BEACON 2018 MEMBER SATISFACTION SURVEY RESULTS

Quantitative Analysis

Due to the sample size of 348 for Medi-Cal line of business, reliability of the survey is present due to response rate for most questions; however, as some questions are focused on inclusiveness of intended audience, reliability for those specific questions in the survey is absent and should not be generalized. Those questions will be identified in the broken out analysis by categorization (i.e. Appointment Access, Appointment Availability, Acceptability, Scope of Services, and Experience of Care).

Being that the survey timeframe is Q4 2017 and Q1 and Q2 2018 and the interventions identified above were started and/or completed in Q3 or Q4 2018, the interventions would not have had a direct impact on any of the results in service year 2018.

Appointment Access:

This category had three questions that could be trended for 2016, 2017, and 2018, due to the modification of the survey tool described above:

- Of the 51 members surveyed, 33 were able to get an urgent care appointment within two days (48 hours) which equated to 64.7 percent in service year 2018, which fell short of the 85 percent goal and was a four percentage point increase from service year 2017. The results for this question are not reliable due to the sample size of 51 as compared to 153 in 2016 and 171 in 2017 and should not be generalized.
- Of the 126 members surveyed, 94 had their first-time appointment within 14 calendar days (10 business days) which equated to 74.6 percent in 2018, which fell short of the 85 percent goal and was a four percentage point decrease from 2017.
- Of the 251 members surveyed, 199 rated the ability to get needed mental health or substance use care as very easy which equated to 79.3 percent, which fell short of the 85 percent goal but increased by three percentage points since 2017.

This category had two newly formulated questions that could be not trended for 2016, 2017, and 2018, due the modification of the survey tool described above.

- Of the 82 members surveyed, 68 were able to set a meeting time with a provider when calling Beacon which equated to 82.9 percent 2018.
- Of the 251 members surveyed, 203 were seen for their counseling appointment with 15 minutes of appointment time which equated to 80.9 percent in 2018.

Appointment Availability:

This category did not have any questions that could be trended for 2016, 2017, and 2018, due the modification of the survey tool described above.

This category had two newly formulated question that could be not trended for 2016, 2017, and 2018, due the modification of the survey tool described above.

- Of the 79 members surveyed, 26 identified that they did not have hard time finding a provider.
- Of the 252 members surveyed, 201 identified that treatment locations were always or usually close enough for them which equated to 79.8 percent in 2018.

Acceptability:

This category had two questions that could be trended for 2016, 2017, and 2018, due the modification of the survey tool described above:

- Of the 250 members surveyed, 209 identified that their counseling or treatment always or usually met their language, religious or cultural needs which equated to 83.6 percent in 2018, which fell below the 85 percent goal and also decreased nine percentage points since 2017.

- Of the 251 members surveyed, 203 were given as much information as wanted to manage their condition which equated to 80.9 percent in 2018, which fell below the 85 percent goal.

This category had five newly formulated questions that could be not trended for 2016, 2017, and 2018, due the modification of the survey tool described above.

- Of the 255 members surveyed, 194 felt that their counselor or treatment provider was just right for member's needs equated to 76.1 percent in 2018.
- Of the 254 members surveyed, 202 stated that they were often involved as much as they wanted in their treatment which equated to 79.5 percent in 2018.
- Of the 249 members surveyed, 219 rated that their counseling or treatment was satisfactory which equated to 88.0 percent in 2018.
- Of the 13 members surveyed, 7 rated that the treatment they received from the facility was satisfactory equated to 53.8 percent in 2018. Due to a sample size of 13, the results for this question are not reliable and should not be generalized.
- Of the 14 members surveyed, 12 felt the number of days approved for hospital or facility stay was enough which equated to 85.71 percent in 2018. The results for this question are not reliable due to a sample size of 14 and should not be generalized.

Scope of Services:

This category had three questions that could be trended for 2016, 2017, and 2018, due the modification of the survey tool described above:

- Of the 330 members surveyed, 282 identified that they were satisfied with the services received from Beacon which equated to 85.5 percent in 2018, which was a one percentage point decrease from 2017.
- Of the 94 members surveyed, 85 identified that Beacon staff member(s) always or usually explained things in way they could understand which equated to 90.4 percent in 2018, which exceeded the 85 percent goal but decreased two percentage points from 2017.
- Of the 249 members surveyed, 241 felt that those they see for counseling or treatment protected their private information which equated to 96.8 percent in 2018, which exceeded the 85 percent goal.
- This category had fourteen newly formulated questions that could be not trended for 2016, 2017, and 2018, due the modification of the survey tool described above.
- Of the 94 members surveyed, 72 stated that it was easy to get through the list of choices to speak with a staff member which equated to 76.6 percent in 2018.
- Of the 90 members surveyed, 72 were able to get all the information they needed in one or two calls when they called Beacon Health Options which equated to 80.0 percent in 2018.
- Of the 94 members surveyed, 90 thought Beacon staff members(s) were always or usually as polite and respectful as they thought which equated to 95.7 percent in 2018.
- Of the 95 members surveyed, 83 and 74 stated that staff wanted to be sure member got all the information and also gave all the information or help needed which equated to 87.4 percent and 77.9 percent, respectively, in 2018.
- Of the 96 members surveyed, 87 rated quality of services provided by Beacon staff member as satisfactory which equated to 90.6 percent in 2018.
- Of the 80 members surveyed, 16 and 55 stated that they were handed over to someone who could help right way and they were given list of providers to call when called which equated to 20.0 percent and 68.8 percent, respectively, in 2018.
- Of the 81 members surveyed, 66 rated quality of services provided by Beacon when finding a provider as satisfactory which equated to 81.5 in percent 2018.
- Of the 320 members surveyed, 273 rated quality of services provided by Beacon as satisfactory which equated to 85.3 percent in 2018.

- In regards to Beacon Health Options website, of the 339 members surveyed, 58 indicated that they knew about the website which equated to 17.1 percent and 10.4 percent of the members indicated that they visited the Beacon website.

Experience of Care:

This category did not have any questions that could be trended for 2016, 2017 and 2019, due the modification of the survey tool described above.

This category had nine newly formulated questions that could be not trended for 2016, 2017 and 2019, due the modification of the survey tool described above.

- Of the 169 members surveyed, 127 indicated that their counselor told them about the side effects of the medicines which equated to 75.1 percent in 2018.
- Of the 248 members surveyed, 224 indicated that they followed their provider's treatment plan which equated to 90.3 percent in 2018.
- Of the 255 members surveyed, 200 and 175 indicated that they were able to deal with daily problems and social situations which equated to 78.4 percent and 68.9, respectively.
- Of the 253 members surveyed, 159 stated that they were able to do things how they want which equated to 62.8 percent in 2018.
- Of the 252 members surveyed, 211 stated that they were helped by the treatment they received which equated to 83.7 percent in 2018.

L.A. CARE COVERED BEACON 2018 MEMBER SATISFACTION SURVEY RESULTS

Quantitative Analysis

With a sample size of 44 for Commercial line of business, reliability of the survey is absent due to response rate for all questions and should not be generalized.

Being that the survey timeframe is Q4 2017 and Q1 and Q2 2018 and the interventions identified above were started and/or completed in Q3 or Q4 2018, the interventions would not have had a direct impact on any of the results in service year 2018.

Appointment Access:

This category had three questions that could be trended for 2016, 2017, and 2018, due the modification of the survey tool described above:

- Of the 5 members surveyed, 4 were able to get an urgent care appointment within two days (48 hours) which equated to 80.0 percent in service year 2018, which fell short of the 85 percent goal but increased by thirty-three percentage points since 2017. The results for this question are not reliable due to the sample size of 5 as compared to 20 in 2016 and 19 in 2017 and should not be generalized.
- Of the 19 members surveyed, 13 had their first-time appointment within 14 calendar days (10 business days) which equated to 68.4 percent in 2018, which fell short of the 85 percent goal and was a nine percentage point decrease from 2017.
- Of the 37 members surveyed, 26 rated the ability to get needed mental health or substance use care as very easy which equated to 70.3 percent in 2018.

This category had two newly formulated questions that could be not trended for 2016, 2017, and 2018, due the modification of the survey tool described above.

- Of the 13 members surveyed, 10 were able to set a meeting time with a provider when calling Beacon which equated to 76.9 percent 2018.
- Of the 37 members surveyed, 29 were seen for their counseling appointment with 15 minutes of appointment time which equated to 78.4 percent in 2018.

Appointment Availability:

This category did not have any questions that could be trended for 2016, 2017, and 2018, due the modification of the survey tool described above.

This category had two newly formulated question that could be not trended for 2016, 2017, and 2018, due the modification of the survey tool described above.

- Of the 13 members surveyed, 6 identified that they did not have hard time finding a provider.
- Of the 37 members surveyed, 26 identified that treatment locations were always or usually close enough for them which equated to 70.3 percent in 2018.

Acceptability:

This category had two questions that could be trended for 2016, 2017, and 2018, due the modification of the survey tool described above:

- Of the 36 members surveyed, 28 identified that their counseling or treatment always or usually met their language, religious or cultural needs which equated to 77.8 percent in 2018, which fell below the 85 percent goal and also decreased thirty-two percentage points since 2017.
- Of the 35 members surveyed, 27 were given as much information as wanted to manage their condition which equated to 77.1 percent in 2018, which fell below the 85 percent goal.

This category had five newly formulated questions that could be not trended for 2016, 2017, and 2018, due the modification of the survey tool described above.

- Of the 37 members surveyed, 29 felt that their counselor or treatment provider was just right for member's needs equated to 78.4 percent in 2018.
- Of the 37 members surveyed, 29 stated that they were often involved as much as they wanted in their treatment which equated to 78.4 percent in 2018.
- Of the 37 members surveyed, 32 rated that their counseling or treatment was satisfactory which equated to 86.5 percent in 2018.
- None of the Commercial members responded to the facility questions.

Scope of Services:

This category had three questions that could be trended for 2016, 2017, and 2018, due the modification of the survey tool described above:

- Of the 42 members surveyed, 36 identified that they were satisfied with the services received from Beacon which equated to 85.7 percent in 2018, which was a one percentage point decrease from 2017.
- Of the 15 members surveyed, 10 identified that Beacon staff member(s) always or usually explained things in way they could understand which equated to 66.7 percent in 2018, which fell below the 85 percent goal and decreased by twenty-eight percentage points from 2017. The results for this question are not reliable due to the sample size of 15 and should not be generalized.
- Of the 36 members surveyed, 36 felt that those they see for counseling or treatment protected their private information which equated to 100.0 percent in 2018, which exceeded the 85 percent goal.

This category had fourteen newly formulated questions that could be not trended for 2016, 2017, and 2018, due the modification of the survey tool described above.

- Of the 15 members surveyed, 8 stated that it was easy to get through the list of choices to speak with a staff member which equated to 53.5 percent in 2018.
- Of the 14 members surveyed, 7 were able to get all the information they needed in one or two calls when they called Beacon Health Options which equated to 50.0 percent in 2018.
- Of the 15 members surveyed, 13 thought Beacon staff members(s) were always or usually as polite and respectful as they thought which equated to 86.7 percent in 2018.

- Of the 15 members surveyed, 9 stated that staff wanted to be sure member got all the information and also gave all the information or help needed which equated to 60.0 percent, respectively, in 2018.
- Of the 15 members surveyed, 11 rated quality of services provided by Beacon staff member as satisfactory which equated to 73.3 percent in 2018.
- Of the 11 members surveyed, 8 stated that they were given list of providers to call when called which equated to 72.7 percent in 2018.
- Of the 13 members surveyed, 7 rated quality of services provided by Beacon when finding a provider as satisfactory which equated to 53.8 percent in 2018.
- Of the 40 members surveyed, 34 rated quality of services provided by Beacon as satisfactory which equated to 85.0 percent in 2018.
- In regards to Beacon Health Options website, of the 41 members surveyed, 8 indicated that they knew about the website which equated to 19.5 percent and 14.3 percent of the members indicated that they visited the Beacon website.

Experience of Care:

This category did not have any questions that could be trended for 2016, 2017 and 2019, due the modification of the survey tool described above.

This category had nine newly formulated questions that could be not trended for 2016, 2017 and 2019, due the modification of the survey tool described above.

- Of the 28 members surveyed, 20 indicated that their counselor told them about the side effects of the medicines which equated to 71.4 percent in 2018.
- Of the 37 members surveyed, 34 indicated that they followed their provider's treatment plan which equated to 91.9 percent in 2018.
- Of the 37 members surveyed, 30 and 27 indicated that they were able to deal with daily problems and social situations which equated to 81.1 percent and 73.0, respectively.
- Of the 37 members surveyed, 27 stated that they were able to do things how they want which equated to 73.0% in 2018.
- Of the 37 members surveyed, 30 stated that they were helped by the treatment they received which equated to 81.1% in 2018.

CAL MEDICONNECT BEACON 2018 MEMBER SATISFACTION SURVEY RESULTS

With a sample size of 20 for CMC/Duals line of business, reliability of the survey is absent due to response rate for all questions and should not be generalized.

Being that the survey timeframe is Q4 2017 and Q1 and Q2 2018 and the interventions identified above were started and/or completed in Q3 or Q4 2018, the interventions would not have had a direct impact on any of the results in service year 2018.

Appointment Access:

This category had the survey tool described above:

three questions that could be trended for 2016, 2017, and 2018, due the modification of

- Of the 3 members surveyed, 1 were able to get an urgent care appointment within two days (48 hours) which equated to 33.3 percent in service year 2018, which fell short of the 85 percent goal. The results for this question are not reliable due to the sample size of 3 as compared to 13 in 2016 and 15 in 2017 and should not be generalized.
- Of the 5 members surveyed, 3 had their first-time appointment within 14 calendar days (10 business days) which equated to 60.0 percent in 2018, which fell short of the 85 percent goal. The results for this question are not reliable due to the sample size of 5 and should not be generalized.

- Of the 13 members surveyed, 10 rated the ability to get needed mental health or substance use care as very easy which equated to 76.9 percent in 2018.

This category had two newly formulated questions that could be not trended for 2016, 2017, and 2018, due the modification of the survey tool described above.

- Of the 4 members surveyed, 4 were able to set a meeting time with a provider when calling Beacon which equated to 100.0 percent 2018.
- Of the 14 members surveyed, 12 were seen for their counseling appointment with 15 minutes of appointment time which equated to 85.7 percent in 2018.

Appointment Availability:

This category did not have any questions that could be trended for 2016, 2017, and 2018, due the modification of the survey tool described above.

This category had two newly formulated question that could be not trended for 2016, 2017, and 2018, due the modification of the survey tool described above.

- Of the 4 members surveyed, 1 indicated that provider listing was outdated and 2 indicated that provide is not taking new patients.
- Of the 14 members surveyed, 11 identified that treatment locations were always or usually close enough for them which equated to 78.6 percent in 2018.

Acceptability:

This category had two questions that could be trended for 2016, 2017, and 2018, due the modification of the survey tool described above:

- Of the 14 members surveyed, 13 identified that their counseling or treatment always or usually met their language, religious or cultural needs which equated to 92.9 percent in 2018, which exceed the 85 percent goal and also increased by three percentage points since 2017.
- Of the 12 members surveyed, 10 were given as much information as wanted to manage their condition which equated to 83.3 percent in 2018, which fell below the 85 percent goal.

This category had five newly formulated questions that could be not trended for 2016, 2017, and 2018, due the modification of the survey tool described above.

- Of the 14 members surveyed, 12 felt that their counselor or treatment provider was just right for member's needs equated to 85.4 percent in 2018.
- Of the 13 members surveyed, 11 stated that they were often involved as much as they wanted in their treatment which equated to 84.6 percent in 2018.
- Of the 14 members surveyed, 12 rated that their counseling or treatment was satisfactory which equated to 85.7 percent in 2018.
- None of the Commercial members responded to the facility questions.

Scope of Services:

This category had three questions that could be trended for 2016, 2017, and 2018, due the modification of the survey tool described above:

- Of the 19 members surveyed, 16 identified that they were satisfied with the services received from Beacon which equated to 84.2 percent in 2018, which was two percentage points decrease from 2017.
- Of the 7 members surveyed, 6 identified that Beacon staff member(s) always or usually explained things in way they could understand which equated to 85.7 percent in 2018, which exceeded the 85 percent goal. The results for this question are not reliable due to the sample size of 7 and should not be generalized.

- Of the 12 members surveyed, 12 felt that those they see for counseling or treatment protected their private information which equated to 100.0 percent in 2018, which exceeded the 85 percent goal.

This category had fourteen newly formulated questions that could be not trended for 2016, 2017, and 2018, due the modification of the survey tool described above.

- Of the 8 members surveyed, 7 stated that it was easy to get through the list of choices to speak with a staff member which equated to 87.5 percent in 2018.
- Of the 8 members surveyed, 6 were able to get all the information they needed in one or two calls when they called Beacon Health Options which equated to 75.0 percent in 2018.
- Of the 9 members surveyed, 8 thought Beacon staff members(s) were always or usually as polite and respectful as they thought which equated to 88.9 percent in 2018.
- Of the 9 members surveyed, 8 and 7 stated that staff wanted to be sure member got all the information and also gave all the information or help needed which equated to 88.9 percent and 77.8 percent, respectively, in 2018.
- Of the 9 members surveyed, 7 rated quality of services provided by Beacon staff member as satisfactory which equated to 77.8 percent in 2018.
- Of the 5 members surveyed, 4 rated quality of services provided by Beacon when finding a provider as satisfactory which equated to 80.0 in percent 2018.
- Of the 17 members surveyed, 14 rated quality of services provided by Beacon as satisfactory which equated to 82.4 percent in 2018.
- In regards to Beacon Health Options website, off the 20 members surveyed, 1 indicated that they knew about the website and none of the members indicated that they visited the Beacon website.

Experience of Care:

This category did not have any questions that could be trended for 2016, 2017 and 2019, due the modification of the survey tool described above.

This category had nine newly formulated questions that could be not trended for 2016, 2017 and 2019, due the modification of the survey tool described above.

- Of the 9 members surveyed, 6 indicated that their counselor told them about the side effects of the medicines which equated to 66.7 percent in 2018.
- Of the 14 members surveyed, 13 indicated that they followed their provider's treatment plan which equated to 92.9 percent in 2018.
- Of the 13 members surveyed, 9 and 7 indicated that they were able to deal with daily problems and social situations which equated to 69.2 percent and 50.0, respectively.
- Of the 14 members surveyed, 6 stated that they were able to do things how they want which equated to 42.9% in 2018.
- Of the 14 members surveyed, 14 stated that they were helped by the treatment they received which equated to 100.0% in 2018.

Qualitative Analyses

Modification of question phrasing and response scales for survey questions made an impact on the trended results as there were no questions that equated to a one-to-one comparison. This modification altered the previously established survey question constructs due to the change in how questions were asked. The sample size is also considerably smaller for two analyses listed above (i.e. CMC, and commercial lines of business), which would have also had an impact on the results. This could be in part due to utilization of a new survey vendor (i.e. Morpace) and/or use of a new survey methodology (i.e. survey administration and sample plan based on market proportions by line of business).

Medi-Cal Beacon Qualitative Analysis

The performance goal set by Beacon was a summary rate score of 85% for every measure except member satisfaction with the behavioral health services of Beacon, which is 90%. In service year 2018, the performance goal set by Beacon is 85% for select questions identified due to the nature of the question and how it is phrased (i.e. perception of care rather than just access and/or utilization of identified service). Due to the previously mentioned modifications to the core survey tool, the overall satisfaction and net promoter questions were removed. Of the eight questions asked with a performance goal, two met the 85% goal while five did not. Furthermore, Beacon did not reach their goal of 90% for overall satisfaction with the Behavioral Health Services offered through Beacon. (A majority of the survey questions are new to the satisfaction survey and did not have a goal. Members did rate Beacon staff as helpful. Member's showed the most positive response concerning data privacy by their providers.

The question, "When you needed Urgent Care, when was the earliest appointment that was offered to you?" had the lowest rated score. Per the survey key, this means that over half of members surveyed were offered an appointment within 1-2 days for urgent appointments. This question experienced a significant decrease from 2016 and a further decrease since 2017. This implies that an increasing trend of members feel that they are not offered appointments in accordance with the urgency of their appointment.

Beacon strives to provide members with the highest quality of care and satisfaction. Overall, members were satisfied with the services from their counselor (although the goal was not reached). The survey responses indicate that the Medi-Cal line of business could most improve upon urgent care appointments and access to timely routine appointments.,

Some barriers include differing perceptions of emergent and urgent needs between members and providers/Beacon staff, and the lack of providers in certain service areas that meet specific prescribing and cultural needs.

L.A. Care Covered Beacon Qualitative Analysis

The performance goal set by Beacon was a summary rate score of 85% for every measure except member satisfaction with the behavioral health services of Beacon, which is 90%. Of the eight questions asked with a performance goal, one of the measures met the goal while the remaining 7 did not. Similar to Medi-Cal, the LACC line of business did not meet the satisfaction goal for behavioral health services offered at Beacon. However, the rate did reflect satisfaction with services.

The lowest rated score was in regards to the helpfulness of Beacon staff, "Explaining things in a way you could understand". Beacon also scored low in questions related to receiving care within 14 days of a routine request.

The survey responses indicate that the LACC line of business could improve upon access to the ease of accessing services, providing members education on how to manage conditions, and Beacon staff explaining information in a way the member could understand.

The same barriers for Medi-Cal members arise for LACC members.

CMC Medicare Beacon Qualitative Analysis

The performance goal set by Beacon was a summary rate score of 85% for every measure except member satisfaction with the behavioral health services of Beacon, which is 90%. CMC met the most goals compared to the other lines of business with three exceeding the goal and five not meeting it. Although CMC did not meet the satisfaction with behavioral health services goal, they still reflected a positive level of satisfaction.

The survey responses indicate that the CMC line of business could improve with providing timely access to satisfy the need for urgent care appointments and routine care appointments. Generally speaking, CMC members were overall more satisfied with services offered through Beacon comparative to other lines of business.

The barriers for the CMC population are the same as Medi-Cal and LACC.

OPPORTUNITIES FOR IMPROVEMENT

Overall, all three lines met a total of 6 measured goals and did not meet 18. The highest rated score was members feeling like their counselor was protecting their confidential information, while the lowest score was for the ability to obtain routine appointment access. Members consistently rated Beacon staff as unable to explain information in a helpful way.

Other Barriers and Opportunities for Improvement

- Member's perception of Emergent and Urgent needs may be different from the clinical judgments of providers and Beacon staff.
- Lack of accurate and timely information regarding provider's availability.
- Lack of providers in certain service areas that meet specific prescribing and cultural needs.
- Certain prescribers in FQHCs may not be willing to see the members unless members switch their PCP to FQHC also, this may result in member dissatisfaction and delay of services.
- Providers requesting for members to call to schedule appointment
- Member lack of awareness that Beacon staff can assist with procuring appointments.
- Members may be confusing their county access experience (especially around emergent) with Beacon.
- Members non-responsive after submitting initial Routine with Assistance (RWA) request
- Members may not be aware of interpretative service offered by Beacon.
- Members may not be aware that they can have materials translated by Beacon.
- Provider need for understanding that communication between BH providers and PCPs is a contractual obligation.
- When feasible, case managers will meet the members face-to-face in the hospital setting to encourage continuity of care between the acute unit and the outpatient provider.
- Based on chart review results, continue to provide feedback on provider's performance and documentation. Send letters to providers with tips for improving performance.
- Continue to educate providers through trainings on specific topics, Provider Advisory Council, Provider Bulletins and articles.
- Continue to leverage the PQMs to work closely with providers on building highly collaborative relationships with providers, driving provider performance improvement year-over-year through education and data, and identifying top-performing providers for innovative programs/pilots.
- The PQMs will continue to be informed by the Aftercare team if there is need for provider education around discharge planning and follow up appointment scheduling.
- Continue to monitor provider performance using chart review process and send providers the results of their 2018 audits with suggestions to improve their scores on measures regarding communication with other BH provider and with PCPs.
- Continue mandatory annual Beacon training for all Beacon Clinicians regarding documentation standards.
- Collaborate with the health plan to educate PCPs on collaborating with the member's BH providers as well as availability of PCP Toolkit and other tools on Beacon's website.
- Share results of survey with providers along with tools targeted towards barriers identified through survey.

- Ensure all coordination of care materials on website are up-to-date, easily available and consistent across all plans (Ongoing).
- Continue to educate members through Appointment Assistance Checklist training Guide. This guide contains information on transportation options through the health plans, interpreter services and psych testing request (linkage to a therapist).
- Continue quarterly provider access and availability survey to ensure providers are available to take members within the 6-hour, 48-hour, and 10 business day time frames and Beacon directory is updated with real time data.
- Review criteria for admitting providers to the network, and updating as warranted.
- Analyze out of network utilization data to identify specialty, cultural, and linguistic recruitment needs and bring providers in network.
- Active recruitment of prescribers, child psychiatrists, and other providers based on specialty, cultural/linguistic, and geographic needs.
- Ensure that members are aware of Beacon’s availability to assist in obtaining appointments when member is unable to secure an appointment
- Continue to conduct targeted follow up with providers who are non-responsive to quarterly provider access surveys through email software

Provider Focused Interventions:

- Continue to educate providers on the importance of PCP support and “peer-to-peer” support.
- Providers can call Beacon psychiatrists for advice on members and medication (Quarterly).
- Continued to emphasize during the New Provider Orientation Beacon’s expectation that providers work collaboratively with PCP’s, other BH providers, and community based organizations (multiple training sessions held quarterly).
- Continued quarterly provider survey to capture providers’ availability to see members within 6 hours, 48 hours and 10 business days as well as provider and staff language and cultural capability and specialty (January, April and July 2018).
- Through Provider Bulletin, educated providers regarding importance of Treatment Record
- Documentation standards and key components of documentation. Treatment record documentation standards are established to assure that records are maintained in organized format, which permits effective and confidential patient care and quality review. These standards facilitate communication, coordination and continuity of care, and promote efficient and effective treatment (January 2018).
- Through provider bulletin, educated providers regarding importance of continuing and coordinating care between BH providers and PCPs and best practices to support continuity and coordination of care. The integration of treatments for BH and physical health conditions results in a coordinated system of care that supports the multifaceted needs of members, ensuring continuity of care, improved outcomes for patients, and an effective health care system (February 2018).
- Through provider bulletin, educated providers regarding access and availability standards (March 2018).
- Provided Suicide Prevention & Awareness training to all health plans and PCPs (June 28, 2018 and July 08, 2018).
- Continued mandatory annual training for providers on Cultural and Linguistic program (Trainings are offered during credentialing, credentialing and upon request).
- Continued to update and distribute the Cultural and Linguistic Provider Toolkit with resources for providers such as summary of Beacon’s Cultural and Linguistic program, employee provider language skills self-assessment tool and other educational materials (Updated in June 2018; Distributed via Provider Bulletin in July 2018, December 2018).

- Informed providers via provider bulletin regarding C&L Rights Signage Requirements in various languages ensuring providers have proper understanding of the notice (Q2 2018).
- Through provider bulletin, educated providers regarding improving care coordination as an essential component to member care. Coordination of care between healthcare providers is an important and necessary process for optimal client health and wellness. This includes coordination of care between behavioral health providers and medical providers. Barriers to this vital communication may include: (October 2018)
 - Time issues
 - Concerns over protection of personal health information (PHI)
 - Client concerns and fears
- Continued to promote the use of online resources to providers, Beacon Provider Bulletins, site visits and Provider Advisory Councils.
- In collaboration is Provider Quality Managers (PQMs) (formally known as Managers of Provider Partnership), continued to promote the PCP Toolkit which now links interactively with Achieve Solutions; Beacon's health and wellness information library on Beacon website.

Staff Focused Interventions:

- Trained Beacon staff on 2018 HEDIS BH measures, which includes FUH measures, measure rational, and changes for 2018 (January 09 and January 10, 2018).
- Created Access and Availability weekly workgroup involving Outpatient Department, Appointment Assistance team, and Network Development team to discuss and address any barriers the teams may be facing (Weekly; February 2018).
- Continued to update and distribute the Cultural and Linguistic Staff Toolkit with resources for staff such as summary of Beacon's Cultural and Linguistic program, employee language skills self-assessment tool and other educational materials (Updated and distributed in June 2018, December 2018).
- Initiated weekly workgroup with Aftercare leads and CM leads to review and strategies on
- improvement plan for members not reached or were no show to the scheduled appointment (August 2018)
- Redesigned Interdepartmental Inpatient workflow where Aftercare team, Case Management team, UM, and Provider Quality Managers (PQMs) collaborate in order to widen scope and quality of clinical service during transition of care following inpatient care, improve HEDIS FUH rates, and reduce abrasion with facilities (August 28, 2018)
- Continued weekly rounds with aftercare staff to discuss any barriers to scheduling aftercare appointments or members attending their appointment. Individual QI Programs are created for each staff member to identify barriers and areas of opportunity, successful plans are shared with the rest of the team.
- Continued educating staff (clinicians and member services staff) on the availability and location of triage and referral manual that outlines procedures for Emergent, Urgent and Routine calls.

Member Focused Interventions:

- Continued to implement Beacon Aftercare Program, including activities such as:
 - Initiated discharge plan at the time of admission
 - Appointment reminder calls
 - Successful appointment verification, including carve out services
 - Follow up letters to members
 - Tracking and trending data
 - Send appointment reminder card to all members
 - Send aftercare educational letter and brochure to all members who do not keep appointment

- o Send "we are trying to reach you" slips when unable to reach member
- o Meet members in the acute hospital when possible
- Continue corporate wide FUH QIA focused on designing and implementing improvements in areas that Beacon identifies as key thus improving quality of care and services for our members, providers and health plans developed (Bi-weekly).
- In collaboration with Case Management, FUH team uses coaching referral process that is used when a member is non-responsive or declining aftercare services. CM team reaches out to members after hours/weekends and uses motivational coaching techniques to engage members.
- Outpatient team identifies appointment for member and instructs member to contact provider directly to secure appointment. To ensure member was able to obtain appointment, Outpatient team will contact provider's office to confirm member has scheduled appointment (Ongoing; Q1 2018).
- Conducted joint clinical rounds with the plan to discuss any intervention or barriers in regards to patient care (Bi-weekly).
- Transition of Care Clinicians (TOC) conducted face to face visits at designated facilities for commercial members. These face to face visits will help Beacon TOCs encourage members to attend their appointments. Best practice/recommendation will also be shared with members with SUD as well as providers (January 08, 2018)
- Initiate ADD Member Outreach Initiative where parents/guardians of members with ADHD diagnosis are outreached. These calls will emphasize the need for follow up with a prescriber and importance of medication adherence. (Q3 and Q4 2018)
- Enhanced Beacon's website to include link to Achieve Solutions health library, which includes articles, quizzes, resources and interactive self-assessment tools related to depression on member pages.

NEXT STEPS/INTERVENTIONS

- Continue to educate providers on Beacon's Quality Program through the distribution of Inpatient, Outpatient, and PCP "Quality Packets" (Ongoing).
- UM clinicians to continue collaboration with the facility discharge planner to ensure discharge plan is a solid and viable plan and member's willingness to follow through with the plan.
- Continue to utilize the Transition of Care Clinicians to go to meet the members at the acute hospital setting prior to discharge and then again post discharge to educate members on the importance of attending their follow-up appointments.

H.1.d MEMBER SATISFACTION (CAHPS)

AUTHOR: CAROLINA COLEMAN, MPP

REVIEWER: MARIA CASIAS, RN & JAMES KYLE, MD

CONSUMER ASSESSMENT OF HEALTHCARE PROVIDERS AND SYSTEMS (CAHPS) RESULTS

BACKGROUND

L.A. Care Health Plan demonstrates its commitment to improving member satisfaction through the 2019 Medicaid Adult and Child CAHPS 5.0 Member Survey, 2019 Medicare MAPD CAHPS, and 2019 QHP Enrollee Experience Survey. Results are trended over a three-year period. The scores presented are the results of the surveys conducted by Decision Support Systems (DSS), a vendor hired by L.A. Care. This section of the report contains a quantitative analysis, followed by a qualitative analysis; selection of the top priorities among opportunities identified for improvement.

L.A. Care also conducts Clinician & Group CAHPS (CG-CAHPS) surveys annually for its Medi-Cal population. CG-CAHPS is a domain in the Value Initiative for IPA Performance + Pay for Performance (VIIP+P4P) Program for Medi-Cal only. Training was provided to help groups interpret the results and identify opportunities to improve their outcomes using the priority matrix and summary documents to help improve health plan performance.

The Member Quality Service Committee (MQSC) is the cross-departmental multidisciplinary committee responsible for identifying quality improvement needs, and reports its findings and recommendations to the Quality Oversight Committee (QOC). The MQSC is comprised of representatives from Quality Improvement, Customer Solution Center, Utilization Management, Care Management, Health Education, Cultural and Linguistic, Commercial & Group Product Management, Provider Network Management, and other departments, as required. Information in this report is based on the analysis of available data and surveys, as well as discussions at the Quality Oversight and Joint Performance Improvement Collaborative Committee (PICC) and Physician Quality Committee (PQC) Committee.

SECTION 1: MEDICAID CAHPS RESULTS

METHODOLOGY

This section summarizes findings of the 2019 Medicaid CAHPS 5.0 Child and Adult surveys, reviews rates over three years, and reviews performance relative to the 2019 National Committee for Quality Assurance (NCQA) national accreditation percentiles and those published in the Quality Compass.

In addition to the DSS surveys, CAHPS was also administered by the Department of Healthcare Services via Health Services Advisory Group (HSAG) for the same time period, but with slightly different methodology in contacting members. The DSS survey is used for NCQA purposes, while the HSAG survey is used to rank health plans throughout the state. Overall, scores were very similar in each survey, with only one rating for the Child survey and one composite for each Child and Adult survey scoring statistically different (detailed below). DSS conducts key driver statistical modeling to assist L.A. Care in selecting priority measures to target improvements.

The Child survey sampled parents of pediatric members (17.9 years and younger) and the Adult survey sampled members 18 years or older, as of the anchor date of December 31, 2018, who were continuously enrolled in Medi-Cal (for at least five of the last six months of the measurement year, and who were still enrolled at the time of the survey). A total of 393 responses were received for the Child survey and 302 responses for the Adult survey. Members were surveyed in English and Spanish.

RATINGS

The CAHPS survey includes the following four general overall rating questions designed to distinguish among important aspects of care. These questions ask enrollees to rate their experience in the past 6 months. Response options for rating satisfaction ranged from 0 (worst) to 10 (best). For the NCQA scoring in the table below, ratings of 8, 9, or 10 are considered favorable, and the score is presented as a percentage of members whose response was favorable. The tables below compare 2019 scores to scores from 2018 and 2017, as well as to benchmarks and the goal.

Medicaid Child Ratings	2017	2018	2019	2019 vs. 2018	NCQA Accreditation Percentile	Quality Compass Percentile	2019 Goal	Goal Met
Health Plan	79.7%	83.0%	86.7%	3.7%	75th	25th	85%	Yes
All Health Care	82.9%	84.1%	82.3%	-1.8%	50th	<25th	87%	No
Personal Doctor	86.3%	86.7%	84.2%	-2.5%	75th	<25th	89%	No
Specialist Seen Most Often	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A

N/A indicates that the measure had <100 respondents (not scored by NCQA)

Quantitative Analysis - Child

- **Health Plan:** Increased 3.7 percentage points from 2018 and met the goal. L.A. Care's score now meets the NCQA 75th percentile. The score of 86.7% was significantly higher than the same rating in the HSAG survey (81.3%).
- **All Health Care:** Decreased 1.8 percentage points from 2018. L.A. Care's score decreased from the NCQA 75th to the 50th percentile.
- **Personal Doctor:** Decreased 2.5 percentage points from 2018. L.A. Care's score now meets the NCQA 75th percentile.
- **Specialist Seen Most Often:** The response rate was insufficient to score.
- The goal was met only for Rating of Health Plan, although this is an improvement from 2018 when L.A. Care did not meet the goal for any Child Rating. L.A. Care's performance relative to NCQA benchmarks improved for Rating of Health Plan and Personal Doctor. Performance is high compared to Accreditation benchmarks, but low compared to Quality Compass benchmarks.

Medicaid Adult Ratings	2017	2018	2019	2019 vs. 2018	NCQA Accreditation Percentile	Quality Compass Percentile	2019 Goal	Goal Met
Health Plan	69.6%	74.0%	72.9%	-1.1%	25th	<25th	78%	No
All Health Care	66.7%	66.3%	71.8%	5.5%	25th	<25th	70%	Yes
Personal Doctor	75.3%	80.2%	78.4%	-1.8%	25th	<25th	84%	No
Specialist Seen Most Often	N/A	77.0%	75.2%	-1.8%	<25th	<25th	80%	No

N/A indicates that the measure had <100 respondents (not scored by NCQA)

Quantitative Analysis - Adult

- **Health Plan:** Decreased 1.1 percentage points from 2018.
- **All Health Care:** Increased 5.5 percentage points from 2018. This was a statistically significant increase that met the goal.

- Personal Doctor: Decreased 1.7 percentage points from 2018.
- Specialist Seen Most Often: Decreased 1.8 percentage points from 2018.
- Three ratings met the NCQA 25th percentile. The goal was met only for Rating of All Health Care. Adult scores remain low-performing compared to both sets of benchmarks.

COMPOSITES

The CAHPS survey asks respondents about their experience with various aspects of their care. Survey questions are combined into “composites.” Questions within each composite ask members how often a positive service experience occurred in the past six months. Respondents have the option to select from “never,” “sometimes,” “usually,” and “always.” The scores for composite scores throughout this report reflect the percent of responses indicating “usually” or “always.” The tables below compare 2019 scores to scores from 2018 and 2017, as well as to the benchmarks and goals.

Medicaid Child Composites	2017	2018	2019	2019 vs. 2018	NCQA Accreditation Percentile	Quality Compass Percentile	2019 Goal	Goal Met
Getting Needed Care	78.5%	79.0%	83.9%	4.9%	<25th	25th	82%	Yes
Getting Care Quickly	82.5%	84.0%	80.4%	-3.6%	<25th	<25th	82%	No
How Well Doctors Communicate	89.6%	88.3%	88.9%	0.6%	N/A	<25th	N/A	N/A
Customer Service	83.4%	85.2%	86.5%	1.3%	25th	<25th	87%	No
Coordination of Care	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A

N/A indicates that the measure had <100 respondents (not scored by NCQA)

Quantitative Analysis - Child

- Getting Needed Care: Increased by 4.9 percentage points from 2018. This was a statistically significant increase that met the goal.
- Getting Care Quickly: Decreased by 3.6 percentage points from 2018.
- How Well Doctors Communicate: Increased by 0.6 percentage points from 2018. The score of 88.9% was significantly higher than the same rating in the HSAG survey (85.7%). This measure has been retired by NCQA for accreditation, thus no goal was set.
- Customer Service: Increased by 1.3 percentage points from 2018. L.A. Care’s score increased from below the NCQA 25th percentile to meeting the 25th percentile.
- The goal was met only for Getting Needed Care, although this is an improvement from 2018 when L.A. Care did not meet the goals for any Child Composite. Only the Customer Service composite met the NCQA 25th percentile.

Medicaid Adult Composites	2017	2018	2019	2019 vs. 2018	NCQA Percentile	Quality Compass Percentile	2019 Goal	Goal Met
Getting Needed Care	74.8%	76.8%	76.6%	-0.2%	<25th	<25th	80%	No
Getting Care Quickly	76.6%	72.1%	76.8%	4.7%	<25th	<25th	76%	Yes
How Well Doctors Communicate	91.2%	88.5%	89.1%	0.6%	N/A	<25th	N/A	N/A
Customer Service	N/A	87.5%	N/A	N/A	N/A	N/A	91%	N/A
Coordination of Care	N/A	78.4%	N/A	N/A	N/A	N/A	82%	N/A

N/A indicates that the measure had <100 respondents (not scored by NCQA)

Quantitative Analysis - Adult

- **Getting Needed Care:** Decreased 0.2 percentage points from 2018.
- **Getting Care Quickly:** Increased 4.7 percentage points from 2018, meeting the goal.
- **How Well Doctors Communicate:** Increased 0.6 percentage points from 2018. The score of 89.1% was statistically higher than the HSAG score of 84.9%. This measure has been retired by NCQA for accreditation, thus a goal was not set.
- **Customer Service:** Did not have enough responses to report.
- No composite met the NCQA 25th percentile. The goal was met only for Getting Care Quickly, although this was an improvement from 2018 when L.A. Care did not meet goals for any Adult Composite.

SECTION 2: L.A. CARE COVERED ENROLLEE SURVEY RESULTS

METHODOLOGY

The 2019 Qualified Health Plans (QHP) Enrollee Survey sampled members who were 18 years and older as of the anchor date of December 31, 2018, who were continuously enrolled in L.A. Care Covered (LACC) for the last six months of the measurement year with no more than one 31-day break in coverage. The survey was offered in English and Spanish. Rates presented are official adjusted rates from CMS, which are sometimes lower than unadjusted rates. A total of 309 responses were received.

RATINGS

QHP Rating*	2017	2018	2019	2019 vs. 2018	2019 Goal	Goal Met	CMS National Average
Health Plan	71.7%	72.6%	72.6%	0%	76%	No	70.5%
Health Care	84.9%	75.8%	77.9%	2.1%	79%	No	78.0%
Personal Doctor	96.1%	86.9%	82.5%	-4.4%	90%	No	87.0%
Specialist	84.9%	84.9%	82.7%	-2.2%	88%	No	84.5%

*Responses of 7, 8, 9, or 10

Quantitative Analysis

- Health Plan Overall: L.A. Care’s score remained the same from 2018. This met the CMS 75th percentile.
- Health Care Rating: Increased by 2.1 percentage points from 2018. This met the CMS 50th percentile.
- Personal Doctor: Decreased by 4.4 percentage points from 2018. This Rating scored below the CMS 5th percentile.
- Specialist: Decreased by 2.2 percentage points from 2018. This Rating fell below the CMS 25th percentile.
- The goal was not met for any Rating. Only Rating of Health Plan exceeded the CMS National Average. Rating of Personal Doctor scored statistically lower than the CMS National Average.

COMPOSITES

QHP Composites	2017*	2018	2019	2019 vs. 2018	2019 Goal	Goal Met	CMS National Average
Getting Care Quickly	69.2%	67.1%	66.4%	-0.7%	71%	No	76.0%
Getting Needed Care	77.5%	66.3%	66.9%	0.6%	70%	No	73.1%
Access to Information	64.1%	63.7%	50.2%	-13.5%	63%	N/A	50.0%
Getting Information in a Needed Language/Format	58.9%	60.3%	66.5%	6.5%	N/A	N/A	62.5%
How Well Doctors Coordinate Care and Keep Patients Informed	86.0%	77.8%	76.7%	-1.1%	80%	No	82.7%
Health Plan Customer Service	83.3%	77.3%	74.8%	-2.5%	N/A	N/A	75.7%
Costs	88.4%	89.2%	81.0%	-8.2%	N/A	N/A	78.1%
How Well Doctors Communicate	94.2%	86.9%	85.7%	-1.2%	N/A	N/A	88.8%

*Scores from 2017 are unofficial scores reported by DSS.

Quantitative Analysis

- The below rates changed from the previous year:
 - Getting Care Quickly: Decreased by 0.7 percentage points
 - Getting Needed Care: Increased by 0.6 percentage points
 - Access to Information: Decreased by 13.5 percentage points, but exceeded the CMS National Average.
 - Getting Information in a Needed Language/Format: Increased by 6.5 percentage points and exceeded the CMS National Average.
 - How Well Doctors Coordinate Care and Keep Patients Informed: Decreased by 1.1 percentage points.
 - Health Plan Customer Service: Decreased by 2.5 percentage points.
 - Costs: decreased by 8.2 percentage points, but exceeded the CMS National Average.
 - How Well Doctors Communicate: Decreased by 1.3 percentage points.
- The goal was not met for any of the Composites. Three measures met or exceeded the CMS National Average. Enrollee Experience with Cost scored statistically higher than the CMS Average. Getting Care Quickly, Getting Needed Care, How Well Doctors Communicate, and How Well

Doctors Coordinate Care and Keep Patients Informed scored statistically lower than the CMS Average for the second year in a row.

SECTION 3: MEDICARE ADVANTAGE PRESCRIPTION DRUG (MAPD) CAHPS RESULTS

METHODOLOGY

This report summarizes findings of the 2019 Medicare MAPD CAHPS survey. The MAPD CAHPS Survey sampled Cal MediConnect (CMC) members ages 18 and above at the time of the sample draw and who were continuously enrolled in L.A. Care’s Medicare-Medicaid Plan (MMP) for 6 months or longer. A total of 339 responses were received. The results below are based on the official, adjusted results from CMS. The benchmark comes from the average of Medicare-Medicaid plans (MMP) for comparison. An additional benchmark of Medicare Advantage plans, which are largely commercial, is also reviewed for statistical differences in scores.

RATINGS

MAPD Ratings*	2017**	2018	2019	2019 vs. 2018	2019 Goal	Goal Met	2019 MMP Avg.
Health Plan	89%	60%	69%	9%	65%	Yes	66%
Health Care Quality	81%	58%	64%	6%	63%	Yes	61%
Personal Doctor	89%	N/A	78%	N/A	92%	N/A	77%
Specialist	91%	N/A	N/A	N/A	N/A	N/A	N/A
Drug Plan	88%	65%	70%	5%	89%	No	67%

*Responses 9 or 10

**Scores in 2017 were based on responses of 7, 8, 9, or 10

N/A indicates measure was not scored due to low reliability

Quantitative Analysis

- **Health Plan:** Increased by nine percentage points from 2018 and met the goal. The rating exceeded the MMP average and was not statistically different from the national Medicare Advantage average.
- **Health Care Quality:** Increased by six percentage points from 2018. The rating exceeded the MMP average and was not statistically different from the national Medicare Advantage average.
- **Personal Doctor:** There was no score from the previous year to compare to, but this rating exceeded the MMP average and was not statistically different from the national Medicare Advantage average.
- **Specialist:** The 2019 score was N/A.
- **Drug Plan:** Increased by five percentage points from 2018. The rating exceeded the MMP average and was statistically above average compared to Medicare Advantage plans nationally.
- The goal was met for Rating of Health Plan and Health Care Quality. All the ratings that were scored exceeded the MMP National Average. All ratings that could be compared to the previous year’s performance showed increases of at least five percentage points.

COMPOSITES

MAPD Composites*	2017	2018	2019	2019 vs. 2018	2019 Goal	Goal Met	2019 MMP Avg.
Customer Service	90%	90%	94%	4%	94%	Yes	94%
Getting Needed Care	81%	83%	88%	5%	87%	Yes	88%
Getting Appointments and Care Quickly	71%	75%	81%	6%	79%	Yes	82%
Doctors Who Communicate Well	90%	N/A	N/A	N/A	N/A	N/A	95%
Care Coordination	87%	83%	91%	8%	86%	Yes	90%
Getting Needed Prescription Drugs	91%	92%	88%	-4%	92%	No	94%

*Represents responses of “Always” or “Usually”

Quantitative Analysis

- **Customer Service:** Increased by four percentage points from 2018. This composite met the MMP average and was not statistically different from the national Medicare Advantage average.
- **Getting Needed Care:** Increased by five percentage points from 2018. This composite met the MMP average and was not statistically different from the national Medicare Advantage average.
- **Getting Appointments and Care Quickly:** Increased by six percentage points from 2018. This composite did not meet the MMP average but it was not statistically different from the national Medicare Advantage average.
- **Doctors Who Communicate Well:** The 2019 score was N/A.
- **Care Coordination:** Increased by eight percentage points from 2018. This composite met the MMP average and was not statistically different from the national Medicare Advantage average.
- **Getting Needed Prescription Drugs:** Decreased by four percentage points from 2018. This composite did not meet the MMP average was statistically below average compared to Medicare Advantage plans nationally.
- Four of the composites showed increases from the previous year.
- The goal was met for Customer Service, Getting Needed Care, Getting Appointments and Care Quickly, and Care Coordination. It was not met for Getting Needed Prescription Drugs.
- Three composites met or exceeded the MMP national average. Only Getting Needed Prescription Drugs was statistically below the Medicare Advantage average.

SECTION 5: FLU AND MEDICAL ASSISTANCE WITH SMOKING AND TOBACCO USE CESSATION CAHPS RESULTS

FLU RESULTS

Annual Flu Vaccine by LOB	2019 Score	2018 Score	2017 Score	2019 vs. 2018
Medi-Cal	40.46%	39.81%	37.5%	0.65%
CMC	68%	65%	67.13%	3%
LACC	37.22%	36.25%	33.47%	0.97%

Flu Vaccine Qualitative Analysis Across all LOB's

L.A. Care's annual Fight the Flu Campaign runs from September to May annually and aims to improve flu vaccination rates and subsequently improve flu-related Consumer Assessment of Healthcare Providers and Systems (CAHPS) scores. L.A. Care's 2019 CAHPS Flu Vaccination for Adults (FVA) increased across all LOBs. The Medi-Cal rate increased from 39.81% in 2018 to 40.46%, continuing its upward trend. The 2019 CMC CAHPS rates increased three percentage points from 65% in 2018 to 68% in 2019, moving toward, but still missing, the 69% benchmark. L.A. Care's CAHPS FVA rate for LACC increased almost one percentage point from 36.25% in 2018 to 37.22% in 2019.

The 2018-2019 Fight the Flu campaign built upon interventions from the previous year and differed by LOB.

In September 2018, to align with the availability of the vaccine, the Health Education Unit mailed all CMC members an educational brochure on how to prevent the flu and where to get the vaccine, either through their PCP or at a network pharmacy. A promotional L.A. Care branded item was included to further remind members to get their flu shot. CMC members received an automated phone call in November 2018 reinforcing the importance of the flu shot and another follow-up call in January 2019. CMC members verified as having received their flu vaccine were mailed a thank you card at the end of January. Receiving a thank you card is intended to improve members' recollection of receiving a flu vaccine when completing the CAHPS survey in early March 2019.

In October 2018, L.A. Care Covered (LACC)/Direct (LACCD), Medi-Cal Direct (MCLA), and PASC-SEIU members received an automated flu shot reminder call. Two months later in December 2018, LACC members who consented to electronic contact received an email notification about flu shot availability and MCLA and PASC-SEIU members received a second automated reminder call.

Also in October 2018, L.A. Care's Customer Solution Center (CSC) began playing a flu reminder audio message while members were on-hold waiting to speak to a representative. CSC representatives concluded each member call with an additional reminder. Similarly, in November 2018 Disease Management nurses and Health Education staff concluded all inbound and outbound member calls with a flu shot reminder.

All L.A. Care Health Plan members received additional information about the flu shot in the fall and winter editions of the member newsletters and through a Facebook social media campaign. Additionally, in 2018, L.A. Care collaborated with the Department of Public Health (DPH) to host multiple flu vaccination clinics at the Palmdale, Inglewood, and Lynwood Family Resource Centers.

In addition to member outreach, the 2018-2019 Fight the Flu campaign delivered education to providers about the importance of flu shot promotion and keeping the vaccine stocked throughout flu season. This message was delivered through a provider fax blast and publication in the winter edition of the provider newsletter, Progress Notes.

The 2019-2020 Fight the Flu campaign is currently in progress and strives to continue the upward trend in CAHPS FVA rates across all LOBs by implementing additional activities and enhancements.

MEDICAL ASSISTANCE WITH SMOKING AND TOBACCO USE CESSATION RESULTS

CAHPS Medi Cal	Medi-Cal Adult CAHPS				
CAHPS (% of Answers Usually or Always)	2019	2018	2017	Performance Goal	Goal Met
Q39. Do you now smoke cigarettes or use tobacco every day, some days, or not at all?	11.9%	17%	15%	N/A	N/A
Q40. In the last 6 months, how often were you advised to quit smoking or using tobacco by a doctor or other health providers in your plan?	N/A*	N/A*	N/A*	N/A	N/A
Q41. In the last 6 months, how often was medication recommended or discussed by a doctor or health provider to assist you with quitting smoking or using tobacco?	N/A*	N/A*	N/A*	N/A	N/A
Q42. In the last 6 months, how often did your doctor or health provider discuss or provide methods and strategies other than medication to assist with quitting smoking or using tobacco?	N/A*	N/A*	N/A*	N/A	N/A

**not applicable due to the sample size being too small for reporting.*

Medi-Cal CAHPS tobacco measure rates related to provider actions are not reported for 2017-2019 due to small sample size. The number of Medi-Cal members who reported smoking or using tobacco products “some days” or “every day” decreased by 5.1% from 17% in 2018 to 11.9% in 2019. L.A. Care will continue the “Smoke Free” Tobacco Cessation Health Education Program in 2019. Program components include provide tobacco cessation education, counseling, and resources for members identified as using tobacco products.

CAHPS Cal MediConnect	Cal MediConnect Adult CAHPS				
CAHPS (% of Answers Usually or Always)	2019	2018	2017	Performance Goal	Goal Met
Q59. Do you now smoke cigarettes or use tobacco every day, some days, or not at all?	13%	12%	16%	N/A	N/A
Q60. In the last 6 months, how often were you advised to quit smoking or using tobacco by a doctor or other health provider?	54%	39%	51%	42%	Met

The number of CMC members who reported smoking or using tobacco products “some days” or “every day” increased by one percentage point from 12% in 2018 to 13% in 2019. Despite this increase, the rate remains lower than the 16% reported in 2017. The number of members advised to quit smoking or using tobacco by a doctor increased by 15% from 39% in 2018 to 54% in 2019, which exceeded the goal of 42% for this measure.

SECTION 5: QUALITATIVE ANALYSES

Child Medicaid Qualitative Analysis

While scores increased for Rating of Health Plan and all Composites except Getting Care Quickly, rates remain low for all composites. Getting Care Quickly is the lowest scoring area, demonstrating that the parents of Medicaid members do not feel that their children have full access to all medically necessary services. Doctor Communication has the highest score and may be a lower priority. The statistically significant improvement in Getting Needed Care from 2018 means that it is no longer the lowest scoring Rating/Composite.

While access has been a longstanding area of weakness, the 2019 survey asked members about how long they waited for an appointment and the results were generally within the DMHC guidelines. More than 90% of children received non-urgent primary care and 82% for non-urgent specialty care within 10 days, Access to care may be more of an issue for urgent care – 82% of members indicated they received urgent primary care and 61% for urgent specialty care within two days. Based on the Getting Care Quickly results, members may interpret the DMHC timeframes as still too long of a wait. The specialty care findings should be considered carefully because the number of responses was low.

A deeper analysis of the 2019 CAHPS results showed that fewer of the respondents had special needs in comparison to the 2018 results and compared to those in the adult survey. Since children tend to have fewer visits to specialty care and access to specialists is more limited than primary care, this could be the reason that the children’s survey has higher overall raw scores in comparison to adults. This is further evidenced by lower ratings from children with disabilities, who require more specialty care. Medi-Cal providers in Los Angeles County have cared for children for decades, while adults with more complex needs are much more new to their panels. The PCP network may have also made improvements not seen in specialty practices, which would explain why their personal doctors score well but other domains are lower.

Adult Medicaid Qualitative Analysis

Rating of Health Care, Getting Care Quickly, and Doctor Communication improved from 2018 to 2019, but all scores remain low. All ratings and composites scored at the NCQA 25th percentile or below. Getting Needed Care and Getting Care Quickly are the lowest rated composites, which should be prioritized for improvement. As with children in Medicaid, Doctor Communication is scored the highest and thus is least in need of intervention.

The adult population in Medi-Cal seeks specialty care more often than children, which may be driving down the overall perception of quality of health care.

Furthermore, a prior study conducted by L.A. Care showed that members that had responded negatively to the Getting Needed Care and Getting Care quickly were from certain geographic areas such as Antelope Valley where there are known access issues due to a limited supply of providers. This has led to efforts to directly contract with providers in underserved regions, as well as with MinuteClinic for minor urgent care services and Teledoc for telemedicine. Therefore, a limited or taxed specialty network and regions with fewer providers may be some of the drivers causing the lower rates in getting care quickly and quality of

care. This problem may become less of an issue over time as L.A. Care members become aware of and used to using services like MinuteClinic and Teledoc.

The increase in the Customer Service composite may reflect the improvements L.A. Care's Customer Solutions Center has implemented in the past two years. CSC is continuously enhancing its operational processes to improve our interactions and outcomes. Operational changes made to date include staffing optimization and the creation of member-only agent profiles to build agent expertise in managing member calls and concerns timely. The Customer Solution Center launched the Personal Care Connector (PCC) Unit in mid-2018. This unit is comprised of highly trained and seasoned customer service professionals working directly with our delegates and members to streamline the communication and process for member needs as they transition into the plan, as well as the triaging of member requests and ongoing service needs. We believe this added layer of service helps provide a concierge experience to our members. There is also work in progress to implement improvements such as intelligent queuing, automated member authentication, integrated desktop application that will push the member data to the agent, integrated alerts, triggers and event notifications that will help with educating members on health related activities they need to complete and community based events that can help to improve their health and education. These are scheduled to be completed by the end of 2022.

LACC Qualitative Analysis

Most Composites and two Ratings declined between the 2018 and 2019 measurement years. Rating of Personal Doctor and Rating of Specialist both decreased, but the Health Plan rating remained the same as the prior two years. L.A. Care performed in the 50th percentile or higher for Rating of Health Plan and Rating of Health Care. Enrollee Experience with Cost and Access to Information saw large declines, suggesting that members do not know where to find information on costs or have found that information to be inaccurate.

In the official results from CMS, L.A. Care is a three-star plan for Plan Efficiency, Affordability, and Management, as well as Plan Service and Enrollee Experience with the Plan. Doctor and Care and Efficiency and Affordability are rated two stars, while Enrollee Experience and Access and Coordination are rated one star. Unfortunately, the star estimates from DSS were higher than the official results from CMS. The star ratings point out that access to care should be the highest priority, while members are moderately satisfied with service from L.A. Care.

There was a very large increase in responses from members who reported having received specialty care (183 responses vs. 79). Also, more members responded who were in worse health, compared to previous years. Respondents were older (more likely to be 55+, less likely to be 18-34), less educated, more female, more Latino or White, more employed full time (so less time for visits) than the previous year. L.A. Care analyzed survey scores from 2018 and found that members with higher education levels and those who reported not seeing their provider rated the Health Plan and quality of Health Care lower.

This product performs differently than Medi-Cal and CMC in that a larger proportion of members report dissatisfaction with their provider(s). Rating of Personal Doctor, Rating of Specialist, and Doctor's communication all scored poorly in 2019 and showed declines over the prior year. It could be that our largely safety net provider network does not meet the expectations associated with the commercial consumer. Additionally, this group scored Health Plan Customer Service low and the rates declined from the prior year while the same rating for the child survey in Medi-Cal improved. Overall, LACC members seem unhappy with most of levels of service.

The score for the Costs Composite declined in 2019, but remains higher than the CMS average. Interestingly, most grievances are for billing and financial issues. The issues reported are related to: Premiums, Billing Discrepancies, and Reimbursement. Perhaps some of these get resolved and the member

still finds the plan to be cost effective. Given that many of the grievances from Billing & Financial Issues are regarding premiums and out-of-pocket maximums, there is still work to be done to ensure a seamless payment process for members.

For this population there are several opportunities for improvement, but working on provider coaching and improving customer service both in the office and at the health plan level seem important for this population. Expanding access to care through the addition of telehealth and urgent care sites should also be beneficial. Attitude and service continue to have the second highest level of grievances for this product line, so both the health plan and provider offices should continue to improve their systems and train staff.

Medicare CMC Qualitative Analysis

CMC scores in 2019 improved for most Ratings and Composites and most measures met or exceeded the MMP Average. This shows considerable progress in member experience and satisfaction for this product line.

The primary exception to this progress is the Getting Needed Drugs composite. Interestingly, Rating of Drug Plan increased by five points and was statistically higher than Medicare Advantage plans on average. It is probable that L.A. Care CMC members rate the drug plan higher because of their access to no-cost drugs, while commercial Medicare Advantage members may have copays. The discrepancy between the high performing Rating of Drug Plan and the lower performer Getting Needed Drugs composite may be explained by the fact that the CMC formulary is more limited in choices compared to many commercial plans. Members can also be subject to step therapy, which may be a pain point. L.A. Care is hopeful that the Getting Needed Drugs rate will improve for the coming survey, as a result of a new protocol put into place in which new members who enrolled already prescribed a non-formulary drug received personalized outreach to the provider office to ensure a seamless transition to an alternative drug on the formulary.

Dual Eligible Medi-Cal and Medicare member have higher utilization and more complex health needs than other populations, so it was surprising that there were too few responses to score the Rating of Specialist. It is also generally assumed that Dual plans do not perform as well as non-Dual and other commercial plans; however, the 2019 results show that CMC generally performs at about the same level as Medicare Advantage plans on average.

The six percentage point increase in the Customer Service composite may reflect the improvements L.A. Care's Customer Solutions Center has implemented in the past two years.

It is possible that some dissatisfaction amongst these members is linked to billing, given the higher grievance rate for this category. Billing and Finance was one of our priorities for this year; the Grievances and Appeals Department analyzed data around members receiving bills and identified the top three causes:

1. The member did not show the provider/facility their L.A. Care ID Card when they obtained services – especially in the specialist office.
2. The provider/facility did not probe effectively to determine if there was other coverage beyond Medicare.
3. The coverage information is not getting to the radiologist provider in particular.

INTERVENTIONS

L.A. Care has been working on a long term strategy to address some of the common issues in all the lines of business such as attitude and service, access to care, and billing and financial issues. QI leads the Member Experience Work Group and administers the VIIP program to improve member experience, while a number of other programs throughout the organization contribute to expanded access and quality interactions between the member and the plan.

The cross functional Member Experience Work Group has been the main driver of CAHPS-focused interventions. In 2019, the Work Group focused on analyzing data and launching four interventions: a customer service training program for provider offices, accountability meetings with low-performing IPAs, weekly tip emails to IPAs, and a webinar focused on access issues.

The QI team hired a vendor, SullivanLuallin Group (SLG), to conduct customer service trainings for a limited number of provider groups. SLG will begin training Healthcare LA IPA clinics in Q12020 and will train provider offices from two additional IPAs in FY 2019-2020. Additional IPAs will be selected for the following two years.

Beginning in August 2019, the QI team began meeting with IPAs that are low-performing in CG-CAHPS to discuss their scores, the importance of member experience, and strategies for improvement, in an attempt to hold groups accountable. L.A. Care met with: Angeles, Preferred, Prospect, Heritage, and Exceptional Care and discussed CG-CAHPS results during reoccurring meetings with Healthcare LA and DHS. During the meetings, L.A. Care reinforced that member experience is a high priority and that improvement is key to success in VIIP+P4P. The IPAs reported varying levels of understanding of CG-CAHPS, but most conduct their own satisfaction surveys and basic provider trainings. Most IPAs expressed strong interest in participating in the customer service training pilot.

For the third year, QI sent weekly emails to IPAs and community clinics that contained tips on how to improve member experience. The 20-week campaign targeted IPA and community clinic staff. The tips were based on L.A. Care's research on CAHPS data and research published by AHRQ and other sources. In general, the tips have been well-received with a high open rate. In 2020, we anticipate that the tips will reach a larger audience, due to planned improvements to provider contact data.

A webinar on expanding access to care and improving member experience was conducted in December 2019 to educate providers and offer best practices. Over 100 providers, staff members, and IPA employees attended. The response to the webinar was overwhelmingly positive and a post webinar survey showed engagement and interest in future educational sessions. QI plans to offer an additional member experience webinar in 2020.

To drive performance among the network, the weight of the member experience domain, as measured by CG-CAHPS scores, was increased to 30% of the VIIP+P4P score for Medi-Cal IPAs, with Getting Care Quickly and Getting Needed Care now double-weighted. Medical groups receive incentive dollars for improving their scores. Annual CG-CAHPS reporting continues to serve as a resource to IPAs, community clinics, DHS, and Plan Partners in monitoring and improving member experience. In 2019, for the first time, IPAs received the open text comments submitted by their members. For the LACC and CMC VIIP programs, member experience is a domain; however, these programs are not currently incentive-based.

Beginning in 2017, the Customer Solutions Center has made improvements to the call center infrastructure with the launch of the Value Our Individual Customers Everyday (VOICE) program. VOICE is a multi-pronged approach at improving operational and systems integration such as improving software, improving IVR capacity, and adding a call back system to the call center experience. These enhancements may have led to the jump in customer service rates in the Adult and Child Medicaid CAHPS, as well as the composite for CMC. While there are still opportunities for improvement, it appears these enhancements are working. In 2019, the team has focused on ensuring resolution of the member's issue during the first call by making more information available to the Call Center representative so fewer handoffs are necessary, while also making systems improvements to better document calls and streamline handoffs. A relaunch will occur shortly to plan for future enhancements.

Since 2018, the Safety Net Initiatives (SNI) department has worked with a small group of community clinics to provide a post-encounter survey administered at the end of a visit on a tablet, where patients can complete CAHPS like questions and provide the office with timely results. The Patient Experience Survey uses questions similar to those on the CAHPS surveys. The clinics are able to monitor their survey results in near real time via an online dashboard. SNI expects to expand the project in 2020.

Several L.A. Care programs aim to expand access to care. L.A. Care's Elevating the Safety Net program proactively addressed the access issues discussed above by expanding the supply of primary care providers. From July 2018 to July 2019: the program funded scholarships to medical school for 16 students, the hiring of 50 primary care physicians in safety net practices, loan repayment for 18 primary care physicians, and the creation of new primary care residency slots and two new core program faculty, combined, beginning in 2020. Additionally, L.A. Care's sponsorship of Loma Linda's Community Health Worker (CHW) Training Program will engage members in hospital transition, offer home visitation, and other services. L.A. Care is funding the training of two cohorts in 2019-2020, each with a capacity for up to 25 CHWs and 50 staff working in the Health Homes program.

Beginning in Summer 2019, L.A. Care members now have access to minor non-emergency services at CVS MinuteClinic locations without a referral or authorization. This should provide easier access for members to have basic needs met when their PCP is unavailable and/or urgent care options are less desirable. Additionally, L.A. Care is contracting with Teledoc for telemedicine services beginning in 2020, which should serve as an additional, convenient resource for some primary and specialty care services.

To further expand access to primary care, L.A. Care began contracting with providers directly in 2017 in areas with known access issues. As of October 2019, a total of 75 primary care providers have direct contracts. This is a long term approach to improving member experience; direct contracts allow L.A. Care to control all aspects of the care experience. PNM has also increased oversight of IPAs to ensure they have adequate specialty networks.

The CMC line of business has conducted member education on the importance of always showing your L.A. Care card when seeking care, in an effort to minimize inappropriate billing to members. This may have had a positive impact on the grievance rate. Additionally, communication strategies to providers who bill inappropriately are being considered.

SECTION 6: OPPORTUNITIES FOR IMPROVEMENT

Members in all lines of business have two top areas of concern: Getting Needed Care and Getting Care Quickly. The LACC line of business does differ slightly in that their main concern is around billing and financial issues, but their secondary concerns are also around access to and timeliness of care. In reviewing grievance data, Attitude and Service is significant across all product lines. Given that these themes seem to arise in all product lines, they were selected as the main focus in 2019 and will remain so in 2020.

Based on the analysis above and building upon the priorities from the previous year, there are several areas of opportunity that L.A. Care can focus on to improve CAHPS and to help reduce appeals and grievances going forward. These areas are listed below with the primary Ratings, Composites and/or Grievances/Appeals categories that are addressed and the opportunities available.

Priorities for 2020:

PRIORITY 1: *Improve the office visit experience.*

- Addresses: Attitude and Service, Rating of Personal Doctor, and Coordination of Care
- Opportunities: Offer training and tools for self-assessment
- 2020 plans: Offer customer service training and post-encounter surveys to select provider offices. Offer webinar and information on best practices to the entire network.

PRIORITY 2: *Expand access to care.*

- Addresses: Getting Care Quickly, Getting Needed Care, and Access
- Opportunities: Make new care options available to members
- 2020 plans: Outreach to members about the availability of MinuteClinic and Teledoc. Continue the Elevating the Safety Net program to increase the supply of providers.

PRIORITY 3: *Establish clear lines of accountability for Plan Partners and contracted provider groups.*

- Addresses: all Ratings and Composites.
- Opportunities: ensure that Plan Partners and IPAs are taking steps to improve CAHPS scores and pursue collaborations when possible.
- 2020 plans: Base incentive payments partially on member survey results. Develop a plan to hold engage both Plan Partners and IPAs and hold them accountable for performance.

PRIORITY 4: *Improve customer service at L.A. Care.*

- Addresses: Customer Service and Attitude and Service
- Opportunities: Ensure that members' concerns are resolved quickly and they are treated with respect when contacting/contacted by L.A. Care.
- 2020 plans: Continue implementing technical enhancements in the Call Center, as well as staff training.

PRIORITY 5: *Develop product line-specific strategies.*

- Addresses: Billing and Finance and Rating of Health Plan
- Opportunities: Identify and address unique needs of different groups.
- 2020 plans: Continue improvements to the premium payment and out-of-pocket maximum/accumulator processes for LACC. Identify pharmacy benefit improvements for CMC. Implement outreach strategy around redeterminations for Medi-Cal. Research strategies used by other plans.

SECTION 8: CG-CAHPS ANALYSIS

AUTHORS: PATRICK CORNETT & HENOCK SOLOMON, MPH

REVIEWER: MARIA CASIAS, RN & JAMES KYLE, MD

BACKGROUND

In 2018, L.A. Care Health Plan conducted a survey to assess patient experience with the care delivered by providers serving L.A. Care's Medi-Cal population. The 2018 VIIP+P4P Clinician & Group Consumer Assessment of Healthcare Providers and Systems (CG-CAHPS) reflects L.A. Care's commitment to measure performance and identify opportunities for improvement, as part of its Value Initiative for IPA Performance plus Pay-for-Performance (VIIP+P4P) incentive program.

Adult and child patients were eligible to be sampled for the survey if they had a visit with an enrolled provider in the 6 months from February 1, 2018 to July 31, 2018. The survey began fielding in November 2018. The target sample for provider groups was 1,200 adult patients (600 patients with a primary care visit and 600 patients with a specialty care visit) and 1,200 child patients (600 patients with a primary care visit and 600 patients with a specialty care visit). Of the 104,430 total sample members, 28,488 members responded for an overall response rate of 27.3%. Each sampled group that had statistically meaningful numbers of adult and child patients to be surveyed received its own survey report.

For many measures, CG-CAHPS and Health Plan CAHPS (HP CAHPS) are worded similarly. HP CAHPS samples members, while CG-CAHPS samples patients (members who had visits with doctors). HP CAHPS is powered with sample sizes designed to represent health plans, while CG-CAHPS is powered to represent individual provider groups. VIIP+P4P CG-CAHPS, therefore, has much larger samples than HP CAHPS. The data presented in this section was weighted to extrapolate from the provider group samples to L.A. Care Health Plan's Medi-Cal population at large.

PROJECT GOALS

A variety of stakeholders—physician organizations, purchasers, plans, consumers, and regulatory agencies—are interested in the performance of provider groups, which form the backbone of the care delivery system in California. The 2018 survey asked patients to evaluate the following dimensions of quality:

- Access to care (primary and specialty, non-urgent and urgent)
- Interactions between doctors and patients
- Coordination of care
- Helpfulness of office staff
- Recommended counseling on preventive care topics (diet and exercise)
- Overall ratings of all care and provider

In addition to its primary purpose as an instrument for rating the above measures and pay-for-performance, VIIP+P4P CGCAHPS was extended to include supplemental questions that further other continuous quality improvement purposes (CQI):

- Questions which permit comparing results to L.A. Care's annual Health Plan CAHPS (HP CAHPS) survey.
- Questions to explore specialist access in more detail.
- Questions to explore timely access to care in more detail.
- Questions that measure provider discussions with patients regarding health goals, behavioral health, and pain management.
- Questions on interpreter access, reflecting that English is not the dominant language preference among L.A. Care Medi-Cal members.

- Open-ended (verbatim response) questions asking how services and information can be improved.

CHANGE FROM PRIOR YEAR

The survey instrument had no changes in the questions from 2017. The survey was based on the most current version of the Agency for Healthcare Research and Quality (AHRQ) CG-CAHPS survey – version 3.0.

SURVEY PROCESS

The standard survey protocol consisted of two mailed surveys, a reminder postcard, and a phone interview for those who did not respond to the mailed questionnaire. The mailed survey instrument also included a URL directing the members to a website inviting them to do the survey online. This invitation was in English with links to the survey website in Spanish, Chinese, Korean, Armenian, Vietnamese, and Farsi. Mail and phone interviews were available in English and Spanish for all patients. The web survey was available in English, Spanish, Armenian, Chinese, Korean, Vietnamese, and Farsi. Patients who were identified in the plan data as Spanish speaking were sent a cover letter and survey in Spanish, with the option to request an English survey. Patients who were identified as English speaking were sent a cover letter and survey in English, with instructions on the back of the cover letter in Spanish regarding how to complete the survey in Spanish if needed. Patients who were identified as speaking any other threshold language (Armenian, Chinese, Korean, Vietnamese, or Farsi) were sent an English survey and cover letter with a translation of the cover letter in their preferred language describing the survey and how to take the survey in their preferred language online.

SUMMARY RESULTS

Looking at the two most recent CG-CAHPS results in whole, 2017 and 2018, the trending shows mostly decreasing in many of the core composite scores for both the adult survey results and the child survey results, with the exceptions of the Child Overall Rating of Provider score and Adult Office Staff which showed an increase. This overall trend reflects the recent efforts of providers and office staff to improve member experience with the healthcare setting needs adjustments.

ADULT

Composite	Rate Change
Overall Rating of Provider	-0.4%
Doctor Patient Interaction	-0.3%
Timely Care and Service	-2.8%
Office Staff	+1.8%
Health Promotion	-0.9%

CHILD

Composite	Rate Change
Overall Rating of Provider	+1.8%
Coordination of Care	-3.8%
Timely Care and Service	-5.0%
Office Staff	-2.1%
Health Promotion	-1.7%
Child Development	-2.9%

The below tables offer more detail on the two-year trending for all survey measures:

**VIIP+P4P CG-CAHPS
Adult Two-Year Trending Results – L.A. Care Overall Health Plan**

Composite or Question	2018 Weighted Average	2017 Weighted Average	Change in Average from 2017*
Overall Ratings of Care			
Overall rating of provider	63.3%	63.7%	-0.4%
Overall rating of provider - Primary Care	63.0 %	61.9%	1.1%
Overall rating of provider - Specialists	68.5%	68.4%	0.1%
Overall rating of all health care	62.7%	61.8%	0.9%
Doctor Patient Interactions			
Composite Score	70.1%	70.4%	-0.3%
Provider explanations understandable	67.9%	69.3%	-1.4%
Provider listens carefully	72.7%	72.8%	-0.1%
Provider shows respect	77.4%	77.6%	-0.2%
Provider spends enough time	62.8%	62.3%	0.5%
Coordination of Care			
Composite Score	56.3%	55.1%	1.2%
Provider knows medical history	64.4%	63.5%	0.9%
Follow-up on test results provided	54.9%	53.4%	1.5%
Discussed all prescription medicines	47.8%	47.4%	0.4%
Timely Care and Service			
Composite Score	51.0%	53.8%	-2.8%
Appointment for care needed right away	49.5%	53.0%	-3.4%
Appointment for routine care	52.3%	54.9%	-2.6%
Same day response to phone question	52.7%	55.5%	-2.8%
Office Staff			
Composite Score	67.1%	65.3%	1.8%
Office staff were helpful	61.2%	58.5%	2.7%
Office staff were respectful	73.1%	72.2%	1.0%
Getting Needed Care			
Composite Score	54.8%	55.6%	-0.8%
Office staff were helpful	60.3%	60.5%	-0.1%
Office staff were respectful	46.5%	49.2%	-2.8%

Health Promotion			
Composite Score	48.6%	49.6%	-0.9%
Provider discussed eating habits	48.8%	49.7%	-0.9%
Provider discussed exercise	48.5%	49.8%	-1.3%
CG CAHPS Supplemental Items			
Provider's office gave information about getting care after hours	69.6%	68.8%	0.8%
Visit started within 15 minutes of appointment	29.1%	31.2%	-2.1%
Discussed goals for health	55.8%	51.7%	4.1%
Composite or Question	2018 Weighted Average	2017 Weighted Average	Change in Average from 2017*
Discussed challenges with taking care of health	38.4%	35.7%	2.7%
Discussed things in life that worry or cause stress	44.6%	43.0%	1.6%
Provider informed and up-to-date	53.9%	54.3%	-0.5%
L.A. Care Additional Items			
Provider(s) recommended treatment for stress	29.2%	29.7%	-0.5%
Rating of pain management help	61.6%	62.2%	-0.6%
Able to get an interpreter to talk with providers	38.3%	42.1%	-3.8%
Patient recommends provider	68.1%	68.4%	-0.2%
Overall rating of health plan	63.1%	61.3%	1.8%

-- Too few respondents (<30) to report score.

* Statistically significant differences at the 95% confidence level are denoted in **red** when the 2018 score is **lower** than 2017 or **green** when the 2018 score is **higher** than 2017.

VIIP+P4P CG-CAHPS Child Two-Year Trending Results - L.A. Care Overall Health Plan

Composite or Question	2018 Weighted Average	2017 Weighted Average	Change in Average from 2017*
Overall Ratings of Care			
Overall rating of provider	70.3%	68.5%	1.8%
Overall rating of provider - Primary Care	70.5%	68.0%	2.5%
Overall rating of provider - Specialists	76.8%	73.4%	3.4%
Overall rating of all health care	74.7%	73.6%	1.1%
Doctor Patient Interactions			
Composite Score	71.8%	73.4%	-1.6%
Provider explanations understandable	70.5%	71.9%	-1.3%
Provider listens carefully	75.5%	76.3%	-0.8%
Provider shows respect	81.0%	81.7%	-0.7%
Provider spends enough time	60.4%	64.4%	-3.9%
Coordination of Care			

Composite or Question	2018 Weighted Average	2017 Weighted Average	Change in Average from 2017*
Composite Score	62.0%	65.8%	-3.8%
Provider knows medical history	65.7%	69.6%	-3.9%
Follow-up on test results provided	53.6%	56.7%	-3.1%
Timely Care and Service			
Composite Score	59.0%	64.0%	-5.0%
Appointment for care needed right away	58.2%	62.7%	-4.5%
Appointment for routine care	60.7%	65.1%	-4.4%
Same day response to phone question	64.4%	67.6%	-3.3%
Office Staff			
Composite Score	66.8%	68.9%	-2.1%
Office staff were helpful	61.3%	63.4%	-2.1%
Office staff were respectful	72.5%	74.5%	-2.0%
Getting Needed Care			
Composite Score	44.6%	47.5%	-2.9%
Specialist appointment as soon as needed	44.6%	47.5%	-2.9%
Child Development			
Composite Score	50.6%	53.5%	-2.9%
Provider discussed child's moods and emotions	35.8%	36.2%	-0.4%
Provider discussed child's growth	63.8%	67.8%	-4.0%
Provider discussed child's behavior	54.0%	57.5%	-3.5%
Provider discussed child getting along with others	48.8%	52.4%	-3.6%
Health Promotion			
Composite Score	62.9%	64.5%	-1.7%
Provider discussed injury prevention	51.4%	53.5%	-2.1%
Provider discussed eating habits	70.6%	71.5%	-0.9%
Provider discussed exercise	66.6%	68.6%	-2.1%
CG CAHPS Supplemental Items			
Provider's office gave information about getting care after hours	78.0%	79.0%	-1.0%
Visit started within 15 minutes of appointment	26.4%	29.4%	-3.0%
Provider informed and up-to-date	55.1%	61.2%	-6.0%
L.A. Care Additional Items			
Discussed all prescription medicines	51.5%	54.3%	-2.8%
Provider(s) recommended treatment for stress	13.3%	16.2%	7.1%
Able to get an interpreter to talk with providers	48.9%	49.6%	-0.7%
Patient recommends provider	72.9%	73.8%	-0.9%
Overall rating of health plan	74.9%	74.0%	0.9%

-- Too few respondents (<30) to report score.

* Statistically significant differences at the 95% confidence level are denoted in **red** when the 2018 score is **lower** than 2017 or **green** when the 2018 score is **higher** than 2017.

SECTION 7: OUT-OF-NETWORK REQUESTS

AUTHOR: CAROLINA COLEMAN, MPP

REVIEWER: ELAINE SADCCHI-SMITH, FNP, MPH, CHES & JAMES KYLE, MD

Utilization Management examines the referrals to out-of-network specialists on an as-needed basis in order to ensure members’ needs are continually met.

The table below is a summary report of out-of-network specialist requests from October 2018–September 2019 for L.A. Care Covered.

Out-of-Network Requests for L.A. Care Covered, 10/1/2018 - 9/30/2019				
Type of Service	Approved	Denied	Total Requests	Rate per 1,000 Members
Medical / Surgical	5 3 - Ancillary Services (2 - Urological Institute of SoCal, 1 - Inland Valley Surgery Center) 1 – Gender Identity 1 – Pelvic pain (Whittier Hospital)	0	5	0.067
Consultation	1 Colonoscopy & Biopsy	0	1	0.013
Behavioral Health	7 6 – Gender Identity 1 – Office visit for deformity of reconstructed breast	0	7	0.094
Blank	12 3 - Office/outpatient Visit Established (2 - Ronald Reagan UCLA Medical Center) 3 - Ancillary Services (2 -Ronald Reagan UCLA Medical Center, 1 - Lakewood Regional Medical Center) 2 – Diabetes DME 1 - Create Eardrum Opening (Ronald Reagan UCLA Medical Center) 1 - EEG Monitoring (Ronald Reagan UCLA Medical Center) 1 - EGD Diagnostic Brush Wash (Urological Institute of Southern California) 1 - Obstetrical Care (Unknown/dummy)	0	12	0.161
Total	25	0	25	0.336

12-month average membership of 74,430 used to calculate rate per 1,000 members

Quantitative Analysis

An analysis of the LACC out-of-network request data reveals the following:

- Four types of out-of-network services were requested: medical/surgical, behavioral health, consultation, and blank. This varies from the categories used in previous years (outpatient surgery, hospital, behavioral health, and DME). In the previous year, a vast majority of the requests were either for behavioral health or outpatient surgery. It is now more difficult to assess how the requests are concentrated for service type given that nearly half of the services did not have a category or type (blank).
- There is a lack of requests for surgeries, which breaks with trends from previous years that showed common requests for transplants and other surgeries. Only one transplant request was observed.

- Six (24%) of the out-of-network requests were made for Ronald Reagan UCLA Medical Center, continuing a trend of requests concentrated at this facility. The other facility that had several requests was the Urological Institute of Southern California.
- Seven (28%) of the total requests were for diagnosis codes related to gender identity services. This continues a multi-year trend of a quarter or more of requests being for this type of service. One instance of gender identity services was categorized as Medical/surgical rather than Behavioral Health.
- The rate of requests per 1,000 members was very similar to the rate in 2017-18. Despite an increase in membership of about 30,000, the total number of requests stayed relatively flat (25 in 2018-19 compared to 21 in 2017-18).

Qualitative Analysis

None of the out-of-network requests were denied during this period for the LACC population, continuing a trend of very few to no denials. L.A. Care will continue to monitor the data for out-of-network requests.

Services related to gender identity were the most requested type of service. In the last two years, L.A. Care contracted with providers who offer these services for the first time, but the CRM department is still pursuing additional contracts in order to build an adequate network. This task is challenging however because of the very small number of providers who specialize in this area.

New data available in this year's report shows that the 25 requests reflect 22 members, further reflecting a low demand for out-of-network services. Those members are assigned to 10 different IPAs/PPGs; 32% of the members were assigned to Healthcare Partners and 23% were assigned to Healthcare LA IPA.

The number of out-of-network care requests remains very low despite a substantial increase in membership in 2019. This report was pulled in a somewhat different manner than previous years and as a result the findings may be different. There are several concerns about the data that may indicate that it is not complete or accurate, including missing fields, placeholders, data entry errors, and inconsistency in documentation. L.A. Care's Utilization Management department has implemented some changes aimed at improving data quality and integrity and will continue to track cases and rates.

Several trends from past years continued in 2018-2019, including gender identity as the most requested service, a concentration of requests at Ronald Reagan UCLA Medical Center, and very few requests for durable medical equipment or inpatient care. It has been challenging to track trends year to year because of the very low volume, some variation year to year, and, now for this reporting year, a change in how the reports are prepared and executed.

LOOKING FORWARD

- Continue collaborative meetings to discuss priority areas in the Member Experience Work Group.
- Continue interventions such as tip post-encounter surveys, customer satisfaction training, and webinars.
- Continue emphasis of member experience through the VIIP and Plan Partner Incentive programs.
- Utilize the VOICE program to make improvements to the Call Center.

H.1.e MEMBER SERVICES TELEPHONE ACCESSIBILITY

AUTHOR: ROBERT MARTINEZ & NICKI BROWN

REVIEWER: MARIA CASIAS, RN & JAMES KYLE, MD

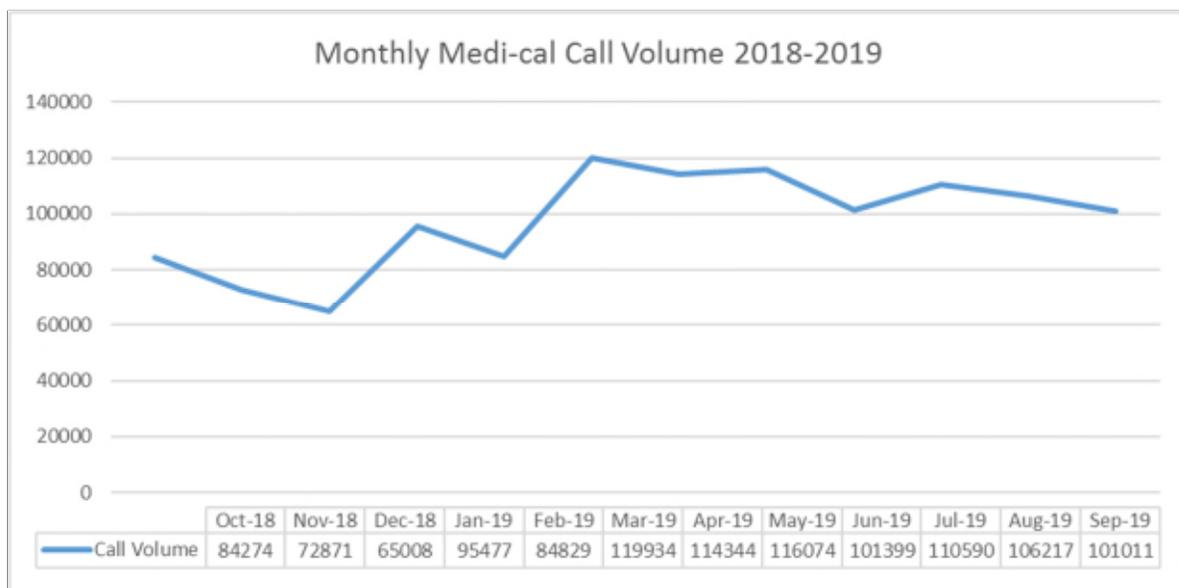
METHODOLOGY

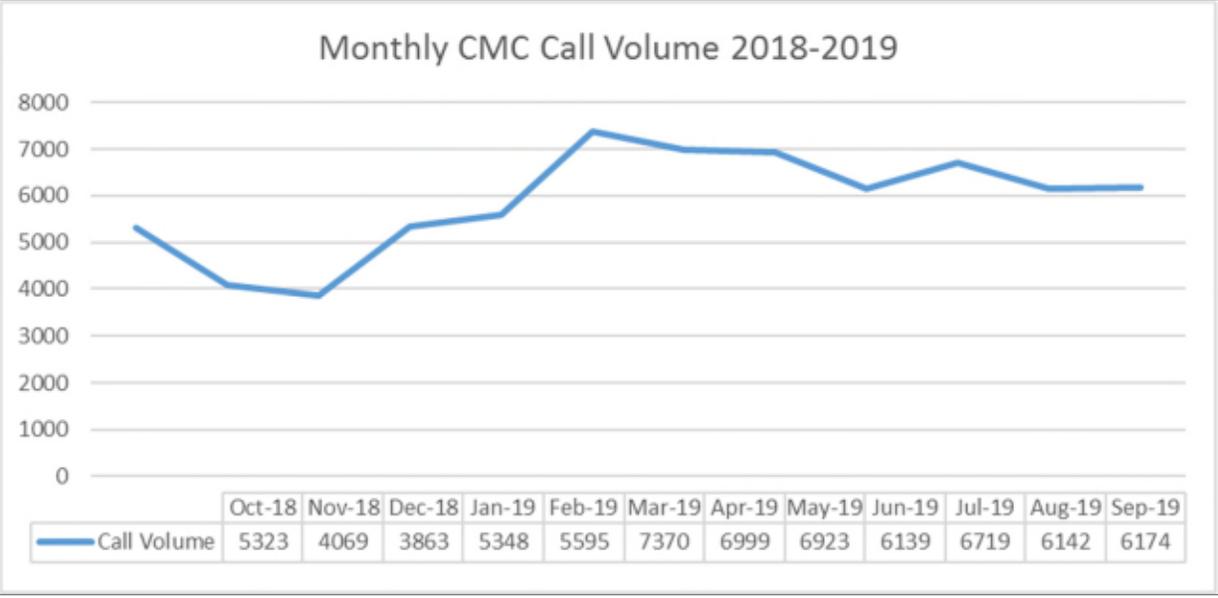
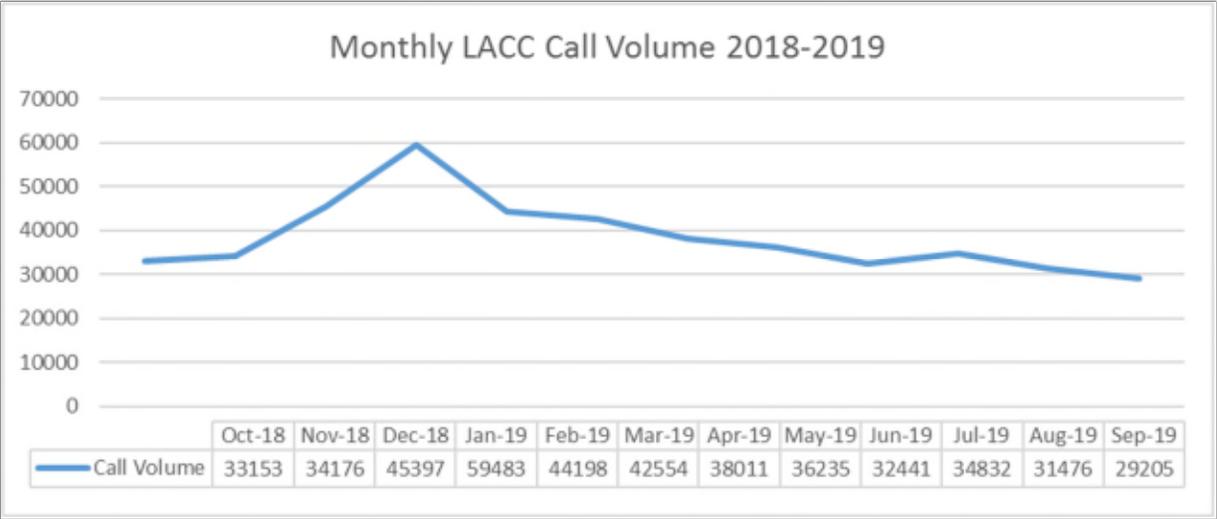
In order to measure member services telephone accessibility across all lines of business (Medi-Cal, PASC, Medicare and the Marketplace), L.A. Care uses a telephone system called CISCO. The system collects and reports telephone statistics that the Member Services Department uses to create reports. The system uses offered calls for each respective line of business as the denominator for calculating performance measures. The table and chart below compare L.A. Care's telephone accessibility for 2017, 2018, and 2019 performance goals.

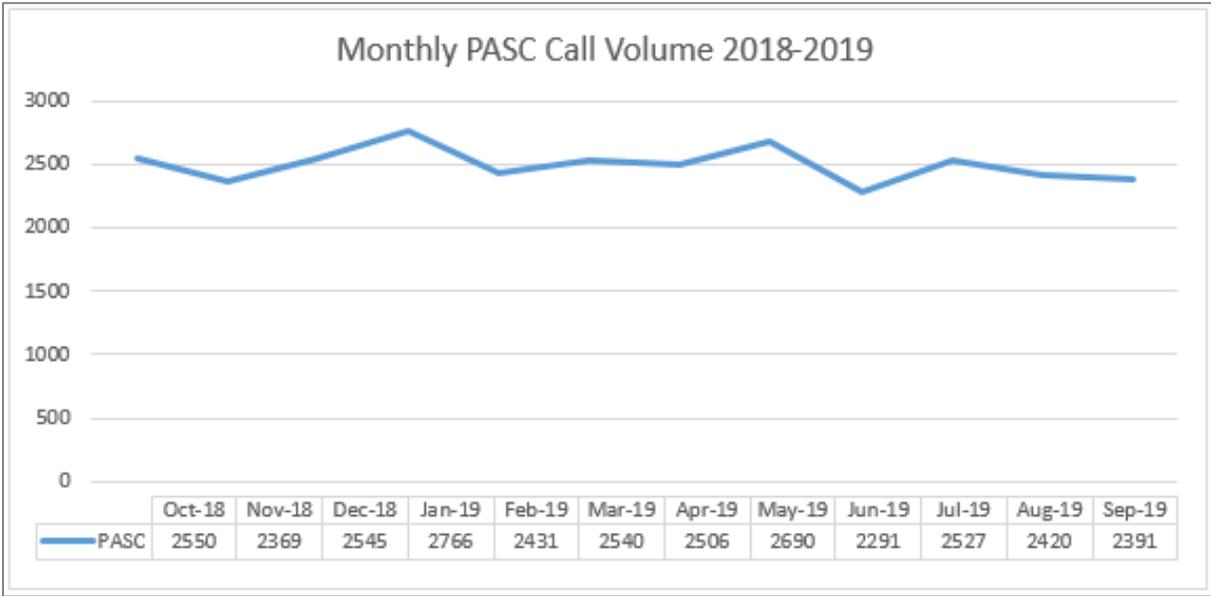
RESULTS

Member Services Telephone Accessibility Compliance Results					
Measure	2019 Goal	2017 Rate	2018 Rate	2019 Rate	2019 Goal Met
Medi-Cal Call Abandonment Rates	≤ 5 %	5.35%	2.03%	7.52%	No
Medi-Cal Percent of Calls Handled within 30 Seconds	80%	78%	87.31%	73.27%	No
LACC Call Abandonment Rates	< 3%	6.96%	3.53%	3.36%	No
LACC Percent of Calls Handled within 30 Seconds	80%	86%	85.78%	88.73%	Yes
CMC Call Abandonment Rates	≤ 5 %	2.21%	1.31%	3.15%	Yes
CMC Percent of Calls Handled within 30 Seconds	80%	92%	91.69%	84.52%	Yes
PASC Call Abandonment Rates	≤ 5 %	3.53%	10.68%	1.86%	Yes
PASC Percent of Calls Handled within 30 Seconds	80%	77.28%	91.01%	86.19%	Yes

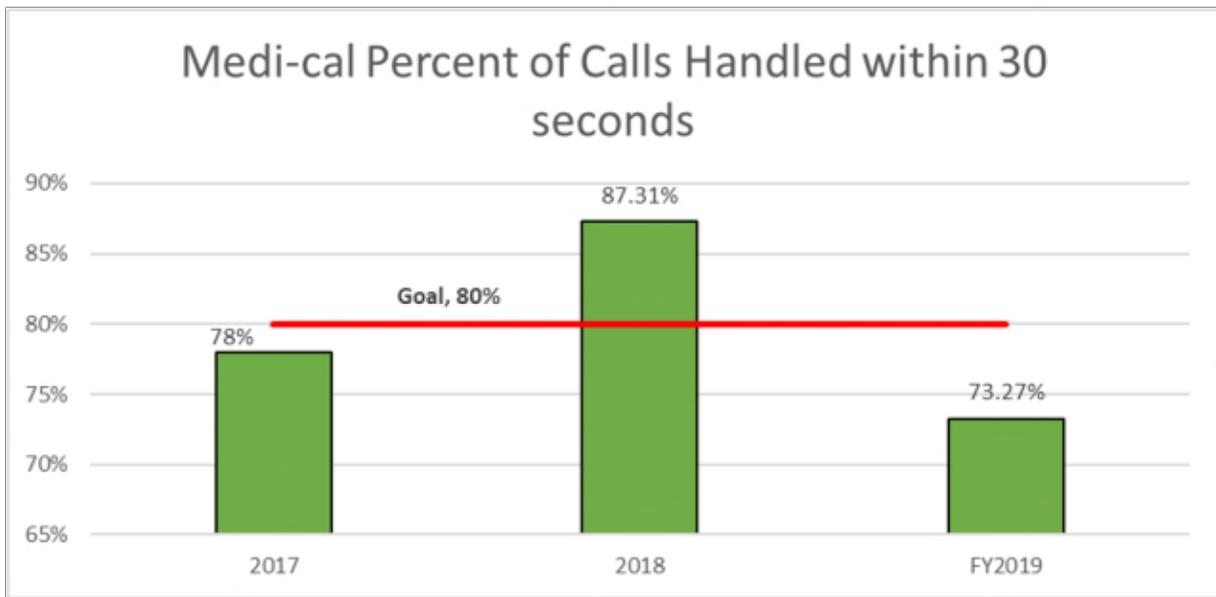
The chart below outlines an overview of member services monthly call volume:

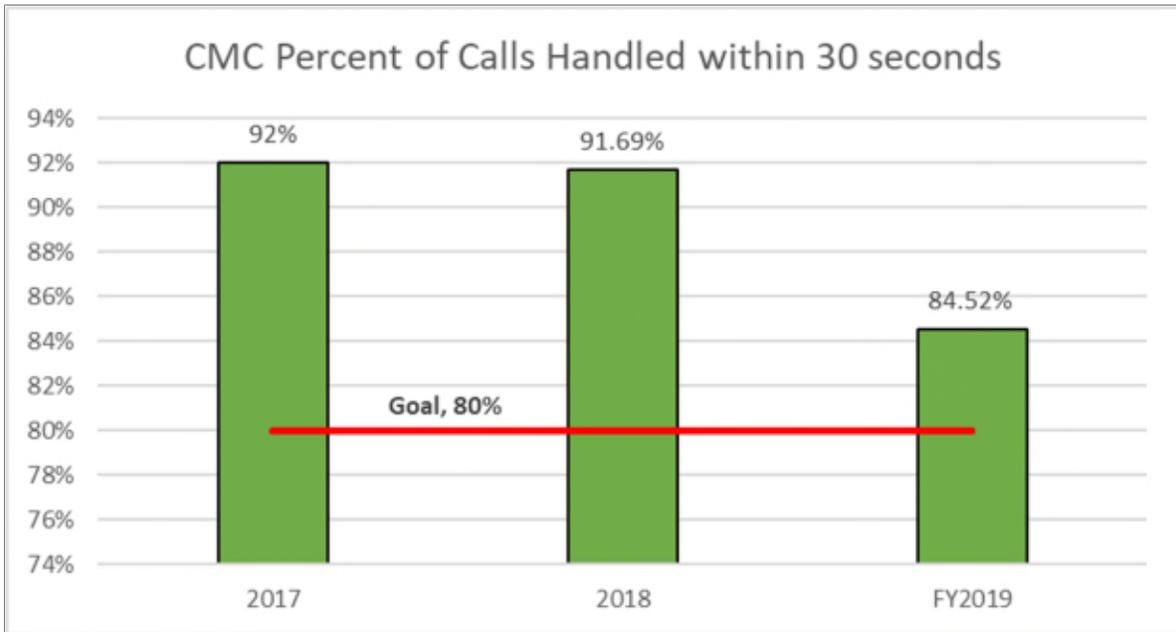
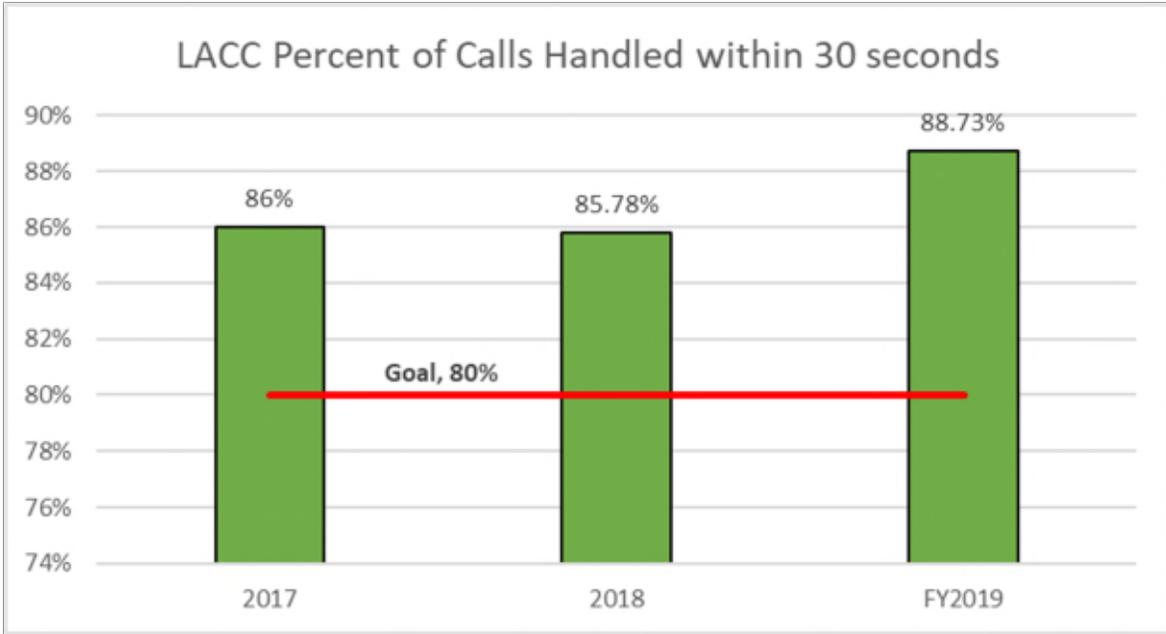


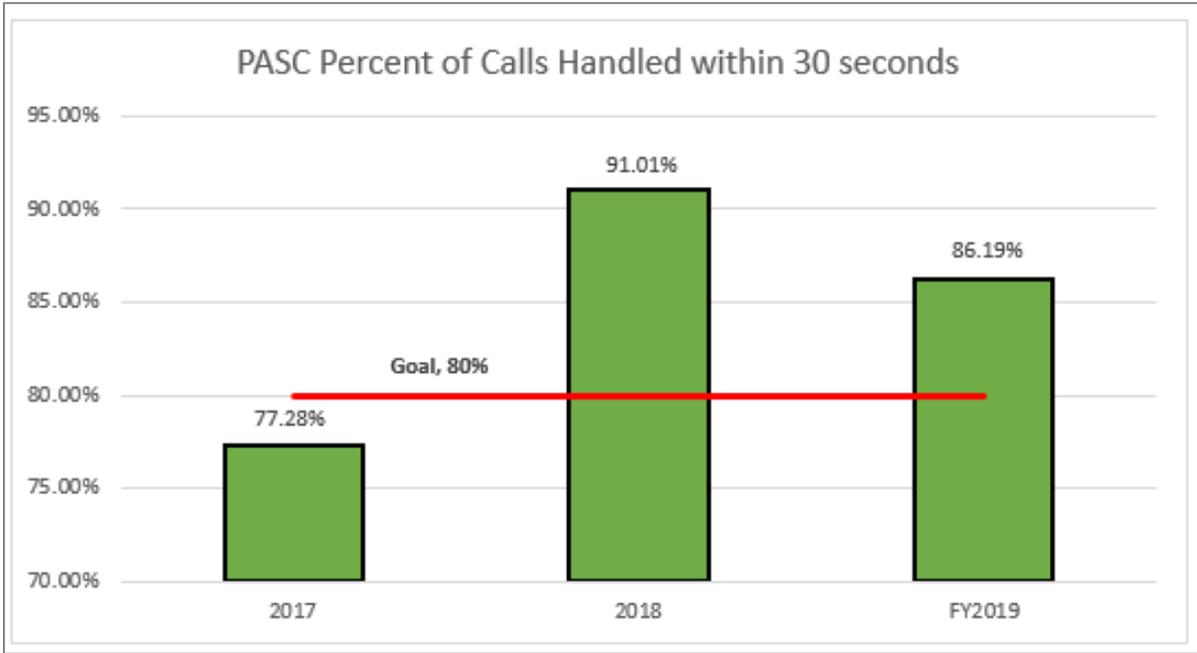




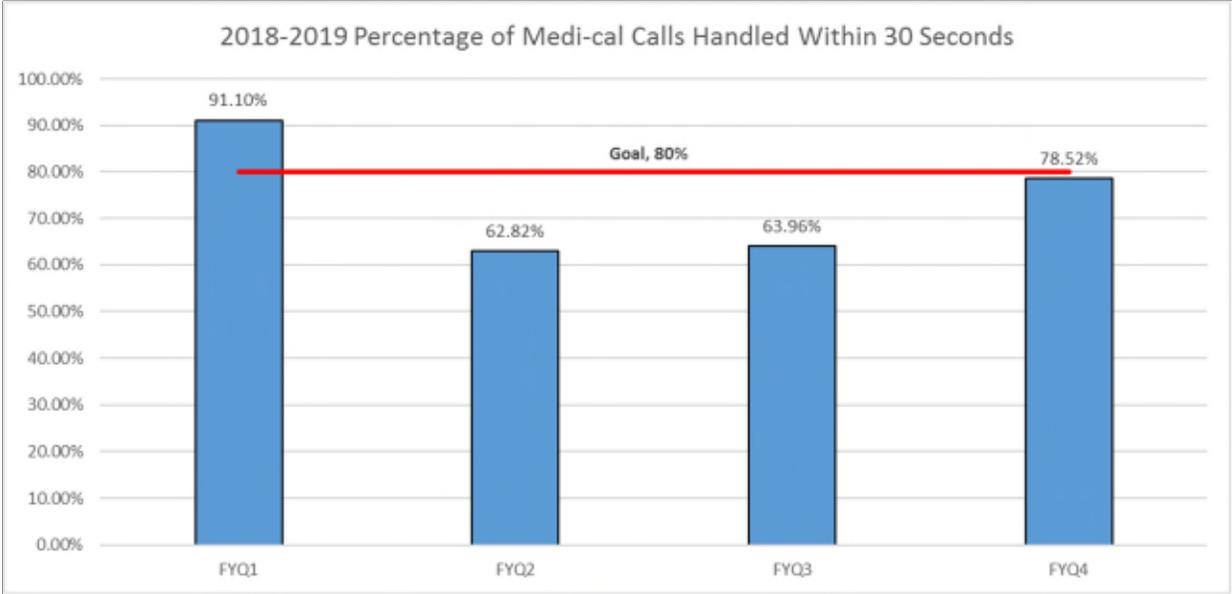
The charts below outline a compliance rate comparison of the calls answered within 30 seconds by Fiscal Year:

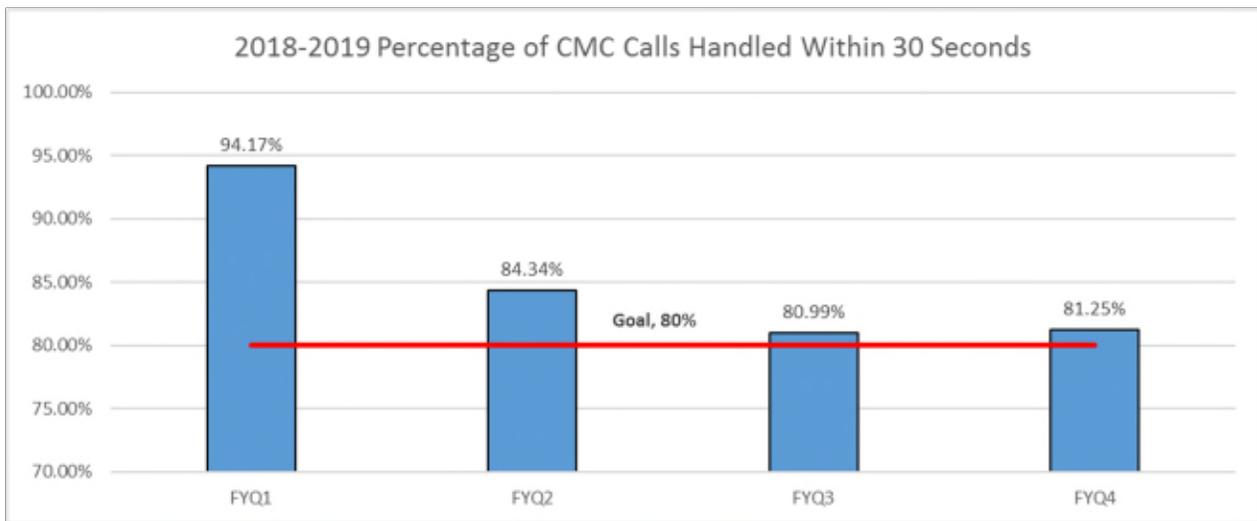
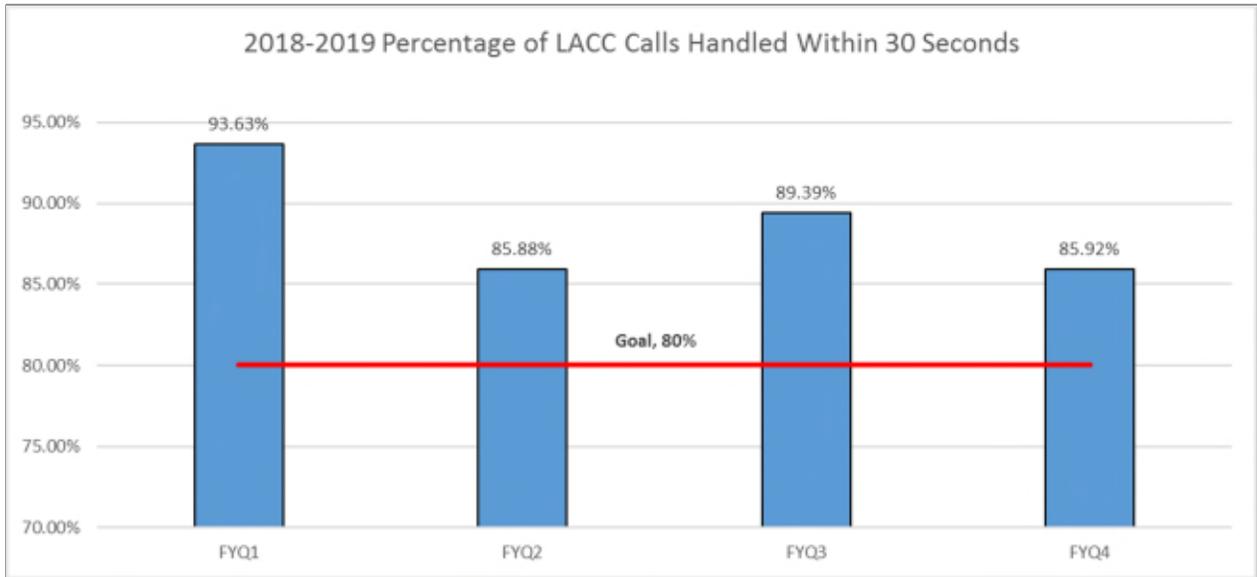


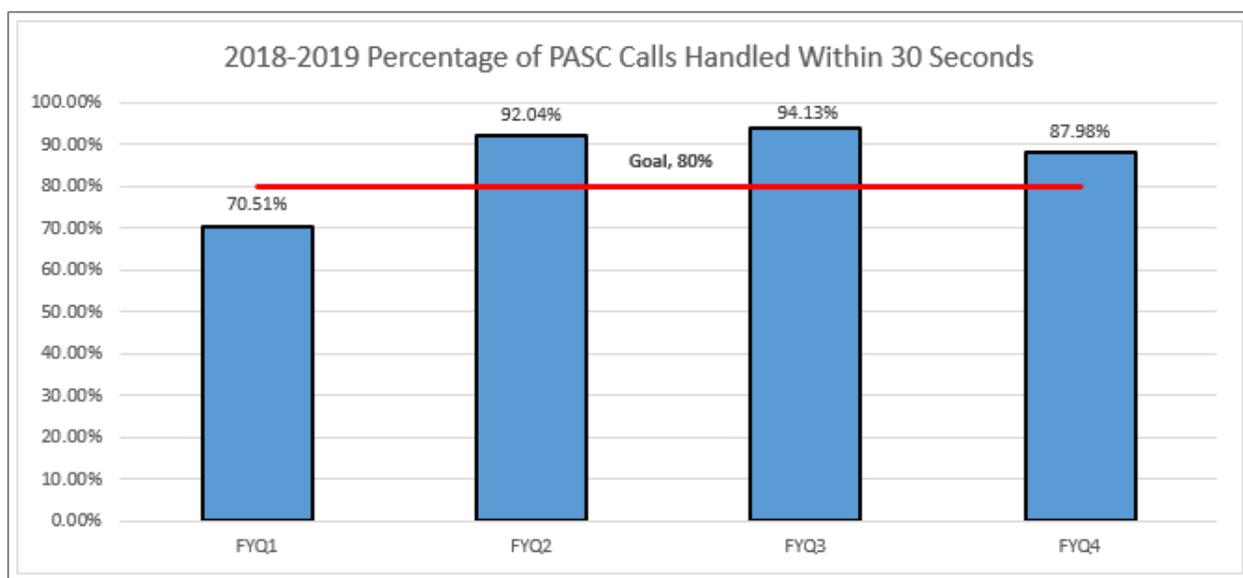




The charts below outline a compliance rate comparison of the calls answered within 30 seconds by Quarter for the 2019 Fiscal Year:







Quantitative Analysis

- The member services call center did not meet the call abandonment goals of less than 3% for LACC and it did not meet the goal of less than 5% for Medi-cal.
- Call abandonment goal was met for CMC and PASC.
- The goal of 80% of call handled within 30 seconds was met for LACC, CMC, and PASC in 2019.
- Call volumes increased year over year: Medi-Cal 55% and CMC 25%
- Average Handle Time (AHT) which directly impacts staff availability increased year over year as quality monitoring and revised procedures were updated to improve member experience.
 - Medi-Cal AHT increased an average of 2 minutes per call.

Qualitative Analysis

The 2018/2019 L.A. Care Covered Open Enrollment period drove higher than forecasted call volumes between the months of December 2018 and April 2019. As a result of this surge in volume, we were able to effectuate a much higher number of new members than original forecasted goal. The total membership growth from 2018 (**71,923**) to 2019 (**85,949**) was approximately 20%. The Call Center developed a strategic performance improvement plan to get staffing levels aligned in order to adequately support the volume. This improvement plan included a number of items, such as:

- Realignment of schedules based on call arrival patterns and seasonality.
- Quarterly Shift Bid process to align with call volume projections.
- Mandatory Overtime, to include weekends and holidays.
- Cross trained an additional 24 call center representatives to support LACC Payment volume.
- New vendor's (C3) live production date was 12/3/18 to support LACC Member volume.
- All hands on deck from supporting staff was implemented on the projected highest call volume dates.
- Implement closer coordination of real time adherence monitoring to aid call handling and results

LOOKING FORWARD

We continue to optimize our call routing capabilities and now have an IVR payment option for L.A. Care Covered members to make their payments. Members have adapted to the technology and are utilizing this self-service option. Over the course of the upcoming year we anticipate higher usage of this feature, resulting in a decrease in payment call volume into the call center. In being able to predict increases in call volume during Open Enrollment season will minimize the risk of a decline in call performance.

Member Services Telephone Accessibility Compliance Results	
Measure	2020 Goal
Medi-Cal Call Abandonment Rates	≤ 5 %
Medi-Cal Percent of Calls Handled within 30 Seconds	80%
LACC Call Abandonment Rates	< 3%
LACC Percent of Calls Handled within 30 Seconds	80%
CMC Call Abandonment Rates	≤ 5 %
CMC Percent of Calls Handled within 30 Seconds	80%
PASC Call Abandonment Rates	≤ 5 %
PASC Percent of Calls Handled within 30 Seconds	80%

Our call forecasting and scheduling application, NICE IEX WFM, is scheduled to be upgraded to version 7.0. With this upgrade we will have the capability to use artificial intelligence to increase the accuracy of staffing and forecasting. We will have increased visibility to real-time adherence that will allow us to better manage blended agents.

A critical item that continues to pend is the implementation of the VOICE of the customer project plan. This addition will allow us to streamline customer transactions and interactions by creating a more organic environment for representatives to obtain member information. The increase in efficiency will assist with meeting the performance targets

H.2 CULTURAL & LINGUISTIC SERVICES

AUTHOR: MARGARET MACIAS, MPH

REVIEWER: MATTHEW PIRRITANO, PH. D & JAMES KYLE, MD

The Cultural & Linguistic (C&L) Services Unit provides language assistance services, including translation, telephonic interpreting, face-to-face interpreting, and cultural competency trainings for L.A. Care staff and its provider network for all lines of business. In fiscal year 2018 - 2019, the C&L Services Unit received and processed 1,860 documents totaling close to five million words (4,778,647). The total number of words had a slight increase of 1.4% over the previous fiscal year's total. There was a 38% uptick in the total number of documents translated, mostly due to an increase of non-standardized member letters (i.e. notice of action letters with member specific information) by 265% and marketing materials by 121%. Spanish remained the top requested language which accounted for 39% of all translation, followed distantly by Khmer, Chinese, Armenian, and Korean. Translation member satisfaction surveys were mailed with health education materials. The survey is conducted in Spanish and Chinese which was added in fiscal year 2018 – 2019. The results indicated high satisfaction from members with 100% of respondents confirming that they believe that receiving materials in their language helped them take better care of their health.

The C&L Services Unit provides face-to-face interpreters upon request at medical appointments, meetings, and health education classes. In fiscal year 2018 - 2019, a total of 7,483 face-to-face interpreting requests were coordinated (7,044 for medical appointments and 439 for administrative meetings and events), an increase of 17% over the previous year's total. L.A. Care's direct lines of membership has grown by 1% which may have partially contributed to the increase in overall requests. Continuous efforts to educate members and providers on the availability of these services (e.g., tagline in 16 non-English languages, educational DVDs on interpreting services in most threshold languages, language assistance brochures in threshold languages, newsletter articles, language cards), may have also impacted the upward trend of the number of interpreting requests.

Face-to-face interpreting services for medical appointments were requested in 35 languages, with threshold languages accounted for 80% of all medical appointments. The top five languages for medical appointments were Spanish, American Sign Language, Farsi, Korean and Russian. Face-to-face interpreting services for medical appointments were requested by 2,470 unique members each member had the average of 3 requests. The request for interpreting services were arranged in a timely manner, with 98% of all medical appointment requests fulfilled within 10 business days from the date of request receipt. The members were surveyed on the satisfaction level by mail and results showed that 91% of members were satisfied with interpreting services provided for medical appointments. Face-to-face interpreting services for administrative appointments were requested in five languages. The number of administrative appointments have been hovering around the 200 to 300 range in the past; it was the first year the number went over 400 which was an increase of 68% over the last year's total. Forty-nine percent of administrative appointments were submitted from Family Resource Centers (FRC), followed by 36% from Community Outreach and Engagement (CO&E) and 11% from Health Promoters. Spanish was the top language for administrative appointments followed distantly by American Sign Language, Khmer, Cantonese, and Mandarin. The C&L Services Unit has partnered with the Customer Solutions Center (CSC) on member education efforts to reduce the avoidable interpreting services costs, such as last minute cancellations of medical appointments. In fiscal year 2018 - 2019, these types of cancellation and member no-shows had decreased by 4% when compared to the previous year.

Telephonic interpreting services are offered to health plan employees, network providers including PPG staff as they communicate with members over the phone or when face-to-face interpreters are not available. In fiscal year 2018 - 2019, telephonic interpreting services were provided during 170,046 calls for a total

of 2,586,997 minutes by the contracted vendor. Utilization of telephonic interpreting services was roughly the same as the last fiscal year; the number of calls decreased by 0.2% and number of minutes increased by 2.3%. Telephonic interpreting services were provided in a total of 84 languages, with threshold languages accounting for 98% of all calls. The top five languages were Spanish, Mandarin, Armenian, Korean and Farsi. In fiscal year 2018 - 2019, 93% of all calls were connected with interpreters in less than 30 seconds. The results of a staff satisfaction survey indicated that 85% of staff were satisfied with the services, which is an increase of 6% when compared to the last fiscal year. This is due to improved services provided by a new vendor, Language Line. In prior years, the member satisfaction survey was conducted by our previous telephonic interpreting vendor, United Language Group; the survey ended as their contract expired. The new telephonic member survey is anticipated to begin sometime in fiscal year 2019 - 2020.

In fall of 2019, the C&L Services Unit started the 6-month Video Remote Interpreting (VRI) pilot project at the following three locations: Member Walk-in Area at the 1055 building, FRC Palmdale and FRC Lynwood. It will be extended to FRC Pomona when the location opens in late November. The purpose of the pilot is to examine if VRI is an effective and viable alternative to face-to-face interpreting and to forecast the future usage of VRI at L.A. Care locations. Language Line provides technologies, devices, and interpreters for video calls for the duration of the pilot. The results will be available in spring of 2020.

The C&L Services Unit provides continuous education on C&L rights, requirements, services and resources, cultural competency, and disability sensitivity to all plan staff who have routine contact with members as well as network providers according to applicable regulations and regulatory agency requirements. The on-going training titles included: C&L Requirements, Cultural Competency, Disability Sensitivity, Accessing Telephonic Interpreting Services and Communicating through Healthcare Interpreters [Continuing Medical Education (CME)]. To supplement these training titles, there was one additional ad-hoc title offered to network providers in fiscal year 2018-2019: Patient Engagement and Cultural Responsive Health Care (CME) was provided. Trainings are conducted both in person and online through L.A. Care's Learning Management System. A total of 26 in-person training sessions were conducted, with a total of 823 attendees (362 staff and 470 providers). An additional 11,684 (1,923 staff and 9,761 providers) completed C&L trainings online.

The C&L Services Unit participated in the National Committee for Quality Assurance (NCQA) Multicultural Health Care (MHC) Distinction survey for the fourth time. L.A. Care was once again awarded MHC Distinction for its Medicaid, Medicare, and Marketplace product lines in March 2019. L.A. Care will apply for reaccreditation again in 2021 for all product lines. The Distinction recognizes organizations as industry leaders that provide culturally and linguistically appropriate services while reducing health care disparities.

H.3 MARKETING AND ACTIVITIES

AUTHOR: MISTY DE LAMARE & JOHN COTA

REVIEWER: MATTHEW PIRRITANO, PH. D & JAMES KYLE, MD

L.A. Care provides support to multiple initiatives throughout the organization utilizing the services of the in-house Marketing Department, Health Plan Field Representatives, Community Outreach and Engagement Representatives, Health Educators and the Family Resource Centers. The Marketing staff participates in workgroups to collaborate and develop collateral materials in formats, languages and reading levels to support member and consumer understanding of the benefits, programs and services for which they are eligible. Marketing staff are aligned by product lines; health plan initiatives and the recently expanded Family Resource Centers. Centers are now open and operating in East LA, Lynwood, Inglewood, Boyle Heights, Pacoima and the Antelope Valley. Centers provide free health education and healthy living services in underserved communities. L.A. Care plans to open new and expand existing Resource Centers over the coming years for a total of 14. Community and member awareness campaigns are developed and implemented throughout L.A. County in the form of marketing, educational events and advertising on health and insurance programs specifically targeted to communities where access to quality health care is limited.

The Health Plan Field Representatives and Community Outreach and Engagement Specialists conduct educational outreach and marketing events to extend the opportunity for consumers and members to learn more about L.A. Care programs, including Medi-Cal, Cal MediConnect, and L.A. Care Covered. Community based educational events, health fairs and open house events are prescheduled and are posted on L.A. Care's website and promoted through social media to provide members and non-members with information on the conveniently located events that are conducted throughout L.A. County.

Educational outreach is provided to Enrollment Entities and their down-stream Certified Enrollment Counselors (CECs), Navigators, and Plan Based Enrollers (PBEs) to educate and update them on the programs that L.A. Care members receive, as well as on the eligibility criteria for L.A. Care's product lines including Medi-Cal, Cal MediConnect and L.A. Care Covered. L.A. Care continually seeks opportunities to improve provider awareness and secure their commitment to L.A. Care through participation in joint operational meetings, physician quality improvement programs, incentive programs, health educational events and building and maintaining effective relationships.

Member-focused newsletters are distributed to our members four times a year (including our Plan Partners' Medi-Cal enrollees) that focus on (a) helping members navigate the managed Medi-Cal system to obtain care; and (b) understanding the benefits and services available. Two newsletters are utilized to better focus the content based on the need to communicate to young and growing families as well as the members that we serve who are seniors and people with disabilities. *Be Well* addresses the interests of young and growing families, and *Live Well* is designed to address the interests of members who are seniors and people with disabilities.

L.A. Care offers a variety of benefit and health education information on its flagship website, www.lacare.org. Additionally, members can access personal health information and perform tasks such as changing a doctor, reprinting ID cards, paying a premium or checking a claim through L.A. Care Connect, our secure online member account.

H.4 MEMBER PARTICIPATION, COMMUNITY OUTREACH AND ENGAGEMENT

AUTHOR: AULERIA EAKINS ED, D & BETTSY SANTANA, MPH

REVIEWER: MATTHEW PIRRITANO, PH. D & JAMES KYLE, MD

L.A. Care (LAC) continues to support its Regional Community Advisory Committees (of which there are 11) throughout Los Angeles County by working collaboratively to address health disparities that impact vulnerable and low income residents and communities.

During the Fiscal Year 2018/2019 all Regional Community Advisory Committees (RCAC) completed community work projects focused on the social determinants of health, in particular “Food insecurity”. Food insecurity was chosen to align advisory outreach efforts with L.A. Care’s commitment to address social determinants of health of our consumers and the greater Los Angeles County. Additionally, consumer advisory committee members participated in Colorectal cancer education outreach in response to L.A. Care’s 2018 Healthcare Effectiveness Data and Information Set (HEDIS) Scores. Eleven community based organizations were granted \$5,000 each (totaling \$55,000) by LAC through its regional advisory committees. These sponsorships were granted to various organizations whose primary focus was connected to food insecurity experienced by low-income vulnerable populations. RCAC members participated from the inception of the project by connecting LAC to health organizations in their immediate community and by working with staff to schedule in-service presentations for each RCAC’s consideration.

As result of this work project effort, 11 community based organizations throughout Los Angeles County were funded. Funding supported but was not limited to food resource fairs, community farmer’s markets, hot meals to children of homeless clients, food drives and funding to support existing food bank distribution centers.

In support of educating and empowering community members to advocate for themselves, the Community Outreach and Engagement department continued its work with the I-Speak Cohort. I-Speak participants are RCAC members who desire to enhance their health advocacy skills in preparation for future leadership opportunities within their RCAC region. The topics addressed were: Effective participation in L.A. Care’s Legislative Office Visit’s, and “Connecting the Dots” Social Determinants Tour. During the tour of RCAC’s 4, 6, and 7 advisory members were guided by staff in identifying the availability or lack of availability related to safety net clinics, libraries, food deserts, environmental factors, homelessness, limited safe space and the community’s overall health outcomes.

In collaboration with L.A. Care’s Government Affairs Office consumer members participated in 25 local legislative office visits throughout Los Angeles County. A total of 35 members participated. Office visits focused on Cal Fresh expansion. Consumer participants were able to meet with their designated legislative representatives and share concerns about the importance of supporting the Cal Fresh Program and its sustainability for all Californians.

Lastly, in 2019 the Community Outreach & Engagement department worked collaboratively with LAC’s Health Education department and Health Promoters program to train community advisory members on the importance of Colorectal screenings. RCAC members were educated on risk factors, prevention, screening and effective outreach strategies. RCAC members were charged to conduct community outreach in their region by participating in identified community events. The total number of outreach contacts made were 5,540. Outreach conducted included distributing preventive health pamphlets, at health fairs, schools and faith based entities.

QI ACTIVITIES WITH THE ECAC/RCAC/CMC EAC:

The Quality Improvement team set out to work more closely with L.A. Care's community advisory groups in 2018 with the goal of increasing member feedback and input into quality improvement interventions. To that end, Quality Improvement Initiatives staff has been presenting at either ECAC or RCACs during the year. In 2019, the QI team is on track to present six times on various topics ranging from member experience to preventive health.

In January, the Initiatives team presented on the importance of Cervical Cancer Screenings at the Executive Community Advisory Committee (ECAC), which is comprised of the elected leadership of each RCAC and recently formed CMC Executive Advisory Committee (CMC EAC). In June, QI presented on the Preventive Health Guides, and in September QI presented to the recently formed CMC Executive Advisory Committee. This presentation covered an updated guide of recommended tests and screenings for our health plan members. The Population Health Management team presented their work related to Population Health activities during the June meeting as well. To stress the importance and commitment to member experience, QI also presented on how the plan monitors member experience and its efforts to improve member experience. In the Fall, QI plans to discuss breast cancer screenings and fluoride varnish in young children. The breast cancer screening presentation will be held at RCAC 9 to help address low screening rates in that community, to solicit feedback on what may be driving that rate, and to help develop future interventions.

The Quality Improvement Initiatives team plans to meet with the Community Advisory Committees at least four times a year to share information on their work and to discuss any concerns or feedback members may have regarding our work.

H.5 ACCESS TO CARE

AUTHOR: CHRISTINE SALARY

REVIEWER: MARIA CASIAS, RN & JAMES KYLE, MD

BACKGROUND

L.A. Care Health Plan monitors its provider network accessibility across all provider networks (Medi-Cal, PASC-SEIU Homecare Workers, Cal MediConnect, L.A. Care Covered and L.A. Care Covered Direct) annually to ensure all members have adequate access to primary care, specialty care, non-physician mental health care, and ancillary services. In measurement year (MY) 2018, L.A. Care contracted with the vendor Center for the Study of Services (CSS) to conduct a Provider Appointment Availability Survey (as prescribed by the Department of Managed Health Care (DMHC) and the Provider After-Hours Access Survey. L.A. Care uses the results of these surveys to assess network compliance with provider appointment availability and after-hours access standards. L.A. Care also identifies opportunities for improvement by developing and prioritizing interventions to bring the network into compliance.

OBJECTIVES

- Measure appointment availability and after-hours accessibility of L.A. Care’s Medi-Cal, PASC-SEIU, Cal MediConnect, L.A. Care Covered, and L.A. Care Covered Direct practitioner network for members, including primary care physicians (PCPs), specialty care physicians (SCPs), and non-physician mental health providers and ancillary providers.
- Monitor supplemental data related to access to care, including CAHPS, CG-CAHPS and member grievances.
- Identify areas for improving provider appointment availability and after-hours accessibility.
- Develop, prioritize and implement interventions, as appropriate, for identified opportunities for improvement.

TABLE OF CONTENTS

Section 1: Provider Appointment Availability Survey

Section 2: CAHPS & CG-CAHPS Survey Results for Access to Care

Section 3: Complaints for Access to Care

Section 4: Provider (PCP only) After-Hours Survey

Section 5: Conclusion and Plan of Action

SECTION 1: PROVIDER APPOINTMENT AVAILABILITY SURVEY

METHODOLOGY

L.A. Care contracted with the survey vendor CSS to conduct the MY2018 Provider Appointment Availability Survey (PAAS) as prescribed by the MY2018 DMHC PAAS Methodology. L.A. Care provided CSS with a provider database. The vendor conducted a telephonic survey using L.A. Care’s approved survey tools for PCPs, SCPs, Non-Physician Mental Health providers, and Ancillary providers. L.A. Care added non-DMHC required questions related to various availability and access standards. In addition to surveying the DMHC required specialists, L.A. Care surveyed its top five high impact and volume specialists (based on encounter data from the previous calendar year) in the MCLA, Cal MediConnect, L.A. Care Covered, and L.A. Care Covered Direct networks. The vendor attempted to reach all providers in the survey database and made up to three (3) call attempts. Providers that refused to participate, did not answer the phone during normal business hours, or did not respond to the survey within 48 hours were excluded from the compliance calculations. Ineligible providers were also excluded from compliance calculations. Ineligible providers were identified as erroneously participating in the network,

Participating Provider Group (PPG) or county, deceased, retired, listed with incorrect specialty, or an incorrect phone number (defined by the DMHC MY2018 PAAS Methodology). Eligible providers were identified by the survey vendor as actively in the L.A. Care network and able to participate in the survey.

Appointment types measured in MY 2018 include the following:

- Urgent Appointments
- Non-urgent or Routine Appointments
- Preventive Services
- Initial prenatal appointment
- In Office Waiting Room Time
- Process for Rescheduling Missed Appointments
- Call Back for Rescheduling Missed Appointments
- Mental Health Follow-Up Appointments

RESPONSE RATES

Tables 1a through 1c, display unique provider sample sizes by name of network and provider type. The original sample size was populated with providers that were in the L.A. Care network when the provider database was created. The response rate calculates the percentage of providers that responded to the survey out of the sum total of providers that responded, refused, and did not respond after the maximum call attempts.

Table 1a: Appointment Availability Provider Response Rate (PCP & SCP)				
	Provider Type	Original Sample Size	Eligible Provider Sample Size [^]	Response Rate
Medi-Cal Aggregate	PCP	5,051	3,895	35%
MCLA	PCP	3,125	2,550	45%
Anthem Blue Cross	PCP	1,931	1,358	16%
Blue Shield Promise	PCP	1,523	1,360	51%
PASC-SEIU	PCP	302	278	46%
Cal MediConnect	PCP	2,530	2,051	41%
L.A. Care Covered	PCP	3,058	2,594	44%
L.A. Care Covered Direct	PCP	1,685	1,468	49%
Medi-Cal Aggregate	SCP	3,087	2,194	33%
MCLA	SCP	2,152	1,578	37%
Anthem Blue Cross	SCP	712	502	25%
Blue Shield Promise	SCP	1,095	807	32%
PASC-SEIU	SCP	139	104	39%
Cal MediConnect	SCP	2,055	1,447	35%
L.A. Care Covered	SCP	2,219	1,568	36%
L.A. Care Covered Direct	SCP	1,885	1,375	38%

Table 1b: Appointment Availability Provider Response Rate (Mental Health)^				
	Provider Type	Original Sample Size	Eligible Provider Sample Size	Response Rate
MCLA*	Non-MD Mental Health	1,797	295	23%
L.A. Care Direct Network (MCLA)	Non-MD Mental Health	660	54	12%
PASC-SEIU*	Non-MD Mental Health	1,107	235	29%
Cal MediConnect*	Non-MD Mental Health	515	55	15%
L.A. Care Covered*	Non-MD Mental Health	1,182	236	27%
L.A. Care Covered Direct*	Non-MD Mental Health	1	1	100%
MCLA	Psychiatry	395	103	33%
PASC-SEIU	Psychiatry	359	62	24%
Cal MediConnect	Psychiatry	567	87	20%
L.A. Care Covered	Psychiatry	468	105	30%
L.A. Care Covered Direct	Psychiatry	195	53	33%

[^]Mental health providers in the plan partner networks are not included in the MY2018 survey.

*Includes Beacon Health Strategies and L.A. Care Direct Network Providers.

Table 1c: Appointment Availability Provider Response Rate (Ancillary)^				
	Provider Type	Original Sample Size	Eligible Provider Sample Size	Response Rate
MCLA	Physical Therapy	42	23	68%
MCLA	Mammogram	100	15	22%
MCLA	MRI	99	16	21%
PASC-SEIU	Physical Therapy	0	0	0%
PASC-SEIU	Mammogram	9	0	0%
PASC-SEIU	MRI	12	0	0%
Cal MediConnect	Physical Therapy	42	22	67%
Cal MediConnect	Mammogram	50	7	21%
Cal MediConnect	MRI	43	9	26%
L.A. Care Covered	Physical Therapy	42	23	68%
L.A. Care Covered	Mammogram	98	15	22%
L.A. Care Covered	MRI	98	16	21%
L.A. Care Covered Direct	Physical Therapy	42	23	68%
L.A. Care Covered Direct	Mammogram	98	15	22%
L.A. Care Covered Direct	MRI	98	16	21%

[^]Ancillary providers in the plan partner networks are not included in the MY2018 survey.

RESULTS

The tables below display aggregate results by the Medi-Cal, PASC-SEIU, Cal MediConnect, L.A. Care Covered, and L.A. Care Covered Direct networks. Ineligible providers were excluded from compliance calculations. Providers that did not respond to the survey (did not answer the phone call during normal business hours) or refused to participate were recorded as non-responders and excluded from compliance calculations. In the MY2016 PAAS Methodology, providers that did not respond or refused to participate were recorded as non-compliant for the Urgent and Non-Urgent Appointment measures. The MY2016 compliance rates displayed are re-calculated following the MY2017 and MY2018 methodology, in which

refusals and non-responders are excluded. Variance will compare the difference in compliance rates between MY2017 and MY2018 in each table.

Primary Care results are displayed by composite (all surveyed PCP types). Specialty results are displayed by Composite (all surveyed specialties excluding, mental health), DMHC required, High Impact, High Volume, and Mental Health. The compliance rates are compared to performance goals established by L.A. Care.

COMPLIANCE SUMMARIES: MEDI-CAL AGGREGATE

Table 2a: Medi-Cal Aggregate Year Over Year Comparison PCP Composite							
Appointment Type	Standard	2016	2017	2018	Variance	Performance Goal	Goal Met
Urgent Appointment	48 Hours	91%	92%	88%	-8%	96%	No
Routine Appointment	10 Bus. Days	95%	97%	95%	-2%	100%	No
Preventive Services	10 Bus. Days	86%	94%	95%	-1%	95%	Yes
Initial Prenatal Visit	10 Bus. Days	69%	96%	99%	3%	100%	No
In-Office Waiting Room Time	30 Minutes	85%	95%	95%	0%	95%	Yes
Normal Business Hours Call Back	30 Minutes	62%	83%	70%	-7%	87%	No
Process for Rescheduling Missed or Cancelled Appointments	Yes	91%	99%	99%	0%	100%	No
Call-Back time to Reschedule Appointments	48 Hours	80%	97%	96%	-1%	100%	No

Table 2b: Medi-Cal Aggregate Year Over Year Comparison SCP Composite							
Appointment Type	Standard	2016	2017	2018	Variance	Performance Goal	Goal Met
Urgent Appointment	96 Hours	82%	82%	87%	5%	86%	Yes
Routine Appointment	15 Bus. Days	88%	86%	92%	6%	92%	Yes
Initial Prenatal Visit	10 Bus. Days	85%	94%	97%	3%	94%	Yes
In-Office Waiting Room Time	30 Minutes	83%	90%	90%	0%	91%	No
Normal Business Hours Call Back	30 Minutes	61%	72%	64%	-8%	76%	No
Process for Rescheduling Missed or Cancelled Appointments	Yes	88%	97%	100%	3%	97%	Yes
Call-Back time to Reschedule Appointments	48 Hours	72%	90%	94%	4%	95%	No

Table 2c: Medi Cal Aggregate Year-Over Year Comparison Endocrinology (DMHC Required)^							
Appointment Type	Standard	2017	2018	Variance	Performance Goal	Goal Met	
Urgent Appointment	96 Hours	58%	67%	9%	86%	No	
Routine Appointment	15 Bus. Days	54%	67%	13%	92%	No	
In-Office Waiting Room Time	30 Minutes	91%	79%	-12%	91%	No	
Normal Business Hours Call Back	30 Minutes	71%	71%	0%	76%	No	
Process for Rescheduling Missed or Cancelled Appointments	Yes	95%	98%	3%	97%	Yes	
Call-Back time to Reschedule Appointments	48 Hours	72%	86%	14%	95%	No	

[^]Endocrinology not a DMHC required specialty in MY2016 survey.

Appointment Type	Standard	2017	2018	Variance	Performance Goal	Goal Met
Urgent Appointment	96 Hours	58%	73%	15%	86%	No
Routine Appointment	15 Bus. Days	57%	80%	23%	92%	No
In-Office Waiting Room Time	30 Minutes	79%	92%	13%	91%	Yes
Normal Business Hours Call Back	30 Minutes	58%	57%	-1%	76%	No
Process for Rescheduling Missed or Cancelled Appointments	Yes	95%	100%	5%	97%	Yes
Call-Back time to Reschedule Appointments	48 Hours	86%	97%	11%	95%	Yes

[^]Gastroenterology not a DMHC required specialty in MY2016 survey.

Appointment Type	Standard	2016	2017	2018	Variance	Performance Goal	Goal Met
Urgent Appointment	96 Hours	79%	92%	88%	-4%	86%	Yes
Routine Appointment	15 Bus. Days	94%	97%	97%	0%	92%	Yes
In-Office Waiting Room Time	30 Minutes	92%	94%	93%	-1%	91%	Yes
Normal Business Hours Call Back	30 Minutes	70%	83%	54%	-29%	76%	No
Process for Rescheduling Missed or Cancelled Appointments	Yes	96%	99%	100%	1%	97%	Yes
Call-Back time to Reschedule Appointments	48 Hours	75%	93%	93%	0%	95%	No

Appointment Type	Standard	2016	2017	2018	Variance	Performance Goal	Goal Met
Urgent Appointment	96 Hours	89%	87%	80%	-7%	86%	No
Routine Appointment	15 Bus. Days	92%	100%	92%	-8%	92%	Yes
In-Office Waiting Room Time	30 Minutes	86%	91%	94%	3%	91%	Yes
Normal Business Hours Call Back	30 Minutes	64%	62%	53%	-9%	76%	No
Process for Rescheduling Missed or Cancelled Appointments	Yes	90%	100%	100%	0%	97%	Yes
Call-Back time to Reschedule Appointments	48 Hours	80%	96%	99%	3%	95%	Yes

Appointment Type	Standard	2016	2017	2018	Variance	Performance Goal	Goal Met
Urgent Appointment	96 Hours	89%	88%	89%	1%	86%	Yes
Routine Appointment	15 Bus. Days	92%	96%	93%	-3%	92%	Yes
Initial Prenatal	10 Bus. Days	85%	94%	97%	3%	94%	Yes
In-Office Waiting Room Time	30 Minutes	80%	87%	89%	2%	91%	No
Normal Business Hours Call Back	30 Minutes	61%	73%	68%	-5%	76%	No
Process for Rescheduling Missed or Cancelled Appointments	Yes	88%	98%	100%	2%	97%	Yes
Call-Back time to Reschedule Appointments	48 Hours	78%	93%	93%	0%	95%	No

Table 2h: Medi-Cal Aggregate Year Over Year Comparison Dermatology (High Volume)							
Appointment Type	Standard	2016	2017	2018	Variance	Performance Goal	Goal Met
Urgent Appointment	96 Hours	77%	56%	84%	28%	86%	No
Routine Appointment	15 Bus. Days	79%	54%	100%	46%	92%	Yes
In-Office Waiting Room Time	30 Minutes	84%	87%	86%	-1%	91%	No
Normal Business Hours Call Back	30 Minutes	74%	46%	32%	-14%	76%	No
Process for Rescheduling Missed or Cancelled Appointments	Yes	89%	82%	100%	18%	97%	Yes
Call-Back time to Reschedule Appointments	48 Hours	79%	65%	85%	20%	95%	No

Table 2i: Medi-Cal Aggregate Year-Over Year Comparison Ophthalmology (High Volume)							
Appointment Type	Standard	2016	2017	2018	Variance	Performance Goal	Goal Met
Urgent Appointment	96 Hours	91%	88%	94%	6%	86%	Yes
Routine Appointment	15 Bus. Days	83%	87%	91%	4%	92%	No
In-Office Waiting Room Time	30 Minutes	82%	92%	86%	-6%	91%	No
Normal Business Hours Call Back	30 Minutes	57%	67%	70%	3%	76%	No
Process for Rescheduling Missed or Cancelled Appointments	Yes	85%	99%	95%	-4%	97%	No
Call-Back time to Reschedule Appointments	48 Hours	62%	89%	100%	11%	95%	Yes

Table 2j: Medi-Cal Aggregate Year Over Year Comparison Podiatry (High Volume)^							
Appointment Type	Standard	2017	2018	Variance	Performance Goal	Goal Met	
Urgent Appointment	96 Hours	88%	89%	1%	86%	Yes	
Routine Appointment	15 Bus. Days	95%	96%	1%	92%	Yes	
In-Office Waiting Room Time	30 Minutes	93%	95%	2%	91%	Yes	
Normal Business Hours Call Back	30 Minutes	86%	87%	1%	76%	Yes	
Process for Rescheduling Missed or Cancelled Appointments	Yes	99%	99%	0%	97%	Yes	
Call-Back time to Reschedule Appointments	48 Hours	96%	95%	-1%	95%	Yes	

[^]Podiatry not a Medi-Cal High Volume specialty in MY2016 survey.

Table 2k: Medi-Cal Aggregate Year-Over Year Comparison Urology (High Volume)^							
Appointment Type	Standard	2017	2018	Variance	Performance Goal	Goal Met	
Urgent Appointment	96 Hours	39%	82%	43%	86%	No	
Routine Appointment	15 Bus. Days	57%	67%	10%	92%	No	
In-Office Waiting Room Time	30 Minutes	93%	99%	6%	91%	Yes	
Normal Business Hours Call Back	30 Minutes	64%	49%	-15%	76%	No	
Process for Rescheduling Missed or Cancelled Appointments	Yes	100%	100%	0%	97%	Yes	
Call-Back time to Reschedule Appointments	48 Hours	81%	100%	19%	95%	Yes	

[^]Urology not a Medi-Cal High Volume specialty in MY2016.

Table 2l: Medi Cal Aggregate Year-Over Year Comparison Psychiatry (DMHC Required)							
Appointment Type	Standard	2016	2017	2018	Variance	Performance Goal	Goal Met
Urgent Appointment	96 Hours	37%	70%	64%	-6%	74%	No
Routine Appointment	15 Bus. Days	59%	80%	86%	6%	84%	Yes
Follow up Routine	30 Cal. Days	79%	95%	100%	5%	100%	Yes
In-Office Waiting Room Time	30 Minutes	74%	89%	98%	9%	93%	Yes
Normal Business Hours Call Back	30 Minutes	47%	68%	74%	6%	63%	Yes
Process for Rescheduling Missed or Cancelled Appointments	Yes	79%	100%	98%	-2%	100%	No
Call-Back time to Reschedule Appointments	48 Hours	53%	94%	89%	-5%	99%	No

Table 2m: Medi-Cal Aggregate Year-Over-Year Comparison Non-Physician Mental Health (DMHC Required)							
Appointment Type	Standard	2016	2017	2018	Variance	Performance Goal	Goal Met
Urgent Appointment	96 Hours	55%	83%	81%	-2%	87%	No
Routine Appointment	15 Bus. Days	81%	93%	90%	-3%	98%	No
Follow up Routine	30 Cal. Days	87%	0%	98%	98%	46%	Yes
In-Office Waiting Room Time	30 Minutes	82%	100%	100%	0%	100%	Yes
Normal Business Hours Call Back	30 Minutes	30%	60%	52%	-8%	71%	No
Process for Rescheduling Missed or Cancelled Appointments	Yes	89%	99%	99%	0%	99%	Yes
Call-Back time to Reschedule Appointments	48 Hours	80%	98%	98%	0%	100%	No

Table 2n: Medi-Cal Aggregate Year Over Year Comparison Non Physician Mental Health (L.A. Care Direct Network)							
Appointment Type	Standard	2016^	2017	2018	Variance	Performance Goal	Goal Met
Urgent Appointment	96 Hours	NA	87%	92%	5%	87%	Yes
Urgent Appointment (NCQA)	48 Hours	NA	NA	72%	NA	87%	No
Routine Appointment	15 Bus. Days	NA	92%	92%	0%	98%	No
Routine Appointment (NCQA)	10 Bus. Days	NA	NA	81%	NA	98%	No
Follow up Routine	30 Cal. Days	NA	0%	98%	98%	46%	Yes
In-Office Waiting Room Time	30 Minutes	NA	100%	100%	0%	100%	Yes
Normal Business Hours Call Back	30 Minutes	NA	46%	21%	-25%	71%	No
Process for Rescheduling Missed or Cancelled Appointments	Yes	NA	100%	100%	0%	99%	Yes
Call-Back time to Reschedule Appointments	48 Hours	NA	96%	96%	0%	100%	No

^There were no L.A. Care Direct Network Non-MD Mental Health providers in MY2016.

COMPLIANCE SUMMARIES: MEDI-CAL DIRECT (MCLA) & PLAN PARTNERS

The tables below display measurement year (MY) 2018 compliance rates by Medi-Cal direct (MCLA) and plan partners.

Table 3a: MCLA & Plan Partners Aggregate PCP (Composite)		MCLA		BCSC		CFST	
Appointment Type	Standard	valid n	Compliance rate	valid n	compliance rate	valid n	Compliance rate
Urgent Appointment	Within 48 Hours	2,328	87%	362	85%	1,163	92%
Routine Appointment	Within 10 Business Days	2,409	94%	379	96%	1,205	96%
Preventive Services	Within 10 Business Days	2,321	94%	355	96%	1,152	96%
Initial Prenatal Visit	Within 10 Business Days	794	99%	169	99%	474	99%
In-Office Waiting Room Time	Within 30 Minutes	2,301	95%	353	97%	1,157	95%
Normal Business Hours Call Back	Within 30 Minutes	2,231	68%	347	78%	1,112	70%
Process for Rescheduling Missed or Cancelled Appointments	Yes	2,367	95%	367	100%	1,177	99%
Call-Back time to Reschedule Appointments	Within 48 Hours	2,335	99%	369	97%	1,162	96%

Table 3b: MCLA & Plan Partners Aggregate SCP (Composite)		MCLA		BCSC		CFST	
Appointment Type	Standard	valid n	Compliance rate	valid n	Compliance rate	valid n	Compliance rate
Urgent Appointment	Within 96 Hours	1,429	85%	526	90%	1,139	90%
Routine Appointment	Within 15 Business Days	1,473	89%	532	94%	1,133	95%
Initial Prenatal Visit	Within 10 Calendar Days	112	96%	49	100%	61	100%
In-Office Waiting Room Time	Within 30 Minutes	1,415	89%	529	93%	1,130	89%
Normal Business Hours Call Back	Within 30 Minutes	1,349	64%	489	69%	1,057	63%
Process for Rescheduling Missed or Cancelled Appointments	Yes	1,444	99%	533	100%	1,128	100%
Call-Back time to Reschedule Appointments	Within 48 Hours	1,405	92%	527	93%	1,130	98%

COMPLIANCE SUMMARIES: CAL MEDICONNECT AGGREGATE

Table 4a: Cal MediConnect Year-Over Year Comparison PCP Composite							
Appointment Type	Standard	2016	2017	2018	Variance	Performance Goal	Goal Met
Urgent Appointment	48 Hours	90%	92%	87%	-5%	95%	No
Routine Appointment	10 Bus. Days	92%	97%	94%	-3%	99%	No
Preventive Services	10 Bus. Days	84%	92%	94%	2%	92%	Yes
Initial Prenatal Visit	10 Bus. Days	71%	96%	99%	3%	100%	No
In-Office Waiting Room Time	30 Minutes	86%	96%	95%	-1%	96%	No
Normal Business Hours Call Back	30 Minutes	64%	84%	67%	-17%	88%	No
Process for Rescheduling Missed or Cancelled Appointments	Yes	81%	99%	99%	0%	98%	Yes
Call-Back time to Reschedule Appointments	48 Hours	81%	96%	95%	-1%	100%	No

Table 4b: Cal MediConnect Year-Over Year Comparison SCP Composite							
Appointment Type	Standard	2016	2017	2018	Variance	Performance Goal	Goal Met
Urgent Appointment	96 Hours	85%	84%	85%	1%	89%	No
Routine Appointment	15 Bus. Days	89%	87%	90%	3%	93%	No
Initial Prenatal Visit	10 Bus. Days	91%	95%	96%	1%	98%	No
In-Office Waiting Room Time	30 Minutes	89%	90%	90%	0%	94%	No
Normal Business Hours Call Back	30 Minutes	64%	74%	64%	-10%	78%	No
Process for Rescheduling Missed or Cancelled Appointments	Yes	90%	97%	99%	2%	96%	Yes
Call-Back time to Reschedule Appointments	48 Hours	74%	92%	92%	0%	100%	No

Table 4c: Cal MediConnect Year-Over Year Comparison Endocrinology (DMHC Required)^							
Appointment Type	Standard	2017	2018	Variance	Performance Goal	Goal Met	
Urgent Appointment	96 Hours	50%	74%	24%	89%	No	
Routine Appointment	15 Bus. Days	65%	69%	4%	93%	No	
In-Office Waiting Room Time	30 Minutes	88%	75%	-13%	94%	No	
Normal Business Hours Call Back	30 Minutes	69%	74%	5%	78%	No	
Process for Rescheduling Missed or Cancelled Appointments	Yes	88%	100%	12%	96%	Yes	
Call-Back time to Reschedule Appointments	48 Hours	86%	100%	14%	100%	Yes	

[^]Endocrinology not a DMHC required specialty in MY2016 survey.

Table 4d: Cal MediConnect Year-Over Year Comparison Gastroenterology (DMHC Required)							
Appointment Type	Standard	2016	2017	2018	Variance	Performance Goal	Goal Met
Urgent Appointment	96 Hours	71%	60%	84%	24%	89%	No
Routine Appointment	15 Bus. Days	62%	52%	86%	34%	93%	No
In-Office Waiting Room Time	30 Minutes	90%	86%	94%	8%	94%	Yes
Normal Business Hours Call Back	30 Minutes	62%	59%	63%	4%	78%	No
Process for Rescheduling Missed or Cancelled Appointments	Yes	93%	93%	100%	7%	96%	Yes
Call-Back time to Reschedule Appointments	48 Hours	79%	95%	95%	0%	100%	No

Table 4e: Cal MediConnect Year Over-Year Comparison Cardiology (High Impact & DMHC Required)							
Appointment Type	Standard	2016	2017	2018	Variance	Performance Goal	Goal Met
Urgent Appointment	96 Hours	92%	92%	86%	-6%	89%	No
Routine Appointment	15 Bus. Days	95%	95%	96%	1%	93%	Yes
In-Office Waiting Room Time	30 Minutes	95%	90%	88%	2%	94%	No
Normal Business Hours Call Back	30 Minutes	68%	83%	56%	-27%	78%	No
Process for Rescheduling Missed or Cancelled Appointments	Yes	97%	98%	100%	2%	96%	Yes
Call-Back time to Reschedule Appointments	48 Hours	67%	93%	88%	5%	100%	No

Table 4f: Cal MediConnect Year-Over Year Comparison Oncology (High Impact)							
Appointment Type	Standard	2016	2017	2018	Variance	Performance Goal	Goal Met
Urgent Appointment	96 Hours	80%	85%	76%	-9%	89%	No
Routine Appointment	15 Bus. Days	100%	100%	89%	-11%	93%	No
In-Office Waiting Room Time	30 Minutes	92%	95%	94%	-1%	94%	Yes
Normal Business Hours Call Back	30 Minutes	69%	61%	51%	-10%	78%	No
Process for Rescheduling Missed or Cancelled Appointments	Yes	92%	100%	99%	-1%	96%	Yes
Call-Back time to Reschedule Appointments	48 Hours	92%	98%	98%	0%	100%	No

Table 4g: Cal MediConnect Year-Over Year Comparison OB/GYN (High Volume)							
Appointment Type	Standard	2016	2017	2018	Variance	Performance Goal	Goal Met
Urgent Appointment	96 Hours	93%	91%	92%	1%	89%	Yes
Routine Appointment	15 Bus. Days	94%	97%	93%	-4%	93%	Yes
Initial Prenatal Visit	14 Cal. Days	91%	95%	96%	1%	98%	Yes
In-Office Waiting Room Time	30 Minutes	77%	87%	87%	0%	94%	Yes
Normal Business Hours Call Back	30 Minutes	66%	82%	72%	-10%	78%	No
Process for Rescheduling Missed or Cancelled Appointments	Yes	80%	96%	100%	4%	96%	Yes
Call-Back time to Reschedule Appointments	48 Hours	91%	95%	94%	-1%	100%	No

Table 4h: Cal MediConnect Year-Over Year Comparison Neurology (High Volume)^							
Appointment Type	Standard	2018		Variance^	Performance Goal	Goal Met	
Urgent Appointment	96 Hours	50%		NA	89%	No	
Routine Appointment	15 Bus. Days	50%		NA	93%	No	
In-Office Waiting Room Time	30 Minutes	100%		NA	94%	Yes	
Normal Business Hours Call Back	30 Minutes	100%		NA	78%	Yes	
Process for Rescheduling Missed or Cancelled Appointments	Yes	50%		NA	96%	No	
Call-Back time to Reschedule Appointments	48 Hours	50%		NA	100%	No	

[^]Neurology is the first year this specialty is reported as High Volume under CMC. Variance between MY2017 and MY2018 is not available.

Appointment Type	Standard	2016	2017	2018	Variance	Performance Goal	Goal Met
Urgent Appointment	96 Hours	96%	89%	92%	3%	89%	Yes
Routine Appointment	15 Bus. Days	85%	88%	90%	2%	93%	No
In-Office Waiting Room Time	30 Minutes	90%	90%	91%	1%	94%	No
Normal Business Hours Call Back	30 Minutes	62%	71%	68%	-3%	78%	No
Process for Rescheduling Missed or Cancelled Appointments	Yes	93%	100%	100%	0%	96%	Yes
Call-Back time to Reschedule Appointments	48 Hours	72%	91%	93%	2%	100%	No

Appointment Type	Standard	2016	2017	2018	Variance	Performance Goal	Goal Met
Urgent Appointment	96 Hours	100%	95%	83%	-12%	89%	No
Routine Appointment	15 Bus. Days	100%	98%	100%	2%	93%	Yes
In-Office Waiting Room Time	30 Minutes	100%	83%	83%	0%	94%	No
Normal Business Hours Call Back	30 Minutes	60%	90%	83%	-7%	78%	No
Process for Rescheduling Missed or Cancelled Appointments	Yes	100%	98%	96%	-2%	96%	Yes
Call-Back time to Reschedule Appointments	48 Hours	70%	100%	91%	-9%	100%	No

Appointment Type	Standard	2016 [^]	2017	2018	Variance	Performance Goal	Goal Met
Urgent Appointment	96 Hours	NA	45%	83%	38%	89%	No
Routine Appointment	15 Bus. Days	NA	60%	69%	9%	93%	No
In-Office Waiting Room Time	30 Minutes	NA	95%	98%	3%	94%	Yes
Normal Business Hours Call Back	30 Minutes	NA	70%	55%	-15%	78%	No
Process for Rescheduling Missed or Cancelled Appointments	Yes	NA	100%	100%	0%	96%	Yes
Call-Back time to Reschedule Appointments	48 Hours	NA	94%	100%	6%	100%	Yes

[^]Urology was not a high volume specialty for CMC in 2016.

Appointment Type	Standard	2016	2017	2018	Variance	Performance Goal	Goal Met
Urgent Appointment	96 Hours	36%	73%	68%	-9%	77%	No
Routine Appointment	15 Bus. Days	62%	82%	86%	4%	86%	Yes
Follow up Routine	30 Cal. Days	79%	93%	100%	7%	98%	Yes
In-Office Waiting Room Time	30 Minutes	79%	89%	100%	11%	93%	Yes
Normal Business Hours Call Back	30 Minutes	41%	73%	69%	-4%	77%	No
Process for Rescheduling Missed or Cancelled Appointments	Yes	76%	100%	100%	0%	100%	Yes
Call-Back time to Reschedule Appointments	48 Hours	45%	96%	96%	0%	100%	No

Table 4m: Cal MediConnect Year Over Year Comparison Non Physician Mental Health (DMHC Required)

Appointment Type	Standard	2016	2017	2018	Variance	Performance Goal	Goal Met
Urgent Appointment	96 Hours	55%	79%	82%	3%	87%	No
Routine Appointment	15 Bus. Days	82%	91%	89%	2%	83%	Yes
Follow up Routine	30 Cal. Days	87%	0%	91%	91%	46%	Yes
In-Office Waiting Room Time	30 Minutes	84%	100%	100%	0%	100%	Yes
Normal Business Hours Call Back	30 Minutes	30%	66%	63%	-3%	69%	No
Process for Rescheduling Missed or Cancelled Appointments	Yes	90%	99%	100%	1%	99%	Yes
Call-Back time to Reschedule Appointments	48 Hours	82%	98%	98%	0%	100%	No

COMPLIANCE SUMMARIES: PASC-SEIU AGGREGATE

Table 5a: PASC Year-Over Year Comparison PCP Composite

Appointment Type	Standard	2016	2017	2018	Variance	Performance Goal	Goal Met
Urgent Appointment	48 Hours	93%	96%	74%	-22%	99%	No
Routine Appointment	10 Bus. Days	94%	96%	86%	-10%	100%	No
Preventive Services	10 Bus. Days	92%	97%	98%	1%	99%	No
Initial Prenatal Visit	10 Bus. Days	72%	100%	93%	-7%	100%	No
In-Office Waiting Room Time	30 Minutes	77%	99%	95%	-4%	100%	No
Normal Business Hours Call Back	30 Minutes	64%	87%	56%	-31%	91%	No
Process for Rescheduling Missed or Cancelled Appointments	Yes	93%	99%	100%	1%	100%	Yes
Call-Back time to Reschedule Appointments	48 Hours	87%	99%	92%	-7%	100%	No

Table 5b: PASC Year Over Year Comparison SCP Composite

Appointment Type	Standard	2016	2017	2018	Variance	Performance Goal	Goal Met
Urgent Appointment	96 Hours	60%	90%	88%	-2%	95%	No
Routine Appointment	15 Bus. Days	91%	91%	93%	2%	96%	No
Initial Prenatal Visit	10 Bus. Days	75%	93%	60%	-33%	98%	No
In-Office Waiting Room Time	30 Minutes	80%	100%	88%	-12%	100%	No
Normal Business Hours Call Back	30 Minutes	61%	90%	68%	-22%	95%	No
Process for Rescheduling Missed or Cancelled Appointments	Yes	85%	99%	100%	1%	100%	Yes
Call-Back time to Reschedule Appointments	48 Hours	75%	99%	100%	1%	100%	Yes

COMPLIANCE SUMMARIES: L.A. CARE COVERED AGGREGATE

Table 6a: L.A. Care Covered Year Over Year Comparison PCP Composite							
Appointment Type	Standard	2016	2017	2018	Variance	Performance Goal	Goal Met
Urgent Appointment	48 Hours	91%	92%	88%	-4%	96%	No
Routine Appointment	10 Bus. Days	93%	97%	94%	-3%	99%	No
Preventive Services	10 Bus. Days	86%	93%	94%	1%	94%	Yes
Initial Prenatal Visit	10 Bus. Days	68%	96%	99%	3%	100%	No
In-Office Waiting Room Time	30 Minutes	86%	96%	96%	0%	96%	Yes
Normal Business Hours Call Back	30 Minutes	62%	84%	68%	-16%	88%	No
Process for Rescheduling Missed or Cancelled Appointments	Yes	91%	99%	99%	3%	98%	Yes
Call-Back time to Reschedule Appointments	48 Hours	81%	96%	95%	-4%	100%	No

Table 6b: L.A. Care Covered Year Over Year Comparison SCP Composite							
Appointment Type	Standard	2016	2017	2018	Variance	Performance Goal	Goal Met
Urgent Appointment	96 Hours	83%	82%	84%	2%	87%	No
Routine Appointment	15 Bus. Days	87%	85%	89%	4%	90%	No
Initial Prenatal Visit	10 Bus. Days	93%	96%	96%	0%	99%	No
In-Office Waiting Room Time	30 Minutes	88%	89%	90%	1%	93%	No
Normal Business Hours Call Back	30 Minutes	64%	72%	62%	-10%	76%	No
Process for Rescheduling Missed or Cancelled Appointments	Yes	93%	97%	100%	9%	97%	Yes
Call-Back time to Reschedule Appointments	48 Hours	74%	91%	92%	-5%	100%	No

Table 6c: L.A. Care Covered Year Over-Year Comparison Endocrinology (DMHC Required)^							
Appointment Type	Standard	2017	2018	Variance	Performance Goal	Goal Met	
Urgent Appointment	96 Hours	48%	72%	24%	87%	No	
Routine Appointment	15 Bus. Days	62%	65%	3%	90%	No	
In-Office Waiting Room Time	30 Minutes	90%	76%	-14%	93%	No	
Normal Business Hours Call Back	30 Minutes	66%	69%	3%	76%	No	
Process for Rescheduling Missed or Cancelled Appointments	Yes	90%	97%	7%	97%	Yes	
Call-Back time to Reschedule Appointments	48 Hours	80%	97%	17%	100%	No	

[^]Endocrinology not a DMHC required specialty in MY2016 survey.

Table 6d: L.A. Care Covered Year Over Year Comparison Gastroenterology (DMHC Required)							
Appointment Type	Standard	2016	2017	2018	Variance	Performance Goal	Goal Met
Urgent Appointment	96 Hours	70%	93%	82%	-9%	87%	No
Routine Appointment	15 Bus. Days	64%	96%	84%	-12%	90%	No
In-Office Waiting Room Time	30 Minutes	92%	91%	92%	1%	93%	No
Normal Business Hours Call Back	30 Minutes	68%	83%	65%	-18%	76%	No
Process for Rescheduling Missed or Cancelled Appointments	Yes	97%	99%	100%	1%	97%	Yes
Call-Back time to Reschedule Appointments	48 Hours	73%	94%	95%	1%	100%	No

Table 6e: L.A. Care Covered Year-Over Year Comparison Cardiology (High Impact & DMHC Required)							
Appointment Type	Standard	2016	2017	2018	Variance	Performance Goal	Goal Met
Urgent Appointment	96 Hours	83%	93%	84%	-9%	87%	No
Routine Appointment	15 Bus. Days	94%	96%	95%	-1%	90%	Yes
In-Office Waiting Room Time	30 Minutes	92%	91%	87%	-4%	93%	No
Normal Business Hours Call Back	30 Minutes	68%	83%	57%	-26%	76%	No
Process for Rescheduling Missed or Cancelled Appointments	Yes	97%	99%	100%	1%	97%	Yes
Call-Back time to Reschedule Appointments	48 Hours	73%	94%	87%	-7%	100%	No

Table 6f: L.A. Care Covered Year Over-Year Comparison Oncology (High Impact)							
Appointment Type	Standard	2016	2017	2018	Variance	Performance Goal	Goal Met
Urgent Appointment	96 Hours	82%	86%	80%	-6%	87%	No
Routine Appointment	15 Bus. Days	100%	100%	90%	-10%	90%	Yes
In-Office Waiting Room Time	30 Minutes	93%	92%	94%	2%	93%	Yes
Normal Business Hours Call Back	30 Minutes	73%	60%	49%	-11%	76%	No
Process for Rescheduling Missed or Cancelled Appointments	Yes	93%	100%	100%	0%	97%	Yes
Call-Back time to Reschedule Appointments	48 Hours	93%	95%	98%	3%	100%	No

Table 6g: L.A. Care Covered Year Over-Year Comparison OB/GYN (High Volume)							
Appointment Type	Standard	2016	2017	2018	Variance	Performance Goal	Goal Met
Urgent Appointment	96 Hours	93%	93%	91%	-2%	87%	Yes
Routine Appointment	15 Bus. Days	95%	98%	93%	-5%	90%	Yes
Initial Prenatal Visit	14 Cal. Days	93%	96%	96%	0%	99%	No
In-Office Waiting Room Time	30 Minutes	79%	87%	88%	1%	93%	No
Normal Business Hours Call Back	30 Minutes	69%	80%	67%	-13%	76%	No
Process for Rescheduling Missed or Cancelled Appointments	Yes	92%	95%	100%	5%	97%	Yes
Call-Back time to Reschedule Appointments	48 Hours	80%	96%	93%	-3%	100%	No

Table 6h: L.A. Care Covered Year Over Year Comparison Dermatology (High Volume)							
Appointment Type	Standard	2016	2017	2018	Variance	Performance Goal	Goal Met
Urgent Appointment	96 Hours	90%	60%	78%	18%	87%	No
Routine Appointment	15 Bus. Days	88%	54%	100%	46%	90%	Yes
In-Office Waiting Room Time	30 Minutes	75%	82%	86%	4%	93%	No
Normal Business Hours Call Back	30 Minutes	69%	52%	27%	-25%	76%	No
Process for Rescheduling Missed or Cancelled Appointments	Yes	94%	78%	100%	22%	97%	Yes
Call-Back time to Reschedule Appointments	48 Hours	81%	73%	88%	15%	100%	No

Table 6i: L.A. Care Covered Year Over Year Comparison Ophthalmology (High Volume)							
Appointment Type	Standard	2016	2017	2018	Variance	Performance Goal	Goal Met
Urgent Appointment	96 Hours	100%	89%	90%	1%	87%	Yes
Routine Appointment	15 Bus. Days	88%	87%	89%	2%	90%	No
In-Office Waiting Room Time	30 Minutes	91%	91%	91%	0%	93%	No
Normal Business Hours Call Back	30 Minutes	65%	70%	64%	-6%	76%	No
Process for Rescheduling Missed or Cancelled Appointments	Yes	96%	99%	100%	1%	97%	Yes
Call-Back time to Reschedule Appointments	48 Hours	74%	91%	93%	2%	100%	No

Table 6j: L.A. Care Covered Year-Over Year Comparison Podiatry (High Volume)^							
Appointment Type	Standard	2017	2018	Variance	Performance Goal	Goal Met	
Urgent Appointment	96 Hours	94%	87%	-7%	87%	Yes	
Routine Appointment	15 Bus. Days	94%	94%	0%	90%	Yes	
In-Office Waiting Room Time	30 Minutes	88%	89%	1%	93%	No	
Normal Business Hours Call Back	30 Minutes	86%	84%	-2%	76%	Yes	
Process for Rescheduling Missed or Cancelled Appointments	Yes	97%	100%	3%	97%	Yes	
Call-Back time to Reschedule Appointments	48 Hours	100%	95%	-5%	100%	No	

[^]Podiatry not a L.A. Care Covered High Volume specialty in MY2016 survey.

Table 6k: L.A. Care Covered Year Over Year Comparison Urology (High Volume)						
Appointment Type	Standard	2018	Variance [^]	Performance Goal	Goal Met	
Urgent Appointment	96 Hours	85%	NA	87%	No	
Routine Appointment	15 Bus. Days	67%	NA	90%	No	
In-Office Waiting Room Time	30 Minutes	99%	NA	93%	Yes	
Normal Business Hours Call Back	30 Minutes	47%	NA	76%	No	
Process for Rescheduling Missed or Cancelled Appointments	Yes	100%	NA	97%	Yes	
Call-Back time to Reschedule Appointments	48 Hours	100%	NA	100%	Yes	

[^]Urology is the first year this specialty is reported as High Volume under LACC. Variance between 2017 and 2018 is not available.

Table 6l: L.A. Care Covered Year Over Year Comparison Psychiatry (DMHC Required)							
Appointment Type	Standard	2016	2017	2018	Variance	Performance Goal	Goal Met
Urgent Appointment	96 Hours	42%	73%	63%	-10%	77%	No
Routine Appointment	15 Bus. Days	63%	82%	87%	5%	86%	Yes
Follow up Routine	30 Cal. Days	81%	93%	100%	7%	98%	Yes
In-Office Waiting Room Time	30 Minutes	78%	89%	98%	9%	77%	Yes
Normal Business Hours Call Back	30 Minutes	41%	73%	74%	1%	77%	No
Process for Rescheduling Missed or Cancelled Appointments	Yes	78%	100%	98%	-2%	100%	No
Call-Back time to Reschedule Appointments	48 Hours	52%	96%	89%	-7%	100%	No

Table 6m: L.A. Care Covered Year Over Year Comparison Non Physician Mental Health (DMHC Required)

Appointment Type	Standard	2016	2017	2018	Variance	Performance Goal	Goal Met
Urgent Appointment	96 Hours	56%	83%	78%	-5%	87%	No
Routine Appointment	15 Bus. Days	81%	94%	89%	-5%	86%	Yes
Follow up Routine	30 Cal. Days	88%	0%	98%	98%	46%	Yes
In-Office Waiting Room Time	30 Minutes	83%	100%	100%	0%	100%	Yes
Normal Business Hours Call Back	30 Minutes	30%	63%	59%	-4%	66%	No
Process for Rescheduling Missed or Cancelled Appointments	Yes	91%	99%	99%	0%	100%	No
Call-Back time to Reschedule Appointments	48 Hours	81%	98%	99%	1%	100%	No

COMPLIANCE SUMMARIES: L.A. CARE COVERED DIRECT AGGREGATE

Table 7a: L.A. Care Covered Direct Year Over Year Comparison PCP Composite[^]

Appointment Type	Standard	2017	2018	Variance	Performance Goal	Goal Met
Urgent Appointment	96 Hours	92%	88%	-4%	96%	No
Routine Appointment	15 Bus. Days	97%	94%	-3%	99%	No
Preventive Services	10 Bus. Days	93%	94%	1%	94%	Yes
Initial Prenatal Visit	10 Bus. Days	96%	99%	3%	100%	No
In-Office Waiting Room Time	30 Minutes	96%	95%	-1%	96%	No
Normal Business Hours Call Back	30 Minutes	84%	68%	-16%	88%	No
Process for Rescheduling Missed or Cancelled Appointments	Yes	99%	99%	0%	98%	Yes
Call-Back time to Reschedule Appointments	48 Hours	97%	95%	-2%	100%	No

[^]L.A. Care Covered Direct rolled up into L.A. Care Covered in the MY2016 survey.

Table 7b: L.A. Care Covered Direct Year Over Year Comparison SCP Composite[^]

Appointment Type	Standard	2017	2018	Variance	Performance Goal	Goal Met
Urgent Appointment	96 Hours	82%	84%	2%	87%	No
Routine Appointment	15 Bus. Days	85%	88%	3%	90%	No
Initial Prenatal Visit	10 Bus. Days	96%	95%	-1%	99%	No
In-Office Waiting Room Time	30 Minutes	89%	89%	0%	93%	No
Normal Business Hours Call Back	30 Minutes	71%	61%	-10%	76%	No
Process for Rescheduling Missed or Cancelled Appointments	Yes	96%	100%	4%	97%	Yes
Call-Back time to Reschedule Appointments	48 Hours	91%	92%	1%	100%	No

[^]L.A. Care Covered Direct rolled up into L.A. Care Covered in the MY2016 survey

COMPLIANCE SUMMARIES: AGGREGATE PCP AND SCP RESULTS BY PPG

The tables below display appointment availability compliance rates by PPG. Compliance rates are broken out by PCPs and SCPs for each appointment standard. Tables 7 includes all PPGs surveyed in the 2019 PAAS across all lines of business.

Table 8: PPG Aggregate Compliance				
PPG Name	2018 Urgent Goal: 96%	2018 Routine Goal: 100%	2018 Urgent Goal: 86%	2018 Routine Goal: 92%
Access IPA	NA	NA	NA	NA
Accountable Health Care IPA	NA	NA	NA	NA
Advantage Health Network IPA	NA	NA	NA	NA
All Care Medical Group	NA	NA	NA	NA
Allied Pacific IPA	89%	95%	83%	89%
Alpha Care Medical Group	NA	NA	NA	NA
AltaMed Health Services	89%	95%	91%	92%
Angeles IPA	92%	99%	83%	97%
Antelope Valley Medical Associates	NA	NA	100%	100%
Apollo Healthcare Inc	NA	NA	NA	NA
AppleCare Medical Group	87%	91%	79%	88%
Associated Hispanic Physicians of Southern California	NA	NA	NA	NA
Axminster Medical Group	100%	75%	100%	100%
Beacon Health Strategies	NA	NA	100%	100%
Bella Vista IPA	98%	96%	89%	97%
Cal Care IPA	NA	NA	NA	NA
Children's Hospital Medical Group	NR	NR	100%	100%
Citrus Valley Physicians Group	91%	94%	92%	92%
Community Family Care	84%	97%	95%	84%
County of LA Dept of Health Services	69%	85%	75%	77%
Crown City Medical Group	100%	100%	95%	93%
Eastland Medical Group	NA	NA	NA	NA
El Proyecto Del Barrio	100%	100%	90%	94%
Exceptional Care Medical Group	92%	97%	89%	95%
Family Care Specialists Medical Group	86%	100%	100%	91%
Global Care IPA	89%	97%	81%	89%
Health Care LA IPA	90%	91%	85%	90%
Healthcare Partners Medical Group	NA	NA	100%	82%
Healthy New Life Med Corp	NA	NA	NA	NA
High Dessert	94%	100%	67%	70%
Imperial Health Holdings Medical Group	NA	NA	NA	NA
Karing Physicians Medical Group	NA	NA	NA	NA
LA Care Direct	92%	100%	89%	89%

Table 8: PPG Aggregate Compliance				
PPG Name	2018 Urgent Goal: 96%	2018 Routine Goal: 100%	2018 Urgent Goal: 86%	2018 Routine Goal: 92%
La Salle Medical Associates	NA	NA	NA	NA
Lakeside Medical Group	86%	92%	80%	83%
Los Angeles Medical Center IPA	NA	NA	NA	NA
Memorial Children's Specialty Medical Group	NA	NA	100%	100%
Mission Community IPA	NA	NA	NA	NA
Noble Community Medical Associates	NA	NA	NA	NA
Northeast Community Clinic	NA	NA	NA	NA
Omnicare Medical Group	94%	96%	83%	90%
Pioneer Provider Network	80%	88%	100%	100%
Pomona Valley Medical Group	80%	87%	75%	75%
Preferred IPA of California	89%	97%	87%	90%
Premier Physician Network	NA	NA	NA	NA
Prospect Medical Group	84%	95%	89%	96%
Regal Medical Group	87%	94%	82%	85%
Regent Medical Group	NA	NA	NA	NA
San Judas Medical Group	NA	NA	NA	NA
San Miguel IPA	NA	NA	NA	NA
Seaside Health Plan	83%	92%	100%	100%
Seoul Medical Group	86%	100%	80%	76%
Serra Community Medical Clinic	NA	NA	NA	NA
Sierra Medical Group	90%	90%	100%	100%
So Ca Children Healthcare Network	NA	NA	NA	NA
South Atlantic Medical Group	87%	100%	100%	91%
Southland Advantage Medical Group	NA	NA	NA	NA
Southland San Gabriel Valley Medical Group	100%	100%	92%	100%
St. Vincent IPA	NR	NR	67%	90%
Superior Choice Medical Group	90%	96%	94%	95%
Talbert Medical Group	87%	95%	100%	100%
Universal Care Medical Group	83%	100%	100%	100%

Table 9: Ancillary Results[^]

Ancillary Type	Line of Business	2017	2018	Variance	Performance Goal	Goal Met
Mammogram	Medi-Cal	100%	92%	-8%	100%	No
MRI	Medi-Cal	100%	100%	0%	100%	Yes
Physical Therapy	Medi-Cal	100%	87%	-13%	100%	No
Mammogram	Cal MediConnect	100%	100%	0%	100%	Yes
MRI	Cal MediConnect	100%	100%	0%	100%	Yes
Physical Therapy	Cal MediConnect	100%	90%	-10%	100%	No
Mammogram	L.A. Care Covered	100%	92%	-8%	100%	No
MRI	L.A. Care Covered	100%	100%	0%	100%	Yes
Physical Therapy	L.A. Care Covered	100%	87%	-13%	100%	No
Mammogram	L.A. Care Covered Direct	100%	92%	-8%	100%	No
MRI	L.A. Care Covered Direct	100%	100%	0%	100%	Yes
Physical Therapy	L.A. Care Covered Direct	100%	87%	-13%	100%	No
Mammogram	PASC-SEIU*	NA	NA	NA	100%	No
MRI	PASC-SEIU*	NA	NA	NA	100%	No
Physical Therapy	PASC-SEIU*	NA	NA	NA	100%	No

[^]Due to data challenges, 2016 ancillary results are not available.

*Due to data challenges, PASC ancillary results are not available from 2016-2018.

QUANTITATIVE ANALYSIS

Medi-Cal

An analysis of the Medi-Cal appointment availability survey results revealed the following:

- PCPs have decreased compliance with most of the appointment availability measures from MY2017 to MY2018. The appointment measures with the largest decrease are Urgent Appointment (-8%), Normal Business Hours Call Back (-7%) and Routine Appointment (-2%). Initial prenatal visit displayed the largest increase by 3% from MY2017 to MY2018. The remaining appointment measures have remained stable or displayed an increase with compliance.
- SCPs have increased compliance with most of the appointment availability measures from MY2017 to MY2018. The appointment measures with the largest increase are Routine Appointment Availability (6%), Urgent Appointment Availability (5%), and Call-Back Time to Reschedule Missed Appointments (4%). Normal Business Hours Call back displayed the largest decrease in compliance by 8% from MY2017 to MY2018. The remaining appointment measures have increased in compliance.
- L.A. Care Direct Network: The Non-Physician Mental Health Providers (Qualified Autism Providers) increased or remained stable with compliance in most appointment measures from MY2017 to MY2018. The appointment measures with the largest increase were Follow-up Routine Appointment (98%), (MY2017 n=2, MY2018 n=66) and Urgent Appointment (5%). Normal Business Hours Call back displayed the largest decrease in compliance by 8% from MY2017 to MY2018. The remaining appointment measures had no change to compliance.

Cal MediConnect

An analysis of the Cal MediConnect appointment survey results revealed the following:

- PCPs have decreased compliance with most of the appointment availability measures from MY2017 to MY2018. The appointment measures with the largest decrease are Normal Business Hours Call Back (-17%), Urgent Appointment (-5%) and Process for Rescheduling Missed or Cancelled Appointments (-4%). Initial prenatal visit displayed the largest increase by 3% from MY2017 to MY2018. The remaining appointment measures decreased in compliance, with the exception of preventive services (increased by 2% from MY2017 to MY2018).

- SCPs have increased compliance with most of the appointment availability measures from MY2017 to MY2018. The appointment measures with the largest increase are Routine Appointment (3%) Process for Rescheduling Missed or Cancelled Appointments (2%), Urgent & Initial Prenatal Appointment (both by 1%). Normal Business Hours Call-Back displayed the largest decrease by 10% from MY2017 to MY2018. The remaining appointment measures have increased or remained stable in compliance.

PASC-SEIU

An analysis of the PASC-SEIU appointment survey results revealed the following:

- PCPs have decreased compliance with most of the appointment availability measures from MY2017 to MY2018. The appointment measures with the largest decrease are Normal Business Hours Call Back (-31%), Urgent Appointment (-22%), and Routine Appointment (-10%). Preventive Services and Process for Rescheduling Missed or Cancelled Appointments both display the largest increase in compliance 1% from My2017 to MY2018. The remaining appointment measures have decreased in compliance.
- SCPs have decreased compliance with most of the appointment availability measures from MY2017 to MY2018. The appointment measures with the largest decrease are Initial Prenatal Visit (-33%), Normal Business Hours Call-Back (-22%), and In-Office Waiting Room Time (-12%). Routine appointment displayed the largest increase (2%) from MY2017 to MY2018). The Process and Call-Back Time for Rescheduling Missed appointments both increased by 1%. The remaining measures have decreased in compliance.

L.A. Care Covered

An analysis of the L.A. Care Covered appointment survey results revealed the following:

- PCPs have decreased compliance with most of the appointment availability measures from MY2017 to MY2018. The appointment measures with the largest decrease are Normal Business Hours Call Back (-16%), Urgent Appointment and Call-Back Time to Reschedule Missed or Cancelled Appointments (both by -4%), and Routine Appointment (-3%). Initial Prenatal Visit and Process for Rescheduling Missed or Cancelled Appointments displayed the largest increase in compliance (3%) from MY2017 to MY2018. The remaining measures decreased or remained stable in compliance.
- SCPs have increased compliance with most of the appointment availability measures from MY2017 to MY2018. The appointment measures with the largest increase are Process for Rescheduling Missed or Cancelled Appointments (9%), Routine Appointment (4%), and Urgent Appointment (2%). Normal Business Hours Call-Back had the largest decrease in compliance (-10%) from MY2017 to MY2018. The remaining measures have increased or remained stable in compliance.

L.A. Care Covered Direct

An analysis of the L.A. Care Covered Direct appointment survey results revealed the following:

- PCPs have decreased compliance with most of the appointment availability measures from MY2017 to MY2018. The appointment measures with the largest decrease are Normal Business Hours Call-Back Time (-16%), Urgent Appointment (-4%), and Routine Appointment (-3%). Initial Prenatal Visit displayed the largest increase in compliance from MY2017 to MY2018. The remaining measures have decreased or remained stable in compliance, with exception to Preventive Services which increased by 1%.
- SCPs have increased compliance with most of the appointment availability measures from MY2017 to MY2018. The appointment measures with the largest increase are Process for Rescheduling Missed or Cancelled Appointments (4%), Routine Appointment (3%), and Urgent Appointment (2%). Normal Business Hours Call-Back displayed the largest decrease in compliance (-10%) from

MY2017 to MY2018. The remaining measures increased or remained stable in compliance, with the exception of Preventive Services which decreased by 1%.

Medi-Cal, PASC, Cal MediConnect, L.A. Care Covered, L.A. Care Covered Direct

Tables 7 includes the Urgent and Routine Appointment survey results for PPGs across all lines of business.

- 5 of the PPGs met the L.A. Care goals for PCP Urgent Appointment Availability. 9 of the PPGs met goals for PCP Routine Appointment Availability.
- 25 of the PPGs met the L.A. Care goal for SCP Urgent Appointment Availability. 20 of the PPGs met the L.A. Care goal for SCP Routine Appointment Availability.

Qualitative Analysis

Medi-Cal

PCPs decreased or remained stable in compliance with appointment measures. Although there was a decrease in PCP compliance, the compliance rates were relatively close to meeting L.A. Care's goals. The MY2019 DMHC PAAS methodology now excludes the option of allowing a covering physician or practitioner to provide the urgent or routine appointment to members. It is L.A. Care Health Plan's practice to allow a covering physician or practitioner offer urgent or routine appointments to members, if the primary physician is not available. A decrease in compliance, due to this methodology change was anticipated. L.A. Care will continue to monitor performance of PCPs and determine if additional interventions to increase compliance will be required in MY2019.

Overall, SCPs displayed an increase in compliance with appointment measures. Oncology displayed the largest decrease in compliance with urgent appointment (-7%) and routine appointment (-8%). Oncology Urgent Appointment compliance 80% was relatively close to meeting the L.A. Care goal of 86%. The Routine Appointment compliance rate 92% exceeded the L.A. Care goal of 82%. Analysis of the MY2017 survey results identified relatively low numbers of contracted specialties within most of the surveyed PPGs, contributing to low or absent eligible responses by PPG. Consequently, Quality Improvement has collaborated with Provider Data Management and Contracts & Relationship Management to ensure the provider data accurately captures the appropriate number of contracted specialties in the annual surveys. This effort is expected to assist in improving the accuracy of the sampling frame and the ability to capture eligible responses. L.A. Care will continue to monitor performance of SCPs and determine if additional interventions to increase compliance will be required in MY2019.

The Normal Business Hours Call Back appointment measure had the largest decline in compliance for both PCPs and SCPs. L.A. Care issued a root cause analysis for call-back timeliness non-compliance in the after-hours survey, which connects reasons for call-back timeliness in both the after-hours and appointment availability survey. Providers were unaware of the requirement to call back members within thirty (30) minutes and there is not enough staff to prioritize call-backs within that amount of time. From provider responses, it appears that their challenges with returning member calls would be similar, regardless of the initial call being during normal business hours or after hours.

Cal MediConnect

PCPs decreased in compliance with most of the appointment measures. Although there was a decrease in PCP compliance, the compliance rates were relatively close to meeting L.A. Care's goals. The MY2019 DMHC PAAS methodology now excludes the option of allowing a covering physician or practitioner to provide the urgent or routine appointment to members. It is L.A. Care Health Plan's practice to allow a covering physician or practitioner offer urgent or routine appointments to members, if the primary physician is not available. A decrease in compliance, due to this methodology change was anticipated. L.A. Care

will continue to monitor performance of PCPs and determine if additional interventions to increase compliance will be required in MY2019.

Overall, SCPs displayed an increase in compliance with most appointment measures. Oncology displayed the largest decrease in compliance with urgent appointment (-9%) and routine appointment (-11%). The Oncology Urgent Appointment compliance 76% did not meet the L.A. Care goal of 86%. The Routine Appointment compliance rate 89% exceeded the L.A. Care goal of 93%. L.A. Care will continue to monitor performance of SCPs and determine if additional interventions to increase compliance will be required in MY2019.

The Normal Business Hours Call Back appointment measure had the largest decline in compliance for both PCPs and SCPs. L.A. Care issued a root cause analysis for call-back timeliness non-compliance in the after-hours survey, which connects reasons for call-back timeliness in both the after-hours and appointment availability survey. Providers were unaware of the requirement to call back members within thirty (30) minutes and there is not enough staff to prioritize call-backs within that amount of time.

PASC-SEIU

PCPs decreased in compliance with most of the appointment measures. Although there was a decrease in PCP compliance, the compliance rates were relatively close to meeting L.A. Care's goals. The MY2019 DMHC PAAS methodology now excludes the option of allowing a covering physician or practitioner to provide the urgent or routine appointment to members. It is L.A. Care Health Plan's practice to allow a covering physician or practitioner offer urgent or routine appointments to members, if the primary physician is not available. A decrease in compliance, due to this methodology change was anticipated. L.A. Care will continue to monitor performance of PCPs and determine if additional interventions to increase compliance will be required in MY2019.

Overall, SCPs displayed an increase in compliance with appointment measures. Urgent Appointment compliance 88% and relatively close to meeting the L.A. Care goal of 95%. The Routine Appointment compliance rate 93% was relatively close to the L.A. Care goal of 96%. L.A. Care will continue to monitor performance of SCPs and determine if additional interventions to increase compliance will be required in MY2019.

The Normal Business Hours Call Back appointment measure had the largest decline in compliance for both PCPs and SCPs. L.A. Care issued a root cause analysis for call-back timeliness non-compliance in the after-hours survey, which connects reasons for call-back timeliness in both the after-hours and appointment availability survey. Providers were unaware of the requirement to call back members within thirty (30) minutes and there is not enough staff to prioritize call-backs within that amount of time.

L.A. Care Covered

PCPs decreased in compliance with most of the appointment measures. Although there was a decrease in PCP compliance, the compliance rates were relatively close to meeting L.A. Care's goals. The MY2019 DMHC PAAS methodology now excludes the option of allowing a covering physician or practitioner to provide the urgent or routine appointment to members. It is L.A. Care Health Plan's practice to allow a covering physician or practitioner offer urgent or routine appointments to members, if the primary physician is not available. A decrease in compliance, due to this methodology change was anticipated. L.A. Care will continue to monitor performance of PCPs and determine if additional interventions to increase compliance will be required in MY2019.

Overall, SCPs displayed an increase in compliance with appointment measures. Psychiatry displayed the largest decrease in compliance with urgent appointment (-10%). The compliance rate 63% did not meet the L.A. Care goal 77%. Gastroenterology displayed the largest decrease in routine appointment (-12%).

The compliance rate 84% was relatively close to meeting the L.A. Care goal 90%. L.A. Care will continue to monitor performance of SCPs and determine if additional interventions to increase compliance will be required in MY2019.

The Normal Business Hours Call Back appointment measure had the largest decline in compliance for both PCPs and SCPs. L.A. Care issued a root cause analysis for call-back timeliness non-compliance in the after-hours survey, which connects reasons for call-back timeliness in both the after-hours and appointment availability survey. Providers were unaware of the requirement to call back members within thirty (30) minutes and there is not enough staff to prioritize call-backs within that amount of time.

L.A. Care Covered Direct

PCPs decreased in compliance with most of the appointment measures. Although there was a decrease in PCP compliance, the compliance rates were relatively close to meeting L.A. Care's goals. The MY2019 DMHC PAAS methodology now excludes the option of allowing a covering physician or practitioner to provide the urgent or routine appointment to members. It is L.A. Care Health Plan's practice to allow a covering physician or practitioner offer urgent or routine appointments to members, if the primary physician is not available. A decrease in compliance, due to this methodology change was anticipated. L.A. Care will continue to monitor performance of PCPs and determine if additional interventions to increase compliance will be required in MY2019.

Overall, SCPs displayed an increase in compliance with appointment measures. Urgent Appointment compliance 84% and relatively close to meeting the L.A. Care goal of 87%. The Routine Appointment compliance rate 88% was relatively close to meeting the L.A. Care goal of 90%. L.A. Care will continue to monitor performance of SCPs and determine if additional interventions to increase compliance will be required in MY2019.

The Normal Business Hours Call Back appointment measure had the largest decline in compliance for both PCPs and SCPs. L.A. Care issued a root cause analysis for call-back timeliness non-compliance in the after-hours survey, which connects reasons for call-back timeliness in both the after-hours and appointment availability survey. Providers were unaware of the requirement to call back members within thirty (30) minutes and there is not enough staff to prioritize call-backs within that amount of time.

SECTION 2: CAHPS & CG-CAHPS SURVEY RESULTS FOR ACCESS TO CARE

Table 9a displays the CAHPS results for getting needed care (routine appointments) and needed care quickly (urgent appointments) for the Medi-Cal, L.A. Care Covered, and Cal MediConnect networks. These results reflect the member's perception of access to compare. Table 9b displays the Consumer Group (CG) CAHPS results for the same measures in the Medi-Cal network only.

Table 9a: CAHPS Access to Care Measures^{^*}

Access Measure	Line of Business	2016	2017	2018	Performance Goal	Goal Met
When you contacted this provider's office to get an appointment for care you needed right away, how often did you get an appointment as soon as you needed (Adult)	Medi-Cal	78.0%	75.6%	72.0%	80%	No
When you made an appointment for a check-up or routine care with this provider, how often did you get an appointment as soon as you needed (Adult)	Medi-Cal	78.0%	74.8%	76.8%	80%	No
When you contacted this provider's office to get an appointment for care you needed right away, how often did you get an appointment as soon as you needed (Child)	Medi-Cal	86.0%	86.1%	84.0%	89%	No
When you made an appointment for a check-up or routine care with this provider, how often did you get an appointment as soon as you needed (Child)	Medi-Cal	81.0%	74.5%	79.0%	81%	No
When you contacted this provider's office to get an appointment for care you needed right away, how often did you get an appointment as soon as you needed (Adult)	L.A. Care Covered	81.0%	71.7%	67.1%	81%	No
When you made an appointment for a check-up or routine care with this provider, how often did you get an appointment as soon as you needed (Adult)	L.A. Care Covered	82.0%	75.4%	66.3%	82%	No
When you contacted this provider's office to get an appointment for care you needed right away, how often did you get an appointment as soon as you needed (Adult)	Cal MediConnect	73%	73%	75%	77%	No
When you made an appointment for a check-up or routine care with this provider, how often did you get an appointment as soon as you needed (Adult)	Cal MediConnect	80%	80%	83%	84%	No

[^]Child CAHPS results not reported in Cal MediConnect and L.A. Care Covered network.

*source: Q4 2017 and Q4 2018 QI Workplans.

Table 9b: CG CAHPS Access to Care Measures*^				
Access Measure	Line of Business*	2015*	2017	2018
When you contacted this provider's office to get an appointment for care you needed right away, how often did you get an appointment as soon as you needed (Adult)	Medi-Cal	70.5%	57.8%	53.9%
When you made an appointment for a check-up or routine care with this provider, how often did you get an appointment as soon as you needed (Adult)	Medi-Cal	75.8%	58.5%	54.3%
When you contacted this provider's office to get an appointment for care you needed right away, how often did you get an appointment as soon as you needed (Child)	Medi-Cal	78.4%	62.9%	60.4%
When you made an appointment for a check-up or routine care with this provider, how often did you get an appointment as soon as you needed (Child)	Medi-Cal	81.2%	68%	61.7%

*CG-CAHPS performed for Medi-Cal network only. This survey was not conducted in 2016, but will be conducted annually beginning in 2018.

^Source: 2017 & 2018 CG-CAHPS Adult and Child Reports (no VIIP+P4P).

Quantitative Analysis

Medi-Cal

- CAHPS Adult member satisfaction with getting timely urgent appointments decreased by 3.6% from 2017 to 2018.
- CAHPS Adult member satisfaction with getting timely routine appointments increased by 2.0% from 2017 to 2018.
- CAHPS Child member satisfaction with getting urgent appointments increased by 2.1% from 2017 to 2018.
- CAHPS Child member satisfaction with getting routine appointments increased by 4.5% from 2017 to 2018.
- CG-CAHPS Adult member satisfaction with getting timely urgent appointments decreased by 3.9% from 2017 to 2018.
- CG-CAHPS Adult member satisfaction with getting timely routine appointments decreased by 4.2% from 2017 to 2018.
- CG-CAHPS Child member satisfaction with getting timely urgent appointments decreased by 2.5% from 2017 to 2018.
- CG-CAHPS Child member satisfaction with getting timely routine appointments decreased by 6.3% from 2017 to 2018.

L.A. Care Covered

- CAHPS Adult member satisfaction with getting timely urgent appointments decreased by 4.6% from 2017 to 2018.
- CAHPS Adult member satisfaction with getting timely routine appointments decreased by 9.1% from 2017 to 2018.

Cal MediConnect

- CAHPS Adult member satisfaction with getting timely urgent appointments increased by 2.0% from 2017 to 2018.
- CAHPS Adult member satisfaction with getting timely routine appointments increased by 3.0% from 2017 to 2018.

Qualitative Analysis

Medi-Cal

About half of scores increased from 2017 to 2018, but all scores remain low. All ratings and composites scored below the NCQA 25th percentile, except for Rating of Personal Doctor. Getting Care Quickly is the lowest rated composite, which should be prioritized for improvement. As with children in Medicaid, Doctor Communication is scored the highest and thus is least in need of intervention.

The adult population in Medi-Cal seeks specialty care more often than children, which may be driving down the overall perception of quality of health care. In reviewing appeals and grievance data in the Member Experience Work Group it was noted that the access related complaints were from accessing the specialty network. It may be that the drivers of the low scores may include:

1. Lack of availability of specialty treatment
2. Difficulty obtaining authorizations
3. Difficulty obtaining appointments.

Furthermore, a prior study conducted by L.A. Care showed that members that had responded negatively to the Getting Needed Care and Getting Care quickly were from certain geographic areas such as Antelope Valley which is known for having few providers. This has led to efforts to add direct network providers in Antelope Valley and contracting with pharmacy sites that provide care e.g. Minute Clinics. Therefore, a limited or taxed specialty network and regions with fewer providers may be some of the drivers causing the lower rates in getting care quickly and quality of care. Overall, for Medi-Cal line of business, attitude and service had the highest average of grievance per 1,000 members. Additionally, billing and financial issues did demonstrate a slight increase.

L.A. Care Covered

Ratings across most domains have declined between 2017-2018 measurement years. In particular, Rating of All Health Care and Personal Doctor declined by nine percentage points. But the health plan rating remained virtually the same as the prior year. The Member Experience Work Group felt that perhaps the influx of new members that occurred between the fourth quarter of 2017 and the first quarter of 2018 may have led the network to be overburdened and led to high dissatisfaction. During that timeframe the population grew from about 25,000 members to ~71, 000.

This product performs differently than Medi-Cal and Medicare in that they seem to dislike their doctor. Personal doctor and the doctor's communication both scored poorly in 2018 and showed declines over the prior year. Getting needed care also had a major drop from the prior year. In addition, this group scored health plan customer services low and the rates declined from the prior year while results from the adult and child survey in Medi-Cal show improvements. Overall they seem unhappy with most of levels of service.

Surprisingly, the score for "costs" has remained the same and is higher than the DSS average. Yet, most grievances are for billing and financial issues. The issues reported are related to: Benefit Accumulators, Premiums, Copayment issues. Perhaps some of these get resolved and the member still finds the plan to be a cost effective plan. Grievances from Billing & Financial Issues increased from 2017 Q4 to 2018 Q3. To

help capture more details about what members were grieving about a new grievance issue code, Balance Billing, was added in 2018 Q4 to improve the ability to further drill down by this category. This should help us paint a better picture about what they are unhappy about since overall cost is not one of the main grievances.

For this population there are several opportunities for improvement, but working on providers' coaching, and improving customer service both in the office and at the health plan level seem important for this population. Attitude and service continue to have high level of grievances as well so both the health plan and offices should continue to improve their systems and train staff.

Cal MediConnect

Dual Eligible Medi-Cal and Medicare member have higher utilization and appear to perform less well in comparison to non-dual eligible and other commercial plans. In regard to CAHPS overall rating for Medicare CMC members none of the 2018 ratings were met. L.A. Care did not meet or surpass any of the 2018 DSS averages in the overall ratings section. The only overall rating category that L.A. Care surpassed the 2018 DSS average in was drug plan. For overall, drug plan rating the L.A. Care 2018 score was 88% and the 2018 DSS average was 87.9%. This shows that L.A. Care needs improvement in regard to the following overall rating categories: health plan, health care quality, personal doctor, specialist and customer service. The area in the overall rating section that L.A. Care needs most improvement in next year is health plan rating being that there is 3.7 percentage point difference between L.A. Care's 2018 score in the category and the 2018 DSS average. The second area that needs most improvement next year is customer service, as L.A. Care scored 3.3 percentage points lower than the 2018 DSS average.

Furthermore, L.A. Care did not meet or surpass any of the 2018 DSS averages in the composite ratings section. This shows that L.A. Care needs improvement in customer service, getting needed care, getting appointments and care quickly, doctors who communicate well, care coordination and getting needed prescription drugs. The area in the composite score section that L.A. Care needs most improvement in next year is getting appointments and care quickly being that there is an 8.3 percentage point difference between L.A. Care's 2018 score in the category and the 2018 DSS average. The second area that need most improvement next year is care coordination as L.A. Care's scored 7.9 percentage points lower than the 2018 DSS average.

Overall, an analysis of the Cal MediConnect (CMC) complaint data was conducted and revealed several areas that need attention. The overall rate of complaints per 1000 members increased from 2017 Q4 to 2018 Q3. Additionally, there was also an increase in billing & financial issues from 2017 Q4 to 2018 Q3.

Being that billing and financial issues increased, a new grievance issue code, balance billing, was added in 2018 Q4 to provide the ability to further drill down by this category.

SECTION 3: COMPLAINTS FOR ACCESS TO CARE

In order to further assess member experience in relation to overall access to care, L.A. Care analyzed the grievance/complaint data provided below. These rates are reported as the actual complaint counts by Line of Business and complaint category (Access to Care).

Table 10. Complaints for Access to Care Trend*^				
Fiscal Year	Line of Business	Total Complaints (N)	Access Complaints (N)	% of Access Complaints
2015-2016	Medi-Cal	20,376	4,005	18.8%
2016-2017	Medi-Cal	13,073	2,565	19.6%
2017-2018	Medi-Cal	14,136	2,771	19.6%
2015-2016	Cal MediConnect	915	90	9.8%
2016-2017	Cal MediConnect	925	219	23.7%
2017-2018	Cal MediConnect	1,789	319	17.8%
2015-2016	L.A. Care Covered	1,647	57	3.0%
2016-2017	L.A. Care Covered	93	31	33.3%
2017-2018	L.A. Care Covered	4,616	500	10.8%

*Rate per 1000 members is calculated based on the avg of member months for the measurement period:

2017 Q4 = 15,584 2018 Q1 = 15,391 2018 Q2 = 15,590 2018 Q3 = 16,010

^Source: 2019 QI Program Description G.1a Appeals and Grievances.

Quantitative Analysis

- **Medi-Cal:** The percentage of access complaints remained the same from fiscal years 2016-2017 to 2017-2018.
- **Cal MediConnect:** The percentage of access complaints decreased by 6% from fiscal years 2016-2017 to 2017-2018.
- **L.A. Care Covered:** The percentage of access complaints decreased by 23% from fiscal years 2016-2017 to 2017-2018.

Qualitative Analysis

Medi-Cal: Overall, the member’s experience and measurement of satisfaction is based on the perceived delivery and quality of service provided by the treating practitioner, practitioner’s office staff, and/or Plan staff (inclusive of our delegated entities). Based upon review of the data for this measurement period, the top two reason of dissatisfaction are related to the following:

- Dissatisfaction with their Primary Care Physician and/or office staff
- Dissatisfaction with their overall experience with the Plan and Plan staff

Complaints for access was not identified as a high contributor to member dissatisfaction in the Medi-Cal network.

Cal MediConnect: Based upon review of the data for the Cal MediConnect line of business, the top three reasons for initiating a grievance is related to Billing and Financial issues. Complaints for access was not identified as a high contributor to member dissatisfaction in the Cal MediConnect network.

L.A. Care Covered: The Covered California line of business data demonstrates the top three reasons for initiating a grievance is related to Billing and Financial issues. Complaints for access was not identified as a high contributor to member dissatisfaction in the L.A. Care Covered network.

Medi-Cal, Cal MediConnect, L.A. Care Covered:

The following have been identified as possible contributing factors to the members' ratings of access to care:

- An inherent shortage of specialists, especially at the provider group level. L.A. Care does meet the provider to member ratio for the overall network, but opportunity for improvement has been identified at the delegate level.
- Actual delays in timeliness of processing authorizations.
- Delays with the authorization process due to practitioners submitting incomplete or incorrect requests to the authorizing party resulting in delays and multiple calls for clarification of the request for additional information.
- Limited oversight of delegate's authorization processes.
- Member perception of timeliness.
- Transportation issues traveling to provider offices.

Provider Network Management examines the individual specialty networks of contracted provider groups quarterly and informs them of any deficiencies in their network. Furthermore, individual attention is paid to referrals to out-of-network specialists on an as-needed basis in order to ensure members' needs are continually met.

L.A. Care's Utilization Management team does work closely with the contracted provider groups to encourage usage and promotion of improved programs, such as a direct referral process or auto authorizations. Delegates are monitored through the quarterly utilization management reports where trends are identified and reported to the Quality of Care and Utilization Management Committees for advisement.

SECTION 4: PCPS AFTER-HOURS SURVEY

BACKGROUND

Information obtained from the practitioner after-hours access to care assessment measures how well practitioners are adhering to L.A. Care's established after-hours access standards. Based on the response to each survey question and the access standard, the provider is categorized as being either compliant or non-compliant. L.A. Care's primary provider network serves Medi-Cal, PASC-SEIU, Cal MediConnect, and L.A. Care Covered and L.A. Care Covered Direct products and established standards are consistent across all provider networks.

METHODOLOGY

L.A. Care contracted with the survey vendor CSS to conduct the MY2018 After-Hours Survey. The vendor conducted a telephonic survey using L.A. Care's approved survey tool for PCPs. The vendor attempted to reach all providers in the survey database and made up to three (3) call attempts. CSS calculated rates of compliance for all eligible providers. Ineligible providers included providers that were deceased, retired, listed with a wrong phone number, or identified as not practicing within the plan's network. Ineligible providers were removed from compliance calculations.

Results were collected in November of 2018. Provider offices were surveyed during closed office hours (early morning, evening, holiday or weekend hours). L.A. Care Health Plan requires PCPs or their designated on-call licensed practitioners, be available to coordinate patient care beyond normal business hours. To achieve after-hours compliance, PCPs must utilize one of the following systems and meet the requirements as outlined:

- A. Automated systems
 - Must provide emergency instructions

- Offer a reasonable process to contact the PCP or their covering practitioner or other "live" party
 - If process does not enable the caller to contact the PCP or their covering practitioner directly, the "live" party must have access to a practitioner for both urgent and non-urgent calls.
- B. Professional exchange staff
- Must provide process for emergency calls
 - Must have access to practitioner for both urgent and non-urgent calls.
- C. To achieve after-hours timeliness compliance, PCPs, their covering practitioner, or a screening/triage clinician (RN, NP or PA) must return a member's call within 30 minutes.

L.A. Care submitted to CSS a complete database of L.A. Care's network of PCPs. Using address and phone number, up to five practitioners were rolled up into one record. Based on the provider's response to each survey question and the established access standard, the provider is categorized as being either compliant or non-compliant.

RESPONSE RATES:

Table 11: After Hours Response Rate			
	Original Sample Size	Eligible Provider Size	Response Rate
Medi-Cal Aggregate	3,547	2,653	99%
MCLA	3,073	2,280	99%
Anthem Blue Cross	1,711	1,424	99%
Blue Shield Promise	1,358	1,146	99%
PASC-SEIU	282	203	100%
Cal MediConnect	2,476	1,807	99%
L.A. Care Covered	3,007	2,449	99%
L.A. Care Covered Direct	1,574	1,302	99%

RESULTS

Individual access scores are calculated for the number of provider offices that offer compliant emergency instructions to callers and the number/percentage of offices with adequate means of reaching the on-call practitioner (Access measures). In addition, provider offices are measured for compliance with the after-hours timeliness standard (Timeliness measure), which measures whether the PCPs, or designated on-call provider, or a screening/triage clinician (RN, NP or PA) will return a member's phone call within 30 minutes. A score is provided for all provider groups.

The tables below provide the after-hours compliance rates calculated for access and timeliness measures for PCPs, along with PCP year-over-year comparisons, where possible. L.A. Care established performance goals for each standard. Compliance rate trend data in some measures (indicated by NA) are unavailable due to the inclusion of a new provider network, or a change in the calculation from separate compliance reporting of access and timeliness measures to a combined compliance rate of access and timeliness measures.

COMPLIANCE SUMMARIES

Table 12a: Medi-Cal Aggregate Year over Year Comparison							
After Hours Measure	Line of Business	2016	2017	2018	Variance	Performance Goal	Goal Met
Access Compliance	Medi-Cal Aggregate	52%	73%	85%	12%	77%	Yes
Timeliness Compliance	Medi-Cal Aggregate	46%	55%	34%	-21%	58%	No
Combined Access & Timeliness Compliance	Medi-Cal Aggregate	35%	49%	32%	-17%	51%	No
Access Compliance	MCLA	55%	73%	86%	13%	77%	Yes
Timeliness Compliance	MCLA	48%	57%	34%	-23%	58%	No
Combined Access & Timeliness Compliance	MCLA	37%	50%	33%	-17%	51%	No
Access Compliance	CFST	54%	69%	85%	16%	77%	Yes
Timeliness Compliance	CFST	47%	51%	34%	-17%	58%	No
Combined Access & Timeliness Compliance	CFST	37%	45%	33%	-12%	51%	No
Access Compliance	BCSC	53%	73%	84%	11%	77%	Yes
Timeliness Compliance	BCSC	44%	55%	35%	-20%	58%	No
Combined Access & Timeliness Compliance	BCSC	35%	50%	34%	-16%	51%	No
Access Compliance	PASC	50%	69%	83%	-14%	72%	Yes
Timeliness Compliance	PASC	64%	62%	18%	-44%	66%	No
Combined Access & Timeliness Compliance	PASC	42%	58%	18%	-40%	61%	No
Access Compliance	Cal MediConnect	53%	73%	85%	12%	77%	Yes
Timeliness Compliance	Cal MediConnect	47%	57%	34%	-23%	60%	No
Combined Access & Timeliness Compliance	Cal MediConnect	35%	50%	32%	-18%	53%	No
Access Compliance	L.A. Care Covered	53%	73%	86%	13%	77%	Yes
Timeliness Compliance	L.A. Care Covered	46%	57%	33%	-24%	60%	No
Combined Access & Timeliness Compliance	L.A. Care Covered	35%	50%	32%	-18%	53%	No
Access Compliance	L.A. Care Covered Direct	NA	73%	86%	13%	77%	Yes
Timeliness Compliance	L.A. Care Covered Direct	NA	57%	36%	-21%	60%	No
Combined Access & Timeliness Compliance	L.A. Care Covered Direct	NA	50%	35%	-15%	53%	No

Table 12b: PPG Aggregate Compliance

PPG Name	2018		
	Access Goal ≥ 77%	Timeliness Goal ≥ 58%	Combined Goal ≥ 51%
Access IPA	100%	67%	67%
Accountable IPA	82%	32%	31%
Advantage Heath Network	50%	0%	0%
Alliance Health System	89%	22%	22%
Allied Pacific IPA	87%	41%	40%
Alpha Care Medical Group LA	100%	100%	100%
AltaMed Health Services	84%	32%	32%
Angeles IPA	83%	40%	39%
Anthem	80%	34%	30%
AppleCare Medical Group	88%	38%	37%
Associated Hispanic Physicians of So California	80%	38%	37%
Axminster Medical Group	71%	0%	0%
Bella Vista IPA	88%	46%	46%
Cal Care IPA	90%	38%	38%
Children's Hospital Medical Group	100%	0%	0%
Citrus Valley Physicians Group	88%	34%	34%
Community Family Care	82%	29%	27%
County of LA Dept of Health Services	81%	15%	15%
Crown City Medical Group	90%	33%	33%
Eastland Medical Group	67%	23%	23%
El Proyecto Del Barrio	100%	8%	8%
Exceptional Care Medical Group	81%	31%	30%
Family Care Specialists Medical Group	100%	38%	38%
Family Health Alliance Medical Group	83%	30%	30%
Global Care IPA	85%	36%	35%
Health Care LA IPA	69%	12%	11%
Healthy New Life Medical Corporation	80%	40%	40%
High Dessert	71%	11%	7%
Hispanic Physicians IPA	93%	13%	7%
Imperial Health Holdings Medical Group	68%	32%	32%
Karing Physician Medical Group	100%	27%	27%
LA Care Direct	61%	21%	15%
La Salle Medical Associates	75%	25%	25%
Lakeside Medical Group	84%	30%	28%
Los Angeles Medical Center IPA	79%	29%	29%
Omnicare Medical Group	88%	44%	44%
Pioneer Provider Network	100%	52%	52%

Table 12b: PPG Aggregate Compliance			
PPG Name	2018		
	Access Goal ≥ 77%	Timeliness Goal ≥ 58%	Combined Goal ≥ 51%
Pomona Valley Medical Group	82%	29%	23%
Preferred IPA of California	83%	35%	34%
Premier Physician network	100%	0%	0%
Prospect Medical Group	84%	32%	32%
Regal Medical Group	89%	35%	34%
Regent Medical Group	80%	30%	20%
San Judas Medical Group	60%	60%	60%
Seaside Health Plan	79%	11%	11%
Seoul Medical Group	60%	40%	33%
Serra Community Medical Clinic	100%	0%	0%
Sierra Medical Group	81%	24%	24%
South Atlantic Medical Group	92%	60%	60%
Southland Advantage Medical Group	100%	47%	47%
Southland San Gabriel Valley Medical Group	96%	46%	46%
St. Vincent IPA	50%	50%	50%
Superior Choice Medical Group	78%	38%	37%
Talbert Medical Group	88%	30%	30%
Universal Care Medical Group	95%	25%	25%

Quantitative Analysis

Medi-Cal

- Access Compliance increased by 12% and exceeded the L.A. Care goal of 77%.
- Timeliness Compliance decreased by 21% and did not meet the L.A. care goal 58%.
- Combined Access & Timeliness compliance decreased by 17% and did not meet the L.A. Care goal of 51%.

Cal MediConnect

- Access Compliance increased by 12% and exceeded the L.A. Care goal of 77%.
- Timeliness Compliance decreased by 23% and did not meet the L.A. care goal 60%.
- Combined Access & Timeliness compliance decreased by 18% and did not meet the L.A. Care goal of 53%.

PASC-SEIU

- Access Compliance decreased by 14% and exceeded the L.A. Care goal of 72%.
- Timeliness Compliance decreased by 44% and did not meet the L.A. care goal 66%.
- Combined Access & Timeliness compliance decreased by 40% and did not meet the L.A. Care goal of 61%.

L.A. Care Covered

- Access Compliance increased by 13% and exceeded the L.A. Care goal of 77%.
- Timeliness Compliance decreased by 24% and did not meet the L.A. care goal 60%.
- Combined Access & Timeliness compliance decreased by 18% and did not meet the L.A. Care goal of 53%.

L.A. Care Covered Direct

- Access Compliance increased by 13% and exceeded the L.A. Care goal of 77%.
- Timeliness Compliance decreased by 24% and did not meet the L.A. care goal 60%.
- Combined Access & Timeliness compliance decreased by 18% and did not meet the L.A. Care goal of 53%.

Medi-Cal, PASC, Cal MediConnect, L.A. Care Covered, L.A. Care Covered Direct

Table 12a includes the Access, Timeliness, Combined Access & Timeliness compliance survey results for PPGs across all lines of business. This survey only includes PCPs.

- 44 PPGs met the L.A. Care goal for Access Compliance.
- 4 PPGs met the L.A. Care goal for Timeliness Compliance.
- 5 PPGs met the L.A. Care goal for Combined Access & Timeliness.

Qualitative Analysis

The conclusions in this report are based on analysis of available data, survey findings and discussions at the various. The provider network met L.A. Care's goals for Access Compliance. L.A. Care will continue to monitor this measure and determine if additional intervention efforts are needed for MY2019. Due to a significant decrease in compliance with Call-Back Timeliness, a root cause analysis and corrective action plan was requested from all PPGs for non-compliance with Call-Back Timeliness. Table 13 summarizes PPG analysis and action plans. L.A. Care will continue to monitor the progress of the action plans for each surveyed PPG and determine if additional interventions are required for MY2019.

Table 13: PPG RCA & CAP for Call-Back Timeliness Non-Compliance	
Root Cause Analysis	Corrective Action Plan
<ul style="list-style-type: none">• Unaware of After-Hours Requirement.• Health Plan has incorrect contact information listed for providers.• Providers used shared answering service and refused multiple outreach attempts for providers.• Not enough covering physicians.• No after-hours recording or answering service in place.• Providers concerned stating calls will be returned in 30 minutes is a legal issue; prefer language ASAP.• Providers not aware of call-back requirement; not enough staff to prioritize call-backs within 30 minutes.	<ul style="list-style-type: none">• Providers will be re-surveyed and re-educated regarding the after-hours access and timeliness standards until 100% compliant. Distribute educational materials with After-Hours Standards.• Informed Answering Service of survey process.• Develop operational plan to bring after-hours service in-house, compliant with the standards.• MSO implementing a standardized call flow (phone tree) for all group sites.

SECTION 5: CONCLUSION AND PLAN OF ACTION

The conclusions in this report are based on analysis of available data, survey findings and discussions at the various quality committees, such as the Member Quality Service Committee and Quality Oversight Committee. These committees include an internal cross-departmental representation from departments, such as Quality Improvement, Medical Management, Health Education, Health Education and Cultural & Linguistic Services, Provider Network Operations, Marketing and Communications, and Leadership. Opportunities for improvement are determined based on conclusions drawn from these meetings.

To identify issues below the plan level, access to care data was segmented into the provider group level. Results are distributed to each specific provider group in the form of a report card. L.A. Care has continued collaborative efforts with provider groups throughout 2017 to 2018 to target improving appointment wait times and after-hours access.

In order to address continued non-compliance and improve appointment wait times and after-hours accessibility compliance rates, L.A. Care launched the mandatory *PPG Access to Care Oversight and Monitoring* process. As part of this process, L.A. Care developed a training webinar, oversight and monitoring audit workbook and related auditing tools. Effective October 2015, PPGs are required to audit their provider network on a quarterly basis for compliance with the appointment wait time and after-hours standards. PPGs are required to submit quarterly reports beginning August 5, 2019 for MY2018 data. PPGs are required to monitor their practitioners until they become compliant with L.A. Care’s performance standards. Since the launch of the oversight and monitoring process, PPG network compliance has overall improvement from the 2014 results to the 2018 results in all after-hours measures (access and timeliness). L.A. Care will continue to require PPGs to report their findings until their network is in compliance with the standards and meet L.A. Care performance goals.

SUMMARY OF INTERVENTIONS

Based on data gathered from the Annual Access to Care Survey, grievance data and CAHPS Survey, L.A. Care will continue with or implement the following interventions to continually improve member access to care:

Opportunity	New and/or Ongoing	Action(s) Taken	Effectiveness of Intervention/ Outcome
Root Cause Analysis Request for Provider Non-Responsiveness in MY2017 Appointment Availability Survey.	New	L.A. Care requested PPGs in the MY2017 Appointment Availability survey provide root cause analysis and corrective action plans for low responsiveness to PPGs in the MCLA network.	In MY2018 Appointment Availability, provider response rates improved by the following: <ul style="list-style-type: none"> • PCP: 35.1% MY2017 to 44.5% MY2018 • SCP: 35.1% MY2017 to 36.9% MY2018
Oversight & Monitoring Workbooks	New	L.A. Care implemented identification of providers non-compliant with Appointment Availability and After-Hours Access measures for two consecutive years, in the Oversight & Monitoring Workbooks.	Effectiveness to be determined in MY2019 Appointment Availability and After-Hours survey results.

Opportunity	New and/or Ongoing	Action(s) Taken	Effectiveness of Intervention/ Outcome
Collaborate with delegated provider groups to improve member experience with access and availability	New	L.A. Care implemented a targeted intervention with PCPs to provide a root cause analysis and corrective action plan for non-compliance with after-hours call-back timeliness.	Effectiveness to be determined in the MY2019 After-Hours surveys.
Educate Members on timely access standards	Ongoing	Newsletter article in the Member newsletter, <i>Be Well</i> , educating members on the access to care standards and providing DMHC Help Center contact information.	Members obtain knowledge on their rights to provider appointment availability and After-Hours access.
Internal Access to Care Workgroup	Ongoing	Access & Availability Workgroup formed to collaborate and identify barriers and effective interventions to improve Access & Availability. Workgroup findings and recommendations report up to the QI Steering Committee.	Collaborative effort with stakeholders to improve identified deficiencies with Provider Appointment Availability and After-Hours compliance.
Advanced Access	New	L.A. Care will begin monitoring those PCPs that offer advanced access. Provider Contracting & Relationship Management will oversight & monitor PPG reports of PCPs that offer advanced access. This information will be applied to the annual appointment availability surveys.	Effectiveness to be determined in MY2019 Appointment Availability and After-Hours surveys. Providers that offer advanced access will receive automatic compliance for urgent and routine appointments, increasing network compliance rates.
Joint Operations Meetings	New	Quality Improvement collaborated with Provider Network Operations in the quarterly PPG Joint Operations Meetings to focus on key initiatives within Quality Improvement, including Access to Care compliance.	PPGs found this information useful, but these meetings focused on the overall operations of the PPG. Quality Improvement will determine a more appropriate medium for highlighting quality initiatives, including Access to Care, with PPGs.
PPG Meetings with Quality Improvement Department	New	Quality Improvement piloted meetings with PPGs targeted for improvement with Access to Care compliance, in the 1 st quarter of 2019..	PPGs provided positive feedback in these meetings. Accreditation will continue with Ad Hoc meetings for Access to Care as necessary.
Access to Care Webinar	Ongoing	Quality Improvement hosts a webinar that reviews the Access to Care standards and compliance rates, along with instructions on the PPG Oversight & Monitoring workbook process for MY2018 survey results.	PPGs attended the webinar and were attentive. Quality Improvement will continue to host these webinars annually.

LOOKING FORWARD

The mentioned interventions were all chosen as part of the overall effort to continuously improve the quality of timely access to care for members by increasing compliance rates. Upcoming interventions that should continue as part of the 2019 QI Program are:

- Continue oversight and monitoring of providers that offer Advanced Access appointment scheduling.
- Host training webinars to refresh PPGs on the Access to Care standards, as well as on the Oversight and Monitoring process to ensure PPGs are accurately overseeing & training their contracted providers.
- Implement analysis of PPG compliance across all appointment availability and After-Hours Access measures to identify highest and lowest performing PPGs.

Medi-Cal 2020 Access to Care Goals		
Appointment Type	Standard	New 2020 Goal
Urgent Appointment	PCP within 48 hours SCP within 96 hours Non-MDMH within 96 Hours	PCP: 99% SCP: 89% Non-MDMH: 90%
Routine Appointment	PCP within 10 business days SCP within 15 business days Non-MDMH within 10 business days Ancillary within 15 business days	PCP: 100% SCP: 94% Non-MDMH: 100% Ancillary: 100%
Preventive Services (Adult)	PCP within 30 calendar days	PCP: 100%
Preventive Services (Child)	PCP within 10 business days	PCP: 99%
Initial Prenatal Visit	PCP within 10 business days SCP within 10 business days	PCP: 100% SCP: 99%
Patient In-Office Waiting Room	PCP: within 30 minutes SCP: within 30 minutes Non-MDMH: within 30 minutes	PCP: 100% SCP: 96% Non-MDMH:
Patient Call-Back During Business Hours	PCP within 30 minutes SCP within 30 minutes Non-MDMH within 30 minutes	PCP: 90% SCP: 79% Non-MDMH: 100%
Process for Rescheduling Missed Appointments	PCP Non-MDMH Yes SCP Yes Non-MDMH Yes	PCP: 100% SCP: 100% Non-MDMH: 100%
Call Back for Rescheduling Missed Appointments	PCP within 48 hours SCP within 48 hours Non-MDMH within 48 hours	PCP: 100% SCP: 98% Non-MDMH: 100%
Follow Up Routine Visit	Psychiatry within 30 calendar days Non-MDMH within 90 calendar days	Psychiatry: 100% Non-MDMH: 51%
After Hours Access	PCP ER Ins & Provider Contact	PCP: 80%
After Hours Timeliness	PCP within 30 minutes	PCP: 61.5%
Combined Access & Timeliness	PCP compliance in Access and Timeliness	PCP: 55%

Cal MediConnect 2020 Access to Care Goals		
Appointment Type	Standard	New 2020 Goal
Urgent Appointment	PCP within 48 hours SCP within 96 hours Non-MDMH within 96 Hours	PCP: 99% SCP: 100% Non-MDMH: 88%
Routine Appointment	PCP within 10 business days SCP within 15 business days Non-MDMH within 10 business days Ancillary within 15 business days	PCP: 55% SCP: 95% Non-MDMH: 92% Ancillary: 100%
Preventive Services (Adult)	PCP within 30 calendar days	PCP: 100%
Preventive Services (Child)	PCP within 10 business days	PCP: 100%
Initial Prenatal Visit	PCP within 10 business days SCP within 10 business days	PCP: 100% SCP: 100%
Patient In-Office Waiting Room	PCP: within 30 minutes SCP: within 30 minutes Non-MDMH: within 30 minutes	PCP: 100% SCP: 97% Non-MDMH: 100%
Patient Call-Back During Business Hours	PCP within 30 minutes SCP within 30 minutes Non-MDMH within 30 minutes	PCP: 91% SCP: 81% Non-MDMH: 100%
Process for Rescheduling Missed Appointments	PCP Non-MDMH Yes SCP Yes Non-MDMH Yes	PCP: 100% SCP: 99% Non-MDMH: 100%
Call Back for Rescheduling Missed Appointments	PCP within 48 hours SCP within 48 hours Non-MDMH within 48 hours	PCP: 100% SCP: 100% Non-MDMH: 100%
Follow Up Routine Visit	Psychiatry within 30 calendar days Non-MDMH within 90 calendar days	Psychiatry: 100% Non-MDMH: 51%
After Hours Access	PCP ER Ins & Provider Contact	PCP: 80%
After Hours Timeliness	PCP within 30 minutes	PCP: 64%
Combined Access & Timeliness	PCP compliance in Access and Timeliness	PCP: 57%

PASC-SEIU 2020 Access to Care Goals		
Appointment Type	Standard	New 2020 Goal
Urgent Appointment	PCP within 48 hours SCP within 96 hours Non-MDMH within 96 Hours	PCP: 100% SCP: 98% Non-MDMH: 90%
Routine Appointment	PCP within 10 business days SCP within 15 business days Non-MDMH within 10 business days Ancillary within 15 business days	PCP: 100% SCP: 99% Non-MDMH: 100% Ancillary: 100%
Preventive Services (Adult)	PCP within 30 calendar days	PCP: 100%
Preventive Services (Child)	PCP within 10 business days	PCP: 100%
Initial Prenatal Visit	PCP within 10 business days SCP within 10 business days	PCP: 100% SCP: 100%
Patient In-Office Waiting Room	PCP: within 30 minutes SCP: within 30 minutes Non-MDMH: within 30 minutes	PCP: 100% SCP: 96% Non-MDMH: 96%
Patient Call-Back During Business Hours	PCP within 30 minutes SCP within 30 minutes Non-MDMH within 30 minutes	PCP: 94% SCP: 80% Non-MDMH: 70%
Process for Rescheduling Missed Appointments	PCP Non-MDMH Yes SCP Yes Non-MDMH Yes	PCP: 100% SCP: 100% Non-MDMH: 100%
Call Back for Rescheduling Missed Appointments	PCP within 48 hours SCP within 48 hours Non-MDMH within 48 hours	PCP: 100% SCP: 100% Non-MDMH: 100%
Follow Up Routine Visit	Psychiatry within 30 calendar days Non-MDMH within 90 calendar days	Psychiatry: 100% Non-MDMH: 51%
After Hours Access	PCP ER Ins & Provider Contact	PCP: 76%
After Hours Timeliness	PCP within 30 minutes	PCP: 69%
Combined Access & Timeliness	PCP compliance in Access and Timeliness	PCP: 65%

L.A. Care Covered 2020 Access to Care Goals		
Appointment Type	Standard	New 2020 Goal
Urgent Appointment	PCP within 48 hours SCP within 96 hours Non-MDMH within 96 Hours	PCP: 99% SCP: 90% Non-MDMH: 90%
Routine Appointment	PCP within 10 business days SCP within 15 business days Non-MDMH within 10 business days Ancillary within 15 business days	PCP: 100% SCP: 93% Non-MDMH: 95% Ancillary: 100%
Preventive Services (Adult)	PCP within 30 calendar days	PCP: 100%
Preventive Services (Child)	PCP within 10 business days	PCP: 98%
Initial Prenatal Visit	PCP within 10 business days SCP within 10 business days	PCP: 100% SCP: 100%
Patient In-Office Waiting Room	PCP: within 30 minutes SCP: within 30 minutes Non-MDMH: within 30 minutes	PCP: 100% SCP: 96% Non-MDMH: 100
Patient Call-Back During Business Hours	PCP within 30 minutes SCP within 30 minutes Non-MDMH within 30 minutes	PCP: 91% SCP: 79% Non-MDMH: 70%
Process for Rescheduling Missed Appointments	PCP Non-MDMH Yes SCP Yes Non-MDMH Yes	PCP: 100% SCP: 99% Non-MDMH: 100%
Call Back for Rescheduling Missed Appointments	PCP within 48 hours SCP within 48 hours Non-MDMH within 48 hours	PCP: 100% SCP: 100% Non-MDMH: 70%
Follow Up Routine Visit	Psychiatry within 30 calendar days Non-MDMH within 90 calendar days	Psychiatry: 100% Non-MDMH: 51%
After Hours Access	PCP ER Ins & Provider Contact	PCP: 80%
After Hours Timeliness	PCP within 30 minutes	PCP: 64%
Combined Access & Timeliness	PCP compliance in Access and Timeliness	PCP: 57%

H.6 AVAILABILITY OF PRACTITIONERS

AUTHOR: GWEN CATHEY

REVIEWER: ELAINE SADOCCHI-SMITH, FNP, MPH, CHES & JAMES KYLE, MD

BACKGROUND

L.A. Care Health Plan (L.A. Care) conducts an annual analysis of its primary care and high-volume specialty care practitioner networks to ensure there are sufficient numbers and types of practitioners to effectively meet the needs and preferences of its membership. This network adequacy analysis includes practitioners who participate in L.A. Care's Medi-Cal, L.A. Care Covered, and Cal MediConnect lines of business and who provide services to members enrolled in these programs within defined geographic areas. L.A. Care has established quantifiable and measureable standards for both the number and geographic distribution of practitioners. Data that determines providers' compliance with these standards is collected, assessed and opportunities for improvement are identified and acted upon on an annual basis.

Primary care practitioners include those who practice in the areas of Family Practice/General Medicine, Internal Medicine, Obstetrics/Gynecology, and Pediatrics. High volume areas of specialty care are determined by the number of encounters within a specific timeframe. L.A. Care has identified Oncology and Cardiovascular Disease as high impact specialties across all lines of business.

Analyses of L.A. Care's Behavioral Health provider network are excluded from this report. The provision of Behavioral Health services and analysis of provider availability is delegated to an NCQA accredited Managed Behavioral Health Organization (MBHO)

2020 WORK PLAN GOALS: Each section of this report contains specific quantifiable goals.

SECTION 1: MEDI-CAL PRACTITIONERS' NETWORK AVAILABILITY

METHODOLOGY

Primary care practitioners include Family Practice/General Medicine, Internal Medicine, Obstetrics/Gynecology and Pediatrics. High volume areas of specialty care are determined by the number of encounters within a specific timeframe and have historically varied from quarter to quarter. However, L.A. Care has since revised this methodology in that it now analyzes the same specialty areas for the course of a calendar year. These annually determined specialties are specific to each product line. L.A. Care also evaluates access to Obstetrics/Gynecology services and the high-impact specialties of Oncology and Cardiovascular Disease for all lines of business. Additional specialty areas may be assessed as a result of any future regulatory requirements pertaining to access and availability or identification of deficiencies specific to particular specialties.

PERFORMANCE STANDARDS

Performance standards are based on regulatory requirements, external benchmarks, industry standards, and national and regional comparative data. Availability standards are established for:

- PCP to Member Ratio = Total number of PCPs/Total Membership
- SCP to Member Ratio = Total number of SCPs for the specific specialty type (e.g., total number of ophthalmologists)/Total Membership
- PCP and SCP Drive Distance: MapInfo software is used to measure performance.

PERFORMANCE ASSESSMENT

As of October 1, 2019 the total number of Medi-Cal members was 2,003,841. The 203,022 members assigned to Kaiser are excluded from these analyses as this reporting function is delegated to Kaiser. This report measures Medi-Cal practitioner and provider availability for 1,800,819 non-Kaiser members. The report also measures practitioner and provider availability for 80,644 L.A. Care Covered members and 16,413 Cal MediConnect members.

The following tables depict the level of provider network compliance with current physician to enrollee ratio and member travel distance standards across all primary care physician types, high volume, and high impact areas of specialty care. While ratio standards were met for the LACC and Cal MediConnect lines of business, several Medi-Cal specialties did not meet the ratio standards in effect during the reporting period. Enrollee travel distance requirements were met for all three lines of business across all four reporting Quarters.

Primary Care Ratios by Product Line

<i>Medi-Cal</i>				
<i>Standard: 1:2000</i>	Q3 2019	Q2 2019	Q1 2019	Q4 2018
<u>FP/GP</u>				
Ratio	1:1072	1:559	1:559	1:559
<u>IM</u>				
Ratio	1:608	1:137	1:138	1:137
<u>PED</u>				
Ratio	1:571	1:382	1:381	1:375

<i>LACC</i>				
<i>Standard: 1:2000</i>	Q3 2019	Q2 2019	Q1 2019	Q4 2018
<u>FP/GP</u>				
Ratio	1:60	1:63	1:31	1:30
<u>IM</u>				
Ratio	1:44	1:46	1:27	1:26
<u>PED</u>				
Ratio	1:16	1:16	1:8	1:7

<i>CMC</i>				
<i>Standard: 1:2000</i>	Q3 2019	Q2 2019	Q1 2019	Q4 2018
<u>FP/GP</u>				
Ratio	1:9	1:9	1:8	1:8
<u>IM</u>				
Ratio	1:8	1:7	1:6	1:6
<u>PED</u>				
Ratio	1:9	1:8	1:7	1:7

High Volume and High Impact Specialties Ratios by Product Line

Medi-Cal				
Standard: 1:5000 OB/GYN Standard: 1:3000	Q3 2019	Q2 2019	Q1 2019	Q4 2018
<u>Cardiovascular Disease</u> Ratio	1:3298	1:3321	1:3288	1:3304
<u>Podiatry</u> Ratio	1:6745	1: 6881	1:6786	1:6515
<u>OB/GYN</u> Ratio	1:36	1:36	1:35	1:34
<u>Oncology</u> Ratio	1:3949	1:4019	1:3973	1:3937
<u>Ophthalmology</u> Ratio	1:3791	1:3685	1:3653	1:3647
<u>Orthopedics</u> Ratio	1:5645	1:5785	1:5680	1:5598
<u>Dermatology</u> Ratio	1:14180	1:14192	1:14730	1:14645
<u>Otology, Larvngology, RhinoLOGY</u> Ratio	1:13643	1:13556	1:13623	1:13362
<u>Urology</u> Ratio	1:10117	1:10263	1:10179	1:10342

Note: Ratios appearing in red font do not meet the ratio standard in the Quarter(s) noted

High Volume and High Impact Specialties Ratios by Product Line

LACC				
<i>Standard: 1:5000 OB/GYN Standard: 1:3000</i>	Q3 2019	Q2 2019	Q1 2019	Q4 2018
<u>Urology</u>				
Ratio	1:767	1:853	1:335	1:362
<u>Cardiovascular Disease</u>				
Ratio	1:200	1:219	1:77	1:83
<u>Podiatry</u>				
Ratio	1:798	1:908	1:344	1:373
<u>Dermatology</u>				
Ratio	1:941	1:1005	1:465	1:520
<u>OB/GYN</u>				
Ratio	1:3	1:3	1:1	1:4
<u>Oncology</u>				
Ratio	1:295	1:328	1:101	1:106
<u>Ophthalmology</u>				
Ratio	1:281	1:311	1:70	1:77
<u>Orthopedics</u>				
Ratio	1:376	1:422	1:271	1:363

High Volume and High Impact Specialties Ratios by Product Line

CMC				
<i>Standard: 1:5000</i> <i>OB/GYN Standard: 1:3000</i>	Q3 2019	Q2 2019	Q1 2019	Q4 2018
<u>Cardiovascular Disease</u>				
Ratio	1:45	1:48	1:26	1:27
<u>Nephrology</u>				
Ratio	1:77	1:80	1:46	1:48
<u>OB/GYN</u>				
Ratio	1:26	1:28	1:16	1:16
<u>Oncology</u>				
Ratio	1:72	1:77	1:35	1:36
<u>Ophthalmology</u>				
Ratio	1:60	1:64	1:25	1:26
<u>Podiatry</u>				
Ratio	1:150	1:164	1:94	1:98
<u>Urology</u>				
Ratio	1:169	1:178	1:103	1:107
<u>Orthopedics</u>				
Ratio	1:82	1:89	1:53	1:57

Primary Care Provider to Member Geographical Distribution by Product Line

Medi-Cal (PCP)				
<i>Standard: 10 miles Compliance Target: 95%</i>	Q3 2019	Q2 2019	Q1 2019	Q4 2018
<u>FP/GP</u>				
Average Distance in Miles	1 mi	1.0 mi	1.0 mi	1.0 mi
% of Members with Access	100 %	100 %	100%	100%
<u>IM</u>				
Average Distance in Miles	1.0 mi	1.0 mi	1.0 mi	1.0 mi
% of Members with Access	99.0 %	99.0%	99.0 %	99.0 %
<u>PED</u>				
Average Distance in Miles	1.0 mi	1.0 mi	1.0 mi	1.0 mi
% of Members with Access	99.0%	99.0 %	99.0%	99.0 %

LACC (PCP)				
<i>Standard: 10 miles Compliance Target: 95%</i>	Q3 2019	Q2 2019	Q1 2019	Q4 2018
<u>FP/GP</u>				
Average Distance in Miles	.9 mi	0.9 mi	0.9 mi	0.9 mi
% of Members with Access	99.7%	99.7%	99.7%	99.7%
<u>IM</u>				
Average Distance in Miles	.9 mi	0.9 mi	0.9 mi	0.9 mi
% of Members with Access	99.8%	99.8%	99.7%	99.8%
<u>PED</u>				
Average Distance in Miles	1.3 mi	1.1 mi	1.1mi	1.1 mi
% of Members with Access	99.6%	99.7%	99.8%	99.7%

Primary Care Provider to Member Geographical Distribution by Product Line

CMC (PCP)				
	Q3 2019	Q2 2019	Q1 2019	Q4 2018
<i>Standard: 10 miles Compliance Target: 95%</i>				
<u>FP/GP</u>				
Average Distance in Miles	1.0 mi	1.0 mi	1.0 mi	1.0 mi
% of Members with Access	99.0 %	100 %	99.0%	99.0 %
<u>IM</u>				
Average Distance in Miles	1.0 mi	1.0 mi	1.0 mi	1.0 mi
% of Members with Access	99.0 %	99.0 %	99.0 %	99.0%
<u>PED</u>				
Average Distance in Miles	2.0 mi	2.0 mi	2.0 mi	2.0 mi
% of Members with Access	99.0 %	99.0%	99.0 %	99.0 %

High Volume and High Impact Specialties Geographical Distribution by Product Line

<i>Medi-Cal</i>				
	Q3 2019	Q2 2019	Q1 2019	Q4 2018
<i>Standard: 15 miles Compliance Target: 90%</i>				
<u>Cardiovascular Disease</u>				
Average Distance in Miles	2.0 mi	2.0 mi	2.0 mi	2.0 mi
% of Members with Access	100.0%	100 %	100 %	100.0%
<u>OB/GYN</u>				
Average Distance in Miles	1.0 mi	1.0 mi	1.0 mi	1.0 mi
% of Members with Access	99%	100 %	100%	100%
<u>Oncology</u>				
Average Distance in Miles	2.0 mi	2.0 mi	2.0 mi	2.0 mi
% of Members with Access	100%	100 %	100 %	100%
<u>Ophthalmology</u>				
Average Distance in Miles	2.0 mi	2.0 mi	2.0 mi	2.0 mi
% of Members with Access	100 %	100 %	100 %	100 %
<u>Orthopedics</u>				
Average Distance in Miles	2.0 mi	2.0 mi	2.0 mi	2.0 mi
% of Members with Access	100%	100 %	100%	100%
<u>Otology, Laryngology, Rhinology</u>				
Average Distance in Miles	2.0 mi	2.0 mi	2.0 mi	2.0 mi
% of Members with Access	100%	100%	100%	100%
<u>Podiatry</u>				
Average Distance in Miles	2.0 mi	2.0 mi	1.0 mi	2.0 mi
% of Members with Access	100%	100 %	100%	100%
<u>Dermatology</u>				
Average Distance in Miles	2.0 mi	2.0 mi	2.0 mi	1.0 mi
% of Members with Access	100%	100%	100%	100%
<u>Urology</u>				
Average Distance in Miles	2.0 mi	2.0 mi	2.0 mi	2.0 mi
% of Members with Access	100%	100 %	100%	100%

High Volume and High Impact Specialties Geographical Distribution by Product Line

LACC				
	Q3 2019	Q2 2019	Q1 2019	Q4 2018
Standard: 15 miles Compliance Target: 90%				
<u>Podiatry</u> Average Distance in Miles % of Members with Access	2.6 mi 99.2 %	2.7 mi 99.2%	2.6 mi 99.2%	2.7 mi 99.3%
<u>Cardiovascular Disease</u> Average Distance in Miles % of Members with Access	2.0 mi 99.8 %	2.0 mi 99.8%	2.0 mi 99.8%	1.9 mi 99.8%
<u>Dermatology</u> Average Distance in Miles % of Members with Access	3.0 mi 100%	3.0 mi 100%	3.0 mi 100%	3.0 mi 100%
<u>OB/GYN</u> Average Distance in Miles % of Members with Access	1.2 mi 99.8%	1.2 mi 99.9 %	1.2 mi 99.9%	1.1 mi 99.9 %
<u>Oncology</u> Average Distance in Miles % of Members with Access	3.0 mi 100 %	2.3 mi 99.8 %	2.3 mi 99.8%	2.3 mi 99.8%
<u>Ophthalmology</u> Average Distance in Miles % of Members with Access	2.0 mi 99.8%	2.0 mi 99.7%	1.9 mi 99.7%	2.0 mi 99.8 %
<u>Orthopedics</u> Average Distance in Miles % of Members with Access	2.5 mi 99.8%	2.4 mi 99.8%	2.3 mi 99.8%	2.4 mi 99.8%
<u>Urology</u> Average Distance in Miles % of Members with Access	2.8 mi 99.4 %	2.9 mi 99.4%	2.8 mi 99.3%	2.8 mi 99.4%

High Volume and High Impact Specialties Geographical Distribution by Product Line

CMC				
	Q3 2019	Q2 2019	Q1 2019	Q4 2018
<i>Standard: 15 miles Compliance Target: 95%</i>				
<u>Cardiovascular Disease</u>				
Average Distance in Miles	2.0 mi	2.0 mi	2.0 mi	2.0 mi
% of Members with Access	100 %	99.0%	99.0%	99.0%
<u>Nephrology</u>				
Average Distance in Miles	3.0 mi	3.0 mi	2.0 mi	3.0 mi
% of Members with Access	97.0-%	97.0%	97.0%	97.0 %
<u>OB/GYN</u>				
Average Distance in Miles	2.0 mi	2.0 mi	2.0 mi	2.0 mi
% of Members with Access	100 %	100.0%	99.0%	99.0 %
<u>Oncology**</u>				
Average Distance in Miles	3.0 mi	3.0 mi	2.0 mi	3.0 mi
% of Members with Access	100 %	100%	100%	99.0%
<u>Ophthalmology</u>				
Average Distance in Miles	2.0 mi	2.0 mi	1.0 mi	2.0 mi
% of Members with Access	100 %	100%	100%	100%
<u>Orthopedics</u>				
Average Distance in Miles	3.0 mi	3.0 mi	2.0 mi	2.0 mi
% of Members with Access	100%	100%	100%	100%
<u>Podiatry</u>				
Average Distance in Miles	4.0 mi	4.0 mi	3.0 mi	3.0 mi
% of Members with Access	95.0 %	95.0%	99.0%	99.0%
<u>Urology</u>				
Average Distance in Miles	3.9 mi	3.0 mi	3.0 mi	3.0 mi
% of Members with Access	99.0 %	99.0%	99.0%	99.0%

Quantitative Analysis

Provider to Member Ratios:

All PCP, High Volume and High Impact Specialist ratio standards were met for the L.A. Care Covered and lines of business across the four quarters analyzed. However, multiple specialties within the Medi-Cal network did not meet the ratio standards in effect during the time period evaluated in this report. These specialties include Dermatology, Orthopedics, Podiatry, Otolaryngology, and Urology.

Member Drive Distance:

- When member drive distance is determined using the *average* number of miles members must travel, L.A. Care meets the standards for all PCP types for its Medi-Cal, L.A. Care Covered and Cal Medi-Connect lines of business.
- On average, L.A. Care also meets the standards for drive distances for high volume and high impact (Oncology and Cardiovascular Disease) SCPs for each of the three lines of business.
- There remains a small segment of the L.A. Care enrollee community who live in rural and/or remote areas where primary and specialty care are not accessible within the established drive distance standards. The table below depicts the percentage of enrollees without access to primary care and high volume/high impact specialty care within established travel distance standards.

Specialty	Medi-Cal	LACC	CMC
CARDIOVASCULAR DISEASE	0.3%	0.1%	0.5%
DERMATOLOGY	0.3%	0.2%	0.5%
OB/GYN	0.5%	0.3%	0.6%
ONCOLOGY	0.3%	0.1%	0.3%
OPHTHALMOLOGY	0.3%	0.2%	0.3%
ORTHOPEDICS	0.3%	0.1%	0.3%
UROLOGY	0.1%	0.6%	0.7%
OTOLARYNGOLOGY	0.5%	0.3%	0.7%
NEPHROLOGY	0.3%	0.1%	0.5%
PCP	0.1%	0%	0.4%

Qualitative Analysis

Overall, L.A. Care’s *primary* care network is sufficient to meet the healthcare needs of the vast majority of L.A. Care enrollees and is in compliance with currently established ratio standards. However, L.A. Care continues to closely monitor its *specialty networks* to gauge member access to highly utilized specialties as well as those determined to be high impact specialties. While historical analysis of the organization’s L.A. Care Covered and Cal Medi-Connect specialty networks have revealed minimal deficiencies and challenges in meeting established ratio standards, a significant number of Medi-Cal enrollee to specialist ratios have not met the ratio requirements. These analyses have been consistent across all four reporting quarters and have not varied by specialty type. When a quarter over quarter assessment of Medi-Cal specialty network growth was performed, it showed no significant increase in the number of contracted Dermatologists, Podiatrists, Orthopedists, Otolaryngologists or Urologists. Consequently, these five highly utilized specialties remained consistently out of compliance with the ratio standards in effect during the reporting period.

On average, L.A. Care meets the enrollee travel distance standards for PCPs and high volume and high impact specialists while acknowledging that these standards are not met in those few locations where there is a scarcity of physicians in general and a dearth of Medi-Cal providers in particular. More granular analysis that includes the evaluation of the organization's contracted Participating Physician Groups' (PPGs) specialty networks is being developed to readily identify those PPGs whose networks of specialists do not meet established standards of adequacy. These PPG specific analyses will reveal instances in which contracted delegates will need to enhance their networks in order to adequately serve those enrollees assigned to them.

L.A. Care is also aware that this annual analysis which relies on average calculations and *overall* ratio compliance as a method of assessing enrollees' access to needed care is limited in its ability to gain insight into a broader range of access related member experience. Member disenrollment data, satisfaction survey results and grievances and appeals data all have the potential for contributing to the organization's understanding of access barriers encountered by L.A. Care's members.

INTERVENTIONS

Direct Contracting: In addition to the establishment of a direct network in the Antelope Valley, L.A. Care continues to actively pursue direct contracts with primary and specialty care physicians and medical groups throughout all areas of Los Angeles County, including those within the closest proximity to rural locations where physician shortages exist. An external vendor was contracted to perform a geographical assessment of the sufficiency of L.A. Care's network. The vendor identified county-wide opportunities to improve and expand the organization's specialty network. These results have led to aggressive direct contracting efforts targeting a minimum of 1500 additional physicians.

Analysis of Provider Geographical Distribution: L.A. Care's Provider Network Management department continues to perform detailed analyses of the geographical distribution of its network to better understand where coverage deficiencies exist and to utilize these results to guide its contracting strategies. L.A. Care has also requested and received regulatory approval from the Department of Health Care Services (DHCS) to use alternative access standards to determine levels of access in those geographical locations where there is a dearth of providers and where more stringent, established geographical standards cannot be met.

Monitoring Delegates' Networks: The organization is in the process of developing enhanced reporting mechanisms that will allow more meaningful assessments of delegates' contracted networks. Data gleaned from these reports will provide a framework for interventional strategies designed to bring delegates' provider networks into compliance with access and availability requirements where deficiencies have been identified.

Audits of Delegates' Networks: L.A. Care performs annual onsite audits of its Participating Physician Groups and Plan Partners, which includes an assessment of their contracted specialty networks. The audit process requires delegates to produce documentation that out-of-network access to needed specialty care has been available to enrollees when an in-network specialist did not exist.

Reassessment of Current Specialist to Enrollee Ratio Standards: The organization has performed an in-depth analysis of the reasonability of current specialist to enrollee ratio standards. This reassessment was driven by the awareness that there are multiple factors that both define and impact network adequacy. These include, but are not limited to, the correlation between population density and available specialists within specific geographical locations and variations in utilization of specific specialty types by enrollees affiliated with each of L.A. Care's managed care programs.

eConsult

With eConsult, PCPs can securely send patient-specific clinical information and care questions to specialists through a HIPAA compliant email. Specialists use the system to review the clinical information and provide “electronic consultations” back to the primary care physicians. eConsult started in 2009 when L.A. Care launched a pilot to test the effectiveness of the electronic consultation system. An evaluation found that using eConsult improved information sharing and dialogue among physicians, shortened the time to resolve clinical issues, and reduced the need for face-to-face specialty visits, which declined by 25 to 48 percent depending on the specialty, while developing capacities at the primary care level and improving overall specialty care access. Patients benefited from faster resolution of clinical issues and elimination of unnecessary specialist visits. In 2012, L.A. Care extended eConsult to Health Care L.A. IPA (HCLA) and to its network of community clinic safety net providers and to the L.A. County Department of Health Services. Since the beginning of the program, L.A. Care’s eConsult nearly 300,000 consultations submitted, involving 126 sites with 12 specialties and an estimated member base of over 500,000. Full results for 2019 are shown in the table below.

<i>eConsult – as of 9/30/2019</i>	
Totals	
Sites Live	126
Users Live	3226
Closed eConsults	293312
Sites Live	
HCLA	126
Total Sites Live	126
Users Live	
PCP	1752
Staff	1453
HCLA Specialty Reviewer (SR)	21
Total Users Live	3226
HCLA Specialty	
Allergy	7631
Cardio	19385
Derm	52067
Endo	13588
ENT	34728
Gastro	47996
Nephro	6744
Pain Mgmt	15118
Ped-Allergy/Asthma	217
Ped-Endo	2892
Ped-Neuro	3978
Rheum	9318

<i>eConsult – as of 9/30/2019</i>	
HCLA eConsults	223379
Increased by	23569
HCLA % Change	12%
HCLA Closed	
Patient Needs Addressed (PNA)	6689
Face to Face	203435
Direct to Schedule (DTS)	70095
Specialty Change	5336
Cancelled	1106
Closed Other	6651
6 Month Expiration	219
Expired	109
Out of Network	51
Patient Deceased	1
Patient Declined Care	119
Patient Moved	3
Patient Out of County	18
PCP Unresponsive	1270
Pending Diagnostics	2390
Pending Therapeutic Trial	2471
Total Closed	293312
Closed as PNA	2%
Closed as F2F	69%
Closed as DTS	24%
Closed as Other	2%
Closed as Specialty Change	2%
Closed as Cancelled	1%
Total Closed	100%

SECTION 2: CULTURAL AND LINGUISTIC NEEDS AND PREFERENCES

L.A. Care’s Cultural and Linguistic (C&L) Services Unit provides face-to-face interpreters upon request at medical appointments, meetings, health education classes and community events. A total of 7,483 face-to-face interpreting requests were processed in Fiscal Year 2018-2019 (7,044 for medical appointments and 439 for health education classes and administrative meetings), which is an increase of 17% when compared to the previous year. Face-to-face interpreting services for medical appointments were requested in 35 languages, threshold languages accounted for 80% of all medical appointments. 28% of face-to-face interpreting appointments took place at Department of Health Services (DHS) Rancho Amigos. The top five languages for medical appointments were Spanish, American Sign Language, Farsi, Korean and Russian.

The C&L Services Unit continues its ongoing efforts to educate members on language assistance services through tagline in 16 non-English languages, educational DVDs on interpreting services in most threshold languages, language assistance brochures in threshold languages, newsletter articles, and language cards. Additionally, a satisfaction survey is administered upon fulfillment of an interpreting services request. Members received a mail-based survey for interpreting services provided at medical appointments. Internal staff received an electronic survey for interpreting services provided at administrative events. Results of the survey show a high level of satisfaction for members with 91% of respondents being “very happy” or “somewhat happy.” and 100% “very satisfied” or “somewhat satisfied for internal staff.

Telephonic interpreting services are offered to health plan staff, network providers, and PPGs to communicate with members over the phone or when face-to-face interpreters are not available. In fiscal year 2018-2019, telephonic interpreting services were provided during 170,046 calls for a total of 2,586,997 minutes by the C&L Services Unit’s contracted vendor. Utilization of telephonic interpreting services was roughly the same as the last fiscal year; the number of calls decreased by 0.2% and number of minutes increased by 2.3%. Telephonic interpreting services were provided in a total of 84 languages, two more languages than last year. Providers accounted for 4,533 telephonic interpreting calls and a total of 55,300 minutes which accounted for 26% of calls.

The C&L Services Unit provides on-going education and training on C&L rights, requirements, services and resources, cultural competency, and disability sensitivity in compliance with applicable regulatory, accreditation, and contractual requirements to all plan staff who have routine contact with limited English proficient members as well as network providers.

In addition to educational materials, the C&L Services Unit conducts trainings that target staff and network providers. In fiscal year 2018-2019 training topics included: C&L Requirements, Cultural Competency, Disability Sensitivity, Accessing Telephonic Interpreting Services, and Patient Engagement and Cultural Responsive Health Care (CME). Trainings are conducted for L.A. Care staff and network providers, both in person and online through L.A. Care’s Learning Management System. The C&L Services Unit conducted a total of 26 in-person trainings on C&L related topics, with a total of 823 attendees (362 staff and 470 providers). An additional 11,684 (1,923 staff and providers) completed C&L trainings online.

L.A. Care assesses the cultural, racial, ethnic, and linguistic needs of its members and adjusts availability of practitioners within its network if necessary.

METHODOLOGY

- Language needs and cultural background of members, including prevalent languages and cultural groups, are collected using individuals’ race/ethnicity data collected when they apply for coverage.
- Language preference data for members is validated telephonically from eligible individuals using a standardized script during inbound member calls.
- L.A. Care uses census data for Los Angeles County to examine the languages spoken in the service area.
- Language and race/ethnicity of practitioners in the provider network is reported voluntarily through the practitioner credentialing application.
- L.A. Care uses mapping software to assess availability of PCPs to members for the five largest language groups of members.

Practitioner to Member Ratios By Race/Ethnicity:

The five most prevalent racial and ethnic groups that comprise L.A. Care's Medi-Cal, L.A. Care Covered and Cal MediConnect membership are illustrated below.

Across all three lines of business, the largest number of L.A. Care enrollees who self-report their race/ethnicity identify themselves as White or Caucasian. This reporting trend is followed by Black or African American enrollees in the Medi-Cal and Cal MediConnect programs and Asians participating in the L.A. Care Covered program. The top 5 ethnic groups within the Medi-Cal line of business represent 92.8% of all Medi-Cal membership. Based on reported data, 53.84% of the L.A. Care Covered membership is comprised of the top 5 ethnic/racial groups. The top 5 reported ethnicities for the CMC line of business comprise 85.60% of total CMC membership.

Medi-Cal

Race	Number of Members	% of Membership	Number of PCPs	% of PCPs	P:M Ratio
WHITE OR CAUCASIAN	1,310,199	72.76%	43	0.65%	1:30470
Black Or African American	206,655	11.48%	8	0.12%	1:25832
Asian	151,690	8.42%	69	1.04%	1:2198
American Indian Or Alaska Native	3,089	0.17%	1	0.02%	1:3089
Native Hawaiian/Other Pacific Islander	531	0.03%	17	0.26%	1:31

L.A. Care Covered

Race	Number of Members	% of Membership	Number of PCPs	% of PCPs	P:M Ratio
White Or Caucasian	32,312	40.93%	34	1.16%	1:950
Asian	7,296	9.24%	65	2.22%	1:112
Black Or African American	2,639	3.34%	8	0.27%	1:330
Native Hawaiian/Other Pacific Islander	184	0.23%	16	0.55%	1:12
American Indian Or Alaska Native	160	0.20%	2	0.07%	1:80

Cal MediConnect

Race	Number of Members	% of Membership	Number of PCPs	% of PCPs	P:M Ratio
White or Caucasian	10,041	62.06%	27	1.19%	1:372
Black (African American)	2,673	16.52%	4	0.18%	1:668
Asian	1,062	6.56%	45	1.98%	1:24
American Indian or Alaskan Native	54	0.33%	2	0.09%	1:27
Native Hawaiian/Other Pacific Islander	21	0.13%	10	0.44%	1:2

Practitioner to Member Ratios by Language

The top five languages spoken by L.A. Care’s Medi-Cal, L.A. Care Covered, and Cal MediConnect members are shown in the tables below.

The top five languages spoken by Medi-Cal members represent 96.80% of all languages spoken by members participating in the program. English and Spanish speaking Medi-Cal members continue to have the highest percentage of PCPs who speak their respective languages while Korean speaking members have the lowest percentage of PCPs speaking their language.

Medi-Cal

Language	Number of Members	% of Membership	Number of PCPs	% of PCPs	P:M Ratio
English	1,053,132	58.48%	6,652	100%	1:158
Spanish	575,169	31.94%	4,035	60.66%	1:143
Armenian	50,249	2.79%	1,276	19.18%	1:39
Cantonese, Mandarin and other Chinese	44,846	2.49%	1,556	23.39%	1:29
Korean	19,745	1.10%	843	12.67%	1:23

L.A. Care Covered: The top five languages spoken by L.A. Care Covered members comprise 99.31% of all languages spoken. As in the Medi-Cal program, members who speak English and Spanish have the highest percentage of network PCPs speaking their language. Korean speaking members have the lowest number of PCPs able to speak their language.

LACC

Language	Number of Members	% of Membership	Number of PCPs	% of PCPs	P:M Ratio
English	47,866	61.90%	2,914	46.17%	1:17
Spanish	24,573	31.51%	1,358	21.52%	1:18
Cantonese, Mandarin, and other Chinese	3,225	4.09%	464	7.35%	1:7
Korean	929	1.18%	69	1.09%	1:13
Vietnamese	498	0.63%	151	2.39%	1:3

Cal MediConnect: The top five languages spoken by Cal MediConnect members represent 97.02% of the program’s membership. Consistent with Medi-Cal and L.A. Care Covered, the majority of Cal MediConnect members speak English and Spanish, with these two member groups having the highest percentage of PCPs who speak their language. Of the top five languages spoken by this population, members who speak Vietnamese have the lowest percentage of PCPs who speak their language.

CMC

Language	Number of Members	% of Membership	Number of PCPs	% of PCPs	P:M Ratio
English	7,816	48.31%	2,263	46.23%	1:3
Spanish	7,392	45.69%	1,008	20.59%	1:7
Tagalog	226	1.40%	167	3.41%	1:1
Cantonese, Mandarin and other Chinese	188	1.16%	374	7.64%	2:1
Vietnamese	75	0.46%	125	2.55%	2:1

Quantitative Analysis

- Race/Ethnicity of practitioners should be viewed with caution as there is limited self-reported ethnicity data. L.A. Care requests practitioner race/ethnicity information from all contracted network practitioners on a voluntary basis during the application process. As a result, the practitioners to member ratios are unreliable.
- Although data on practitioner self-reported languages is more robust and provides a more accurate view of the L.A. Care practitioner network, it should be noted that all physicians do not report English as a spoken language. Therefore, the percentages of English speaking physicians should also be viewed with caution.
- Spanish speaking members comprise 31.94% of overall Medi-Cal membership, 31.51% of LACC membership, and 45.69 % of CMC membership. These percentages are also derived from self-reported information.
- Spanish speaking practitioners comprise 60.66 % of contracted PCPs in the Medi-Cal program, 21.52 % of L.A. Care Covered PCPs and 20.59 % of Cal MediConnect PCPs

Qualitative Analysis

L.A. Care requests practitioner race/ethnicity information from all contracted network practitioners on a voluntary basis during the application process. The response rate remains low and does not adequately reflect the race/ethnicity of the L.A. Care practitioner network.

During the application process, L.A. Care also requests practitioner language information from all potential network practitioners on a voluntary basis and identifies languages in which a practitioner is fluent when communicating about medical care. Physicians' language fluency is self-reported and is not validated by L.A. Care. The language categories for practitioner language on the application are the same as those used to collect member language. Any subsequent changes or updates to practitioner spoken language information are voluntarily self-reported to the Provider Network Management department for updating in the provider database.

Medi-Cal

Medi-Cal: Cultural and Linguistics Complaints			
Issue	Count of complaints	% of ATC Complaints	Rate/1000/Quarter
Cultural Issues	0	0%	0.00
Linguistic Issues	34	0%	0.03

Cal MediConnect

CMC: Cultural and Linguistics Complaints			
Issue	Count of complaints	% of ATC Complaints	Rate/1000/Quarter
Cultural Issues	0	0%	0.00
Linguistic Issues	5	0%	0.31

L.A. Care Covered

LACC: Cultural and Linguistics Complaints			
Issue	Count of complaints	% of ATC Complaints	Rate/1000/Quarter
Cultural Issues	0	0%	0.00
Linguistic Issues	5	0%	0.06

PASC-SEIU

PASC-SEIU: Cultural and Linguistics Complaints			
Issue	Count of complaints	% of ATC Complaints	Rate/1000/Quarter
Cultural Issues	0	0%	0.00
Linguistic Issues	2	0%	0.04

L.A. Care continually monitors complaints and grievances related to cultural and linguistic issues. The rate of complaints related to culture and language are low and do not present any trends for the study period.

L.A. Care publishes practitioner language information both on-line through L.A. Care's website and via a hard copy Provider Directory to facilitate member selection of practitioners. L.A. Care's hard copy Provider Directory contains an index of practitioners by language. The on-line version of L.A. Care's Provider Directory is searchable by practitioner and office staff language capabilities.

New Practitioners Added to the Networks by Language Spoken

Over the study period, L.A. Care added the following practitioners to the Medi-Cal, L.A. Care Covered and Cal MediConnect lines of business. These additions are calculated by practitioner languages spoken. Across all three lines of business, English and Spanish speaking practitioners represented the majority of additions during the October 2018-September 2019 timeframe. This is consistent with the languages most prevalent among the member population across all lines of business.

Medi-Cal

LANGUAGE	NUMBER OF PHYSICIANS
English	591
Spanish; Castilian	191
Chinese	50
French	38
Hindi	31
Tagalog	30
Armenian	29
Persian	27
Arabic	26
Korean	25
Russian	21
Hebrew	18
Vietnamese	17
Urdu	11
Portuguese	9
Gujarati	7
German	6
Italian	6
Japanese	4
Romanian; Moldavian; Moldovan	4
Tamil	4
Burmese	4
Telugu	3
Thai	3
Turkish	2
Serbian	2
Polish	2
Kannada	1
Samoan	1
Serbo-Croatian	1
Swedish	1
Bengali	1
Bulgarian	1
Dutch; Flemish	1
Hmong; Mong	1
Malayalam	1
Maltese	1
Marathi	1

L.A. Care Covered

LANGUAGE	NUMBER OF PHYSICIANS
English	236
Spanish	106
Farsi	17
Tagalog	17
Mandarin	17
Arabic	12
Armenian	10
Cantonese	9
Vietnamese	7
Other	5
Other Chinese	5
Not Invalid	5
French	5
Indian Hindi	5
Korean	4
Hindi	3
German	3
Portuguese	3
Thai	3
Other Non-English	3
Russian	3
Taiwanese	2
Other Sign Language	2
Hebrew	2
Turkish	2
Urdu	2
Italian	2
Chinese	2
Chinese Taiwanese	1
Faroese	1
Gujarati	1
Burmese	1
Burmese Hindi	1
Cambodian	1
Hindi Urdu	1
Hindi Urdu Punjabi	1
Ilocano	1
INDIAN	1

LANGUAGE	COUNT
Marathi	1
Bengali	1
Bengali Hindi	1
Filipino	1
Hindi Tamil	1
Iranian	1
Yue Chinese	1
Romanian-Russian	1
Swedish	1
Polish	1
Yoruba	1
Persian	1
Tamil	1
Samoan	1

Cal MediConnect

LANGUAGE	NUMBER OF PHYSICIANS
English	180
Spanish	74
Tagalog	13
Mandarin	12
Farsi	10
Armenian	8
Cantonese	8
Arabic	6
Vietnamese	6
Not Invalid	5
Other Chinese	4
Other	3
French	3
German	2
Chinese	2
Korean	2
Taiwanese	2
Thai	2
Turkish	2
Urdu	2
Russian	2

LANGUAGE	NUMBER OF PHYSICIANS
YORUBA	1
Yue Chinese	1
Burmese	1
Burmese Hindi	1
Cambodian	1
Polish	1
Portuguese	1
Romanian-Russian-	1
Swedish	1
Filipino	1
Hindi Tamil	1
Iranian	1
Italian	1
Other Non-English	1
Other Sign Language	1
Marathi	1
Chinese Taiwanese	1
Hebrew	1
Hindi Urdu	1
Hindi Urdu Punjabi	1
Ilocano	1
Indian-Hindi	1

Based on the cultural and linguistic findings, L.A. Care concluded that the practitioner network does not need to be adjusted at this time. In order to remain proactive, the C&L Services Unit plans and executes activities to improve Culturally and Linguistically Appropriate Services (CLAS), reduce disparities, and increase operational efficiency:

- The C&L Services Unit makes no-cost interpreting services available for practitioners to provide services to our members in culturally and linguistically appropriate manner. Between October 2018 and September 2019, 7,044 face-to-face interpreting requests for medical appointments were processed.
- In January 2019, the C&L Services Unit successfully completed the NCQA Multicultural Health Care (MHC) survey. L.A. Care was awarded with the MHC Distinction again for three product lines: Medicaid, Medicare and Marketplace in March 2019. The Distinction is valid for two years.
- In summer of 2019, a survey was conducted of L.A. Care network PCPs to measure their level of cultural and linguistic competency. The survey results will be used to further develop tools and trainings to better assist providers in serving diverse membership.
- In fall of 2019, the C&L Services Unit started the 6-month Video Remote Interpreting (VRI) pilot project at the following three locations: Member Walk-in Area at the 1055 building, FRC Palmdale and FRC Lynwood and FRC Pomona. If this pilot project is successful, the VRI could be implemented at provider sites in the coming years.

SUMMARY

Through quarterly and annual quantitative monitoring and analysis, L.A. Care evaluates its network to determine if it has sufficient numbers and types of practitioners who provide primary care, specialty care, and behavioral healthcare services. More granular monitoring of delegates' provider networks will be performed in 2020. L.A. Care continues to engage in strategic efforts to develop a more robust directly contracted network throughout the Los Angeles County coverage area to ensure members' access to a full range of healthcare services.

The results of this analysis are presented at the Member Quality Service Committee (MQSC).

Specialists Added to the Network

The following table shows the specialists added to the Medi-Cal, L.A. Care Covered and Cal MediConnect networks from October 2018 through September, 2019.

Medi-Cal

SPECIALTY	COUNT
Allergy/Immunology	5
Allopathic & Osteopathic Physicians/Colon & Rectal Surgery	2
Allopathic & Osteopathic Physicians/Emergency Medicine	10
Allopathic & Osteopathic Physicians/Oral & Maxillofacial Surgery	1
Allopathic & Osteopathic Physicians/Oral and Maxillofacial Surgery	1
Allopathic & Osteopathic Physicians/Physical Medicine & Rehabilitation	6
Allopathic & Osteopathic Physicians/Plastic Surgery	3
Allopathic & Osteopathic Physicians/Surgery	26
Allopathic & Osteopathic Physicians/Surgery, Vascular Surgery	2
Allopathic & Osteopathic Physicians/Surgery/Plastic and Reconstructive Surgery	5
Allopathic & Osteopathic Physicians/Surgery/Vascular Surgery	2
Agencies/Public Health or Welfare	7
Anesthesiology	31
Audiology	1
Behavioral Health & Social Service Providers/Psychologist	39
Behavioral Health & Social Service Providers/Social Worker, Clinical	33
Cardiovascular Disease	45
Chiropractic Providers/Chiropractor	27
Dermatology	16
Diagnostic Radiology	80
Dietary & Nutritional Service Providers/Dietician, Registered	1
Endocrinology	9
Gastroenterology	17
Genetics	2
Geriatric Medicine	5

SPECIALTY	COUNT
Group/Multi-Specialty	68
Hematology	33
Hospitals/Rehabilitation Hospital	1
Hospitals/General Acute Care	1
Infectious Disease	13
Laboratories/Clinical Medical Laboratory	3
Neonatology	13
Nephrology	31
Neurology	51
Obstetrics and Gynecology	55
Occupational Medicine	2
Oncology	13
Ophthalmology	34
Optometry	13
Orthopedics	18
Other	220
Otolaryngology	13
Pathology	13
Pediatric Cardiology	3
Pediatric Gastroenterology	4
Pediatric Hematology/Oncology	5
Pediatric Infectious Disease	3
Pediatric Neurology	1
Pediatric Pulmonology	5
Pediatric Surgery	2
Physical Medicine and Rehabilitation	5
Physical therapy	20
Podiatric Medicine & Surgery Service Providers/Podiatrist	7
Podiatry	14
Psychiatry	20
Pulmonology	12
Radiation Oncology	10
Respiratory, Developmental, Rehabilitative & Restorative Service Providers/Occupational Therapist	3
Respiratory, Developmental, Rehabilitative & Restorative Service Providers/Physical Therapist	13
Rheumatology	10
Speech, Language and Hearing Service Providers	1
Speech, Language and Hearing Service Providers/Audiologist	6
Suppliers/Durable Medical Equipment & Medical Supplies	10
Suppliers/Prosthetic/Orthotic Supplier	1

SPECIALTY	COUNT
Surgery - Cardiothoracic	2
Surgery - Colon/Rectal	2
Surgery - General	19
Surgery - Hand	4
Surgery - Neurological	8
Surgery - Orthopedic	15
Surgery - Plastic	9
Surgery - Thoracic	7
Urology	8

L.A. Care Covered

SPECIALTY	COUNT
Allergy/Immunology	8
Anesthesiology	19
Audiology	3
Cardiovascular Disease	47
Dermatology	12
Diagnostic Radiology	17
Endocrinology	9
Gastroenterology	17
Genetics	3
Geriatric Medicine	3
Hematology	12
Infectious Disease	14
Neonatology	4
Nephrology	37
Neurology	21
Obstetrics and Gynecology	46
Occupational Medicine	2
Oncology	21
Ophthalmology	28
Other	238
Otolaryngology	8
Pathology	7
Pediatric Cardiology	2
Pediatric Gastroenterology	5
Pediatric Hematology/Oncology	5
Pediatric Infectious Disease	3
Pediatric Pulmonology	7

SPECIALTY	COUNT
Pediatric Surgery	1
Physical Medicine and Rehabilitation	7
Physical therapy	19
Podiatry	24
Psychiatry	21
Pulmonology	12
Radiation Oncology	6
Rheumatology	12
Surgery - Cardiothoracic	1
Surgery - Colon/Rectal	1
Surgery - General	32
Surgery - Hand	2
Surgery - Neurological	13
Surgery - Orthopedic	32
Surgery - Plastic	7
Surgery - Thoracic	4
Urology	13

Cal MediConnect

SPECIALTY	COUNT
Allergy/Immunology	6
Anesthesiology	15
Audiology	2
Cardiovascular Disease	38
Dermatology	7
Diagnostic Radiology	20
Endocrinology	5
Gastroenterology	15
Genetics	1
Geriatric Medicine	3
Hematology	8
Infectious Disease	13
Neonatology	3
Nephrology	21
Neurology	23
Obstetrics and Gynecology	41
Occupational Medicine	1
Oncology	15

SPECIALTY	COUNT
Ophthalmology	23
Other	170
Otolaryngology	8
Pathology	5
Pediatric Cardiology	2
Pediatric Gastroenterology	1
Pediatric Hematology/Oncology	2
Pediatric Infectious Disease	1
Pediatric Pulmonology	2
Physical Medicine and Rehabilitation	8
Physical therapy	6
Podiatry	19
Psychiatry	18
Pulmonology	12
Radiation Oncology	6
Rheumatology	10
Surgery - Cardiothoracic	1
Surgery - General	32
Surgery - Neurological	8
Surgery - Orthopedic	29
Surgery - Plastic	8
Surgery - Thoracic	4
Urology	11

ANCILLARY PROVIDERS

L.A. Care performed analyses of enrollees' geographic access to frequently used ancillary provider types including Skilled Nursing Facilities, Home Health Agencies, Ambulatory Surgery Centers, Radiology Facilities and Dialysis Centers. As shown in the tables below, the majority of L.A. Care's members have access to these services within the 10 or 15-mile standard. CMC shows a slightly lower percentages of members with access to a "stand-alone" facility within the travel distance standards. However, it should be noted that these services are also available at some hospital facilities. This additional access option is not reflected in the table below.

	Medi-CAL	LACC	CMC
	% within 15 miles	% within 15 miles	% within 10 miles
Skilled Nursing Facility	99%	98%	97%
Home Health Agencies	99%	99%	99%
Ambulatory Surgery Centers	99%	88%	95%
Radiology Facilities	99%	97%	91%
Dialysis Centers	100%	95%	93%

*Does not include services available at hospital facilities

REVIEW OF COMPLAINTS

A review of complaints over a 12-month period shows there were 2,228 complaints (3.3%) regarding access to specialty care, and 2,170 complaints (9.4%) regarding access to PCP.

Access to Care Complaints by Complaint Description		
Complaint Description	Count	% Total
Specialty Access/Availability	778	3.3%
PCP Access/Availability	2,228	9.4%

ACCESS TO PUBLIC TRANSPORTATION

L.A. Care assessed public transportation from PCP, SCP, and total ancillaries to the nearest bus stop. As residents of the Los Angeles metro area have ample access to public transportation throughout the county producing a map of the locations from provider to bus stop would not be feasible.

There is no standard by which to evaluate this measurement. All providers and ancillaries are within 1 mile of a bus stop. In addition, L.A. Care provides up to 28 non-emergent one-way transports, without charge, to members through to approved locations. Members are notified of this supplemental benefit through their Evidence of Coverage (EOC) document.

H.6.a ASSESSMENT OF NETWORK ADEQUACY FOR NON-BEHAVIORAL HEALTH SERVICES

AUTHOR: GWEN CATHEY, CAROLINA COLEMAN, MPP, & LISAMARIE GOLDEN

REVIEWER: MARIA CASIAS, RN & JAMES KYLE, MD

BACKGROUND

Providers affiliated with L.A. Care Health Plan (L.A. Care) and its contracted delegates are required to adhere to Access to Care requirements which include, but are not limited to, member travel time and distance, provider to enrollee ratios, and appointment availability standards.

L.A. Care analyzes members' experience in accessing non-behavioral health services as reported through complaints, grievances, appeals, and CAHPS surveys. The results of these analyses are used to determine, where applicable, if there are gaps in the network specific to particular geographic areas or types of practitioners or providers.

The organization also reviews requests for enrollees to receive care from Out-of-Network (OON) providers in an effort to determine if these referrals indicate any inadequacies within L.A. Care's networks.

GRIEVANCES AND APPEALS

All results and findings should be viewed with caution as the volume of Appeals and Grievances related to geographic access is insufficient to be statistically representative of the MCLA, L.A. Care Covered and Cal MediConnect member populations. To ensure that L.A. Care is not under-reporting geographic access related grievances, its Appeals and Grievances business unit is developing a training module specific to Time and Distance standards inclusive of accurate/appropriate coding methods.

Table 1.1 below shows Appeals and Grievance data related to enrollees' dissatisfaction with the distance required to receive care from Primary Care Physicians, Specialists, and Urgent Care/Hospital facilities. This data represents enrollees affiliated with L.A. Care's MCLA, L.A. Care Covered, and Cal MediConnect lines of business and was received within a time period covering the 4th Quarter of 2018 through the 3rd Quarter of 2019.

MCLA

Geography related Complaints	2018 Q4		2019 Q1		2019 Q2		2019 Q3		Total	
	Count	%	Count	%	Count	%	Count	%	Count	%
Specialist	8	100%	23	100%	15	51.72%	18	69.23%	64	74.42%
Primary Care Physician Office	0	0%	0	0%	11	37.93%	4	15.38%	15	17.44%
Urgent Care	0	0%	0	0%	0	0%	4	15.38%	4	4.65%
Hospital	0	0%	0	0%	3	10.34%	0	0%	3	3.49%
Grand Total	8	100%	23	100%	29	100%	26	100%	86	100%

Quantitative Analysis

- Specialist
 - 74.42% (64) of the overall volume is related to access to Specialty Care
 - 36.05% (31) can be attributed to these top five specialty types:
 - 10.47% (9) – Obstetrician/Gynecologist
 - 8.14% (7) – Orthopedic Surgery
 - 5.81% (5) – Neurology
 - 5.81% (5) – Endocrinology
 - 5.81% (5) – Oncology
 - 36% (23) specific to the following regions:
 - 83% (19) – Los Angeles Metro region
 - 17% (4) – Pomona/Covina region
- Primary Care Physician
 - 17.44% (15) of the overall volume is related to access to Primary Care services
 - 100% (15) specific to the following regions:
 - Los Angeles Metro region

CAL MEDICONNECT

Geography related Complaints	2018 Q4		2019 Q1		2019 Q2		2019 Q3		Total	
	Count	%	Count	%	Count	%	Count	%	Count	%
Specialist	0	0%	3	100%	2	100%	4	40%	9	60%
Primary Care Physician Office	0	0%	0	0%	0	0%	4	40%	4	26.67%
Urgent Care	0	0%	0	0%	0	0%	1	10%	1	6.67%
Hospital	0	0%	0	0%	0	0%	1	10%	1	6.67%
Grand Total	0	0%	3	100%	2	100%	10	100%	15	100%

Quantitative Analysis

- Specialist
 - 60% (9) of the overall volume is related to access to Specialty Care
 - 20% (3) can be attributed to these two specialty types:
 - 13.33% (2) – Cardiology
 - 6.67% (1) – Orthopedic Surgery
 - 89% (8) specific to the following regions:
 - Los Angeles Metro region

- Primary Care Physician
 - 26.67% (4) of the overall volume is related to access to Primary Care services
 - 100% (4) specific to the following regions:
 - Los Angeles Metro region

L.A. CARE COVERED

Geography related Complaints	2018 Q4		2019 Q1		2019 Q2		2019 Q3		Total	
	Count	%	Count	%	Count	%	Count	%	Count	%
Specialist	3	100%	3	100%	10	90.91%	7	46.67%	23	71.88%
Primary Care Physician Office	0	0%	0	0%	1	9.09%	5	33.33%	6	18.75%
Urgent Care	0	0%	0	0%	0	0%	3	20%	3	9.37%
Hospital	0	0%	0	0%	0	0%	0	0%	0	0%
Grand Total	3	100%	3	100%	11	100%	15	100%	32	100%

Quantitative Analysis

- Specialist
 - 71.88% (23) of the overall volume is related to access to Specialty Care
 - 25% (8) can be attributed to these two specialty types:
 - 15.62% (5) – General Surgery
 - 9.38% (3) – Gastroenterology
 - 91% (21) specific to the following regions:
 - Los Angeles Metro region
- Primary Care Physician
 - 18.75% (6) of the overall volume is related to access to Primary Care services
 - 83% (5) specific to the following regions:
 - Los Angeles Metro region

CONSUMER ASSESSMENT OF HEALTHCARE PROVIDERS AND SYSTEMS (CAHPS) RESULTS

L.A. Care Health Plan demonstrates its commitment to improving member satisfaction through the 2019 Medicaid Adult and Child CAHPS 5.0 Member Survey, 2019 Medicare MAPD CAHPS, and 2019 QHP Enrollee Experience Survey. Results are trended over a three-year period. The scores presented are the results of the surveys conducted by Decision Support Systems (DSS), a vendor hired by L.A. Care. This section of the report contains a quantitative analysis, followed by a qualitative analysis; selection of the top priorities among opportunities identified for improvement.

L.A. Care also conducts Clinician & Group CAHPS (CG-CAHPS) surveys annually for its Medi-Cal population. CG-CAHPS is a domain in the Value Initiative for IPA Performance + Pay for Performance (VIIP+P4P) Program for Medi-Cal only. Training was provided to help groups interpret the results and identify opportunities to improve their outcomes using the priority matrix and summary documents to help improve health plan performance.

The Member Quality Service Committee (MQSC) is the cross-departmental multidisciplinary committee responsible for identifying quality improvement needs, and reports its findings and recommendations to the Quality Oversight Committee (QOC). The MQSC is comprised of representatives from Quality

Improvement, Customer Solution Center, Utilization Management, Care Management, Health Education, Cultural and Linguistic, Commercial & Group Product Management, Provider Network Management, and other departments, as required. Information in this report is based on the analysis of available data and surveys, as well as discussions at the Quality Oversight and Joint Performance Improvement Collaborative Committee (PICC) and Physician Quality Committee (PQC) Committee.

SECTION 2: MEDICAID CAHPS RESULTS

METHODOLOGY

This section summarizes findings of the 2019 Medicaid CAHPS 5.0 Child and Adult surveys, reviews rates over three years, and reviews performance relative to the 2019 National Committee for Quality Assurance (NCQA) national accreditation percentiles and those published in the Quality Compass.

In addition to the DSS surveys, CAHPS was also administered by the Department of Healthcare Services via Health Services Advisory Group (HSAG) for the same time period, but with slightly different methodology in contacting members. The DSS survey is used for NCQA purposes, while the HSAG survey is used to rank health plans throughout the state. Overall, scores were very similar in each survey, with only one rating for the Child survey and one composite for each Child and Adult survey scoring statistically different (detailed below). DSS conducts key driver statistical modeling to assist L.A. Care in selecting priority measures to target improvements.

The Child survey sampled parents of pediatric members (17.9 years and younger) and the Adult survey sampled members 18 years or older, as of the anchor date of December 31, 2018, who were continuously enrolled in Medi-Cal (for at least five of the last six months of the measurement year, and who were still enrolled at the time of the survey). A total of 393 responses were received for the Child survey and 302 responses for the Adult survey. Members were surveyed in English and Spanish.

RATINGS

The CAHPS survey includes the following four general overall rating questions designed to distinguish among important aspects of care. These questions ask enrollees to rate their experience in the past 6 months. Response options for rating satisfaction ranged from 0 (worst) to 10 (best). For the NCQA scoring in the table below, ratings of 8, 9, or 10 are considered favorable, and the score is presented as a percentage of members whose response was favorable. The tables below compare 2019 scores to scores from 2018 and 2017, as well as to benchmarks and the goal.

Medicaid Child Ratings	2017	2018	2019	2019 vs. 2018	NCQA Accreditation Percentile	Quality Compass Percentile	2019 Goal	Goal Met
Health Plan	79.7%	83.0%	86.7%	3.7%	75th	25th	85%	Yes
All Health Care	82.9%	84.1%	82.3%	-1.8%	50th	<25th	87%	No
Personal Doctor	86.3%	86.7%	84.2%	-2.5%	75th	<25th	89%	No
Specialist Seen Most Often	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A

N/A indicates that the measure had <100 respondents (not scored by NCQA)

Quantitative Analysis - Child

- Health Plan: Increased 3.7 percentage points from 2018 and met the goal. L.A. Care’s score now meets the NCQA 75th percentile. The score of 86.7% was significantly higher than the same rating in the HSAG survey (81.3%).
- All Health Care: Decreased 1.8 percentage points from 2018. L.A. Care’s score decreased from the NCQA 75th to the 50th percentile.
- Personal Doctor: Decreased 2.5 percentage points from 2018. L.A. Care’s score now meets the NCQA 75th percentile.
- Specialist Seen Most Often: The response rate was insufficient to score.
- The goal was met only for Rating of Health Plan, although this is an improvement from 2018 when L.A. Care did not meet the goal for any Child Rating. L.A. Care’s performance relative to NCQA benchmarks improved for Rating of Health Plan and Personal Doctor. Performance is high compared to Accreditation benchmarks, but low compared to Quality Compass benchmarks.

Medicaid Adult Ratings	2017	2018	2019	2019 vs. 2018	NCQA Accreditation Percentile	Quality Compass Percentile	2019 Goal	Goal Met
Health Plan	69.6%	74.0%	72.9%	-1.1%	25th	<25th	78%	No
All Health Care	66.7%	66.3%	71.8%	5.5%	25th	<25th	70%	Yes
Personal Doctor	75.3%	80.2%	78.4%	-1.8%	25th	<25th	84%	No
Specialist Seen Most Often	N/A	77.0%	75.2%	-1.8%	<25th	<25th	80%	No

N/A indicates that the measure had <100 respondents (not scored by NCQA)

Quantitative Analysis - Adult

- Health Plan: Decreased 1.1 percentage points from 2018.
- All Health Care: Increased 5.5 percentage points from 2018. This was a statistically significant increase that met the goal.
- Personal Doctor: Decreased 1.7 percentage points from 2018.
- Specialist Seen Most Often: Decreased 1.8 percentage points from 2018.
- Three ratings met the NCQA 25th percentile. The goal was met only for Rating of All Health Care. Adult scores remain low-performing compared to both sets of benchmarks.

COMPOSITES

The CAHPS survey asks respondents about their experience with various aspects of their care. Survey questions are combined into “composites.” Questions within each composite ask members how often a positive service experience occurred in the past six months. Respondents have the option to select from “never,” “sometimes,” “usually,” and “always.” The scores for composite scores throughout this report reflect the percent of responses indicating “usually” or “always.” The tables below compare 2019 scores to scores from 2018 and 2017, as well as to the benchmarks and goals.

Medicaid Child Composites	2017	2018	2019	2019 vs. 2018	NCQA Accreditation Percentile	Quality Compass Percentile	2019 Goal	Goal Met
Getting Needed Care	78.5%	79.0%	83.9%	4.9%	<25th	25th	82%	Yes
Getting Care Quickly	82.5%	84.0%	80.4%	-3.6%	<25th	<25th	82%	No
How Well Doctors Communicate	89.6%	88.3%	88.9%	0.6%	N/A	<25th	N/A	N/A

Medicaid Child Composites	2017	2018	2019	2019 vs. 2018	NCQA Accreditation Percentile	Quality Compass Percentile	2019 Goal	Goal Met
Customer Service	83.4%	85.2%	86.5%	1.3%	25th	<25th	87%	No
Coordination of Care	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A

N/A indicates that the measure had <100 respondents (not scored by NCQA)

Quantitative Analysis - Child

- Getting Needed Care: Increased by 4.9 percentage points from 2018. This was a statistically significant increase that met the goal.
- Getting Care Quickly: Decreased by 3.6 percentage points from 2018.
- How Well Doctors Communicate: Increased by 0.6 percentage points from 2018. The score of 88.9% was significantly higher than the same rating in the HSAG survey (85.7%). This measure has been retired by NCQA for accreditation, thus no goal was set.
- Customer Service: Increased by 1.3 percentage points from 2018. L.A. Care's score increased from below the NCQA 25th percentile to meeting the 25th percentile.
- The goal was met only for Getting Needed Care, although this is an improvement from 2018 when L.A. Care did not meet the goals for any Child Composite. Only the Customer Service composite met the NCQA 25th percentile.

Medicaid Adult Composites	2017	2018	2019	2019 vs. 2018	NCQA Percentile	Quality Compass Percentile	2019 Goal	Goal Met
Getting Needed Care	74.8%	76.8%	76.6%	-0.2%	<25th	<25th	80%	No
Getting Care Quickly	76.6%	72.1%	76.8%	4.7%	<25th	<25th	76%	Yes
How Well Doctors Communicate	91.2%	88.5%	89.1%	0.6%	N/A	<25th	N/A	N/A
Customer Service	N/A	87.5%	N/A	N/A	N/A	N/A	91%	N/A
Coordination of Care	N/A	78.4%	N/A	N/A	N/A	N/A	82%	N/A

N/A indicates that the measure had <100 respondents (not scored by NCQA)

Quantitative Analysis - Adult

- Getting Needed Care: Decreased 0.2 percentage points from 2018.
- Getting Care Quickly: Increased 4.7 percentage points from 2018, meeting the goal.
- How Well Doctors Communicate: Increased 0.6 percentage points from 2018. The score of 89.1% was statistically higher than the HSAG score of 84.9%. This measure has been retired by NCQA for accreditation, thus a goal was not set.
- Customer Service: Did not have enough responses to report.
- No composite met the NCQA 25th percentile. The goal was met only for Getting Care Quickly, although this was an improvement from 2018 when L.A. Care did not meet goals for any Adult Composite.

SECTION 2: L.A. CARE COVERED ENROLLEE SURVEY RESULTS

METHODOLOGY

The 2019 Qualified Health Plans (QHP) Enrollee Survey sampled members who were 18 years and older as of the anchor date of December 31, 2018, who were continuously enrolled in L.A. Care Covered (LACC)

for the last six months of the measurement year with no more than one 31-day break in coverage. The survey was offered in English and Spanish. Rates presented are official adjusted rates from CMS, which are sometimes lower than unadjusted rates. A total of 309 responses were received.

RATINGS

QHP Rating*	2017	2018	2019	2019 vs. 2018	2019 Goal	Goal Met	CMS National Average
Health Plan	71.7%	72.6%	72.6%	0%	76%	No	70.5%
Health Care	84.9%	75.8%	77.9%	2.1%	79%	No	78.0%
Personal Doctor	96.1%	86.9%	82.5%	-4.4%	90%	No	87.0%
Specialist	84.9%	84.9%	82.7%	-2.2%	88%	No	84.5%

*Responses of 7, 8, 9, or 10

Quantitative Analysis

- Health Plan Overall: L.A. Care's score remained the same from 2018. This met the CMS 75th percentile.
- Health Care Rating: Increased by 2.1 percentage points from 2018. This met the CMS 50th percentile.
- Personal Doctor: Decreased by 4.4 percentage points from 2018. This Rating scored below the CMS 5th percentile.
- Specialist: Decreased by 2.2 percentage points from 2018. This Rating fell below the CMS 25th percentile.
- The goal was not met for any Rating. Only Rating of Health Plan exceeded the CMS National Average. Rating of Personal Doctor scored statistically lower than the CMS National Average.

COMPOSITES

QHP Composites	2017*	2018	2019	2019 vs. 2018	2019 Goal	Goal Met	CMS National Average
Getting Care Quickly	69.2%	67.1%	66.4%	-0.7%	71%	No	76.0%
Getting Needed Care	77.5%	66.3%	66.9%	0.6%	70%	No	73.1%
Access to Information	64.1%	63.7%	50.2%	-13.5%	63%	N/A	50.0%
Getting Information in a Needed Language/Format	58.9%	60.3%	66.5%	6.5%	N/A	N/A	62.5%
How Well Doctors Coordinate Care and Keep Patients Informed	86.0%	77.8%	76.7%	-1.1%	80%	No	82.7%
Health Plan Customer Service	83.3%	77.3%	74.8%	-2.5%	N/A	N/A	75.7%
Costs	88.4%	89.2%	81.0%	-8.2%	N/A	N/A	78.1%
How Well Doctors Communicate	94.2%	86.9%	85.7%	-1.2%	N/A	N/A	88.8%

*Scores from 2017 are unofficial scores reported by DSS.

Quantitative Analysis

- The below rates changed from the previous year:
 - Getting Care Quickly: Decreased by 0.7 percentage points
 - Getting Needed Care: Increased by 0.6 percentage points
 - Access to Information: Decreased by 13.5 percentage points, but exceeded the CMS National Average.
 - Getting Information in a Needed Language/Format: Increased by 6.5 percentage points and exceeded the CMS National Average.
 - How Well Doctors Coordinate Care and Keep Patients Informed: Decreased by 1.1 percentage points
 - Health Plan Customer Service: Decreased by 2.5 percentage points
 - Costs: decreased by 8.2 percentage points, but exceeded the CMS National Average.
 - How Well Doctors Communicate: Decreased by 1.3 percentage points
- The goal was not met for any of the Composites. Three measures met or exceeded the CMS National Average. Enrollee Experience with Cost scored statistically higher than the CMS Average. Getting Care Quickly, Getting Needed Care, How Well Doctors Communicate, and How Well Doctors Coordinate Care and Keep Patients Informed scored statistically lower than the CMS Average for the second year in a row.

SECTION 3: MEDICARE ADVANTAGE PRESCRIPTION DRUG (MAPD) CAHPS RESULTS

METHODOLOGY

This report summarizes findings of the 2019 Medicare MAPD CAHPS survey. The MAPD CAHPS Survey sampled Cal MediConnect (CMC) members ages 18 and above at the time of the sample draw and who were continuously enrolled in L.A. Care’s Medicare-Medicaid Plan (MMP) for 6 months or longer. A total of 339 responses were received. The results below are based on the official, adjusted results from CMS. The benchmark comes from the average of Medicare-Medicaid plans (MMP) for comparison. An additional benchmark of Medicare Advantage plans, which are largely commercial, is also reviewed for statistical differences in scores.

RATINGS

MAPD Ratings*	2017**	2018	2019	2019 vs. 2018	2019 Goal	Goal Met	2019 MMP Avg.
Health Plan	89%	60%	69%	9%	65%	Yes	66%
Health Care Quality	81%	58%	64%	6%	63%	Yes	61%
Personal Doctor	89%	N/A	78%	N/A	92%	N/A	77%
Specialist	91%	N/A	N/A	N/A	N/A	N/A	N/A
Drug Plan	88%	65%	70%	5%	89%	No	67%

*Responses 9 or 10

**Scores in 2017 were based on responses of 7, 8, 9, or 10

N/A indicates measure was not scored due to low reliability

Quantitative Analysis

- Health Plan: Increased by nine percentage points from 2018 and met the goal. The rating exceeded the MMP average and was not statistically different from the national Medicare Advantage average.
- Health Care Quality: Increased by six percentage points from 2018. The rating exceeded the MMP average and was not statistically different from the national Medicare Advantage average.

- Personal Doctor: There was no score from the previous year to compare to, but this rating exceeded the MMP average and was not statistically different from the national Medicare Advantage average.
- Specialist: The 2019 score was N/A.
- Drug Plan: Increased by five percentage points from 2018. The rating exceeded the MMP average and was statistically above average compared to Medicare Advantage plans nationally.
- The goal was met for Rating of Health Plan and Health Care Quality. All the ratings that were scored exceeded the MMP National Average. All ratings that could be compared to the previous year's performance showed increases of at least five percentage points.

COMPOSITES

MAPD Composites*	2017	2018	2019	2019 vs. 2018	2019 Goal	Goal Met	2019 MMP Avg.
Customer Service	90%	90%	94%	4%	94%	Yes	94%
Getting Needed Care	81%	83%	88%	5%	87%	Yes	88%
Getting Appointments and Care Quickly	71%	75%	81%	6%	79%	Yes	82%
Doctors Who Communicate Well	90%	N/A	N/A	N/A	N/A	N/A	95%
Care Coordination	87%	83%	91%	8%	86%	Yes	90%
Getting Needed Prescription Drugs	91%	92%	88%	-4%	92%	No	94%

*Represents responses of "Always" or "Usually"

Quantitative Analysis

- Customer Service: Increased by four percentage points from 2018. This composite met the MMP average and was not statistically different from the national Medicare Advantage average.
- Getting Needed Care: Increased by five percentage points from 2018. This composite met the MMP average and was not statistically different from the national Medicare Advantage average.
- Getting Appointments and Care Quickly: Increased by six percentage points from 2018. This composite did not meet the MMP average but it was not statistically different from the national Medicare Advantage average.
- Doctors Who Communicate Well: The 2019 score was N/A.
- Care Coordination: increased by eight percentage points from 2018. This composite met the MMP average and was not statistically different from the national Medicare Advantage average.
- Getting Needed Prescription Drugs: Decreased by four percentage points from 2018. This composite did not meet the MMP average was statistically below average compared to Medicare Advantage plans nationally.
- Four of the composites showed increases from the previous year.
- The goal was met for Customer Service, Getting Needed Care, Getting Appointments and Care Quickly, and Care Coordination. It was not met for Getting Needed Prescription Drugs.
- Three composites met or exceeded the MMP national average. Only Getting Needed Prescription Drugs was statistically below the Medicare Advantage average.

SECTION 5: QUALITATIVE ANALYSES

Child Medicaid Qualitative Analysis

While scores increased for Rating of Health Plan and all Composites except Getting Care Quickly, rates remain low for all composites. Getting Care Quickly is the lowest scoring area, demonstrating that the parents of Medicaid members do not feel that their children have full access to all medically necessary services. Doctor Communication has the highest score and may be a lower priority. The statistically

significant improvement in Getting Needed Care from 2018 means that it is no longer the lowest scoring Rating/Composite.

While access has been a longstanding area of weakness, the 2019 survey asked members about how long they waited for an appointment and the results were generally within the DMHC guidelines. More than 90% of children received non-urgent primary care and 82% for non-urgent specialty care within 10 days, Access to care may be more of an issue for urgent care – 82% of members indicated they received urgent primary care and 61% for urgent specialty care within two days. Based on the Getting Care Quickly results, members may interpret the DMHC timeframes as still too long of a wait. The specialty care findings should be considered carefully because the number of responses was low.

A deeper analysis of the 2019 CAHPS results showed that fewer of the respondents had special needs in comparison to the 2018 results and compared to those in the adult survey. Since children tend to have fewer visits to specialty care and access to specialists is more limited than primary care, this could be the reason that the children's survey has higher overall raw scores in comparison to adults. This is further evidenced by lower ratings from children with disabilities, who require more specialty care. Medi-Cal providers in Los Angeles County have cared for children for decades, while adults with more complex needs are much more new to their panels. The PCP network may have also made improvements not seen in specialty practices, which would explain why their personal doctors score well but other domains are lower.

Adult Medicaid Qualitative Analysis

Rating of Health Care, Getting Care Quickly, and Doctor Communication improved from 2018 to 2019, but all scores remain low. All ratings and composites scored at the NCQA 25th percentile or below. Getting Needed Care and Getting Care Quickly are the lowest rated composites, which should be prioritized for improvement. As with children in Medicaid, Doctor Communication is scored the highest and thus is least in need of intervention.

The adult population in Medi-Cal seeks specialty care more often than children, which may be driving down the overall perception of quality of health care.

Furthermore, a prior study conducted by L.A. Care showed that members that had responded negatively to the Getting Needed Care and Getting Care quickly were from certain geographic areas such as Antelope Valley where there are known access issues due to a limited supply of providers. This has led to efforts to directly contract with providers in underserved regions, as well as with MinuteClinic for minor urgent care services and Teledoc for telemedicine. Therefore, a limited or taxed specialty network and regions with fewer providers may be some of the drivers causing the lower rates in getting care quickly and quality of care. This problem may become less of an issue over time as L.A. Care members become aware of and used to using services like MinuteClinic and Teledoc.

The increase in the Customer Service composite may reflect the improvements L.A. Care's Customer Solutions Center has implemented in the past two years. CSC is continuously enhancing its operational processes to improve our interactions and outcomes. Operational changes made to date include staffing optimization and the creation of member-only agent profiles to build agent expertise in managing member calls and concerns timely. The Customer Solution Center launched the Personal Care Connector (PCC) Unit in mid-2018. This unit is comprised of highly trained and seasoned customer service professionals working directly with our delegates and members to streamline the communication and process for member needs as they transition into the plan, as well as the triaging of member requests and ongoing service needs. We believe this added layer of service helps provide a concierge experience to our members. There is also work in progress to implement improvements such as intelligent queuing, automated member authentication, integrated desktop application that will push the member data to the agent, integrated alerts, triggers and event notifications that will help with educating members on health related activities they need

to complete and community based events that can help to improve their health and education. These are scheduled to be completed by the end of 2022.

LACC Qualitative Analysis

Most Composites and two Ratings declined between the 2018 and 2019 measurement years. Rating of Personal Doctor and Rating of Specialist both decreased, but the Health Plan rating remained the same as the prior two years. L.A. Care performed in the 50th percentile or higher for Rating of Health Plan and Rating of Health Care. Enrollee Experience with Cost and Access to Information saw large declines, suggesting that members do not know where to find information on costs or have found that information to be inaccurate.

In the official results from CMS, L.A. Care is a three-star plan for Plan Efficiency, Affordability, and Management, as well as Plan Service and Enrollee Experience with the Plan. Doctor and Care and Efficiency and Affordability are rated two stars, while Enrollee Experience and Access and Coordination are rated one star. Unfortunately, the star estimates from DSS were higher than the official results from CMS. The star ratings point out that access to care should be the highest priority, while members are moderately satisfied with service from L.A. Care.

There was a very large increase in responses from members who reported having received specialty care (183 responses vs. 79). Also, more members responded who were in worse health, compared to previous years. Respondents were older (more likely to be 55+, less likely to be 18-34), less educated, more female, more Latino or White, more employed full time (so less time for visits) than the previous year. L.A. Care analyzed survey scores from 2018 and found that members with higher education levels and those who reported not seeing their provider rated the Health Plan and quality of Health Care lower.

This product performs differently than Medi-Cal and CMC in that a larger proportion of members report dissatisfaction with their provider(s). Rating of Personal Doctor, Rating of Specialist, and Doctor's communication all scored poorly in 2019 and showed declines over the prior year. It could be that our largely safety net provider network does not meet the expectations associated with the commercial consumer. Additionally, this group scored Health Plan Customer Service low and the rates declined from the prior year while the same rating for the child survey in Medi-Cal improved. Overall, LACC members seem unhappy with most of levels of service.

The score for the Costs Composite declined in 2019, but remains higher than the CMS average. Interestingly, most grievances are for billing and financial issues. The issues reported are related to: Premiums, Billing Discrepancies, and Reimbursement. Perhaps some of these get resolved and the member still finds the plan to be cost effective. Given that many of the grievances from Billing & Financial Issues are regarding premiums and out-of-pocket maximums, there is still work to be done to ensure a seamless payment process for members.

For this population there are several opportunities for improvement, but working on provider coaching and improving customer service both in the office and at the health plan level seem important for this population. Expanding access to care through the addition of telehealth and urgent care sites should also be beneficial. Attitude and service continue to have the second highest level of grievances for this product line, so both the health plan and provider offices should continue to improve their systems and train staff.

Medicare CMC Qualitative Analysis

CMC scores in 2019 improved for most Ratings and Composites and most measures met or exceeded the MMP Average. This shows considerable progress in member experience and satisfaction for this product line.

The primary exception to this progress is the Getting Needed Drugs composite. Interestingly, Rating of Drug Plan increased by five points and was statistically higher than Medicare Advantage plans on average. It is probable that L.A. Care CMC members rate the drug plan higher because of their access to no-cost drugs, while commercial Medicare Advantage members may have copays. The discrepancy between the high performing Rating of Drug Plan and the lower performer Getting Needed Drugs composite may be explained by the fact that the CMC formulary is more limited in choices compared to many commercial plans. Members can also be subject to step therapy, which may be a pain point. L.A. Care is hopeful that the Getting Needed Drugs rate will improve for the coming survey, as a result of a new protocol put into place in which new members who enrolled already prescribed a non-formulary drug received personalized outreach to the provider office to ensure a seamless transition to an alternative drug on the formulary.

Dual Eligible Medi-Cal and Medicare member have higher utilization and more complex health needs than other populations, so it was surprising that there were too few responses to score the Rating of Specialist. It is also generally assumed that Dual plans do not perform as well as non-Dual and other commercial plans; however, the 2019 results show that CMC generally performs at about the same level as Medicare Advantage plans on average.

The six percentage point increase in the Customer Service composite may reflect the improvements L.A. Care's Customer Solutions Center has implemented in the past two years.

It is possible that some dissatisfaction amongst these members is linked to billing, given the higher grievance rate for this category. Billing and Finance was one of our priorities for this year; the Grievances and Appeals Department analyzed data around members receiving bills and identified the top three causes:

4. The member did not show the provider/facility their L.A. Care ID Card when they obtained services – especially in the specialist office.
5. The provider/facility did not probe effectively to determine if there was other coverage beyond Medicare.
6. The coverage information is not getting to the radiologist provider in particular.

INTERVENTIONS

L.A. Care has been working on a long-term strategy to address some of the common issues in all the lines of business such as attitude and service, access to care, and billing and financial issues. QI leads the Member Experience Work Group and administers the VIIP program to improve member experience, while a number of other programs throughout the organization contribute to expanded access and quality interactions between the member and the plan.

The cross functional Member Experience Work Group has been the main driver of CAHPS-focused interventions. In 2019, the Work Group focused on analyzing data and launching four interventions: a customer service training program for provider offices, accountability meetings with low-performing IPAs, weekly tip emails to IPAs, and a webinar focused on access issues.

The QI team hired a vendor, SullivanLuallin Group (SLG), to conduct customer service trainings for a limited number of provider groups. SLG will begin training Healthcare LA IPA clinics in Q12020 and will train provider offices from two additional IPAs in FY 2019-2020. Additional IPAs will be selected for the following two years.

Beginning in August 2019, the QI team began meeting with IPAs that are low-performing in CG-CAHPS to discuss their scores, the importance of member experience, and strategies for improvement, in an attempt to hold groups accountable. L.A. Care met with: Angeles, Preferred, Prospect, Heritage, and Exceptional Care and discussed CG-CAHPS results during reoccurring meetings with Healthcare LA and DHS. During the meetings, L.A. Care reinforced that member experience is a high priority and that improvement is key

to success in VIIP+P4P. The IPAs reported varying levels of understanding of CG-CAHPS, but most conduct their own satisfaction surveys and basic provider trainings. Most IPAs expressed strong interest in participating in the customer service training pilot.

For the third year, QI sent weekly emails to IPAs and community clinics that contained tips on how to improve member experience. The 20-week campaign targeted IPA and community clinic staff. The tips were based on L.A. Care's research on CAHPS data and research published by AHRQ and other sources. In general, the tips have been well-received with a high open rate. In 2020, we anticipate that the tips will reach a larger audience, due to planned improvements to provider contact data.

A webinar on expanding access to care and improving member experience was conducted in December 2019 to educate providers and offer best practices. Over 100 providers, staff members, and IPA employees attended. The response to the webinar was overwhelmingly positive and a post webinar survey showed engagement and interest in future educational sessions. QI plans to offer an additional member experience webinar in 2020.

To drive performance among the network, the weight of the member experience domain, as measured by CG-CAHPS scores, was increased to 30% of the VIIP+P4P score for Medi-Cal IPAs, with Getting Care Quickly and Getting Needed Care now double-weighted. Medical groups receive incentive dollars for improving their scores. Annual CG-CAHPS reporting continues to serve as a resource to IPAs, community clinics, DHS, and Plan Partners in monitoring and improving member experience. In 2019, for the first time, IPAs received the open text comments submitted by their members. For the LACC and CMC VIIP programs, member experience is a domain; however, these programs are not currently incentive-based.

Beginning in 2017, the Customer Solutions Center has made improvements to the call center infrastructure with the launch of the Value Our Individual Customers Everyday (VOICE) program. VOICE is a multi-pronged approach at improving operational and systems integration such as improving software, improving IVR capacity, and adding a call back system to the call center experience. These enhancements may have led to the jump in customer service rates in the Adult and Child Medicaid CAHPS, as well as the composite for CMC. While there are still opportunities for improvement, it appears these enhancements are working. In 2019, the team has focused on ensuring resolution of the member's issue during the first call by making more information available to the Call Center representative so fewer handoffs are necessary, while also making systems improvements to better document calls and streamline handoffs. A relaunch will occur shortly to plan for future enhancements.

Since 2018, the Safety Net Initiatives (SNI) department has worked with a small group of community clinics to provide a post-encounter survey administered at the end of a visit on a tablet where patients can complete CAHPS like questions and provide the office with timely results. The Patient Experience Survey uses questions similar to those on the CAHPS surveys. The clinics are able to monitor their survey results in near real time via an online dashboard. SNI expects to expand the project in 2020.

Several L.A. Care programs aim to expand access to care. L.A. Care's Elevating the Safety Net program proactively addressed the access issues discussed above by expanding the supply of primary care providers. From July 2018 to July 2019: the program funded scholarships to medical school for 16 students, the hiring of 50 primary care physicians in safety net practices, loan repayment for 18 primary care physicians, and the creation of new primary care residency slots and two new core program faculty, combined, beginning in 2020. Additionally, L.A. Care's sponsorship of Loma Linda's Community Health Worker (CHW) Training Program will engage members in hospital transition, offer home visitation, and other services. L.A. Care is funding the training of two cohorts in 2019-2020, each with a capacity for up to 25 CHWs and 50 staff working in the Health Homes program.

Beginning in Summer 2019, L.A. Care members now have access to minor non-emergency services at CVS MinuteClinic locations without a referral or authorization. This should provide easier access for members to have basic needs met when their PCP is unavailable and/or urgent care options are less desirable. Additionally, L.A. Care is contracting with Teledoc for telemedicine services beginning in 2020, which should serve as an additional, convenient resource for some primary and specialty care services.

To further expand access to primary care, L.A. Care began contracting with providers directly in 2017 in areas with known access issues. As of October 2019, a total of 75 primary care providers have direct contracts. This is a long-term approach to improving member experience; direct contracts allow L.A. Care to control all aspects of the care experience. PNM has also increased oversight of IPAs to ensure they have adequate specialty networks.

The CMC line of business has conducted member education on the importance of always showing your L.A. Care card when seeking care, in an effort to minimize inappropriate billing to members. This may have had a positive impact on the grievance rate. Additionally, communication strategies to providers who bill inappropriately are being considered.

SECTION 6: OPPORTUNITIES FOR IMPROVEMENT

Members in all lines of business have two top areas of concern: **Getting Needed Care and Getting Care Quickly**. The LACC line of business does differ slightly in that their main concern is around billing and financial issues, but their secondary concerns are also around access to and timeliness of care. In reviewing grievance data, Attitude and Service is significant across all product lines. Given that these themes seem to arise in all product lines, they were selected as the main focus in 2019 and will remain so in 2020.

Based on the analysis above and building upon the priorities from the previous year, there are several areas of opportunity that L.A. Care can focus on to improve CAHPS and to help reduce appeals and grievances going forward. These areas are listed below with the primary Ratings, Composites and/or Grievances/Appeals categories that are addressed and the opportunities available.

Priorities for 2020:

PRIORITY 1: Improve the office visit experience.

- Addresses: Attitude and Service, Rating of Personal Doctor, and Coordination of Care
- Opportunities: offer training and tools for self-assessment
- 2020 plans: offer customer service training and post-encounter surveys to select provider offices. Offer webinar and information on best practices to the entire network.

PRIORITY 2: Expand access to care.

- Addresses: Getting Care Quickly, Getting Needed Care, and Access
- Opportunities: make new care options available to members
- 2020 plans: outreach to members about the availability of MinuteClinic and Teledoc. Continue the Elevating the Safety Net program to increase the supply of providers.

PRIORITY 3: Establish clear lines of accountability for Plan Partners and contracted provider groups.

- Addresses: all Ratings and Composites
- Opportunities: ensure that Plan Partners and IPAs are taking steps to improve CAHPS scores and pursue collaborations when possible.
- 2020 plans: base incentive payments partially on member survey results. Develop a plan to hold engage both Plan Partners and IPAs and hold them accountable for performance.

PRIORITY 4: *Improve customer service at L.A. Care.*

- Addresses: Customer Service and Attitude and Service
- Opportunities: ensure that members' concerns are resolved quickly and they are treated with respect when contacting/contacted by L.A. Care.
- 2020 plans: continue implementing technical enhancements in the Call Center, as well as staff training.

PRIORITY 5: *Develop product line-specific strategies.*

- Addresses: Billing and Finance and Rating of Health Plan
- Opportunities: identify and address unique needs of different groups.
- 2020 plans: Continue improvements to the premium payment and out-of-pocket maximum/accumulator processes for LACC. Identify pharmacy benefit improvements for CMC. Implement outreach strategy around redeterminations for Medi-Cal. Research strategies used by other plans.

SECTION 7: OUT-OF-NETWORK REQUESTS

Utilization Management examines the referrals to out-of-network specialists on an as-needed basis in order to ensure members' needs are continually met.

MCLA

The table below is a summary report of out-of-network requests broken down by service planning area (SPA) regions from October 2018–September 2019 for MCLA.

Measurement Year Q4 2018 - Q3 2019 (Out of Network Requests)					
SPA Region*	Approved	Total	Approval Rate	Member Months	Total Requests (PKPY)
Antelope Valley	63	69	91.30%	1449907	0.57
East	53	57	92.98%	3041928	0.22
Metro	63	72	87.50%	2932081	0.29
San Fernando Valley	74	82	90.24%	4945412	0.20
San Gabriel Valley	77	87	88.51%	3860811	0.27
South	95	101	94.06%	4450223	0.27
South Bay - LB	58	63	92.06%	2746499	0.28
West	28	29	96.55%	733240	0.47
Total	511	560	91.25%	24160101	0.28

Top 5 OON Requests by SPA Region				
SPA Region	Case Type	Approved	Total	Approval Rate
Antelope Valley	MEDICAL/SURGICAL	23	23	100.00%
	OFFICE VISIT	12	15	80.00%
	DURABLE MEDICAL EQUIPMENT	3	4	75.00%
	OUTPATIENT PROCEDURE	3	4	75.00%
	BEHAVIORAL HEALTH	3	3	100.00%
East	MEDICAL/SURGICAL	14	14	100.00%
	DURABLE MEDICAL EQUIPMENT	12	13	92.31%
	CHIROPRACTIC	4	4	100.00%
	HOME HEALTH	3	4	75.00%
	TRANSPLANT	4	4	100.00%
Metro	MEDICAL/SURGICAL	14	15	93.33%
	HOME HEALTH	6	9	66.67%
	INCONTINENCE SUPPLIES	8	8	100.00%
	LTC - CUSTODIAL	6	6	100.00%
	OFFICE VISIT	5	5	100.00%
San Fernando Valley	DURABLE MEDICAL EQUIPMENT	13	17	76.47%
	MEDICAL/SURGICAL	16	17	94.12%
	OFFICE VISIT	8	8	100.00%
	COMMUNITY BASED ADULT SERVICES	5	5	100.00%
	INCONTINENCE SUPPLIES	5	5	100.00%
San Gabriel Valley	MEDICAL/SURGICAL	14	14	100.00%
	HOME HEALTH	8	12	66.67%
	CHIROPRACTIC	8	10	80.00%
	DURABLE MEDICAL EQUIPMENT	9	9	100.00%
	HOME INFUSION/SUPP	4	6	66.67%
South	MEDICAL/SURGICAL	22	23	95.65%
	DURABLE MEDICAL EQUIPMENT	14	15	93.33%
	HOME HEALTH	7	8	87.50%
	TRANSPLANT	8	8	100.00%
	IP ADMISSION	5	5	100.00%
South Bay - LB	MEDICAL/SURGICAL	20	22	90.91%
	DURABLE MEDICAL EQUIPMENT	9	9	100.00%
	INCONTINENCE SUPPLIES	6	6	100.00%
	OFFICE VISIT	3	4	75.00%
	TRANSPORTATION	3	4	75.00%
West	MEDICAL/SURGICAL	7	7	100.00%
	CHIROPRACTIC	4	4	100.00%
	SKILLED NURSING FACILITY	4	4	100.00%
	DURABLE MEDICAL EQUIPMENT	2	3	66.67%
	INCONTINENCE SUPPLIES	2	2	100.00%

Quantitative Analysis

An analysis of the MCLA out-of-network request data reveals the following:

- Out- Of-Network (OON) requests in Q4 2018 to Q3 2019 for MCLA totaled 560 with 91.25% (511) of the requests being approved. This is insignificant in comparison to the 1,038,327 members in the MCLA network as of October 2019.
- Factoring in membership, per thousand members per year (PKPY) for total OON requests ranged from 0.22 (East) to 0.57 (Antelope Valley). An overall PKPY across all SPA regions of 0.28 was observed. Under L.A. Care's scope, SPA regions comprise of Antelope Valley, San Fernando Valley, San Gabriel Valley, Metro LA, West, South, East, and South Bay.

Qualitative Analysis

Forty-nine of the out-of-network requests were denied during this period for the MCLA population. No trends were identified at the geographic or practitioner level since this is L.A. Care's first OON evaluation for MCLA and CMC lines of business.

From Q4 2018 to Q3 2019, the top out-of-network requests consisted of medical/surgical, office visits, durable medical equipment, outpatient procedures, behavioral health, chiropractic, home health, and transplants across the eight SPA regions, to name a few. Medical/surgical services were the most prevalent out-of-network request.

Out of the approved requests, most requests stemmed from 1) South Los Angeles (which serves the communities of Athens, Compton, Crenshaw, Florence, Hyde Park, Lynwood, Paramount, and Watts) followed by 2) San Fernando Valley (a larger service area that encompasses Burbank, Calabasas, Canoga Park, Canyon Country, Encino, Glendale, LA Cañada-Flintridge, San Fernando, Sherman Oaks, Sun Valley, Van Nuys, Woodland Hills, and more) and 3) Antelope Valley (serves the communities of Acton, Agua Dulce, Gorman, Lake Hughes, Lake Los Angeles, Lancaster, Littlerock, Palmdale, Quartz Hill, and others). The out-of-network requests are likely due to a limited number of practitioners in the listed geographic areas; currently L.A. Care is cognizant of barriers in the Antelope Valley region, which is known for having few providers. Due to data issues, we are uncertain of the root cause of out-of-network requests in South Los Angeles and San Fernando Valley. We are working internally with our Provider Network Management Team to further assess network adequacy barriers in these regions.

The number of out-of-network care requests is low despite a substantial increase in membership in 2019.

CMC

The table below is a summary report of out-of-network requests broken down by service planning area (SPA) regions from October 2018–September 2019 for CMC.

Measurement Year Q4 2018 - Q3 2019 (Out of Network Requests)					
SPA Region*	Approved	Total	Approval Rate	Member Months	Total Requests (PKPY)
Antelope Valley	0	0	#DIV/0!	8621	0.00
East	0	0	#DIV/0!	22808	0.00
Metro	2	2	100.00%	28256	0.85
San Fernando Valley	0	0	#DIV/0!	33086	0.00
San Gabriel Valley	3	3	100.00%	25999	1.38
South	1	1	100.00%	37816	0.32
South Bay - LB	0	0	#DIV/0!	23545	0.00
West	0	0	#DIV/0!	5240	0.00
Total	6	6	100.00%	185371	0.39

Quantitative Analysis

An analysis of the CMC out-of-network request data reveals the following:

- OON requests in Q4 2018 to Q3 2019 for CMC totaled 6 with 100.0% (6) of the requests being approved. This is highly insignificant in comparison to the 16,158 members enrolled in L.A. Care’s CMC network (as of October 2019).
- Factoring in membership, per thousand members per year (PKPY) for total OON requests ranged from 0.00 to 1.38 (San Gabriel Valley). An overall PKPY across all SPA regions of 0.39 was observed. The only requests originated from the Metro LA, San Gabriel Valley, and South SPA regions and comprise of office visits (2), home health (1), transportation (1), and medical/surgical requests (1). The limited number of OON requests is too sparse to come to a conclusion as to why members are requesting out-of-network services.

Qualitative Analysis

None of the out-of-network requests were denied during this period for the LACC population, continuing a trend of very few to no denials. L.A. Care will continue to monitor the data for out-of-network requests. No trends were identified at the geographic or practitioner level since this is L.A. Care’s first OON evaluation for MCLA and CMC lines of business.

As with MCLA, the number of out-of-network requests are low despite the significant increase in membership during 2019.

OPPORTUNITIES FOR IMPROVEMENT

There are several concerns about the data that may indicate that it is not complete or accurate, including missing fields, placeholders, data entry errors, and inconsistency in documentation. L.A. Care’s Utilization Management department has implemented some changes aimed at improving data quality and integrity and will continue to track cases and rates. There are two core measures in place to prevent discrepancies in future years. Measures include the following:

- Establishment of the Quality Review Team where the case would be reviewed by one of the leads in this team prior to closing the case and corrections with feedback would be done.
- Creation of an MOU team to streamline the MOU process which in turn would help improve the consistency of how the MOU cases were being documented in CCA.

LOOKING FORWARD

- Continue collaborative meetings to discuss priority areas in the Member Experience Work Group.
- Continue interventions such as tip post-encounter surveys, customer satisfaction training, and webinars.
- Continue emphasis of member experience through the VIIP and Plan Partner Incentive programs.
- Utilize the VOICE program to make improvements to the Call Center.

NETWORK ADEQUACY:

Establishing definitive, data supported links between L.A. Care enrollees' grievances and appeals, CAHPS Survey results, and out-of-network referral requests continues to present challenges for several reasons. These include, but are not limited to, the following:

- Absence of data robust enough to be statistically representative of L.A. Care's membership populations
- Data collection that lacks the level of granularity that would allow identification of possible network adequacy trends in specific delegates' networks, geographical locations, and provider types.
- Broadly defined categorization of areas of enrollee dissatisfaction. For example, for those CAHPS' survey respondents who indicate dissatisfaction with the ability to "get care quickly" or to "get needed care", it is unclear whether the source of this dissatisfaction is:
 - Delayed Appointment Availability
 - In cases where appointment availability can be identified as a dissatisfaction driver, it cannot be concluded that network inadequacy is the primary factor.
 - Lengthy In-Office Wait Time
 - Excessive Travel Distance
 - Authorization Approval Timeframes

L.A. Care is aware that there are geographical locations (e.g. Antelope Valley) known to present access barriers due to their rural locations and limited numbers of contracted providers. While it may be reasonable to assume the level of dissatisfaction among enrollees in these areas may be greater than in other locations, for the reasons noted above, it is difficult to statistically support conclusions of higher levels of enrollee dissatisfaction that are directly tied to network inadequacy.

Lastly, areas of high enrollee concentration such as the South and San Fernando Valley regions certainly have the *potential* to create conditions that would result in higher rates of grievances and other expressions of dissatisfaction. However, more granular data collection and analyses are required before enrollee dissatisfaction can be directly correlated with geographically specific network inadequacies.

OPPORTUNITIES FOR IMPROVEMENT:

To achieve its goal of using member experience data to draw valid conclusions concerning network adequacy, L.A. Care must implement data collection processes that will improve its ability to identify trends based on geographical locations, provider types, and specific delegate networks.

In addition, because L.A. Care's contracted Participating Physician Groups (PPGs) are authorized to refer assigned members to providers who are not within their contracted networks, L.A. Care should develop a

systematic method of determining if these referrals are being made as a result of an inadequacy within the PPG’s provider network.

H.6.b ASSESSMENT OF NETWORK ADEQUACY FOR BEHAVIORAL HEALTH SERVICES

AUTHOR: NICOLE LEHMAN, MSW

REVIEWER: MATTHEW PIRRITANO, PHD, MPH, MARIA CASIAS, RN & JAMES KYLE, MD

BACKGROUND

L.A. Care provides Behavioral Health services, which includes mental health and substance use disorder treatment through a Managed Behavioral Health Organization (MBHO). Since 2014, Beacon Health Options (Beacon) has been contracted to provide behavioral health services to all lines of business. Several administrative services are contractually delegated to Beacon. Per contractual requirement, Beacon submits an Appointment Accessibility and Provider Availability Trend Report on an annual basis. This report contains standards related to emergent, urgent and routine appointments.

Although L.A. Care’s MBHO is contracted to provide behavioral health services to all lines of business, L.A. Care directly contracts with providers for Applied Behavioral Analysis (ABA) services for the Medi-Cal line of business only. L.A. Care’s Grievance and Appeals department addresses incoming grievances and/or appeals with the applicable party within L.A. Care, including the Behavioral Health Department, the Behavioral Health Treatment team, Quality Improvement, and other Health Services departments in addition to working directly with Beacon.

Beacon is not delegated to conduct grievance investigations for L.A. Care members. However, Beacon works in collaboration with L.A. Care’s Appeals and Grievance Department to resolve issues regarding the Beacon network of providers or Beacon operations. The data provided in this report only captures those complaints around Access to Care. L.A. Care’s Appeals and Grievances Department works diligently within L.A. Care to identify, document, manage, resolve, and track and trend both member and provider concerns.

The following analysis is focused on Quarter 4 2018 - Quarter 3 2019 and hereon will be referred to as reporting period 2018/2019. References to the previous reporting period will be referring to the Quarter 4 2017- Quarter 3 2018 and/or the 2017/2018 reporting period.

Grievance & Appeal Data		Q3 17- Q3 18	Quarter 4 2018	Quarter 1 2019	Quarter 2 2019	Quarter 3 2019	Total
Medi-Cal	Grievance: Access to Care	30	16	18	12	20	66
Medi-Cal	Appeal: Access to Care	4	1	1	0	2	4
Cal Medi- Connect	Grievance: Access to Care	4	2	1	3	4	10
Cal Medi- Connect	Appeal: Access to Care	0	0	0	0	-	0

Medi-Cal

Access to Care was the top identified category of grievances. Access to Care grievances increased by 75% compared to the previous reporting period. Grievances regarding psychiatric medication access or disagreement with Psychiatrist recommendations was the most cited reason for Access to Care Grievances. The second top trend relates to Beacon’s Call center providing numbers for clinicians who were unresponsive and or no longer accepting Medi-Cal. Two Access to Care issues were related to the

Behavioral Health Treatment/Applied Behavior Analysis benefit citing lack of response from contract providers. Three of the appeals were for the Behavioral Health Treatment Benefit/Applied Behavior Analysis with requests for services in non-billable settings and a delay in services due to lack of medically necessary service information. The first two appeals were upheld and the last was overturned when the medically necessary information became available. The last appeal was related to the state's termination of Mission City as a Medi-Cal provider and the member's dissatisfaction with being assigned a new provider.

Cal MediConnect

There were a total of ten Access to Care grievances for the Cal MediConnect Line of Business. Access to Care grievances increased by six from previous reporting period. Similar to the Medi-Cal Line of Business psychiatric medication access or disagreement with Psychiatrist recommendations were the most cited reason for Access to Care Grievances followed to Beacon's Call center providing numbers for clinicians who were unresponsive and/ or no longer accepting Beacon/L.A. Care.

Medi-Cal

Of the appeals none were related to Network Adequacy.

Cal MediConnect

Of the appeals none were related to Network Adequacy.

**Please note that few services require authorization for the Medi-Cal line of business and all higher levels of care are carved out to the Los Angeles County Department of Mental Health Services.*

Prioritization of Opportunities:

WORK PLAN 2019

Priority	Category	Opportunities identified	Intervention	Measuring Effectiveness
1	Grievances	Expand number of psychiatrists and/or access to psychiatric services	Implement Tele-Psychiatry	Decrease in grievances related to psychiatric services
2	Grievances	Ensuring provider list is accurate and up to date	Provider Education	Decrease in grievances related to providers no longer accepting Beacon/unable to contact/etc.

Measuring Effectiveness:

Intervention implemented: Provider Education

All LOB Grievances	Previous Year (Q4 2017- Q3 2018)	Current Measurement Year (Q4 2018- Q3 2019)	Percentage Change
Access to Care	43	87	68%+

Through provider bulletin, educated providers regarding access and availability standards (September 2019).

PROVIDER EDUCATION:

Beacon Provider Newsletter: Access and Availability (September 2019)

*Beacon will include Access and Availability in their September 2019 Provider Education.

INTERVENTION SAMPLE: PROVIDER EDUCATION



September 2019
Provider Newsletter

Access & Availability Standards

In order to ensure members receive effective care in a timely manner, and in accordance with state regulations, it is required that you, as a provider, follow set standards for appointment availability. Please note that pursuant to your contract, provider shall promptly notify BEACON/CHIPA in the event that Provider (a) is no longer accepting new Members; (b) is available during limited hours or only in certain settings; (c) has any other restrictions on

M/S Business Operations & Solutions/Katie/LA_Care/Provider Bulletins Newsletters/2019/Beacon Health Options September 2019 Bulle...

Beacon Health Options September 2019 Bulletin

treating Members; or (d) is temporarily or permanently unable to meet these standards for appointment access. For your reference, the access standards are as follows:

- Routine/Non-Urgent Services: Within 10 Business Days
- Urgent Care: Within 48 Hours
- Emergency, Non-Life Threatening Services: Immediately, within 6 hours, or at minimum have mechanisms in place to refer patients
- Member calls should be returned within 24 hours

If you are permanently or temporarily unable to meet these standards, please notify us by emailing provider.inquiry@beaconhealthoptions.com today so that we way place a hold on new referrals to your practice.

Qualitative Analysis

Grievances concerning Access to Care increased across all lines of business. Medi-Cal increased by 75%, Cal MediConnect by 85% and L.A. Care Covered increased by 22%. Beacon published an Access and Availability article in Beacon’s provider newsletter which is distributed to all contracted providers. The article reminded providers of the standards and reminded providers of their quarterly requirement to complete a survey on their practice’s access and availability.

Quantitative Analysis

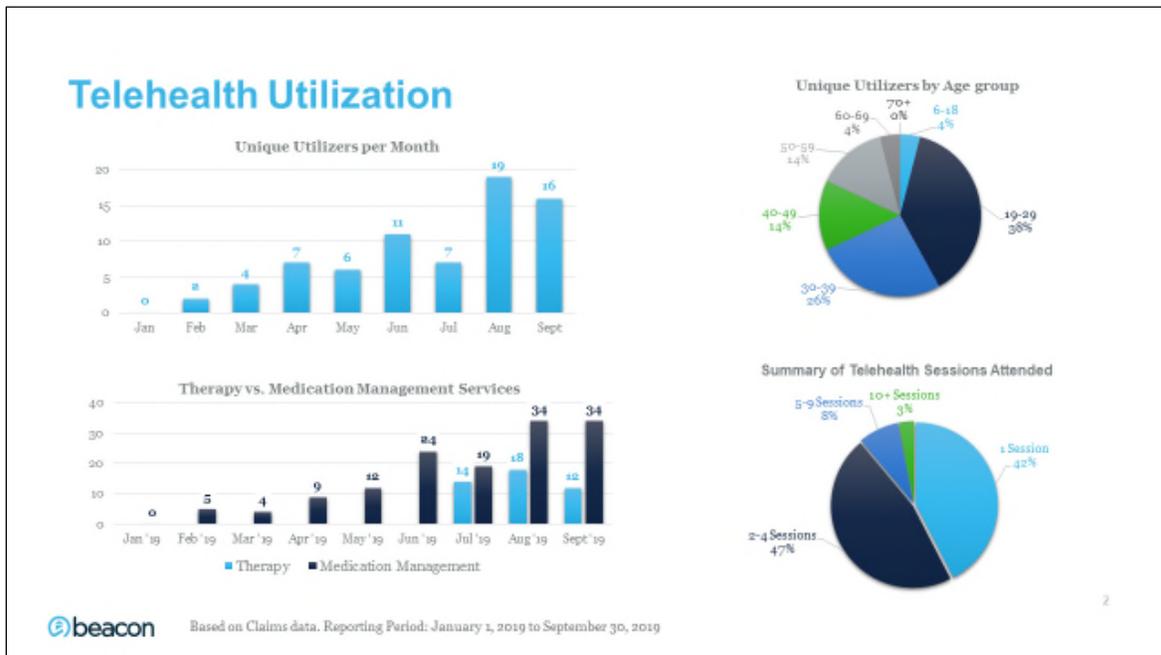
Access to Care Grievances increased across all lines of business. It is not clear that the article proved as an effective intervention. Many members continued to report providers no longer accepting Beacon regardless of their contact information being given to members as an active resource. There still appears to be a need for a better process to ensure the provider network is accurately updated. The overall increase in Grievances across all lines of business can be attributed to an internal organizational focus on improving the algorithm used to ensure all Behavioral Health related calls are properly identified and coded.

For Medi-Cal, another contributing factor towards the increase in Grievances can be accredited toward the growth of the directly contracted Behavioral Health Treatment benefit provider network.

Intervention implemented: Tele-Psychiatry and Tele-Therapy

In early 2019, L.A. Care amended the contract with Beacon to include Tele-Psych and Tele-Therapy services. During this roll out the number of referrals were kept under 30 per month until a baseline need was established. Tele-Psych and Tele-Therapy were also implemented as a temporary solution when an established network of clinics were no longer able to see Medi-Cal members.

TELE-HEALTH:



Qualitative Analysis

While there hasn't been a high volume of members utilizing tele-psychiatry since the implementation of this service, the total number of unique members and the total number of services rendered per month has been steadily increasing. At this time tele-psychiatry includes coverage for MCLA, LACC and PASC lines of business within selected zip codes unless member was with Mission City and is within the COC period. Efforts to track and monitor utilization of this service will continue in an effort to identify zip codes where utilization is high and to broaden the range of zip codes as necessary.

Quantitative Analysis

Expanding the L.A. Care network to include tele-psychiatry means more members would have access to psychiatric services. There has been a steady increase in the number of members accessing tele-psychiatry since the implementation of this service. Although it is too early to make a definitive conclusion on the effectiveness of tele-psychiatry, early experience has been promising. For example, in June 2019, a formal letter was released stating that Mission City Community Network would no longer accept L.A. Care members. To ensure there were no gaps of service for members accessing psychiatric services from Mission City, tele-psychiatry was utilized to connect members with a psychiatrist during this transition. The peak in June demonstrates that members were utilizing the service.

Prioritization of Opportunities:

WORK PLAN 2020

Priority	Category	Opportunities identified	Intervention	Measuring Effectiveness
1	Grievances	Expand number of access and availability of providers	Full Implement Tele-Psychiatry/Tele-therapy	Decrease in grievances related to psychiatric services Decrease in total access and availability
2	Grievances	Ensure members are connected with providers currently accepting L.A. Care/Beacon members.	Increase the number of members being provided appointment assistance	Decrease in the number of grievance cases citing provider access issues

H.7 PROVIDER DIRECTORY ACCURACY ASSESSMENT

AUTHOR: AJAY AHLAWAT

REVIEWER: MARIA CASIAS, RN & JAMES KYLE, MD

BACKGROUND

This report analyzes findings of L.A. Care Health Plan's (L.A. Care) annual evaluation of physician data accuracy as reflected in its provider directories. More specifically, the report evaluates the accuracy of five data elements for primary care physicians (PCPs) and specialists participating in the MCLA, LACC, and CMC lines of business. These data elements include:

- Physician Address
- Physician Phone number
- PCP Membership Panel Status (Open or Closed)
- Physician Hospital Affiliations
- Staff Awareness of Physician Line of Business

SURVEY METHODOLOGY

To confirm the accuracy of all five directory data elements, L.A. Care conducted a telephonic survey in which 1920 randomly chosen primary care and specialist offices comprised the sample pool. The survey was conducted from July 5th through July 10, 2019. The sample pool represented approximately 20% of the organization's MCLA, LACC, and CMC physician network. At the 95% confidence level, the margin of error for this survey is 3%. Behavioral Health providers were not included in this sample as L.A. Care directs members to the delegated Behavioral Health vendor's provider directory.

Because specialists do not receive membership assignment, these physicians were not surveyed for the accuracy of the "accepting new patients" indicator. L.A. Care's provider databases and directories only capture and display this information for primary care physicians (GP/FP, Internal Medicine, Pediatrics, OB/GYN).

METHODS OF ANALYSIS

To determine rate of accuracy for physician address, telephone number, and membership panel status, the number of physician offices actually contacted served as the denominator while the numerator was determined by the number of surveyed data elements that coincided with those in the provider directories.

For hospital affiliation and physician lines of business, the two data elements in which more than one response could apply, the following methodology was used:

- L.A. Care used the total number of hospital affiliations and lines of business possible for each PCP/Specialist respondent pool to determine the denominator. The numerator represents the number of hospital affiliations and lines of business captured during the survey that were consistent with provider directory data.

There were various reasons why data was not captured during some survey attempts. These reasons included staff uncertainty, failure to reach a live party and surveyors' failure to document responses. These results are not included in any of the denominators used to calculate accuracy.

RESULTS/FINDINGS

(Overall) – Across all lines of business, 1920 calls were attempted with 931 physician offices providing responses for location, 1053 responded to the phone number inquiry, 1360 to the hospital inquiry (Table B) and 2164 to the line of business participation question (Table B). Five hundred fifty-one (551) PCPs provided panel status responses.

Table A			
	Number of Physicians	Number of Accurate Records	Accuracy Rate
Physician Location	931	884	84%
Physician Phone No.	1053	931	88%
Physician Panel Status*	551	502	91%

*This measurement only applies to PCPs. Specialists do not receive membership assignment and panel status is not included in the directories.

As depicted in Table A, across all product line of business, the accuracy rates for physician location and phone numbers are 84% and 88%, respectively. Ninety-one percent (91%) of PCPs surveyed communicated panel status information consistent with that reflected in the provider directories.

Table B			
	Number of Total Hospital Affiliations/Lines of Business Across the Sample Pool	Number of Accurate Records	Accuracy Rate
Hospital Affiliations	1360	999	73%
Physician’s Line of Business	2164	1931	89%

As depicted in Table B, across all product lines of business, the accuracy rates for Hospital Affiliations and Physician’s Line of Business are 73% and 89%, respectively.

RESULTS/FINDINGS BY LINE OF BUSINESS:

MCLA – Calls to 1833 MCLA physicians were attempted with 895 physicians providing location, 1010 responding to the phone number inquiry, 1309 to the hospital inquiry, 821 to the line of business questions and 534 PCP offices responding to panel status inquiries. Accuracy rates for Medi-Cal physician locations and phone numbers are fairly consistent with overall rates. The same is true for the accuracy of physician panel status, hospital affiliations, and physicians’ lines of business.

Table C		MCLA	
	Number of Physicians	Number of Accurate Records	Accuracy Rate
Physician Location	895	850	84%
Physician Phone	1010	895	89%
Physician Panel	534	487	91%

Table D		Medi Cal	
	Number of Total Hospital Affiliations/Lines of Business Across the Sample Pool	Number of Accurate Records	Accuracy Rate
Hospital Affiliations	1309	960	73%
Physician's Line of Business	821	733	89%

LACC – Phone calls were placed to 1736 LACC physicians with 851 providing location, 956 responding to the phone number inquiry, 1228 to the hospital inquiry, 762 to the line of business questions and 525 PCP offices responding to the panel status survey question. Rates of accuracy for all LACC survey questions do not reflect much variation when compared to *overall* and MCLA accuracy rates.

Table E		LACC	
	Number of Physicians	Number of Accurate Records	Accuracy Rate
Physician Location	851	812	85%
Physician Phone No.	956	851	89%
Physician Panel Status*	525	477	91%

*This measurement only applies to PCPs. Specialists do not receive membership assignment and panel status is not included in the directories.

Table F		LACC	
Hospital Affiliations	1228	885	72%

CMC – Surveyors attempted to contact 1264 physicians participating in the CMC line of business. Of this number, 653 provided location, 719 responded to the phone number inquiry, 918 to the hospital inquiry (Table H) and 581 to the line of business affiliations inquiry (Table H). Staff at 381 PCP offices provided panel status responses.

Table G		CMC	
Physician Location	653	617	86%
Physician Panel Status*	381	349	92%

*This measurement only applies to PCPs. Specialists do not receive membership assignment and panel status is not included in the directories.

Table H		CMC	
	Number of Total Hospital Affiliations/Lines of Business Across the Sample Pool	Number of Accurate Records	Accuracy Rate
Hospital Affiliations	918	644	70%
Physician's Line of Business	581	501	86%

IDENTIFYING OPPORTUNITIES TO IMPROVE DIRECTORY ACCURACY:

- The results of the annual Provider Directory Accuracy Survey reveal that, across all lines of business, the accuracy of the data elements surveyed has significantly increased from last year. The inaccuracies found in physicians’ hospital affiliations did not exceed 66% for last year but this year they are at 73%, 72% and 70% for MCLA, LACC and CMC respectively. This implies that L.A. Care provider directory data accuracy processes are effective. As a result, L.A. Care expects further increase in accuracy numbers for the current year using its current processes.

Table I						
	MCLA		LACC		CMC	
	2018	2019	2018	2019	2018	2019
Physician Location	73%	84%	73%	85%	77%	86%
Physician Phone Number	78%	89%	78%	89%	85%	91%
Physician Panel Status	69%	91%	68%	91%	71%	92%
Hospital Affiliations	66%	73%	65%	72%	64%	70%
Physician Line of Business	82%	89%	84%	91%	78%	86%

- The data validation service that L.A. Care’s contracted vendor, LexisNexis is performing continues to provide an opportunity for the organization to gain a clearer understanding of the quality/accuracy of its provider directories. L.A. Care will need to continue targeted and timely follow-up and data correction (where applicable) in response to LexisNexis’ assessment to ensure members have access to the most accurate and current data.
- The complexity of L.A. Care’s contracting/sub-contracting structure limits, to some degree, the amount of control the organization has over ensuring that current, accurate data is consistently maintained in its directories. L.A. Care’s Participating Physician Groups’ (PPG’s) and Plan Partners’ failure to communicate physician updates to L.A. Care in a timely manner directly affects L.A. Care ability to maintain current data. This communication process is further hindered when PPGs and Plan Partners do not receive updates from their directly contracted physicians within acceptable timeframes. Because the accuracy of L.A. Care’s provider directories relies so heavily upon the timeliness of PPG’s/Plan Partners’ data submission, there is a need to develop strategies requiring more accountability/consequences for those partners showing patterns of noncompliance with timely provider data submission requirements.
- Given the frequency and volume of provider data changes, more consistent internal monitoring will provide guidance in developing more impactful interventions.

ACTING ON OPPORTUNITIES:

- L.A. Care has also made a significant investment into the implementation of a multi-year, long-term solution to compliment and augment the current data validation processes in order to ensure provider data accuracy. The Total Provider Management program (TPM) focuses on improving provider data quality and management. TPM will allow for automated provider data collection, organization, and validation. All data collected through the TPM technology will be automatically validated against external databases (such as the State Licensing Board and the Office of the Inspector General (OIG) Exclusion List), and will also be accompanied by the providers’ attestations to the accuracy of the submitted data. Data that are flagged as inaccurate or incomplete will be automatically omitted from L.A. Care’s systems to preserve the accuracy and integrity of the data that have already been collected and verified. Although TPM is a long-term solution that will be fully implemented in the future, L.A. Care continues to devote significant amounts of

resources to address the issue of data accuracy that is commonly experienced within the healthcare industry.

- L.A. Care continues to use LexisNexis to perform ongoing assessment of the accuracy of L.A. Care's provider directory and report results to L.A. Care on a monthly basis for follow-up and correction where applicable. A monthly process has been established which involves those L.A. Care functional areas responsible for provider data remediation and reporting.
- L.A. Care has established a multi-disciplinary team of employees dedicated to the development of strategies to improve and maintain the accuracy of provider directories across all lines of business.
- As a component of L.A. Care's PPG "onboarding" process, all new PPGs receive training on the importance of timely submission of physician changes/updates to L.A. Care and the correct method by which to submit these changes.
- L.A. Care has a quarterly network adequacy process which ensures L.A. Care is in compliance with Network Adequacy requirements. L.A. Care plans to ensure that the sub networks (PPG's, Plan Partners and Specialty Vendors) are monitored effectively for accuracy and completeness of their networks.
- L.A. Care has been effectively monitoring Plan Partners provider directories on a monthly basis for their availability and accessibility. L.A. Care applies the same benchmarks that are applied to L.A. Care's online and print directory requirements including those associated with the reporting of any inconsistencies.
- The organization is developing improved processes across business units to ensure that all reports of directory inaccuracies received from external or internal sources are investigated and any confirmed inaccuracies are corrected in an efficient and as specified by regulations.
- L.A. Care is building additional quality assurance checks to ensure the data received from sub networks (PPG's, Plan Partners and Specialty Vendors) is cross verified for redundancy and accuracy. Any identified issues are effectively remediated by internal business units responsible for oversight of sub network data integrity. This new effort will assist in ensuring LA Care Health Plan data is represented correctly in the regulatory reporting process.
- L.A. Care has effectively used Geographical Information Systems (GIS) to map all providers, claims and member locations across all lines of business to produce cross functional dashboards which are used in daily operations, monitoring and prospective planning.
- Currently L.A. Care Subject Matter Experts (SMEs) are working with State regulatory bodies (DMHC, DHCS & CHHS) to develop standards for provider data ingestion, maintenance, reporting and usage in all forms.

I. SYSTEMS OF CARE, ADMINISTRATIVE AND OTHER QI ACTIVITIES

L1 QI COMMITTEE SUMMARY

AUTHOR: MARLA LUBERT

REVIEWER: MARIA CASIAS, RN & JAMES KYLE, MD

L.A. Care's quality committees oversee various functions of the QI program. The activities of the quality committees were formally documented in transcribed minutes, which summarize each agenda item, the discussion, action taken, and follow-up required. Draft minutes of the prior meeting were reviewed and approved at the next meeting. Minutes were then signed and dated. Minutes were also reported to their respective Committee as required. All activities and associated discussion and documentation by the committee participants were considered confidential and abide with L.A. Care policies and procedures for written, verbal, and electronic communications. The committees serve as the primary mechanism for intradepartmental collaboration for the Quality Program.

Compliance and Quality Committee (C&Q)

The Compliance and Quality Committee (C&Q) is a subcommittee of the Board of Governors (BoG). The C&Q monitors quality activities and reports its findings to the BoG. The Compliance and Quality Committee is charged with reviewing the overall performance of L.A. Care's quality program and providing direction for action based upon findings to the BoG. The C&Q met six (6) times in 2019. The Compliance and Quality Committee reviewed and approved the 2019 QI and UM program descriptions, 2019 QI and UM work plans, quarterly QI work plan reports, and 2018 evaluations of the QI and UM programs. The Committee also reviewed periodic reports on quality activities including but not limited to monitoring quality activities of the delegated entities (delegates and Plan Partners).

Quality Oversight Committee

The Quality Oversight Committee (QOC) is a cross functional staff committee of L.A. Care which reports to the Board of Governors through the Compliance and Quality Committee. The QOC is charged with aligning organization-wide quality improvement goals and efforts prior to program implementation and overseeing the analysis and evaluation for the QI program, assess the results, and monitoring the overall performance of L.A. Care's quality improvement infrastructure. The QOC met five (5) times in 2019. The Quality Oversight Committee conducted the following activities:

- Made recommendations to the 2019 QI Program Structure and Operations
- Reviewed current projects and performance improvement activities to ensure appropriate collaboration and minimize duplication of efforts.
- Conducted as well as reviewed quantitative and qualitative analysis of performance data of reports and subcommittee reports.
- Identified opportunities for improvement based on analysis of performance data.
- Tracked and trended quality measures through quarterly updates of the QI work plan and other reports.
- Reviewed and made recommendations regarding quality delegated oversight activities such as reporting requirements on a quarterly basis.
- Reviewed, modified, and approved policies and procedures.
- Reviewed and approved the 2019 QI and UM program descriptions, 2019 QI and UM work plans, quarterly QI work plan reports, and 2018 evaluations of the QI and UM programs.
- Reviews the analysis and evaluation of QI activities of other QI committees and/or staff.

Joint Performance Improvement Collaborative Committee (PICC) and Physician Quality Committee (PQC)

The Joint Performance and Improvement Collaborative Committee (PICC) and Physician Quality Committee (PQC) membership includes Plan Partners, Provider Groups, and practitioner participation in the QI program through planning, design, and review of programs, quality improvement activities and interventions designed to improve performance. The committee provides an opportunity to dialogue with the provider community and gather feedback on clinical and administrative initiatives. The committee also provides an opportunity to improve collaboration between L.A. Care and delegated Plan Partners/Provider Groups and practitioners by providing a platform to discuss reports, assess current interventions in place, and propose new interventions to improve HEDIS and CAHPS results and other measures as defined. The Joint Performance and Improvement Collaborative Committee (PICC) and Physician Quality Committee (PQC) reports to the Quality Oversight Committee.

The Joint PICC and PQC met four (4) times in 2019. The Joint PICC and PQC contributions in 2019 included:

- Made recommendations to L.A. Care about barriers and causal analysis relating to quality improvement activities and administrative initiatives.
- Reviewed and approved updated clinical practice and preventive health guidelines.
- Provided input and made recommendations to L.A. Care's Quality Oversight Committee (QOC) on policy decisions, as well as quality and service improvements.
- Discussed clinical report results and how to improve results based on their practice and experience with L.A. Care membership.
- Provided feedback and recommendations regarding the Behavioral Health program.
- Reviewed the 2018 QI Evaluation
- Made recommendations to the 2019 QI Program Structure and Operations

Utilization Management Committee

The Utilization Management Committee (UMC) is responsible for overall direction and development of strategies to manage the UM Program. The UM Program seeks to provide a consistent delivery framework of appropriate and quality healthcare services to our members. Activities of the UM Program includes ensuring direct referrals, authorizations, concurrent review, retrospective review, discharge planning and transition of care are timely and in accordance with regulatory and accreditation requirements. The Committee meets on a quarterly basis every year; by the end of 2019, the Committee will have met a total of four (4) times. During these meetings, the UM Committee assesses the utilization of medical services amongst our PPGs and Plan Partners, which aids in making recommendations regarding UM program activities. The UMC is also responsible for the review, revision and approval of all policies and procedures, program descriptions, and program evaluations for departments that fall under Health Services, which include, but are not limited to Utilization Management, Care Management, Behavioral Health, Pharmacy and Formulary, Clinical Assurance, and Delegation Oversight.

Credentialing/Peer Review Committee

The Credentialing/Peer Review Committee is responsible for credentialing, recredentialing, peer review assessments and actions to improve the quality of care and demonstrated appropriate follow-up on all findings. The Committee met 10 times in 2019. Facility Site Reports and Fraud, Waste & Abuse reports were also included in order to coordinate these findings with Peer Review and credentialing. Policies and Procedures pertinent to this committee and department were updated as per appropriate changes in the industry, reviewed and approved.

Pharmacy Quality Oversight Committee (PQOC)

The PQOC Committee is responsible for oversight of the P&T process administered by the existing Pharmacy Benefit Manager (PBM) and review new medical technologies or new applications of existing technologies. This is for all L.A. Care direct lines of business. The PQOC's role is to review and evaluate drugs and drug therapies to be added to, or deleted from, the formulary and to review new medical technologies or new applications of existing technologies and recommend for benefit coverage, based on medical necessity.

Additionally, the PQOC provides a peer review forum for L.A. Care's clinical policies, provider communication strategies, pharmaceutical quality programs/outcomes, and specialty drug distribution options.

This Committee met four (4) times in 2019 and conducted the following activities:

Oversight/Advisory of PBM Vendor

- Review newly marketed drugs for potential placement on the formulary.
- Provides input on new drug products to Navitus P&T.
 - L.A. Care has the ability to overrule a Navitus P&T formulary and/or utilization control decision when required by regulation or unique member characteristics in the health plan.
- Develop protocols and procedures for the use, of and access to, non-formulary drug products.

L.A. Care Strategic and Administrative Operations

- Specialty pharmaceutical patient management and distribution strategies.
- Pharmaceutical care program selection and evaluation.
- Develop, implement and review policies and procedures that will advance the goals of improving pharmaceutical care and care outcomes.
- Serve the health plan in an advisory capacity in matters of medication therapy.
- Recommend disease state management or treatment guidelines for specific diseases or conditions. These guidelines are a recommended series of actions, including drug therapies, concerning specific clinical conditions.

Member Quality Service Committee (MQSC)

The Member Quality Service Committee (MQSC) is responsible for improving and maintaining the L.A. Care member experience for all product lines. This Committee met six (6) times in 2019. The committee reviewed analysis the following sources to identify opportunities for improvement in member satisfaction as identified in the following: Member Satisfaction Surveys, Member Retention Reports, Access & Availability Surveys, Grievances & Appeals Data, and Interface of Provider Satisfaction with Member Satisfaction. The committee also acts as a Steering Committee for member quality service issues.

QI Steering Committee:

The Quality Improvement Steering Committee (QISC) is established by the authority of the L.A. Care Quality Oversight Committee (QOC) and through this Committee to the Compliance and Quality Committee (C&Q) then to the Board of Governors (BoG). This Committee is a collaborative workgroup that engages business units from multiple departments across the organization that are involved in improvement of care, services, and provider and member satisfaction. This committee met six (6) times in 2019.

The objective of the QI Steering Committee is to establish a formal process for providing oversight and strategic guidance to individual QI workgroups. The committee serves as a platform for workgroup leads to present current and prospective initiatives/interventions for approval as well as provide updates regarding workgroup activities. In addition, the QI Steering Committee promotes inter-departmental coordination and alignment of L.A. Care's member and provider initiatives.

Behavioral Health Quality Improvement Committee

The Behavioral Health Quality Improvement Committee (BHQIC) is responsible for developing, implementing and monitoring interventions based on the analysis of collected data to result in improvement in continuity and coordination of medical and behavioral health care (for mental health and substance use disorders). L.A. Care's behavioral health services for PASC-SEIU Home Workers, Cal MediConnect, L.A. Care Covered, and Medi-Cal members are provided through an NCQA accredited Managed Behavioral Health Organization (MBHO). This committee met four (4) times in 2019. The Committee performed substantive review and analysis of quarterly reports from the MBHO; assessed exchange of information between BHPs and PCPs, assessed appropriate diagnosis, treatment and referral of behavioral health disorders commonly seen in primary care settings, assessed appropriate use of psychopharmacological medications and consistent guidelines for prescribing by behavioral and medical practitioners. Using quantitative data and causal analysis, L.A. Care and MBHO identified and took action on areas of opportunity annually.

L.A. Care is collaboratively working with the MBHO as well as the County Department of Mental health (DMH) and Department of Public Health/Substance Abuse Prevention & Control (SAPC) to conduct interventions to improve coordination of behavioral healthcare and physical health care providers. Additionally, the committee reviews appeal and grievance data in order to identify any barriers to care and address them as soon as possible. The BHQIC also reviews and contributes to relevant HEDIS measures. L.A. Care identified an opportunity to improve the Behavioral Health Quality Improvement Committee; therefore, enhanced the committee membership to include practitioners from the Los Angeles County DMH, SAPC, the UCLA Integrated Substance Abuse Program (UCLA ISAP), and Participating Provider Groups (PPGs). With the addition of the Autism Spectrum Disorder (ASD) Treatment Benefits to the health plans, L.A. Care has added a Manager for ASD to the Behavioral Health Department Leadership Team.

Continuing Medical Education Committee

The Continuing Medical Education (CME) Committee develops, implements, and evaluates L.A. Care's CME program and oversees the (re)application process for maintaining CME accreditation status. The Continuing Medical Education Committee reviews CME applications, policies and procedures, and receives pertinent updates from the Institute for Medical Quality as necessary. The Continuing Medical Education Committee convene on a quarterly basis through in-person with teleconference communication capability. When applicable, the reports of these communications are provided to the QOC and Board of Governors.

I.2 NATIONAL COMMITTEE FOR QUALITY ASSURANCE (NCQA) HEALTH PLAN ACCREDITATION SCORE

AUTHOR: ANNETTE GARCIA & JENNY LI, MPH

REVIEWER: MARIA CASIAS, RN & JAMES KYLE, MD

The National Committee for Quality Assurance Health Plan Accreditation is considered the gold standard in the health care industry that demonstrates a plan's commitment to providing quality healthcare and accountability. L.A. Care achieved its first 3-year Health Plan Accreditation for the Medi-Cal product line in July 2008 and then in July 2011, July 2014 and again in April 2017. L.A. In 2014, L.A. Care Covered (LACC) product line first achieved accreditation as an add on. In 2017, Cal MediConnect (CMC) product line was also successfully accredited through L.A. Care's efforts. Currently, L.A. Care is preparing for its fifth Health Plan Accreditation re-survey scheduled for April 2020 for all three lines of business: Medi-Cal, LACC, and Cal MediConnect.

NCQA publicly reports an annual summarized plan performance for L.A. Care's Medi-Cal and Cal MediConnect plans based on its latest score for Health Plan Standards and the current year's HEDIS and CAHPS reported rates. L.A. Care's L.A. Care Covered plan is scored solely on Health Plan Standards and therefore does not receive an annual summarized plan performance report, because NCQA does not score Marketplace Plans on HEDIS or CAHPS, this is the highest accreditation status possible for L.A. Care Covered. The following report lists the accreditation type, accreditation expiration date, date of next review and accreditation in a report card that is also available on the NCQA website. This report card provides a summary of overall plan performance Based out of 100 total accreditation points which is comprised of Standards and Total HEDIS and CAHPS scores.

Medi-Cal

Accreditation Summary Report

For the first time in 2019, NCQA notified health plans of a second update to the Annual HEDIS Accreditation Summary Report to reflect changes to the stars and star category points. Between the release of the summary report in 8/30/2019 and 9/13/2019, the number of stars for LA Care in each area stayed the same but the points were adjusted accordingly (see highlighted numbers for changes). Note that the accreditation status, accreditation score and HEDIS/CAHPS score on the report did not changed.

Accreditation Summary Report

9/13/2019

Org Name: Local Initiative Health Authority, dba L.A. Care Health Plan

Accred Code: CA05205

Last HEDIS® Review Based on HEDIS® 2019

Product Line : Medicaid HMO

Accreditation Status : Commendable

CAHPS Used : Child-CCC

Last Survey Date : 4/4/2017

Effective Date : 8/31/2018

	Points	Number of Stars
Access & Service	84.4	3
Getting Better	55.7	1
Living with Illness	73.7	2
Quality Providers	92.8	4
Staying Healthy	88.5	3

*** Standards Scores :** 49.4655

***EOC Score :** 24.9797

CAHPS Score : 7.6514

***Total HEDIS® Score :** 32.6312

Total Score : 82.0966

Next HEDIS® Review Based on HEDIS® 2020

Standards Score Expiration : 6/8/2020

Accreditation Scores

The following tables are the 2018 and 2019 NCQA Accreditation Scores/Status for the Medi-Cal HMO plan. The total score is based on the combined allocated points for the Standards, HEDIS rates and CAHPS results (see the Scoring Chart below). The plan achieved a 80.95 score in the 2018 Accreditation cycle and an 82.09 score in the 2019 NCQA calculated score. The variance is the amount of points needed to achieve the total available points for that category.

	2019 Scoring		
	Available Points	L.A. Care Score	Variance
Standards	50.00	49.47	0.54
HEDIS	37.00	24.98	12.02
CAHPS	13.00	7.65	5.35
TOTAL	100.00	82.09	17.91
Accreditation Status:	Commendable		

The variance between the two accreditation scores is an increase of 1.14 points from 2018 to 2019.

2019 Score	2018 Score	Variance
82.09	80.95	1.14

Cal MediConnect

Accreditation Summary Report

Accreditation Summary Report

11/25/2019

Org Name: Local Initiative Health Authority, dba L.A. Care Health Plan
Accred Code: CA05205
 Last HEDIS® Review Based on HEDIS® 2019

Product Line : Medicare HMO **Accreditation Status :** Accredited
CAHPS Used : Adult
Last Survey Date : 4/4/2017 **Effective Date :** 10/27/2017

	Points	Number of Stars
Access & Service	88.1	3
Getting Better	89.3	3
Living with Illness	61.8	1
Quality Providers	79.6	2
Staying Healthy	49.3	0

*** Standards Scores :** 49.4655
***EOC Score :** 19.7010
CAHPS Score : 6.2400
***Total HEDIS® Score :** 25.9410
Total Score : 75.4065

Next HEDIS® Review Based on HEDIS® 2020

Standards Score Expiration : 6/8/2020

Accreditation Scores

The following table is the 2019 NCQA Accreditation Scores/Status for the Cal MediConnect plan. The total score is based on the combined allocated points for the Standards, HEDIS rates and CAHPS results (see the Scoring Chart below). The plan achieved a total score of 68.83 in the 2018 NCQA calculated score and 75.41 in the 2019 NCQA score. The variance is the amount of points needed to achieve the total available points for that category.

2019 Scoring			
	Available Points	L.A. Care Score	Variance
Standards	50.00	49.46	0.54
HEDIS	37.00	19.70	17.30
CAHPS	13.00	6.24	6.76
TOTAL	100.00	75.40	24.60
Accreditation Status:		Accredited	

The variance between the two accreditation scores is an increase of 6.57 points from 2018 to 2019.

2019 Score	2018 Score
75.40	68.83

L.A. Care Covered

Accreditation Scores

The following table is the 2017 NCQA Accreditation Scores/Status for the L.A. Care Covered plan. The total score for the Marketplace product line is based on the Standards points *only* (see the Scoring Chart below). For this reason, NCQA does not distribute an Annual NCQA Summary Report for Marketplace plans. L.A. Care Covered achieved a score of 49.61 points on the standards in April 2017. New L.A. Care Scores will be available in 2020. The variance is the amount of points needed to achieve the total available points for that category.

Target date for 2020 NCQA Accreditation Scores/Status is July 2020.

2017 Scoring			
	Available Points	L.A. Care Score	Variance
Standards	50.00	49.61	0.39
HEDIS	NA	NA	NA
CAHPS	NA	NA	NA
TOTAL	50.00	49.61	0.39
Accreditation Status:	Accredited		

Accreditation Status

L.A. Care Covered is currently at the Accredited Status. Because NCQA does not score Marketplace Plans on HEDIS or CAHPS, this is the highest accreditation status possible for L.A. Care Covered.

The current statuses for all three lines of business are valid through June 2020. The next onsite review will be in April 2020. L.A. Care will also be submitting the three lines of business for Renewal Accreditation in April 2020.

NCQA Scoring, Accreditation Statuses and Report Cards

Currently, NCQA has two major ways people can identify high quality health plans: Health Plan Accreditation and Health Plan Ratings. The scoring methodology and reports for Health Plan Ratings and in Accreditation statuses are different and proved difficult for consumers to utilize. With feedback from Health Plans and the public, NCQA has decided that producing one source of authority on how plans perform would be the best solution.

Therefore, beginning with Health Plan Accreditation 2020 and the 2020 HEDIS reporting year, Health Plan Ratings and Accreditation will align. This will improve consistency between Health Plan Ratings and Accreditation and will simplify the scoring methodology for Accreditation. As a result, NCQA is eliminating the Excellent and Commendable status levels and will instead use the Health Plan Ratings to distinguish quality. In addition, starting with Health Plan Accreditation the 2020 standards, NCQA will

review and score certain elements by product line. NCQA will report scores for standards by product line instead of averaged across product lines.

Prior to the 2020 standards year, 50 percent of the points organizations earn toward Accreditation was based on standards (processes, policies and procedures) and 50 percent was based on measures (HEDIS®/CAHPS® reporting). Plans will still be evaluated based on standards and HEDIS/CAHPS reporting but starting in 2020, to earn Accreditation, plans must:

- Meet at least 80% of applicable points in each standards category.
- Submit HEDIS/CAHPS reporting during the reporting period after their first full year of Accreditation.
- Submit HEDIS/CAHPS annually thereafter.

NCQA is also moving from a numeric rating (1–5) to a “star” rating system (1–5 stars). Ratings will be released in September of each year, starting with September 2020 (using the June 2020 HEDIS data). NCQA did an analysis of current statuses compared to projected future scores. The comparison is roughly as follows:

Current Status	Projected Stars
Excellent	4.5-5.0
Commendable	3.5-4.0
Accredited	2.5-3.0
Provisional	1.0-2.0

The infographic is split into two vertical panels. The left panel, titled 'TODAY', shows that plans earn statuses like 'Excellent', 'Commendable', and 'Accredited' which are not clear to the public. It displays three 'ACCREDITED' seals with 'EXCELLENT', 'COMMENDABLE', and 'ACCREDITED' labels below them. A table below explains what these mean in terms of points: Excellent (90-100), Commendable (80-89.99), and Accredited (65-79.99). The right panel, titled '2020', shows that plans are accredited and earn a star rating based on HEDIS®/CAHPS® reporting. It displays three 'ACCREDITED' seals with star ratings below them: five stars, four stars and one half star, and three stars and one half star.

NCQA Distinction in Multicultural Health Care

Cultural competency is a necessary component of a high quality health care system. L.A. Care's Medi-Cal product was awarded with the National Committee for Quality Assurance (NCQA) Multicultural Health Care (MHC) Distinction for the first time in 2013. In 2015, Medi-Cal distinction was renewed and MHC distinction for L.A. Care Covered (LACC) was added. In 2017, L.A. Care's Medi-Cal and L.A. Care Covered were renewed and Cal MediConnect (CMC) was added. Based on the 2 year MHC survey cycle, L.A. Care's Medi-Cal, CMC, and LACC was surveyed and again received MHC distinction on March 25, 2019. The Distinction recognizes organizations as industry leaders that provide culturally and linguistically appropriate services while reducing health care disparities. This achievement is a testimony to L.A. Care's commitment and dedication to providing accessible, high quality multicultural health care to our diverse membership. As a result of this distinction, Covered California publically acknowledged L.A. Care as a leader in this area. The next renewal survey for MHC Distinction will take place in March 2021.

L3 COMMUNITY PARTNERSHIPS AND ENGAGEMENT

AUTHOR: BETTSY SANTANA, MPH

REVIEWER: MATTHEW PIRRITANO, PH. D, MARIA CASIAS, RN, & JAMES KYLE, MD

L.A. Care works with multiple national and local organizations with the aim of improving the health of our members and the community. The Quality Improvement (QI) department works with agencies that promote cancer screenings, immunizations, antibiotic stewardship, and cardiovascular care. These partnerships are important to the development of our interventions and to help us work more effectively at targeting common public health issues.

Since 2015, L.A. Care has worked with the American Cancer Society(ACS) on the development of materials and content on Cervical and Colorectal Cancer (COL) screenings, as well as promoting Human Papilloma Virus (HPV) Immunization among preteens. L.A Care has a Memorandum of Understanding for use of the American Cancer Society logo on member targeted materials. In 2019, the COL automated reminder calls included the ACS branding. In the future, L.A. Care plans to expand its collaborations to include cervical cancer and HPV cobranded materials.

To help promote immunizations, L.A. Care is part of several community advisory committees. L.A. Care is part of the Immunization Coalition of Los Angeles County (ICLAC). ICLAC is a community-based partnership of Los Angeles County hospitals, schools, clinics, health department programs, pharmacies, health plans, vaccine companies, and non-profit organizations with a mission to collaborate to improve access to the medically recommended immunizations for adults and adolescents, especially among groups at highest risk for vaccine preventable diseases in Los Angeles County. Thanks to this partnership, L.A. Care has been able to recruit speakers as part of its provider webinar series who spoke on the issue of vaccine hesitancy. QI staff also serve on ICLAC's Adolescent Work Group which is dedicated exclusively to improving vaccination rates among teens. L.A. Care also participates in the Los Angeles HPV Vaccine Coalition. The LA HPV Vaccine Coalition membership is composed of academic, non-profit immunization stakeholders and health plan organizations working exclusively on improving HPV vaccination rates. The lead of the Child and Adolescent work group has consulted with the group on developing social media messages. Finally, QI continues to participate in an advisory group led by the California Department of Public Health aimed at improving the use of the California Immunization Registry (CAIR) to help capture vaccinations. In 2019, we continued to collect CAIR IDs through outreach, and the QI department is considering develop an incentive for using CAIR.

L.A. Care continues to work on antibiotic stewardship with Physicians for a Healthy California, formerly known as the California Medical Association Foundation. Every year, L.A. Care helps identify high antibiotic prescribers and funds the distribution of toolkits to those providers in the winter. The toolkits include a compendium of appropriate antibiotic use as well as educational materials for patients. This is part of a statewide initiative and L.A. Care is one of several health plans that support the initiative through funding and promotion of the toolkit. A link to the toolkit can be found on our website in Provider tools and toolkits section. The toolkit is also listed in our Clinical Practice Guidelines.

L.A. Care joined the Target BP program sponsored by the American Heart Association (AHA) in 2018 and that partnership continues in 2019. As part of the Target BP program L.A. Care has pledge to help reduce blood pressure among its membership as well as provide blood pressure rates (HEDIS rates) to the AHA. L.A. Care added several of the AHA tools such as the blood pressure algorithm to its website. Blood pressure cuffs were also provided by AHA and QI is planning to give them to case management staff that go out and meet with patients in person at one of our community sites (i.e., Community Resource Centers).

QI, along with other departments, has been working with the Community Clinic Association of Los Angeles County (CCALAC) on provider education and intervention development. The QI team presented to the coalition this year to explain the pay for performance program, the new State Managed Care Accountability Set, as well as the importance of member experience. QI is also working with CCALAC to help identify clinics that need support on diabetes management. This would be a collaboration between the Health Education department and QI. Services would include nutrition counseling, and connecting members with a pharmacist to help with medication therapy management. Finally, QI is also planning on sharing more data on health disparities among our membership to help clinics focus on health disparities in their community. All these efforts are aimed at supporting and improving the health care of our members through trusted sources in their community.

LOOKING FORWARD

- Continue to share materials and resources from our partners and ensure usage and understanding of the materials
- Cobrand Cervical Cancer Screening reminders with ACS
- Sharing health disparity data with community partners
- Distribute blood pressure cuffs provided AHA to support community work

L4 PROVIDER SATISFACTION SURVEY

AUTHORS: ESTHER BAE, MPH

REVIEWERS: MARIA CASIAS, RN & JAMES KYLE, MD

BACKGROUND

L.A. Care conducts the Provider Satisfaction Survey (PSS) annually during the fall to four different types of providers: Primary Care Physicians (PCPs), Specialists (SCPs), Physicians in clinics, and Participating Physician Groups (PPGs, where many authorization decisions are delegated and made).

In 2018, L.A. Care conducted a comprehensive review of the survey instruments to better meet the various entities served by the PSS results and simplify the survey process. In addition, survey items from other departments such as Behavioral Health and Pharmacy services, were added. Due to this revamping and restructuring of the instruments, there are fewer possible direct year to year comparisons than in previous years. Items were trended where possible. We also added a net promoter question to calculate a Net Promoter Score (NPS) for each provider type. The score is used to gauge how likely the provider recommends a colleague to contract with L.A. Care.

This Narrative Summary describes how the current year's survey results compare with prior year's performance as rated by PCPs, SCPs, Clinics, and Participating Provider Groups. Information collected from these surveys allows the Plan to measure how well L.A. Care is meeting providers' expectations and needs. Results of the surveys are used to identify strengths and areas of improvement so that actionable interventions can be designed to improve the quality of programs and services.

Summary rates are calculated as the percent of respondents choosing "Very Satisfied" or "Satisfied" (collapsing variables with multiple responses into aggregate categories. For example, on a five point Likert scale the variables employed were: "Very Satisfied", "Satisfied", "Neither Satisfied nor Dissatisfied", "Dissatisfied", and "Very Dissatisfied." We total the "Very satisfied" and "Satisfied" responses.)

This summary report examines providers' overall level satisfaction with L.A. Care's Health Plan Programs, satisfaction with Utilization management processes that include pre-authorization, referral to mental health, and receiving timely clinical information reflect timeliness of members' appointments, and providers' feedback for health care services, and providers' overall level of satisfaction with L.A. Care's Care Management Program.

METHODOLOGY

PSS sampled Primary Care Physicians, Specialists, Clinics and Participating Provider Groups (PPGs) that are contracted with L.A. Care who serviced members for all lines of business in 2018.

SAMPLE DESIGN AND RESPONSE RATES

Exhibit 1. below compares the sample sizes, completed responses and response rates between PSS 2017 and PSS 2018. PSS 2018 has a larger sample size, more completed responses and a higher overall response rate.

Note that ineligible surveys (not shown) were removed from the sample sizes as the denominators. The overall response rate is higher in 2018 than in 2017.

Exhibit 1.

Provider Type	Sample size 2018	Completes 2018	Response Rate 2018	Sample size 2017	Completes 2017	Response Rate 2017
PCP	1,700	782	48.5%	1,349	654	50.5%
SCP	2,000	565	32.3%	1,851	412	23.9%
Clinic	189	65	34.6%	75	29	39.2%
PPG	35	11	31.4%	67	24	38.1%
Total	3,924	1,423	39.7%	3,342	1,119	35.4%

PROVIDERS’ OVERALL SATISFACTION WITH L.A. CARE

PCPs and Clinic administrators had the highest satisfaction, 86.1% and 89.2%, respectively. Specialists (SCPs) were less satisfied with 77.4%, and PPG administrators were least satisfied at 72.7%.

Year-over-year trending did not show significant change. Satisfaction summary rate scores increased by 1.8 % for PCPs, increased by 1.6% for Specialists and overall satisfaction rose 3.5% for Clinic respondents. None of the increase was statistically significant. PPGs satisfaction increased dramatically by 25.6% (from 47.1% in 2017 to 72.7% in 2018). Despite the jump the increase was not statistically significant due to small sample sizes of PPG providers in both years.

Exhibit. 2. Overall Satisfaction – 3 Year Trend

L.A. Care’s managed care programs	2018	2017	2016
PCP	86.1%	84.3%	85.4%
SCP	77.4%	75.8%	86.0%
Clinic	89.2%	85.7%	95.5%
PPG	72.7%	47.1%	77.8%

PROVIDERS’ SATISFACTION WITH UTILIZATION MANAGEMENT (UM) PROCESSES

In 2018 PCPs’ satisfaction with UM processes was 79.7% compared to 83.7% in 2017. SCs increased by 1.1% from 72.9% in 2017 to 74.0% in 2018. Clinics UM satisfaction increased markedly, by 10.2%, from 76.9% in 2017 to 87.1% in 2018. PPGs reported 55.6% based on only 9 responses in 2018, compared to 40.0% from PSS 2017.

Exhibit. 3. Satisfaction of UM Processes – 3 Year Trend

L.A. Care’s UM processes	2018	2017	2016
PCP	79.7%	83.7%	84.2%
SCP	74.0%	72.9%	85.2%
Clinic	87.1%	76.9%	90.0%
PPG	55.6%	40.0%	58.8%

PROVIDERS’ OVERALL OF SATISFACTION WITH L.A. CARE’S CARE MANAGEMENT PROGRAM

In PSS 2018 we consolidate the four survey instruments utilized in prior years into two instruments. PCPs and SCs were asked about their satisfaction with respect to complex care management, whereas Clinics and PPGs were asked about care management satisfaction. Complex care management is a new question, whereas care management satisfaction is not. Consequently, satisfaction with care management can be trended for Clinics and PPGs only. Care management satisfaction for Clinics was 84.4%, compared to 62.5% in PSS 2017. PPGs scored at 80.0% albeit with only 5 responses. PPGs’ care management satisfaction in PSS 2017 was not reported.

PCPs and SCPs reported satisfaction of 88.7% and 89.4%, respectively, with L.A. Care’s Complex Care Management processes.

PROVIDERS’ SATISFACTION WITH PATIENTS’ ACCESS TO TIMELY AUTHORIZATIONS AND REFERRALS:

In 2017 the following survey items asked respondents’ agreement with the statement; whereas in 2018 the respondents were asked about their satisfaction with the statement. Consequently, the 2-sample test for equality of proportions with continuity correction is no longer valid and is not carried out here.

- Timeliness of pre-authorization process
 - 1) PCPs’ satisfaction increased from 79.4% (n = 563) in 2017 to 84.3% (n=662) in 2018.
 - 2) SCPs’ satisfaction increased from 71.6% (n = 327) in 2017 to 75.5% (n = 372) in 2018.

- Clinically reasonable decisions resulting from the pre-authorization process
 - 1) PCPs’ satisfaction increased from 78.5% (n=562) in 2017 to 84.0% (n=658) in 2018 for PCPs.
 - 2) For SCPs, the satisfaction increased from 71.4% (n=318) in 2017 to 76.7% (n=374) in 2018.

- Specialty Referrals
 - 1) PCPs’ satisfaction increased from 68.0% (n=562) in 2017 to 73.3% (n=662) in 2018.
 - 2) SCPs’ satisfaction increased from 67.2% (n=317) in 2017 to 77.8% (n=374) in 2018.

PCP Summary Rates – Access to Care 3 Year Trend

	2018	2017	2016
Urgent Care	86.8%	86.4%	86.0%
Non-urgent primary care	87.4%	87.9%	89.3%
Non-urgent specialty care	78.5%	79.4%	82.9%
Non-urgent ancillary diagnostic and treatment services	31.1%	84.1%	87.4%

SCP Summary Rates - Access to Care 3 Year Trend

	2018	2017	2016
Urgent Care	78.5%	73.3%	83.1%
Non-urgent primary care	79.3%	74.3%	84.1%
Non-urgent specialty care	75.4%	71.18%	87.4%
Non-urgent ancillary diagnostic and treatment services	74.7%	68.1%	87.6%

BEHAVIORAL HEALTH

In PSS 2018 PCPs were asked to rate the feedback by Beacon (BH providers) and the Department of Mental Health (DMH) providers. These question are new and they use a *Never-Sometimes-Usually-Always* scale. We combine response Always and Usually to arrive at the Exhibit. 4.

Exhibit. 4

PCP feedback about behavioral health care	Beacon providers	DMH providers
The feedback was sufficient	64.9%	62.7%
The feedback was timely	64.9%	62.7%
The feedback was accurate	70.3%	64.8%
The feedback was clear	72.8%	66.0%

PCPs rate the feedbacks from Beacon providers more favorable compared to DMH providers. When asked about the barriers to exchanging information with mental health providers – lack of responsiveness from MH providers (31.5%) was the primary barrier, followed by time limitations.

PCPs were also asked about behavioral providers’ screening processes. Of these three screenings, PCPs’ complete depression screening was at a higher rate at 93.3%, followed by Alcohol abuse at 73.6% and developmental screening (including autism) at only 67.9%. When asked about the barriers to mental health screenings, Exhibit. 5 gives a breakdown of the reasons.

Exhibit. 5

Reasons screening are not completed	Alcohol Abuse	Depression	Developmental
Not enough time in appointments	22.0%	24.4%	18.2%
Screening tools not embedded in Electronic Health Records (EHR)	22.7%	34.1%	26.7%
Patient Refusal	35.3%	24.4%	18.7%
Not a reimbursable service	12.0%	22.0%	7.0%
Other	40.0%	29.3%	50.3%

PRIORITY MATRICES

A Priority Matrix helps analyze a target measure affected by many elements of service. The objective of a Priority Matrix is to aid in identifying synergies – instances where an improvement in one measure lifts another separate measure.

The priority matrix consists of four quadrants populated by plotting the summary rates of measures on the x-axis against their correlations with a target measure on y-axis. Measures are reported in one of the four quadrants based on their satisfaction rate and their correlation with the target measure.

For PSS 2018 separate priority matrices were created on two unique survey instruments. Three matrices were created for PCPs and SCPs population: Overall Satisfaction; Utilization Management; and Provider Support Services. For Clinic and PPGs population, matrices were created for Overall Satisfaction, Utilization Management, and Provider Group Satisfaction.

The correlations of other survey measures were calculated to identify if the measures are related to overall satisfaction and utilization management satisfaction. Measures with a correlation coefficient greater than or equal to 0.5 are considered to have a high degree of correlation with overall satisfaction with L.A. Care’s managed care programs

In Priority matrix of Overall Satisfaction, the following ten measures were plotted

1. Urgent care access
2. Non-Urgent primary care access
3. Non-urgent specialty care access
4. Non-urgent ancillary care access
5. Overall Utilization Management
6. Complex Care Management process
7. Pharmacy Services
8. Drug Formulary
9. Overall claims payment
10. Overall communications

In Priority matrix of Utilization Management, the following six measures were plotted

1. Provider Group referral process
2. Timely decisions
3. Clinically reasonable decisions
4. Timely appointments from specialty referrals
5. Timely care from mental health referrals
6. Timely care from regional centers for development

In Priority matrix of Provider Support Service, the following seven measures were plotted

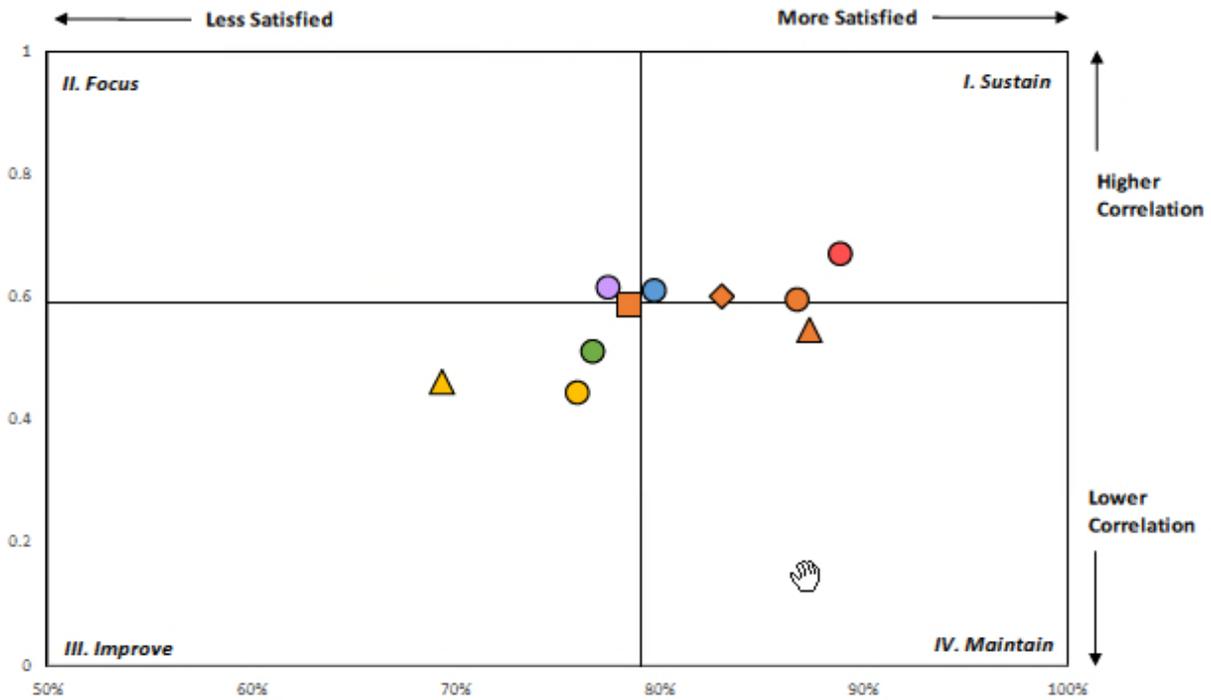
7. Customer service training
8. Interpretation service training
9. Disease Management
10. Pay-For-Performance Incentive Program
11. Quality Improvement
12. Member Services
13. Provider Portal

When a measure scores high and has high impact (higher than 50% correlation) with the target measure we use the term “Sustain,” indicating we are doing a great job; on the other hand, when a measure scores low and has high impact on the target measure we use the term “Focus” to bring it to our attention that if we can improve the score the target measure is likely to be improved as well.

For Overall Satisfaction the overall communications scored relatively low (based our threshold) and has higher than 70% of correlation with the Overall satisfaction. This gives us a direction to improve PCP and SCP satisfaction. While Utilization management, Drug formulary and pharmacy services measures had low correlation with the overall satisfaction they scored low and are the areas that we need to focus on.

We display the PCP Overall Satisfaction Priority Matrix in Exhibit. 6, PCP Utilization Priority Matrix in Exhibit. 7 and PCP Provider Support Service Priority Matrix in Exhibit. 8, below.

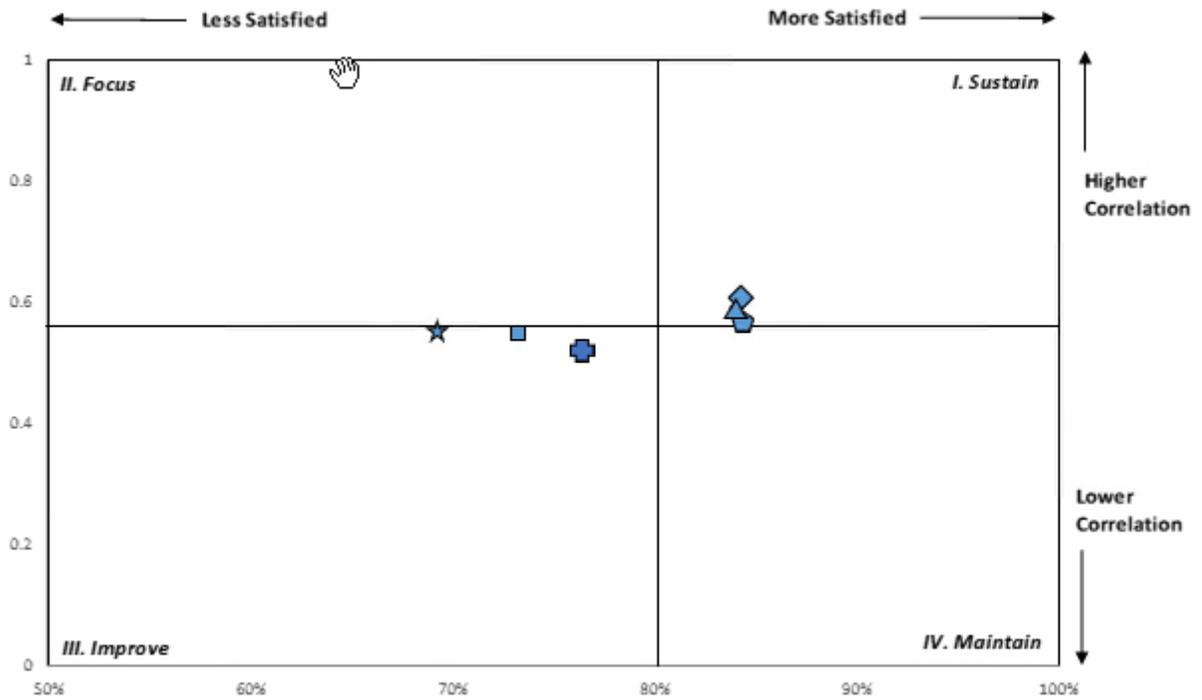
Exhibit. 6 PCP Overall Satisfaction Priority Matrix



Marker	Question	Measure	Summary Rate	Correlation	Quadrant
●	Q2a	Urgent care access	86.8%	0.596	I. Sustain
▲	Q2b	Non-urgent primary care access	87.4%	0.546	IV. Maintain
■	Q2c	Non-urgent specialty care access	78.5%	0.586	II. Focus
◆	Q2d	Non-urgent ancillary care access	83.1%	0.601	I. Sustain
●	Q4	Overall Utilization Management	79.7%	0.610	II. Focus
●	Q10a	Complex Care Management process	88.9%	0.671	I. Sustain
●	Q19	Pharmacy Services	75.0%	0.444	III. Improve
▲	Q20	Drug Formulary	69.3%	0.462	III. Improve
●	Q27c	Overall claims payment	75.8%	0.511	III. Improve
●	Q29	Overall communications	77.5%	0.615	II. Focus

For PCP Utilization Management measure, Timely appointments from specialty Referrals and Timely Care from Mental Health Referrals are two measures that scored (relatively) low and had higher than 80% of correlation with the UM measure (in the III. Improvement quadrant).

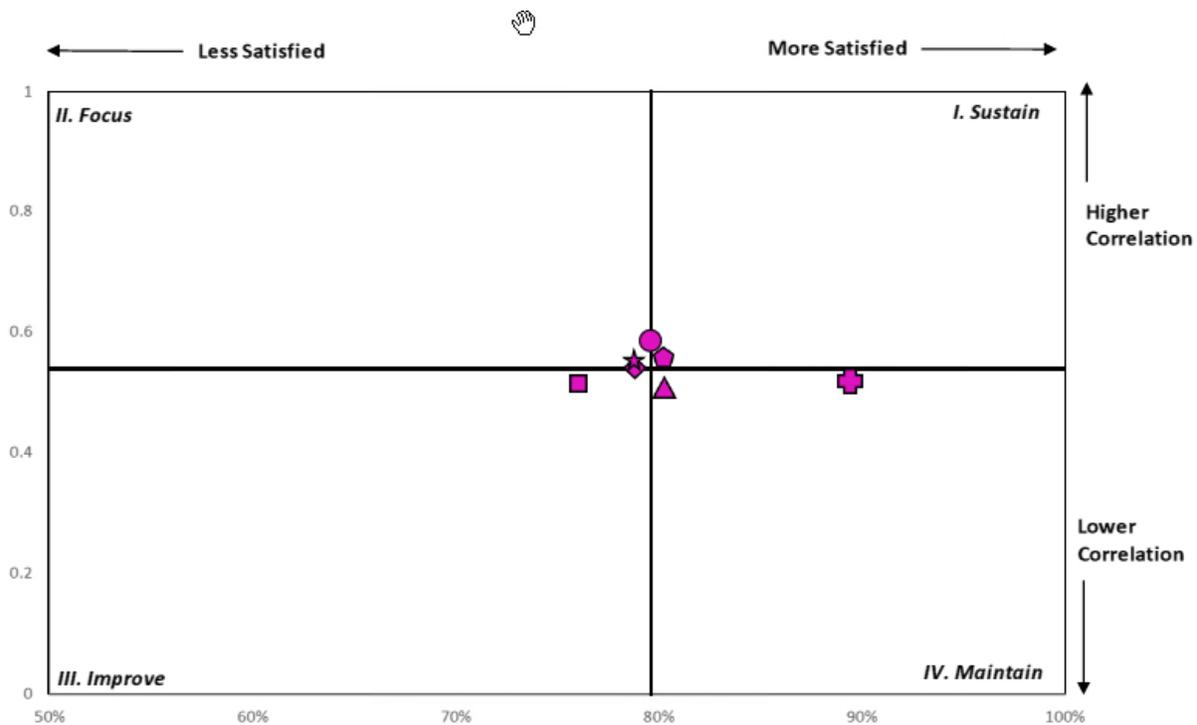
Exhibit. 7 PCP Utilization Management Priority Matrix



Marker	Question	Measure	Summary Rate	Correlation	Quadrant
⬠	Q6	Provider Group referral process	84.4%	0.569	I. Sustain
⬠	Q7a	Timely decisions	84.3%	0.610	I. Sustain
⬠	Q7b	Clinically reasonable decisions	84.0%	0.589	I. Sustain
⬠	Q7c	Timely appointments from specialty referral	73.3%	0.551	III. Improve
★	Q7d	Timely care from mental health referrals	69.3%	0.552	III. Improve
⬠	Q7e	Timely care from regional centers for devel	76.4%	0.521	III. Improve

For PCP Provider Support Services Priority Matrix, Timely appointments from specialty Referrals and Timely Care from Mental Health Referrals are two measures that scored (relatively) low and had high than 80% of correlation with the UM measure (in the III. Improvement quadrant).

Exhibit. 8 PCP Provider Support Services Priority Matrix



Marker	Question	Measure	Summary Rate	Correlation	Quadrant
◆	Q22a	Customer service training	80.2%	0.558	II. Focus
●	Q22b	Interpretation service training	78.9%	0.539	III. Improve
■	Q22c	Disease Management	80.3%	0.511	III. Improve
★	Q22d	Pay-For-Performance Incentive Programs	76.0%	0.515	III. Improve
▲	Q22e	Quality Improvement	78.9%	0.553	II. Focus
⬠	Q22f	Member Services	79.6%	0.586	II. Focus
■	Q24	Provider Portal	89.5%	0.519	IV. Maintain

SUMMARY

PSS 2018 has gone through some significant changes: the survey instruments were consolidated, new items were added and survey administration simplified and streamlines. However, core items such as overall satisfaction, provider satisfaction with respect to UM process and care management are kept for trending purposes.

As L.A. Care continues to closely monitor the responses and results from Provider Satisfaction Survey we will fine tune the survey instruments to not only meet the regulatory requirements but also to make the best use of survey to improve business processes and identify actionable interventions to improve provider satisfactions.

Ultimately we believe that satisfied providers are likely to provide quality services to members, consequently improving the Health Plan CAHPS satisfaction.

I.5 PROVIDER AND MEMBER INCENTIVE PROGRAMS

**AUTHORS: HENOCK SOLOMON, MPH, FAHREEN WAHID, MPH, NAOMI LIM, MPPA,
SAWYER DEITZ, MPH, ALICE DANG, MPH, & PATRICK CORNETT, MHA
REVIEWERS: MARIA CASIAS, RN & JAMES KYLE, MD**

PROVIDER INCENTIVES

L.A. Care's Quality Improvement (QI) Department operates pay-for-performance (P4P) incentive programs for providers designed to improve clinical quality as measured by Healthcare Effectiveness Data Information Set (HEDIS), member experience measured through the Clinicians and Groups Consumer Assessment of Healthcare Providers and Systems (CG CAHPS), access to care, auto-assignment, National Committee for Quality Assurance (NCQA) accreditation, and utilization management.

Incentive programs provide a highly visible platform to engage providers in quality improvement activities; increase provider accountability for performance; provide peer-group benchmarking and actionable performance reporting; and deliver value-based revenue tied to quality. Incentives for physicians, community clinics, provider groups, and health plan partners are aligned wherever possible so that L.A. Care's partners pursue common performance improvement priorities and goals. Additionally, these programs incorporate best practices of organizations that provide leadership at the local, state and national levels, including the Integrated Healthcare Organization (IHA), Department of Health Care Services (DHCS) and Centers for Medicare & Medicaid (CMS).

HEDIS performance in the P4P programs is based on administrative data, which includes the HEDIS measure's entire eligible population. Hybrid data, which is based on a smaller subset of the eligible population, is not utilized in the programs due to smaller denominators. Therefore, the P4P programs are designed to improve L.A. Care's administrative data capture via encounters and claims, labs, pharmacy and other allowable supplemental admin data sources.

PHYSICIAN PAY-FOR-PERFORMANCE (P4P) PROGRAM

2019 marked the ninth year of L.A. Care's Physician P4P Program, which targets high-volume solo and small group physicians (with 250+ Medi-Cal members) and community clinics (with 1,000+ Medi-Cal members). The Physician P4P Program provides performance reporting and financial rewards for practices serving Medi-Cal members, and represents an opportunity to receive significant revenue above capitation. Eligible providers receive annual incentive payments for outstanding performance and improvement on multiple HEDIS measures - fifteen were included in 2019, and auto-assignment measures were double-weighted (these have a greater role in determining physician and clinic performance scores and incentive payments). Final performance reports and incentive payments for the measurement year (MY) 2019 Physician P4P Program are scheduled for the 4th quarter of 2020.

Summary Statistics for the Physician P4P MY 2018 Payments

L.A. Care paid out \$21.1 million in incentive payments to 972 physicians and 66 community clinics for the MY 2018 Physician P4P Program. This accounts for the most providers that have been eligible, participated and earned an incentive payment in the program to date.

- Solo payments per member per month (PMPM): Minimum: \$0.00 Median: \$0.94 Maximum: \$3.42
- Clinic payments PMPM: Minimum: \$0.33 Median: \$1.21, Maximum: \$2.95

PHYSICIAN P4P PERFORMANCE TRENDS

1. Physician P4P Performance Score Trends

Solo practitioners and community clinics have been measured and scored on numerous HEDIS clinical quality measures over the years in the Physician P4P Program. For scoring reliability, providers are only scored on measures for which they hold sufficient membership, and a measure is scored if the provider has at least ten eligible members in the measure. Overall performance scores are assigned to providers if they have a minimum of three scored measures in the program year. Overall performance scores are an un-weighted average of all of a provider's scored measures and they can be interpreted as the proportion of the total possible points that were achieved.

a. Solo Physicians

Looking at the most recent three-year trends, the overall physician performance scores demonstrated some variation, increasing from MY 2016 to MY 2017 and declining from MY 2017 to MY 2018. Since the program's inception in 2011, the typical maximum performance score generally lands in the range of 95% - 100%. MY 2018's max score deviated slightly at 93.33%, however this was not a significant decline. The average (mean) and middle (median) performance scores between MY 2016 and MY 2018 showed a similar pattern of variation, again not significantly. Examining the mean and median scores for solo physicians from the program's inception, the scores range between 22%-33%, with fluctuation from year to year. There can be a number of reasons for this variation including changes in the underlying measures that providers are scored on, an increase in the number of providers that are new to the program, performance scores shifting around the changes in the measure thresholds and benchmarks, etc. Further analyses will need to be conducted to fully understand the impact of such factors.

SOLOS		MY2016	MY2017	MY2018
Performance Scores	Mean	30.24%	33.71%	28.61%
	Median	28.12%	30.00%	25.47%
	Max.	96.00%	97.50%	93.33%

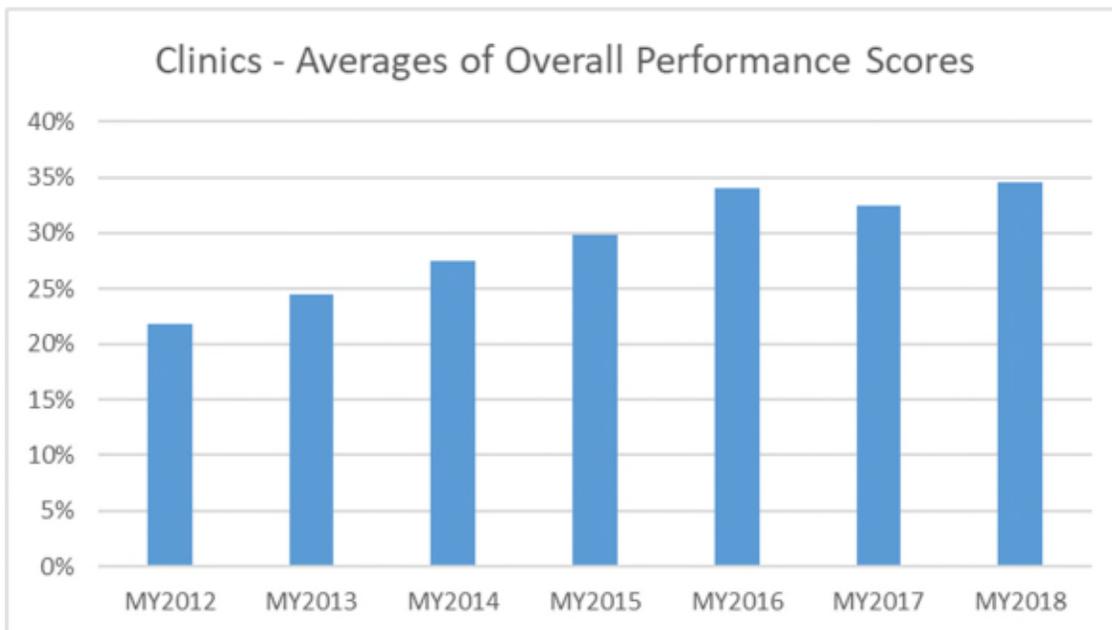
b. Community Clinics

The Physician P4P Program determines performance scores for community clinics at the clinic organization level, grouping clinic physicians with all of a clinic's locations. This ensures that community clinics are measured and rewarded for their total eligible L.A. Care membership, and that variability in reported provider-level performance is less of a factor in a clinic's overall results.

Looking at the most recent three-year trend, also with the same caveat that measures in the program change slightly from year-to-year, clinic performance scores have also varied. The mean and median scores slightly declined from MY 2016 to MY 2017, but then slightly increased from MY 2017 to MY 2018. The maximum performance scores showed significant increase from MY 2016/MY 2017 to MY 2018.

CLINICS		MY2016	MY2017	MY2018
Performance Scores	Mean	33.99%	32.51%	34.50%
	Median	35.00%	32.50%	32.75%
	Max.	63.33%	63.81%	80.50%

Looking at performance from the inception of the program, the Physician P4P Program has had a very positive impact on clinic performance, especially when observing how far they've come along from the beginning. The mean and median performance scores have gone from about 20% to 35%, demonstrating a 15 percentage point increase. The maximum performance scores have gone from about 45% to 80%, demonstrating a 35 percentage point increase. These results for clinics indicate that yearly improvements are shown to be significant over time. The graph below illustrates specifically how clinic organizations have improved throughout the years.



2. Physician P4P Measure Thresholds and Benchmarks Trends

Another form of performance measurement tracking is analyzing measure-specific trends. The Physician P4P program monitors and tracks network-wide performance across the HEDIS measures in the form of percentiles. The program utilizes the 50th percentile (threshold) and 95th percentile (benchmark) peer-group distributions for its scoring methodology. The program's goal is for the thresholds and benchmarks to make steady increases and get closer together over time as performance is driven upward.

There were fifteen common HEDIS measures that were used in the last three program years. In comparing the thresholds and benchmarks between MY 2016 to MY 2018, even though the changes were not statistically significant, the trend indicates that most measures showed improvements, with very few showing decreases. The test for statistical significance did not determine the year-to-year changes to be significant for most measures due to the smaller denominator sizes at the physician/clinic level. This trending data demonstrates that incremental improvements in the HEDIS rates show significant improvements over time. The P4P program, in conjunction with many other QI efforts (clinical initiatives, data capture improvements, provider trainings, etc.) has had a very positive effect on L.A. Care's HEDIS scores. The thresholds and benchmarks and network performance will continue to be monitored closely as the program evolves.

The below tables show the results for each measure. Green in the rate changes signifies an increase in the three-year time period. Red signifies a decrease.

a. Benchmarks - 95th percentile (upper end of goal range)

Out of the fifteen measures for which comparisons from MY 2016 to MY 2018 were possible, **12 (80%)** benchmarks increased, and **3 (20%)** benchmarks decreased.

Measure trends – Benchmarks (95th percentile):

Measure	Benchmark MY 2016	Benchmark MY 2017	Benchmark MY2018	Rate Change (MY 16-MY 18)
Appropriate Testing for Children with Pharyngitis (CWP)	79.52%	84.21%	87.01%	7.49%
Asthma Medication Ratio (AMR) - 5-64 years of age	83.33%	89.44%	82.22%	-1.11%
Avoidance of Antibiotic Treatment in Adults with Acute Bronchitis (AAB)	61.54%	62.90%	60.00%	-1.54%
Breast Cancer Screening (BCS)	78.71%	78.73%	80.00%	1.29%
Cervical Cancer Screening (CCS)	69.39%	70.00%	72.12%	2.73%
Childhood Immunization (CIS) - Combo 10	40.60%	44.74%	47.06%	6.46%
Chlamydia Screening in Women (CHL)	82.60%	85.71%	86.75%	4.15%
Comprehensive Diabetes Care (CDC)- Eye Exams	66.67%	74.19%	73.70%	7.03%
Comprehensive Diabetes Care (CDC) - HbA1c Control (<8%)	66.67%	66.92%	67.68%	1.01%
Comprehensive Diabetes Care (CDC) - HbA1c Screening	95.53%	96.09%	97.16%	1.63%
Immunizations for Adolescents (IMA) - Combo 2	47.65%	63.16%	63.36%	15.71%
Prenatal & Postpartum Care (PPC) - Postpartum Care	68.22%	72.65%	74.62%	6.40%
Prenatal & Postpartum Care (PPC) - Timeliness of Prenatal Care	85.35%	80.42%	83.33%	-2.02%
Weight Assessment & Counseling for Nutrition and Physical Activity for Children/Adolescents (WCC) - BMI	72.61%	82.10%	89.78%	17.17%
Well-Child Visits 3-6 Years of Life (W34)	85.21%	86.95%	86.67%	1.46%

b. Thresholds - 50th percentile (lower end of goal range)

Out of the fifteen measures for which comparisons from MY 2016 to MY 2018 were possible, all **15 (100%)** thresholds increased, and **0 (0%)** thresholds decreased.

Measure trends – Thresholds (50th percentile):

Measure	Threshold MY 2016	Threshold MY 2017	Threshold MY2018	Rate Change (MY 16-MY 18)
Appropriate Testing for Children with Pharyngitis (CWP)	18.07%	17.79%	21.05%	2.98%
Asthma Medication Ratio (AMR) - 5-64 years of age	53.33%	55.83%	57.14%	3.81%
Avoidance of Antibiotic Treatment in Adults with Acute Bronchitis (AAB)	27.27%	30.00%	30.67%	3.40%
Breast Cancer Screening (BCS)	53.85%	55.56%	57.50%	3.65%
Cervical Cancer Screening (CCS)	46.50%	48.26%	51.90%	5.40%
Childhood Immunization (CIS) - Combo 10	9.13%	11.76%	11.54%	2.41%
Chlamydia Screening in Women (CHL)	57.89%	59.09%	61.54%	3.65%
Comprehensive Diabetes Care (CDC)- Eye Exams	44.00%	50.00%	50.00%	6.00%
Comprehensive Diabetes Care (CDC) - HbA1c Control (<8%)	42.31%	43.75%	43.48%	1.17%
Comprehensive Diabetes Care (CDC) - HbA1c Screening	81.94%	83.33%	83.33%	1.39%
Immunizations for Adolescents (IMA) - Combo 2	15.38%	26.53%	27.27%	11.89%
Prenatal & Postpartum Care (PPC) - Postpartum Care	40.37%	42.86%	47.02%	6.65%
Prenatal & Postpartum Care (PPC) - Timeliness of Prenatal Care	60.00%	58.11%	63.46%	3.46%
Weight Assessment & Counseling for Nutrition and Physical Activity for Children/Adolescents (WCC) - BMI	12.50%	19.06%	28.72%	16.22%
Well-Child Visits 3-6 Years of Life (W34)	65.38%	67.61%	66.73%	1.35%

VALUE INITIATIVE FOR IPA PERFORMANCE

MEDI-CAL VIIP+PAY-FOR-PERFORMANCE (VIIP+P4P) PROGRAM

The Medi-Cal Value Initiative for IPA Performance (VIIP) was developed as a strategic tactic guided by L.A. Care's Enterprise Goal 2.2, "...quality performance in the provider network." Utilizing test data from 2013 and 2014, an interdisciplinary collaborative drafted the Measurement Year 2015/Report Year 2016 version of the scoring tool. Domains and measures were developed into separate scores using the CMS recommended methodology of the "Attainment Score," which is also used in the L.A. Care P4P/Incentives programs. Many domains and measures were tested including Pharmacy, Compliance and Network Adequacy.

After various iterations, the tool was finalized in February, 2016 with a final list of metrics selected for HEDIS, Member Experience with Clinical Groups, Utilization and Encounter Timeliness. An internal grid of "Additional Factors" was developed as well, which included pharmacy, financial stability, membership, responsiveness to compliance requests, and unique factors the IPA provides such as distinctive provider or specialty services or geographic coverage and a measure for responsiveness to L.A. Care. These additional factors will continue to be tested and considered as part of the overall view of IPA performance, and may be added to the tool in future program years.

In 2017, VIIP merged with P4P to align performance measurement and reporting, and to make the program stronger with value-based reimbursement. The new program, 'Medi-Cal VIIP+P4P', measures, reports, and provides financial rewards for provider group performance across multiple domains, including clinical quality, utilization, encounters and member experience. The goal of the program is to improve the quality of care for L.A. Care members by supporting the development of a robust network of high performing IPAs. The program utilizes the Attainment and Improvement scores for payment. Although the encounter volume gating methodology (encounter targets used to adjust incentive payments) was removed from the program, encounter data remains a vital component of the Medi-Cal VIIP+P4P program and is the basis of performance scoring and payments. Encounter volume was added as a measure in the Encounters domain of the program, which reinforces the organization's efforts to increase administrative data capture. The encounter volume metric measures an IPA's overall submission rates, adjusted for membership case-mix and utilizes observed rates vs. expected encounters.

Starting in 2017, the "Action Plan" process was developed by the VIIP Workgroup collaborative, which initially requested that all IPAs submit Specific, Measureable, Attainable, Relevant and Time-Bound (S.M.A.R.T.) Action Plan goals for improvement in each one of the Medi-Cal VIIP+P4P domains. The process has been enhanced to now focus on IPAs who are lower performing. In 2019, IPAs that had two or more domains that fell below the 25th percentile, were required to pick one of the lower performing domains to implement a performance improvement activity for. This action plan process helps keep the IPAs actively engaged with the VIIP+P4P program and with L.A. Care and plan partner staff, and therefore is a key component of the program.

The Medi-Cal VIIP+P4P program continued in 2018 and 2019, with targeted areas of enhancement. One key enhancement is L.A. Care's decision to unblind IPA rankings in VIIP so that everyone in the network gets to see who and how everyone is ranked. L.A. Care is highly in favor of this transparency step and think it will be a very positive motivator of behavior. The first time the VIIP rankings will be unblinded will occur when the Final Medi-Cal VIIP+P4P performance reports and incentive payments for the 2019 program are scheduled, 4th quarter of 2020.

Summary Statistics for the Medi-Cal VIIP+P4P MY 2018 Payments

L.A. Care paid out \$14.1 million in incentive payments to 53 eligible provider groups for the MY 2018 VIIP+P4P Program.

- **Provider group payments PMPM:** Minimum: \$0.21, Median: \$0.62, Maximum: \$1.89
 - The encounter volume data payment gate resulted in a total of \$798k left on the table by IPAs. Most groups met the highest level, with 19 out of the 53 (36%) groups having their incentive payment reduced for not meeting their highest level of encounter volume data targets. There were four levels of encounter submission targets, with each increasing level resulting in a higher proportion of the calculated incentive being retained. Below is a table representing the MY 2018 encounter gate results and how many groups fell in each level and the corresponding percent of incentive payment they retained.

Levels	IPA Counts	% of Incentive Retained
IPAs - level 1	34	100%
IPAs - level 2	8	85%
IPAs - level 3	6	75%
IPAs - level 4	5	50%

IPA Action Plan Engagement and Results

IPAs were highly encouraged to create Action Plan goals to support their quality improvement efforts and impact their Medi-Cal VIIP+P4P performance. L.A. Care created a S.M.A.R.T. goals worksheet to provide guidance and help IPAs develop their project improvement plans. 21 IPAs (inclusive of three sub-groups within Heritage) who fell below the 25th percentile in two or more domains were instructed to submit action plans three times during the year on one of their lower performing domains. Subject matter experts from both L.A. Care and its health plan partners provided feedback after each submission. Most provider groups submitted timely and sufficient action plan goals that met the S.M.A.R.T. criteria.

- **Action Plan Submission**
 - IPAs were asked to submit an Initial Action Plan (April 2019), Update Action Plan (August 2019) and Final Action Plan (December 2019) during the year.
 - Overall, Action Plan submission was successful with 86% of the IPAs submitting consistently during every cycle.
 - 18 groups submitted an Action Plan during each cycle.
 - 3 groups did not submit an Action Plan during any cycle.
- **Domains Selected**
 - IPAs were sent their two lowest performing domains and were asked to select one domain to implement at least one performance improvement activity for. Domain selection was spread across the board with the majority of IPAs choosing HEDIS and Member Experience.
 - 8 IPAs chose HEDIS
 - 6 IPAs chose Member Experience
 - 3 IPAs chose Encounters
 - 2 IPAs chose Utilization
- **Overall Results**
 - 9 out 18 (50%) of IPAs met their goal
 - HEDIS – 1 IPA met their goal
 - Member Experience – 5 IPAs met their goal

- Encounters – 2 IPAs met their goal
- Utilization – 1 IPA met their goal
- 9 out of 18 (50%) of IPAs did not meet their goal
 - HEDIS – 6 IPAs did not meet their goal
 - Member Experience – 1 IPA did not meet their goal
 - Encounters – 1 IPA did not meet their goal
 - Utilization – 1 IPA did not meet their goal
- **Action Plan Goal and Feedback Example**
 - **Example Goal:** “The goal is to reduce adult wait times from appointment time to seeing the provider by 10% by 12/13/19 for health centers participating in Wait Time Pilot”.
 - **Performance Improvement Activities:**
 - A Wait Time Pilot was launched on 8/29/19 to 5 health centers that included a Wait Time Survey to identify initiatives and barriers.
 - Two “Pilot Days” were held in September and November to set a baseline and track results.
 - **Example Feedback:** “Great work on this very detailed and ambitious Action Plan! We understand a lot of time and effort was put into achieving this goal. The wait time goal was revised, with average improvement being an impressive 29.73% (exceeding the goal). While the interventions may not all have had the expected outcomes, it's apparent that a lot was learned from the collaborative effort put into this pilot, which should be helpful in next year's goals and interventions. Suggestions for next year:
 - Collect data for an intervention across multiple days and with patient volumes (or other denominator) similar to the baseline.
 - We'd like to hear more about how you worked with the clinics, how you acquired their commitment to participate, and if you think the change is sustainable.”

Health Center	Clinic	Pilot Day 1 Appt to Dr Walk In Aver WT	Pilot Day 1 # Visits	Pilot Day 2 Appt to Dr Walk In Aver WT	Pilot Day 2 # Visits	WT Improvement	% Improvement
	Fair Oaks	0:20	8	0:20	35	0:00	0.00%
	Norwalk	1:02	50	0:27	30	0:35	55.45%
	Hollywood	0:33	50	0:30	23	0:03	9.09%
	Carson	0:44	17	0:29	15	0:15	34.09%
	Magnolia	0:30	6	0:27	16	0:03	10.00%
Overall Improvement:							29.73%

• Details of Interventions are available upon request. In general, the primary learnings from the Pilot were as follows:

1. Scrubbing charts 1 or 2 days before a visit was key to cutting down on wait times; however, it was time consuming for staff.
2. Increased staff communication on the status of the member and the provider was key for front office and MAs to reduce wait times.
3. "Main reason for visit" form was implemented; however, the time the provider spent with the patient increase, so this practice was discontinued.
4. Having other staff complete forms (disability, emotional support dog requests, etc.) decreased the time the provider spent with the patient.

16941250 | F 213.623.8606 | lacare.org



5. Having a focused QI committee and engaged CEO showed staff the health center was serious about reducing the wait times.
6. It is important to quickly retrain staff as errors are identified (double booking scheduling errors increased wait time).
7. Having needed vitals equipment readily available helped improve wait times.
8. Wait times were slowed down by MAs having to translate for the providers.
9. Having 2 MAs per provider - 1 stays with MD for translations, etc., 1 does vitals – keeps them on track.
10. Office manager educating patients with more complicated issues before seeing the provider, helps reduce time seen.
11. It is key for providers to be on time every day, prevents schedule backed up.
12. It was challenging to find a common baseline as each clinic had unique populations, different visit numbers and circumstances.
13. This pilot was a successful collaborative with all clinics sharing best practices and helping each other.

MEDI-CAL VIIP+P4P PERFORMANCE TRENDS

1. VIIP+P4P Performance Score Trends

IPAs and medical groups have been measured and scored on numerous industry standard metrics, including HEDIS clinical quality measures, member experience, encounter data, etc. For scoring reliability, provider groups are only scored on measures for which they hold sufficient membership. A measure is scored if the provider group has at least 30 eligible members in the measure. Domain scores are an un-weighted average of the scored measures within the domains. Overall performance scores are assigned to provider groups if they meet a minimum number of scored measures per domain and at least 2 scored domains overall. Final performance scores are given to the IPAs after weighting the domain scores and dividing the total achieved points out of the total possible points.

Looking at the most recent three-year trends, the overall IPA performance scores demonstrated some variation, increasing significantly from MY 2016 to MY 2017 and declining from MY 2017 to MY 2018. In MY 2017, 86% of IPAs improved their performance score from MY 2016, compared to only 12% improving their performance score in MY 2018 from MY 2017.

IPAs		MY2016	MY2017	MY2018
Performance Scores	Mean	31.56%	46.92%	29.54%
	Median	26.09%	48.58%	26.85%
	Max.	91.92%	90.12%	77.97%

Most of the decline in performance scores can be attributed to the significant changes in the scoring and performance measurement methodology that occurred in the VIIP program from MY 2017 to MY 2018. One, due to some concerns with DMHC methodology and measurement, the Access & Availability domain was removed in MY 2018. Access and Availability was the highest performing domain in MY 2017 for IPAs as well as the joint highest weighted domain.

Subsequently, the weighting of the remaining domains of HEDIS Clinical Quality, Member Experience, Utilization Management, and Encounters was adjusted to account for the removal of Access and Availability. HEDIS and in particular Member Experience had a higher proportion of the weighting than before. Secondly, CG-CAHPS scores plateaued a bit from MY 2017 to MY 2018, resulting in lower scores in that domain while at the same time being more heavily weighted than before.

Domains	Old Weighting	New Weighting
Access & Availability	25	
HEDIS	25	30
Member Experience	20	30
Utilization Management	15	20
Encounters	15	20
Total	100	100

Thirdly, analyses uncovered that there were lower scores in the encounter domain specifically due to plan partner delays in encounter timeliness and volume that impacted IPA encounter performance. Further, each year there are some changes within domain with the removal and addition of measures. For example, four HEDIS measures were dropped and three HEDIS measures were added. This can also be a contributing factor to the variation in overall performance scores from year-to-year as better scoring measures are

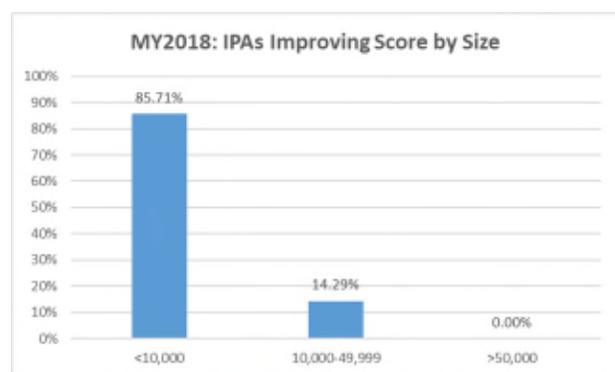
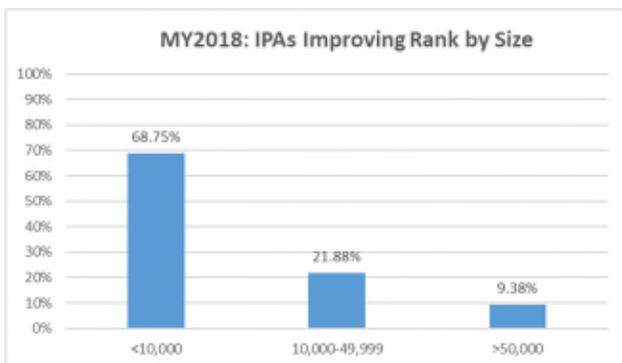
removed after topping out, and lower scoring measures are added in efforts to improve those specific measures. Additionally, analyses are being conducted to better understand how performance score changes shift around the changes in the measure threshold and benchmark targets, the influence of IPA membership size on performance, etc.

Although most performance scores for IPAs decreased from MY 2017 to MY 2018 as mentioned to the reasons above, there was an increase in the percentage of IPAs improving their ranks from 44.64% in MY 2017 to 55.17% in MY 2018.

Performance by IPA Membership Size

Preliminary analysis shows that in MY 2018, IPAs with fewer members were more successful at improving their score from the previous measurement year. Of the 7 IPAs improving their score in MY 2018, 85.71% had fewer than 10,000 members, while 14.29% had between 10,000 - 49,999 members. The median IPA size in MY 2018 was 9680 members.

In MY 2018, IPAs with fewer members were more successful at improving their rank from the previous measurement year as well. Of the 32 IPAs improving rank in MY 2018, 68.75% had fewer than 10,000 members, while 21.88% had between 10,000-49,999 members and 9.38% had >50,000 members.



2. VIIP+P4P Measure Thresholds and Benchmarks Trends

Another form of performance measurement tracking is analyzing measure-specific trends. The VIIP+P4P program monitors and tracks IPA network-wide performance across all of the four VIIP domains and measures in the form of percentiles. The program utilizes the 50th percentile (threshold) and 95th percentile (benchmark) peer-group distributions for its scoring methodology.

There were thirty-six common measures between the four VIIP domains that were used in the last three performance years. In comparing the thresholds and benchmarks between MY 2016 and MY 2018, the trend indicates that a number of measures showed statistically significant improvements, with very few showing significant decreases. This is a very positive outlook of the impact of the program as well as the many QI interventions on critical metrics for L.A. Care.

The below tables show the results for each domain and measure. Green in the rate changes signifies an increase in the three-year time period. Red signifies a decrease. Bolded measures indicate whether those changes were significant during this time period.

a. Benchmarks - 95th percentile (upper end of goal range)

Out of the thirty-six measures for which comparisons from MY 2016 to MY 2018 (MY2015 for Member Satisfaction) were possible, **27 (75%)** benchmarks increased, of which **17 (47%)** were statistically significant improvements. **9 (25%)** benchmarks decreased, of which only **4 (11%)** were significant declines.

Domains and Measure Results – Benchmarks (95th Percentile):

HEDIS Measures	Benchmark MY 2016	Benchmark MY 2017	Benchmark MY 2018	Rate Change (MY 16-MY 18)
Appropriate Testing for Children with Pharyngitis (CWP)	76.47%	78.38%	64.49%	-11.98%
Asthma Medication Ratio - 5-64 years of age (AMR)	81.58%	74.36%	80.00%	-1.58%
Avoidance of Antibiotic Treatment in Adults with Acute Bronchitis (AAB)	58.33%	43.55%	46.95%	-11.38%
Breast Cancer Screening (BCS)	77.14%	72.17%	75.00%	-2.14%
Cervical Cancer Screening (CCS)	72.73%	69.90%	70.63%	-2.10%
Childhood Immunization - Combo 10 (CIS)	41.01%	44.17%	49.10%	8.09%
Chlamydia Screening in Women (CHL)	73.83%	77.06%	77.25%	3.42%
Comprehensive Diabetes Care - Eye Exams (CDC)	54.35%	73.68%	78.06%	23.71%
Comprehensive Diabetes Care - HbA1c Control (<8%) (CDC)	56.94%	56.83%	53.85%	-3.09%
Comprehensive Diabetes Care - HbA1c Screening (CDC)	90.09%	93.37%	92.58%	2.49%
Immunizations for Adolescents - Combo 2 (IMA)	44.23%	55.61%	55.91%	11.68%
Prenatal & Postpartum Care - Postpartum Care (PPC)	72.09%	66.17%	67.44%	-4.65%
Prenatal & Postpartum Care - Timeliness of Prenatal Care (PPC)	80.00%	77.57%	80.41%	0.41%
Weight Assessment & Counseling for Nutrition and Physical Activity for Children/Adolescents - BMI-Total (WCC)	81.20%	84.43%	86.89%	5.69%
Well-Child Visits 3-6 Years of Life (W34)	79.73%	77.72%	77.28%	-2.45%

Member Satisfaction Measures	Benchmark MY 2015*	Benchmark MY 2017	Benchmark MY 2018	Rate Change (MY 15-MY 18)
Adult Coordination of Care Combined	60.80%	63.77%	61.97%	1.17%
Adult Doctor-Patient Interaction PCP	73.67%	78.88%	76.51%	2.84%
Adult Health Promotion Combined	52.58%	55.79%	54.67%	2.09%
Adult Office Staff Combined	69.99%	73.53%	73.82%	3.83%
Adult Rating of All Health Care Combined	70.74%	68.63%	70.83%	0.09%
Adult Rating of PCP	70.58%	76.75%	73.11%	2.53%
Adult Timely Care and Service for PCPs	47.59%	60.58%	59.41%	11.82%
Child Coordination of Care Combined	62.00%	71.65%	75.76%	13.76%
Child Doctor-Patient Interaction PCP	77.46%	81.60%	80.38%	2.92%
Child Health Promotion Combined	59.96%	76.73%	74.68%	14.72%
Child Office Staff Combined	71.52%	83.49%	82.48%	10.96%
Child Rating of All Health Care Combined	82.58%	84.78%	77.88%	-4.70%
Child Rating of PCP	81.54%	80.88%	80.35%	-1.19%
Child Timely Care and Service for PCPs	55.74%	78.16%	68.08%	12.34%

*The CG-CAHPS survey instrument was modified slightly between 2015-2017.

Utilization Management Measures	Benchmark MY 2016	Benchmark MY 2017	Benchmark MY 2018	Rate Change (MY 16-MY 18)
One Day Admissions	15.38%	14.13%	12.50%	-2.88%
Potentially Avoidable ER Visits	12.54%	11.46%	10.45%	-2.09%
Risk-Adjusted All-Cause Readmissions	6.03%	3.39%	3.08%	-2.95%
Risk-Adjusted Bed Days (/1000 members/Year)	91.15	71.26	51.57	-39.58
Risk-Adjusted Hospital Admission Rate (/1000 members/Year)	30.81	30.59	16.82	-13.99

*Lower is better for the Utilization Domain.

Encounter Measures	Benchmark MY 2016	Benchmark MY 2017	Benchmark MY 2018	Rate Change (MY 16-MY 18)
Encounters For MCLA	86.06%	91.64%	96.72%	10.66%
Encounters For Plan Partners	78.07%	86.55%	79.79%	1.72%

c. Thresholds - 50th percentile (lower end of goal range)

Out of the thirty-six measures for which comparisons from MY 2016 to MY 2018 were possible (MY2015 for Member Satisfaction), **31(86%)** thresholds increased, of which **12 (33%)** were statistically significant improvements. Only **5 (14%)** thresholds decreased, of which only **2 (6%)** significantly declined.

Domains and Measure Results – Thresholds (50th Percentile):

HEDIS Measures	Threshold MY 2016	Threshold MY 2017	Threshold MY 2018	Rate Change (MY 16-MY 18)
Appropriate Testing for Children with Pharyngitis (CWP)	21.51%	29.03%	26.55%	5.04%
Asthma Medication Ratio - 5-64 years of age (AMR)	52.09%	55.95%	57.25%	5.16%
Avoidance of Antibiotic Treatment in Adults with Acute Bronchitis (AAB)	28.33%	33.09%	33.22%	4.89%
Breast Cancer Screening (BCS)	55.70%	56.81%	59.72%	4.02%
Cervical Cancer Screening (CCS)	49.90%	51.91%	54.37%	4.47%
Childhood Immunization - Combo 10 (CIS)	14.24%	17.42%	15.26%	1.02%
Chlamydia Screening in Women (CHL)	57.78%	60.29%	61.81%	4.03%
Comprehensive Diabetes Care - Eye Exams (CDC)	43.50%	50.80%	48.82%	5.32%
Comprehensive Diabetes Care - HbA1c Control (<8%) (CDC)	42.58%	43.08%	41.18%	-1.40%
Comprehensive Diabetes Care - HbA1c Screening (CDC)	80.34%	82.81%	82.05%	1.71%
Immunizations for Adolescents - Combo 2 (IMA)	19.31%	30.34%	34.29%	14.98%
Prenatal & Postpartum Care - Postpartum Care (PPC)	38.89%	42.68%	44.63%	5.74%
Prenatal & Postpartum Care - Timeliness of Prenatal Care (PPC)	58.62%	57.99%	62.15%	3.53%
Weight Assessment & Counseling for Nutrition and Physical Activity for Children/Adolescents - BMI-Total (WCC)	21.84%	34.29%	39.61%	17.77%
Well-Child Visits 3-6 Years of Life (W34)	64.20%	67.21%	66.30%	2.10%

Member Satisfaction Measures	Threshold MY 2015*	Threshold MY 2017	Threshold MY 2018	Rate Change (MY 15-MY 18)
Adult Coordination of Care Combined	51.73%	53.95%	53.53%	1.80%
Adult Doctor-Patient Interaction PCP	64.00%	67.86%	66.69%	2.69%
Adult Health Promotion Combined	44.74%	46.26%	44.28%	-0.46%
Adult Office Staff Combined	60.92%	64.90%	64.23%	3.31%
Adult Rating of All Health Care Combined	58.95%	58.02%	60.24%	1.29%
Adult Rating of PCP	58.72%	59.90%	61.56%	2.84%
Adult Timely Care and Service for PCPs	39.31%	53.83%	52.80%	13.49%
Child Coordination of Care Combined	52.78%	63.67%	61.03%	8.25%
Child Doctor-Patient Interaction PCP	69.09%	72.98%	69.32%	0.23%
Child Health Promotion Combined	49.37%	63.77%	62.56%	13.19%
Child Office Staff Combined	59.66%	66.11%	66.83%	7.17%
Child Rating of All Health Care Combined	71.93%	73.41%	71.70%	-0.23%
Child Rating of PCP	65.87%	67.33%	68.84%	2.97%
Child Timely Care and Service for PCPs	45.70%	63.65%	61.17%	15.47%

*The CG-CAHPS survey instrument was modified slightly between 2015-2017.

Utilization Management Measures	Threshold MY 2016	Threshold MY 2017	Threshold MY 2018	Rate Change (MY 16-MY 18)
One Day Admissions	24.63%	27.57%	27.64%	3.01%
Potentially Avoidable ER Visits	15.33%	15.32%	16.76%	1.43%
Risk-Adjusted All-Cause Readmissions	13.36%	13.78%	12.46%	-0.90%
Risk-Adjusted Bed Days (/1000 members/Year)	218.58	225.14	124.23	-94.35
Risk-Adjusted Hospital Admission Rate (/1000 members/Year)	51.66	60.99	34.91	-16.75

*Lower is better for the Utilization Domain.

Encounter Measures	Threshold MY 2016	Threshold MY 2017	Threshold MY 2018	Rate Change (MY 16-MY 18)
Encounters For MCLA	74.48%	78.36%	87.56%	13.08%
Encounters For Plan Partners	54.86%	72.34%	61.75%	6.89%

VIIP EXPANSION

Due to the overwhelming success of the VIIP Program in Medi-Cal, L.A. Care decided to expand the program to its Cal MediConnect (CMC) and L.A. Care Covered (LACC) lines of business. In 2018, the VIIP Workgroup in collaboration with product line stakeholders, worked together to discuss and develop a set of metrics that are important and relevant to the CMC and LACC products to include in their pertaining VIIP programs.

CAL MEDICONNECT VIIP PROGRAM

L.A. Care launched the Cal MediConnect (CMC) Value Initiative for IPA Performance (VIIP) Program in 2018 to hold CMC participating provider groups accountable for member care using a multitude of industry standard metrics. The CMC VIIP Program measures and reports on provider group performance across six domains which include Care Management, Utilization, Encounters, HEDIS, Pharmacy and Member Experience.

A program description and baseline reports have been shared with 22 participating CMC provider groups for MY 2017 and 18 participating CMC provider groups in MY 2018. The aim is for incentive payments

to be tied to the CMC VIIP Program starting with MY 2020, RY 2021, utilizing funding from the CMS quality withhold payments.

L.A. CARE COVERED VIIP PROGRAM

L.A. Care launched the L.A. Care Covered (LACC) Value Initiative for IPA Performance (VIIP) in 2019 in collaboration with the Integrated Healthcare Association (IHA) to align IPA reimbursement with quality outcomes. IHA is a nonprofit organization that manages a state-wide value-based payment program, Align. Measure, Perform (AMP), and contracts with multiple provider groups and health plans. This partnership between L.A. Care and IHA supports data aggregation, standardized performance metrics and measurement design, public reporting and fulfills requirements related to L.A. Care's Covered CA contract. MY 2018, RY 2019 of the LACC VIIP Program is being used as a baseline year reporting-only with mock payment reports to display what potential future earnings may be for provider groups.

For MY 2018, RY 2019, there were 20 participating groups and 4 domains which include HEDIS, Member Experience, Encounters & Utilization Management.

MY 2019, RY 2020 will be the first year of incentive pay-outs to LACC participating groups for the LACC VIIP Program.

PLAN PARTNER INCENTIVE PROGRAM

The Plan Partner Incentive program aligns the efforts of L.A. Care with those of its strategic health plan partners as a critical point for improving the outcomes and satisfaction of members. The program formerly consisted of two domains, with a focus on the five administrative auto-assignment HEDIS measures and their largest IPAs' encounter data performance. In 2018, the program was redesigned to more closely mirror the Medi-Cal VIIP+P4P program, to create a stronger platform for shared quality improvement strategies between plans and provider groups. The program now measures and rewards plan partners for performance on a broader set of metrics, including clinical quality, utilization, encounters and member experience. A new component was also incorporated into the plan partner program that ties a significant proportion of the plan's incentive payment to how their contract provider groups perform in the Medi-Cal VIIP+P4P program. The Plan Partner Incentive program will continue to utilize these metrics in 2019, as well as in 2020, although with targeted areas of modification. Final performance reports and incentive payments for the MY 2019 program are scheduled for the 4th quarter of 2020.

Summary Statistics for the Plan Partner MY 2018 Payments

L.A. Care paid out \$4.4 million in incentive payments to participating plan partners for the MY 2018 plan partner incentive program.

- Plan Partner 1: earned \$1.5 million (22% of available payment), equates to \$0.37 PMPM.
- Plan Partner 2: earned \$2.9 million (31% of available payment), equates to \$0.51 PMPM.

Plan Partner Incentive Performance Trends

The plan partners have historically been measured on five administrative auto-assignment measures in their incentive program. Between MY 2015 – MY 2017, both plan partners generally demonstrated steady improvement in their year-over-year administrative rates for each of the incentivized measures. Beginning with MY 2018, additional domains and measures were added their incentive program, so now the plan partners being measured and incentivized for 1) HEDIS (many more measures), 2) member satisfaction, 3) utilization management, 4) encounter timeliness, and 5) IPA VIIP scores impacting the performance measurement, performance scoring, and incentive payments to the plan partners. This major revamp of the plan partner program had a significant impact on the evaluation of their performance and payment. The below information and tables provide a view of their performance by each domain in MY 2018.

1) HEDIS Measures (16 measures)

In MY 2018, Plan Partner 1 attained the 75th percentile for NCQA on **3 (18.8%)** HEDIS measures, while Plan Partner 2 attained the 75th percentile for NCQA on **1 (6.3%)** HEDIS measure.

Between MY 2017 and MY 2018, Plan Partner 1 improved on **7 (43.8%)** HEDIS measures, with **6 (85.7%)** of those improvements demonstrating statistical significance. During the same timeframe, Plan Partner 2 improved on **9 (56.3%)** HEDIS measures, with **7 (77.8%)** of those improvements demonstrating statistical significance. Both plans statistically improved their performance on the following 5 HEDIS measures: Breast Cancer Screening, Cervical Cancer Screening, Childhood Immunization Status – Combo 10, Immunizations for Adolescents, and Prenatal and Postpartum Care – Timeliness of Prenatal Care.

Between MY 2017 and MY 2018, Plan Partner 1's performance declined on **9 (56.3%)** HEDIS measures, of which **4 (44.4%)** declines were statistically significant. During the same timeframe, Plan Partner 2's performance declined on **7 (43.8%)** HEDIS measures, of which **5 (71.4%)** declines were statistically significant. The performance of both plans statistically declined on the following 2 HEDIS measures: Annual Monitoring for Patients on Persistent Medications and Comprehensive Diabetes Care – Control (A1c<8).

In the tables below, improvements are in green text; declines are in red text; statistically significant changes are bolded.

Plan Partner 1			
HEDIS Measures	MY2017 Rate	MY2018 Rate	Rate Change
Annual Monitoring for Patients on Persistent Medications - ACE/ARBs	87.65%	85.86%	-1.79%
Annual Monitoring for Patients on Persistent Medications - Diuretics	87.54%	85.54%	-2.00%
Antibiotic Avoidance in Adults with Acute Bronchitis	35.96%	35.53%	-0.43%
Appropriate Testing for Children With Pharyngitis	25.70%	25.52%	-0.18%
Asthma Medication Ratio - Ages 5-64	57.25%	62.15%	4.90%
Breast Cancer Screening	57.54%	58.98%	1.44%
Cervical Cancer Screening	59.64%	61.62%	1.98%
Childhood Immunization Status - Combo 10	19.52%	21.21%	1.69%
Chlamydia Screening in Women	63.36%	64.11%	0.75%
Comprehensive Diabetes Care - A1C Test	84.10%	83.35%	-0.75%
Comprehensive Diabetes Care - Control (A1c < 8)	39.52%	35.39%	-4.13%
Comprehensive Diabetes Care - Eye Exam	49.87%	49.57%	-0.30%
Immunizations for Adolescents - Combo 2	35.42%	37.35%	1.93%
Prenatal and Postpartum Care - Postpartum Care	50.36%	50.15%	-0.21%
Prenatal and Postpartum Care - Timeliness of Prenatal Care	63.22%	68.49%	5.27%
Well-Child Visits in the Third, Fourth, Fifth and Sixth Years of Life	66.50%	62.94%	-3.56%

Plan Partner 2			
HEDIS Measures	MY2017 Rate	MY2018 Rate	Rate Change
Annual Monitoring for Patients on Persistent Medications - ACE/ARBs	86.73%	85.60%	-1.13%
Annual Monitoring for Patients on Persistent Medications - Diuretics	85.62%	84.88%	-0.74%
Antibiotic Avoidance in Adults with Acute Bronchitis	33.47%	33.73%	0.26%
Appropriate Testing for Children With Pharyngitis	22.76%	25.74%	2.98%
Asthma Medication Ratio - Ages 5-64	56.72%	53.18%	-3.54%
Breast Cancer Screening = BCS	59.55%	61.08%	1.53%
Cervical Cancer Screening = CCS *	55.41%	58.40%	2.99%
Childhood Immunization Status - Combo 10	17.45%	20.36%	2.91%
Chlamydia Screening in Women = CHL	61.17%	61.88%	0.71%
Comprehensive Diabetes Care - A1C Test	83.71%	80.95%	-2.76%
Comprehensive Diabetes Care - Control (A1c < 8)	45.55%	43.68%	-1.87%
Comprehensive Diabetes Care - Eye Exam	53.76%	52.38%	-1.38%
Immunizations for Adolescents - Combo 2	32.70%	35.85%	3.15%
Prenatal and Postpartum Care - Postpartum Care	45.12%	48.39%	3.27%
Prenatal and Postpartum Care - Timeliness of Prenatal Care	60.61%	63.07%	2.46%
Well-Child Visits in the Third, Fourth, Fifth and Sixth Years of Life	72.95%	72.84%	-0.11%

2) Member Satisfaction Measures (14 measures)

Between MY 2017 and MY 2018, Plan Partner 1 improved on only **3 (21.4%)** measures in the Member Satisfaction domain, although none of the improvements were statistically significant. Similarly, between MY 2017 and MY 2018, Plan Partner 2 improved only on **4 (28.6%)** measures, although again, none of the improvements were statistically significant. Additionally, none of the declines in the Member Satisfaction domain for both plans were statistically significant.

In the tables below, improvements are in green text; declines are in red text.

Plan Partner 1			
Member Satisfaction Measures	MY2017 Rate	MY2018 Rate	Rate Change
Adult Coordination of Care Combined	52.69%	49.63%	-3.06%
Adult Doctor-Patient Interaction PCP	67.75%	63.49%	-4.26%
Adult Health Promotion Combined	44.83%	44.81%	-0.02%
Adult Office Staff Combined	62.33%	62.52%	0.19%
Adult Rating of All Healthcare Combined	55.22%	59.55%	4.33%
Adult Rating of PCP	61.28%	50.97%	-10.31%
Adult Timely Care and Service for PCPs	50.19%	53.30%	3.11%
Child Coordination of Care Combined	62.77%	58.06%	-4.71%
Child Doctor-Patient Interaction PCP	76.74%	70.98%	-5.76%
Child Health Promotion Combined	62.35%	56.64%	-5.71%
Child Office Staff Combined	66.52%	64.83%	-1.69%
Child Rating of All Healthcare Combined	71.99%	70.08%	-1.91%
Child Rating of PCP	75.15%	72.18%	-2.97%
Child Timely Care and Service for PCPs	66.55%	61.23%	-5.32%

Plan Partner 2			
Member Satisfaction Measures	MY2017 Rate	MY2018 Rate	Rate Change
Adult Coordination of Care Combined	52.09%	52.87%	0.78%
Adult Doctor-Patient Interaction PCP	70.04%	70.01%	-0.03%
Adult Health Promotion Combined	41.14%	45.68%	4.54%
Adult Office Staff Combined	64.35%	60.30%	-4.05%
Adult Rating of All Healthcare Combined	56.44%	59.60%	3.16%
Adult Rating of PCP	59.72%	61.96%	2.24%
Adult Timely Care and Service for PCPs	54.89%	50.57%	-4.32%
Child Coordination of Care Combined	65.29%	60.06%	-5.23%
Child Doctor-Patient Interaction PCP	71.23%	69.71%	-1.52%
Child Health Promotion Combined	61.92%	57.16%	-4.76%
Child Office Staff Combined	70.94%	66.91%	-4.03%
Child Rating of All Healthcare Combined	76.64%	70.76%	-5.88%
Child Rating of PCP	72.72%	70.40%	-2.32%
Child Timely Care and Service for PCPs	65.32%	58.61%	-6.71%

3) Utilization Management Measures (5 measures)

Between MY 2017 and MY 2018, both plan partners improved on the same **3 (60.0%)** Utilization Management domains: Risk-Adjusted All Cause Readmissions, Risk-Adjusted Bed Days (per 1000 members/year), and Risk-Adjusted Hospital Admission Rate (per 1000 members/year), with all improvements found to be statistically significant. During the same timeframe, both plan partners experienced declines on the same **2 (40.0%)** domains: One-Day Admissions and Potentially Avoidable ER

Visits. Both Plan Partners experienced statistically significant declines in Potentially Avoidable ER Visits with Plan Partner 1 also experiencing a statistically significant decline in One-Day Admissions.

In the tables below, improvements are in green text; declines are in red text; statistically significant changes are bolded. Lower scores are better in the Utilization Management domain.

Plan Partner 1			
Utilization Management Measures	MY2017 Rate	MY2018 Rate	Rate Change
One-Day Admissions	22.49%	24.18%	1.69%
Potentially Avoidable ER Visits	16.18%	17.57%	1.39%
Risk-Adjusted All Cause Readmission	8.28%	6.95%	-1.33%
Risk-Adjusted Bed Days (/1000 Members/ Year)	2.57%	1.22%	-1.35%
Risk-Adjusted Hospital Admission Rate (/1000 members/ Year)	55.75%	30.32%	-25.43%

Plan Partner 2			
Utilization Management Measures	MY2017 Rate	MY2018 Rate	Rate Change
One-Day Admissions	24.48%	24.52%	0.04%
Potentially Avoidable ER Visits	15.36%	17.00%	1.64%
Risk-Adjusted All Cause Readmission	9.70%	7.84%	-1.86%
Risk-Adjusted Bed Days (/1000 Members/ Year)	1.92%	0.97%	-0.95%
Risk-Adjusted Hospital Admission Rate (/1000 members/ Year)	47.38%	24.84%	-22.54%

4) Encounter Timeliness Measures (1 measure)

Finally, between MY 2017 and MY 2018, both plan partners saw decreases in their encounter timeliness as mentioned in the Medi-Cal VIIP section. Both declines were statistically significant. There were larger issues with the timeliness and volume of plan partner encounters with dates of service in 2018 that were received in 2019, due to changes both plan partners experienced with their encounter processing systems and workflows. They are looking to improve their encounter performance in the following measurement year.

In the tables below, declines are in red text; statistically significant changes are bolded.

Plan Partner 1			
Encounter Measure	MY2017 Rate	MY2018 Rate	Rate Change
Plan Partner Encounter Timeliness	72.18%	69.66%	-2.52%

Plan Partner 2			
Encounter Measure	MY2017 Rate	MY2018 Rate	Rate Change
Plan Partner Encounter Timeliness	75.50%	72.12%	-3.38%

PROVIDER INCENTIVES PROGRAM OPERATIONS AND MANAGEMENT IN 2019:

- The VIIP and Incentives workgroups discussed, tested and determined the final list of metrics and scoring methodology for each of the 2019 programs. This included measure changes in HEDIS, Member Experience, Utilization and Encounters, as well as domain weighting changes. All updates were all captured in the program descriptions and announced to the network Q1 2019.
- The VIIP and QI team continued webinars and Continuing Medical Education (CME) Sessions as a method to engage and educate the provider network. Discussion topics ranged from HEDIS, the Action Plan process, encounter data submission, member experience, and more. We have found this method to be effective in reaching a wide audience, therefore we will continue to use this medium for communication on a regular basis.
- VIIP Collaborative meetings with the Plan Partners occurred regularly throughout 2019. These meetings included subject matter experts from Anthem Blue Cross and Blue Shield Promise to discuss VIIP operational issues, data and reporting, and program planning. Larger quality improvement efforts were also shared and discussed.
- Ad-hoc meeting requests from plan partners, IPAs, clinics and physicians were fulfilled by Incentives staff over the phone and in-person by visiting practices to discuss the intricacies of the P4P program, discuss best practices, discuss QI interventions, provider general support, etc.
- QI staff participated in Joint Operations Meetings (JOMs) with IPAs to discuss quality, reporting, and performance. In addition to participating in JOMs, QI staff met with select IPAs for formal QI-IPA specific meetings, working with them in-depth on performance in specified domains from VIIP, as well as other issues and concerns. All of these occurred throughout the first half of the year and as need throughout the second half of the year.
- Mid-year reporting to support the network included bi-monthly HEDIS/UM provider opportunity/gaps in care reports, quarterly encounter reports and distribution of updated thresholds and benchmarks. These reports help providers track progress toward achieving P4P targets.
- IPAs were requested to complete and update action plans three times during 2019 (April, August and December), with L.A. Care and plan partner staff providing feedback to the IPAs after each submission.
- Top performing practitioners and community clinics from the MY 2017 Physician P4P Program were identified and recognized in an article published in L.A. Care's Spring 2019 Progress Notes newsletter. These providers were also sent a plaque of recognition in addition to their incentive payments.
- L.A. Care kicked off its first annual Provider Recognition Event. The event was used as a platform to formally recognize the top performing practitioners, community clinics and IPAs for MY 2018. There were guest speakers, entertainment, speeches from awardees, dinner, and more.

FUTURE DIRECTION

Planning for the measurement year 2020 programs and future program years are currently ongoing. Domains, measures, weighting, scoring methodology, etc. are being discussed with targeted enhancements. We continue to seek ways to improve the programs so that they keep in line with industry standards, continue to drive quality care and outcomes, and challenge providers to meet high performance targets. Examples of potential program updates are provided below:

- **Introducing new metrics:**
 - California Immunization Registry (CAIR) sign up/usage
 - Medical record request
 - Compliance sanctions
- **The Action Plans Process:**
 - Future focus on member experience
 - Requiring the plan partners to complete action plans

- **Developing new and separate incentive program for our direct network providers.**
- **Introduce new domains in the Physician P4P Program:**
 - Utilization
 - Member Experience
- **External benchmarking:**
 - Utilizing state or national benchmarks to get the network performing to the next level.
 - Using MPLs and HPLs
- **Additional analytics to support providers:**
 - Enhanced reporting to show missed opportunities
 - Improved education on data submission requirements and HEDIS specs
- **Enhanced investment in communications**
 - More face-to-face meetings with providers and office staff
 - More online/phone based meetings (webinars)
 - Simpler marketing collateral and messaging.
 - More program visibility on L.A. Care’s website and provider newsletters (print-based, online, portal, etc.)
- **Continued alignment with the industry on value-based metrics:**
 - Collaborate with the Integrated Healthcare Association to align performance measures (e.g. Core Measure Set).
 - Monitor and adopt other Center for Medicare & Medicaid Services (CMS) & Department of Health Care Services (DHCS) Value-Based Program metrics and methodologies.
- **Public reporting and recognition events**
 - Expanding the recognition & rewarding of top performers.
 - Consider reporting results publicly in the future in addition to in-network transparency.
- **Survey all lines of business regarding the incentives programs**
 - Satisfaction with the program
 - Suggestions for improvement

MEMBER INCENTIVES

L.A. Care’s member incentives are designed to encourage members to proactively seek needed care and offer eligible members an opportunity to be rewarded for health and wellness activities.

QI operated the following incentives in 2019 to improve member utilization of critical clinical services:

Follow-Up for Hospitalization After Mental Illness (CMC, LACC, PASC)

The goal of the FUH Member Incentive was to increase the 30-day compliance rate for a follow-up visit with a provider after the member was discharged from an inpatient facility with a principle diagnosis for a mental health disorder. This incentive program intended to increase the HEDIS rate from 41.98% to 56% by the end of 2018. Incentive eligible members received an emergency preparedness kit (heater meal, safety light stick, blanket, hand warmers, water packet, etc.) for completing follow-up visit on or before 30 days of their initial visit.

Outreach efforts included Beacon staff members calling members who had been discharged from the hospital and inform them that they can receive a free emergency preparedness package when they attend a follow-up visit with their mental health provider within 30 days.

- **156 members were awarded in 2019:**
- 91 CMC members
 - 49 LACC members
 - 16 PASC members

FUTURE DIRECTION

Further evaluation of the 2019 member incentive programs will be conducted after HEDIS 2020 results are completed June 2020. Final impact of these programs on both administrative and hybrid HEDIS rates will be determined, as well as other qualitative and quantitative analysis.

Member incentive programs for 2020 are being discussed and developed in the various QI workgroups, with a focus on high impact measures. Potential programs for specific health behaviors, program design, and incentive award type/amount are currently being discussed. Within QI, we are increasingly thinking of new innovative ways to design, launch and operate member incentive programs. This includes potentially partnering with our IPAs and clinics on programs, thinking of alternative ways to communicate and market the programs, enhancements in how we determine eligibility, determine awarding, facilitate the award transactions, etc.

We are testing out utilizing an L.A. Care branded debit card as the incentive option. The goal is to see if this will positively impact compliance rates, reinforce health behavior tie in to the reward, analytics, ...

The evolution of these programs are an ongoing process.

L.6 SAFETY NET PROGRAMS AND PARTNERSHIPS

AUTHOR: ALISON KLURFELD, MPP/MPH & MARY ZAVALA, LCSW, MPP, MA

REVIEWER: MARIA CASIAS, RN & JAMES KYLE, MD

Health Homes: The Health Homes Program (HHP) is a high-touch care management and wraparound services program for Medi-Cal members that launched in July 2019, as authorized by DHCS. Medi-Cal members with multiple chronic physical health and/or behavioral health conditions and high acuity (such as recent IP &/or ER history, or chronic homelessness) are eligible for the program. Members who opt-in to the program will receive varied services, including comprehensive care management, care coordination, health promotion, comprehensive transitional care, individual & family support services, and referral to community & social supports (which includes individual housing transition & tenancy support services). L.A. Care delivers the program through a network of contracted high volume primary care providers, behavioral health, Community-Based Adult Services, and other care management providers, and plans to add in-house teams in 2020. As of September 30, 2019, L.A. Care and its Plan Partners had enrolled 2,317 out of approximately 100,000 eligible members. Of L.A. Care's MCLA eligible population of 60,000 members, a total of 1,558 members enrolled during that same period. The assumption is with improved care coordination members will have improvement in health outcomes and resource utilization, including shifts from acute to primary/preventive care. Prices for Return on Investment (ROI) will be based on 100% of Medi-Cal repricing.

Whole Person Care: L.A. County's Whole Person Care Program (WPC) comprises 15 different high-touch programs for 6 different vulnerable Medi-Cal populations, including high-risk homeless members, high-risk criminal justice reentry members, high risk members with MH or SUD needs, high-risk transition of care members, and high risk perinatal members. Programs use housing navigators and community health workers as well as licensed clinical staff to provide care management and wraparound services for varied program lengths (1 month to multi-year programs). The core focus is on addressing the social determinants of health as well as the member's health needs and engaging difficult-to-reach members. Over 28,500 MCLA member enrollments across all programs have occurred as of April 2019 (includes duplicate members who enrolled in multiple programs).

Homeless Programs: In 2016, L.A. Care made a \$20M, 5-year grant commitment to the Housing for Health Program via fiscal intermediary Brilliant Corners. Under the grant, L.A. Care is funding rental subsidies for 300 new homeless individuals/families to move into permanent supportive housing, with supportive services provided in-kind by L.A. County as part of the Whole Person Care program. L.A. Care partnered with hospitals, PPGs, and clinics to identify homeless individuals with high health needs for the program, as well as identifying formerly homeless members in Long-Term Care who could safely step down to community placements. So far, a total of 301 households have been enrolled in the grant, of which 252 of those have secured housing; 193 of those housed (77%) are L.A. Care members. L.A. Care also recently launched a 16-bed recuperative care pilot with the National Health Foundation, and is providing technical assistance to Health Homes contractors to build their housing navigation & tenancy supports capacity. In addition, L.A. Care refers members to the local Coordinated Entry System and recuperative care/interim housing process through the Los Angeles Homeless Services Authority (LAHSA) and collaborates closely with health plan and county partners through the Corporation for Supportive Housing's managed care roundtable.

Reentry Programs: L.A. Care and the California HealthCare Foundation jointly funded a project with the Transitions Clinic Network (TCN) to build Community Clinic capacity to serve individuals reentering the community from criminal justices settings. TCN provided technical assistance and support to help 5 local clinic organizations hire and integrate 10 Community Health Workers focused on the reentry population. TCN is currently recruiting for a second clinic cohort to begin in early 2020.

L.7 TRANSFORMING CLINICAL PRACTICE INITIATIVES (TCPI)

AUTHOR: LEN ROSENTHAL

REVIEWER: ELAINE SADOCCHI-SMITH, FNP, MPH, CHES & JAMES KYLE, MD

BACKGROUND

Transforming Clinical Practice Initiative (TCPI) is a CMS program to achieve several nationwide quality improvement goals: transform 140,000 clinicians' practices, improve health outcomes, reduce unnecessary hospitalization, save \$1-\$4 billion, reduce unnecessary testing and procedures, get practices ready for value based payments, and build practice transformation evidence base. The Los Angeles Practice Transformation Network (LAPTN), a project of L.A. Care, is one of 39 organizations awarded TCPI funding to help 3,200 clinicians improve care for patients with diabetes and/or depression via five Network Partners. LAPTN serves as the principle investigator and program office to ensure achievement of CMS/CMMI TCPI goals. LAPTN has a team of over 50 people including L.A. Care staff, Network Partner staff and coaching staff. There are 37 full-time coaches managed directly by Network Partners who work on-site with clinicians. The four-year program runs through September 28, 2019.

GOALS

Goal #1: Improve health outcomes of participating clinicians in eight areas:

Improvement Area		Year 1	Year 4 (program end)
Diabetes	1. HbA1c Poor Control (>9%)	Reduce 2%	Reduce 10%
	2. Medical Attention for Nephropathy Monitoring	Increase 2%	Increase 10%
	3. Body Mass Index Screening and Follow-Up	Increase 2%	Increase 10%
Depression	4. Screening for Clinical Depression Follow-Up	Increase 2%	Increase 10%
	5. Follow-Up After Hospitalization for Mental Illness	Increase 2%	Increase 10%
Utilization	6. All-Cause Admissions for Patients with Diabetes and Depression	Reduce 1%	Reduce 20%
	7. Reduction of Unnecessary Testing	Reduce 2%	Reduce 20%
	8. Cost Savings		\$60M

Goal #2: Achieve 5 Phases of Practice Transformation for participating clinicians: set aims and develop basic capabilities; report and use data to generate improvements; achieve progress on aims of lower cost, better care, and better health; achieve benchmark status; and thrive as a business via pay-for-value approaches.

MAJOR ACCOMPLISHMENTS 2019

LAPTN maintained enrollment of 3,200 clinicians; over 90% serve patients with the greatest need for health care services. LAPTN continues to make progress towards quality, cost, and transformation with current focus on clinical exchange, utilization reduction, HbA1c Poor control <9%, and medication management. LAPTN ranks first in the country in practice transformation progress and top five in the country in hospital utilization reduction.

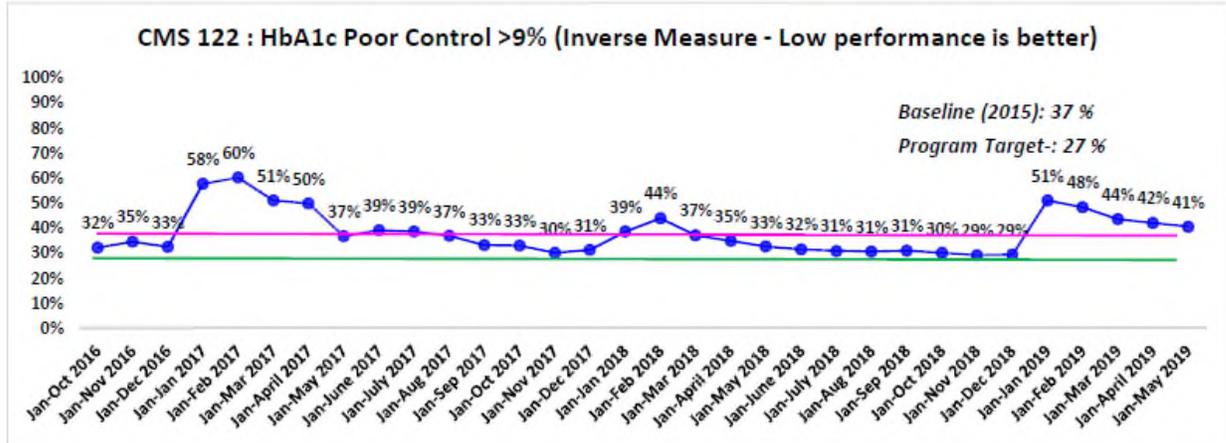
RESULTS

Enrollment

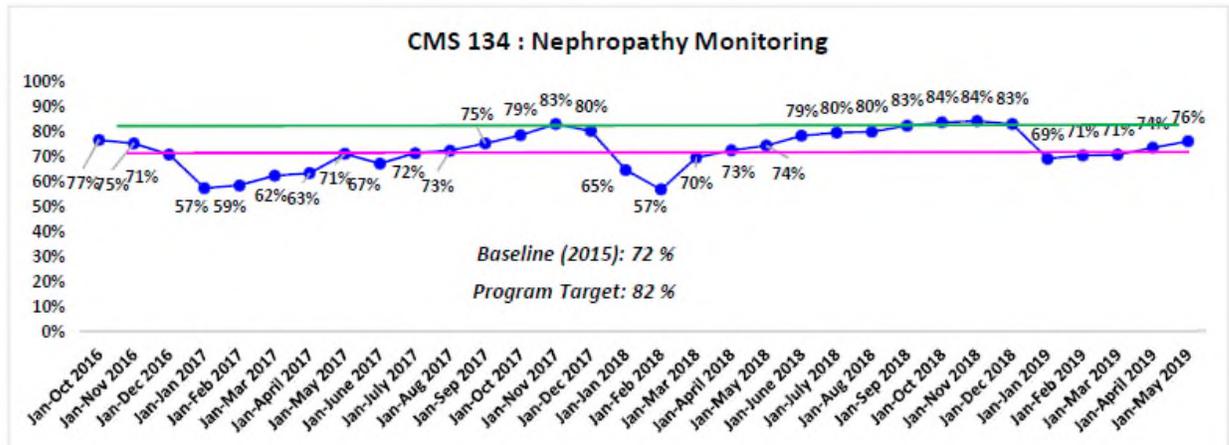
- 3,200 clinicians

Health Outcome Improvement (2015 baseline vs. 2019 January – May):

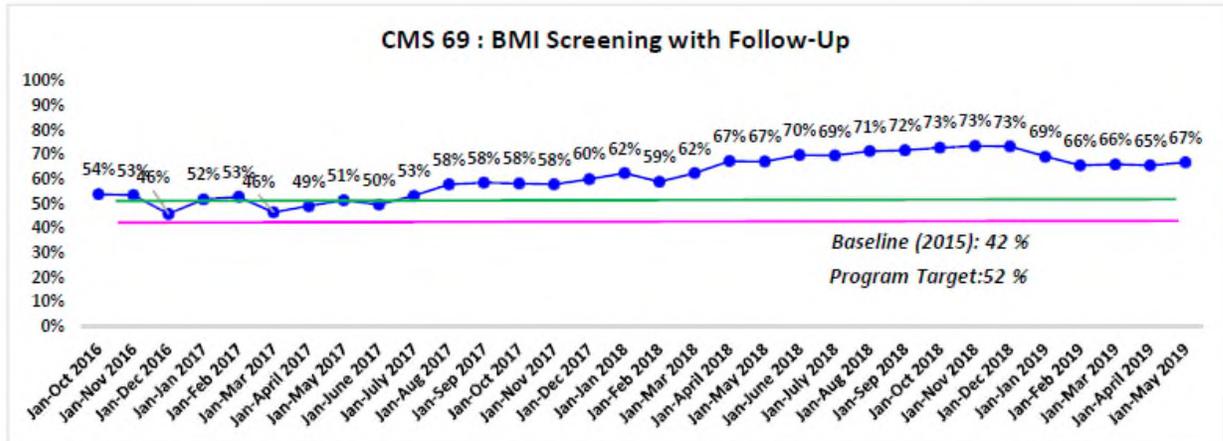
- CMS 122: HbA1c Poor Control >9%: +4% (inverse measure – decrease is favorable)



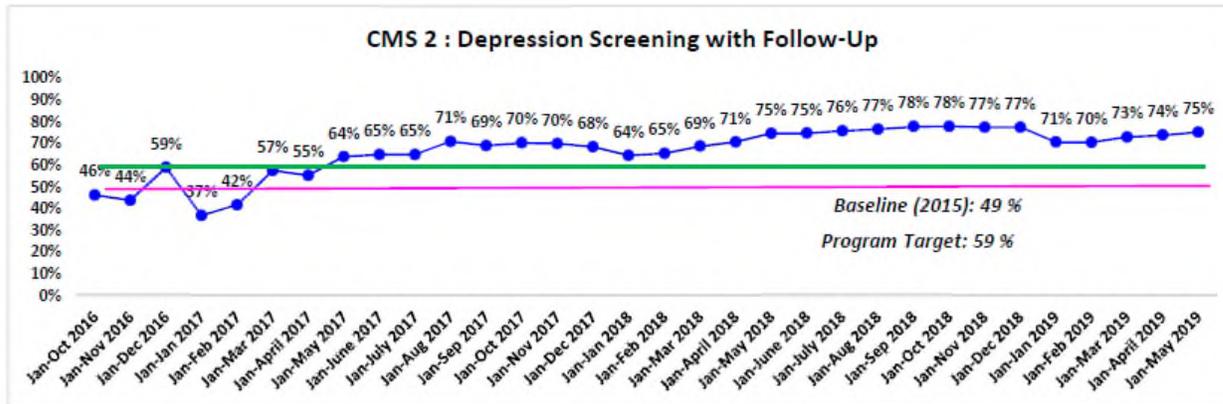
- CMS 134: Nephropathy Monitoring: +4%



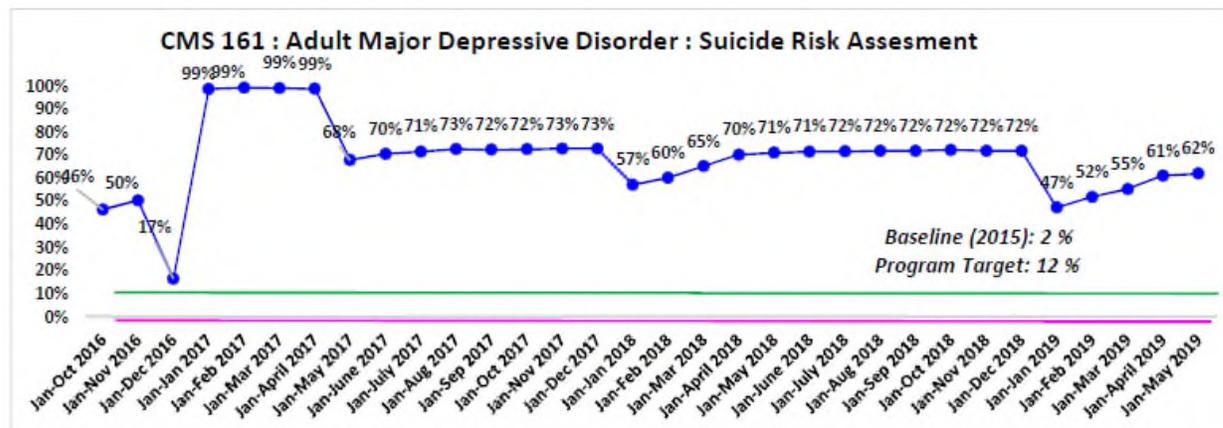
- CMS 69: BMI Screening with Follow-Up: +25%



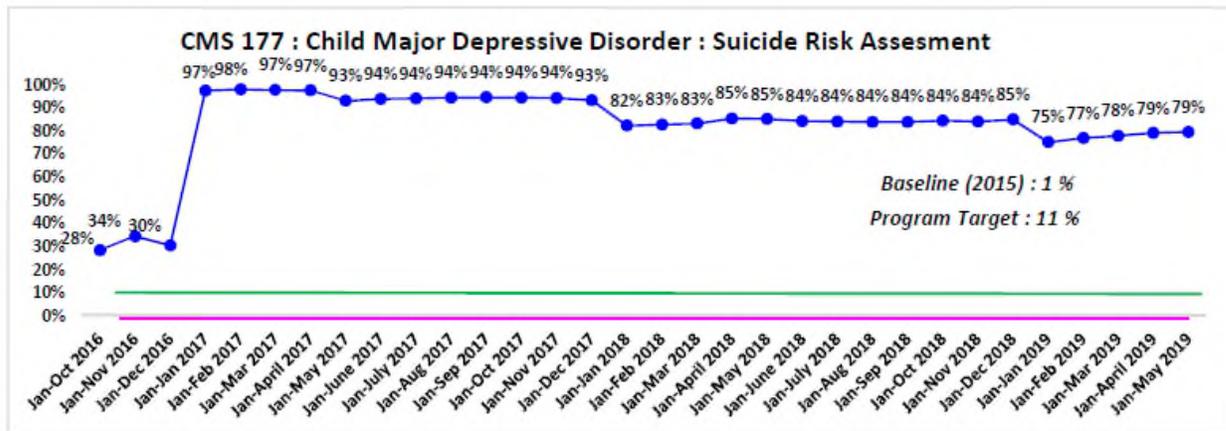
- CMS 2: Depression Screening with Follow-Up: +26%



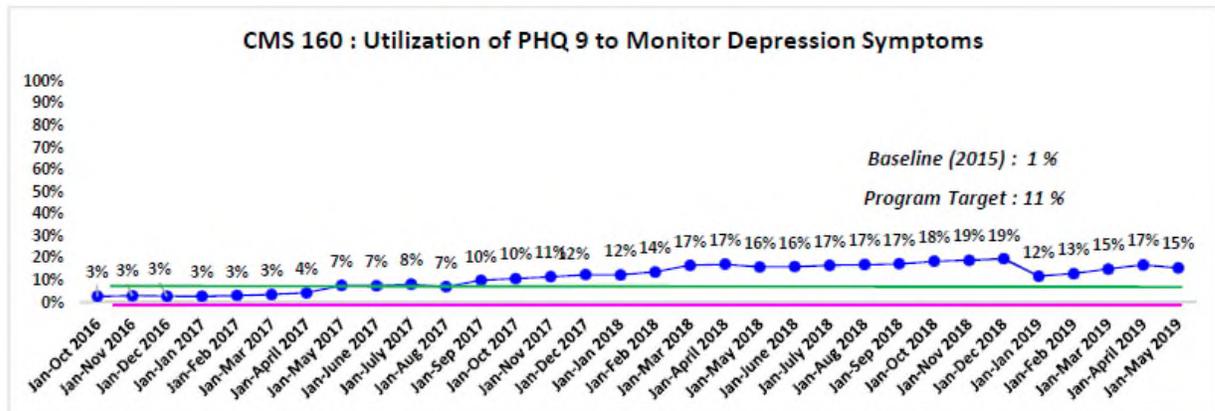
- CMS 161: Adult Major Depressive Disorder/Suicide Risk Assessment: +60%



- CMS 177: Child Major Depressive Disorder: Suicide Risk Assessment: +79%



- CMS 160: Utilization of PHQ 9 to Monitor Depression Symptoms: +14%

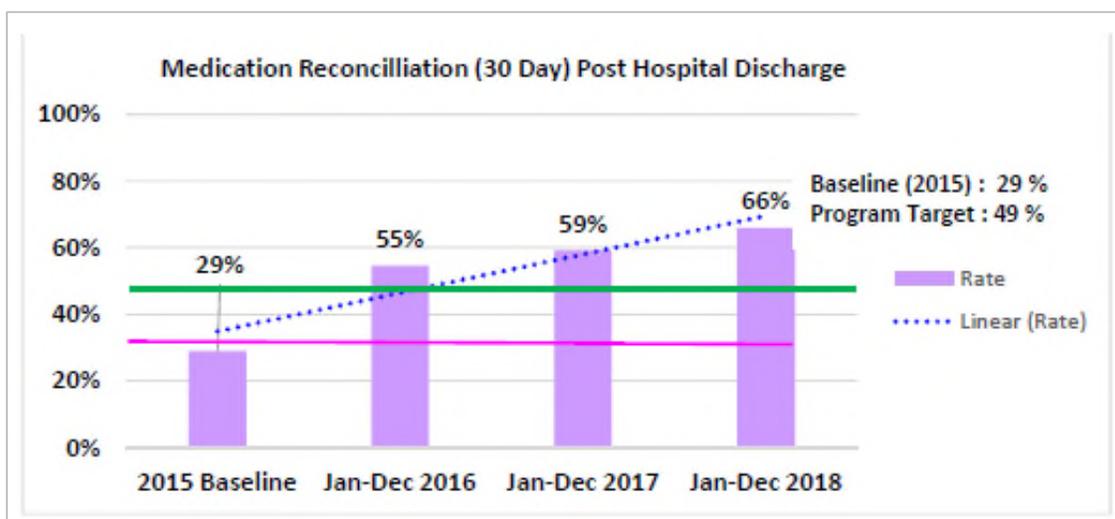


Practice Assessments Tool

- 100% Baseline PATs complete
- 100% Round 2 follow-up PATs completed
- 100% Round 3 follow-up PATs completed
- 100% Round 4 follow-up PATs completed
- 100% Round 5 follow-up PATs completed
- 84% Round 6 follow-up PATs completed
- 84% Round 7 follow-up PATs completed
- The goal for each round is completion by all practices or 100%. LAPTN has several practices which enrolled later in the program and have not completed all rounds to date.

Unnecessary Testing

- Medication Reconciliation: 37%
- This measure is for data from DHS for patients whose medication was reconciled within 30 days of their hospital discharge for all-cause admissions.



Cost Savings

- \$136M in cost savings as of Y3, exceeding goal of \$60M, attributable to reduction in per 1,000 utilization of inpatient, emergency department and readmissions for patients diagnosed with diabetes and/or depression.
- Cost savings is calculated by applying an average cost to utilization volume reduction derived using standard per 1,000 methodology.

LOOKING FORWARD

Key activities for the next year focus on maximizing results and further contributing to accomplishment of TCPI AIMS.

1. Meet/sustain program goals and continue to exceed commitments
 - Based on program Q1 2019 performance data, LAPTn achieved 7% improvement from baseline on the A1c poor control (>9%) measure. LAPTn seeks to achieve 10% improvement from baseline as proposed to CMS and could bring approximately 3,400 more diabetic patients' A1c rates under control, resulting in an estimated 78,751 total diabetes patients receiving timely screenings and having their A1c rates under control by the end of November 2019.
 - LAPTn will collect comprehensive claims and encounter data to report utilization and cost savings through the entire program duration, allowing LAPTn to contribute to Aim 4 (utilization reduction) by an estimated 19,594 ED visits and 3,524 inpatient admissions, resulting in cost savings (Aim 6) of close to \$36M for year 4, bringing cumulative cost savings contribution to approximately \$173M.
 - LAPTn will collect quality measure data from practices to fully report performance on quality measures committed to CMS.
2. Provide validated data using a population health management solution and matching data to exemplar practice stories and associated impacts across the network
 - To further strengthen exemplary practice stories, LAPTn will collect validated quality measure data from practices through the end of November 2019 and generate run charts to show improvements achieved by exemplary practices.

3. Collect high quality exemplary practice stories
 - LAPT_N originally committed to submit 48 exemplary practice stories by end of September 2019. LAPT_N seeks to contribute 7 more stories into the registry, for a total of 55 (85% of LAPT_N practices would be exemplary).
4. Complete and bolster exemplary practice stories with validated data and run charts which show improvements over time
 - LAPT_N will collect quality measures and utilization data through the end of November 2019 and bolster its 55 exemplary practice stories with visual display of full spectrum of improvements on run charts from program inception to completion.
5. Support transitions of practices into Alternative Payment Models (APMs)
 - LAPT_N will transition 85% of practices through Phase 5 by the end of December 2019, a 10% increase from the original commitment of 75% of practices which will further enable most LAPT_N practices to be ready and succeed in APMs.

Since the grant is ending 9/28/2019 – is there a plan to continue this as a service or program moving forward?

- As a result of exception achievements with TCPI, LA Care was awarded preferred vendor status by CMS for the NQIIC program for ongoing QI initiatives (*Submitted 1st work order proposal-CQIC, \$28M, 5 year program, expected award date Dec.'19/Jan.'20*)

I.8 QUALITY PERFORMANCE MANAGEMENT ACTIVITIES RELATED TO HEDIS IMPROVEMENT

AUTHOR: RONALD MAKITA

REVIEWER: ELAINE SADCCHI-SMITH, FNP, MPH, CHES & JAMES KYLE, MD

BACKGROUND

In addition to completing the annual Healthcare Effectiveness Data Information Set (HEDIS) submission cycle, Quality Performance Management (QPM) also engages in activities to improve HEDIS rates through data collection, enhancement of data mapping, data validation, member and practitioner outreach, internal departmental education on HEDIS, process improvements on data flow, and research using predictive models. The objective of these activities not only looks to improve data capture, but also aims at reducing care gaps by rendering health services that are recommended for the population.

- L.A. Care (LAC) practitioners are very conscientious of providing outstanding quality and service to our members but are often not aware of resources available to close quality gaps and to improve member satisfaction. L.A. Care Quality Performance Management (QPM) and Plan Partner HEDIS staff have been conducting HEDIS and member experience (e.g., Consumer Assessment of Healthcare Providers and Systems (CAHPS) education to providers and their staff since 2016. This education has been welcomed by the providers as it helps them to improve their awareness of the quality of service they provide to their patients. Many were not aware of how to access and use reports or of the resources available to them on the L.A. Care provider portal.
- Medical Record Project- internal focused pursuit of chart completion was conducted by QPM staff on hybrid measures; this effort started in January and ran until the May 9 NCQA deadline of May 9th; staff collected 5,000 of 17,000 charts
- HEDIS 2019 data optimization initiatives contributed to attainment of NCQA Accreditation status of “Commendable” for the Medi-Cal LOB and a 4.1687 Effectiveness of Care NCQA Accreditation point improvement for the Medicare CMC LOB.
 - NDC code mapping added 2,800+ NDC codes that were missing from NCQA Medications List: drove the improvement of accreditation percentiles for several Pharmacy measures and contributed to maintaining Medicaid NCQA Commendable status.
 - Provider specialty mapping: FQHCs mapped as PCPs, School Districts mapped as PCPs, Reconciliation of provider Prescription Flag.
 - Integration of Inpatient Pharmacy data as Supplemental Data.
 - Integration of Risk Adjustment CMC ICE files as Supplemental data.
- HEDIS software vendor, Cognizant ClaimSphere (CTS) generated Provider Opportunity Report (POR)/Gap-in-care (GIC) reports were mailed and posted on the provider portal (data processed through the end of June 2019); Reports included non-HEDIS UM metrics for Medi-Cal PPGs and pharmacy measures for CMC. In addition to the new layout, a new summary report and member detail report at the clinic site level for each LOB were generated.
 - Hybrid tool: HEDIS 2019 hybrid measures for charts that QPM collected from pre-season (Risk Adjustment charts, charts from AdvantMed & Optum, PPC outreach by QPM & HECLS,) or collected so far from fax outs (faxes sent to assigned providers as of Dec 2018 & Jan 2019) to be abstracted for members that are part of the sample. In the absence of an MRR tool, Clinical+ is a workaround solution that supports the submission of non-standard supplemental data before the 3/1 audit deadline. Clinical+ is designed to capture data entry to close HEDIS gaps in care. NCQA auditors request PSV documentation for the chart collection (AKA data entry form screenshots & charts). ABA, CBP, CCS, CDC, CIS, COA, COL, IMA, Medication Reconciliation Post-Discharge (MRP), PPC, W34, WCC; 350 compliant care gaps that were reviewed by internal QPM staff were submitted to Auditors.

- HEDIS resources: In 2019, QPM staff released the 2020 HEDIS Measure Guide and the Measure Coding Guide to HEDIS 2020. HEDIS Measure Guide provides two-pages per measure information about the eligible population, codes for compliance, and documentation needed in the medical record. The Measure Coding Guide details what gives guidance to providers to submit HEDIS services to reduce the need for medical record collection for hybrid measures. Both guides are distributed as QPM nurses visit practitioner offices to provide HEDIS/CAHPS education and review HEDIS gaps in care reports.
- Automated data transfers for HEDIS: Improved data flow processes by automating data transfers from Plan Partner/PPG/clinic/vendor to LAC, LAC to Cognizant, and Cognizant to LAC.

MAJOR ACCOMPLISHMENTS

- Outreach in 2019 included 2414 providers. The total membership of those providers was 1,400,000, or 67% of the total L.A. Care membership. This was a significant increase over 2018, which included 966 providers and 1,206,000 members (57.4% of total membership). Outreach was conducted by L.A. Care QPM/HEDIS and Anthem staff.
- Nearly all of the offices were appreciative of the education as the visits helped them to better understand HEDIS, CAHPS, data submission and how it affects their overall performance.
- Staff that conducted on-site and in some cases telephonic meetings with providers forged positive relationships with the provider office staff and have become a resource to the office for all issues with L.A. Care. Each visit was followed up with a summary report within 24 hours and a second follow up after two (2) weeks to monitor progress on the Gap in Care reports and to assure there were no issues.
- Several offices had previous issues logging into the L.A. Care portal that were resolved with the visits giving them access to member gap in care reports and HEDIS/CAHPS resources.
- Many offices asked for training in improving customer service.

BARRIERS

- Several offices have technology challenges, such as no email, internet, EMR, etc. which limits their ongoing access to reports and resources on the L.A. Care portal.
- A few offices (approximately 3%) are extremely busy and did not have time to accommodate even a telephonic visit. Some of the busy offices that were able to schedule time ended up cancelling.

CHIEF COMPLAINTS

- Nearly all offices expressed frustration with claims/encounters issues and delays stating that Gap in Care reports are often not up to date making reconciling the reports time-consuming. Some offices stated that they prefer to use reports from their IPA since those reports are generally more up to date. However, these reports usually include members from all health plans, not just L.A. Care's. Staff conducting the visits explained data lags and encouraged the providers to work with their IPAs to minimize the lags. In addition, providers were offered to participate in Clinical+ which allows the providers to close gaps by directly entering into a tool that bypasses the normal data process.
- Several providers expressed difficulty in reaching a live person from L.A. Care when calling for assistance. Calls often get passed around, have long wait times, or calls do not get returned. Providers were given a contact list of key departments (including phone extensions) and department email addresses. In addition, the staff members conducting the visits notify providers that they are available to assist with all L.A. Care issues. The staff members coordinated issue resolution with the appropriate L.A. Care departments.
- Several offices that were visited previously had challenges with registration to the provider portal and stated they eventually gave up trying to register due to the process and lack of response. All

offices with access issues were put in touch with the proper L.A. Care contacts and successfully registered with assistance from the staff conducting the visit.

- Some offices stated that L.A. Care is not doing enough for the non-compliant members to help modify behavior or reinforce the need for preventative services. Staff conducting the visits explained that there are several programs to attempt to change member behavior that include different measures such as Diabetes Care, Cancer Screenings and different methods (mailings, calls, automated calls, text messaging).
- Many offices expressed challenges in reaching members due to incorrect or missing member contact information. Staff conducting the visits explained that L.A. Care and all providers experience the same challenges and member information is kept as up to date as possible. QPM staff will discuss the issues with CSC and Member Eligibility to gain further knowledge of the root cause of the issue and how member contact information can be improved.

LOOKING FORWARD

- Quality Performance Management (QPM) will continue Provider outreach in collaboration with plan partners along with other L.A. Care departments. It is expected that the visits will continue to have a positive impact on the HEDIS and CAHPS rates.
- HEDIS data quality validation with Health Data Decisions (HDD): HDD validation of HEDIS 2019 data for Medi-Cal, CMC, and LACC was successfully completed in April. The tool was purchased and is in use.
- Medical Record Project-internal focused pursuit of chases will be conducted by QPM staff on hybrid measures; this effort will start in January 2020 and run until the May 8 NCQA deadline.
- Participation in the IHA AMP program: In 2019, L.A. Care began a collaboration with the Integrated Healthcare Association (IHA) in order to maintain a network based on quality for aligning provider reimbursement with quality outcomes. IHA is a nonprofit organization that convenes diverse stakeholders, including physician organizations, hospitals and health systems, health plans, purchasers and consumers committed to high-value integrated care that improves quality and affordability for patients across California. IHA also manages a state-wide Value-Based Pay-for-Performance (VBP4P) program that supports data aggregation and standardized performance measurement and reporting across multiple health plans. This partnership between L.A. Care and IHA enhances L.A. Care's contracted provider groups in a meaningful way, providing a stronger platform for quality improvement and reducing cost of care for the L.A. Care Covered (LACC) line of business. IHA's Value Based Pay-For-Performance Program (VBP4P) aims to accomplish several goals, which include identifying a common set of measures and benchmarks, health plan incentive payments to provider groups and aggregated public reporting of results. These goals align with L.A. Care's plan to improve the quality of care through performance measurement and improvement.

I.9 IPA/PROVIDER WEBINARS

AUTHOR: CAROLINA COLEMAN, MPP

REVIEWER: MARIA CASIAS, RN & JAMES KYLE, MD

BACKGROUND

Beginning in 2016, L.A. Care Quality Improvement began hosting webinars directed at Independent Physicians Associations (IPAs), Management Services Organizations (MSOs), Plan Partners (PPs), and sometimes providers to provide education on key quality topics. In 2019, twelve webinars were held using the administrative WebEx system.

MAJOR ACCOMPLISHMENTS

- QI hosted twelve webinars open to network IPAs and MSOs. Most of the sessions were also open to community clinics and providers, when appropriate.
- Continuing Education credits for providers were offered for two of the webinar sessions.
- QI worked with the Provider Training team to host the webinars and maximize effectiveness. This was a valuable and successful partnership.
- Many of the webinar sessions included interactive polling of attendees to collect information on practices and understanding of the material.
- QI collected evaluations of the webinars from the attendees, allowing them to indicate if they would recommend the webinars and also submit comments and suggestions. The average Net Promoter Score (NPS) from these evaluations was 64 (generally, a score below 0 is low, between 0-30 is medium/good, and 30-100 is high/great). Most of the feedback from attendees was very positive.
- Several sessions were hosted in partnership with and featured speakers from external partners, such as the American Cancer Society, American Heart Association, the Hospital Association of Southern California, and the National HPV Vaccination Roundtable.
- QI also promoted a webinar hosted by Anthem Blue Cross on Addressing Homelessness Among Persons with Mental Illness.

Webinars Hosted in 2019					
Date	Topic	Target Audience	CME	Attendees*	NPS Score
Jan 30	Evidence-Based Blood Pressure Management in “Real-World” Settings	IPAs, PPs, Providers	Yes	52	80
Feb 13	Increasing Cancer Screening in the Primary Care Setting: Focus on Breast, Cervical and Colorectal	IPAs, PPs, Providers	Yes	68	70
Mar 13	Strategies and Partnerships to Reduce Readmissions	IPAs, PPs, Providers	-	61	56
April 24	VIIP 101	IPAs, PPs	-	70	72
May 29	LGBTQ Cultural Competency & Transgender health	IPAs, PPs, Providers	-	52	54

Webinars Hosted in 2019					
Date	Topic	Target Audience	CME	Attendees*	NPS Score
Jun 12	Addressing HPV Vaccine Hesitancy: Intervening to Increase HPV Vaccine Uptake	IPAs, PPs, Providers	-	31	78
Jul 10	Timely Access to Care Standards: Oversight & Monitoring	IPAs, PPs, Providers	-	65	63
July 31	Depression Screening - The Road to Treatment Starts With Screening	IPAs, PPs, Providers	-	54	**
Aug 7	Physician P4P Program	IPAs, PPs, Providers	-	45	53
Oct 2	HEDIS Data, Resources, and What to Expect for HEDIS 2020	IPAs, PPs, Providers	-	142	67
Nov 13	Health Homes 101	IPAs, PPs, Providers	-	62	38
Dec 11	Leading to a Positive Patient Experience	IPAs, PPs, Providers	-	106	74

*Attendee counts do not include L.A. Care staff attendance.

** No webinar survey was conducted due to a technical issue.

BARRIERS

- The list of QI contacts for IPAs, MSOs, and community clinics is maintained in an Excel spreadsheet. Without a more sophisticated mechanism to manage contacts and communications preferences, contacts are sometimes incomplete and/or outdated. Given that the attendance was somewhat lower for sessions this year compared to past years, it seems likely that the contact information on the list is increasingly outdated.
- L.A. Care does not collect emails for provider offices in a formal manner; individual departments collect contacts and maintain their own databases that are typically not shared across the organization. Thus, it is very challenging to reach out to providers about educational opportunities and webinar registration from provider offices other than community clinics has been very low. L.A. Care asked IPAs to share promotional flyers for the webinars with providers, but based on registration they do not seem to do so consistently. Historically, blast faxes to provider offices through PNM did not result in increased registration or attendance.
- Some webinar invitations bounce back or are otherwise not received by the IPAs, MSOs, and providers, due to communication issues and security concerns between L.A. Care and the recipients' email servers. Some healthcare organizations seem to block emails from many outside sources, such as L.A. Care.

LOOKING FORWARD

QI plans to continue hosting webinars monthly in 2020. A calendar has been drafted and speakers are being pursued. There are plans to create an Enterprise database of provider emails, which will greatly assist in promoting the webinars.

L.10 PROVIDER CONTINUING EDUCATION PROGRAM

AUTHOR: LEILANIE MERCURIO

REVIEWER: ELAINE SADCCHI-SMITH, FNP, MPH, CHES & JAMES KYLE, MD

L.A. Care Health Plan's Provider Continuing Education (PCE) Program is accredited for Continuing Medical Education (CME) through the Institute for Medical Quality, subsidiary of the California Medical Association (IMQ/CMA), accredited Continuing Education (CE) Provider for Registered Nurses and Nurse Practitioners by the California Board of Registered Nursing (CA BRN) and accredited CE Provider for LCSWs, LMFTs, LPCCs, and LEPs by the California Association of Marriage and Family Therapists (CAMFT).

The PCE Program provides three levels of offerings for CME/CE activities: Direct Providership of L.A. Care's own CME/CE activities, Joint Providership, and Co-sponsorship of CME/CE activities with non-accredited healthcare organizations.

Direct Providership

During Fiscal Year 2018-2019, L.A. Care Health Plan planned, developed and implemented twenty-two (22) directly Provided CME/CE activities and thirty-two (32) jointly provided/sponsored CME/CE activities. Of the twenty-two (22) directly provided CME/CE activities, six (6) Saturday conferences had the following themes: Cardiovascular Disease and Diabetes, Children's Health, The Opioid Epidemic, Behavioral Health Integration and Substance Use Disorder, Palliative Care, and Maternal Mental Health. In addition, seven (7) CME/CE dinner events were planned, developed and implemented on the following topics: Psychotic Disorder and Treatments, Diagnosis, Assessment and Treatment of Pulmonary Hypertension, Developmental Behavioral Pediatrics (DBP), Cannabis Use Disorder and Clinical Effects, SBIRT Screening, Brief Intervention and Referral to Treatment, Link between Cardiovascular Disease and Diabetes, and Cognitive Behavioral Therapy for Chronic Pain.

Additionally, four (4) webinar CME/CE activities were offered during the fiscal year 2018-2019. The topics included: Immunizations: New & Sometimes Confusing Recommendations, Patient Engagement and Culturally Responsive Health Care, Blood Pressure Management, Hypertension, and lastly, Cancer Screening in the Primary Care Setting (emphasis Breast, Cervical and Colorectal cancer). Also, there were other CE activities offered for health plan staff and its provider network namely Beginners Motivational Interviewing (MI) Training, Intermediate Motivational Interviewing Training and Advanced Motivational Interviewing Training, all MI trainings dated July 1, July 19, August 9, September 5, September 6, and October 10, 2019.

Joint Providership

There were a total of thirty-two (32) jointly provided/sponsored CME/CE activities for fiscal year 2018-2019. These live and online courses were offered in Joint Providership with partner healthcare organizations. The healthcare topics include: New Trials and New Guidelines of Hypertension, Cardiovascular Advances and Heart Failure Best Practices, Learning Collaborative Training on (MAT) Medication Assisted Treatment, Reducing Cardiovascular Risk through a Systems Approach to Smoking Cessation (Sacramento UBP with Right Care Initiative Sacramento), Learning from the Reflection to Move Forward, Diabetes Care & Motivational Interviewing Webinar by LA County DHS Endocrinology Work Group, UCLA ISAP Webinar on MAT ECHO Clinic: Introduction to Project ECHO® and to Opioid Use Disorder (OUD), Health Plan Metrics Progress on CVD and Diabetes (Los Angeles UBP with Right Care Initiative Sacramento), UCLA ISAP Webinar on MAT ECHO Clinic: Managing Pain in Patients with Opioid Use Disorder, UCLA ISAP Webinar on MAT ECHO Clinic: An Overview of Medical Treatments for Opioid Use Disorder (OUD), Insulin Regimen Webinar by LA County Department of Health Services

(DHS), Connection between Cardiovascular Disease and Diabetes, LA UBP by Right Care Initiative Sacramento, UCLA ISAP Webinar on MAT ECHO Clinic: Polysubstance Use and Medicines for Opioid Use Disorder (MOUD), Webinar on Oral Health Risk Assessment in the Medical Home by Center for Oral Health, Webinar on Nutrition in Diabetes & Obesity Clinical Practice Recommendation from the American Diabetes Association 2019 by LA County DHS Endocrinology Work Group, Live Course on Stimulant Use Disorders: Therapeutic Approaches and Considerations by LA County Department of Public Health (DPH) – Substance Abuse Prevention and Control (SAPC), Addressing Homelessness Among Patients with Mental Illness Webinar by Anthem Blue Cross, Social Determinants of Health and Diabetes Management: Shifting Care Upstream Webinar by LA County DHS, The Orange County Gay Men's Health Summit – Live Course by Pacific AIDS Education and Training Center at UCSF, and lastly, 2-day Inter-Rater Reliability Workshop for RNs by California Department of HealthCare Services (DHCS).

Summary of CME and CE Activities for Fiscal Year 2018-2019

During FY 2018-2019, October 1, 2018 to September 30, 2019, L.A. Care Health Plan's Provider Continuing Education Program offered twenty-two (22) directly provided CME/CE activities and thirty-two (32) jointly provided CME/CE activities with other healthcare organizations. Total of 112.25 CME credits and 154.25 CE credits were provided with a variance of 42 CE credits due to Motivational Interviewing (MI) Trainings and September 26-27, 2019 Inter-Rater Reliability Workshops only offered to RNs. Total of 1,932 learners for L.A. Care's directly provided CME/CE activities and total of 797 learners for our jointly provided CME/CE activities with other healthcare organizations, mixed audience of L.A. Care network providers, other physicians, PsyDs, NPs, RNs, PharmDs, LCSWs, LMFTs, LPCCs, LEPs, and other healthcare professionals.

L.11 HEALTH SERVICES TRAINING (HST)

AUTHOR: BYRON NATÉ, MPH

REVIEWER: MATT PIRRITANO, PH. D & JAMES KYLE, MD

BACKGROUND

In Spring 2018, the Health Services Training (HST) team was created under the leadership of the current CMO and Deputy CMO. The intent of the HST was to educate new and existing Health Services staff on their core job functions, improve department functionality and productivity, and increase employee engagement and retention.

The overarching goal for the HST Team was to develop a standardized, technical training program to support the areas in Health Services. HST took a multi-pronged approach: 1) To provide new hires within Health Services an orientation and onboarding experience to acclimate them to current Health Services processes and provide instructions for their everyday tasks. 2) To centralize all training efforts into one location by tracking and monitoring activity within all Health Service departments and 3) To collaborate and facilitate training efforts for all Health Services Departments by creating cross vertical partnerships within L.A. Care.

FUNCTIONS

In determining our approach and focus of HST, some key accomplishments were established this fiscal year. HST was able to create the New Hire Onboarding (NHO) program and formalize the process to streamline training requests from Health Service departments through HST.

It was determined that during FY 2018-2019, the Health Services Training Unit would conduct a gap analysis to determine: 1) existing training programs from all health services departments, 2) assess training needs from the health services management team, and 3) identifying and prioritizing training needs for the current fiscal year. This was completed within the first three months of the year through both quantitative and qualitative methods that included staff surveys and management team interviews. Based on the findings for FY 18-19, below is a list of completed trainings requested by different Health Services departments.

MAJOR ACCOMPLISHMENTS

Completed Trainings	Learning Format	Requesting Department	# Of Staff Trained
1. HST NHO	<i>Monthly 3-day (Classroom)</i>	All Health Services Departments	132 <i>*to date</i>
2. CalFresh Training	<i>6 blended vendor led sessions (Classroom)</i>	Health Education	174
3. EDIE CMT Pre Manage	<i>3 mixed vendor led sessions (Classroom)</i>	Quality Improvement	57
4. LANES Portal Training	<i>6 onsite sessions (Classroom)</i>	Quality Improvement	34
5. CCA Letter Generation part 1	<i>4 blended sessions (Classroom)</i>	Utilization Management	81

Completed Trainings	Learning Format	Requesting Department	# Of Staff Trained
6. CCA Letter Generation part 2	<i>5 blended sessions (Classroom)</i>	UM & MLTSS	112
7. Health Homes	<i>5 Blended sessions (Classroom)</i>	Safety Net Initiatives	79
8. Motivational Interviewing	<i>3 onsite vendor led sessions (Classroom)</i>	Health Education	26
9. PQI Training	<i>LMS module (eLearning)</i>	Quality Improvement	In Progress
10. Community Health Worker (CHW)	<i>Onsite Pilot training (Classroom)</i>	Care Management	3
11. CCA Upgrade	<i>9 Blended sessions (Classroom/WebEx)</i>	All Health Service Staff	307

LOOKING FORWARD

The Health Services Training (HST) Department has an incredible opportunity to change the landscape of L.A. Care employee training and education. Currently, we have been developing a plan to evaluate training effectiveness, and training quality. The training evaluation strategy will use appropriate tools, including but not limited to, a pre/post-training comparison, daily evaluations at the end of each session, eLearning evaluations, and post training surveys. The FY19-20 goal is to analyze training data received to show any correlation as it relates to training value, employee retention and quality after every training effort. In FY19-20, the goal is to assess staff experience in trainings offered during their time in Health Services. Additionally, we will work directly with Human Resources during exit interviews to track employee experience and satisfaction with available Health Services trainings. Lastly, we plan to implement a 60-day notification response system post onboarding to measure satisfaction in their current role. Results will be used to improve and optimize current programs and services offered by HST.

HST will continue to assist and support any training needs as it pertains to any regulatory, compliance and audit requirements. The current training request system that is in place currently will allow for HST to track and document training opportunities on an ongoing basis.

L.12 DELEGATION OVERSIGHT

AUTHOR: BETTSY SANTANA, MPH & JENNY LI, MPH, & BILL BITTNER, MPH

REVIEWER: MARIA CASIAS, RN & JAMES KYLE, MD

2019 WORK PLAN GOALS:

- 100% of all delegates who need an audit will receive an annual audit.
- 100% of all delegates will report quarterly as specified in contract.
- 100% submission of timely delegate oversight reporting for each department.

BACKGROUND

L.A. Care may delegate selected Quality Improvement (QI) activities to Plan Partners, Specialty Health Plan, and First Tier, Downstream or Related Entities with established quality improvement programs and policies consistent with regulatory and NCQA accreditation requirements and standards. The activities delegated to Participating Provider Groups are limited to utilization management, credentialing activities, and transition of care and coordination of care, which are monitored by credentialing and clinical assurance departments. L.A. Care has mutually agreed upon delegation agreements with delegated entities. Prior to contracting with the entity, L.A. Care performs a pre-delegation audit to assess if the delegate is capable of managing the delegated activities and compliance with L.A. Care, current NCQA standards and state and federal regulatory requirements. L.A. Care retains accountability and ultimate responsibility for all components of the Program. On an annual basis, L.A. Care evaluates the delegates' performance against NCQA, DMHC/DHCS, and CMS standards for the delegated activities. L.A. Care analyzes audit results and reports, and identifies opportunities for performance improvement. A corrective action may be required to address deficiencies. In addition, L.A. Care provides ongoing monitoring through oversight reports, meetings, and collaboration to continually assess compliance with standards and requirements. At L.A. Care's discretion, or in the event that L.A. Care determines that significant deficiencies are occurring related to performance by the Delegate and are without remedy, additional on-site audits can be initiated and/or Corrective Action Plans (CAPs) can be implemented as stipulated in the written Delegation Agreement. Failure to perform can result in additional audits by L.A. Care and may include revocation of the Delegation agreement. The Quality Improvement department works in conjunction with Compliance and Delegation Oversight unit that oversees the annual audit process.

COMPLIANCE DELEGATION OVERSIGHT UNIT

Compliance's Delegation Oversight unit conducts annual audits of PPGs, Plan Partners, and Specialty Health Plans. As part of the annual audits, the Delegation Oversight unit manages a variety of audit functions that are performed by subject matter expert Auditors across the organization including: Compliance Program Effectiveness, Credentialing, Critical Incidents, Cultural & Linguistic Services, Facility Site Review, Financial Solvency & Claims Processing Compliance, Health Education, Information Security, Managed Long Term Services, Managed Care Services, Member Rights, Member Services, Pharmacy, Privacy, Provider Network Operations, Provider Network Services, Quality Improvement, and Utilization Management. At the close of each annual audit, Delegation Oversight works with the Delegate and the Auditors to create Corrective Action Plans for any findings. Corrective Action Plans include a root cause analysis, steps to fix the identified deficiency, identification of who will be responsible for implementing the Corrective Action, and a due date for implementation. In July 2019 it was announced that Delegation Oversight will become its own department, so its processes and oversight functions may change going forward.

Delegation Oversight reports are reviewed in the following committees:

- Quality: Quality Oversight Committee
- Utilization and Complex Case Management: Utilization Management Committee
- Credentialing: Credentialing Committee
- Member Rights (grievance and appeals): Member Quality Service Committee
- Potential Quality of Care Issue: Peer Review Committee
- Behavioral Health: Behavioral Health Quality Improvement Committee
- Pharmacy: Pharmacy Quality Oversight Committee
- Population Health Management: Member Quality Service Committee

MAJOR ACCOMPLISHMENTS

- Continued monitoring and delegated oversight of delivery of preventive health services by measuring selected Healthcare Effectiveness Data and Information Set (HEDIS) performance during annual audit. Delegates were required to submit a Corrective Action Plan (CAP)/ Performance Improvement Plan (PIP) in 2019 for HEDIS rate falling below minimal performance level (MPL) for both clinical measures as well as preventive health measures.
- Update the Annual Audit Tool for 2019
- Updated the Plan Partner services agreements to include the Managed Care Accountability Set and set the performance benchmark at 50th percentile.
- Conducted annual delegation oversight audit of Health Dialog, the nurse advice line vendor
 - Health Coaches completed 34,356 calls for members during the 2018 program year (2/1/2018-1/31/19).
 - In 2018, Health Coaches redirected 60% of individuals to the most clinically appropriate resource based upon the results of member symptom assessments.
 - Customer Satisfaction with Health Coaching by Health Dialog was 90% from 2018's nurse advice line member satisfaction survey.

RESULTS

- 100% of required delegate audits were completed in 2019.

QI DELEGATION OVERSIGHT

ANALYSIS

L.A. Care continues to assess delegated activities by conducting substantive review and analysis of delegate reports. Plan Partners that are NCQA accredited might not be audited for certain standards and functions, but instead be given auto-credit. However, L.A. Care reserves the right to audit any area where the Plan Partner was given auto-credit. Beacon Health Strategies (Beacon), an NCQA accredited Managed Behavioral Health Organization (MBHO) is delegated behavioral health services for Medi-Cal (except special mental health services), Cal MediConnect, L.A. Care Covered™, and PASC-SEIU Home Workers. Delegates submitted regular reports as defined in the delegation agreement for desktop review. The review of some reports and file samples are conducted on-site. Below are the 2019 Annual Audit results for Plan Partners and Beacon:

Beacon Health Strategies:

During the Final Audit, Beacon was deficient in five areas; Health Services Contracting, Member Experience- evaluating member complaints, Member Experience improving member experience, Availability of Practitioners, and Population Health Assessment. One of the health service contracts did not contain the necessary language regarding quality improvement. The Member Experience section did not include evidence of evaluating member experience and did not include information on prioritizing and implementation of interventions. The Availability of Practitioners section, did not meet because it was lacking evidence of analysis against access and availability standards. The Population Health Assessment section was also not met because Beacon did not submit evidence that Beacon annually assesses the needs of members with serious and persistent mental illness (SPMI). These five areas received a CAP and QI is waiting for a response. All other standards were met, including PQI, which last year received a CAP. In addition, QI staff brought these issues to the Behavioral Health Quality Committee to discuss the finding and recommendations. During remediation of the CAP, Beacon was able to address four out of the five gaps. Moving forward QI will discuss with Beacon any outstanding items or concerns at the behavioral health work group.

Kaiser Permanente:

During Preliminary Audit, Kaiser had several areas with deficiencies in their Preliminary Audit Findings (PAFs). Standard 2, covering member experience, was not met, as Kaiser presented quarterly data on member complaints and appeals for Medi-Cal, but these reports consist of raw numbers with no analysis or annual report. Additionally, not all required categories of complaints/appeals were documented. Kaiser was unable to identify any opportunities for improvement for the year because they did not analyze annual data on their Medi-Cal membership. No documentation was provided for Coordination of Care. For Population Health Management section, no evidence of utilization of advanced data sources, health appraisal results, pharmacy data, or community resources could be located. For Population Health Management – Member supports section, no evidence of value-based payment, practice transformation support, comparative quality information on selected specialties, or comparative pricing information for selected services could be located. For the Availability of Practitioners section, Kaiser did not provide results. The section on Out of Network Requests, no evidence of review of out-of-network requests could be located. In the member support section, no evidence of e-prescribing or e-referrals was provided.

During Final Audit, LAC responded to Kaiser's mitigation on 11/7. Out of the original 12 gaps found during the preliminary audit, 5 of them still remain as Not Met. For four of the gaps related to sections Population Health Management Population Identification and Delivery Systems Supports LAC is waiting to initiate a virtual review of KP's PHM materials per their request. Three of the gaps related to Availability of Practitioners and Assessment of Network Adequacy are NOT MET due to inadequate evidence. These are documented as final audit findings (FAF) and will require a CAP as next steps.

Anthem Blue Cross:

During Preliminary Audit, Anthem had several areas with deficiencies in their Preliminary Audit Findings (PAFs). In total Anthem had 13 areas out of 19 that were out of compliance due to either lack of or insufficient documentation. They were missing the QI program description, the work plan and program evaluation. For member experience, their performance goals did not meet the state requirement standards and showed discrepancies between their documents in regards to their metric goal. Section 8, related to population health, had incomplete evidence as well as documents that were not submitted. Anthem tried to meet section 12, availability of practitioners, through auto credit of NCQA and MBHO but was found to be insufficient. Network Adequacy, Member support, and QI committee sections were all missing documents. The Nurse Advice line section was partially met but was still missing evidence that the service was available 24/7 and their Nurse Advice Line policy. Finally, based on the HEDIS 2019 results, Postpartum, CWP and ADD measures do not meet minimal performance level/25th percentile and therefore a Corrective Action plan will be needed by the plan. As for PQI, L.A. Care PQI Auditor was able to review Anthem's G&A Policy Discussion onsite on 8/28/2019. During the discussion, Anthem Blue Cross confirmed the Medical Director reviewed all clinical grievances for Potential Quality of Care Issue. The team shared a job aid that is used for proper identification of clinical grievances and PQI as well as the end-to-end flow from Grievance to PQI.

During Final Audit, LAC responded to Anthem's mitigation on 11/20. Out of the original 19 gaps found during the preliminary audit, 7 of them still remain as Not Met. These are documented as final audit findings (FAF) and will require a CAP as next steps

Blue Shield of CA Promise Health Plan (Blue Shield):

During Preliminary Audit, Blue Shield had several areas with deficiencies in their Preliminary Audit Findings (PAFs). The Member Experience section did not have evidence of measuring effectiveness. The Coordination of Care section lacked opportunities being address and did not measure improvement. Continuity and Coordination Between Medical Care and Behavioral Healthcare: Unable to identify how health plan collaborates with MBHO to meet elements 1-6 and supporting interventions. Beacon's report only address internal programs but there was no evidence of them exchanging information with the health plan or with PCPs, for example. Similar to last year this is an area lacks proper collaboration. The Delegation of QI section lacked documentation to evidence oversight of their MBHO. The Population Health Management-Population Identification section, did not identify how the plan assess the needs of child and adolescent members or SPMI. Accessibility of Services section document did not address any of the elements in this section. Network Adequacy did not find data on out-of-network referrals. The section on Quality Improvement Committee did not have signatures that members attended meetings. The Nurse Advice Line section only one factor that met due to missing evidence or lack of complete set of evidence. Lastly, Blue Shield failed to meet the minimal performance level for three measures: Postpartum Care, Appropriate Testing for Children with Pharyngitis, and Follow-Up for Children Prescribed ADHD Medication for the second year in a row.

During Final Audit, LAC responded to Blue Shield's mitigation on 11/19. Out of the original 22 gaps found during the preliminary audit, 12 of them still remain as Not Met. These are documented as final audit findings (FAF) and will require a CAP as next steps

QUARTERLY AND SEMI-ANNUAL MONITORING

The Plan Partners and Beacon report quarterly and/or semi-annually. This year all groups struggled with timely submission with their population health management updates or assessments. This is likely due to the fact that it is a new requirement and most, have only established annual monitoring. The distribution of member rights and responsibility report was also delayed or absent for most delegates because traditionally this requirement has been an annual requirement and most have struggled to produce

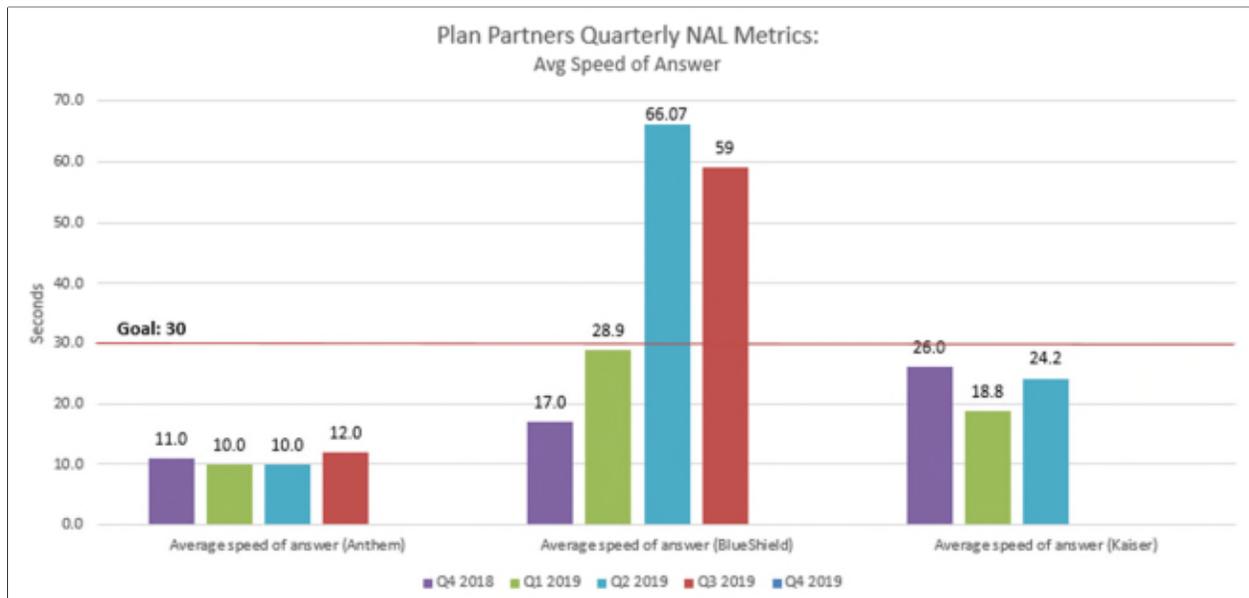
distribution logs with the exception of Beacon. Furthermore, it was noted that most were confused by the quarterly component due to the fact that they also submit the same documents annually. To help address these monitoring issues QI is working on sending the delegates a monitoring tool similar to the Annual Audit tool to help explain the requirements, how they will be scored, and frequency to help bring clarity to these reporting requirements and ensure timely submission.

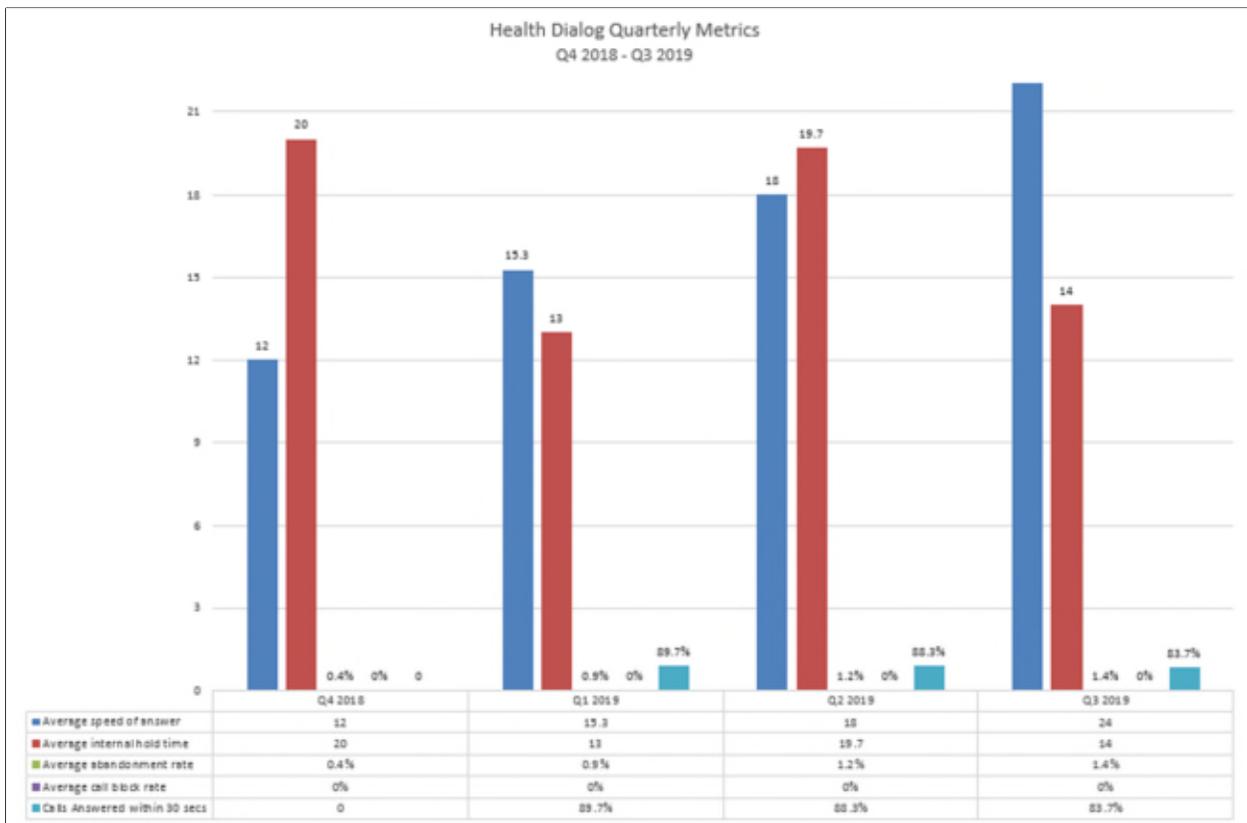
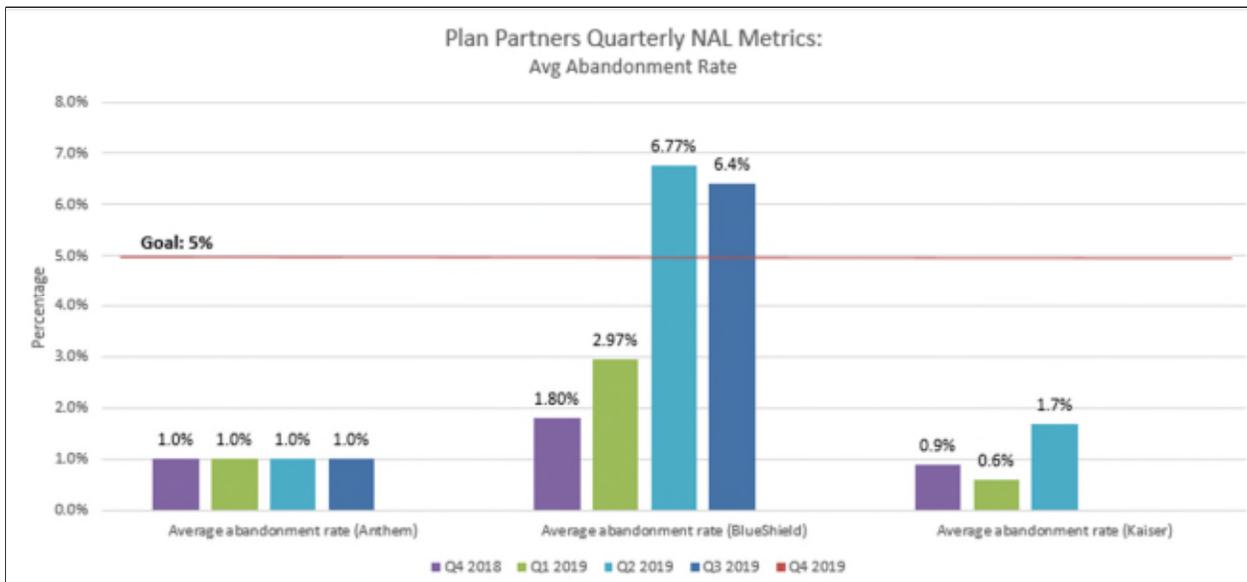
NURSE ADVICE LINE QUARTERLY RESULTS (NAL)

L.A. Care does quarterly oversight and monitoring of Plan Partners and NAL vendor, Health Dialog. Below are the results from Q4 2018 to Q3 2019.

DESCRIPTION OF MEASURES

Measure	Definition
Average Speed of Answer	The average amount of time in seconds between when an individual entered the queue and spoke with a Health Coach.
Call Abandonment Rate	The percent of individuals who have called into the program, entered the hold queue and have abandoned the call while waiting to speak with a Health Coach.
Call Blockage Rate	The percent of individuals who have called into the program and received a busy signal.
Average Hold Time	The average amount of time in seconds callers spent on hold after a Health Coach answered the call. This includes time spent while a coach is processing a transfer or conference.
Calls Answered within 30 secs	Percentage answered within 30 seconds performance metric not a regulatory requirement or contractual. Measured for ICC monitoring and reporting purposes only. New as of 1/2018.





Quantitative Analysis

- Health Dialog met all performance measures from Q4 2018 to Q2 2019
- Anthem met all performance measures from Q4 2018 to Q2 2019
- Blue Shield Promise

- Had a deficiency when they did not meet both the Average Speed of Answer measure and the Average Abandonment rate for both Q2 2019 and Q3 2019.
- Kaiser met all performance measures from Q4 2018 to Q2 2019. Kaiser is late in submitting their Q3 performance measures due to a change in their internal system. L.A. Care is working with their team to resolve the issues.

Qualitative Analysis

NURSE ADVICE LINE ANNUAL AUDIT RESULTS

Health Dialog has shown full compliance with all audit areas for 2019 Final Audit Findings. They have also met all service level telephonic commitments so far in the 2018 program year (1/1/19-9/30/19)

- Average Telephone Answer – Target \leq 30 seconds
 - Result: 18 seconds
- Average Internal Hold Time – Target \leq 30 seconds
 - Result: 13 seconds
- Average Call Block Rate – Target \leq 3%
 - Result: 0.0%
- Average Call Abandonment Rate – Target \leq 5%
 - Result: 1.1%
- Calls Answered Within 30 Seconds – Target \geq 80%
 - Result: 87%

LOOKING FORWARD

- L.A. Care will work with Compliance to issue CAP(s) for reports that are part of the monitoring activities e.g. work plans and distribution of member rights and responsibility.
- If Plan Partners are not successful with a CAP, L.A. Care will provide technical assistance by sharing initiatives that have shown improvement in the HEDIS measures where the Plan Partner is struggling. L.A. Care's Internal Compliance Committee also reserves the ability to issue sanctions and disciplinary actions for Plan Partners whose CAPs fail to make substantial corrections to the deficiencies noted, or whose CAPS are not implemented satisfactorily.
- L.A. Care QI will continue working with Marketing Department to develop marketing materials to promote the Nurse Advice Line.

I.13 CREDENTIALING

AUTHOR: ANNA MARIA RODRIGUEZ

REVIEWERS: MARIA CASIAS, RN & JAMES KYLE, MD

BACKGROUND

The Credentialing Department develops and adheres to credentialing and recredentialing policies and procedures, including a process to evaluate and document the mechanism for the credentialing and recredentialing of licensed independent practitioners and health delivery organizations (HDOs) with whom it contracts. Following initial credentialing, the Credentialing Department reassesses its practitioners and HDOs every three years to ensure they are in compliance with regulatory standards and L.A. Care's policies and procedures. Ongoing monitoring of L.A. Care's entire network is conducted on an ongoing basis throughout the year. The Credentialing Department reports regularly to the Quality Oversight Committee with an update from the Credentialing/Peer Review Committee.

MAJOR ACCOMPLISHMENTS

- The Credentialing Department successfully passed all regulatory and accreditation audits for 2019. This includes the DHCS audit and NCQA Mock Review in which Credentialing received recognition from both internal and external reviewers for having timely submission of documents and for having a robust credentialing program.
- The Credentialing Department continues to lead L.A. Care's process for complying with DHCS' APL 19-004 (supersedes APL 17-019) Provider Credentialing/Recredentialing Screening and Enrollment. In collaboration with Contracts and Relationship Management (CRM) (who is now the business lead), Provider Data Services (PDS) and Provider Data Unit (PDU), Credentialing will continue to monitor the provider network and collaborate with other business units on the screening and enrollment process.
- Through the Credentialing Department's continued collaboration with Provider Network Management (PNM), the Direct Network continues to expand and includes more than just Antelope Valley providers. The Credentialing Department continues to assist in building the infrastructure to support the Direct Network, including ensuring all practitioners and providers are properly vetted. To date 1,015 practitioners have been credentialed and we will continue to credential more in the year to come.
- In support of the *Elevating the Safety Net Provider Recruitment Program*, the Credentialing Department is collaborating with the Community Benefits and Safety Net Initiatives Departments. This Program is designed to increase health care access to low-income populations in Los Angeles County. Once the providers have been identified by these Departments, the Credentialing Department will credential them according to our standard credentialing and ongoing monitoring process.
- The Credentialing Department credentialed and/or recredentialed approximately 218 HDOs which includes Hospitals, Skilled Nursing Facilities, ADHC, Audiology, etc. to meet the network requirements for Cal MediConnect along with our regular core business. To further meet the needs of our members and to comply with regulatory requirements, Credentialing collaborated with CRM to expand the direct network to contract and credential new provider types such as: Congregate Living, Surgical Centers, Birthing Centers, Minute Clinics, Recuperative Care, Transitional Care and Radiologist.
- To meet DHCS health homes program requirements for serving Medi-Cal beneficiaries with complex medical needs and chronic conditions who may benefit from enhanced care management and coordination, Credentialing played a vital role in working with Safety Net and CRM in meeting the program implementation deadline of July 1st by credentialing 80 Community Based Care Management Entities (CB-CME) providers in a short span of 35 days.

- To assist the Organization in meeting compliance with the requirements outlined in NET6 standards for hospitals and the directory, Credentialing outlined the end to end process of identifying, tracking, capturing and updating hospital accreditation and quality data. This includes enhancing Computer Assisted Credentials Tracking and Update System (CACTUS) (to house hospital accreditation, quality links and expiration dates and notifying the Provider Data Systems Department when changes occur.
- In order to more fully integrate Managed Long-Term Services and Supports (MLTSS) into our quality system, we enhanced our Policy and our internal process, PNMCRD-014, “Assessment of Organizational Providers” for credentialing and recredentialing SNF and Community-Based Adult Services (CBAS) facilities to identify and address quality concerns. This includes a review of sanctions and citations issued by the California Department of Public Health or Department of Aging and Medicare Compare ratings of less than 3 stars. Publically available quality measures (e.g. Nursing Home Compare) have been leveraged in the peer review process for SNF/LTC facilities with identified issues. Credentialing consistently conducts primary source verification of this information and it is included in the adverse summaries that are reviewed at the Credentialing/Peer Review Committee meeting each month.
- A contract was entered into with Council for Affordable Quality Health Care (CAQH). CAQH will streamline the credentialing application process for practitioners, reduce duplicative paperwork for practitioners, simplify additional administrative processes requiring demographic and professional provider data, improve provider directories, and speed claims processing and adjudication.
- L.A. Care’s Special Investigation Unit (SIU) officially joined the Credentialing/Peer Review Committee in an effort to enhance our oversight and monitoring to ensure members continue to receive quality of care. Desktop procedures were created by SIU and reviewed by the Credentialing Department to outline the process of presenting all fraud, waste and abuse cases to the Credentialing/Peer Review Committee to assess quality of care. As a result, one provider was summarily suspended by the Committee and is pending exhaustion of his fair hearing rights. Credentialing filed an 805 with the Medical Board of California and reported the provider and his issues to the NPDB.
- There were 47 Hot Sheet issues identified for peer review and 2 providers termed for cause resulting in the filing of 805 reports to the Medical Board and reports to the National Practitioner Data Bank (NPDB). The Credentialing/Peer Review Committee identified
- On December 14th, 2018, CMS issued a memo notifying Plans that effective January 1st, 2019 CMS would begin posting a monthly “Preclusion List” identifying all providers that all plans are required to deny Medicare claims payment for any provider listed. As a result, Credentialing took the lead in being the Department to track and identify these providers. This resulted in the Department developing a policy and process to monitor, notify internal Departments, delegates and report precluded providers. The Credentialing Department integrated the behavioral health professionals into our scope of credentialing. To date, we have credentialed 498 professionals. We will continue to ensure all our practitioners are credentialed.
- The Credentialing and Provider Network Management Departments continues to collaborate and develop the Standardized Provider File (SPF) to support the Total Provider Management (TPM) project. The goal of this project is to standardize intake of provider data, build the data architecture to support the intake, validation, mastering and transmission to downstream applications, databases, and users, establish appropriate and efficient workflows leveraging cross-functionality collaborative teams to manage the provider data; and to the greatest extent possible, automate processes to enable appropriate and timely use of provider information for all downstream uses with the objective of ensuring its members receive the right care at the right time, at the right place, and for the right price. TPM will utilize a standard intake data process, known as, Standardized

Provider File, to accomplish this goal. This project and process has also been created to improve and enhance the Adds, Changes, Terminations process.

- The Credentialing Department conducted a combined total of 50 audits of delegated entities during 2018/2019. In addition, Credentialing worked in conjunctions with Compliance and CRM to pre-assess new delegated entities to ensure compliance with State, Federal, Regulatory and NCQA requirements. This includes the following: 1) L.A. Care’s new transportation vendor, Call the Car - Credentialing reviewed the pre-assessment conducted by Compliance and identified gaps and deficiencies. As a result, Credentialing conducted a focus audit and issued corrective action plans for all deficiencies identified. 2) Solera: Credentialing conducted pre-assessment for the new diabetes prevention program to determine if the vendor meets requirements for delegation. 3) Teledoc: Credentialing conducted a pre-assessment and a follow-up focus audit to determine if this telemedicine vendor can meet the credentialing program requirements for delegation. 30 Initial and 30 recredential provider files were reviewed as part of the focus audit. Audit results were presented to the Credentialing/Peer Review Committee and reviewed to identify triggers for Corrective Action Plans and ongoing monitoring as an opportunity for provider group education.

DELEGATION OVERSIGHT AUDITS COMPLETED

	Goal	2017 Results	2018 Results	2019 Results	Goal Met?
Credentialed	100%	100%	100%	100%	Met
Recredentialed	100%	100%	100%	100%	Met
HDO Assessment	100%	100%	100%	100%	Met

ANALYSIS

Quantitative and Qualitative Analysis

The Credentialing Department continues to lead the organization in its effort to track and trend provider screening and enrollment. This includes identifying and flagging all provider types to identify those that are enrolled vs those in process in our CACTUS database. In addition, we continue to work with Provider Data Services (PDS), Provider Data Unit and Contracts and Relationship Management (CRM) to monitor the delegated network providers that are not enrolled by denying PCDW for any provider identified as not enrolled in Medi-Cal or when a PPG does not provide evidence of enrollment in process. To further meet the requirements of APL 19-004 for ongoing monitoring of our network, monthly reports are presented to the Credentialing/Peer Review Committee to track and trend the enrollment status of L.A. Care’s network. This includes creating a flag in CACTUS to add 120R to providers that are identified as not enrolled in Medi-Cal.

LOOKING FORWARD

The Credentialing Department is spearheading the implementation of the import/export module of CACTUS. This would make it possible for the credentialing database to allow data to be electronically fed from CACTUS to Master Data Management (MDM). Implementation of this module will also assist with receiving electronic provider data submitted to L.A. Care on the Standardized Provider File from the delegated entities. The replacement of the current “Add Change Delete” process within the Provider Portal is critical to improve efficiencies for both L.A. Care and its delegates and ensure the accuracy of our Provider network.

Credentialing will continue to work with CRM to expand the direct network to meet the needs of the members and to ensure compliance with regulatory requirements. This will include adding new provider types to the network and working closely with PNM’s CRM, PDU and PDS Departments to create new, automated and streamline processes for onboarding and monitoring the provider network.

CONCLUSION

Overall Effectiveness and Opportunities

Overall, the 2019 Quality Improvement Program was effective in identifying opportunities for improvement and enhancing processes and outcomes. Sufficient resources were committed to support committee activities and to complete projects detailed in the work plan. Leadership played an active role by participating in quality committee meetings, providing input on quality related opportunities, helping to identify barriers and develop and implement effective approaches to achieve improvements. The Chief Executive Officer, Chief Medical Officer, and Chief Quality and Information Executive were integral participants in activities of the Compliance and Quality Committee of the Board. The organization's quality improvement work plan effectively monitored and reported on the numerous quality-related efforts underway throughout the organization. The work plan was updated and reviewed by the Quality Oversight Committee on a quarterly basis.

In line with the strategic direction undertaken by the Leadership Team and the Board of Governors the Chief Executive Officer has continued to refine the reorganization of L.A. Care. The intent of the reorganization continues to align the business processes and foster accountability internally and externally; eliminate duplicate functions; to clarify communication with internal and external stakeholders; and add new functions in internal auditing, enterprise risk assessment, and single source for data management and analytics. An ongoing component of the restructuring is to clearly organize the population served into segments based on risk, reimbursement, and enrollment challenges.

L.A. Care Health Plan was successfully evaluated by regulators and accrediting bodies, with particular emphasis on quality of care, coordination and integration of services, and provision of effectiveness and efficacy of processes.

The Chief Medical Officer, as the senior physician or designee serves as the Chairperson of all standing committees. The assignment of a subject matter expert physician to each committee and subcommittee is dependent on the scope and role of the committee.

Practicing physicians provided input through the Joint Performance Improvement Collaborative (PICC) and Physician Quality Committee (PQC). L.A. Care members and consumer advocates provided input through the eleven Regional Community Advisory Committees and the Executive Community Advisory Committee. Other external experts provided input through the Children's Health Consultant Advisory Committee and the Technical Advisory Committee.

Review of the scope, composition and business of the individual committees has led management to review the existing committee structure and has resulted in a redesign of subcommittees to be working committees recommending actions to the Quality Oversight Committee. The refinement of the committee structure and reporting is an ongoing performance improvement initiative and is expected to continue in 2020. The overall goal of improving the effectiveness and efficiency of the committees is critical in improving overall quality of care and efficiency of process thereof.

In addition to demonstrating improvements in clinical care, staff made process improvements in integrating the DM and CM programs, programs that promote clinical practice guideline adherence, such as pharmacy notifications indicating controller and reliever medication use for members with asthma. Potential quality of care processes were revamped to be more efficient and potential quality issues were better identified, tracked and monitored through the Credentialing/Peer Review Committee. Patient safety was addressed through the monitoring of potential quality issues, facility site reviews, and pharmacy management programs. Coordination and collaboration among departments, such as between A&G and PQI supported more effective clinical and service improvements.

Improvements were made in several HEDIS areas. Better provider record abstraction and encounter data capture led to improved scores. Quality Improvement staff conducted focused site visits with provider offices discussing HEDIS process, and using Provider Opportunity Reports. Providers and groups were also invited to multiple CME opportunities as well as webinars mentioning constant access to online materials. These activities are expected to continue and be enhanced in 2020.

There remain opportunities to improve medication management for chronic issues and Diabetes in particular, including the disparity in control of Diabetes medication adherence with African Americans. Several other clinical measures have been identified for improvement, such as, breast cancer screenings, cervical cancer screening, colorectal cancer screenings, annual wellness exams and avoiding the use of opioids. There were several member satisfaction measures as well that continue to be in need of improvement: getting needed care, getting care quickly, and overall rating of health plan.

The QI Program will continue to focus on opportunities to improve clinical care, safety and service in the areas outlined in this report. Member satisfaction results have declined over the last three years and enterprise efforts are underway to improve. Timely access to care studies continue to show the need for improvement including the need to improve provider data, which again has a large scale effort in place to improve. There are multiple clinical (and/or clinical data) areas that still need improvement, such as, breast and cervical cancer screenings, appropriate medications for people with asthma, and immunizations among pediatric and adolescent patients. These and other QI activities are detailed in the 2020 QI Work Plan and will be tracked through the QI committees and the governance structure.

Performance Measures for Planned Activities for Objectives	HEDIS Acronym	Regulatory Agencies	2018 Rates	2019 Rates	2019 Goal	Goal Met/Not Met	Responsible Staff/Department	Timeframe for completion	Reports to: (Dates are 2019 unless otherwise noted)	Interventions/Updates	Comments/Barriers	Recommend for 2020 Work Plan
After Hour Care - Practitioners surveyed have after-hour care process such as exchange service, automated answering/paging system, or directly accessible, in order to respond to member call with live person within 30 minutes.		DMHC DHCS CMS NCQA	<p>2018 MY2017 ATC Survey Results:</p> <p>Medi-Cal PCP Access 73% Timeliness 55% Combined Access & Timeliness 50%</p> <p>CMC: PCP Access 73% Timeliness 57% Combined Access & Timeliness 50%</p> <p>LACC/LACCD: PCP Access 73% Timeliness 57% Combined Access & Timeliness 50%</p> <p>PASC: PCP Access 69% Timeliness 52% Combined & Timeliness 58%</p>	<p>2019 MY2018 ATC Survey Results:</p> <p>Medi-Cal: PCP Access 85% Timeliness 34% Combined Access & Timeliness 32%</p> <p>CMC: PCP Access 85% Timeliness 34% Combined Access & Timeliness 32%</p> <p>LACC: PCP Access 86% Timeliness 33% Combined Access & Timeliness 53%</p> <p>LACCD: PCP Access 86% Timeliness 30% Combined Access & Timeliness 35%</p> <p>PASC: PCP Access 83% Timeliness 18% Combined Access & Timeliness 18%</p>	<p>Medi-Cal: PCP Access 77% Timeliness 58% Combined Access & Timeliness 51%</p> <p>CMC: PCP Access: Met Timeliness: Not Met Combined Access & Timeliness: Not Met</p> <p>LACC: PCP Access: Met Timeliness: Not Met Combined Access & Timeliness: Met</p> <p>LACCD: PCP Access: Met Timeliness: Not Met Combined Access & Timeliness: Not Met</p> <p>PASC: PCP Access: Met Timeliness: Not Met Combined Access & Timeliness: Not Met</p>	<p>Medi-Cal: PCP Access: Met Timeliness: Not Met Combined Access & Timeliness: Not Met</p> <p>CMC: PCP Access: Met Timeliness: Not Met Combined Access & Timeliness: Not Met</p> <p>LACC: PCP Access: Met Timeliness: Not Met Combined Access & Timeliness: Not Met</p> <p>LACCD: PCP Access: Met Timeliness: Not Met Combined Access & Timeliness: Not Met</p> <p>PASC: PCP Access: Met Timeliness: Not Met Combined Access & Timeliness: Not Met</p>	Isabella Urbano (QI)/ Amette Garcia (QI)	Annually: Sept '19	MQSC: Oct 14	<p>Q2: An analysis of the 2018 After-Hours Access survey results identified an increase in the Access measure, but a significant decrease in the Call-Back Timeliness measure from 2017 to 2018 across each line of business. Accreditation, QI issued PPG requests for root cause analysis and action plans to bring non-compliant providers into compliance with the call-back Timeliness measure. Accreditation, QI distributed to PPGs Oversight & Monitoring workbooks, populated with providers non-compliant with after-hours measures. PPGs are to submit audit results on a quarterly basis from Quarter 2 2019 to Quarter 1 2020, until all non-compliant providers are brought into compliance. Accreditation, QI also hosted a Timely Access Oversight & Monitoring training webinar to review access to care standards and the 2019 O&M process. PPGs received their After-Hours MY2019 report cards, recommended after-hours voicemail messaging, a summary of After Hours standards, and suggestions for ATC interventions. Accreditation is working with CRM to develop a detailed communication plan for the MY2019 access to care surveys, announcing the start of the 2019 surveys and the importance of their participation.</p> <p>Q3: PPGs completed the root cause analysis and corrective action plans for After-Hours Call-Back Timeliness non-compliance by August 9th, 2019. A summary of the findings was presented to the QI steering committee, PDMOC, and the Appointment Availability workgroup. PPGs submitted the results of their Q2 Oversight & Monitoring to QI by August 5th, 2019. QI has summarized data deficiencies PPGs identify in the O&M workbooks. QI will summarize and report those findings to PDMOC in Q3 2019. A detailed communication letter was sent to PPG contacts and post card notifications were sent to individual providers, announcing the start of the 2019 Access to Care Surveys.</p> <p>Q4: PPGs submitted the results of their Q3 Oversight & Monitoring to QI by October 11, 2019. QI will identify deficient PPGs from both Q3 and Q4 and present findings at the Access and Availability Workgroup on February 6, 2020. The 2019 Access to Care Surveys are underway and almost complete. Data deficiencies identified in Q3 2019 were presented to Provider Data Management Oversight Committee (PDMOC) on 12/12/19 - PNM and CRM are researching and issue will be tracked at PDMOC, per PDMOC when appropriate risk will be logged on Compliance Risk Log managed by PDMOC.</p>	Providers are reluctant to commit to calling a member back within the 30 minute timeframe, after normal business hours.	Y
Routine Primary Care (Non-Urgent) - Practitioners surveyed have routine primary visits available within 10 business days.		DMHC DHCS CMS NCQA	<p>2018 MY2017 ATC Survey Results:</p> <p>Medi-Cal: 97.0%</p> <p>LACC/LACCD: 97.0%</p> <p>CMC: 97.0%</p> <p>PASC: 96.0%</p>	<p>2019 MY2018 ATC Survey Results:</p> <p>Medi-Cal 85% LACC 94% LACCD 94% CMC 94% PASC 96%</p>	<p>Medi-Cal: 100%</p> <p>LACC: Not Met</p> <p>LACCD: Not Met</p> <p>CMC: 99%</p> <p>PASC: 100%</p>	<p>Medi-Cal: Not Met</p> <p>LACC: Not Met</p> <p>LACCD: Not Met</p> <p>CMC: 99%</p> <p>PASC: Not Met</p>	Isabella Urbano (QI)/ Amette Garcia (QI)	Annually: Sept '19	MQSC: Oct 14	<p>Q2: An analysis of the 2018 Provider Appointment Availability Survey results identified stable compliance rates with PCP and SCP urgent and routine appointment availability measures. Accreditation, QI distributed PPGs Oversight & Monitoring workbooks, populated with providers non-compliant with appointment availability measures. PPG are to submit audit results on a quarterly basis from Quarter 2 2019 to Quarter 1 2020, until all non-compliant providers are brought into compliance. Accreditation, QI also hosted a Timely Access Oversight & Monitoring training webinar to review access to care standards and the 2019 O&M process. PPGs also received their Appointment Availability MY2019 report cards. Accreditation is working with PDM to develop a root cause analysis for low volume ancillary providers in the PASC network and a plan of action to improve availability and survey response in the network.</p> <p>Q3: PPGs submitted the results of their Q2 Oversight & Monitoring to QI by August 5th, 2019. QI has summarized data deficiencies PPGs identify in the O&M workbooks. QI will summarize and report those findings to PDMOC in Q3 2019. A detailed communication letter was sent to PPG contacts and post card notifications were sent to individual providers, announcing the start of the 2019 Access to Care Surveys.</p> <p>Q4: PPGs submitted the results of their Q3 Oversight & Monitoring to QI by October 11, 2019. QI will identify deficient PPGs from both Q3 and Q4 and present findings at the Access and Availability Workgroup on February 6, 2020. The 2019 Access to Care Surveys are underway and almost complete. Data deficiencies identified in Q3 2019 were presented to Provider Data Management Oversight Committee (PDMOC) on 12/12/19 - PNM and CRM are researching and issue will be tracked at PDMOC, per PDMOC when appropriate risk will be logged on Compliance Risk Log managed by PDMOC.</p>	The Appointment Availability survey has low response rates. QI is collaborating with CRM to increase response rates. In MY2020 notification of survey start will again be sent to PPGs and Provider directly. Improvement in notification to PPGs will be to include attention language that PPGs received notice and will also ensure their provider network is aware of upcoming survey. Additionally, QI is requesting update from CRM to include survey participation requirements in the Updated Provider Manual (effective for update is TBD). Data deficiencies remain an issue as this impacts the integrity of the survey results.	Y
Routine Specialty Care (Non-Urgent) - Specialist practitioners surveyed have routine specialty care visits available within 15 business days of request.		DMHC DHCS CMS NCQA	<p>2018 MY2017 ATC Survey Results:</p> <p>Medi-Cal: 80%</p> <p>CMC: 87%</p> <p>LACC/LACCD: 85%</p> <p>LACCD: 85%</p> <p>PASC: 91%</p>	<p>2019 MY2018 ATC Survey Results:</p> <p>Medi-Cal 85% LACC 89% LACCD 88% CMC 90% PASC 93%</p>	<p>Medi-Cal: 92%</p> <p>LACC: Not Met</p> <p>LACCD: Not Met</p> <p>CMC: 93%</p> <p>PASC: 90%</p>	<p>Medi-Cal: Met</p> <p>LACC: Not Met</p> <p>LACCD: Not Met</p> <p>CMC: Not Met</p> <p>PASC: Not Met</p>	Isabella Urbano (QI)/ Amette Garcia (QI)	Annually: Sept '19	MQSC: Oct 14	<p>Q2: An analysis of the 2018 Provider Appointment Availability Survey results identified stable compliance rates with PCP and SCP urgent and routine appointment availability measures. Accreditation, QI distributed PPGs Oversight & Monitoring workbooks, populated with providers non-compliant with appointment availability measures. PPG are to submit audit results on a quarterly basis from Quarter 2 2019 to Quarter 1 2020, until all non-compliant providers are brought into compliance. Accreditation, QI also hosted a Timely Access Oversight & Monitoring training webinar to review access to care standards and the 2019 O&M process. PPGs also received their Appointment Availability MY2019 report cards. Accreditation is working with PDM to develop a root cause analysis for low volume ancillary providers in the PASC network and a plan of action to improve availability and survey response in the network.</p> <p>Q3: PPGs submitted the results of their Q2 Oversight & Monitoring to QI by August 5th, 2019. QI has summarized data deficiencies PPGs identify in the O&M workbooks. QI will summarize and report those findings to PDMOC in Q3 2019. A detailed communication letter was sent to PPG contacts and post card notifications were sent to individual providers, announcing the start of the 2019 Access to Care Surveys.</p> <p>Q4: PPGs submitted the results of their Q3 Oversight & Monitoring to QI by October 11, 2019. QI will identify deficient PPGs from both Q3 and Q4 and present findings at the Access and Availability Workgroup on February 6, 2020. The 2019 Access to Care Surveys are underway and almost complete. Data deficiencies identified in Q3 2019 were presented to Provider Data Management Oversight Committee (PDMOC) on 12/12/19 - PNM and CRM are researching and issue will be tracked at PDMOC, per PDMOC when appropriate risk will be logged on Compliance Risk Log managed by PDMOC.</p>	The Appointment Availability survey has low response rates. QI is collaborating with CRM to increase response rates. In MY2020 notification of survey start will again be sent to PPGs and Provider directly. Improvement in notification to PPGs will be to include attention language that PPGs received notice and will also ensure their provider network is aware of upcoming survey. Additionally, QI is requesting update from CRM to include survey participation requirements in the Updated Provider Manual (effective for update is TBD). Data deficiencies remain an issue as this impacts the integrity of the survey results.	Y
Urgent Care (PCP) - Urgent care appointments available within 48 hours.		DMHC DHCS CMS NCQA	<p>2018 MY2017 ATC Survey Results:</p> <p>Medi-Cal: 92%</p> <p>CMC: 92%</p> <p>LACC/LACCD: 92.0%</p> <p>PASC: 96.0%</p>	<p>2019 MY2018 ATC Survey Results:</p> <p>Medi-Cal 88% LACC 88% LACCD 84% CMC 87% PASC 74%</p>	<p>Medi-Cal: 96%</p> <p>LACC: Not Met</p> <p>LACCD: Not Met</p> <p>CMC: 95%</p> <p>PASC: 99%</p>	<p>Medi-Cal: Not Met</p> <p>LACC: Not Met</p> <p>LACCD: Not Met</p> <p>CMC: Not Met</p> <p>PASC: Not Met</p>	Isabella Urbano (QI)/ Amette Garcia (QI)	Annually: Sept '19	MQSC: Oct 14	<p>Q2: An analysis of the 2018 Provider Appointment Availability Survey results identified stable compliance rates with PCP and SCP urgent and routine appointment availability measures. Accreditation, QI distributed PPGs Oversight & Monitoring workbooks, populated with providers non-compliant with appointment availability measures. PPG are to submit audit results on a quarterly basis from Quarter 2 2019 to Quarter 1 2020, until all non-compliant providers are brought into compliance. Accreditation, QI also hosted a Timely Access Oversight & Monitoring training webinar to review access to care standards and the 2019 O&M process. PPGs also received their Appointment Availability MY2019 report cards. Accreditation is working with PDM to develop a root cause analysis for low volume ancillary providers in the PASC network and a plan of action to improve availability and survey response in the network.</p> <p>Q3: PPGs submitted the results of their Q2 Oversight & Monitoring to QI by August 5th, 2019. QI has summarized data deficiencies PPGs identify in the O&M workbooks. QI will summarize and report those findings to PDMOC in Q3 2019. A detailed communication letter was sent to PPG contacts and post card notifications were sent to individual providers, announcing the start of the 2019 Access to Care Surveys.</p> <p>Q4: PPGs submitted the results of their Q3 Oversight & Monitoring to QI by October 11, 2019. QI will identify deficient PPGs from both Q3 and Q4 and present findings at the Access and Availability Workgroup on February 6, 2020. The 2019 Access to Care Surveys are underway and almost complete. Data deficiencies identified in Q3 2019 were presented to Provider Data Management Oversight Committee (PDMOC) on 12/12/19 - PNM and CRM are researching and issue will be tracked at PDMOC, per PDMOC when appropriate risk will be logged on Compliance Risk Log managed by PDMOC.</p>	The Appointment Availability survey has low response rates. QI is collaborating with CRM to increase response rates. In MY2020 notification of survey start will again be sent to PPGs and Provider directly. Improvement in notification to PPGs will be to include attention language that PPGs received notice and will also ensure their provider network is aware of upcoming survey. Additionally, QI is requesting update from CRM to include survey participation requirements in the Updated Provider Manual (effective for update is TBD). Data deficiencies remain an issue as this impacts the integrity of the survey results.	Y
Urgent Care (SCP) - Urgent care appointments available within 96 hours.		DMHC DHCS CMS NCQA	<p>2018 MY2017 ATC Survey Results:</p> <p>Medi-Cal: 82%</p> <p>CMC: 84%</p> <p>LACC/LACCD: 82%</p> <p>PASC: 90%</p>	<p>2019 MY2018 ATC Survey Results:</p> <p>Medi-Cal 87% LACC 84% LACCD 84% CMC 85% PASC 88%</p>	<p>Medi-Cal: 86%</p> <p>LACC: Not Met</p> <p>LACCD: Not Met</p> <p>CMC: 89%</p> <p>PASC: 95%</p>	<p>Medi-Cal: Met</p> <p>LACC: Not Met</p> <p>LACCD: Not Met</p> <p>CMC: Not Met</p> <p>PASC: Not Met</p>	Isabella Urbano (QI)/ Amette Garcia (QI)	Annually: Sept '19	MQSC: Oct 14	<p>Q2: An analysis of the 2018 Provider Appointment Availability Survey results identified stable compliance rates with PCP and SCP urgent and routine appointment availability measures. Accreditation, QI distributed PPGs Oversight & Monitoring workbooks, populated with providers non-compliant with appointment availability measures. PPG are to submit audit results on a quarterly basis from Quarter 2 2019 to Quarter 1 2020, until all non-compliant providers are brought into compliance. Accreditation, QI also hosted a Timely Access Oversight & Monitoring training webinar to review access to care standards and the 2019 O&M process. PPGs also received their Appointment Availability MY2019 report cards. Accreditation is working with PDM to develop a root cause analysis for low volume ancillary providers in the PASC network and a plan of action to improve availability and survey response in the network.</p> <p>Q3: PPGs submitted the results of their Q2 Oversight & Monitoring to QI by August 5th, 2019. QI has summarized data deficiencies PPGs identify in the O&M workbooks. QI will summarize and report those findings to PDMOC in Q3 2019. A detailed communication letter was sent to PPG contacts and post card notifications were sent to individual providers, announcing the start of the 2019 Access to Care Surveys.</p> <p>Q4: PPGs submitted the results of their Q3 Oversight & Monitoring to QI by October 11, 2019. QI will identify deficient PPGs from both Q3 and Q4 and present findings at the Access and Availability Workgroup on February 6, 2020. The 2019 Access to Care Surveys are underway and almost complete. Data deficiencies identified in Q3 2019 were presented to Provider Data Management Oversight Committee (PDMOC) on 12/12/19 - PNM and CRM are researching and issue will be tracked at PDMOC, per PDMOC when appropriate risk will be logged on Compliance Risk Log managed by PDMOC.</p>	The Appointment Availability survey has low response rates. QI is collaborating with CRM to increase response rates. In MY2020 notification of survey start will again be sent to PPGs and Provider directly. Improvement in notification to PPGs will be to include attention language that PPGs received notice and will also ensure their provider network is aware of upcoming survey. Additionally, QI is requesting update from CRM to include survey participation requirements in the Updated Provider Manual (effective for update is TBD). Data deficiencies remain an issue as this impacts the integrity of the survey results.	Y
Service - Availability												
Drive Distance to PCP (Geomapping, Optum Reports)			<p>Q1 2018: Medi-Cal: 99.3% LACC: 99.7% CMC: 99.0%</p> <p>Q2 2018: Medi-Cal: 100% LACC: 99.7% CMC: 99.0%</p> <p>Q3 2018: Medi-Cal: 99.6% LACC: 99.7% CMC: 99.0%</p> <p>Q4 2018: Medi-Cal: 99.3% LACC: 99.7% CMC: 99.0%</p>	<p>Q1 2019: Medi-Cal: 99.3% LACC: 99.7% CMC: 99.0%</p> <p>Q2 2019: Medi-Cal: 95.0% LACC: 99.7% CMC: 99.0%</p> <p>Q3 2019: Medi-Cal: 99.3% LACC: 99.7% CMC: 99.0%</p> <p>Q4 2019: Medi-Cal: 99.3% LACC: 99.8% CMC: 99.3%</p>	95% of members have access to a PCP within 10 miles radius of their primary residence	Q1: Met Q2: Met Q3: Met Q4: Met	Green Cathey (PNM)/ Acacia Reed (PNM)	Quarterly	MQSC: Oct 14	<p>Q1: Continued development of the direct network for the Medi-Cal line of business.</p> <p>Q2: Continued development of the direct network for the Medi-Cal line of business. Collaboration with external consultant to identify geographic areas in which network adequacy deficiencies exist.</p> <p>Q3: Continued development of the direct network for the Medi-Cal line of business. This network includes both specialists and PCPs who provide services throughout the L.A. County coverage area.</p>		Y

Performance Measures for Planned Activities for Objectives	HEDIS Acronym	Regulatory Agencies	2018 Rates	2019 Rates	2019 Goal	Goal Met/Not Met	Responsible Staff/Department	Timeframe for completion	Reports to: (Dates are 2019 unless otherwise noted)	Interventions/Updates	Comments/Barriers	Recommend for 2020 Work Plan
Drive Distance to all SCP, including identified high volume SCP (Geomapping, Opium Reports)			<p>Q1 2018: Medi-Cal: 99.8% LACC: 99.6% CMC: 98.9%</p> <p>Q2 - 2018 Medi-Cal: 99.7% LACC: 99.6% CMC: 99.1%</p> <p>Q3-2018 Medi-Cal: 99.7% LACC: 99.6% CMC: 99.2%</p> <p>Q4-2018 Medi-Cal: 100% LACC: 99.7% CMC: 99.1%</p>	<p>Q1 2019 Medi-Cal: 100 % LACC: 99.7% CMC: 99.1%</p> <p>Q2 2019 Medi-Cal: 100% LACC: 99.7% CMC: 98.8%</p> <p>Q3 2019 Medi-Cal: 99.8 LACC: 99.7% CMC: 99.25%</p> <p>Q4 2019 Medi-Cal: 99.8% LACC: 99.4% CMC: 99.25%</p>	90% of members have access to specialty care practitioners within 15 miles radius of their primary residence	Q1: Met Q2: Met Q3: Met Q4: Met	Gwen Cathey (PNM)/ Acacia Reed (PNM)	Quarterly	MQSC: Oct 14	<p>Q1: Continued development of the direct network for the Medi-Cal line of business</p> <p>Q2: Continued development of the direct network for the Medi-Cal line of business. Collaboration with external consultant to identify geographic areas in which network adequacy deficiencies exist.</p> <p>Q3: Continued development of the direct network for the Medi-Cal line of business. This network includes both specialists and PCPs who provide services throughout the L.A. County coverage area.</p>		Y
Ratio - PCP (excludes mid-level providers) (Geomapping, Opium Reports)			<p>Q1 2018: Medi-Cal: 1:316 LACC: 1:19 CMC: 1:7</p> <p>Q2 - 2018 Medi-Cal: 1: 463 LACC: 1: 19 CMC: 1:7</p> <p>Q3-2018 Medi-Cal: 1:346 LACC: 1:19 CMC: 1:7</p> <p>Q4 - 2018 Medi-Cal: 1:284 LACC: 1:16 CMC: 1:7</p>	<p>Q1 2019 Medi-Cal: 1:284 LACC: 1:15 CMC: 1:7</p> <p>Q2 2019 Medi-Cal: 1:288 LACC: 1: 29 CMC: 1: 9</p> <p>Q3 2019: Medi-Cal: 1:283 LACC: 1:27 CMC: 1:8</p> <p>Q4 2019: Medi-Cal: 1:267 LACC: 1:37 CMC: 1:6</p>	1: 2000 members	Q1: Met Q2: Met Q3: Met Q4: Met	Gwen Cathey (PNM)/ Acacia Reed (PNM)	Quarterly	MQSC: Oct 14	<p>Q1: Continued development of the direct network for the Medi-Cal line of business.</p> <p>Q2: Continued development of the direct network for the Medi-Cal line of business. Collaboration with external consultant to identify geographic areas in which network adequacy deficiencies exist.</p> <p>Q3: Continued development of the direct network for the Medi-Cal line of business. This network includes both specialists and PCPs who provide services throughout the L.A. County coverage area.</p>		Y
Ratio - High Volume Specialist (Note the top 5 specialists can vary year to year)			<p>Q3 2018: Medi-Cal: Cardiovascular Disease: 1:3911 Podiatry: 1:7198 OB/GYN: 1:1384 Oncology: 1:5539 Ophthalmology: 1:4195</p> <p>LACC: Urology: 1:130 Cardiovascular Disease: 1:68 Podiatry: 1:303 Dermatology: 1:435 OB/GYN: 1:1</p> <p>CMC: Cardiovascular Disease: 1:27 Nephrology: 1:46 OB/GYN: 1:17 Oncology: 1:40 Ophthalmology: 1:27</p>	<p>Q1, Q2, Q3, and Q4 Pending</p>	The top 5 specialists (can vary year to year) by LOB	Pending	Gwen Cathey (PNM)/ Acacia Reed (PNM)	Annual	MQSC: Oct 14	<p>Q1 & Q2: Continued development of the direct network for the Medi-Cal line of business. Note: No updates were made to Specialist ratios for either quarter. Research into the previously used 1:5000 reveals that this standard is not supported by regulatory guidance or requirement. O & M is collaborating with other business units to establish ratio standards more appropriate for L.A. Care's network. Once this process is completed, PNM will resume its monitoring/calculating of Specialist ratios.</p> <p>Q3: New ratio standards have been established for high volume and high impact specialties, however, they will not be effective until the 4th Quarter of 2019.</p>	<p>Further discussion on the development/implementation of new specialist ratios has been requested by Operational Assurance Leadership.</p> <p>Finalization/implementation of a process to systematically communicate network deficiencies to delegates is pending.</p>	Y
Service Improvements					Goal Methodology: 2018 rates used to determine an attainable % increase If a National benchmark was met in the Work Plan then the next benchmark was set as the goal. If the next percentile is not attainable per prior year trending, the goal was set accordingly.							
Service - Member Satisfaction (Experience) ADULT												
ADULT - Rating of Health Plan (Enterprise Goal) (Medi-Cal: Rating of 8, 9, or 10 of 10) LACC: Mean-scored 0-100 -- not comparable to NCQA %) CMC: Rating of 9 or 10 of 10 Usually/Always (Tier 1)	CAHPS (Medi-Cal & CMC)/ EES (LACC)	Star (C27) NCQA: Medi-Cal & CMC QRS	<p>2018 Rate: Medi-Cal: 73.99% LACC: 72.55% CMC: 60%</p>	Medi-Cal: 72.88% LACC: 72.55% CMC: 69%	Medi-Cal: 78% LACC: 76% CMC: 65%	Medi-Cal: Not Met LACC: Not Met CMC: Met	Betty Santana (QI)/ Eather Bae (QPM)	Annually: Sept 19	MQSC: Oct 14			Y
ADULT - Rating of Health Care (Enterprise Goal) (Medi-Cal: Rating of 8, 9, or 10 of 10) LACC: Mean-scored 0-100 -- not comparable to NCQA %) CMC: Rating of 9 or 10 of 10 Usually/Always (Tier 1)	CAHPS (Medi-Cal & CMC)/ EES (LACC)	Star (C26) NCQA: Medi-Cal & CMC QRS	<p>2018 Rate: Medi-Cal: 66.25% LACC: 75.79% CMC: 58%</p>	Medi-Cal: 71.84% LACC: 77.89% CMC: 64%	Medi-Cal: 70% LACC: 79% CMC: 63%	Medi-Cal: Met LACC: Not Met CMC: Met	Betty Santana (QI)/ Eather Bae (QPM)	Annually: Sept 19	MQSC: Oct 14		Member Experience (CG-CAHPS) measures in Plan Partner Incentive, Medi-Cal VIP+P4P.	Y
ADULT - Rating of Personal Doctor (Enterprise Goal) (Medi-Cal: Rating of 8, 9, or 10 of 10) LACC: Mean-scored 0-100 -- not comparable to NCQA %) CMC: Rating of 9 or 10 of 10 Usually/Always)	CAHPS (Medi-Cal & CMC)/ EES (LACC)	NCQA: Medi-Cal & CMC QRS	<p>2018 Rate: Medi-Cal: 80.16% LACC: 86.91% CMC: NA</p>	Medi-Cal: 78.43% LACC: 82.52% CMC: 78%	Medi-Cal: 84% LACC: 90% CMC: 92%	Medi-Cal: Not Met LACC: Not Met CMC: Not Met	Betty Santana (QI)/ Eather Bae (QPM)	Annually: Sept 19	MQSC: Oct 14		Member Experience (CG-CAHPS) measures in Plan Partner Incentive, Medi-Cal VIP+P4P. Name of measure is "Rating of PCP".	Y

Performance Measures for Planned Activities for Objectives	HEDIS Acronym	Regulatory Agencies	2018 Rates	2019 Rates	2019 Goal	Goal Met/Not Met	Responsible Staff/Department	Timeframe for completion	Reports to: (Dates are 2019 unless otherwise noted)	Interventions/Updates	Comments/Barriers	Recommend for 2020 Work Plan
ADULT - Rating of Specialist Seen Most Often (Enterprise Goal) (Medi-Cal: Rating of 8, 9, or 10 of 10) LACC: Mean-scored 0-100 -- not comparable to NCQA % CMC: Rating of 9 or 10 of 10 Usually/Always	CAHPS (Medi-Cal & CMC/ EES (LACC))	NCQA: Medi-Cal & CMC QRS	2018 Rate: Medi-Cal: 77.04% LACC: 84.88% CMC: NA	Medi-Cal: 75.22% LACC: 82.65% CMC: NA	Medi-Cal: 80% LACC: 88% CMC: NA (No rate prior year)	Medi-Cal: Not Met LACC: Not Met CMC: NA	Betty Santana (QI) Eather Bae (QPM)	Annually: Sept 19	MQSC: Oct 14			Y
ADULT - Getting Care Quickly (Enterprise Goal) (Medi-Cal: Always=Usually) LACC: Mean-scored 0-100 -- not comparable to NCQA % CMC: Rating of 9 or 10 of 10 Usually/Always (Tier 1)	CAHPS (Medi-Cal & CMC/ EES (LACC))	Star (C24) NCQA: Medi-Cal & CMC QRS	2018 Rate: Medi-Cal: 72.85% LACC: 67.12% CMC: 75%	Medi-Cal: 76.78% LACC: 66.37% CMC: 81%	Medi-Cal: 76% LACC: 71% CMC: 79%	Medi-Cal: Met LACC: Not Met CMC: Met	Betty Santana (QI) Eather Bae (QPM)	Annually: Sept 19	MQSC: Oct 14		Member Experience (CG-CAHPS) measures in Plan Partner Incentive, Medi-Cal VIP+P4P. Name of measure is "Getting Timely Care".	Y
ADULT - Getting Needed Care (Enterprise Goal) (Medi-Cal: Always=Usually) LACC: Mean-scored 0-100 -- not comparable to NCQA % CMC: Rating of 9 or 10 of 10 Usually/Always (Tier 1)	CAHPS (Medi-Cal & CMC/ EES (LACC))	Star (C23) NCQA: Medi-Cal & CMC QRS	2018 Rate: Medi-Cal: 76.79% LACC: 66.30% CMC: 83%	Medi-Cal: 76.62% LACC: 66.30% CMC: 88%	Medi-Cal: 80% LACC: 79% CMC: 87%	Medi-Cal: Not Met LACC: Not Met CMC: Met	Betty Santana (QI) Eather Bae (QPM)	Annually: Sept 19	MQSC: Oct 14		Member Experience (CG-CAHPS) measures in Plan Partner Incentive, Medi-Cal VIP+P4P	Y
ADULT - Customer Service (Enterprise Goal) (Medi-Cal: Always=Usually) LACC: Mean-scored 0-100 -- not comparable to NCQA % CMC: Rating of 9 or 10 of 10 Usually/Always (Tier 2)	CAHPS (Medi-Cal & CMC/ EES (LACC))	Star (C25) NCQA: Medi-Cal	2018 Rate: Medi-Cal: 87.53% CMC: 90%	Medi-Cal: NA CMC: 94%	Medi-Cal: 91% CMC: 94%	Medi-Cal: NA LACC: Met CMC: Met	Betty Santana (QI) Eather Bae (QPM)	Annually: Sept 19	MQSC: Oct 14			N (Retired Measure)
ADULT - Coordination of Care (Enterprise Goal) (Medi-Cal: Always=Usually) LACC: Mean-scored 0-100 -- not comparable to NCQA % CMC: Rating of 9 or 10 of 10 Usually/Always (Tier 1)	CAHPS (Medi-Cal & CMC/ EES (LACC))	Star (C28) NCQA: Medi-Cal & CMC QRS	2018 Rate: Medi-Cal: 78.38% LACC: 82.79% CMC: 83%	Medi-Cal: NA LACC: 76.88% CMC: 91%	Medi-Cal: 82% LACC: 80% CMC: 86%	Medi-Cal: NA LACC: Not Met CMC: Met	Betty Santana (QI) Eather Bae (QPM)	Annually: Sept 19	MQSC: Oct 14			Y
ADULT - Flu Vaccination Ages 18-64 (Enterprise Goal) (Medi-Cal & LACC % vaccinated) CMC - Annual Flu Vaccine 65 and Older - Rating of 9 or 10 of 10 Usually/Always (Tier 1) CW7 Quality Withhold - Annual Flu Vaccine (Tier 1)	CAHPS (Medi-Cal & CMC/ EES (LACC))	Star (C03) NCQA: Medi-Cal & CMC QRS QW	2018 Rate: Medi-Cal: 39.81% LACC: 36.2% CMC: 65%	Medi-Cal: 40.46% LACC: 39.66% CMC: 68%	Medi-Cal: 43% LACC: 40% CMC QW: 69% MCLA: 40%	Medi-Cal: Not Met LACC: Not Met CMC: Not Met	Sinhu Kumar (QI) Rodney Truong (QPM) Ann Phan (Pharm)	Annually: Sept 19	MQSC: Oct 14	MCLA, LACC, CMC, & PASCSEU Member Intervention: Member calls, mailers, emails, and a social media campaign encouraging flu vaccination. Q1: Planning for annual flu campaign kicks off the Q2. CMC partnered with the Pharmacy team in the following flu/pneumococcal interventions: 1. End of call flu vaccine reminder, and 2) On hold flu and Pneumococcal Vaccine reminders. Pharmacy Intervention: Pharmacy began Flu Vaccine Call campaign for Jan. 2019 with CMC members that have not yet received flu shot via pharmacy or medical benefit. Call script and Call tracker (with Prioritization) developed. Calls concluded 1/31/2019, 2019YTD, 673 total outreaches, 264 successful outreaches, and 134 members already received the flu shot prior to the call. Q2: Pharmacy to roll-out Flu Campaign high-touch outreaches in CMC Diabetes/RAS Antagonist/Statins adherence calls beginning 8/2019. The team will educate and urge members to receive vaccinations at the pharmacy level. Q3: Pharmacy team conducting flu vaccine education and reminders to receive vaccine during Shingrix 2nd dose telephonic outreach. In addition, pharmacy team increasing awareness of the Walgreens Flu Clinic @ the Family Resource Centers (FRCs) during inbound Rx calls from members. Q4: Pharmacy team conducted flu vaccine education and reminders to receive the vaccine during the Diabetes Welcome Kit calls. In addition to education, the pharmacy team promoted the flu vaccine incentives program. Fight The Flu Campaign - Health Education Intervention Fight the Flu CMC Incentive Postcard: 15,284 postcards sent - Launch Date: November 2019 Fight the Flu Provider Fax Blast: 2231 provider offices - Launch Date: July 2019 LACC Fight the Flu Reminder Email: 10,446 emails sent - Launch Date: December 2019 Fight the Flu Automated Flu Shot Reminder Calls Set 1 (All LOBs), Launch Date: November 2019. Fight the Flu Automated Flu Shot Reminder Calls Set 2 (CMC, MCLA, POASC&SEU), Launch Date: December 2019. Member Newsletters: Live Well Be Well September 2019 and December 2019 and Stay Well October 2019 and December 2019. Provider Newsletters: Progress Notes September 2019 and December 2019	Continue plan as listed	Y
ADULT - Medical Assistance with Tobacco Cessation - Advising Smokers and Tobacco Users to Quit (Enterprise Goal) (Medi-Cal: % Yes) LACC: Always=Usually CMC: Always, Usually, and Sometimes - CAHPS - Medicare	CAHPS (Medi-Cal & CMC/ EES (LACC))	NCQA: Medi-Cal & CMC QRS	2018 Rate: Medi-Cal: NA LACC: NA CMC: 39%	Medi-Cal: NA LACC: NA CMC: 54%	Medi-Cal: NA (No rate prior year) LACC: NA CMC: 42%	Medi-Cal: NA LACC: CMC: Met	Betty Santana (QI) Eather Bae (QPM)	Annually: Sept 19	MQSC: Oct 14	MCLA, LACC, & CMC Member Intervention: Mailer and calls to members self-identified as tobacco users. Q1 Mailings: 6,995 total, Q1 Live Agent Calls: 295 total, Q1 Member Referrals: 0 total Q2 Mailings: 7,023 total, Q1 Live Agent Calls: 100 total, Q1 Member Referrals: 1 total Q3 Mailings: 4,710 total, Q1 Live Agent Calls: 100 total, Q1 Member Referrals: 9 total Q4 Mailings: 5,310 total, Q1 Live Agent Calls: 100 total, Q1 Member Referrals: 5 total		Y
ADULT - Access to Information (Enrollee Experience with Cost) (Enterprise Goal)	CAHPS EES (LACC)		NA	LACC: 81.04%	LACC: 63%		Betty Santana (QI) Eather Bae (QPM)	Annually: Sept 19	MQSC: Oct 14			Y
ADULT - Plan Administration (Customer Service) (Enterprise Goal)	CAHPS EES (LACC)		NA	LACC: 74.81%	LACC: 74%		Betty Santana (QI) Eather Bae (QPM)	Annually: Sept 19	MQSC: Oct 14			Y
Service - Member Satisfaction (Experience) CHLD												
CHILD - Rating of Health Plan (Enterprise Goal) (Medi-Cal: Rating of 8, 9, or 10 of 10)	CAHPS	NCQA: Medi-Cal	2018 Rate: Medi-Cal: 82.97%	Medi-Cal: 86.65%	Medi-Cal: 85%	Met	Betty Santana (QI) Eather Bae (QPM)	Annually: Sept 19	MQSC: Oct 14			Y
CHILD - Rating of Health Care (Enterprise Goal) (Medi-Cal: Rating of 8, 9, or 10 of 10)	CAHPS	NCQA: Medi-Cal	2018 Rate: Medi-Cal: 84.13%	Medi-Cal: 82.26%	Medi-Cal: 87%	Not Met	Betty Santana (QI) Eather Bae (QPM)	Annually: Sept 19	MQSC: Oct 14		Member Experience (CG-CAHPS) measures in Plan Partner Incentive, Medi-Cal VIP+P4P.	Y
CHILD - Rating of Personal Doctor (Enterprise Goal) (Medi-Cal: Rating of 8, 9, or 10 of 10)	CAHPS	NCQA: Medi-Cal	2018 Rate: Medi-Cal: 86.73%	Medi-Cal: 84.23%	Medi-Cal: 89%	Not Met	Betty Santana (QI) Eather Bae (QPM)	Annually: Sept 19	MQSC: Oct 14		Member Experience (CG-CAHPS) measures in Plan Partner Incentive, Medi-Cal VIP+P4P. Name of measure is "Rating of PCP".	Y

Performance Measures for Planned Activities for Objectives	HEDIS Acronym	Regulatory Agencies	2018 Rates	2019 Rates	2019 Goal	Goal Met/Not Met	Responsible Staff/Department	Timeframe for completion	Reports to: (Dates are 2019 unless otherwise noted)	Interventions/Updates	Comments/Barriers	Recommend for 2020 Work Plan
CHLD - Rating of Specialist Seen Most Often (Enterprise Goal) (Medi-Cal: Rating of 8, 9, or 10 of 10)	CAHPS	NCQA: Medi-Cal	2018 Rate: Medi-Cal: NA	Medi-Cal: NA	Medi-Cal: NA (No rate prior year)	NA	Betsy Santana (QI) Eather Bae (QPM)	Annually: Sept 19	MQSC: Oct 14			Y
CHLD - Getting Care Quickly (Enterprise Goal) (Medi-Cal: Always+Usually)	CAHPS	NCQA: Medi-Cal	2018 Rate: Medi-Cal: 84.04%	Medi-Cal: 80.37%	Medi-Cal: 87%	Not Met	Betsy Santana (QI) Eather Bae (QPM)	Annually: Sept 19	MQSC: Oct 14		Member Experience (CG-CAHPS) measures in Plan Partner Incentive, Medi-Cal VIP+P4P. Name of measure is "Getting Timely Care".	Y
CHLD - Getting Needed Care (Enterprise Goal) (Medi-Cal: Always+Usually)	CAHPS	NCQA: Medi-Cal	2018 Rate: Medi-Cal: 79.04%	Medi-Cal: 83.91%	Medi-Cal: 82%	Met	Betsy Santana (QI) Eather Bae (QPM)	Annually: Sept 19	MQSC: Oct 14		Member Experience (CG-CAHPS) measures in Plan Partner Incentive, Medi-Cal VIP+P4P. .	Y
CHLD - Customer Service (Enterprise Goal) (Medi-Cal: Always+Usually)	CAHPS	NCQA: Medi-Cal	2018 Rate: Medi-Cal: 85.22%	Medi-Cal: 86.45%	Medi-Cal: 87%	Not Met	Betsy Santana (QI) Eather Bae (QPM)	Annually: Sept 19	MQSC: Oct 14			N (Retired measure)
CHLD - Coordination of Care (Enterprise Goal) (Medi-Cal: Always+Usually)	CAHPS	NCQA: Medi-Cal	2018 Rate: Medi-Cal: NA	Medi-Cal: NA	Medi-Cal: NA (No rate prior year)	NA	Betsy Santana (QI) Eather Bae (QPM)	Annually: Sept 19	MQSC: Oct 14			Y
Service - Complaints and Appeals												
Appeals Resolution (all Lines of Business)			Q1: 88% Q2: 75% Q3: 78% Q4: 95%	Q1: 98% Q2: 97% Q3: 90% Q4: 95%	95% appeal resolution within 30 days	Q1: Met Q2: Met Q3: Not Met Q4: Met	Lisa Marie Golden (G&A)	Quarterly Reports	MQSC: Feb 1 2, May 7, July 16, Oct 14	A. Transitioned to a new transportation vendor 1. CMC LOB transition date effective 3/1/2019 2. MCLA LOB transition date effective 5/1/2019	A&G experienced a steady increase in grievance volume beginning March 2019 and a second spike during May 2019. Both spikes and volume increase trends correlate to the period the Plan transitioned to a new transportation vendor. Due to the unforeseen increase in volume during these months, the timeliness rate was negatively impacted. The volume steadily decreased month over month from June to September 2019 and timeliness improved in September 2019 and has met the threshold rate since September 2019.	Y
Complaint Resolution (all Lines of Business)			Q1:93% Q2: 84% Q3: 70% Q4: 99%	Q1: 99% Q2: 95% Q3: 92% Q4: 97%	95% complaint resolution within 30 days	Q1: Met Q2: Met Q3: Not Met Q4: Met	Lisa Marie Golden (G&A)	Quarterly Reports	MQSC: Feb 1 2, May 7, July 16, Oct 14	A. Transitioned to a new transportation vendor 1. CMC LOB transition date effective 3/1/2019 2. MCLA LOB transition date effective 5/1/2019	A&G experienced a steady increase in grievance volume beginning March 2019 and a second spike during May 2019. Both spikes and volume increase trends correlate to the period the Plan transitioned to a new transportation vendor. Due to the unforeseen increase in volume during these months, the timeliness rate was negatively impacted. The volume steadily decreased month over month from June to September 2019 and timeliness improved in September 2019 and has met the threshold rate since September 2019.	Y
Grievance Resolution (LACC Only)			Q1:92% Q2: 85% Q3: 84% Q4: 74%	Q1: 99% Q2: 95% Q3: 96% Q4: 98%	95% of Covered California enrollee grievances resolved within 30 calendar days of initial receipt	Q1: Met Q2: Met	Lisa Marie Golden (G&A)	Quarterly Reports	MQSC: Feb 1 2, May 7, July 16, Oct 14			Y
Complaint & Appeals Analysis - Complaint categories based on the following categories: Quality of Care, Access, Attitude/Service, Billing/Financial, and Quality of Practitioner Office Site (all Lines of Business)			Quarterly reports reviewed at MQSC	Q1: Report reviewed during July 2019 MQSC Q2: Report will be reviewed November 2019 MQSC Q3: Report reviewed during January 2020 MQSC Q4: Report will be reviewed January 2020 MQSC	100% of complaints & appeals will be analyzed quarterly to identify top 5 complaint categories.	Q1: Met Q2: Met Q3: Met Q4: Met	Lisa Marie Golden (G&A)	Quarterly Reports	MQSC: Feb 1 2, May 7, July 16, Oct 14			Y
Access-Related Grievances at PPG Level			Quarterly reports reviewed at MQSC	Q1: Report reviewed during July 2019 MQSC Q2: Report will be reviewed November 2019 MQSC Q3: Report reviewed during January 2020 MQSC Q4: Report will be reviewed January 2020 MQSC	Baseline for 2017 with Tentative Goal -> 2 Access-Related Grievances per 1000 members per month for Medi-Cal	Q1: Met Q2: Met Q3: Met Q4: Met	Lisa Marie Golden (G&A)/ Karina Miller (QI)	Quarterly Reports	MQSC: Feb 1 2, May 7, July 16, Oct 14			Y
Service - Provider Satisfaction												
PCP satisfaction with UM process (timely decisions for pre-auth)			2017 Rate: 79.4%	2018 Rate: 84.3%	80% of PCPs will be overall satisfied with timely decisions for pre-auths.	Met	Jean Giggers (UM) Erwin Harris (UM)	Annually: Sept 19	UMC: Dec 13			Y
PCP satisfaction with UM process (clinically reasonable decisions for pre-auths)			2017 Rate: 78.5%	2018 Rate: 84.0%	80% of PCPs will be overall satisfied with clinically reasonable decisions for pre-auths.	Met	Jean Giggers (UM) Erwin Harris (UM)	Annually: Sept 19	UMC: Dec 13			Y
SCP satisfaction with UM process (timely decisions for pre-auths)			2017 Rate: 71.6%	2018 Rate: 75.5%	80% of SCPs will be overall satisfied with timely decisions for pre-auths.	Not Met	Jean Giggers (UM) Erwin Harris (UM)	Annually: Sept 19	UMC: Dec 13			Y
SCP satisfaction with UM process (clinically reasonable decisions for pre-auths)			2017 Rate: 71.4%	2018 Rate: 76.7%	80% of SCPs will be overall satisfied with clinically reasonable decisions for pre-auths.	Not Met	Jean Giggers (UM) Erwin Harris (UM)	Annually: Sept 19	UMC: Dec 13			Y
Overall Satisfaction with UM			2017 Rate: PCP: 83.7% SCP: 72.9%	2018 Rate: PCP: 86.1% SCP: 74.0%	80% of PCPs & SCPs will be overall satisfied with UM	PCPs Met SCPs: Not Met	Jean Giggers (UM) Erwin Harris (UM)	Annually: Sept 19	UMC: Dec 13			Y

Performance Measures for Planned Activities for Objectives	HEDIS Acronym	Regulatory Agencies	2018 Rates	2019 Rates	2019 Goal	Goal Met/Not Met	Responsible Staff/Department	Timeframe for completion	Reports to: (Dates are 2019 unless otherwise noted)	Interventions/Updates	Comments/Barriers	Recommend for 2020 Work Plan
Clinical Improvements and Initiatives												
Clinical - Continuity and Coordination of Medical Care												
Coordination of Care: PCP/SCP Communication		NCQA	Rate: 42.80%	2019 Rates: PCP: 25%	80% of PCPs will rate the frequency of adequate clinical feedback from specialists to whom they have referred a patient		Sinhu Kumar (QI) Betsy Santana (QI) Maria Casias (QI) PNM	Annually: Sept 19	4th Qtr. Attached to QI Eval; included in Coordination of Care Report Quality Oversight Committee (QOC) July 22, 2019	PSS 2019 - Survey question was removed from survey. Recreated and sent out as a Survey Monkey to Webinar Wednesday ListServ & Posted on Provider Portal on lacare.org Results were collected and analyzed in August 2019. QI wrote a piece in the Progress Note about improving PCP/SCP communication. Q4: No New Updates from QI	The open ended questions largely suggested pushing SCPs to share their consultation notes with PCPs or imposing a fine if they don't do so. Potential Barriers: no one operationally owns SCP/PCP communication. The survey is owned by QI, but there is no one there to develop interventions to strengthen this. PNM works on a PPG level.	Y
Coordination of Care: SCP/PCP Communication		NCQA	Rate: 38.90%	2019 Rates: SCP: 60%	80% of SCPs will rate their communication with PCPs as receiving adequate clinical information for patient that were referred		Sinhu Kumar (QI) Betsy Santana (QI) Maria Casias (QI) PNM	Annually: Sept 19	4th Qtr. Attached to QI Eval; included in Coordination of Care Report Quality Oversight Committee (QOC) July 22, 2019	PSS 2019 - Survey question was removed from survey. Recreated and sent out as a Survey Monkey to Webinar Wednesday ListServ & Posted on Provider Portal on lacare.org Results were collected and analyzed in August 2019. QI wrote a piece in the Progress Note about improving PCP/SCP communication. Q4: No New Updates from QI	The open ended questions largely suggested pushing SCPs to share their consultation notes with PCPs or imposing a fine if they don't do so. Potential Barriers: no one operationally owns SCP/PCP communication. The survey is owned by QI, but there is no one there to develop interventions to strengthen this. PNM works on a PPG level.	Y
Coordination of Care: Transitions in Management, ED/Inpatient to PCP		NCQA CMS QW	<u>Postpartum Care (PPC):</u> MCLA: 56.05% <u>Prenatal Care (PPC):</u> MCLA: 79.62%	<u>Postpartum Care (PPC):</u> MCLA: 62.18% <u>Prenatal Care (PPC):</u> MCLA: 83.49 %	<u>Postpartum Care (PPC):</u> MCLA: 60% <u>Prenatal Care (PPC):</u> MCLA: 75%	<u>Postpartum Care (PPC):</u> MCLA: Met <u>Prenatal Care (PPC):</u> MCLA: Met	Sinhu Kumar (QI) Jacqueline Kalkanji (Health Ed) Maricela Rojas (Health Ed) Med Ops Reporting: Veronica Miones Anna Kazaryan Marie Martin	Annually: Sept 19	4th Qtr. Attached to QI Eval; included in Coordination of Care Report Quality Oversight Committee (QOC) July 22, 2019	<u>Healthy Mom PostPartum Year 2019 - Q2:</u> Total Calls: 2,403 Total Number of GIB Cards: 544 Total Number of Confirmed Appointments: 546 <u>Healthy Mom Prenatal Year 2019 - Q2:</u> Total Mailings: 1,235 Total Calls: 65 <u>Healthy Mom PostPartum Year 2019 - Q3:</u> Total Calls: 2,539 Total Number of GIB Cards: 610 Total Number of Confirmed Appointments: 614 <u>Healthy Mom Prenatal Year 2019 - Q3:</u> Total Mailings: 1,252 Total Calls: 46 <u>Healthy Mom PostPartum Year 2019 - Q4:</u> Total Calls: 2,458 Total Number of GIB Cards: 512 Total Number of Confirmed Appointments: 668 <u>Healthy Pregnancy Prenatal Year 2019 - Q4:</u> Total Calls: 46 Total Mailings: 1,215 Total Calls: 46 Incentives Issued: 0		Y
Appropriate Use of Medications-Polypharmacy			Q1: 100% Q2: 100% Q3: 100% Q4: 100%	Q1: 100% Q2: 100% Q3: 100% Q4: 100%	90% of providers will be notified of members who meet criteria (Multi-Rx: 13 or more prescriptions in 3 of 4 months, Multi-Prescriber: 7 or more unique prescribers in 2 of 4 months, Duplicate Therapy: 2 or more Rx's in same drug class consistently in 3 of 4 months during lookback period)	Q1: Met Q2: Met Q3: Met Q4: Met	Nicole Quang (Pharm)/ Ann Phan (Pharm)	Quarterly	QOC: 4/22/19, 7/22/19, 11/25/19 4th Qtr. Attached to QI Eval	PPC is retired for 2018 HEDIS- No rate. Intervention mailings for polypharmacy with 3 initiatives through the RDUR Program (Multi-Rx, Multi-Prescriber, and Duplicate Therapy). Mailings occur 3x year (March, July, November). Pharmacy PBM Collaborative 100% of identified providers received an RDUR letter Interventions by SinfoniaRx in the form of TMRs for CMC members began Jan 2019 and are on-going for polypharmacy measures (Poly-ACH & Poly-CNS) Poly-ACH - 18258 Rate: 7.90% (vs. 7.30% MAPDs) Poly-CNS - 18258 Rate: 5.10% (vs. 5.60% MAPDs) * the lower the percentage, the better the rate	Continue plan as listed	Y
Transitions of Care (New Accreditation Measure RY2020)	TRC	H NCQA CMC	NA	Rate: 34.31%	(New Accreditation Measure RY2020)	NA	Sinhu Kumar (QI) Betsy Santana (QI) Maria Casias (QI) PNM	Annually: Sept 19	4th Qtr. Attached to QI Eval; included in Coordination of Care Report Quality Oversight Committee (QOC) July 22, 2019			Y
Follow-up After Emergency Department Visit for People with Multiple High-Risk Chronic Conditions (New Accreditation Measure RY2020)	FMC	A NCQA CMS	NA	Rate 44.09%	(New Accreditation Measure RY2020)	NA	Sinhu Kumar (QI) Betsy Santana (QI) Maria Casias (QI) PNM	Annually: Sept 19	4th Qtr. Attached to QI Eval; included in Coordination of Care Report Quality Oversight Committee (QOC) July 22, 2019			Y
Clinical - Continuity and Coordination of Medical and Behavioral Care												
Exchange of Information between PCPs and Behavioral Health Providers (BHPs)		NCQA	DMH- 76.4% Beacon-70.7%	DMH Sufficient - 87.5% Timely - 59.8% Accurate - 75.7% Clear - 82.5% Beacon Sufficient - 59.4% Timely - 79.8% Accurate - 75.9% Clear - 67.8%	80% of providers will be always usually satisfied with the exchange of information between PCPs and BHPs (ALOD)	Not Met	Nicole Lohman (BH) Michael Brodsky (BH) Andrew Gray (QI) Beacon	Annual: Due Oct 19	Behavioral Health Quality Improvement Committee (BHQIC): Dec 3	Intervention: Survey of providers satisfaction of exchange of information between PCP and Behavioral Health Practitioners (BHPs) from both the Department of Mental Health and Beacon Health Options. Lack of shared medical record platform for real time data sharing.	PCPs continue to lack knowledge on how to refer members and what information can be shared between providers.	Y

Performance Measures for Planned Activities for Objectives	HEDIS Acronym	Regulatory Agencies	2018 Rates	2019 Rates	2019 Goal	Goal Met/Not Met	Responsible Staff/Department	Timeframe for completion	Reports to: (Dates are 2019 unless otherwise noted)	Interventions/Updates	Comments/Barriers	Recommend for 2020 Work Plan
Appropriate diagnosis, treatment and referral of behavioral health disorders commonly seen in primary care. Appropriate Treatment of Depression		NCQA: Medi-Cal (Continuation Phase OMY Y) QRS	AMM (Acute Phase): Medi-Cal: 64.72% LACC: 60.17% CMC: 65.71% AMM (Continuation Phase): Medi-Cal: 46.10% LACC: 47.69% CMC: 53.89%	AMM (Acute Phase): Medi-Cal: 64.79% LACC: 65.13% CMC: 64.79% AMM (Acute Phase): Medi-Cal: 57.16% LACC: 47.69% CMC: 57.16% AMM (Continuation Phase): Medi-Cal: 50% LACC: 53% CMC: 56%	LACC: 50% of providers will meet clinical practice guidelines for members with depression: Percent of members (18+) newly diagnosed with depressive disorder who received two or more outpatient Behavioral Health (BH) visits within 84 days (12 weeks) of initial diagnostic visit and who received one or more medication visits within 84 days (12 weeks) of initial diagnostic visit	Not Met	Ren Makita (QPM)/ Michael Brodsky (BH) Andrew Gray (QI) Brescon	Annual: Due Oct '19	BHQIC: Dec 3	Intervention: Pharmacy data utilized to send reports to PCPs. L.A. Care Health Plan's Provider Continuing Education (PCE) Program educational events	Antipsychotic is a carve out drug to the State. Carve out drug, information receiving from the State has a 6- month lag. No medication reconciliation between different providers due to fear of HIPAA violation without member consent	Y
Management of treatment access and follow-up for members with coexisting medical and behavioral disorders		NCQA	2018 Rate: 100%	SMD: Medi-Cal: 99.8% CMC: 100% LACC: 100% SSD: Medi-Cal: 99.9% CMC: 100% LACC: 100%	100% of providers will be notified of members on diabetes and antipsychotic medication	Met	Nicole Lehman (BH)/ Michael Brodsky (BH) Andrew Gray (QI)	Annual	BHQIC: Dec 3	Intervention: Pharmacy data utilized to send reports to PCPs. L.A. Care Health Plan's Provider Continuing Education (PCE) Program educational events	Antipsychotic is a carve out drug to the State. Carve out drug, information receiving from the State has a 6- month lag. No medication reconciliation between different providers due to fear of HIPAA violation without member consent	Y
Primary or secondary preventive behavioral health program		NCQA	13.52%(AMSC)	15.75%(AMSC)	Substance Abuse Screening (AMSC)	Met	Nicole Lehman (BH)/ Michael Brodsky (BH) Andrew Gray (QI)	Annual	BHQIC: Dec 3	Intervention: L.A. Care Health Plan's Provider Continuing Education (PCE) Program educational events	PCP reluctant to screen for substance use and do not code for the screening.	Y
Special needs of members with severe and persistent mental illness		NCQA: Medi-Cal	Medi-Cal: 85.6% LACC: 67.9% CMC: 75.7%	2019 Rates: Medi-Cal: 78.85%	HEDIS results for Diabetes Screening for People With Schizophrenia or Bipolar Disorder Who Are Using Antipsychotic Medications (SSD) Cal MediConnect & LACC: MPL Medi-Cal: 88%	Not Met	Ren Makita (QPM)/ Nicole Lehman (BH)/ Michael Brodsky (BH) Andrew Gray (QI)	Annual	BHQIC: Dec 3	Intervention: Pharmacy data utilized to send reports to PCPs. L.A. Care Health Plan's Provider Continuing Education (PCE) Program educational events	Antipsychotic is a carve out drug to the State. Carve out drug, information receiving from the State has a 6- month lag. No medication reconciliation between different providers due to fear of HIPAA violation without member consent.	Y
Clinical Improvements <i>Note that HEDIS measure goals are set ensuring that MDAs are met</i>		Hybrid (H)/Admin (A)/ Electronic Clinical Data Systems (ECDS)/ Auto-Assignment/ Star/Accreditation (NCQA)/ EAS (DHCS)/ QRS (LACC)/Quality Withhold (QW)	2018 HEDIS Rates (MY 2017)	2019 HEDIS Rates (MY 2018)	Goal Methodology: 2018 rates used to determine an attainable % increase If a National benchmark was met in the Work Plan then the next benchmark was set as the goal. If the next percentile is not attainable per prior year trending, the goal was set accordingly.							
Clinical Improvement												
Avoidance of Antibiotic Treatment in Adults with Acute Bronchitis (Plan Partner Incentive, Medi-Cal VHP-P4P and Physician P4P)	AAB	A EAS QRS NCQA: Medi-Cal	2018 Rates: Medi-Cal: 33.63% LACC: 24.37%	2019 Rates: Medi-Cal: 35.54% CMC: 24.37%	Medi-Cal: 30% LACC: 32%	Medi-Cal: Met LACC: Not Met	Betsy Santana (QI)/ Sinthu Kumar (QI)/ Rodney Truong (QPM)/ Nicole Quang (Pharm)	Annual: By June 19	QOC: September 23 PICC & PQ: Oct 29	Q1 2019: Paid Ad in January 2019 wording: "Cold or flu? Antibiotics won't help, but a flu shot can keep you up and running" 10,022 were reached and 12 messaging conversations started. Pharmacy Intervention: Pharmacy team developed educational poster, "Viruses or Bacteria: What's Got You Sick", to target AAB HEDIS measure for the overprescribing of antibiotics in adults with bronchitis. The goal was to distribute the posters and encourage prescribers to display poster boards (made by the CDC) (patient level) and co-branded with L.A. Care logo (approved by Marketing) in their offices to help educate patients on when antibiotic treatment would be appropriate. 490 providers were identified as high antibiotic prescribers (excluded ER, Kaiser, <3 years of high prescribing) and the posters were mailed out 1/23/2019. On January 23rd 2019 pharmacy sent out a poster to providers which stated "Virus or bacteria" and a checklist. A letter was also sent out to providers on January 23rd 2019 which described the purpose and use of the educational poster. Q2 2019: 6544 providers were sent the AWARE toolkit from Physicians for a Healthy CA on April 30, 2019. Q3 & Q4 2019: No updates from pharmacy	Continue plan as listed	Y
Colorectal Cancer Screening (Tier 1)	COL	H Star (C02) NCQA: Medicare QRS	2018 Rates: CMC: 57.66% LACC: 49.15%	2019 Rates: CMC: 61.04% LACC: 53.77%	CMC: 61% LACC: 54%	CMC: Met LACC: Met	Sinthu Kumar (QI)/ Rodney Truong (QPM)	Annual: Due June '19	QOC: September 23 PICC & PQ: Oct 29	CSC assisted QI with their intervention for colorectal cancer measure by conducting robocalls to encourage members to schedule an appointment for their colorectal screening. Q3 Updates: Robo Calls: July 2019 LOBs: All MCLA English Reach Rate: 56,204 (77.7%) MCLA Spanish Reach Rate: 22,420 (73.7%) CMC English Reach Rate: 2,832 (78.6%) CMC Spanish Reach Rate: 1,944 (75.5%) LACC English Reach Rate: 7,839 (84.5%) LACC Spanish Reach Rate: 6,267 (84.5%) Mallers LOBs: CMC Mailed out: 7/31/2019 to 3,559 members		Y
Adult BMI Assessment	ABA	H Star (C07) NCQA: Medi-Cal QRS	2018 Rates: Medi-Cal: 95.83% LACC: 93.20% CMC: 95.83% MCLA: 96.49%	2019 Rates: Medi-Cal: 95.88% LACC: 95.29% CMC: 97.60% MCLA: 94.74%	Medi-Cal: 96% LACC: 98% CMC: 98% MCLA: 98%	Medi-Cal: Met LACC: Met CMC: Not Met MCLA: Not Met	Betsy Santana (QI)/ Rodney Truong (QPM)	Annual: By June 19	QOC: September 23 PICC & PQ: Oct 29			Y
Children's Health/Well Visits			NQ: Not Required to Report									
Adolescent Well-Care Visits New MCAS Measure (Medi-Cal)	AWC	H MCAS	NA	N/A	New MCAS Measure (Medi-Cal)	NA	Betsy Santana (QI)/ Rodney Truong (QPM)/ Keren Mahgerefteh (QI)	Annual: By June 19	QOC: September 23 PICC & PQ: Oct 29	New MCAS Measure (Medi-Cal) Q3: In August of 2019 there were social media posts that were free and posted on Twitter and Facebook. Q4: Had a meeting with Cal Optima and Health Plan of San Mateo to review interventions that they are implementing. In Q4 put in a data request to review L.A. Care's rates. AWC was not closely tracked in the past.		Y
Well Child Visits First 15 Months of Life	W15	H QRS	2018 Rate: LACC: NA Medi-Cal: NQ MCLA: NQ	2019 Rate: LACC: NA Medi-Cal: 29.93% MCLA: 31.20%	LACC: NA (No rate prior year)	Medi-Cal: NA LACC: NA MCLA: NA	Betsy Santana (QI)/ Rodney Truong (QPM)/ Keren Mahgerefteh (QI)	Annual: By June 19	QOC: September 23 PICC & PQ: Oct 29			Y

Performance Measures for Planned Activities for Objectives	HEDIS Acronym	Regulatory Agencies	2018 Rates	2019 Rates	2019 Goal	Goal Met/Not Met	Responsible Staff/Department	Timeframe for completion	Reports to: (Dates are 2019 unless otherwise noted)	Interventions/Updates	Comments/Barriers	Recommend for 2020 Work Plan
Well Child Visits 3-6 yrs of age (Plan Partner Incentive, Medi-Cal VHP+PAP and Physician PAP)	W34	II Auto-Assignment EAS QRS	2018 Rate: Medi-Cal: 74.45% LACC: 65.63%	2019 Rate: Medi-Cal: 74.45% LACC: 74.71%	Medi-Cal: 79% LACC: 76%	Medi-Cal: Not Met LACC: Not Met	Betsy Santana (QV) Rodney Truong (QPM) Keren Mahgrehleh (QI)	Annual: By June 19	QOC: September 23 PICC & PQC: Oct 29	Q1: Prepared for W34 robo calls. Put in a data request to receive appropriate data regarding noncompliant members. Q2: From April 23rd-April 26th robo calls were launched in both English and Spanish. The lines of business were MCLA and LACC. English robo call results: live voice connect 11,225 24.60%, members and answering machine or voicemail 16,304 members 35.73%. Spanish robo call results: live voice connect 6,858 members reached and answering machine or voicemail 7,209 members 33.21%. Q3: members that have not been seen ages 1-19 years old has been looked into to list to be distributed in Q3 and Q4. W34 robo calls were evaluated for past years. Robo calls were deemed as an intervention that has potential to continue. Q4: At the end of Q4 received budget approval to conduct bus shelter ads regarding well check visits. Planning will start in Q1 2020.		Y
Weight Assessment & Counseling for Nutrition & Physical Activity for Children & Adolescents (Plan Partner Incentive, Medi-Cal VHP+PAP and Physician PAP - (BMI Total))	WCC	II BMI: NCQA: Medi-Cal QRS Nutrition & Physical Activity: NCQA: Medi-Cal (Retiring for I2D19) EAS QRS	2018 Rates: Medi-Cal BMI: 78.89% LACC: BMI: 76.17% Nutrition: 77.46% Physical Activity: 68.65%	2019 Rates: Medi-Cal BMI: 90.00% LACC: BMI: 83.61% Nutrition: 80.00% Physical Activity: 75.28%	Medi-Cal BMI: 81% LACC: BMI: 81% Nutrition: 82% Physical Activity: 74%	Medi-Cal BMI: Met LACC: BMI: Met Nutrition: Not Met Physical Activity: Met	Betsy Santana (QV) Rodney Truong (QPM) Keren Mahgrehleh (QI)	Annual: By June 19	QOC: September 23 PICC & PQC: Oct 29		Could be a coding issue	Y
Childhood Immunizations - Combo 3	CIS-3	II Auto-Assignment EAS QRS	2018 Rate: Medi-Cal: 70.80% LACC: NA (Denominator less than 30)	2019 Rate: Medi-Cal: 72.26% LACC: 82.00%	Medi-Cal: 74% LACC: 20%	Medi-Cal: Not Met LACC: Met	Betsy Santana (QV) Keren Mahgrehleh (QI) Rodney Truong (QPM)	Annual: By June 19	QOC: September 23 PICC & PQC: Oct 29	Q1: Healthy Baby Mailers and Calls: During the first week of January 2,120 (1,680 EN/418 SP/22 CH) Healthy Baby Mailers were sent out to the parents of 0-6 month old members. IVR calls launched during the third week of January. There were 2,801 calls made to the parents of 8, 11, and 14 month old members as well as 1,664 IVR calls to parents who received the 0-6 month mailer. During the first week of February, (1,952 EN/488 SP/33 CH) Healthy Baby Mailers were sent out to the parents of 0-6 month old members. IVR calls were launched during the third week of February. There were 2,672 calls made to the parents of 8, 11, and 14 month old members as well as 1,955 IVR calls to parents who received the 0-6 month mailer. During the first week of March 2,154 (1,695 EN/432 SP/27 CH) Healthy Baby Mailers were sent out to the parents of 0-6 month old members. IVR calls were launched during the third week of February. There were 2,543 calls made to the parents of 8, 11, and 14 month old members as well as 1,730 IVR calls to parents who received the 0-6 month mailer. Q2: 2019 Infant Immunization posts on Facebook and Twitter. Healthy Baby Mailers and Calls: During the first week of April 2,751 (2,155 EN/567 SP/29 CH) Healthy Baby Mailers were sent out to the parents of 0-6 month old members. IVR calls were launched during the third week of April. There were 2,646 calls made to the parents of 8, 11, and 14 month old members as well as 2,158 IVR calls to parents who received the 0-6 month mailer. During the first week of May 2,329 (1,813 EN/483 SP/33 CH) Healthy Baby Mailers were sent out to the parents of 0-6 month old members. IVR calls were launched during the third week of May. There were 2,596 calls made to the parents of 8, 11, and 14 month old members as well as 1,893 IVR calls to parents who received the 0-6 month mailer. During the first week of May 2,329 (1,813 EN/483 SP/33 CH) Healthy Baby Mailers were sent out to the parents of 0-6 month old members. IVR calls were launched during the third week of May. There were 2,596 calls made to the parents of 8, 11, and 14 month old members as well as 1,893 IVR calls to parents who received the 0-6 month mailer. From April 27-May 4th 2019 Infant Immunization week was celebrated with social media posts that were in Spanish and English. Q3: In August of 2019 there were free social media posts on Facebook and Twitter. Q4: We are focusing on the PIP which relates to childhood immunizations. Reached out to Elmer to also work with them to increase their CIS rates. They let us know that they will not be participating with us. Will look in Q1 2020 to work with a different clinic.	Some parents might be anti vaxers. Additionally, members can't get their vaccines from the pharmacy.	Y
Childhood Immunizations - Combo 10 (Enterprise Goal) (Plan Partner Incentive, Medi-Cal VHP+PAP and Physician PAP)	CIS-10	II Auto-Assignment EAS QRS	2018 Rate: Medi-Cal: 31.63% LACC: NA MCLA: 30.80%	2019 Rate: Medi-Cal: 33.82% LACC: NA MCLA: 39.20%	Medi-Cal: 34% LACC: 20% MCLA: 33%	Medi-Cal: Met LACC: NA MCLA: Met	Betsy Santana (QV) Rodney Truong (QPM)	Annual: By June 19	QOC: September 23 PICC & PQC: Oct 29	Q1: Healthy Baby Mailers and Calls: During the first week of January, 2,120 (1,680 EN/418 SP/22 CH) Healthy Baby Mailers were sent out to the parents of 0-6 month old members. IVR calls were launched during the third week of January. There were 2,801 calls made to the parents of 8, 11, and 14 month old members as well as 1,664 IVR calls to parents who received the 0-6 month mailer. During the first week of February, (1,952 EN/488 SP/33 CH) Healthy Baby Mailers were sent out to the parents of 0-6 month old members. IVR calls were launched during the third week of February. There were 2,672 calls made to the parents of 8, 11, and 14 month old members as well as 1,955 IVR calls to parents who received the 0-6 month mailer. During the first week of March 2,154 (1,695 EN/432 SP/27 CH) Healthy Baby Mailers were sent out to the parents of 0-6 month old members. IVR calls were launched during the third week of February. There were 2,543 calls made to the parents of 8, 11, and 14 month old members as well as 1,730 IVR calls to parents who received the 0-6 month mailer. During the first week of May 2,329 (1,813 EN/483 SP/33 CH) Healthy Baby Mailers were sent out to the parents of 0-6 month old members. IVR calls were launched during the third week of May. There were 2,596 calls made to the parents of 8, 11, and 14 month old members as well as 1,893 IVR calls to parents who received the 0-6 month mailer. Q2: 2019 Infant Immunization posts on Facebook, Twitter, Instagram and LinkedIn. 5 posts were on Facebook, Five on Twitter and Five on Instagram. One was on LinkedIn. Healthy Baby Mailers and Calls: During the first week of April 2,751 (2,155 EN/567 SP/29 CH) Healthy Baby Mailers were sent out to the parents of 0-6 month old members. IVR calls were launched during the third week of April. There were 2,646 calls made to the parents of 8, 11, and 14 month old members as well as 2,158 IVR calls to parents who received the 0-6 month mailer. During the first week of May 2,329 (1,813 EN/483 SP/33 CH) Healthy Baby Mailers were sent out to the parents of 0-6 month old members. IVR calls were launched during the third week of May. There were 2,596 calls made to the parents of 8, 11, and 14 month old members as well as 1,893 IVR calls to parents who received the 0-6 month mailer. From April 27-May 4th 2019 Infant Immunization week was celebrated with social media posts that were in Spanish and English. Q3: Healthy baby mailers and calls continued. In Q3 Child and Adolescent Health PIP was selected to work on CIS-10. CIS-10 topic received approval.		Y
Children and Adolescents Access to PCP for ages 7-11	CAP (ages 7-11)	A EAS	2018 Rate: Medi-Cal: 89.14%	2019 Rate: Medi-Cal: 88.22%	Medi-Cal: 94%	Medi-Cal: Not Met	Betsy Santana (QV) Rodney Truong (QPM)	Annual: By June 19	QOC: September 23 PICC & PQC: Oct 29			N
Children and Adolescents Access to PCP for ages 12-19	CAP (ages 12-19)	A EAS	2018 Rate: Medi-Cal: 86.49%	2019 Rate: Medi-Cal: 85.61%	Medi-Cal: 90%	Medi-Cal: Not Met	Betsy Santana (QV) Rodney Truong (QPM)	Annual: By June 19	QOC: September 23 PICC & PQC: Oct 29			N
Immunization for Adolescents - Combination 2 (Plan Partner Incentive, Medi-Cal VHP+PAP and Physician PAP)	IMA-2	II NCQA: Medi-Cal EAS QRS	2018 Rate: Medi-Cal: 39.66% LACC: NA (Denominator less than 30)	2019 Rate: Medi-Cal: 42.82% LACC: 39.29%	Medi-Cal: 42% LACC: 35%	Medi-Cal: Met LACC: Met	Betsy Santana (QV) Keren Mahgrehleh (QI) Rodney Truong (QPM)	Annual: By June 19	QOC: September 23 PICC & PQC: Oct 29	Q1: 2019 In Feb, prepared for social media campaign pre-teen vaccine week. First week of March 2019 had a preteen social media campaign on Facebook and Twitter that was geared towards members. Posts were in Spanish and English. They addressed various preteen vaccines. Q2: June 2019 Jennifer Simko Co Director of National HPV Vaccination RoundTable presented a webinar regarding vaccine hesitancy and the HPV vaccine. Q3: In Q3 there were free social media posts on Facebook and Twitter. Continue to participate in KCLAC and the HPV coalition. Q4: Continue to attend and participate in KCLAC and the HPV Coalition. Have started to attend calls and prepare for pre-teen vaccine week together with KCLAC. KCLAC wants a list of low performing clinic-providers for the IMA-2 measure. L.A. Care asked them for a formal request so this can be vetted.	Some members are hesitant to provide their children with the HPV vaccine. There is still misunderstanding among some members in regard to the safety of the HPV vaccine and understanding that it is a cancer preventing vaccine.	Y
Appropriate Testing for Children w/Pharyngitis (Plan Partner Incentive, Medi-Cal VHP+PAP and Physician PAP)	CWP	A NCQA: Medi-Cal QRS	2018 Rate: Medi-Cal: 28.98% LACC: NA (Denominator less than 30)	2019 Rate: Medi-Cal: 31.19% LACC: 64.29%	Medi-Cal: 32% LACC: NA (Prior year denominator <30)	Medi-Cal: Not Met LACC: NA	Betsy Santana (QV) Keren Mahgrehleh (QI) Rodney Truong (QPM)	Annual: By June 19	QOC: September 23 PICC & PQC: Oct 29	Q1: 2019-Have as signed contract with Physicians for a Healthy CA to send out toolkits to low performing clinics. In January 2019 1332 providers were sent posters provide education and reference to providers about antibiotic prescriptions. Paid Ad in January 2019 wording: "Cold or flu? Antibiotics won't help, but a flu shot can keep you up and running" 10,022 were reached and 12 messaging conversations started. On January 23rd 2019 pharmacy sent out a poster to providers which stated "Virus or bacteria" and a checklist. A letter was also sent out to providers on January 23rd 2019 which described the purpose and use of the educational poster. Q2: 6544 providers were sent the AWARE toolkit from Physicians for a Healthy CA on April 30, 2019. In June 2019 there was a vote to see if LA Care wanted strep test kits in the next fiscal year. Voting results showed 10 voted no and 5 voted yes. Q3: CWP memo was written and presented at QI Incentives. Steering Committee it was stated that given budget approval they would like to have strep test kit intervention in the coming year.	Can be a coding issue and some providers don't want to test before giving out antibiotics whether it is because clinical practices have changed. Or because they don't have strep test kits and don't want to pay extra to obtain these kits. Also some members really want antibiotics even though they have a virus therefore, the doctor prescribes it to them without testing.	Y
Appropriate Rx for Children w/URI	URI	A NCQA: Medi-Cal QRS	2018 Rate: Medi-Cal: 88.82% LACC: 87.10%	2019 Rate: Medi-Cal: 88.74% LACC: 90.28%	Medi-Cal: 85% LACC: 84%	Medi-Cal: Met LACC: Met	Betsy Santana (QV) Keren Mahgrehleh (QI) Rodney Truong (QPM)	Annual: By June 19	QOC: September 23 PICC & PQC: Oct 29	Q1: 2019-Have as signed contract with Physicians for a Healthy CA to send out toolkits to low performing clinics. In January 2019 1332 providers were sent posters provide education and reference to providers about antibiotic prescriptions. Paid Ad in January 2019 wording: "Cold or flu? Antibiotics won't help, but a flu shot can keep you up and running" 10,022 were reached and 12 messaging conversations started. On January 23rd 2019 pharmacy sent out a poster to providers which stated "Virus or bacteria" and a checklist. A letter was also sent out to providers on January 23rd 2019 which described the purpose and use of the educational poster. Q2: 6544 providers were sent the AWARE toolkit from Physicians for a Healthy CA on April 30, 2019. Q3: Intervention is the same as CWP.	Can be a coding issue and some providers don't want to test before giving out antibiotics whether it is because clinical practices have changed. Or because they don't have strep test kits and don't want to pay extra to obtain these kits. Also some members really want antibiotics even though they have a virus therefore, the doctor prescribes it to them without testing.	Y

Performance Measures for Planned Activities for Objectives	HEDIS Acronym	Regulatory Agencies	2018 Rates	2019 Rates	2019 Goal	Goal Met/Not Met	Responsible Staff/Department	Timeframe for completion	Reports to: (Dates are 2019 unless otherwise noted)	Interventions/Updates	Comments/Barriers	Recommend for 2020 Work Plan
Women's Health Initiatives												
Prenatal Visits (Plan Partner Incentive, Medi-Cal VIII-P4P and Physician P4P)	PPC (Prenatal)	H Auto Assignment NCQA: Medi-Cal EAS QRS	2018 Rate: Medi-Cal: 82.22% LACC: 79.69%	2019 Rate: Medi-Cal: 87.80% LACC: 88.57%	Medi-Cal: 84% LACC: 85%	Medi-Cal: Met LACC: Met	Margaret Marcia (HECLS)/ Rodney Truong (QPM)	Annual: By June 19	QOC: September 23 PICC & PQ: Oct 29	Intervention: MCLA, LACC, & CMC Member Incentive: Members identified as pregnant are sent educational materials and members in their first trimester are contacted for support with scheduling their prenatal visit. Members receive a onsite upon appointment confirmation. FY Q1 2018: CY Q4 Mailings: 1,215 total, Live Agent Calls: 46 total FY Q2 2019: CY Q1 Mailings: 1,173 total, Live Agent Calls: 46 total FY Q3 2019: CY Q2 Mailings: 1,235 total, Live Agent Calls: 65 total FY Q4 2019: CY Q3 Mailings: 1,252 total, Live Agent Calls: 47 total FY Q1 2019: CY Q4 Mailings: 1,215 total, Live Agent Calls: 46 total		Y
Postpartum Care (Plan Partner Incentive, Medi-Cal VIII-P4P and Physician P4P)	PPC (Postpartum)	H NCQA: Medi-Cal EAS QRS	2018 Rate: Medi-Cal: 56.54% LACC: 62.50%	2019 Rate: Medi-Cal: 62.72% LACC: 69.39%	Medi-Cal: 60% LACC: 65%	Medi-Cal: Met LACC: Met	Margaret Marcia (HECLS)/ Rodney Truong (QPM)	Annual: By June 19	QOC: September 23 PICC & PQ: Oct 29	Intervention: MCLA, LACC, and CMC members who have recently given birth are identified and outreached to provide appointment scheduling assistance. Members who complete a postpartum visit within 7-84 days after delivery receive a \$40 debit card. FY Q1 2018: CY Q4 Live Agent Calls: 2,956 total, Appl.'s Confirmed: 714 total, Gift cards issued: 622 total. FY Q2 2019: CY Q1 Live Agent Calls: 2,708 total, Appl.'s Confirmed: 582 total, Gift cards issued: 595 total. FY Q3 2019: CY Q2 Live Agent Calls: 2,403 total, Appl.'s Confirmed: 546 total, Gift cards issued: 544 total. FY Q4 2019: CY Q3 Live Agent Calls: 2,539 total, Appl.'s Confirmed: 614 total, Gift cards issued: 610 total. FY Q1 2020: CY Q4 Live Agent Calls: 2,458 total, Appl.'s Confirmed: 512 total, Gift cards issued: 608 total.		Y
Breast Cancer Screenings (Plan Partner Incentive, Medi-Cal VIII-P4P and Physician P4P)	BCS	A Star (C9I) EAS QRS NCQA: Medi-Cal & Medicare	2018 Rate: Medi-Cal: 59.53% LACC: 64.64% CMC: 60.08%	2019 Rate: Medi-Cal: 60.98% LACC: 71.1% CMC: 63.66%	Medi-Cal: 61% LACC: 57% CMC: 64%	Medi-Cal: Met LACC: Met CMC: Met	Sinhu Kumar (QI)/ Rodney Truong (QPM)	Annual: By June 19	QOC: September 23 PICC & PQ: Oct 29	Q2: BCS Robo Call Month: June 2019 MCLA: English: 56,204 (77.7%) Spanish: 22,420 (73.7%) CMC: English: 1,909 (67.8%) Spanish: 1,776 (63.2%) LACC: English 2,245 (74.8%) Spanish: 1,304 (68.2%) Q3: Second Round of BCS calls: September 2019 - call results not available yet. Mailers: Mailed out on 7/31/2019 to RCAC 8 (South Bay) & 9 (Long Beach). Total Mailers: 2,841 CNC assisted QI with their intervention for breast cancer screening measure by conducting robocalls to encourage members to schedule an appointment for their breast cancer screening. Q4: Working on BCS Provider Incentive Proposal	Potential Barriers: Developing new incentive (pay 4 event to physicians in RCAC9) to increase scores. Potential data delays may occur.	Y
Cervical Cancer Screenings (Plan Partner Incentive, Medi-Cal VIII-P4P and Physician P4P)	CCS	H Auto-Assignment EAS QRS NCQA: Medi-Cal	2018 Rate: Medi-Cal: 60.55% LACC: 50.98%	2019 Rate: Medi-Cal: 66.08% LACC: 53.53%	Medi-Cal: 64% LACC: 57%	Medi-Cal: Met LACC: Not Met	Sinhu Kumar (QI)/ Rodney Truong (QPM)	Annual: By June 19	QOC: September 23 PICC & PQ: Oct 29	Q1: 2019-In January 2019 QI Initiatives launched a cervical cancer social media campaign on Facebook and Twitter. LA Care Staff presented at the ECAC where she shared about Cervical Cancer and the social media campaign. Top LA Care Twitter post of the month (January) was from this social media campaign. Q3 Updates: CCS Robo Call Month: End of July to Early August 2019 MCLA: English: 83,566 (78.23%), Spanish: 17,231 (73.6%) CMC: English: 561 (81.4%), Spanish: 118 (77.2%) LACC: English: 14,042 (86.4%), Spanish: 5,358 (78.0%) Mailers: Mailed out on 7/31/2019 to RCAC 5 (The West Side). Total Mailers: 954 Q4: No updates		Y
Chlamydia Screening in Women (Total) (Plan Partner Incentive, Medi-Cal VIII-P4P and Physician P4P)	CHL	A NCQA: Medi-Cal QRS	2018 Rate: Medi-Cal: 64.71% LACC: 59.45%	2019 Rate: Medi-Cal: 66.77% LACC: 59.04%	Medi-Cal: 67% LACC: 63%	Medi-Cal: Met LACC: Not Met	Betsy Santana (QI)/ Rodney Truong (QPM)/ Margaret Marcia (HECLS)	Annual: By June 19	QOC: September 23 PICC & PQ: Oct 29	MCLA & LACC Intervention planned: Fax to PCPs on chlamydia screening guidelines. Educational mailer to parents of teen girls. Facebook ads that encourage chlamydia screening. FY Q3 2019: CY Q2: Ad-hoc providers fax distributed to 3,147 provider offices. FY Q4 2019: CY Q3: Provider fax blast distributed to 2,689 provider offices. Social Media campaign launched. FY Q1 2019: CY Q4: Parent Letter mailed to 1,067 the parent/guardian of LACC and MCLA members.		Y
Chronic Condition Measures (Plan Wide)												
Diabetes: Eye Exam (retinal) performed (Plan Partner Incentive, Medi-Cal VIII-P4P and Physician P4P)	CDC- Eye Exam	H Star (C13) NCQA: Medi-Cal & Medicare EAS QRS	2018 Rate: Medi-Cal: 63.26% MCLA: 64.84% LACC: 48.17% CMC: 70.37%	2019 Rate: Medi-Cal: 64.72% MCLA: 63.67% LACC: 60.34% CMC: 75.98%	Medi-Cal: 69% MCLA: 69% LACC: 53% CMC: 76%	Medi-Cal: Not Met MCLA: Not Met LACC: Met CMC: Met	Betsy Santana (QI)/ Rachel Martinez (QI)/ Izaro Elorduy (CM)/ Steven Change (CM)/ Rodney Truong (QPM)	Annual: By June 19	QOC: September 23 PICC & PQ: Oct 29	Diabetes Management: Q1-Q4: Condition monitoring calls for high severity DM Diabetes members (all DLOB) and follow-up health education mailings as appropriate. Q1-Q4: New member welcome letters to all newly identified members with diabetes with a booklet including flyers on exams to remember including eye exam. Q3: QI is working with pharmacy by providing member detail POR report from Incentives to identify poor performing providers to possible collaborate with for a project where a pharmacist is at the clinic assisting the provider with medications adjustment for diabetes and cardiovascular. QI is working with HECLS for collaboration in providing additional support to clinics and providers through collaboration with HIT and TCPI project. Q4: Pharmacy in process of developing MOU with Wilmington Community Clinic for Ambulatory Care Pharmacist. HECLS RD completing staff training for DM to Northeast Community Clinic and South Bay Health Center in Inglewood.	Concern is that the DM Diabetes program is not actively reaching out to members. DM program has not been actively reaching out to members since August and there have been no mailings to new members. DM has only answered calls on the resource line.	Y
Diabetes: A1C Screening (Plan Partner Incentive, Medi-Cal VIII-P4P and Physician P4P)	CDC- A1C Screening	H Auto-Assignment EAS QRS	2018 Rate: Medi-Cal: 86.37% MCLA: 84.77% LACC: 90.95% CMC: 90.37%	2019 Rate: Medi-Cal: 86.13% MCLA: 83.90% LACC: NA CMC: 93.58%	Medi-Cal: 88% MCLA: 88% LACC: 93% CMC: 92%	Medi-Cal: Not Met MCLA: Not Met LACC: NA CMC: Met	Betsy Santana (QI)/ Rachel Martinez (QI)/ Izaro Elorduy (CM)/ Steven Change (CM)/ Rodney Truong (QPM)/ Mary Anne Choi (Pharm)	Annual: By June 19	QOC: September 23 PICC & PQ: Oct 29	Pharmacy Intervention: Diabetes Welcome Kit From Pharmacy Department, including Diabetes Educational materials for CMC members newly identified with Diabetes on new Diabetes medications are mailed to members. Pharmacy technicians conduct outreach calls to members to educate about diabetes and important exams, reconcile diabetes medications, and refer to Health Education department. Q2: As of 6/7/19, 146 Welcome Kits have been mailed out subsequent to member high-touch telephonic outreach. Q3: As of 9/16/19, 308 Welcome Kits have been mailed out subsequent to member high-touch telephonic outreach. Q4: As of 12/31/19, 594 Welcome Kits have been mailed out subsequent to member high-touch telephonic outreach. Diabetes Management: Q1-Q4: Condition monitoring calls for high severity DM Diabetes members (all DLOB) and follow-up health education mailings as appropriate. Q1-Q4: New member welcome letters to all newly identified members with diabetes with a booklet including flyers on exams to remember. Q1-Q2: Developing Welcome Kit From Pharmacy Department, including Diabetes Educational materials for CMC members newly identified with Diabetes on new Diabetes medications. Quality Improvement: Q3: QI is working with pharmacy by providing member detail POR report from Incentives to identify poor performing providers to possible collaborate with for a project where a pharmacist is at the clinic assisting the provider with medications adjustment for diabetes and cardiovascular. QI is working with HECLS for collaboration in providing additional support to clinics and providers through collaboration with HIT and TCPI project. Q4: Pharmacy in process of developing MOU with Wilmington Community Clinic for Ambulatory Care Pharmacist. HECLS RD completing staff training for DM to Northeast Community Clinic and South Bay Health Center in Inglewood.	Continue plan as listed Diabetes Management concern - Concern is that the DM Diabetes program is not actively reaching out to members. DM program has not been actively reaching out to members since August and there have been no mailings to new members. DM has only answered calls on the resource line. A1C testing will be removed as reporting measure for RY 2021, hold to MPL for RY2020 Pharmacy - Diabetes Welcome Kit incorporated into SPDS/PC calls for Q1 2020.	Y

Performance Measures for Planned Activities for Objectives	HEDIS Acronym	Regulatory Agencies	2018 Rates	2019 Rates	2019 Goal	Goal Met/Not Met	Responsible Staff/Department	Timeframe for completion	Reports to: (Dates are 2019 unless otherwise noted)	Interventions/Updates	Comments/Barriers	Recommend for 2020 Work Plan
Diabetes: A1C Poor Control (>9.0%) (A lower rate indicates better performance)	CDC- A1C Poor Control (>9.0%)	H Star (C15) EAS	2018 Rate: Medi-Cal: 35.52% MCLA: 34.77% CMC: 24.44%	2019 Rate: Medi-Cal: 35.28% MCLA: 35.88% CMC: 24.20%	Medi-Cal: 32% MCLA: 24% CMC: 22%	Medi-Cal: Not Met MCLA: Not Met CMC: Not Met	Betty Santana (QI) Rachel Martinez (QI) Izaro Elorduy (CM) Steven Change (CM) Rodney Tsoung (QPM) Mary Anne Choi (Pharm)	Annual: By June 19	QOC: September 23 PICC & PQC: Oct 29	Pharmacy Intervention: Diabetes Welcome Kit From Pharmacy Department, including Diabetes Educational materials for CMC members newly identified with Diabetes on new Diabetes medications are mailed to members. Pharmacy technicians conduct outreach calls to members to educate about diabetes and important exams, reconcile diabetes medications, and refer to Health Education department. Q2: As of 6/7/19, 146 Welcome Kits have been mailed out subsequent to member high-touch telephonic outreach. Q3: As of 9/16/19, 398 Welcome Kits have been mailed out subsequent to member high-touch telephonic outreach. Q4: As of 12/31/19, 594 Welcome Kits have been mailed out subsequent to member high-touch telephonic outreach. Disease Management: Q1-Q4: Condition monitoring calls for high severity DM Diabetes members (all DLOB) and follow-up health education mailings as appropriate. Q1-Q4: New member welcome letters to all newly identified members with diabetes with a booklet including flyers on exams to remember. Q1-Q2: Developing Welcome Kit From Pharmacy Department, including Diabetes Educational materials for CMC members newly identified with Diabetes on new Diabetes medications. Quality Improvement: Q3: QI is working with pharmacy by providing member detail POR report from Incentives to identify poor performing providers to possible collaborate with for a project where a pharmacist is at the clinic assisting the provider with medications adjustment for diabetes and cardiovascular. Q1 is working with HECLIS for collaboration in providing additional support to clinics and providers through collaboration with HIT and TCPI project. Q4: Pharmacy in process of developing MOU with Wilmington Community Clinic for Ambulatory Care Pharmacist. HECLIS RD completing staff training for DM to Northeast Community Clinic and South Bay Health Center in Inglewood.	Continue plan as listed Disease Management concern - Concern is that the DM Diabetes program is not actively reaching out to members. DM program has not been actively reaching out to members since August and there have been no mailings to new members. DM has only answered calls on the resource line. DM program will close 3/31/2020. Pharmacy - Diabetes Welcome Kit incorporated into SPDS/SPC calls for Q1 2020.	Y
Diabetes: A1C Good Control (<8.0%) (Enterprise Goal) Plan Partner Incentive, Medi-Cal VIP+PAP and Physician PAP	CDC- A1C Good Control (<8.0%)	H NCQA: Medi-Cal & Medicare EAS QBS	2018 Rate: Medi-Cal: 51.09% MCLA: 49.22% LACC: 62.25% CMC: 62.47%	2019 Rate: Medi-Cal: 51.09% MCLA: 49.99% LACC: 61.56% CMC: 62.22%	Medi-Cal: 54% MCLA: 54% LACC: 64% CMC: 66%	Medi-Cal: Not Met MCLA: Not Met LACC: Not Met CMC: Not Met	Betty Santana (QI) Rachel Martinez (QI) Izaro Elorduy (CM) Steven Change (CM) Rodney Tsoung (QPM) Mary Anne Choi (Pharm)	Annual: By June 19	QOC: September 23 PICC & PQC: Oct 29	Pharmacy Intervention: Diabetes Welcome Kit From Pharmacy Department, including Diabetes Educational materials for CMC members newly identified with Diabetes on new Diabetes medications are mailed to members. Pharmacy technicians conduct outreach calls to members to educate about diabetes and important exams, reconcile diabetes medications, and refer to Health Education department. Q2: As of 6/7/19, 146 Welcome Kits have been mailed out subsequent to member high-touch telephonic outreach. Q3: As of 9/16/19, 398 Welcome Kits have been mailed out subsequent to member high-touch telephonic outreach. Q4: As of 12/31/19, 594 Welcome Kits have been mailed out subsequent to member high-touch telephonic outreach. Disease Management: Q1-Q4: Condition monitoring calls for high severity DM Diabetes members (all DLOB) and follow-up health education mailings as appropriate. Q1-Q4: New member welcome letters to all newly identified members with diabetes with a booklet including flyers on exams to remember. Q1-Q2: Developing Welcome Kit From Pharmacy Department, including Diabetes Educational materials for CMC members newly identified with Diabetes on new Diabetes medications. Quality Improvement: Q3: QI is working with pharmacy by providing member detail POR report from Incentives to identify poor performing providers to possible collaborate with for a project where a pharmacist is at the clinic assisting the provider with medications adjustment for diabetes and cardiovascular. Q1 is working with HECLIS for collaboration in providing additional support to clinics and providers through collaboration with HIT and TCPI project. Q4: Pharmacy in process of developing MOU with Wilmington Community Clinic for Ambulatory Care Pharmacist. HECLIS RD completing staff training for DM to Northeast Community Clinic and South Bay Health Center in Inglewood.	Continue plan as listed Disease Management concern - Concern is that the DM Diabetes program is not actively reaching out to members. DM program has not been actively reaching out to members since August and there have been no mailings to new members. DM has only answered calls on the resource line. DM program will close 3/31/2020. Pharmacy - Diabetes Welcome Kit incorporated into SPDS/SPC calls for Q1 2020.	Y
Diabetes: Medical Attention for Nephropathy	CDC- Nephropathy	H Star (C14) EAS QBS	2018 Rate: Medi-Cal: 92.70% MCLA: 92.97% LACC: 94.13% CMC: 96.79%	2019 Rate: Medi-Cal: 90.51% MCLA: 91.01% LACC: 94.89% CMC: 97.04%	Medi-Cal: 93% MCLA: 94% LACC: 96% CMC: 99%	Medi-Cal: Not Met MCLA: Not Met LACC: Not Met CMC: Not Met	Betty Santana (QI) Rachel Martinez (QI) Izaro Elorduy (CM) Steven Change (CM) Rodney Tsoung (QPM)	Annual: By June 19	QOC: September 23 PICC & PQC: Oct 29	Disease Management: Q1-Q4: Condition monitoring calls for high severity DM Diabetes members (all DLOB) and follow-up health education mailings as appropriate. Q1-Q4: New member welcome letters to all newly identified members with diabetes with a booklet including flyers on exams to remember.	Continue plan as listed Disease Management concern - Concern is that the DM Diabetes program is not actively reaching out to members. In January 2020, all mailers for CVD, DM and Asthma will be sent to address the backlog of activities from August 2019. This meets the NCQA requirement for the program.	Y
Diabetes: Blood Pressure Control (<140/90 mm Hg)	CDC- Blood Pressure Control (<140/90 mm Hg)	H NCQA: Medi-Cal & Medicare EAS	2018 Rate: Medi-Cal: 65.21% CMC: 69.63%	2019 Rate: Medi-Cal: 70.80% CMC: 70.12%	Medi-Cal: 69% CMC: 75%	Medi-Cal: Met CMC: Not Met	Betty Santana (QI) Rachel Martinez (QI) Izaro Elorduy (CM) Steven Change (CM) Rodney Tsoung (QPM)	Annual: By June 19	QOC: September 23 PICC & PQC: Oct 29	Disease Management: Q1-Q4: Condition monitoring calls for high severity DM Diabetes members (all DLOB) and follow-up health education mailings as appropriate. Q1-Q4: New member welcome letters to all newly identified members with diabetes with a booklet including flyers on exams to remember.	Continue plan as listed Disease Management concern - Concern is that the DM Diabetes program is not actively reaching out to members. In January 2020, all mailers for CVD, DM and Asthma will be sent to address the backlog of activities from August 2019. This meets the NCQA requirement for the program. DM program has not been actively reaching out to members since August and there have been no mailings to new members. DM has only answered calls on the resource line. DM program will close 3/31/2020.	Y
Member Satisfaction with Disease Management Programs- Diabetes		None	2018 Rate: 94.5%	Member Satisfaction Survey not fielded in 2019.	90% for all lines of business for all programs		Izaro Elorduy (CM) Steven Change (CM)	Annual: By Oct. 19	QOC: Nov 25	Q1-Q4: Condition monitoring calls for high severity DM Diabetes members (all DLOB) and follow-up health education mailings as appropriate. Q1-Q4: New member welcome letters to all newly identified members with diabetes with a booklet including flyers on exams to remember. Q1-Q2: Developing Welcome Kit From Pharmacy Department, including Diabetes Educational materials for CMC members newly identified with Diabetes on new Diabetes medications.	Continue plan as listed	N
Statin Therapy for Patients with Cardiovascular Disease	SFC	A Star (C22) NCQA: Medi-Cal & Medicare	2018 Rate: Medi-Cal: Total Statin Therapy: 73.13% Total Adherence: 76.98% CMC: Total Statin Therapy: 74.84% Total Adherence: 76.42%	2019 Rate: Medi-Cal: Total Statin Therapy: 80.53% Total Adherence: 70.60% CMC: Total Statin Therapy: 77.03% Total Adherence: 72.67%	Medi-Cal: Total Statin Therapy: 76% Total Adherence: 79% CMC: Total Statin Therapy: 77% Total Adherence: 79%	Medi-Cal: Total Statin Therapy: Met Statin Adherence: Not Met CMC: Total Statin Therapy: Met Total Adherence: Not Met	Nicole Quang (Pharm) Rodney Tsoung (QPM)	Annual: By June 19	QOC: September 23 PICC & PQC: Oct 29	Pharmacy Intervention: Per SinfoniaRx (Vendor), this measure has been incorporated into Targeted Medication Review (TMR) algorithm beginning Q2 2018 (CMC only). Q1-Q4: Condition monitoring calls for high severity DM CVD members (MCLA, CMC, LACC) and follow-up health education mailings as appropriate. Q1-Q4: New member welcome letters to all newly identified members with CVD with a booklet including flyers on exams to remember.	Continue plan as listed Pharmacy team to conduct outreach to CMC members qualifying for the SFC total adherence rate for 2020.	Y
Statin Therapy for Patients with Diabetes	SPD	A NCQA: Medi-Cal & Medicare	2018 Rate: Medi-Cal: Received Statin Therapy: 64.20% Statin Adherence: 72.03% CMC: Received Statin Therapy: 72.43% Statin Adherence: 75.10%	2019 Rate: Medi-Cal: Received Statin Therapy: 69.20% Statin Adherence: 65.76% CMC: Received Statin Therapy: 74.06% Statin Adherence: 72.13%	Medi-Cal: Received Statin Therapy: 67% Statin Adherence: 74% CMC: Received Statin Therapy: 75% Statin Adherence: 77%	Medi-Cal: Received Statin Therapy: Met Statin Adherence: Not Met CMC: Received Statin Therapy: Not Met Statin Adherence: Not Met	Nicole Quang (Pharm) Rodney Tsoung (QPM)	Annual: By June 19	QOC: September 23 PICC & PQC: Oct 29	CMC Intervention: Vendor conducts outreach to member and/or provider to conduct targeted medication review. Pharmacy Intervention: Conclusion of 2018: Total interventions: 4,731 Interventions Resulting in PDC > 80%: 2,524 Q1: With the conclusion of the MCLA MTM TMR Pilot program, SinfoniaRx was able to complete 2,524 interventions, which contributed to approximately a 13% increase in adherence to our pilot population for the MCLA LOB. Q2: Discussing possible continuation of MCLA MTM TMR program Q3: Internal MTM program in the works Q4: Internal MTM program for CMC LOB slated for 2020 Added the Statin Therapy for Patients with Diabetes measure onto the Prescriber Scorecard to inform providers of CMC patients who have a diagnosis of diabetes but are not currently on a statin.	Continue plan as listed; Qurescure contract ended May 31, 2019 will be replaced with in-house Community Health Worker program Q3. Pharmacy team to conduct outreach to CMC members qualifying for the SPD total adherence rate for 2020.	Y

Performance Measures for Planned Activities for Objectives	HEDIS Acronym	Regulatory Agencies	2018 Rates	2019 Rates	2019 Goal	Goal Met/Not Met	Responsible Staff/Department	Timeframe for completion	Reports to: (Dates are 2019 unless otherwise noted)	Interventions/Updates	Comments/Barriers	Recommend for 2020 Work Plan
Controlling High Blood Pressure (Enterprise Goal) Plan Partner Incentive, Medi-Cal VIII-P4P and Physician P4P	CBP	H Auto-Assignment NCQA: Medi-Cal EAS QRS QW	2018 Rate: Medi-Cal: 63.03% LACC: 56.36% CMC: 69.24% MCLA: 64.60%	2019 Rate: Medi-Cal: 71.05% LACC: 68.13% CMC: 73.24% MCLA: 70.40%	Medi-Cal: 73% LACC: 61% CMC: 56% MCLA: 67%	Medi-Cal: Not Met LACC: Met CMC: Met MCLA: Met	Betsy Santana (QI) Rachel Martinez (QI) Rodney Truong (QPM)	Annual: By June 19	QOC: September 23 PICC & PQC: Oct 29	Intervention: Participated with AHA on Target BP data sharing of Medi-Cal members with CBF. Q3: Met with AHA, received for participating in Target BP program. 25 automatic blood pressure cuffs and educational pamphlets in English and Spanish to blood pressure control and monitoring. 3 BP cuffs were given to pharmacy for their pilot ambulatory care pharmacist program.	Disease Management, concern there is no active DM for Cardiovascular CM has not actively called members from August 2019/December 2019. No new member mailing has been sent August 2019-2020, there is a renovation and CM will send new member mailing in January 2020. CM will retain CVD program, however Health ED to send out new member mailing and the program will not be reaching out directly to only CVD cases. CM still working on plans for 2020 and CVD/	Y
Member Satisfaction with Disease Management Programs- CVD		None	2018 Rate: 87.0%	Member Satisfaction Survey not fielded in 2019.	90% for all lines of business for all programs		Isaro Elorduy (CM) Steven Change (CM)	Annual: By Oct. 19	QOC: Nov 25	Q1-Q4: Condition monitoring calls for high severity DM CVD members (MCLA, CMC, LACC) and follow-up health education mailings as appropriate. Q1-Q4: New member welcome letters to all newly identified members with CVD with a booklet including flyers on exams to remember.	Continue plan as listed: Quesscare contract ended May 31, 2019 will be replaced with in-house Community Health Worker program Q3 Disease Management: Concern there are no condition monitoring call for members in DM program for Asthma. Also there is no longer home visits, unclear if CHW trained in CM can fulfill this need.	Y
Asthma Medication Ratio (Total) (Enterprise Goal) Plan Partner Incentive, Medi-Cal VIII-P4P and Physician P4P	AMR	A NCQA: Medi-Cal	2018 Rates: Medi-Cal: 62.09% LACC: 56.70% MCLA: 56.70%	2019 Rates: Medi-Cal: 69.90% LACC: 55.64% MCLA: 55.64%	Medi-Cal: 65% MCLA: 59%	Medi-Cal: Not Met MCLA: Not Met	Betsy Santana (QI) Rachel Martinez (QI) Rodney Truong (QPM)	Annual: By June 19	QOC: September 23 PICC & PQC: Oct 29	Q1-Q4: Condition monitoring calls for high severity DM Asthma members (all DLOB) and follow-up health education mailings as appropriate. New member welcome letters to all newly identified members with asthma with a booklet including flyers on medication compliance for asthma. Providers are mailed AAP if member states not having a completed plan. Quesscare home visits including review of asthma medications with CHW for high severity asthma members. (through May, 2019) Q1: Leadership training on EDE-PreManage software to identify pediatric asthma members in Emergency Room for timely follow-up on asthma management. Q2: Pilot program with EDE-PreManage software to identify and engage pediatric asthma members in Emergency Room for timely follow-up on asthma management. Intervention: Proposal to DHCS for Disparity PIP for AMR for SPA 6. Revision of AMR report provided to DHS to enhance and roll out to other PPG. Q3: Disparity PIP approved by DHCS for AMR in SPA 6, Module 1 due 10/25/2019. Q4: QI working with HIT, Whitney and Reginald on Asthma training for direct network clinics: pharmacy and MD to review.	Continue plan as listed: Quesscare contract ended May 31, 2019 will be replaced with in-house Community Health Worker program Q3 Disease Management: Concern there are no condition monitoring call for members in DM program for Asthma. Also there is no longer home visits, unclear if CHW trained in CM can fulfill this need. CM has not been actively calling DM member and CM has not sent out new member mailing to members as of August. DM will close as of 3/31/2020	Y
Medication Management for People with Asthma (MMA) - 75% Compliance	MMA - 75%	A 75% Compliance Rate NCQA: Medi-Cal QRS	2018 Rate: Medi-Cal: 54.27% LACC: 78.13% MCLA: 43.59%	2019 Rates: Medi-Cal: 42.44% LACC: 52.55% MCLA: 43.60%	Medi-Cal: 75% compliance: 56% LACC: 75% compliance: 81% MCLA: 75% compliance: 45%	Medi-Cal: Not Met LACC: Not Met MCLA: Not Met	Betsy Santana (QI) Isaro Elorduy (CM) Steven Change (CM) Rodney Truong (QPM)	Annual: By June 19	QOC: September 23 PICC & PQC: Oct 29	Q1-Q4: Condition monitoring calls for high severity DM Asthma members (all DLOB) and follow-up health education mailings as appropriate. New member welcome letters to all newly identified members with asthma with a booklet including flyers on medication compliance for asthma. Quesscare home visits including review of asthma medications with CHW for high severity asthma members. (through May, 2019) Q1: Leadership training on EDE-PreManage software to identify pediatric asthma members in Emergency Room for timely follow-up on asthma management. Q2: Pilot program with EDE-PreManage software to identify and engage pediatric asthma members in Emergency Room for timely follow-up on asthma management.	Continue plan as listed: Quesscare contract ended May 31, 2019 will be replaced with in-house Community Health Worker program Q3. The CHW program is not intended to replace the home visits conducted by Quesscare.	Y
% of members who have Asthma Action Plan	AAP	None	2018 Rates: 34.0%	Member Satisfaction Survey not fielded in 2019.	65% for all lines of business (measured by Disease Management satisfaction survey; member self-report)		Isaro Elorduy (CM) Steven Change (CM)	Annual: By Oct. 19	QOC: September 23 PICC & PQC: Oct 29	Q1-Q4: Condition monitoring calls for high severity DM Asthma members (all DLOB) and follow-up health education mailings as appropriate. New member welcome letters to all newly identified members with asthma with a booklet including flyers on medication compliance for asthma. Providers are mailed AAP if member states not having a completed plan. Quesscare home visits including review of asthma medications with CHW for high severity asthma members. (through May, 2019) Q1: Leadership training on EDE-PreManage software to identify pediatric asthma members in Emergency Room for timely follow-up on asthma management. Q2: Pilot program with EDE-PreManage software to identify and engage pediatric asthma members in Emergency Room for timely follow-up on asthma management.	Continue plan as listed: Quesscare contract ended May 31, 2019 will be replaced with in-house Community Health Worker program Q3. The CHW program is not intended to replace the home visits conducted by Quesscare.	N
Member Satisfaction with Disease Management Programs- Asthma		None	2018 Rates: 97.8%	Member Satisfaction Survey not fielded in 2019.	95% of the members in Asthma program will be overall satisfied (all LOBs)		Isaro Elorduy (CM) Steven Change (CM)	Annual: By Oct. 19	QOC: Nov 25	Q1-Q4: Condition monitoring calls for high severity DM Asthma members (all DLOB) and follow-up health education mailings as appropriate. New member welcome letters to all newly identified members with asthma with a booklet including flyers on medication compliance for asthma. Quesscare home visits including review of asthma medications with CHW for high severity asthma members (through May, 2019). Q1: Leadership training on EDE-PreManage software to identify pediatric asthma members in Emergency Room for timely follow-up on asthma management. Q2: Pilot program with EDE-PreManage software to identify and engage pediatric asthma members in Emergency Room for timely follow-up on asthma management.	Continue plan as listed: Quesscare contract ended May 31, 2019 will be replaced with in-house Community Health Worker program Q3. The CHW program is not intended to replace the home visits conducted by Quesscare.	N
Pharmacotherapy Management of COPD Exacerbation (dispensed a systemic corticosteroid within 14 days of the event) (Enterprise Goal)	PCE- (dispensed a systemic corticosteroid within 14 days of the event)	A NCQA: Medi-Cal & Medicare	2018 Rate: Medi-Cal: 59.20% CMC: 61.17%	2019 Rate: Medi-Cal: 68.47% CMC: 76.02%	Medi-Cal: 62% CMC: 62%	Medi-Cal: Met CMC: Met	Betsy Santana (QI) Rodney Truong (QPM)	Annual: By June 19	QOC: September 23 PICC & PQC: Oct 29	Intervention: Q3 Mailer to patients discharged from hospital.		Y
Pharmacotherapy Management of COPD Exacerbation (dispensed a bronchodilator within 30 days of the event)	PCE- (dispensed a bronchodilator within 30 days of the event)	A NCQA: Medi-Cal & Medicare	2018 Rate: Medi-Cal: 77.20% CMC: 85.11%	2019 Rate: Medi-Cal: 83.61% CMC: 85.26%	Medi-Cal: 80% CMC: 88%	Medi-Cal: Met CMC: Not Met	Betsy Santana (QI) Rodney Truong (QPM)	Annual: By June 19	QOC: September 23 PICC & PQC: Oct 29			Y
Annual Monitoring for Patients on Persistent Medications- ACE inhibitors or ARBs	MPM- ACE inhibitors or ARBs	A EAS QRS	2018 Rate: Medi-Cal: 88.96% LACC: 86.38%	2019 Rate: Medi-Cal: 88.61% LACC: 88.75%	Medi-Cal: 91% LACC: 88%	Medi-Cal: Not Met LACC: Met	Betsy Santana (QI) Rachel Martinez (QI) Rodney Truong (QPM)	Annual: By June 19	QOC: September 23 PICC & PQC: Oct 29	Intervention: Q3 MPM mailer to members. Q3: MPM mailer to drop 9/27/2019 to 9,450 MCLA and 3,257 LACC members.	Changes to mailer delay the timeline to outreach. Send this out sooner to members as well as robocalls to reinforce the mailer. No longer reporting in 2020 for MY 2019, removed MCLAS and NCQA	N
Annual Monitoring for Patients on Persistent Medications- Diuretics	MPM- Diuretics	A EAS QRS	2018 Rate: Medi-Cal: 88.33% LACC: 85.19%	2019 Rate: Medi-Cal: 88.06% LACC: 88.59%	Medi-Cal: 91% LACC: 87%	Medi-Cal: Not Met LACC: Met	Betsy Santana (QI) Rodney Truong (QPM)	Annual: By June 19	QOC: September 23 PICC & PQC: Oct 29	Intervention: Q3 LBP mailer to provider. Dropped on 8/27/2019 to 130 providers with 10 or more members and scored less than 80%.	Reach out to those who request the least imaging and identify their process to share with poor performing, look into how the office visits goes for members at providers office, chart review? Evaluate if providers received mailing lowered their request, send mailer in Q2.	Y
Annual Monitoring for Patients on Persistent Medications Total (Monitoring Key Long-term Medications) (note state measure excludes anticonvulsant)	MPM- Total	A QRS	2018 Rate: LACC: 86.02%	2019 Rate: LACC: 88.61%	LACC: 87%	LACC: Met	Betsy Santana (QI) Rodney Truong (QPM)	Annual: By June 19	QOC: September 23 PICC & PQC: Oct 29			N
Use of Imaging Studies for Low Back Pain	LBP	A NCQA: Medi-Cal EAS QRS	2018 Rate: Medi-Cal: 72.41% LACC: 76.27%	2019 Rate: Medi-Cal: 71.74% LACC: 71.39%	Medi-Cal: 68% LACC: 72%	Medi-Cal: Met LACC: Not Met	Betsy Santana (QI) Rachel Martinez (QI) Rodney Truong (QPM)	Annual: By June 19	QOC: September 23 PICC & PQC: Oct 29	Intervention: Q3 LBP mailer to provider. Dropped on 8/27/2019 to 130 providers with 10 or more members and scored less than 80%.	Reach out to those who request the least imaging and identify their process to share with poor performing, look into how the office visits goes for members at providers office, chart review?	Y
Other Measures												
Board Certification	BCR	A	Fam Med: 63.93% IM: 73.19% Pediatrics: 57.71% OB/GYN: 79.60% Geriatrics: 65.73% Other: 80.88%	Fam Med: 34.13% IM: 58.52% Pediatrics: 57.41% OB/GYN: 58.38% Geriatrics: 56.41% Other: 70.92%	NA	NA	Rodney Truong (QPM)	Annual: By June 19	QOC: September 23 PICC & PQC: Oct 29			Y

Performance Measures for Planned Activities for Objectives	HEDIS Acronym	Regulatory Agencies	2018 Rates	2019 Rates	2019 Goal	Goal Met/Not Met	Responsible Staff/Department	Timeframe for completion	Reports to: (Dates are 2019 unless otherwise noted)	Interventions/Updates	Comments/Barriers	Recommend for 2020 Work Plan
Topical Fluoride Varnish Utilization			2027 PTPY individuals received fluoride treatment in CY 2017 compared to 23.50 PTPY in CY 2016 (<6 yrs).	Medi-Cal: 20.91 PTPY individuals received fluoride treatment in FY 2018 compared to 19.88 PTPY in FY 2017 (<6 yrs). MCLA: 11.88 PTPY individuals received fluoride treatment in FY 2018 compared to 14.09 PTPY in FY 2017 (<6 yrs).	NA	NA	Betty Santana (QI) / Marla Lubert (QI)	Annual: By June 19	QOC: July 22	Q2: Added link on lacare.org to CHDP Dental Training: Fluoride Varnish. Q3: N/A Q4: 1. In July 2019 L.A. Care advertised that CHDP was providing online training regarding dental fluoride application. The online training dates were as follows: July 10, 2019-December 30, 2019. 2. In August 2019 L.A. Care discussed the fluoride varnish rates with Blue Shield Promise and Anthem during the Child and Adolescent Health Workgroup meeting. Respective Plan Partner fluoride varnish rates were shared with both Anthem and Blue Shield Promise via email.		Y
					QW: Quality Withhold Measure							
Antidepressant Medication Management (Acute Phase)	AMM- Acute Phase	A QRS	2018 Rates: LACC: 60.77%	2019 Rates: LACC: 65.13%	LACC: 65%	LACC: Met	Betty Santana (QI) / Andrew Gay (QI) / Rodney Traugott (QPM)	Annual: By June 19	BHQIC: Sept. 10		<ul style="list-style-type: none"> Members may not want to take medication due to the perceived social stigma of having depression Members may stop taking medication if they experience any negative side effect Members may discontinue medication if they are feeling better and feel they do not need medication PCPs do not encourage members to stay on medication for the appropriate length of time PCPs prescribe for 30 days Pharmacy reversals were removed from data 	Y
Antidepressant Medication Management (Continuation Phase)	AMM- Continuation Phase	A NCQA: Medi-Cal & Medicare QRS	2018 Rates: Medi-Cal: 46.10% LACC: 47.69% CMC: 53.89%	2019 Rates: Medi-Cal: 43.14% LACC: 47.69% CMC: 57.16%	Medi-Cal: 50% LACC: 53% CMC: 56%	Medi-Cal: Not Met LACC: Met CMC: Met	LACC: NA Betty Santana (QI) / Andrew Gay (QI) / Rodney Traugott (QPM)	Annual: By June 19	BHQIC: Sept. 10		<ul style="list-style-type: none"> Members may not want to take medication due to the perceived social stigma of having depression Members may stop taking medication if they experience any negative side effect Members may discontinue medication if they are feeling better and feel they do not need medication PCPs do not encourage members to stay on medication for the appropriate length of time PCPs prescribe for 30 days Pharmacy reversals were removed from data 	Y
Follow-Up for Children Prescribed ADHD Medication-Initiation Phase	ADD- Initiation Phase	A QRS	2018 Rates: LACC: NA (Denominator less than 30)	2019 Rates: LACC: NA (Denominator less than 30)	LACC: NA (Prior year denominator <30)	LACC: NA	Betty Santana (QI) / Andrew Gay (QI) / Rodney Traugott (QPM)	Annual: By June 19	QOC: September 23 PICC & PQC: Oct 29	Intervention: Ongoing calls to members and notifications to providers.	<ul style="list-style-type: none"> Member care occurs outside of the primary care setting and not reported to the health plan Many providers are unaware that children may be receiving care through schools or specialty mental health providers. Parents may not seek care for their children due to social stigma 	Y
Follow-Up for Children Prescribed ADHD Medication - Continuation and Maintenance Phase	ADD- Continuation and Maintenance Phase	A QRS NCQA: Medi-Cal	2018 Rates: Medi-Cal: 41.88% LACC: NA (Denominator less than 30)	2019 Rates: Medi-Cal: 43.20% LACC: NA	Medi-Cal: 45% LACC: NA (Prior year rate <30)	Medi-Cal: Not Met	LACC: NA Betty Santana (QI) / Andrew Gay (QI) / Rodney Traugott (QPM)	Annual: By June 19	QOC: September 23 PICC & PQC: Oct 29	<p>Pharmacy Intervention:</p> <p>Provider letter content modified and mailed since Q3 2018. Q1: 241 letters mailed in Q1 (70 sent in January, 79 sent in February, 92 sent in March) Q2: 291 letters mailed in Q2 (116 sent in April, 107 sent in May, 68 sent in June)</p> <p>Pharmacy Team worked with Navitus to obtain report of members and their providers on a weekly basis. Weekly reports projected to be sent beginning 2nd or 3rd week of April. Pharmacy Team requested additional columns (prescriber phone number and member language) to be added to the weekly reports; Inclusion of requested columns projected to be in either May or June.</p>	<ul style="list-style-type: none"> Member care occurs outside of the primary care setting and not reported to the health plan Many providers are unaware that children may be receiving care through schools or specialty mental health providers. Parents may not seek care for their children due to social stigma 	Y
Follow-Up After Hospitalization for Mental Illness (in 7 days) (Enterprise Goal)	FUH7	A QRS NCQA: Medi-Cal & Medicare	2018 Rates: Medi-Cal: NB LACC: NA (Denominator less than 30) CMC: 29.13%	2019 Rates: Medi-Cal: 30.54% LACC: 26.23% CMC: 28.53%	Medi-Cal: NB (Not a benefit) LACC: 31% CMC: 30%	Medi-Cal: NA LACC: Not Met CMC: Met	Betty Santana (QI) / Andrew Gay (QI) / Rodney Traugott (QPM)	Annual: By June 19	QOC: September 23 PICC & PQC: Oct 29		<ul style="list-style-type: none"> Members refuse to attend after care appointments due to stigma or their mental illness or substance use Members may be experiencing homelessness and are difficult to contact for follow up 	Y
Follow-Up After Hospitalization for Mental Illness (in 30 days) (Enterprise Goal)	FUH30	A QW	2018 Rates: CMC: 46.88%	2019 Rates: CMC: 48.99%	CMC QW: 56%	CMC: Not Met	Betty Santana (QI) / Andrew Gay (QI) / Rodney Traugott (QPM)	Annual: By June 19	QOC: September 23 PICC & PQC: Oct 29		<ul style="list-style-type: none"> Members refuse to attend after care appointments due to stigma or their mental illness or substance use Members may be experiencing homelessness and are difficult to contact for follow up 	Y
Depression Screening and follow-up plan (DSF)	DSF	EAS	2018 Rates: Medi-Cal Screening: 2.11% Medi-Cal Follow-Up: 68.04%	2019 Rates: Medi-Cal Screening: 0.03% Medi-Cal Follow-Up: 27.50%	First year measure for H2018. ECDS was not reported and status of auditing ECDS for H2019 is still pending so goal is pending.	NA	Betty Santana (QI) / Andrew Gay (QI) / Rodney Traugott (QPM)	Annual: By June 19	BHQIC: Sept. 10	Measure has been dropped by DHCS	<ul style="list-style-type: none"> G-Codes removed from value set, only LOINC codes accepted Many providers screen for depression but do not submit codes 	Y
Diabetes Screening for People with Schizophrenia or Bipolar Disorder who are Using Antipsychotic Medications	SSD	A NCQA: Medi-Cal CMC & LACC: NCQA Report	2018 Rates: Medi-Cal: 85.25%	2019 Rates: Medi-Cal: 78.85%	Medi-Cal: 88% Cal MediConnect & LACC: MPL	Medi-Cal: Not Met	Betty Santana (QI) / Andrew Gay (QI) / Rodney Traugott (QPM)	Annual: By June 19	QOC: September 23 PICC & PQC: Oct 29		<ul style="list-style-type: none"> Providers may be unaware patient is on medication Specialty mental health providers may not report diabetes screening. Point of care testing may not be documented or coded correctly 	Y
Diabetes Monitoring for People with Diabetes and Schizophrenia	SMD	A NCQA Report	2018 Rates: Medi-Cal: 70.40%	2019 Rates: Medi-Cal: 73.02%	Medi-Cal: 72%	Medi-Cal: Met	Betty Santana (QI) / Andrew Gay (QI) / Rodney Traugott (QPM)	Annual: By June 19	QOC: September 23 PICC & PQC: Oct 29		<ul style="list-style-type: none"> Providers may be unaware patient is on medication Specialty mental health providers may not report diabetes monitoring. Point of care testing may not be documented or coded correctly 	Y
Initiation and Engagement of Alcohol and Other Drug Dependence Treatment - Initiation Total	IET- Initiation Total	A QRS	2018 Rates: LACC: 52.94%	2019 Rates: LACC: 33.14%	LACC: 29%	LACC: Met	Betty Santana (QI) / Andrew Gay (QI) / Rodney Traugott (QPM)	Annual: By June 19	QOC: September 23 PICC & PQC: Oct 29	No intervention, not a priority measure.	<ul style="list-style-type: none"> For Medi-Cal and CMC, SUD treatment is carved out to the Department of Public Health 	Y
Initiation and Engagement of Alcohol and Other Drug Dependence Treatment - Engagement Total	IET- Engagement Total	A NCQA: Medicare QRS	2018 Rates: Medi-Cal: Not available LACC: 0.70% CMC: 3.33%	2019 Rates: Medi-Cal: 5.63% LACC: 4.51% CMC: 4.55%	Medi-Cal: NB (Not a benefit) LACC: 2% CMC: 4%	Medi-Cal: NA LACC: Met CMC: Met	Betty Santana (QI) / Andrew Gay (QI) / Rodney Traugott (QPM)	Annual: By June 19	QOC: September 23 PICC & PQC: Oct 29	No intervention, not a priority measure.	<ul style="list-style-type: none"> For Medi-Cal and CMC, SUD treatment is carved out to the Department of Public Health 	Y
State Quality Improvement Projects												
Childhood Immunization Status-3 PIP	CIS-3	DHCS	Jan 2018: 50% Dec 2018: 43%	Highest rate during PIP: 50% SMART Aim not met	By June 30, 2019, increase the rate of CIS-3 completion by age two in the San Gabriel Valley from 40.9% to 51%	Not Met	Carolina Coleman (QI) / Betty Santana (QI)	Due to State: August 2019	QOC: September 23 PICC & PQC: Oct 29	Q1: Distributing updated reports of missing immunizations to providers in RCAC 3 in March 2019. Successfully got one of the highest volume providers to join CAR. Q2: Completing final components of interview for June 30 close out. Q3: Completed and submitted to DHCS in August 2019	<ul style="list-style-type: none"> Project too small in scope to reach goal Module one to be submitted to HSAG on 12/13/19 	N

Performance Measures for Planned Activities for Objectives	HEDIS Acronym	Regulatory Agencies	2018 Rates	2019 Rates	2019 Goal	Goal Met/Not Met	Responsible Staff/Department	Timeframe for completion	Reports to: (Dates are 2019 unless otherwise noted)	Interventions/Updates	Comments/Barriers	Recommend for 2020 Work Plan
Improving medication adherence in African Americans on Diabetes medication PIP	N/A	DHCS	Jan 2018: 56% Dec 2018: 44%	Lowest (best) rate during PIP: 44% SMART Aim not met	By June 30, 2019, decrease the rate of African American Medi-Cal Direct members 35-45 years old, who are not assigned to DHS and have a POC for diabetes medication of 0.8 or less, from 54% to 38%.	Not Met	Carolina Coleman (Q)/ Betsy Santana (Q)	Due to State: Sept 2019	QOC: September 23 PICC & PQC: Oct 29	Q1: Pharmacy took over the calls to members in the denominator who missed a refill in January, focusing on members who have a high A1C or no A1C in the past year. We have not been able to demonstrate that the calls lead to refills. Many members have indicated that they are not interested in being on medication and thus are noncompliant. In May, QI will launch a public awareness campaign with Marketing focused on the seriousness of diabetes and the importance of taking medication. We will purchase 10 bus shelters and 1 billboard in the 90047 zip code (highest volume area) and evaluate if this leads to increases in refills. Q2: New intervention described above launched May 6 and was completed June 30. Results are pending. Q3: Completed and submitted to DHCS in September 2019	Too few members reached to reach goal	N
Childhood Immunization Status-10 PIP	CIS-10	DHCS	2018 Rate: Medi-Cal: 31.63%	2019 Rate: Medi-Cal: 33.82%	Medi-Cal: 34%	Medi-Cal: Met	Keren Mahgerefteh (Q)/ Betsy Santana (Q)	2019-2021	QOC: September 23 PICC & PQC: Oct 29	Working with St. Johns Q4: In Q4 of 2019 module one of the PIP was submitted to HSAG. L.A. Care plans to work with St. John's Clinics in particular the clinics that are in SPA 6.		Y
Asthma Medication Ratio (AMR) Disparity PIP	AMR	DHCS	N/A	2019 Rates: 30%	By June 30, 2021, decrease the percentage of people between the ages of 19-50 in SPA 6 diagnosed with persistent asthma who have not filled a prescription for a controller medication in the past twelve months from 30% to 26%	N/A	Rachel Martinez (Q)/ Betsy Santana (Q)	11/22/2019	QOC: September 23 PICC & PQC: Oct 29	Module 1 deadline: November 22, 2019. Q4: Module 1 technical tool returned to LAC 12/17/2019, resubmission due 1/17/2020.	Technical assistance call with HSAG. HSAG provided an extended deadline for Module 1 for 11/22/2019. Challenges in obtaining baseline rate, multiple revisions on HIM report for AMR, rolling 12 months for medications and inclusion criteria is rolling 24 months. Need to identify and reach out to clinics to participate.	Y
Medicare/Medicaid Quality Improvement Projects												
Reducing Avoidable Hospital Admissions Long Term Care Facilities (PDSA)	CMS		AppleCare: potentially avoidable per thousand members per year (P*TMPY) Hospitalization: 0.43 ED Visits: 0.43	AppleCare: potentially avoidable per thousand members per year (P*TMPY) Q1: Hospitalizations: 0.26 ED Visits: 0.26 Q2: Hospitalizations - 0.71 ED Visits - 0.28 Q3: Hospitalizations - 0.00 ED Visits - 0.00	By January 31, 2019, a targeted intervention to potentially reduce inpatient hospitalizations, potentially avoidable ED visits, and readmission rates for L.A. Care Medi-Cal members residing in nursing facilities by 10%	Not Met	Rachel Martinez (Q)/ Sinhu Kumar (Q)/ Betsy Santana (Q)	Quarterly	Jan. 31, 2019 April 30, 2019 July 31, 2019 October 31, 2019	Q1: Intervention: Interact tool and training of LTC sites with AppleCare iPPG CMC members. Rates do not appear to be improving over time. AppleCare conducts inpatient rounds daily and readmission rounds weekly. Collaborated with AppleCare to ensure on-call availability of NP or MD to provide timely advice when symptoms are identified for diagnostic and treatment interventions. AppleCare continues to reeducate staff, administrators and DON to facilitate early identifications of changes in clinical status that warrant further evaluation, and communication of changes to the assigned NP or on-call practitioner and continue to use "Stop and Watch" tool at LTC. Q2: Intervention: AppleCare requesting assistance with identifying CMC members and the LTC facility member is located. AppleCare is missing this information. QI with assistance from MLTSS will provide monthly census of CMC members and the LTC facility member can be located at. Q3: QI has developed a process to share data with AppleCare through sFTP site. Summary of potentially avoidable admissions and ED visits and census for CMC member and their respective LTC location. Rachel working on October 31st submission. Prior submission for April and July were submitted on time. Q4: Rachel attending weekly MLTSS meetings with nurses and Charter. Rachel shared with MLTSS the Interact tool.	Contractual changes with Prospect has reduced sample size to AppleCare members only. Facilities have staff turnover thus affecting the consistency of staff contacting appropriate NP on member's chart to identify potentially avoidable admissions and ED visits based on signs and symptoms from tool. L.A. Care unable to attain final ED data for November and December and the admissions for December for Prospect. Prospect has three months data lag and contractual changes L.A. Care was unable to attain final data. There are contractual changes for the members assigned to an institutional IPA, the MCP is changing to SNFist model of care with members assigned to LAC direct, and be managed by Charter HealthCare for all LOB, 1/1/2020. Multiple barriers include LTC not wanting to work with Charter HealthCare, members not accepting of the change and changes at LTC with change in staff.	N
CMS MMP- Individualized Care Plan (PIP) Enterprise Goal	CMS		2018 Rates: Measure 1.5 High Risk: Q1: 59% Q2: 40% Q3: 58% Q4: 57% Measure 1.5 Low Risk: Q1: 57% Q2: 58% Q3: 66% Q4: 67% Measure 1.6: Q1: 100% Q2: 96% Q3: 100% Q4: 100%	2019 Rates: Measure 1.5 High Risk: Q1: 58% Q2: 59% Q3: 59% Q4: Pending Measure 1.5 Low Risk: Q1: 73% Q2: 71% Q3: 69% Q4: Pending Measure 1.6: Q1: 100% Q2: 100% Q3 & Q4: Pending	By March 15, 2019: Measure 1.5: CMC members initially stratified as high risk, enrolled 90-days or longer at the end of the reporting period and had an Individualized Care Plan (ICP) completed. To achieve statistically significant improvement over the prior year. Baseline rate 2017 Q4: 37.27%. Measure 1.5: CMC members initially stratified as low risk, enrolled 90-days or longer at the end of the reporting period and had an ICP completed. To achieve statistically significant improvement over the prior year. Baseline rate 2017 Q4: 36.06%. Measure 1.6: CMC members who has an ICP and had at least one documented discussion of care goals in the initial ICP. To maintain the baseline rate of 100%.		Keren Mahgerefteh (Q)/ Betsy Santana (Q)	Due to CMS/DHCS: March 16, 2018	5/17/19 and 7/18/2019	Intervention: Scorecard to be provided to delegates on a quarterly basis to all PPG's. The scorecard will have their ICP completion rate and will rank them among peers. In addition, the Clinical Assurance team will review 30 cases quarterly to ensure that the ICP's have at least one care goal discussed. Feedback will be provided to the delegates if care goals are not documented. If a PPG demonstrates continued poor performance L.A. Care will issue a corrective action plan. Q1: 2019-L.A. Care submitted the annual submission for the ICP PIP. HSAG is to send back the ICP PIP to LA Care on 4.10.19. CA 1.5 high risk Q1 2019 58% Q2 2019 CA 1.5 low risk 73%. Q2 2019: Received the results of the annual ICP PIP submission and results were validated with 100% as the score. Q2- CA 1.5 high risk 59% CA 1.5 low risk 71% CA 1.6 100%. Q3: In Q3 we will write and prepare the progress update that is due to HSAG in November. Q4: Submitted the ICP PIP Progress Report. Received the results of progress report with all "yes/approved" check marks.	Study indicator 2 has dropped a few points.	Y
Postpartum Care (PDSA)	PPC-Post	DHCS	56.54%	62.72%	60%	Met	Andrew Gray (Q)/ Betsy Santana (Q)	7/1/2019	30-Apr-19	Q1: Currently retrieving HEDIS medical records for PPC Q2: PDSA Completed in April 2019	85% of PPC medical records accounted for during course of PDSA	N
Clinical - Patient Safety												
Potential Quality Issues			Q1 & Q2: 99.7% Q3 & Q4: 99.5%	100% of PQI investigation will be completed in 6 months	100% of Critical Incidents Reported and Tracked	FY 2018-2019: Not Met	Christine Chueh (Q)	Annually and end of FY	QOC: April 22 Nov 25	Q1: QI Initiative Team to provide administrative support and help with medical records collection. Monitor medical record collection from A&G to ensure records are received timely from A&G. Starting April 2019, CSC started referral all care concerns to PQL at the same time the concerns were routed to A&G. This adds approximately 180 -200 cases per month on top of the increased referrals from A&G. As of 7/22/2019, about 2200 cases are pending PQR review. PQR cases are triaged on the 6th month after they were received by the PQR team. With more than 50% of cases were referred without medical records, we estimated 50% of cases received in 2019 will be out of compliance with 6-month processing time. Based on the PQR Triage Review, about 50% of cases able to be closed either the referrals were not meeting PQR referral criteria, or provider response already addressed the member concerns and therefore no PQI was indicated. Interventions: Q2: The concerns were escalated to CMO and CCO to help resolve the challenges existed for PQI referral process and request for additional staffing support. Per CMO and CCO's directives, weekly meeting between A&G, CSC and PQR should review inappropriate referrals and the challenges. Q3: 1) Additional staffs (2 project specialists, 1 coordinator and 1 RN) had been recruited by September 30, 2019 to support PQR processing with the backlog of approx. 2500 cases. 2) QI incorporated Compliance's input and proposed a business solution for PQI referral process. The proposal has been presented to CSC and A&G for review and feedback. Further discussions will continue in Q4 2019. 3) PQI P&P has been updated to include PQI screening process, triage process and updated PQI referral criteria. The updated PQI P&P has been approved by QOC on 9/23/2019. Q4: As of 12/11/2019, the total number cases pending PQR review were approximately 2750. The team continued to review every step in Provider Quality Review process to improve workflow and efficiency of all steps. 30% of cases required additional medical record/provider response information that sometimes were hard to collect. The team met with FNM Project Manager team to explore collaborative opportunity to facilitate medical record review pursuit. Triage InterRater Review was done aligning the clinical decision for issues not meeting PQI criteria. The nurses agreed more cases maybe screen and triage zero for not requiring additional clinical review. Triage IRR will continue monthly to ensure the nurses appropriately assigning and triaging PQI concerns.	The PQR process is a manual process from intake, information gathering, medical record request, clinical review and documentation process to tracking and reporting. All cases required manual download of information from grievance database/PCT or manual retrieval of call text. 30+% cases required additional medical records pursuit. With the additional staff, the team capacity has increased from 120 cases per month in the beginning of the year to close to 250 cases per month by December 2019. However, the capacity is still half of the referral volume of approx. 450 cases per month. PQR team continues to strive for process improvement and will continue to do so.	Y
Critical Incidents Reporting and Tracking			Rate: 100%	100% of Critical Incidents Reported and Tracked	100% of Critical Incidents Reported and Tracked	FY 2018-2019: Not Met	Christine Chueh (Q)	Annually and end of FY	QOC: April 22 Nov 25	Q1: Continue to remind the delegates one week before the report due date and follow up with any outstanding report a week after the due date. L.A. Care terminated the contract with LogistCare Transportation already. Q2: Continue to remind the delegates one week before the report due date and follow up with any outstanding report a week after the due date. Q3: Continue to remind the delegates one week before the report due date and follow up with any outstanding report a week after the due date. Q4: Continue to remind the delegates one week before the report due date and follow up with any outstanding report a week after the due date.	Majority of the delegates need to be reminded one week before the report due date and follow up with any outstanding report a week after the due date.	Y

Performance Measures for Planned Activities for Objectives	HEDIS Acronym	Regulatory Agencies	2018 Rates	2019 Rates	2019 Goal	Goal Met/Not Met	Responsible Staff/Department	Timeframe for completion	Reports to: (Dates are 2019 unless otherwise noted)	Interventions/Updates	Comments/Barriers	Recommend for 2020 Work Plan
FSR- needlestick safety			Q1: Compliance Rate = 75% Q2: Compliance Rate = 74% Q3: Compliance Rate = 72% Q4: Compliance Rate = 75%	Q1: Compliance Rate = 79% Compliance Rate = 76% Q2: Compliance Rate = 84% Q3: Compliance Rate = 74%	80%	Q1: Not Met Q2: Not Met Q3: Met Q4: Not Met	Sonia Richard (FSR)/ Bess Garcia (FSR) / Elaime Sadocchi-Smith (PIM)	Quarterly	QOC: May 22	Continue to monitor PCP compliance with DHCS medical record review guidelines. Continue to provide technical assistance and resources when necessary. Conduct focused medical record reviews as necessary. Provide a corrective action plan (CAP) for deficiencies identified during a site review based on DHCS requirements. Continue to discuss with the L.A. Care FSR Task Force the low scoring criteria and opportunities to improve compliance rates. Include discussions with the L.A. County FSR Collaborative Health Plans low scoring criteria and opportunities to improve compliance rates.		Y
FSR- spore testing of autoclave/sterilizer			Q1: Compliance Rate = 78% Q2: Compliance Rate = 85% Q3: Compliance Rate = 76% Q4: Compliance Rate = 81%	Q1: Compliance Rate = 83% Compliance Rate = 76% Q2: Compliance Rate = 83% Q3: Compliance Rate = 81% Q4: Compliance Rate = 71%	85%	Q1: Not Met Q2: Not Met Q3: Not Met Q4: Not Met	Sonia Richard (FSR)/ Bess Garcia (FSR) / Elaime Sadocchi-Smith (PIM)	Quarterly	QOC: May 22	Continue to monitor PCP compliance with DHCS medical record review guidelines. Continue to provide technical assistance and resources when necessary. Conduct focused medical record reviews as necessary. Provide a corrective action plan (CAP) for deficiencies identified during a site review based on DHCS requirements. Continue to discuss with the L.A. Care FSR Task Force the low scoring criteria and opportunities to improve compliance rates. Include discussions with the L.A. County FSR Collaborative Health Plans low scoring criteria and opportunities to improve compliance rates.		Y
Medical Record Documentation			Q1: Compliance Rate = 89% (150 out of 168 sites) Q2: Compliance Rate = 85% (152 out of 179) Q3: Compliance Rate = 90% (157 out of 175) Q4: Compliance Rate = 86% (160 out of 186)	Q1: Compliance Rate = 93% (163 out of 168) Pediatric Preventive HIEBA Criteria= 80%; Adult Preventive HIEBA Criteria= 56%; Pediatric Subsequent Periodic HIEBA= 69%; Adult Subsequent Periodic HIEBA= 51% Q2: Compliance Rate= 91% (120 out of 132) Pediatric Preventive HIEBA Criteria= 74%; Adult Preventive HIEBA Criteria= 48%; Pediatric Subsequent Periodic HIEBA= 68%; Adult Subsequent Periodic HIEBA= 43% Q3: Compliance Rate= 93% (108 out of 113) Pediatric Preventive HIEBA Criteria= 71%; Adult Preventive HIEBA Criteria= 65%; Pediatric Subsequent Periodic HIEBA= 71%; Adult Subsequent Periodic HIEBA= 42% Q4: Compliance Rate= 90% (115 out of 128) Pediatric Preventive HIEBA Criteria= 75%; Adult Preventive HIEBA Criteria= 46%; Pediatric Subsequent Periodic HIEBA= 73%; Adult Subsequent Periodic HIEBA= 45%	25% of sites reviewed achieve ≥ 80% compliance	Q1: Not Met Q2: Not Met Q3: Not Met Q4: Not Met	Sonia Richard (FSR)/ Bess Garcia (FSR) / Elaime Sadocchi-Smith (PIM)	Quarterly	QOC: May 22	Continue to monitor PCP compliance with DHCS medical record review guidelines. Continue to provide technical assistance and resources when necessary. Conduct focused medical record reviews as necessary. Provide a corrective action plan (CAP) for deficiencies identified during a site review based on DHCS requirements. Continue to discuss with the L.A. County FSR Collaborative Health Plans low scoring criteria and opportunities to improve compliance rates. Include discussions with the L.A. County FSR Collaborative Health Plans low scoring criteria and opportunities to improve compliance rates.		Y
Appropriate Use of Medications - Controlled Substances			Q1: 100% Q2: 100% Q3: 100% Q4: 100%	Q1: 100% Q2: 100% Q3: 100% Q4: 100%	Retrospective Drug Utilization Review (RDUR): Controlled Substance Monitoring 90% of providers will be notified via mail of members who meet criteria 0 or more of the following: Rx's for controlled substances + unique prescribers + unique pharmacies for at least 2 of 4 months). Mailing occurs three times a year. Repeat Alert will also occur for patients identified in above mailing 4 or more times over 2-year period.	Q1: Met Q2: Met Q3: Met Q4: Met	Nicole Quang (Pharm)/ Ann Phan (Pharm)	Quarterly	QOC: 4/22/19, 7/22/19, 11/25/19 4th Qtr. Attached to QI Eval	Intervention mailings for Controlled Substance Monitoring through the RDUR Program occur 3x year (March, July, November). Pharmacy Team making outreaches to members and providers regarding LA Care's Pharmacy Home Program (MCLA + Commercial Only) Criteria: Members (not CMC) who received prescriptions for controlled medications from three or more providers and filled prescriptions for controlled medications at three or more pharmacies within a 90-day period. Outcome: Members will have to select one network pharmacy for controlled medications. Pharmacy PBM Collaborative 100% of identified providers received an RDUR letter	Continue plan as listed	Y
Appropriate Use of Medications - Triple Threat			2018 Baseline Rate: Q1: 100% Q2: 100% Q3: 100% Q4: 100%	Q1: 100% Q2: 100% Q3: 100% Q4: 100%	Retrospective Drug Utilization Review (RDUR): Triple Threat Criteria 90% of providers will be notified via mail of members who had Rx's for each of the following drug classes: opioid, skeletal muscle relaxants, and benzodiazepines/hypnotics (sleep aids) in a month for at least 2 of 4 months. Mailing occurs three times a year.	Q1: Met Q2: Met Q3: Met Q4: Met	Nicole Quang (Pharm)/ Ann Phan (Pharm)	Quarterly	QOC: 4/22/19, 7/22/19, 11/25/19 4th Qtr. Attached to QI Eval	Pharmacy PBM Collaborative 100% of identified providers received an RDUR letter	Continue plan as listed	Y
Potentially Inappropriate Medication (PIM)			Rate : 100%	Q1: 100% Q2: 100% Q3: 100% Q4: 100%	Concurrent DUR edits in place for members with Potential medication overutilization	Q1: Met Q2: Met Q3: Met Q4: Met	Nicole Quang (Pharm)	Quarterly	QOC: 4/22/19, 7/22/19, 11/25/19 4th Qtr. Attached to QI Eval	The Concurrent Drug Utilization Review (CDUR) Program aids pharmacists in protecting member health and safety by ensuring patients receive the appropriate medications through hard and soft electronic rejects. The CDUR edit in place detects members that have greater than 100mg morphine equivalent dose, two or more pharmacies AND two or more doctors for active opioid claims.	Continue plan as listed	Y
Medication Therapy Management (MTM) program			CMR completion rate: CMC (2017): Q1: 14% Q2: 39% Q3: 42% Q4: 80% CMC (2018): Q1: 25% Q2: 29% Q3: 56% Q4: 80%	CMR Completion rate: CMC (2019): Q1: 15% Q2: 42% Q3: 58% Q4: 85%	CMC only: MTM program with SinfoniaRx for 2019: Comprehensive Medication Review (CMR) – phone intervention by pharmacist or other qualified clinician. Goal of 85% by the end of the year.	Q1: Not Met Q2: Not Met Q3: Not Met Q4: Met	Nicole Quang (Pharm)/ Ann Phan (Pharm)	Quarterly	QOC: 4/22/19, 7/22/19, 11/25/19 4th Qtr. Attached to QI Eval	Interventions by vendor for CMC members are on-going Measure applies to CMC only Q1: CMRs completed - per SinfoniaRx, on track to 85% goal by end of the year. Q2: CMRs completed Q3: CMRs completed Q4: CMRs completed - goal attained	Continue plan as listed	Y
Clinical Clinical Practice & Preventive Guidelines												
Clinical Practice Guidelines			N/A	N/A	100% review and approval at least every 2 years/updates as required.		Betsy Santana/ Dr. Kyle (QI)/ Rachel Martinez (QI)	Annual and as needed for updates	PICC & PQC: July 23	QI presented on April 30th to Joint Performance Improvement Collaborative Committee/Physician Quality committee updates to CPG for Diabetes, COPD, Perinatal Care and CMS ICD 10. The revised CPG was completed and uploaded in June 2019. Toolkits have been added to the Provider website under toolkits for AHA pocket guide for diagnosing and managing Hypertension and CIN toolkit; Integrating SLD Treatment into Primary Care July 2019. Q3: Rachel wrote Progress Note article to be published in December notifying providers of where the updates CPG and PHG are.	Broken links were found on the website in March 2019. There is a need to ensure provider manuals and training to providers are provided the CPG and updates as they arise. Outdated provider manuals QI is working with PNM and Engagement & Strategy to ensure new provider training for direct network providers are aware of the CPG and PHG.	Y
Clinical Practice Guidelines			N/A	N/A	Measure at least 2 guidelines [i.e., Depression Screening and Follow-up for Adolescents and Adults (DSF) & Use of Imaging Studies for Low Back Pain (LBP)]		Betsy Santana/ Dr. Kyle (QI)/ Rachel Martinez (QI)	Annual	PICC & PQC: July 23	QI in process of sending to providers who perform low in the LBP measure provider letter, flyer and pocket guide to manage Low Back Pain. Q3: LBP mailer sent to 130 providers who serve 10 or more members and who scored below 80%, mailer sent on 8/27/2019 to providers who requested the most images.	2018 mailer sent to high performing providers (the QI measure being inversely calculated (zero in measure is positive, where as 1 is negative). 2018 counted the providers with the most zero these providers had the least imaging) DSF can be difficult to evaluate, may need to reevaluate the measures analyzed in the CPG program evaluation portion. BPMI is no longer being reported, will need to revisit measure in the program evaluation.	Y

Performance Measures for Planned Activities for Objectives	HEDIS Acronym	Regulatory Agencies	2018 Rates	2019 Rates	2019 Goal	Goal Met/Not Met	Responsible Staff/Department	Timeframe for completion	Reports to: (Dates are 2019 unless otherwise noted)	Interventions/Updates	Comments/Barriers	Recommend for 2020 Work Plan
Preventive Health Guidelines (PHGs)			N/A	N/A	Review, update, approve, & distribute Preventive Health Guidelines		Betsy Santana (QI) Rachel Martinez (QI)	Annual	PICC & PQC: July 30	PHG have been completed as of June 2019. Member mailing was done on 7/18/2019 to the direct network members and the provider mailing with Adult and Child PHG are to be mailed on 7/22/2019. The provider mailing will include provider letter, Periodicity Schedule from Bright Futures, English and Spanish of the following PHG: Child/ Adolescent and Adult. Soft copies of all PHG including threshold languages were emailed to PP July 2019. Q3: Tracking of PHG ordered from website with help from HECLIS. Presented PHG at ECAC meeting in June. PHG for CMC presented on 9/17/2019. Distributed PHG to FSR for PQL binder. Distributed PHG to QPM for provider visits, soft version. In process of obtaining 200 laminated, enlarged Periodicity Schedule for FSR nurses to distribute at time of visits for pediatricians and family providers. Q4: PHG were distributed to providers at QI conference in November 2019 along with a laminated copy of the Bright Futures Periodicity Schedule. Email blast to PPG to share with network PHG and CPG for Q1 2020. Present at ECAC PHG in 2020, Present at QI conference for 2020	There may be a need to align with HIA, SHA, HIEBA with the PHG. There is also a need to ensure providers are completing developmental screening of children in the first 3 years of age.	Y
LACC Measures												
Quality Rating System Clinical Effectiveness Rating (QRS 3.1)			4 stars	3 stars	Achieve four stars for HEDIS measures in QRS	Not met	Katrina Miller (QI) Ron Makita (QPM) Carolina Coleman (QI)	Annual	QOC: Nov. 25	Q1: Interventions are conducted through the various workgroups. Q4: Achieved three stars		Y
Quality Rating System QHP Enrollee Survey Summary Rating (QRS 3.2)			1 star	1 star	Achieve four stars for EES/CAHPS measures in QRS	Not Met	Katrina Miller (QI) Ron Makita (QPM) Carolina Coleman (QI)	Annual	QOC: Nov. 25	Q1: Interventions are conducted through the member experience workgroup. We are currently seeking a vendor to conduct customer service trainings for select provider offices to improve CAHPS scores. Q2: RFP for customer service training for provider offices was completed; Sullivan/Jaillon was selected. Contract is currently in SciQuest. Aim to launch in September. Q3: Customer service training contract has been signed and kick off with initial clinics is scheduled for October. Actual trainings will begin in January. Q4: Initial trainings scheduled for January. Project proceeding as planned	Training is only funded for a small population of network providers.	Y
Admissions for Hypertension among Members with Hypertension 18-85 yrs		QIS	Medi-Cal & LACC combined rate: 0.16 Rate for African Americans: 0.32	Overall rate: 0.41 Rate for African Americans: 0.84	Reduce disparity Among African Americans	Not Met	Marina Acosta (HS) / Carolina Coleman (QI) Rodney Trauog (QPM)	Annual: By June '19	QOC: September 23 PICC & PQC: Oct 29	Q1: Low priority measure - no financial penalties. Interventions are determined through the Chronic Care Workgroup.		N
Admissions for Diabetes Short-term Complications among Members with Diabetes 18-75 yrs		QIS	Medi-Cal & LACC combined rate: 0.71 Rate for African Americans: 1.58	Overall rate: 0.46 Rate for African Americans: 1.00	Reduce disparity Among African Americans	Met	Marina Acosta (HS) / Carolina Coleman (QI) Rodney Trauog (QPM)	Annual: By June '19	QOC: September 23 PICC & PQC: Oct 29	Q1: Low priority measure - no financial penalties. Interventions are determined through the Chronic Care Workgroup.		N
Admissions for Diabetes Long-Term Complications among Members with Diabetes 18-75 yrs		QIS	Medi-Cal & LACC combined rate: 1.00 Rate for African Americans: 1.46	Overall rate: 1.12 Rate for African Americans: 1.74	Reduce disparity Among African Americans	Not met	Marina Acosta (HS) / Carolina Coleman (QI) Rodney Trauog (QPM)	Annual: By June '19	QOC: September 23 PICC & PQC: Oct 29	Q1: Low priority measure - no financial penalties. Interventions are determined through the Chronic Care Workgroup.		N
Admissions for Asthma among Older Adults with Asthma 40-85 yrs		QIS	Medi-Cal & LACC combined rate: 0.43 Rate for Latinos: 0.72	Overall rate: 0.57 Rate for Latinos: 0.77	Reduce disparity Among Latinos	Met	Marina Acosta (HS) / Carolina Coleman (QI) Rodney Trauog (QPM)	Annual: By June '19	QOC: September 23 PICC & PQC: Oct 29	Q1: Low priority measure - no financial penalties. Interventions are determined through the Chronic Care Workgroup.		N
Proportion of Days Covered - Medication Adherence for Diabetes Medications		QRS	74.52%	71%	76%	Not Met	Rodney Trauog (QPM)	Annual: By June '19	QOC: September 23 PICC & PQC: Oct 29			Y
Proportion of Days Covered - Medication Adherence for Hypertension (RAS antagonists)		QRS	76.22%	73%	77%	Not Met	Rodney Trauog (QPM)	Annual: By June '19	QOC: September 23 PICC & PQC: Oct 29			N
Proportion of Days Covered - Medication Adherence for Cholesterol (Statins)		QRS	67.16%	63%	68%	Not Met	Rodney Trauog (QPM)	Annual: By June '19	QOC: September 23 PICC & PQC: Oct 29			Y
*Star Measures			2018 Rate (MY 2017)	Rate 2019 Rate (MY 2018)	<u>Goal Methodology:</u> 2018 rates used to determine an attainable % increase. If a National benchmark was met in the Work Plan then the next benchmark was set as the goal. If the next percentile is not attainable per prior year trending, the goal was set accordingly. QW: Quality Withhold Measure							
C84 - Improving or Maintaining Physical Health * (HOS) Quality of Life Survey - SF12 Physical Component Score	PCS	Star Health Outcomes Survey (HOS)	Adjusted PCS score: 37.1% (adj) (MY 2016)	HOS 2018 Cohort 21 Baseline : 37.2%	CMC: QW 69%	CMC: Not Met	Rodney Trauog (HEDIS)/ Esther Bae (QPM)	Annually: Sept '18				N
C85 - Improving or Maintaining Mental Health * (HOS) Quality of Life Survey - SF12 Mental Component Score	MCS	Star Health Outcomes Survey (HOS)	Adjusted MCS score: 49.5% (adj) (MY 2016)	HOS 2018 Cohort 21 Baseline : 49.4%	CMC: 84%	CMC: Not Met	Rodney Trauog (HEDIS)/ Esther Bae (QPM)	Annually: Sept '18				N
C86 - Monitoring Physical Activity * (HOS) (Tier 2)	PAO Advise Rate	CMS Health Outcomes Survey (HOS)	Rate: 53.88% (Medicare HOS 2017 Cohort 20 Baseline Report)	HOS 2018 Cohort 21 Baseline : 54.76%	CMC: 53.88% (Medicare HOS 2017 Cohort 20 Baseline Report)	CMC: Met	Rodney Trauog (QPM)/ Esther Bae (QPM) Med Ops Reporting: Veronica Mones Anna Kazaryan Marie Martin	Annually: Sept '19	QOC: September 23 PICC & PQC: Oct 29	2019 data available June 2020		N
C89 - Care for Older Adults- Medication Review * (Tier 2)	COA2	II	CMC: 61.31%	CMC: 71.78%	CMC: 65%	CMC: Met	Rodney Trauog (QPM)/ Esther Bae (QPM) Med Ops Reporting: Veronica Mones Anna Kazaryan Marie Martin	Annual: Due June '19	QOC: September 23 PICC & PQC: Oct 29			N
C89 - Care for Older Adults- Functional Status Assessment * (Tier 2)	COA3	II	CMC: 52.80%	CMC: 52.80%	CMC: 56%	CMC: Not Met	Rodney Trauog (QPM)/ Esther Bae (QPM) Med Ops Reporting: Veronica Mones Anna Kazaryan Marie Martin	Annual: Due June '19	QOC: September 23 PICC & PQC: Oct 29			N

Performance Measures for Planned Activities for Objectives	HEDIS Acronym	Regulatory Agencies	2018 Rates	2019 Rates	2019 Goal	Goal Met/Not Met	Responsible Staff/Department	Timeframe for completion	Reports to: (Dates are 2019 unless otherwise noted)	Interventions/Updates	Comments/Barriers	Recommend for 2020 Work Plan
C11 - Care for Older Adults- Pain Assessment ★ (Tier 2)	COA4	H	CMC: 72.26%	CMC: 74.70%	CMC: 89%	CMC: Not Met	Rodney Tsang (QPM) Esther Bae (QPM) Med Ops Reporting: Veronica Mones Anna Kazaryan Marie Martin	Annual: Due June '19	QOC: September 23 PICC & PQC: Oct 29			N
C12 - Osteoporosis Management in Older Women who had a Fracture ★ (Tier 1)	OMW	A NCQA: Medicare	CMC: 27.27%	CMC: 29.41%	CMC: 32%	CMC: Not Met	Rodney Tsang (QPM) Esther Bae (QPM) Nicole Quang (Pharm) Med Ops Reporting: Veronica Mones Anna Kazaryan Marie Martin	Annual: Due June '19	QOC: September 23 PICC & PQC: Oct 29	Pharmacy Initiatives: Collaboration with QPM: Providers and members identified for outreach provided by QPM upon request. Student Pharmacist(s) conduct high-touch telephonic outreach to prescribers of CMC members with history of a fracture without a bone mineral density agent or DEXA scan. Interns encourage prescriber to reevaluate the member and discuss necessity of a bone mineral density agent medication or DEXA scan for member. Student Pharmacist(s) receive training in QMEIS and RightFax and will update Provider Outreach Call Script and Clinical Notice faxes as needed. Inclusion of Formulary and options and supplement recommendations. As of 9/9/19, 19 providers successfully outreach to 4 members had paid claims for an osteoprotective medication. Member Clinical Notice approved in Padlo and high-touch telephonic outreach to members will be conducted to educate them on the importance of receiving a DEXA scan and/or osteoprotective medication to prevent future fractures. Beginning 9/9/19, intern pharmacists are conducting high-touch telephonic outreaches to both prescribers and members. As of 12/31/19, the pharmacy intern-led intervention contributed to a 12.5% increase (addition of 9 members) to the numerator for the OMW measure post successful outreach (a successful outreach to provider resulted in a fill for an osteoprotective medication and/or DEXA scan).	Continue plan as listed	Y
C17 - Disease - Modifying Anti-Rheumatic Drug Therapy for Rheumatoid Arthritis ★ (Tier 2)	ART	A	CMC: 72.00%	CMC: 75.69%	CMC: 74%	CMC: Met	Rodney Tsang (QPM) Esther Bae (QPM) Nicole Quang (Pharm) Med Ops Reporting: Veronica Mones Anna Kazaryan Marie Martin	Annual: Due June '19	QOC: September 23 PICC & PQC: Oct 29	Pharmacy Initiatives: Collaboration with QPM: Providers and members identified for outreach provided by QPM. Student Pharmacist(s) conduct high-touch telephonic outreach to prescribers of CMC members with diagnosis of rheumatoid arthritis without DMARD therapy and encourage prescribers to reevaluate the member and discuss necessity of DMARD therapy for member. Student Pharmacist(s) receive training in QMEIS and RightFax and will update Provider Outreach Call Script and Clinical Notice faxes as needed. Inclusion of Formulary and options and supplement recommendations. From the most recent outreach (6/2019), 1 provider was successfully contacted out of 8 and 3 members were noted to be on DMARD. As of 8/9/19, 9 providers successfully contacted and faxed; 1 member noted to be on DMARD. As of 12/31/19, 42 providers successfully contacted and faxed; 6 members noted to be on DMARD.	Continue plan as listed	N
C18 - Reducing the Risk of Falling ★(HOS) (Tier 2)	FRM Manage Rate	Health Outcomes Survey (HOS)	CMC: 64.04% (Medicare HOS 2017 Cohort 20 Baseline Report)	HOS 2018 Cohort 21 Baseline : 69.59%	CMC: 64.04% (Medicare HOS 2017 Cohort 20 Baseline Report)	CMC: Met	Rodney Tsang (QPM) Esther Bae (QPM) Med Ops Reporting: Veronica Mones Anna Kazaryan Marie Martin	Annual: Due June '19	QOC: September 23 PICC & PQC: Oct 29			N
C21 - Plan All Cause Readmission Rate *(Note lower rate = better performance) (Enterprise Goal) (Tier 1)	PCR	A NCQA: Medicare QRS QW	CMC: H2018 Obs 15.73%; Expected 19.87%; OE Ratio 0.79 (met QPW goal - 1 or less)	2019 Rates: <u>Observed Readmission Rate</u> CMC: 16.32% MEDICAL: 21.58% LACC: 9.36% <u>Expected Readmission Rate</u> CMC: 21.58% MEDICAL: 21.71% LACC: 11.74% <u>O/E Ratio:</u> CMC: 0.7563 MEDICAL: 0.9904 LACC: 0.7976	Medi-Cal & LACC: <1% CMC QW: <1%	O/E Ratio: Met QPW goal - 1 or less	Rodney Tsang (QPM) Esther Bae (QPM) Med Ops Reporting: Veronica Mones Anna Kazaryan Marie Martin	Annual: Due June '19	QOC: Nov 25			Y
D07 - Overall Rating of Drug Plan (Rating 9 or 10 out of 10) ★ (Usually/Always) (Tier 2)		CMS	CMC: 65%	CMC: 70%	CMC: 70%	CMC: Met	Ann Phan (Pharm) Esther Bae (QPM) Med Ops Reporting: Veronica Mones Anna Kazaryan Marie Martin	Annually: Sept '19	MQSC: Oct 14			Y
D08 - Getting Needed Drugs (RX) ★ (Usually/Always) (Tier 2)		CMS	CMC: 75%	CMC: 59%	CMC: 80%	CMC: Not Met	Esther Bae (QPM) Med Ops Reporting: Veronica Mones Anna Kazaryan Marie Martin	Annually: Sept '19	MQSC: Oct 14			Y
D10- Medication Adherence for Diabetes Medications★ (Tier 1) Quality Withhold Measure: CW12 - Medication Adherence for Diabetes Medications		CMS QW	CMC: 81% (as of 6/28/19 Patient Safety Report)	Q1: 93.85% Q2: 90.23% Q3: 87.80% Q4: Data available 6/2020	CMC: 81% (QW: 73%)	Q1: Met Q2: Met Q3: Met Q4: Data available 6/2020	Ann Phan (Pharm) Esther Bae (QPM) Med Ops Reporting: Veronica Mones Anna Kazaryan Marie Martin	Annually: Sept '19	MQSC: Oct 14	Pharmacy Intervention Pharmacy team conducts high-touch telephonic outreach to members taking RAS Antagonists, statins, and/or diabetes medications. Calls for 2019 measurement year began 4/2019. Since 8/31/19, 591 outreaches made, 158 members successfully reached, 21 converted to 90 day supply, and 9 enrolled in mail order. As of 9/1/19, the adherence calls have been placed on hold; however, the Diabetes Welcome Kit, which urges CMC members newly enrolled with LA Care with a diagnosis of diabetes or newly diagnosed with diabetes, is ongoing. Refer to line 95, "Diabetes AIC Good Control (<8.0%)" for more information. Prescriber Scorecards for medication adherence for RAS, diabetes medication and statins plus compliance with statin therapy in patients with diabetes. Navitus mailed the Q1 Prescriber Scorecards to 2,011 unique prescribers on May 8, 2019, Q2 Prescriber Scorecards to 2,911 unique prescribers on September 16, 2019, and Q3 Prescriber Scorecards to 3,188 unique prescribers on October 4, 2019. Rx Refill Reminder (IVRR Calls) Acumen Report: Jan 2019 - Nov 2019 Adherence Rate: 87.8%	Adherence calls have been placed on hold and replaced by SFDSPC calls for Q1 2020. Kroger Mail Order Postcard approved and ready to be sent out for 2020. Continue plan as listed for Prescriber Scorecards	Y
D11 - Medication Adherence for Hypertension (RAS antagonists) ★ (Tier 2)		CMS QRS	CMC: 80% (as of 6/28/19 Patient Safety Report)	Q1: 92.72% Q2: 90.37% Q3: 88.30% Q4: Data available 6/2020	CMC: 79%	Q1: Met Q2: Met Q3: Met Q4: Data available 6/2020	Ann Phan (Pharm) Esther Bae (QPM) Med Ops Reporting: Veronica Mones Anna Kazaryan Marie Martin	Annually: Sept '19	MQSC: Oct 14	Pharmacy Intervention Pharmacy team conducts high-touch telephonic outreach to members taking RAS Antagonists, statins, and/or diabetes medications. Calls for 2019 measurement year began 4/2019. Since 8/31/19, 591 outreaches made, 158 members successfully reached, 21 converted to 90 day supply, and 9 enrolled in mail order. As of 9/1/19, the adherence calls have been placed on hold. Prescriber Scorecards for medication adherence for RAS, diabetes medication and statins plus compliance with statin therapy in patients with diabetes. Navitus mailed the Q1 Prescriber Scorecards to 2,011 unique prescribers on May 8, 2019, Q2 Prescriber Scorecards to 2,911 unique prescribers on September 16, 2019, and Q3 Prescriber Scorecards to 3,188 unique prescribers on October 4, 2019. Rx Refill Reminder (IVRR Calls) Acumen Report: Jan 2019 - Nov 2019 Adherence Rate: 88.3%	Adherence calls have been placed on hold. Kroger Mail Order Postcard approved and ready to be sent out for 2020. Continue plan as listed for Prescriber Scorecards	Y

Performance Measures for Planned Activities for Objectives	HEDIS Acronym	Regulatory Agencies	2018 Rates	2019 Rates	2019 Goal	Goal Met/Not Met	Responsible Staff/Department	Timeframe for completion	Reports to: (Dates are 2019 unless otherwise noted)	Interventions/Updates	Comments/Barriers	Recommend for 2020 Work Plan
D12- Medication Adherence for Cholesterol (Statins)★ (Tier 2)		CMS QRS	CMC: 77% (as of 6/28/19 Patient Safety Report)	Q1: 91.87% Q2: 90.45% Q3: 97.50% Q4: Data available 6/2020	CMC: 73%	Q1: Met Q2: Met Q3: Met Q4: Data available 6/2020	Santiana QD/ Eather Bae (QPM) Med Ops Reporting: Veronica Mones Anna Kazaryan Marie Martin	Annually: Sept '19	MQSC: Oct 14	Pharmacy Intervention Pharmacy team conducts high-touch telephonic outreach to members taking RAS Antagonists, statins, and/or diabetes medications. Calls for 2019 measurement year began 4/2019. Since 8/31/19, 591 outreaches made, 158 members successfully reached, 21 converted to 90 day supply, and 9 enrolled in mail order. As of 9/1/19, the adherence calls have been placed on hold. Prescriber Scorecards for medication adherence for RAS, diabetes medication and statins plus compliance with statin therapy in patients with diabetes. Navitus mailed the Q1 Prescriber Scorecards to 2,011 unique prescribers on May 8, 2019, Q2 Prescriber Scorecards to 2,911 unique prescribers on September 16, 2019, and Q3 Prescriber Scorecards to 3,188 unique prescribers on October 4, 2019. Rx Refill Reminder (VRRR Calls) Acumen Report: Jan 2019 - Nov 2019 Adherence Rate: 87.5%	Adherence calls have been placed on hold and replaced by SPDS/SPC calls for Q1 2020. Kroger Mail Order Postcard approved and ready to be sent out for 2020. Continue plan as listed for Prescriber Scorecards	Y
D13- MTM Program Completion Rate for CMC★ (Tier 2) (Enterprise Goal)		CMS	CMC: 80%	CMR Completion rate: CMC (2019): Q1: 15% Q2: 42% Q3: 58% Q4: 85%	CMC: 85% CMC only: MTM program with SinfoniaRx for 2019: Comprehensive Medication Review (CMR) – phone intervention by pharmacist.	Q1-Q3: Not Met Q4: Met	Ann Phan (Pharm) Med Ops Reporting: Veronica Mones Anna Kazaryan Marie Martin	Quarterly:	MQSC: Oct 14	Intervention: Vendor conducts outreach to member and /or provider to conduct review. Measure applies to CMC only. Additional internal MTM Program and Pharmacy Ambulatory Care project	Continue plan as listed	Y
Non-Recommended PSA-Based Screening in Older Men (Note: Lower rate indicates better performance)	PSA	A CMS	CMC: 30.31%	CMC: 28.64%	CMC: 28%	CMC: Met	Betty Santiana (QD/ Smitla Kumar (QD/ Rodney Traoung (QPM)	Annual: Due June '19	QOC: September 23 PICC & PQC: Oct 29	No intervention, not a priority measure.		Y
Pneumococcal Vaccination Status for Older Adults (Tier 2)	PNU	A CAHPS	CMC: 55%	CMC: 60%	CMC: 59%	CMC: Met	Betty Santiana (QD/ Eather Bae (QPM) Med Ops Reporting: Veronica Mones Anna Kazaryan Marie Martin	Annually: Sept. '19	QOC: September 23 PICC & PQC: Oct 29	Reminder Postcard: In September, 15,284 CMC members receive a postcard reminding them to get the flu and pneumococcal vaccines. Automated Phone Calls: In October and November, CMC and MCLA members over the age of 65 receive a call reminding them to get the flu and pneumococcal vaccines.		Y
Potentially Harmful Drug-Disease Interactions- Falls + tricyclic antidepressants, anti-psychotics or sleep agents (Note lower rates signify better performance)	DDE1	A NCQA: Medicare	CMC: 44.71%	CMC: 40.53%	CMC: 37%	CMC: Not Met	Nicole Quang (Pharm)/ Ann Phan (Pharm)	Annually: Sept '19	QOC: September 23 PICC & PQC: Oct 29	MTM vendor SinfoniaRx provides Targeted Medication Reviews (TMR) for elderly CMC members taking TCAs, SSRIs, anti-anxiety medications, nonbenzodiazepine hypnotic medications	Continue plan as listed	N
Potentially Harmful Drug-Disease Interactions-Dementia + tricyclic antidepressants, anticholinergic agents (Note lower rates signify better performance)	DDE2	A NCQA: Medicare	CMC: 52.50%	CMC: 48.79%	CMC: 45%	CMC: Not Met	Nicole Quang (Pharm)/ Ann Phan (Pharm)	Annually: Sept '19	QOC: September 23 PICC & PQC: Oct 29	MTM vendor SinfoniaRx provides Targeted Medication Reviews (TMR) for elderly CMC members taking TCA, anticholinergic antihistamines, benzotropine/trihexphenidyl, disopyramide, nonbenzodiazepine hypnotic medications	Continue plan as listed	N
Potentially Harmful Drug-Disease Interactions- Chronic Renal Failure + NSAIDS (Note lower rates signify better performance)	DDE3	A NCQA: Medicare	CMC: 26.54%	CMC: 23.79%	CMC: 14%	CMC: Not Met	Nicole Quang (Pharm)/ Ann Phan (Pharm)	Annually: Sept '19	QOC: September 23 PICC & PQC: Oct 29	MTM vendor SinfoniaRx provides Targeted Medication Reviews (TMR) identifying CMC members with potential CKD taking NSAIDs (e.g. IBU-200, Advil, Aleve, Anaprox, Anisad, Arthroset, Bayer, Cataflam, Celebrex, Clonix, Combunox, Daypro, Diclofenac, etc.)	Continue plan as listed	N
Potentially Harmful Drug-Disease Interactions- Combination Rate (Note lower rates signify better performance)	DDE0	A NCQA: Medicare	CMC: 45.14%	CMC: 40.47%	CMC: 39%	CMC: Not Met	Nicole Quang (Pharm)/ Ann Phan (Pharm)	Annually: Sept '19	QOC: September 23 PICC & PQC: Oct 29	MTM vendor SinfoniaRx provides Targeted Medication Reviews (TMR) algorithm to include elderly CMC members who are taking various High Risk Medications	Continue plan as listed	Y
Use of Opioids at High Dosage (New Accreditation Measure RY 2020) (Note lower rates signify better performance)	UOD	A NCQA: Medi-Cal, LACC, & Medicare		2019 Rate: Medi-Cal: 3.13% LACC: NA CMC: NA	(New Accreditation Measure RY 2020)	NA	Nicole Quang (Pharm)/ Ann Phan (Pharm)	Annually: Sept '19	QOC: September 23 PICC & PQC: Oct 29	MCLA & Commercial Plans: Pharmacy Home Program In house opioid program for all LOBs, excluding CMC, that locks in members utilizing multiple providers (>3) & multiple pharmacies (>3) within a 90-day period. Retrospective Drug Utilization Review (RDUR) Replaced internal high dose prescriber report. RDUR identifies members receiving prescriptions from high number of prescribers, high utilization of controlled medications, high utilization of medications that have a potential for overuse/abuse, high MME utilization, and/or if member has demonstrated concurrent use of opioids, benzodiazepines/hypnotics and skeletal muscle relaxants. Prescribers are notified of these members and encouraged to take appropriate action (e.g. education on opioid overdose, naloxone prescriptions, etc.) to optimize the drug regimen of each patient. CMC: Opioid Home Program In house opioid program strictly for CMC LOB that locks in members utilizing multiple providers (>3) & multiple pharmacies (>3) within 90 days or multiple providers (>5) within the past 6 months Retrospective Drug Utilization Review (RDUR) See above Navitus Hard edits to limit initial fill for 7 days supply for acute pain. Formulary-level safety edit will trigger if members exceed 90MME/day cumulatively (CDUR)	Continue plan as listed	Y
Use of Opioids from Multiple Providers - Multiple Prescribers and Multiple Pharmacies Rate (New Accreditation Measure RY 2020) (Note lower rates signify better performance)	UOP	A NCQA: Medi-Cal, LACC, & Medicare		2019 Rate: Medi-Cal: 0.10% LACC: NA CMC: NA	(New Accreditation Measure RY 2020)	NA	Nicole Quang (Pharm)/ Ann Phan (Pharm)	Annually: Sept '19	QOC: September 23 PICC & PQC: Oct 29	MCLA & Commercial Plans: Pharmacy Home Program In house opioid program for all LOBs, excluding CMC, that locks in members utilizing multiple providers (>3) & multiple pharmacies (>3) within a 90-day period. Retrospective Drug Utilization Review (RDUR) Replaced internal high dose prescriber report. RDUR identifies members receiving prescriptions from high number of prescribers, high utilization of controlled medications, high utilization of medications that have a potential for overuse/abuse, high MME utilization, and/or if member has demonstrated concurrent use of opioids, benzodiazepines/hypnotics and skeletal muscle relaxants. Prescribers are notified of these members and encouraged to take appropriate action (e.g. education on opioid overdose, naloxone prescriptions, etc.) to optimize the drug regimen of each patient. CMC: Opioid Home Program In house opioid program strictly for CMC LOB that locks in members utilizing multiple providers (>3) & multiple pharmacies (>3) within 90 days or multiple providers (>5) within the past 6 months Retrospective Drug Utilization Review (RDUR) See above Navitus Hard edits to limit initial fill for 7 days supply for acute pain. Formulary-level safety edit will trigger if members exceed 90MME/day cumulatively (CDUR)	Continue plan as listed	Y

Performance Measures for Planned Activities for Objectives	HEDIS Acronym	Regulatory Agencies	2018 Rates	2019 Rates	2019 Goal	Goal Met/Not Met	Responsible Staff/Department	Timeframe for completion	Reports to: (Dates are 2019 unless otherwise noted)	Interventions/Updates	Comments/Barriers	Recommend for 2020 Work Plan
Use of High Risk Medication in the Elderly - one drug (Note lower rates signify better performance)	DAE1	A NCQA: Medicare	CMC: 24.97%	CMC: 25.78%	CMC: 22%	CMC: Not Met	Nicole Quang (Pharm)/ Ann Phan (Pharm)	Annually: Sept '19	QOC: September 23 PICC & PQ: Oct 29	MTM vendor SinofoniaRx provides Targeted Medication Reviews (TMR) algorithm to include elderly CMC members who are taking various High Risk Medications. Formulary Change Notice mailers in development to address negative changes to formulary of high risk medications effective 1/1/19. On 12/12/18, formulary change notice letters were distributed to identified providers informing them of the upcoming negative formulary changes, members affected (936 unique members), as well as safer formulary alternatives. Goal is for providers to prescribe a safer formulary alternative prior to the next calendar year, and avoid incidences of members receiving a transition fill. Clinical Programs team has also started making calls to each of the mailed providers to verbally remind them of formulary changes, confirm receipt of the mailer, and supply a prescription fax form with retail pharmacy information populated. 2019YTD, 694 unique prescribers were outreached by phone, 440 providers were given a fax of formulary change letter and prescription form, 50 providers reported discontinuation of HRM; 54 members reported no longer taking HRM Since 6/2019, pharmacy team collaborated with Risk Adjustment to distribute HRM flyers to provider offices that serve the CMC line of business. In addition, the HRM flyer was added to the Cal MediConnect Provider Resources page.	Continue plan as listed	N (Retired Measure)
Use of High Risk Medication in the Elderly - two drugs (Note lower rates signify better performance)	DAE2	A NCQA: Medicare	CMC: 12.42%	CMC: 12.99%	CMC: 11%	CMC: Not Met	Nicole Quang (Pharm)/ Ann Phan (Pharm)	Annually: Sept '19	QOC: September 23 PICC & PQ: Oct 29	MTM vendor SinofoniaRx provides Targeted Medication Reviews (TMR) algorithm to include elderly CMC members who are taking various High Risk Medications. Formulary Change Notice mailers in development to address negative changes to formulary of high risk medications effective 1/1/19. On 12/12/18, formulary change notice letters were distributed to identified providers informing them of the upcoming negative formulary changes, members affected (936 unique members), as well as safer formulary alternatives. Goal is for providers to prescribe a safer formulary alternative prior to the next calendar year, and avoid incidences of members receiving a transition fill. Clinical Programs team has also started making calls to each of the mailed providers to verbally remind them of formulary changes, confirm receipt of the mailer, and supply a prescription fax form with retail pharmacy information populated. 2019YTD, 694 unique prescribers were outreached by phone, 440 providers were given a fax of formulary change letter and prescription form, 50 providers reported discontinuation of HRM; 54 members reported no longer taking HRM Since 6/2019, pharmacy team collaborated with Risk Adjustment to distribute HRM flyers to provider offices that serve the CMC line of business.	Continue plan as listed	Y
Medication Reconciliation Post-Discharge	MRP	H EAS (MLTSS)	CMC: 26.03% MLTSS: 9.06%	CMC: 34.55% MLTSS: 24.09%	CMC: 29%	CMC: Met MLTSS: NA	Betty Santana (QI)/ Rodney Tsuong (QPM)	Annual: Due June '19	QOC: September 23 PICC & PQ: Oct 29	No intervention at this time		Y
Emergency Department Utilization (New Measure for 2018) (VIP) (Tier 2)	EDU	A NCQA: Medicare	2018 HEDIS : Total Observed Rate: 472.74 Total Expected Rate: 463.09 Ratio of Observed/Expected: 1.02 - needs to be 1 or under	2019 HEDIS : Total Observed Rate: 460.29 Total Expected Rate: 444.23 Ratio of Observed/Expected: 1.04 - needs to be 1 or under	CMC: ≤ 1%		Rodney Tsuong (QPM)/ Betsy Santana (QI) Med Ops Reporting: Veronica Mones Anna Kazaryan Marie Martin	Annual: Due June '19	QOC: September 23 PICC & PQ: Oct 29	No intervention, not a priority measure.		Y
Acute Hospitalization Utilization (New Accreditation Measure RY2020)	AHU	A NCQA: Medicare	NA	CMC: 1.02 (Total O/E Ratio)	(New Accreditation Measure RY2020)	NA	Rodney Tsuong (QPM)/ Betsy Santana (QI) Med Ops Reporting: Veronica Mones Anna Kazaryan Marie Martin	Annual: Due June '19	QOC: September 23 PICC & PQ: Oct 29	New-no intervention at this time		Y
Hospital for Potentially Preventable Conditions (New Accreditation Measure RY2020)	HPC	A NCQA: Medicare	NA	CMC: 1.3702 (Total O/E Ratio)	(New Accreditation Measure RY2020)	NA	Rodney Tsuong (QPM)/ Betsy Santana (QI) Med Ops Reporting: Veronica Mones Anna Kazaryan Marie Martin	Annual: Due June '19	QOC: September 23 PICC & PQ: Oct 29	New-no intervention at this time		Y
CAW-7 California Quality Withhold & CA 4.1 : Reduction in emergency department use for seriously mentally ill and substance use disorder members	CA 4.1 CA QW - CAW 7	CMS QW	78%	Rate available end of April 2020	CMC: CAW 7: 10% (QW) decrease in the performance rate for the measurement year compared to the performance rate for the baseline year		Betsy Santana (QI) Med Ops Reporting: Veronica Mones Anna Kazaryan Marie Martin	Annually	QOC Nov 25			Y
CA 1.6 (CAW8)-Percent of members with documented discussions of care goals (For DY2 through DY5)		CMS QW	91%	Rate available March 2020	CMC: CA 1.6 ≥ National Average QW 65%		Betsy Santana (QI)/ Kathryn Gray (CAJ)/ Erwin Harris (CM) Med Ops Reporting: Veronica Mones Anna Kazaryan Marie Martin	Annually	QOC Nov 25			Y
CA 1.12 (CAW9)-Percent of members who have a care coordinator and have at least one care team contact during the reporting period (For DY2 through DY5)		CMS QW	63%	Rate available March 2020	CMC: CA 1.12 ≥ National Average QW 88%		Erwin Harris (CM) Med Ops Reporting: Veronica Mones Anna Kazaryan Marie Martin	Annually	QOC Nov 25			Y
CW 13 Encounter Data - Encounter data for all services covered under the demonstration, with the exception of Prescription Drug Event (PDE) data, submitted in compliance with demonstration requirements. (Tier 1)		CMS QW	94%	Rate available March 2020	CMC QW: 80%		Encounters Team (QI) Med Ops Reporting: Veronica Mones Anna Kazaryan Marie Martin	Annually	QOC Nov 25			Y
CW 11 Controlling Blood Pressure: Percent of plan members 18-85 years of age who had a diagnosis of hypertension and whose blood pressure was adequately controlled (<140/90) for members 18-59 years of age and 60-85 years of age with diagnosis of diabetes or (150/90) for members 60-85 without a diagnosis of diabetes during the measurement year. (Tier 1)		CMS NCQA: Medicare QW	Final rate not available	Rate available March 2020	CMC QW: 56%		Betsy Santana(QI) Med Ops Reporting: Veronica Mones Anna Kazaryan Marie Martin	Annually	QOC Nov 25			Y

Performance Measures for Planned Activities for Objectives	HEDIS Acronym	Regulatory Agencies	2018 Rates	2019 Rates	2019 Goal	Goal Met/Not Met	Responsible Staff/Department	Timeframe for completion	Reports to: (Dates are 2019 unless otherwise noted)	Interventions/Updates	Comments/Barriers	Recommend for 2020 Work Plan
Hospital Utilization												
Hospital Bed Days Per 1000 - Excluding OB delivery (VIP)			Q1: 1,220.20 Q2: 1,063.35 Q3: 986.45 Q4: 568.11	Q1: 1,364.03 Q2: 1,265.75 Q3: 982.16 Q4: data not available Subject to change as claims adjudicate	CMC: 1134/K	Q1: Not Met Q2: Not Met Q3: Currently Met Q4: Data not available	Med Ops Reporting: Veronica Mones Marie Martin	Quarterly	QOC: Feb 25, April 22, Sept 23 Nov 25			Y
Hospital Admissions - Excluding OB delivery (VIP)			Q1: 246.93 Q2: 226.59 Q3: 230.51 Q4: 146.1	Q1: 277.77 Q2: 266.51 Q3: 227.78 Q4: data not available Subject to change as claims adjudicate	CMC: 220/K	Q1: Not Met Q2: Not Met Q3: Not Met Q4: Data Not Available	Med Ops Reporting: Veronica Mones (MO)/ Marie Martin (MO)	Quarterly	QOC: Feb 25, April 22, Sept 23 Nov 25			Y
Hospital Average Length of Stay - Excluding OB delivery			Q1: 4.9 Q2: 4.69 Q3: 4.28 Q4: 3.89	Q1: 4.91 Q2: 4.75 Q3: 4.31 Q4: data not available Subject to change as claims adjudicate	CMC: 4.2/1000	Q1: Not Met Q2: Not Met Q3: Not Met Q4: Data Not Available	Med Ops Reporting: Veronica Mones Marie Martin	Quarterly	QOC: Feb 25, April 22, Sept 23 Nov 25			Y
Ambulatory Services												
Emergency Room Visits (VIP)			Q1: 762.13 Q2: 690.83 Q3: 759.44 Q4: 521.68	Q1: 780.34 Q2: 784.98 Q3: 750.65 Q4: data not available Subject to change as claims adjudicate	CMC: 688.86 (10% reduction from 765.41 the 2018 goal)	Q1: Not Met Q2: Not Met Q3: Not Met Q4: Data Not Available	Med Ops Reporting: Veronica Mones Marie Martin	Quarterly	QOC: Feb 25, April 22, Sept 23 Nov 25			Y
HRA Compliance Rate (Core 2.1) Completed HRAs (CMC Population who reached 90th day until the last day of the reporting period - Unable to Contact members - Members who declined)			Q1: 99.66% Q2: 99.83% Q3: 99.87% Q4: 99.88%	Q1: 100% Q2: 99% Q3: 100% Q4: data not available	CMC: 90% of all Medicare enrollees within 90 days	Q1: Met Q2: Met Q3: Met Q4: Data Not Available	Veronica Mones (MO)/ Marie Martin (MO) Veronica Zapata (MO)/ Customer Solutions Center/ Rebecca Cristerna (MORE)	Quarterly	QOC: Feb 25, April 22, Sept 23 Nov 25			Y
Administrative												
Annual Review of Policies & Procedures		DHCS CMC			100% Annual Review of P&Ps		Each Department Head	Each QOC as needed and by specific committee reported to QOC	QOC: Feb 25, April 22, Sept 23 Nov 25	Q1: No policy approved at QOC in Q1. Q2: No policy approved at QOC in Q2. Q3: QI policies approved at QOC on Sept. 23, 2019 Q4: QI & Health Ed policies approved at QOC on Nov. 25, 2019		Y
Departmental Oversight Reporting Requirements		DHCS CMC			100% submission of timely delegate oversight reporting for each department		QE: Andrew Gray (Q) MS: Geoffrey Vinnas (CSC) A&G: Lisa Marie Golden (G&A) NAL: Brigitte Bailey (HE)	QOC & MSQC quarterly	QOC: Feb 25, April 22, Sept 23 Nov 25 MSQC: Feb 12, May 7, July 16, Oct 14	Q1: Q3 & Q4 2018 QI delegation oversight reports approved at QOC Feb. 25, 2019. Q4 2018 Nurse Advice Line (NAL) and Q4 2018 Call Center delegation oversight reports approved at MQSC Feb 12, 2019. Q4 2018 A&G delegation oversight report approved at UM Committee on March 26, 2019. Q2: Q4 2018 - Q1 2019 delegation oversight of Plan Partner PQI report approved at QOC April 22, 2019. Q1 2019 Call Center delegation oversight reports approved at MQSC May 7, 2019. Q3: Q1 & Q4 2018 QI delegation oversight reports approved at QOC July 29, 2019. Q1 & Q2 2019 QI delegation oversight reports approved at QOC September 23, 2019. Q1 2019 Nurse Advice Line (NAL) delegation oversight reports approved at MQSC July 16, 2019. No A&G delegation oversight reports in Q3. Customer Solutions Center (CSC) Q2 Delegation Oversight Report of the Plan Partners report was approved at MQSC Oct. 14, 2019. Q4: Customer Solutions Center (CSC) Q3 Delegation Oversight Report of the Plan Partners report was approved at MQSC Nov 12, 2019. Q2 & Q3 2019 Nurse Advice Line (NAL) delegation oversight reports approved at MQSC July 16, 2019. No A&G delegation oversight reports in Q4.		Y
QI Program Description & Work Plan		DHCS CMS NCQA Standard: Q1 Element A			2019 QI Program Description & Work Plan approval		Maria Casias (QI)	QOC: 2/25/19 C & Q: 3/21/19	QOC: 2/25/19 C & Q: 3/21/19	Approved: QOC - 2/25/19 Approved: C&Q - 3/21/19		Y
QI Evaluation		DHCS CMS NCQA Standard: Q1 Element B			2018 QI Evaluation approval		Maria Casias (QI)	QOC: 2/25/19 C & Q: 3/21/19	QOC: 2/25/19 C & Q: 3/21/19	Approved: QOC - 2/25/19 Approved: C&Q - 3/21/19		Y
QI Work Plan Updates		DHCS			Review and Update of QI Work Plan		Marla Lahert (QI)/ Maria Casias (QI)	Biannually/ Final attached to QI eval	QOC: 7/22/19, 11/25/19	Q1 & Q2: QOC - 7/29/19 Q3: QOC - 11/25/19 Q4: QOC - 2/12/20		Y
QI Reports to Board					Update Board (C&Q) on QI activities		Richard Seidman (CMO)/ Karin Miller (CME)/ Maria Casias (QI)	At least quarterly	C & Q: 1/17/19, 3/21/19, 5/16/19, 8/15/19, 9/19/19, 11/21/19	Q1: C&Q 1/17/19 & 3/21/19 Q2: C&Q 5/16/19 & 8/15/19 Q3: C&Q 8/15/19 & 9/19/19 Q4: C&Q 11/21/19		Y
UM Program Documents					2019 Annual UM Program Description & UM Work Plan, & 2018 UM Evaluation approval		Irwin Harris (UM)/ Alex Li (UM)	UMC: 3/26/19 C & Q: 5/16/19	UMC: 3/26/19 C & Q: 5/16/19	2019 Annual UM Program Description Approved: UMC - 12/18/18 2018 UM Evaluation Approved: UMC 3/26/19 Approved: C&Q - 5/16/19 Presented to QOC: 4/22/19		Y
CM Program Documents					2019 Annual CM Program Description & 2018 CM Evaluation approval		Ezra Elorduy (CM)/ Steven Change (CM)	UMC: 3/26/19 C & Q: 5/16/19	UMC: 3/26/19 C & Q: 5/16/19	Approved: UMC - 3/26/19 Approved: C&Q - 5/16/19 Presented to QOC: 4/22/19		Y